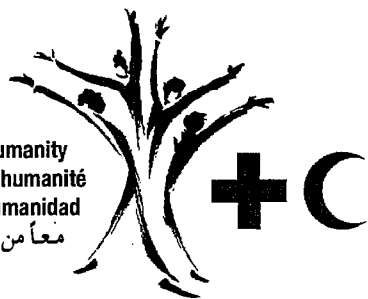


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**COUNCIL OF DELEGATES
OF THE INTERNATIONAL RED CROSS
AND RED CRESCENT MOVEMENT**

Geneva, Switzerland
23-24 November 2007

**Report on the Implementation of the Memorandum of Understanding and
Agreement on Operational Arrangements
Dated 28th November 2005
Between Magen David Adom in Israel and the Palestine Red Crescent Society**

**Document prepared by Mr Pär Stenbäck, Monitor,
Minister HC**

Geneva, November 2007

1 Mandate of the monitor

On 11 February 2007, the Palestine Red Crescent Society (PRCS) and Magen David Adom in Israel (MDA) requested the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies to set up a mechanism to monitor implementation of the Memorandum of Understanding (MOU) and its associated Agreement on Operational Arrangements (AOA) (the Agreements), signed in Geneva on 28 November 2005. This function had previously been discharged by the Swiss government through Ambassador Didier Pfirter, who reported on his work to the 29th International Conference of the Red Cross and Red Crescent in June 2006.

Upon the request of the two National Societies, the ICRC and Federation agreed to set up a mechanism to continue monitoring the implementation of the agreements. They recognized that the work of the two Societies would be facilitated by such a mechanism. In June 2007, the two institutions approached Mr Pär Stenbäck with the request that he accept the role of an independent monitor (Monitor), with the task of monitoring the implementation of the MOU and AOA. On 19 June 2007, Mr Stenbäck accepted this function on a voluntary basis. In July 2007, the Finnish Red Cross Legal Advisor, Mr Jani Leino, was chosen to function as the Assistant to the Monitor.

The main tasks given to the Monitor were to record and report on progress towards the implementation of the agreements between the two Societies. It was agreed that the Monitor would issue a report to the two Societies, copies of which would be sent to the President of the ICRC and the President of the International Federation.

After the 29th International Conference and the admission of the PRCS and MDA to the International Red Cross and Red Crescent Movement, the MOU and AOA were agreements between two independent National Societies that are full members of the Movement. Consequently, the Monitor has consistently held that his mandate and functions, as well as the agreements between the two National Societies, are internal matters of the Movement. Naturally, the Monitor would not have been able to carry out his tasks effectively without the assent of the Israeli and Palestinian authorities. The signing of the MOU and AOA in 2005 by MDA and the PRCS took place in the presence of both authorities.

In light of the aforementioned, it was later agreed that the Monitor would present his written report to the two Societies prior to the Council of Delegates scheduled for 22-23 November 2007, and report orally to the Council of Delegates.

2 Working method

The Monitor himself made four visits to the region. The Assistant to the Monitor made two additional visits to the region. During his visits, the Monitor met numerous times both separately and together with the leadership of the two Societies. The Monitor repeatedly met with both Israeli and Palestinian authorities. He also met with the leadership of the different components of the Movement. In recognition of outside interest in his functions, the Monitor has been in contact with members of the diplomatic community in Tel Aviv as well as in Geneva.

The ICRC delegation in Jerusalem facilitated the practical arrangements related to the visits of the Monitor and his assistant. In many instances, the two Societies also arranged meetings for the Monitor.

During his tenure as Monitor, three Progress Assessment Meetings (PAM) and two Liaison Committee Meetings (LCM) were held. In addition, the PRCS and MDA had numerous meetings separately and together with different authorities.

The visits to the region of the Monitor and his assistant included trips to numerous checkpoints, hospitals, and PRCS and MDA dispatch stations, as well as a crossing of Allenby Bridge into Jordan and back.

At all stages of the process the Monitor was able carry out his tasks with ease and without any interference. Throughout, the Societies as well as the different authorities responded positively whenever the Monitor requested audiences with them.

3 Issues to be monitored

The MOU and AOA include commitments for the Societies which seek to address a number of humanitarian concerns. After the Monitor took up his post, it became clear that the Societies were in agreement that the focus of the monitoring process should be on a number of commitments that were recognized as having particular significance for the implementation of the Agreements. This prioritization meant that there was a concentration of resources and efforts on chosen key commitments. This should be borne in mind when considering progress on the implementation of some of the other commitments found in the Agreements.

3.1 Five ambulances to be stationed in East Jerusalem

As noted in the report of the previous Monitor to the 29th International Conference, from the very beginning the two Societies have agreed that there is a need to station five PRCS ambulances in Jerusalem to serve the population of East Jerusalem. Before the last International Conference, the PRCS and the Israeli authorities were unable to come to an agreement over the technicalities for the registration of the ambulances and their staff.

While some attempts to find a solution were made at the end of 2006 and during the first half of 2007, an agreement could only be reached on the occasion of a meeting on 29 August 2007. This meeting was held between the PRCS and Israeli authorities, facilitated by the ICRC, and attended by MDA in the capacity of lobbyist. At this meeting the PRCS and the Israeli authorities agreed that:

- 1 five PRCS ambulances would be stationed in Jerusalem,
- 2 the staff of the ambulances would be a mix of East Jerusalem and West Bank residents,
- 3 the ambulances would be registered through the Red Crescent Maternity Hospital in Jerusalem and would bear Israeli license plates,
- 4 all staff would meet the medical standards of both sides and their certification would be done through MDA and the PRCS,
- 5 the ambulances would bear the formal PRCS markings and logo,
- 6 the PRCS, with the help of the ICRC, would strive to make the ambulances available as soon as possible, and the Israeli Ministry of Foreign Affairs stood

ready to help in case of difficulties/delays with questions of import or with one or the other ministerial offices concerned (i.e. Ministry of Transport, Ministry of Health).

At the meeting, MDA indicated its availability to help in the process whenever necessary. All parties agreed that from a humanitarian perspective this arrangement would best serve the well-being of the patients.

At a second meeting on 18 September 2007, the Israeli Ministry of Foreign Affairs emphasized that the ambulances and staff would have to be managed through the Red Crescent Maternity Hospital, i.e. that the director of the Maternity Hospital would be the person responsible as far as the Israeli Ministry of Health was concerned. By letter dated 11 October 2007, the PRCS underlined that the Maternity Hospital was an umbrella through which PRCS ambulances would be registered, but that the management of the ambulances was to remain with PRCS headquarters and that the medical director responsible should be the director of the PRCS' Emergency Medical Service (EMS).

The formal process of getting the ambulances registered and running in East Jerusalem started at the end of August 2007. Dealing with the bureaucracies involved in providing all the necessary authorizations has proved to be a challenging task to all those participating in the registration process.

After the August meeting, the PRCS submitted a list with the names of 40 PRCS ambulance staff to the Israeli authorities for security clearance. On 15 October MDA, which played an important role in getting this clearance, informed the Monitor that 32 staff on the PRCS list had been approved for operating in East Jerusalem.

After the solving of a number of administrative issues, five new PRCS ambulances were transferred on 22 October from Ramallah to the technical inspection centre of the Israeli Ministry of Transport in Holon, in order to undergo the required inspection and registration process. As it had been agreed that the EMS staff should meet the medical standards of both sides, MDA and the PRCS organized - with ICRC support - two four-day "verification equivalency workshops" for the PRCS staff who are to operate in Jerusalem. These sessions took place in the premises of MDA in Jerusalem. During these workshops, MDA and PRCS teams jointly operated ambulances for 48 hours in full harmony and in a true spirit of cooperation for the benefit of the patients.

Of the different issues related to the Agreements, most effort has been devoted to the question of the five ambulances. MDA in particular - but also the ICRC, the Federation, other National Societies, and some States, - have put considerable effort into lobbying and advocating for the implementation of this point of the agreements.

A number of Israeli authorities have assured the Monitor that they are doing their utmost to get the ambulances running as soon as possible. A representative of the Israeli Prime Minister's office emphasized the strong commitment of the Prime Minister to this effect, and indicated his availability if problems were to arise. The Monitor understands that interventions by the Prime Minister's office have facilitated the process by giving the political directives needed in order to resolve a number of bureaucratic issues.

Since the start of the registration process for the ambulances and their staff, it has been clear that, regardless of the end result, MDA has done its utmost to facilitate the process. The ways in which the two Societies have worked on this issue serves as an example for resolving other implementation issues related to the Agreements.

At the moment of the final editing of this report, no final conclusion to the ambulance question had been reached.

3.2 Geographical scope of operations of the two National Societies

The geographical scope of operations of the two National Societies was one of the main points of focus during each of the Monitor's missions.

In the Agreements and in the process leading up to them, the Societies concurred on the scope of their respective jurisdictions. In the Agreements, MDA and the PRCS made explicit commitments to work in accordance with the Statutes and Rules of the Movement whenever working in the jurisdiction of the other Society. With the admission of the two Societies into the Red Cross and Red Crescent Movement, the nature of the commitments made in the Agreements has been strengthened. It is inherent to the obligations of National Societies belonging to the Movement that National Societies respect each other's geographical scope of operational activities and competencies, and work together to resolve any issues that may arise if one Society works within the jurisdiction of another, without prior agreement.

The Monitor can report that the Societies have worked hard to find a mutually acceptable solution. During the Monitor's second visit to the region in August 2007, the two Societies informed him that they had agreed on how to satisfactorily resolve the issue related to the geographical scope of activities. The Societies agreed that responsibility for services provided by MDA to settlements within the PRCS geographical scope of activities would be transferred to entities other than MDA. This solution is one of the possible ways to respect the Movement Statutes and Rules, and at the same time not undermine standards of medical care for persons living in the settlements.

The Societies agreed in August that by the 30th International Conference, MDA will have transferred the running of three former MDA dispatch stations to local authorities. The Monitor is convinced that three dispatch stations in and around Hebron are no longer operatively or administratively run by MDA, and that the ambulances used by these dispatch stations are rented from MDA by the local municipality.

In order not to create confusion between the operations of a National Society of the Movement and outside entities, the transfers need to be made visible. This means that the appearance of transferred dispatch stations, their personnel and vehicles, should not be identical to those belonging to and run by MDA. The Monitor has confirmed that the appearance of one of the transferred dispatch stations does not display MDA markings.

The Monitor has received assurances from MDA in the Progress Assessment meetings that additional transfers are planned for 2008.

The steps taken and planned all contribute to a positive resolution of problems related to the geographical scope of MDA operations. The PRCS is to be commended for its willingness to work together with MDA to find a realistic pace to implement this.

It is important to be aware that even if the Societies have found their own way to start resolving problems related to the geographical scope of their activities, the resolution of this issue can without doubt benefit from progress in the political field. Would this process be discontinued for some reason, and no alternative solution found by the Societies, the Movement must re-assess the situation and invoke other measures.

3.3 Access through checkpoints in general

One of the objectives of the Agreements, more specifically of the AOA, was to facilitate the passage of PRCS and other ambulances through checkpoints and the establishment of separate fast lanes where necessary. It is a well-known fact that, from a humanitarian perspective, the proliferation of checkpoints and the tightening of security controls has had a great impact on the lives and well-being of the general Palestinian population. In light of the obligations found in the Agreements, and the mandate given to the Monitor, this report will focus only on access for ambulances and their staff through checkpoints.

The report of the previous Monitor to the 29th International Conference indicated that, according to Israeli authorities, all checkpoints had been instructed to give priority treatment to all ambulances on emergency mission. Nevertheless, in the aftermath of the International Conference, ambulance access through checkpoints is reported by the PRCS to have deteriorated.

At the beginning of September 2007, the PRCS transmitted a list of a number of problematic checkpoints to the Israeli authorities. The PRCS has not received a formal response from the authorities. During the current Monitor's tenure, the Assistant to the Monitor made a separate trip to the region, visiting most of the checkpoints which the PRCS had listed as problematic. In addition, the Monitor visited a number of checkpoints, and paid an extensive visit to Hebron.

Checkpoints pose different kinds of challenges for ambulances. Ambulances may be unable to physically access a checkpoint when there is traffic congestion at the checkpoint. Lengthy delays before access is granted by military personnel are frequently reported, while ambulances and their staff may be denied access through the checkpoint altogether. . In addition, a number of roads are blocked and certain checkpoints are closed to Palestinian vehicles, while flying checkpoints can cause unexpected long delays.

To the Monitor's knowledge, the Israeli authorities have recently re-opened a few checkpoints to ambulance traffic. The Monitor is not aware of the building or opening of new humanitarian fast lanes. Apparently, access of ambulances through checkpoints seems to have slightly improved in the past six weeks or so, possibly in relation to new instructions reportedly issued or to an improved political and security climate.

As for problems related to procedures at checkpoints, MDA informed the Monitor that new orders have recently been given by the relevant authorities aimed at reaffirming and ensuring that ambulances are given priority at checkpoints when they are on emergency calls. The Monitor has not been able to verify these orders. According to MDA's estimate, these new

orders should be an improvement on the previous ones (mentioned above), which formally limited access to East Jerusalem and its referral hospitals to the so called pre-approved ambulances (see below), in principle even in emergency cases. It must be however noted, that, in practice, ambulances that were not on the pre-approved list could sometimes enter Jerusalem if on an emergency call or, alternatively and more frequently, patients were transferred at the checkpoint from a West Bank ambulance to an ambulance registered in Israel (so called "back-to-back" procedure). This, however, reportedly did not always succeed or often did not happen without difficulties, such as discussions at the checkpoint on the nature of the medical case or discussions on the security status of the patient or of the paramedics.

It was explained that these new procedures were introduced to deal with situations when an ambulance claims to be on an emergency call and the right of access is disputed at the checkpoint. Reportedly /, access cannot be denied now by soldiers at checkpoints or non-medical staff from the health coordination body of the armed forces, but can only be denied after due consultations with an appointed medical doctor from the Ministry of Health.

Time will tell if these measures effectively improve the passage of ambulances on a lasting basis

It is clear to the Monitor that MDA has undertaken efforts in terms of advocacy and lobbying to the relevant authorities to facilitate access for ambulances through checkpoints. It has made numerous representations to the authorities. Furthermore, MDA has also put up signs at a number of checkpoints informing the drivers of other vehicles of ambulances' right of priority. Some of these signs have however been removed and need to be replaced.

Up until now, even for ambulances, the issue of access through checkpoints has often been linked to developments in the political field or in the general security situation. Since the well-being of the patients is and should remain a purely humanitarian issue, the Monitor hopes that access for ambulances will improve, irrespective of political and security developments.

3.4 Pre-approved ambulances to access Jerusalem

In the report of the previous Monitor to the 29th International Conference of the Red Cross and Red Crescent, it was reported that six PRCS ambulances and their staff had been "pre-approved" to have preferential access through checkpoints, in particular those checkpoints accessing East Jerusalem. The pre-approval method was initiated to reduce delays of PRCS ambulances at checkpoints.

Since the previous Monitor's report, four of the six ambulances have reached their "end of service life" and the list of staff has become outdated. In subsequent Liaison Committee Meetings, the two Societies have agreed that humanitarian considerations require that the number of pre-approved ambulances and staff be raised to 20 ambulances and around 90 staff members.

The Israeli Ministry of Foreign Affairs and the armed forces' Civil Administration received for approval a list of PRCS staff and ambulances in September 2007. This list was submitted through MDA. The Monitor has been informed that the process of approval is ongoing.

However, to date there has been no official response on the submitted list of personnel and ambulances.

It is important to arrive at a positive outcome on this issue. However, it is also essential to ensure that the use of pre-approved ambulances and their staff does not lead to additional restrictions and obstacles for the operations of other PRCS ambulances. All parties concerned should closely follow and record developments on this front.

3.5 Allenby Bridge

The report of the previous Monitor to the 29th International Conference indicated that procedures at Allenby Bridge had been agreed to but that the Monitor did not yet have evidence of improvements at Allenby Bridge.

After the International Conference, PRCS ambulances crossing Allenby Bridge continued to face significant delays. Subsequently, in order to reduce the time needed for security checks, the PRCS and the Bridge authorities agreed to the use of so-called "stripped ambulances." These ambulances carry less medical equipment, the equipment is sealed, and it is checked thoroughly, along with the vehicles, only once at the beginning of each day.

In order to tackle persistent delays and other problems, a joint meeting of the PRCS, MDA and Israeli authorities, facilitated by the ICRC, was arranged in August 2007. This meeting, together with other efforts, has led to clear improvements, in particular with regard to the daily checking and sealing of ambulances and their equipment. Despite this recent improvement, from time to time PRCS ambulances still face delays at Musa Alami, a checkpoint on the road leading out of Jericho and towards the bridge. Recent PRCS statistics show that the time needed to carry out a handover at Allenby Bridge has significantly improved compared to previous years. However, on average these handovers still take over one hour.

The Monitor understands that a number of steps can be taken to pinpoint and address the reasons for the remaining delays. One would be to hold a meeting(s) between all the parties involved in the handovers. These parties include not only the PRCS, several Israeli authorities, and the Palestinian Authority (PA), but also their counterparts on the Jordanian side. Another useful step would be if the different parties continued to log detailed transfer times and analysed them together.

The Monitor is optimistic that further improvements will be achieved if the different parties continue to work with each other in good faith.

3.6 Transfers from Erez to East Jerusalem

Up until the breakdown between the two Palestinian factions in June 2007, transfers of patients from Erez crossing in Gaza to East Jerusalem were carried out by three ambulances belonging to the Palestinian Ministry of Health, which were based in Erez.

Since the end of transfers by Ministry of Health ambulances, patients have had to use other means of transport. While private ambulances are an option, some patients cannot afford to pay for them. Many of these patients have opted to be transported in private taxicabs.

The PRCS and MDA have worked together to find a tenable solution to this problem. The issue has been discussed repeatedly between the Societies, the authorities and the ICRC. MDA has indicated its willingness to transfer patients free of charge until the old service, or something similar, is in place again. This arrangement still needs to be formalized.

3.7 Combating misuse of emblems

The Agreements call for the Societies to work with each other and with their respective authorities in order to combat misuse of the emblems in their respective jurisdictions.

In both Palestinian and Israeli contexts, the Societies have worked with their respective authorities to update the legislative and regulatory framework on the emblems.

In Israel the MDA law, which also regulates both the indicative and protective use of the emblems, is currently under revision in the Knesset. The amendment process is tied to the ratification of Additional Protocol III to the 1949 Geneva Conventions. MDA has waited for the amendment of the law before beginning an information campaign on the emblem.

Emblem legislation has also been under preparation on the Palestinian side. The Steering Committee on the Emblem, comprised of representatives from the PRCS and different Palestinian authorities, drafted a law in 2006. However, the falling-out between the two main Palestinian political factions meant that the legislation could not be submitted to the Palestinian Legislative Council. As a temporary solution, the PRCS has submitted a draft to the office of the Palestinian President to be issued in the form of a Presidential Decree. Prior to the submission of the draft, the Palestinian President's office stated to the Monitor its willingness to pass a presidential decree on the emblem. In light of the widespread misuse of the emblems in the Palestinian territories, the Monitor feels this is an important first step. It is hoped that once the decree comes into force, it will be easier for the PRCS to intervene in cases of misuse.

It is noteworthy that the PRCS is also working with the Palestinian Ministry of Transport on a draft directive, which will stipulate what requirements ambulances applying for operating licences must meet. The directive will regulate the markings of ambulances, and can consequently be expected to be an effective tool for preventing misuse of the emblems by private ambulance services. This directive is expected to come into operation in the coming months.

In addition to the legislative amendments, the Societies have disseminated information about the different emblems through workshops and training sessions.

Up until now, neither Society has systematically intervened in cases of misuse of the emblems. This has been partly due to lack of a legal framework to do so and partly because the Societies have not allocated staff for this or agreed to set procedures. However, both Societies have communicated to the Monitor that, once the legislative processes are complete, they will be in a better position to do so.

3.8 Awareness-raising programmes

In the Agreements, the Societies commit themselves to promoting respect for their humanitarian mandate, international humanitarian law (IHL), the medical mission, the

emblems and the Fundamental Principles of the Movement to a number of target groups, including the authorities, weapons carriers, the general public, decision-makers, their staff and volunteers.

Owing to the nature of core MDA activities before joining the Movement, MDA activity in these areas has been limited. MDA activities have traditionally involved first-aid and emergency medical services. Its current organizational structure is such that a limited amount of resources has been allocated to deal with these issues. IHL dissemination was not an established form of activity, especially in relation to the authorities. However, MDA has included IHL and information about the Movement in training aimed at its staff, volunteers and youth. In order to develop its activities in these fields, MDA has expressed its willingness to gather best practices from the ICRC and the Federation as well as from sister National Societies. MDA is working closely with the Federation and ICRC to develop its structure and activities now that it is a member of the Movement. MDA wishes to increase its activities in these fields in the future.

During 2007, dissemination of IHL has been one of the PRCS' top priorities. From the beginning of 2006 until September 2007, the PRCS held 33 sessions on the emblems for a total of 948 people, including staff, volunteers, members of the PA security forces and local health providers. In the same period, 29 IHL dissemination workshops were held reaching a total of 688 people comprising PRCS staff, volunteers and PA security forces. In May 2007, the PRCS met with the PA security forces and police to plan future IHL and first-aid workshops.

3.9 Co-operation between the two Societies

The AOA calls for the two Societies to cooperate in a number of ways. Some of these commitments have been given less attention due to the prioritization mentioned above.

During his tenure, the Monitor has been able to record the good spirit existing between the two Societies, and their willingness to work together to find solutions to problems that have arisen along the way. As mentioned above, the way in which the Societies cooperated on the verification and certification process for the PRCS ambulance staff was exemplary of how sister Societies can and should co-operate.

The Societies have acknowledged that there is not much to report on the exchange of knowledge and experience between different sectors (Youth, Disaster Preparedness, volunteers) of the Societies. It should be noted that MDA has on a number of occasions extended invitations to PRCS youth to join MDA youth events / camps. While the PRCS in principle does not object to co-operation between the Societies in these areas, it has expressed its wish to tackle the more critical parts of the MOU first.

There has been no notable cooperation between the two Societies' blood banks.

Co-operation between the Societies has been hampered by the restrictions on the movement of persons into and out of the West Bank. Most notably, these restrictions have prevented MDA from making a visit to the PRCS Ramallah headquarters, something that the two Societies have agreed to in principle.

A form of co-operation where implementation has continued is the hotline and communications system between the two Societies for emergency cases. It was successfully set up and has been operational since May 2006. As noted in the report of the previous Monitor, the system was facilitated by MDA donating MIRS-telephones to the PRCS. The Societies have recently exchanged telephone numbers to ensure that the system is up to date.

As was noted in the section on the working method of the Monitor, the Societies have regularly co-operated through PAM and LCM meetings.

Despite the lack of progress on some fronts of co-operation, it is significant that neither Society feels that this lack of progress is a grave issue. This is partly because the Societies have agreed to concentrate their efforts on other commitments contained in the Agreements. Nevertheless, the Monitor hopes that before the end of the year the Societies can agree on a number of co-operation measures for the year 2008. It is important that co-operation between the Societies is not limited to the leadership, but is also extended to the general staff and volunteers.

4 Annex

- Memorandum of Understanding and Agreement on Operational Arrangements between Magen David Adom in Israel and Palestine Red Crescent Society, signed 28 November 2005

Other documents, including those listed below are available on request from the assistant to monitor:

- Indicative questions sent to MDA and PRCS on implementation of certain MOU/AOA commitments (29 September 2007)
- PRCS answer to indicative questions and (updated) annex to it (Draft Presidential Decree in Arabic)
- MDA answer to indicative questions and (updated) annexes to it, including list of MDA lobbying efforts, existing MDA law and draft amendments to it (English translations)