RECOMMENDATIONS
....moving towards solutions
Health Care in Danger - the issue

VIOLENCE against:

- **Personnel**
  - Harassment, threats, intimidation, and robbery; and arresting people for performing their medical duties

- **Facilities**
  - bombing, shelling, looting, etc.

- **Voluntary discrimination**

- **Wounded & Sick**
  - killing, injuring, harassing and intimidating patients or those trying to access health care, etc.

- **Obstructions**

- **Vehicles**
  - attacks upon, theft of and interference with medical vehicles

- **General Insecurity**
Violent incidents against health care
January 2012 to December 2015

In particular:

• 2398 incidents collected in 11 countries were analysed;

• 1222 of them took place against, inside or within the perimeter of health-care facilities;

• 1933 incidents affected local health-care providers, including NSs, and national NGOs
Health Care in Danger: The process (2008-17)

Data Collection on Incidents

Expert Consultations, Workshops and reports

Field Level Multidisciplinary strategies and field practices

Mobilization of States / Regional FORA

Implementing Recommendations: Towards Solutions

States (MoH, MoD, MAE, MoI)

Humanitarian Organizations / NGOs / MSF

UN (WHO..)

RCRC Nat. Societies, IFRC & ICRC delegations

Professional Health Associations, WMA, ICN, ICMM, FIP, etc.

2008-2011

2012-2013

2014

2015 and beyond
RECOMMENDATIONS: Rights and responsibilities of health-care personnel

A tool for all health-care personnel confronted to armed violence

Main topics addressed in the book:
- International law
- Medical ethics
- Data protection & health records
- Dead body management and issue of missing persons
- Taking into account vulnerabilities
- Witnessing abuses
RECOMMENDATIONS:
Ambulances and pre-hospital services in crisis situations

Some key points:

- Coordination Mechanisms in place between service providers and authorities (preparedness, legal basis)
- Alternative Communication Equipment (facing the risk of breakdown of communication system)
- Psychological support (incl. in insurances)
- Recognition & acceptance by communities
- Use of Personal Protective Equipment
- Key role of ambulance drivers
- FOLLOW UP ATTACK DILEMMA
RECOMMENDATIONS:
Safety of Health-care Facilities

INFRASTRUCTURE - PHYSICAL SAFETY
- management of access and control of entries to health-care facilities
- prevent and minimize damage in case of attack
- considerations during design and construction phase

PEOPLE
- ensure viable working conditions
- increase preparedness
- enhance security for patients
- support and management of relatives of patients

PROCESSES
- guide the process of preparedness planning
- receive patients and control flow of individuals
- guide supply management
- ensure functioning information management
- coordination with external actors
- engaging with media
- monitor and enhance the perception of neutrality of a health-care facility

TEMPORARY SAFE SOLUTIONS
- guide priority setting and the development of SOPs
- determine available services and level of care
- enhance access and protection of a temporary safe solution
RECOMMENDATIONS that National Societies are implementing

1. Within their own NS or with Movement partners
   - Implement the **Safer Access framework**
   - Incident **data collection & research**
   - Specific needs of **first line responders** including ambulance drivers
   - Protocols and sharing good practice (e.g. ambulances, follow-up attacks and use of PPE)
   - Ensure staff and volunteers have **access to insurance**

2. With health care community and with authorities
   - **Dialogue, advocacy, training and coordination** where appropriate
   - **Roundtables/ workshops** to discuss recommendations

3. With civil society
   - **Advocacy /awareness raising**
   - Dialogue with **religious and community Leaders**
RECOMMENDATIONS:
Promoting military operational practice that ensures safe access to and delivery of health care

1. **Ground evacuation** of wounded and sick across territory controlled by different parties to a conflict (including the issue of checkpoints).

2. **Search operations** in health-care facilities.

3. **Fighting in proximity of medical infrastructure**: precautions in the attack and defense at either the planning or conduct of operations stages, in order to avoid or minimize potential dangers medical workers, Vehicles and facilities.
RECOMMENDATIONS:
Domestic normative frameworks for the protection of the provision of health

Key issues:

1. How to make legal protection of the wounded and sick, health care personnel, facilities and transports more effective?

2. How to legally improve the correct use of emblems and distinctive signs?

3. How to legally protect medical ethics and confidentiality?

4. How to effectively repress and sanction violations of the law?
Consultations on Health Care Ethics

Meeting 6-7 February 2014 in ICRC HQ «Health Care Ethics in Danger» with representatives from ICRC, World Medical Association, British Medical Association, Canadian Medical Association, International Committee of Military Medicine, MSF, MacMaster University.

**Aim:** Identify case studies & guide practitioners

Meeting 8 September 2014 at ICRC HQ, with representatives of WMA, ICN, IHF and ICMM where an agreement was reached on the final draft of a document on “Ethical principles of health-care workers in times of armed conflict and other emergencies.” The various organisations plan to disseminate this among their members & in their respective networks.
Consultations with non-state armed groups

- Consultations with 96 Interlocutors from 34 NSAGs in 9 contexts

- June 2014: **Expert workshop** “Promoting operational practices consistent with the protection and respect of health care to non-state armed groups” in GVA

- **Bilateral meetings** with States and other actors

- Report on NSAGs & HCID released in 2015
A shared humanitarian concern: Multiple stakeholders

RCRC Movement/ICRC

States/Authorities

Health-Care Community

Intl. Organizations

NGOs
Mobilization at Global Level: Field Activities

- **HCiD Focal points**: over 60 delegations have a focal point to support the project in delegation.

- **HCiD Objectives**: Over 60 delegations have adopted HCiD objectives.

- **Transversal delegation strategies** developed in more than 15 operational delegations.

- **Incident gathering**: on a monthly basis field teams in more than 20 countries where the ICRC is operational collect information on HCiD related incidents. Release of annual report based on this data.

- **Field Practices**: More than 70 field practices were gathered from 2013 to 2015 by almost 30 delegations to provide a snapshot of what delegations have done & to facilitate sharing of experiences & lessons learnt.
Mobilization at the global level: The Movement

- 27 National Societies & the Federation part of the Movement Reference Group – provide guidance, support and initiate their own responses

- Over 70 National Societies implementing responses – a wide range of measures and contexts

- Many National Societies supported expert consultations through co-hosting and participating e.g. Canadian RC on Security for health-care infrastructure, NorCross on National Society responses, British RC on Responsibilities and Rights of HC personnel & Belgium RC on National Legislation.

- NorCross supporting other NSs to develop operational responses.

- National Societies to play a vital role at the 32nd International Conference
A snapshot of NS activities

Within their NS:
- Implementing SAF (Egypt, Lebanon, Mexico, Philippines, CAR, Colombia, Egypt, Lebanon, Indonesia)
- Data collection (Afghanistan, Nigeria)
- Incorporated into training (Australia, Afghanistan, Sweden, Netherlands)

With authorities:
- HCiD training/dissemination with military (Afghanistan, Australia, Norway, Sweden, Belgium, Portugal, Uganda)
- Coordination with ambulance services and hospitals (Egypt, Nepal, Kenya, Lebanon)
- Roundtables to identify possible responses (Nepal, Australia, Afghanistan, Colombia, Canada, Sudan, Bulgaria, Ivory Coast, Iraq, UAE)
- Dialogue & sensitisation with MoH (PMI, Colombia, S Sudan, Nigeria, Guatemala, Salvador, Lebanon)
Mobilization at Global Level: External Partnerships – STATES & Regional Organizations

Main info:
- Global Health and Foreign Policy initiative: UNGA resolution adopted
- Other UNGA resolutions adopted with HCiD references
- Norway, South Africa, Australia – key partners of the Project
- ECHO & the funding of the HCiD Campaign in 7 EU capitals

Main Events:
- Regional workshop in Colombia (10 countries) July 2014
- Panel debate at UNGA NY 25 Sep 2014
- 1-day event for the members of the African Union Peace and Security Council 22 Oct 2014
Mobilization at Global Level: External Partnerships – the Health Care Community

Health Associations/ MedNGOs

- World Medical Association (MoU signed)
- International Council of Nurses (MoU signed)
- The International Committee Military Medicine (exchange of letters)
- International Pharmaceutical Federation (regular exchange)
- International Hospital Federation (MoU signed)
- MSF (regular exchange)
- WHO (regular exchange)
- World Confederation for Physical Therapy (MoU signed)

Academia/ Medical Students:

- International Federation of Medical Students’ Association (regular exchange)
- World Federation for Medical Education (endorsement)
2015 & Beyond – IMPLEMENTATION

UPCOMING PRIORITIES:

- Mobilize/Support concrete national initiatives
- Implement recommendations from expert workshops
- Mobilise for resolution/pledges (UNGA, WHA, RCRC IC, WHS)
- Publish project results

KEY ROLE FOR STATES:

LAUNCH NATIONAL HCID INITIATIVES:
1. Identify issues
2. Mobilise for action
3. Share good practice

ADOPT RESOLUTIONS: GLOBAL FORA
1. UNGA: Unacceptable. Need to act
2. WHA: Agenda Issue + States role + WHO role
3. IC RCRC: Endorse recommendations Pledges
4. WHS: Short & long term issue + Partnerships for action

LINK GLOBAL TO NATIONAL
1. Ensure international obligations are integrated in national legal frameworks
2. Reinforce accountability - national level

PROMOTE PARTNERSHIPS FOR ACTION
1. Between States – specific issues
2. Multiple stakeholders – specific issues
32nd International Conf

How we get there

- MRG & ICRC working groups
- Consultation – conference process, bilaterals, upcoming events
- Model pledges & targeting
- Briefing kits for delegations & NSs
- Videos, interactive elements to showcase good practice
- Engaging community of concern
Planning is well advanced:

- **Draft 0 Resolution** which commends efforts to date and highlights areas for future work.

- **Background report** – highlights progress over past 4 years and presents rationale and possible actions for future work.

- **Pledges** - 12 model pledges developed in 3 areas: partnership, coordination & advocacy; training & support; & national legislation, policy and military operational practice.

- **Plenary Commissions** – championing good practice & galvanising participants to take further action.

**Exhibition** – interactive and showcasing good practice.
Communication Campaign: Support to all project activities: *Local/ Regional/ Global*

**PHASE 1:** Making the case on the issue of safe access to health care

**PHASE 2:** Call to the implementation of practical recommendations on various areas

Wide range of audiences: States, Health care professionals, IIOO, General Public, Academia
Health Care in Danger: E-tools
Health care in danger: E-learning

THE LEGAL FRAMEWORK

www.icrcproject.org/elearning/health-care-in-danger/beta/

THE RIGHTS AND RESPONSIBILITIES OF HEALTH-CARE PERSONNEL

www.healthcareindanger.org/elearning
Health Care in Danger: Publications / Tools
VISIT:
www.healthcareindanger.org

Register to the HCiD NETWORK:
www.healthcareindanger.ning.com

Contact czanette@icrc.org to be invited

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