



HEALTH CARE IN DANGER A MATTER OF **LIFE** & DEATH



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

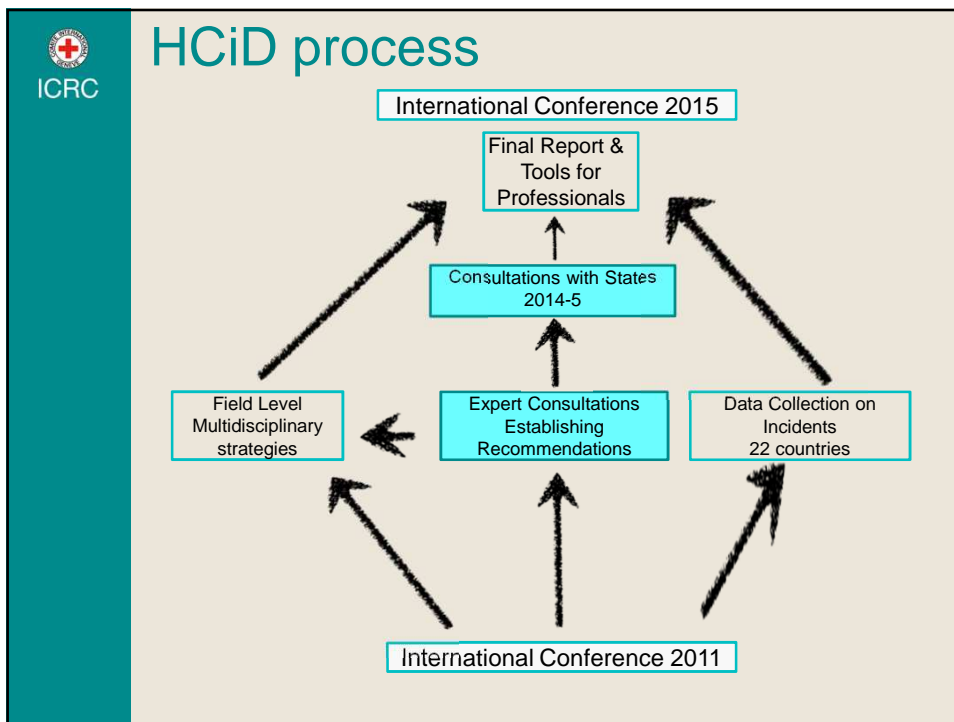
Wounded & Sick

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



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 HCiD (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) |



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**



Domestic normative frameworks for the protection of the provision of health

Consultations with 35 countries

Main findings


Scope of application

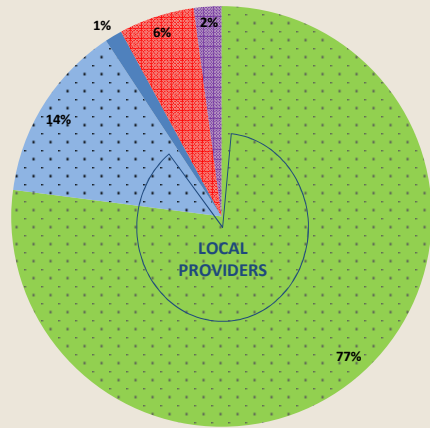
- Few States have developed legal frameworks specific for armed conflicts and other emergencies
- The protection of the medical mission is enacted through national legislation on the protection of the distinctive emblems

 **Report: Violent incidents affecting health care**



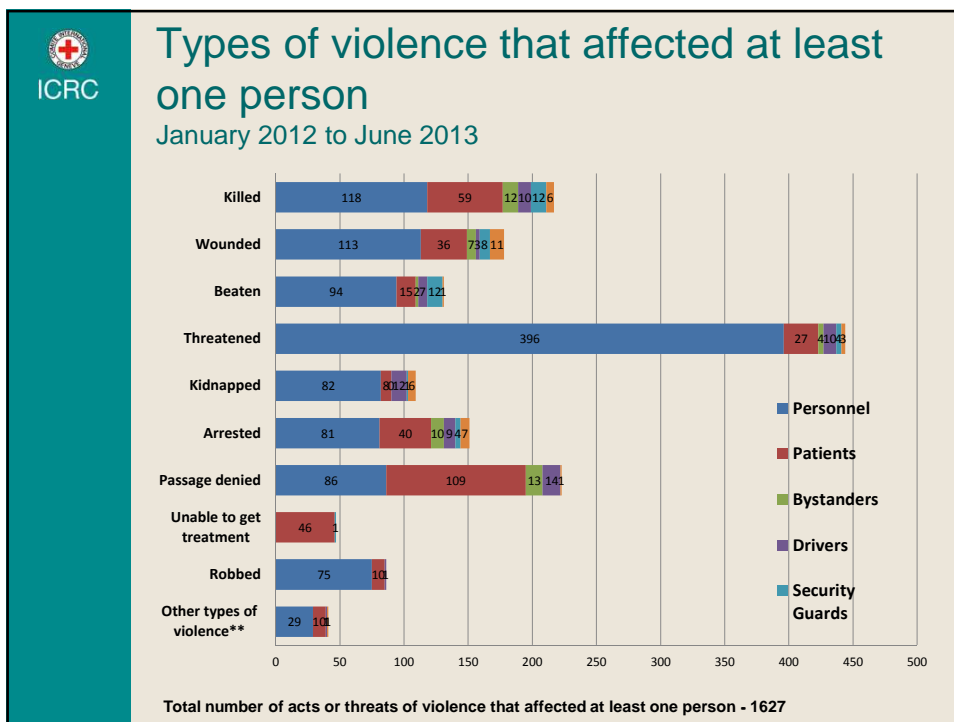
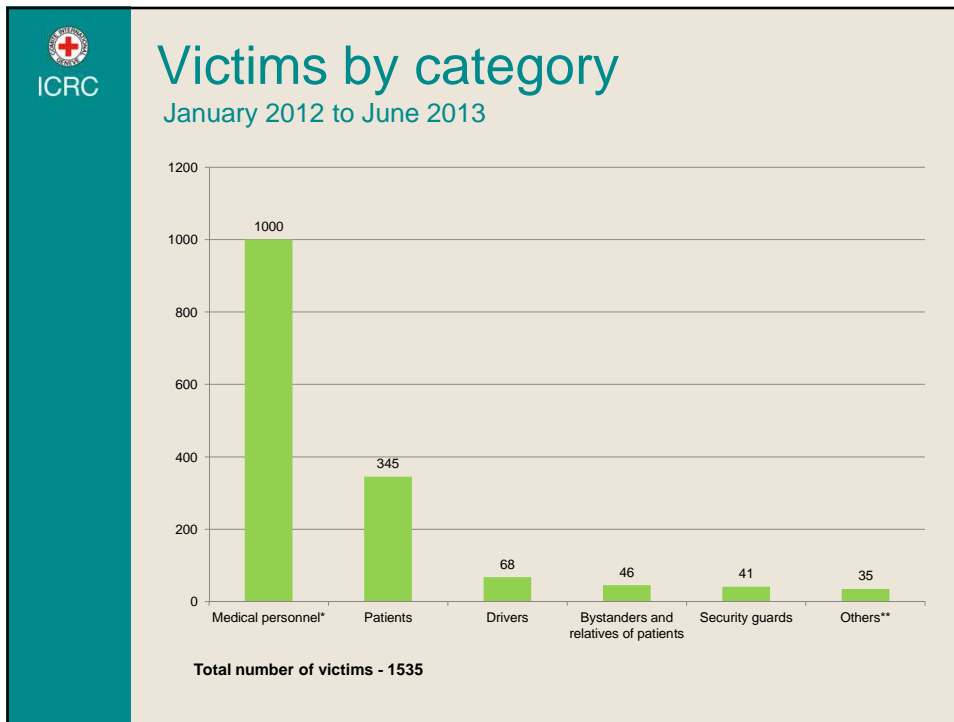
- January to December 2012
- 921 incidents recorded
- Identification of main patterns

 **Health-care providers affected by category**
January 2012 to June 2013



| Category | Percentage |
|---|------------|
| Local health-care providers and national NGOs | 77% |
| National Red Cross and Red Crescent Societies | 14% |
| ICRC/International Federation* | 1% |
| International NGOs or UN agencies | 6% |
| No information | 2% |

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





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



Community of Concern

- World Health Organization
- World Medical Association
- International Council of Nurses
- The International Committee of Military Medicine (ICMM)
- International Hospital Federation
- MSF
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 ICRC

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



HEALTH CARE IN DANGER
THE RESPONSIBILITIES OF HEALTH-CARE PERSONNEL WORKING IN ARMED CONFLICTS AND OTHER EMERGENCIES

VIOLENCE AGAINST HEALTH CARE MUST END
IT'S A MATTER OF LIFE & DEATH

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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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Next steps with the ICMM

At Global level, we want to strengthen the collaboration with ICMM, especially on ethics

At National level, we hope you join the Community of Concern, Contact the ICRC, your National Society, the Medical Association, Whoever who need to get involved

One organization alone will never be able to change things on the Ground. Needs to be a collective effort of all health care providers.



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Thanks for your attention

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