THE RED BOOK: a guidance document for medical teams preparing for, and responding to armed conflict and complex emergencies

A HUMANITARIAN IMPERATIVE TO ACT & DO NO HARM

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Need to address gaps revealed after Mosul: technical and operational

A 360 degree holistic approach is needed framed by Geneva Conventions, international humanitarian law (IHL) and core humanitarian principles.

◦ Johns Hopkins Review
◦ MSF Review
◦ Stanford Meetings
Why?

Applied Core Humanitarian Principles enable access to affected populations and help build relationships, trust and confidence crucial to fulfilling a medical mission.
Target Audience

- International & National Medical Providers/Teams (NGOs, governments, militaries, civil protection teams)
- State and non-State actors engaging with emergency medical teams
Problem statements (1) in armed conflict and complex emergency contexts

1. **Awareness**: of IHL applications/practices is insufficient to guarantee a principled medical response, safe and secure operations, appropriate civilian-military coordination, and monitoring.
   - Some teams are not aware how IHL applies to response,
   - Others are aware, but lack know-how/resources to operationalize/contextualize,
   - Others are aware, but do not accept the principles.

2. **Compliance**: with IHL needs better mechanisms, monitoring, and accountability frameworks.
   - Some teams do not have the freedom or choice to comply (risk prosecution!)
   - Others do, but do not see added value or incentives/disincentives to comply,
   - Others deliberately do not wish to comply
3. **Suitability and fit:** EMT classification and minimum standards need to be adapted (incl. minimum technical standards, preparedness, and tool kits). We need (1) mechanisms to select (and de-select) the most appropriate teams on a case-by-case basis; and (2) criteria to adapt/accommodate local and national team contexts – the true first responders, requiring special recognition and support.

- Some teams do not recognize the key differences in care provision within a context/environment of armed conflict versus natural disasters (beyond the obvious types of injuries)
- Others do, but lack resources to prepare and conduct operations differently,
- Others may approach this with amateurism and are ill prepared.
Implications for medical teams

1. Minimum standards adapted to War/Conflict and outbreak response, including Tool Kits
2. Better prepared teams/organizations and team profiles (additional requirements)
3. Guidance, Best Practices, Do’s and Don’ts, Advice on principled conduct in armed conflict including more robust security and risk management to protect teams, facilities, patients, & better coordinate with all stakeholders
Therefore...

The Red Book is a practical guidance document for the principled preparedness, engagement, activation, deployment, coordination, protection, and monitoring of medical teams in armed conflict and complex emergencies.
It is NOT..

The Red Book is not intended to be a normative or policy document. It is a consensus guidance (not guideline!) for a select community of practice.

It is non-binding; however, it does assume voluntary uptake/acceptance by a diverse community of practice and is a consensus document.
Complements other efforts

The Red Book proposes a complementary and parallel track to diplomacy and advocacy underpinned by the humanitarian imperative to act, and not delay!

Builds upon & links to Blue Book and Tool Kits
Need to Anticipate the future landscape:

The **Red Book** is written with the future **Humanitarian Landscape in mind** and offers teams technical and operational guidance on how to prepare for and better respond to armed conflict and complex humanitarian emergencies.
Need to ensure effective surge capacity

With a projected increase in humanitarian needs and gaps, some have called for:

[A future system, with] “...effective surge capacity is essential. Despite major access restrictions faced by humanitarian actors, one ‘quick fix’ for emergency response capacity would be to ensure a minimum number of capable organisations with the capacity, knowledge, readiness and deployability to provide coverage across all lifesaving sectors and deliver reliably in acute crises.”
Safety & security are key

The Red Book aims to ensure the safety, security and well being of Medical Providers and Patients through a principled approach &

Provides recommendations for member states and non-state actors as to how to work in coordination with medical teams from an IHL perspective, focus on quality patient care and protection.
Scope, limitations and gaps

Cannot address all issues
Not binding
Many grey areas and dilemmas will remain
Next steps and timeline 2018–2019

**Phase 1**
- **Oct 2018–Jan 2019**
  - Info gathering and Analysis
  - Consultations
  - Literature search & summary
  - Coordination and links w/ Blue Book

**Phase 2**
- **February–May**
  - Development of draft Red Book
    - Ongoing consultations
    - Convene small reference co-writing group
  - UN HPNW Feb 4-8
  - Peer Group
  - Draft 1 End May

**Phase 3**
- **June–August**
  - Distribute First Draft
  - Review Process
  - Second round of consultations
  - Global EMT Meeting Bangkok
  - Draft 2

**Phase 4**
- **Sep–Oct**
  - Revision
  - Finalization
  - Dissemination
  - Plan to monitor application and use
  - Forum? TBD
  - Final Copy

**WHO EMT RED BOOK PLAN OF ACTION**