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HEALTH CARE IN DANGER

A MATTER OF **LIFE** & DEATH

Royal Military School, Brussels, 5 December 2013



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ICRC Brussels

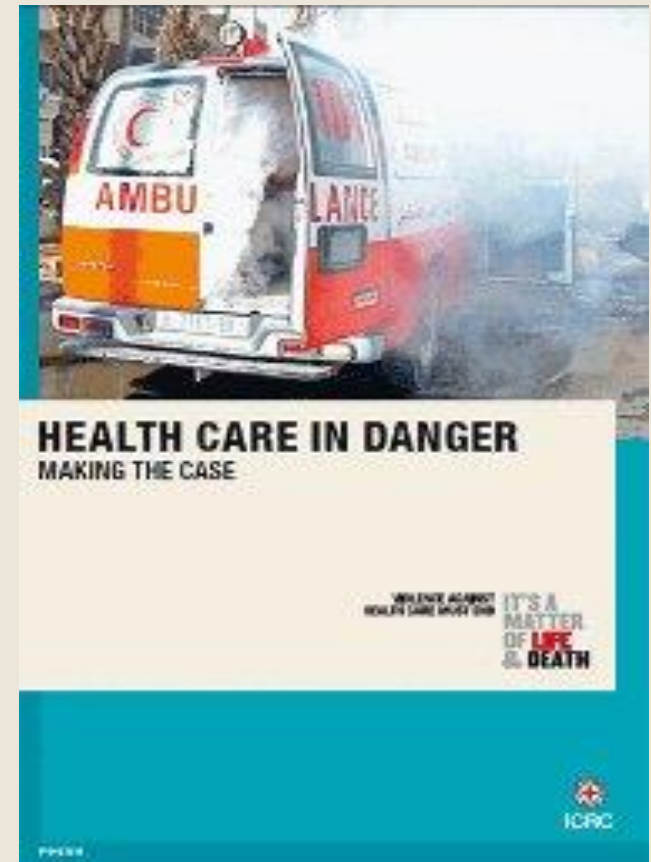


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Health care in danger: the issue

At the start :

A report based on statistical study on how armed violence affects health care





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Health Care in Danger - the issue

VIOLENCE against:

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

Attacks

bombing, shelling, looting, etc.

Personnel

Facilities

Voluntary
discrimination

Obstructions

Wounded &
Sick

Vehicles

General
insecurity

killing, injuring, harassing and intimidating patients or those trying to access health care, etc.

attacks upon, theft of and interference with medical vehicles



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Report: Violent incidents affecting health care

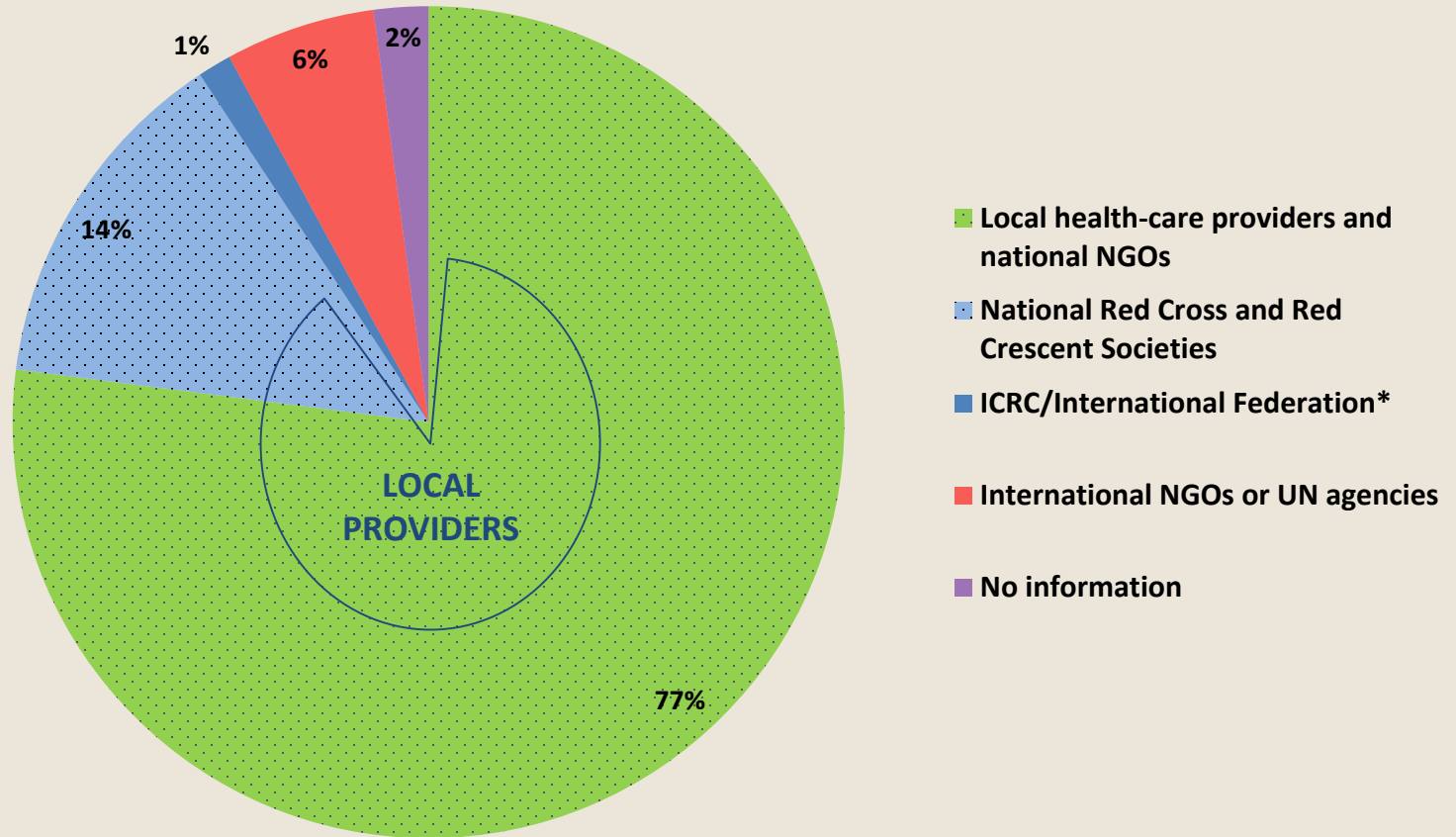


- January to December 2012
- 921 incidents recorded
- Identification of main patterns



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Health-care providers affected by category

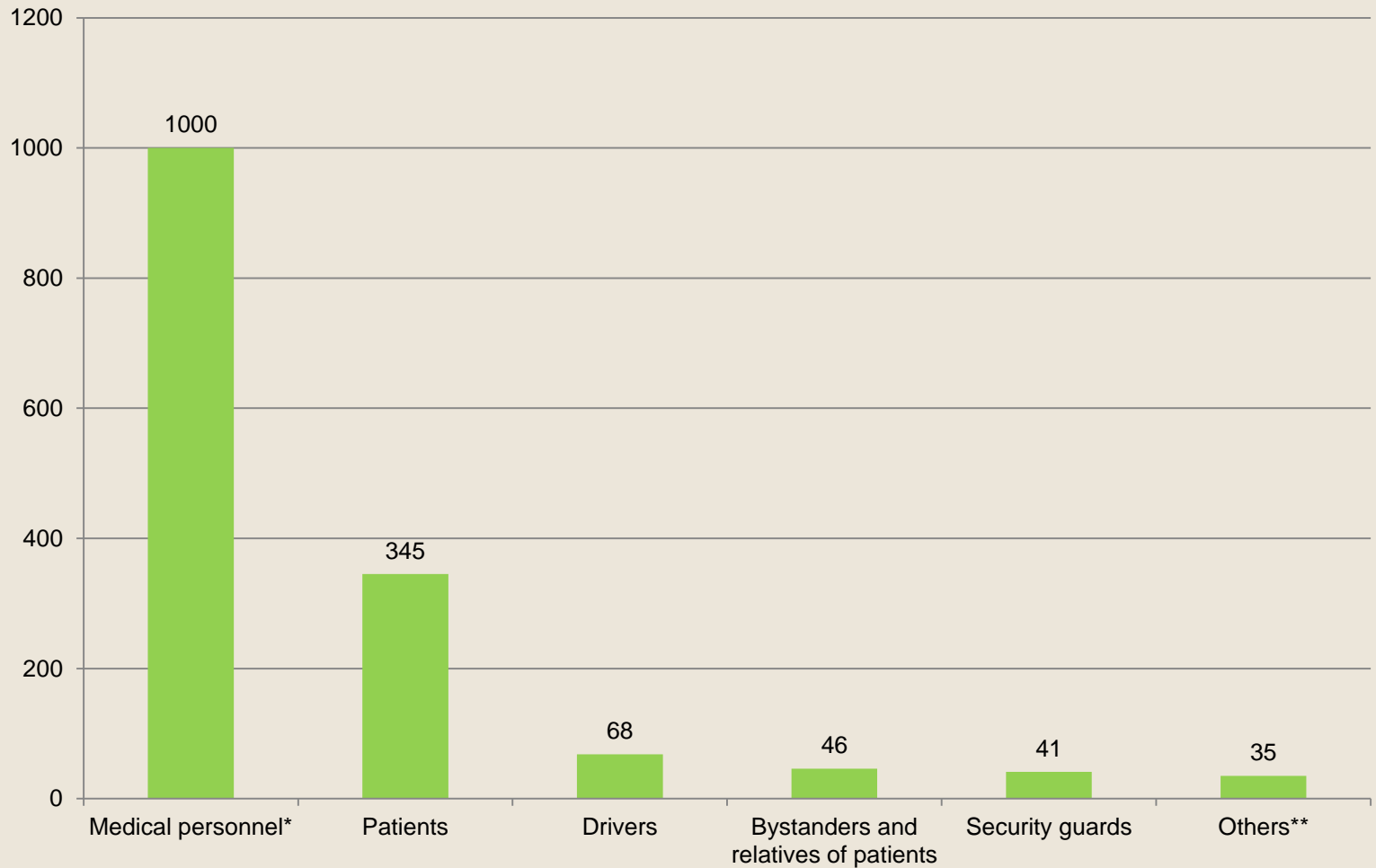


Total number of incidents by category of health-care provider affected - 1366



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Victims by category

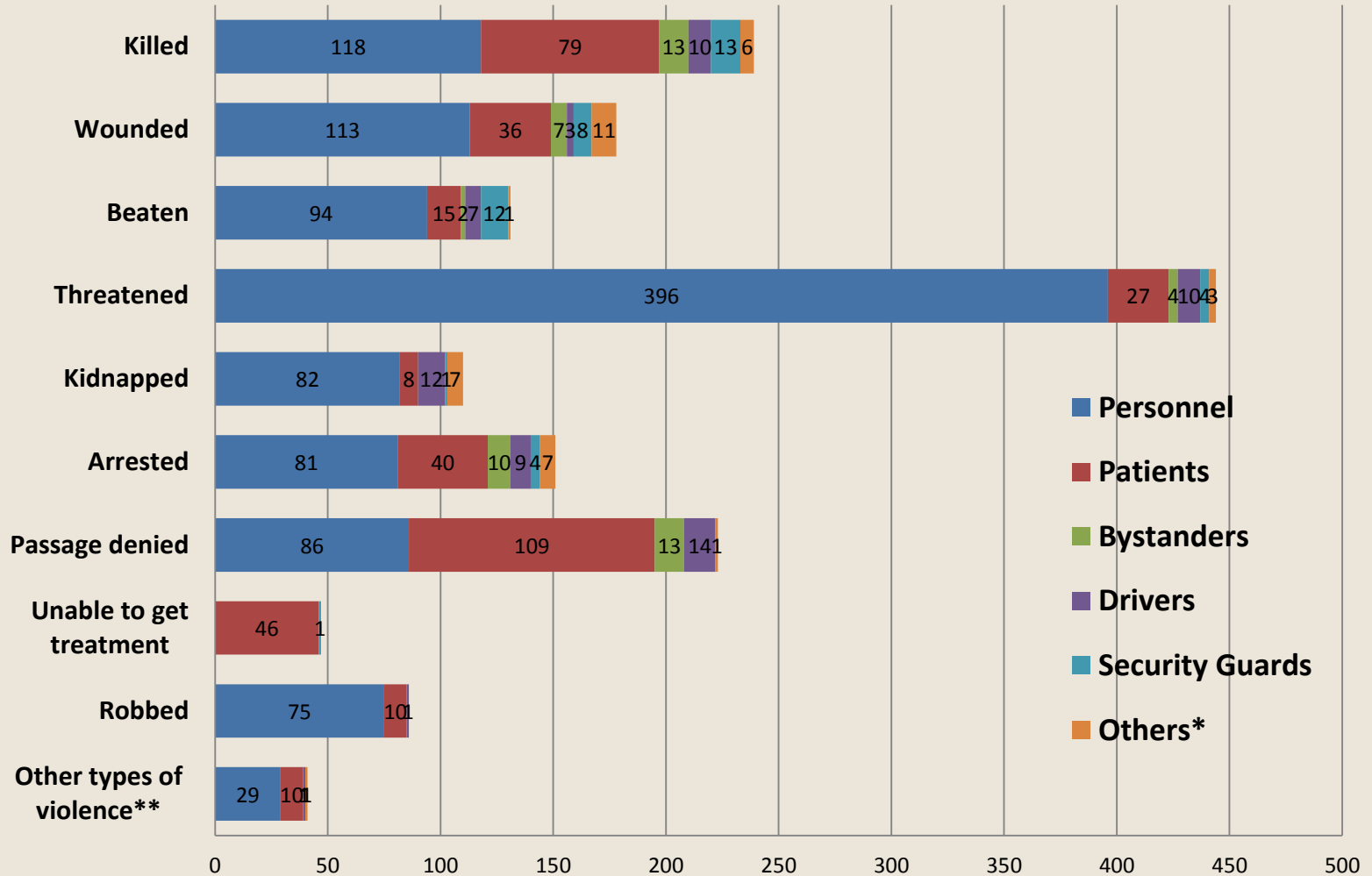


Total number of victims - 1535



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Types of violence that affected at least one person



Total number of acts or threats of violence that affected at least one person - 1108



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Health care in danger: the issue

The knock-on effect

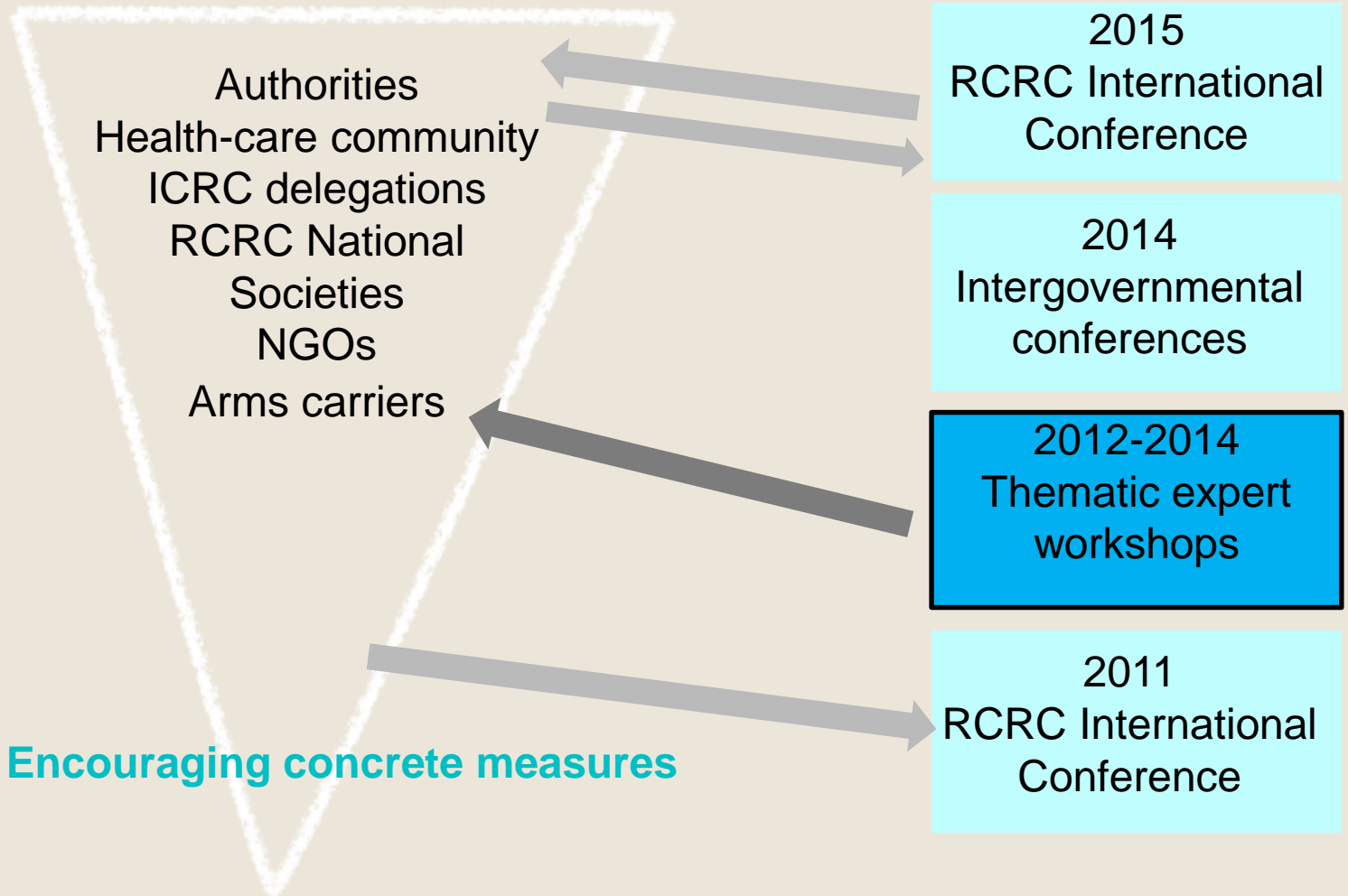
- One single incident can affect entire communities
- Weakening of health-care system while it should be reinforced





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HCiD : The project

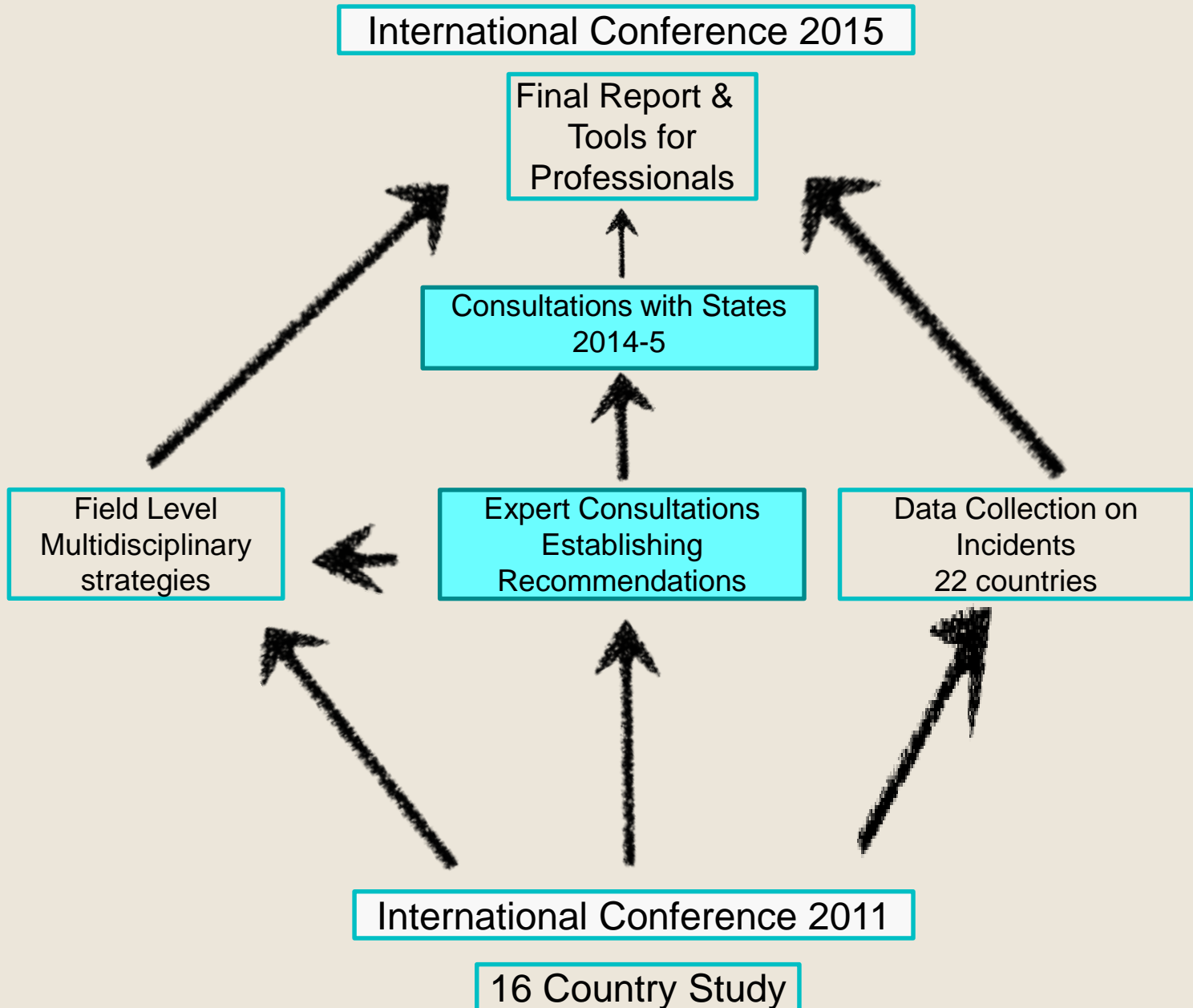


Communication Campaign



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HCiD process





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Mobilization at Global Level

- World Medical Association
- MSF / Medical NGOs
- Red Cross / Red Crescent Movement
(Workshops in Oslo, Teheran, Mexico; Movement reference group created)





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Mobilization at Global Level

Other key actors being mobilized 2013-4

- World Health Organization
- The International Committee of Military Medicine (ICMM)
- International Hospital Federation
- Medical Academic World
- OHCHR -Right to Health-



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Mobilization at global level: Consultations

Issues for global consultations	Location
1. Military practice: from training to operational orders	Sydney (December 2013)
2. National Societies' response to HClD (PNS and ONS)	Oslo (December 2012) Teheran (February 2013)
3. Ambulances and pre-hospital services	Mexico (May 2013)
4. Responsibilities and rights of health-care personnel	London (April 2012) Cairo (December 2012)
5. The physical safety of health facilities	Pretoria (April 2014)
	Ottawa (September 2013)
6. National legislation and penal repression	Brussels (January 2014)
7. Civil society: mobilizing opinion & religious leaders	Dakar (April 2013)



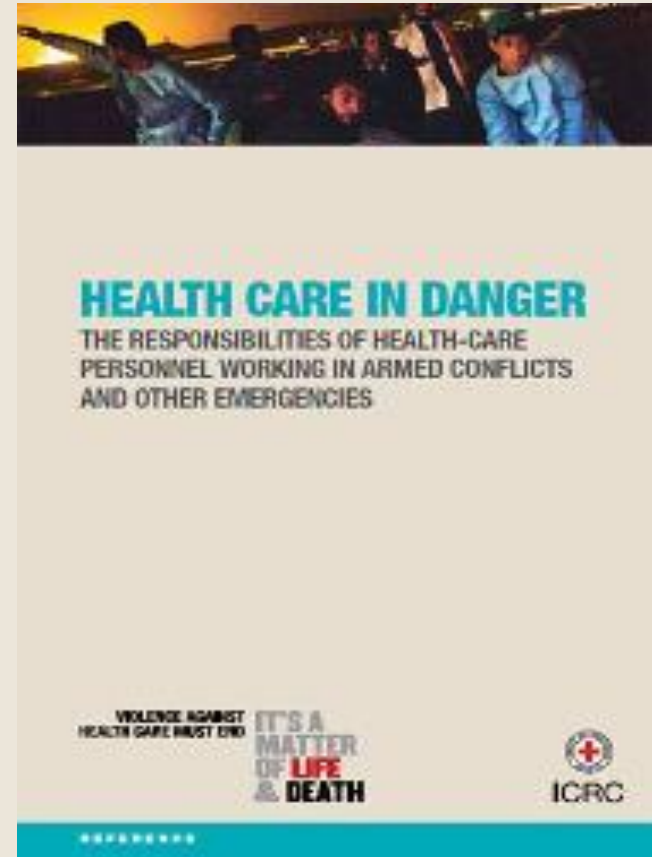
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Rights and obligations of health-care personnel

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

The responsibilities of Health Care Personnel working in armed conflicts and other emergencies :

- ❖ International law
- ❖ Medical ethics
- ❖ Data protection & health records
- ❖ Dead body management and issue of missing persons
- ❖ Taking into account vulnerabilities
- ❖ Witnessing abuses





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Recommendations from the consultations on the role of National Societies

- aspects of safer access;
- incident data collection and research;
- ambulance drivers;
- safety and security of health-care personnel– (issue of follow-up attacks and use of PPE);
- health and/or life insurance;
- dialogue with authorities - national multi-stakeholder forums;
- advocacy



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Ambulances and pre-hospital services in crisis situations

Mexico Workshop, May 2013

Recommendations & best practices

Specific:

- ❖ 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)

Re-affirmed:

- ❖ Recognized & accepted by communities
- ❖ Personal Protective Equipment
- ❖ Key role of ambulance drivers
- ❖ FOLLOW UP ATTACK DILEMMA



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Safety of Health Facilities

Ottawa Workshop, September 2013

Themes

Ensure Functioning of Health Facilities

- ❖ contingency/emergency response planning including reserve of essential supplies for several days;
- ❖ contract with suppliers to ensure repair or delivery during emergencies

Managing Stress and Pressure

- ❖ psychological support to the staff and relatives

Physical Security of Health Infrastructures

- ❖ external protection and secure access to hospital, (controlling the flow of people entering the facility)
- ❖ clear marking

Temporary solutions

- ❖ discharging patient for recovery outside the infrastructure (private houses)
- ❖ re-location in a safer zone;
- ❖ security through community acceptance



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Military Operational Practice Consultations

Focus in 4 areas, namely:

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

Search operations in health-care facilities

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

Use of the protective emblems by health-care workers, medical vehicles and health-care **facilities**

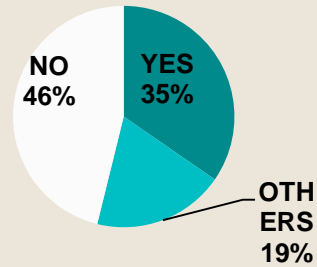


Military Operational Practice

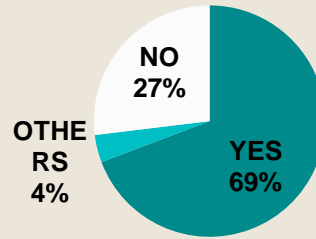
Results out of 26 consultations

- **Ground evacuation (checkpoints)**

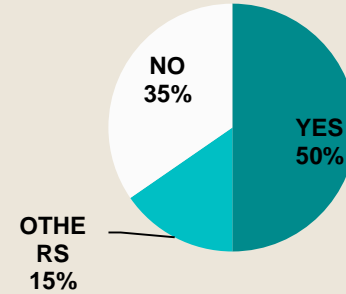
Doctrine



**Education/
Training**

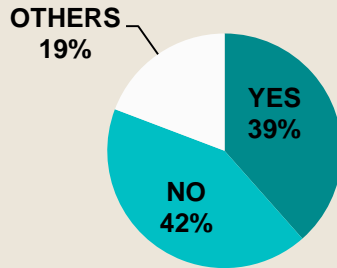


SOPs



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

Doctrine or SOPs



- **Use of the protective emblems**

1. Widespread use
2. Restrictions for tactical/security reasons
3. Interchangeability of the 3 protective emblems
4. No doctrine offering guidance on use/non-use



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Domestic normative frameworks for the protection of the provision of health

Consultations with 35 countries

Main findings

Scope of application

- Few States have developed legal frameworks specific for armed conflicts and other emergencies
- The protection of the medical mission is enacted through national legislation on the protection of the distinctive emblems



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Key elements

- Integrate victims of armed conflicts and other emergencies into national scheme ensuring access to health.
- Contextual definition of Health care providers, transports and infrastructure; what about traditional medicine?
- Need to ensure protection of Red Cross/Red Crescent emblem; in addition possibility of creating a national emblem for the medical mission as in Colombia.
- Importance of criminal, administrative and disciplinary sanctions.
- Preserving medical ethics and confidentiality when regulating possible disclosure of medical information.



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150 years of humanitarian action
**Council of Delegates of the International
Red Cross and Red Crescent Movement**
Sydney, Australia, November 2013



Moving to concrete action

- Progress report
- Workshop
- Village display
- External event

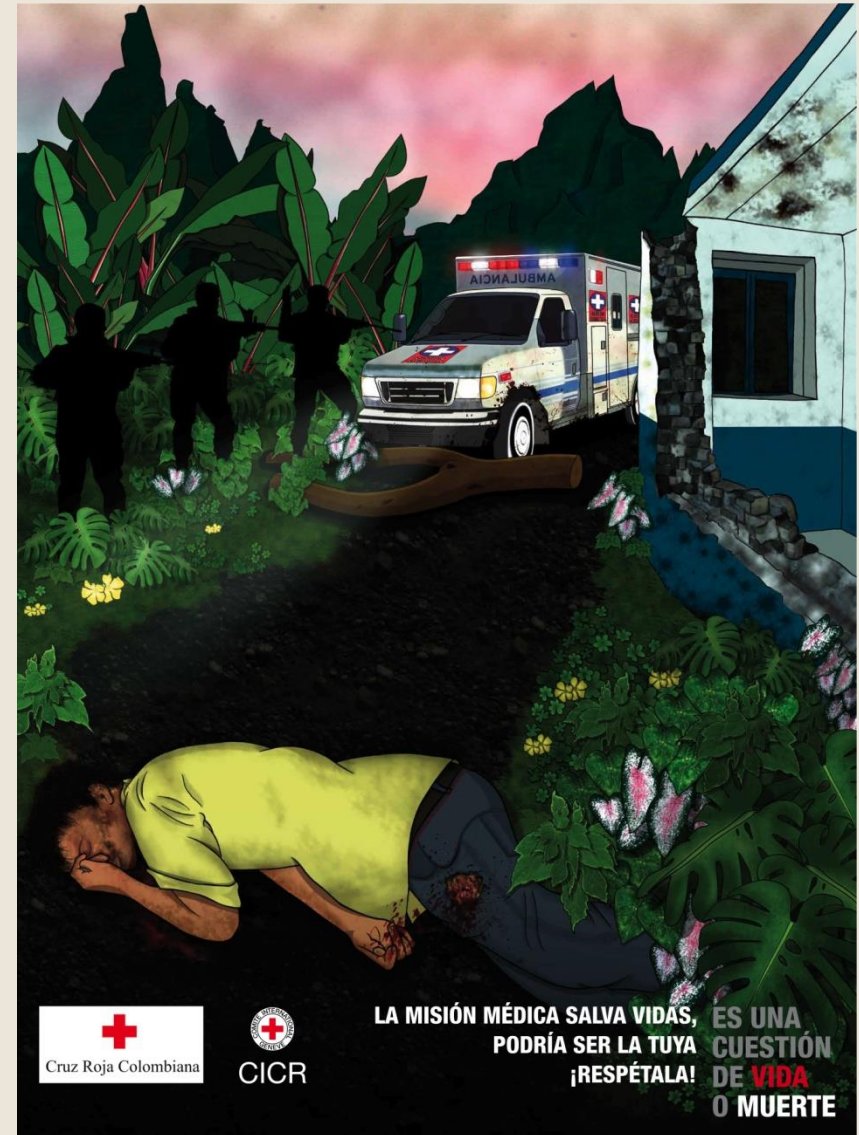


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Best Practice

Colombia:

- Government decree
- Data collection
- Medical mission
- Communication campaign
- Training for health professionals





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Best Practice

Yemen: receiving a strong governmental commitment to protect health-care





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Communication Campaign

The **public face** of the project.

Raise awareness on the issue of safe access to health care and **advocating practical solutions.**

Wide range of audiences in contexts where the lack of safe access to health care is an operational concern and in countries with a global and regional influence

Support the implementation of the operational and diplomatic tracks at key moments

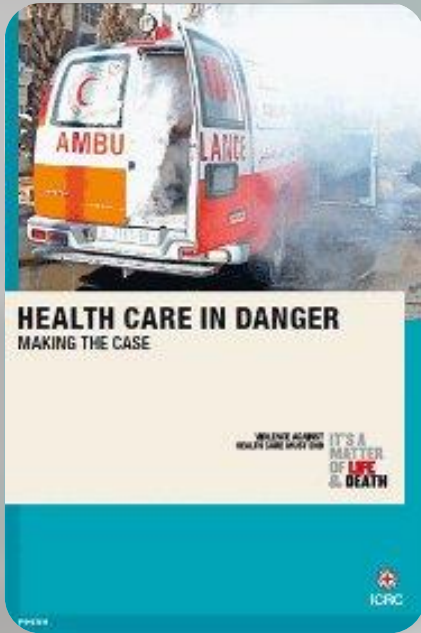
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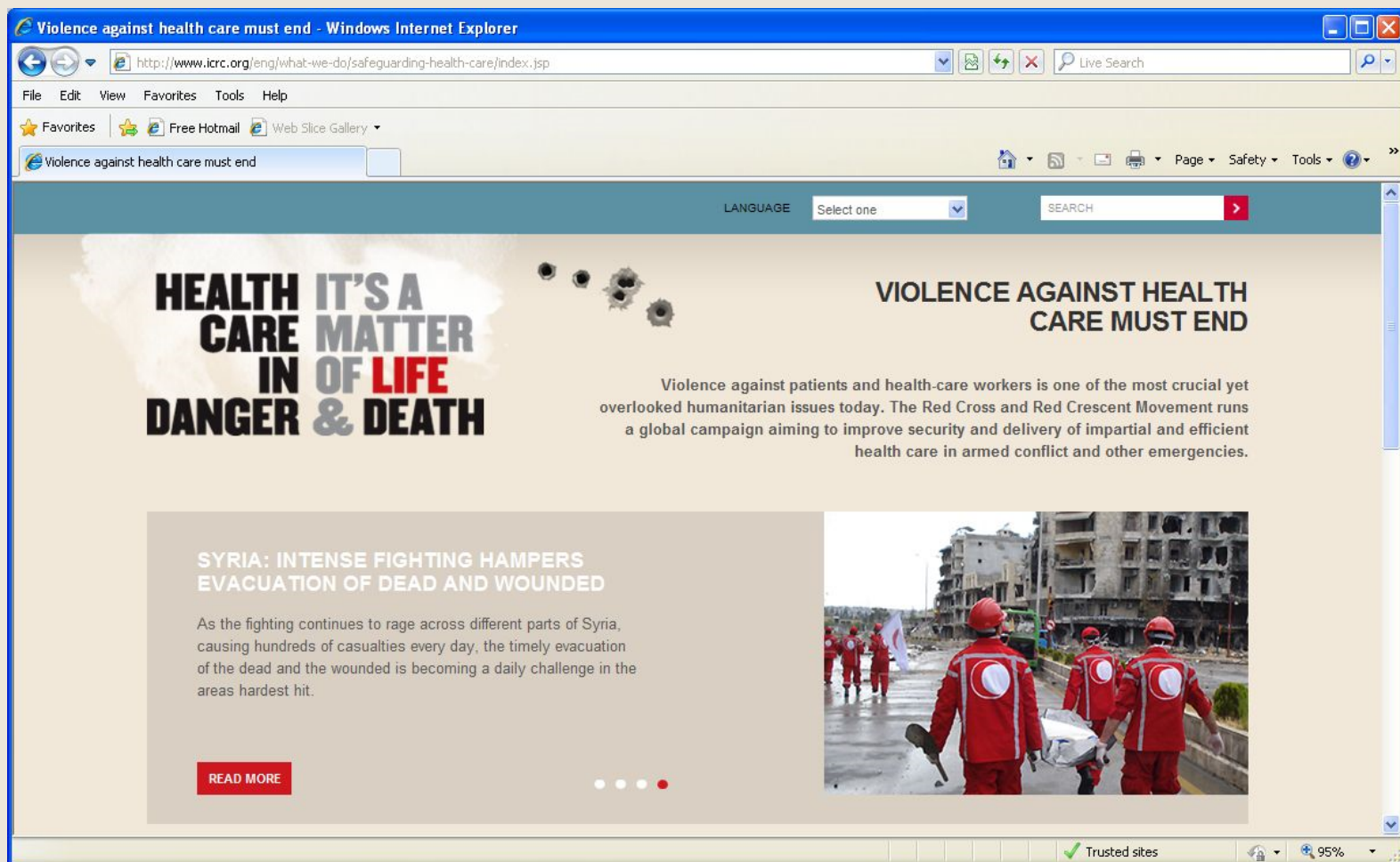


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HCiD Publications



A Specific Website



www.healthcareindanger.org



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Dank U....

Merci....

Thank you....

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