

XV ERNA General Meeting – Day 3, September 25 - Debeli rtič

Key note speech by Dr.Barra: The Rome Consensus

Dear friends and dear colleagues from the Red Cross and Red Crescent International Movement,

I had several times the opportunity to speak and highlight the effectiveness of our activity. Now we have grown enough to interrogate ourselves on what we have been doing. Have we served? Have we complied? Have we put too many/few resources in this enterprise? Can we be proud of anything that we have done?

The only thing I can tell you for sure is that nobody will respond to these questions except our conscience.

Being confident that no one of us is relieved by such a circumstance, I will then try to retrace our story in a non emotional way.

The first ERNA meeting was held in Rome in 1998. Representatives from 12 National Societies active in the fight against HIV and TB decided to unite to tackle such challenges together.

At first there were resistances among them. Some people said: “such problems are quite different from the RCRC traditional fields of action”, others said: “Maybe it’s not our competence”. But we finally decided we had to do it. In this context a solid professional background and sensitivity are needed.

Another important role was played by the people from the IFRC Europe Zone Office. In the beginning they were somehow reluctant. I still remember of a meeting in Bratislava not attended by the Budapest guys...because they had other priorities! But now their attitude has changed.

In few years ERNA has revealed power tools to allow reinforcing National Societies’ capabilities and find resources by themselves, by using their privileged channel, represented by their auxiliary role to public authorities.

The ERNA’s peculiar capacity to transfer knowledge has also enjoyed from the organisational structures of the National Societies being part of it, which truly represent kind of “big families”, where all

members, having equal dignity, same rights and musts, work together to share resources, attitudes and experiences.

In 2011 we may say that ERNA, relying on the membership of 40 National Societies, unanimously represents a reference network for the humanitarian community in the field of HIV/AIDS, Tuberculosis, Sexually Transmitted Diseases and drug addiction; thanks to its activities the IFRC is often the only cited NGO in relevant UN documentation concerning these matters.

Told as such, ERNA story may appear as a success one, but we intimately know how relative could be this judgement.

ERNA activities are being jeopardized, which makes it vital for us to get more funds to further tackle these problems.

We know that we have to develop our skills to be better partners and ask for funds more strategically.

I am not in a position to give a solution, but I will try to explore possibilities by depicting the evolution of a network similar to ERNA: the Rome Consensus for a Humanitarian Drug Policy.

As many of you already know, this network aims at bringing drug policy to the forefront of social concerns, acknowledging the suffering caused by drug use and current drug policies to more than 200 million people, their families and communities and advocating for a comprehensive public health, harm reduction and humanitarian approach to drug problems.

The Consensus, promoted by the Italian RC and the Senlis Council, was first signed by the IFRC, ERNA and 20 National Societies in December 2005 during the European High Level Seminar "*Bridging the Gap between Public Health and Drug Policy*".

In 2008 it was presented in Geneva to the Health, Youth and Development Commission and then to the Governing Board of the Federation.

The Consensus now commits 121 National Societies from Europe, Africa, Latin America and the Caribbean, Middle East, Central Asia and Oceania.

Like ERNA, one of the main limitation currently encountered by the Rome Consensus' activities is represented by lack of money and sometimes of political will.

Nothing new under the sun, someone of you could say, but here we come to an aspect of the Consensus' attitude which could represent a lesson or, at least, a possibility for ERNA.

The Consensus faced the financial restraints by systematically seeking network with actors external to the Red Cross Red Crescent Movement, so acquiring fresh resources as well as different levels of skills and knowledge which can help national Societies in carrying out their activities on the ground. This attitude results from the Ultra-Movement nature of the Consensus, genetically aimed at further broadening its membership not only to other National Societies, but also to institutional actors and civil society organisations.

In this remarkable effort, for example, the Consensus has been in the past selected by the European Commission as a privileged partner to promote a public health based drug policy in Europe.

In other words the Consensus works like an umbrella under which new entities can find place for adding new energies in the struggle against drug addiction. This happens without corrupting the Red Cross Red Crescent identity of the Rome Consensus, because any "embedment" comes after a careful evaluation of compliance to the 7 principles for potential partners.

We, in the RC/RC Movement, have always considered the possibility to work side by side with actors external to the Movement as a risk of breach of either the 7 principles or the relevant international/national regulation.

But now I think that time has come for us to consider such a possibility in a more detached way. We know that opportunities and challenges in engaging with external actors have been explored in different Movement *fora*, including a 2009 Council of Delegates workshop, and we also know that the Strategy for the Movement covers specific guidelines for cooperation with political and military actors.

We cannot therefore ignore anymore that in our contemporary world cooperation is a must: who stays alone is on the road to nowhere!

I am persuaded that we must look at the NGOs working in our field: many of them, having gathered excellent skills and experiences in particular sectors, could represent very useful

partners for Red Cross structures which, instead, cannot spare resources in research activities. This know how could be compensate, in a partnership framework, by the political weight that the Movement would ensure to these NGOs.

In my view, this is, at the end of the day, the main reason why the cooperation between the Senlis Council and many RC/RC National Societies has finally resulted in a success story: without such a strict relationship, the Rome Consensus would not have been so strongly developed at the international level and, probably, its Manifesto, instead of representing a solid reference for the Civil Society, would have remained something ephemeral, unavoidably doomed to oblivion.

For all these reasons I think that now we should scrupulously reconsider the “umbrella option” if we wish to further develop our activities in favour of the National Societies and the needy people and I warmly hope that this meeting could represent a first occasion for doing that.

Some problems still exist: the concept of Humanitarian Diplomacy (HD). Is this a new concept? Is advocacy different from it? It means reminding authorities that they must work respecting human rights and the 7 Principles. But we still have torture in many countries in the world. Even in countries which say they respect human rights. We must fight to remind all states and governments of the need to adopt a more humanitarian approach. Advocacy remains as a part of HD. It means to speak on behalf of vulnerable people.

During my mission to Tajikistan, last week, we met injecting drug users. We noticed that these people trust the Red Crescent. The National Society is trusted by both authorities and people. We can call ourselves the third pillar of the world. We are much more than an NGO. We are a unique auxiliary body to governments. Which gives us power, but also responsibility, because we are close to the power.

We have the duty to say no if the government asks us something which is not in line with our 7 Principles. As it was written in Strategy 2010, “advocacy is on safer ground when supported by activities”. Only can we speak if we work.

Let's try and compare the situation now with that of 10 years

ago. In 10 years we have done a lot. We took positions when they were not popular. Doing therapy means doing good prevention. It is the same with harm reduction for drug use, because drug users will thus not be forced to sell drugs to survive. We took this position when others did not agree. If you give methadone you empower people. But there are still lots of things to do.

But political power is needed to influence people. Only if there is political will, will we succeed, and the IFRC must have the courage to take a new position. Still we find obstacles. Without a big pressure from National Societies we cannot reach this objective, and we must also build cooperation with other NGOs. Together we are a task force. People in need trust us.

We speak about controversial issues. And we must discuss the balance between Humanitarian Diplomacy and Neutrality. Because advocacy is not a neutral word. We are not neutral when we talk about human suffering, we must take a position. Of course the position has to be evidence-based. Without prejudice. Prejudice brings stigma and stigma kills more than HIV. And politics is full of prejudice. The solution is finding a good balance between neutrality and advocacy.

The lack of political will is also an issue. How can we speak frankly? How independent are we? Even inside the Movement we have prejudice. We've a problem inside the house. We must push the governance to be brave with the principle of Humanity.

Coming back to our experience in Tajikistan: drug users asked us to talk with their government representatives. Methadone was forbidden before but now they have opened centres. We went with the National Society to talk to Reps of the Tajik government and we had a strong discussion. This is what we did: we did advocacy on behalf of drug users.

Finally I think that ERNA activities have so far turned out in a very positive way. Data coming from Budapest show that more than 10.000 drug users are daily in touch with their National Societies in Europe zone, particularly in Eastern Europe and Central Asia.

I would like to mention the Red Cross Committee of Irkutsk in Siberia, just to give an example of such a situation. My dream is that one of the next ERNA meeting can be held in Irkutsk. They have proved to be real pioneers in harm reduction in a difficult environment.

Thanks to the Slovenian Red Cross to be hosting us and have a pleasant stay and a productive work here in Debeli rtič.