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31st International Conference of the Red Cross Red Crescent
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31st International Conference of the Red Cross and Red Crescent

Workshop – Health Care in Danger: How Can New Technologies be of Help?

Organized by

The International Committee of the Red Cross

30 November 2011, 5 p.m. - 7 p.m.

Room C, International Conference Centre, Geneva

Chair: Paul-Henri Arni, Head of Project - *Health Care in Danger*

Rapporteur: Claire de Feu

Summary

The meeting was well attended and the discussions lively and well informed. Panel members gave numerous examples of the current use of new technologies and volunteer communities in humanitarian response. The panel discussion focused on four topics:

- § The usefulness of new technology in providing services and information to the general public and to the people affected.
- § The ethical questions raised by the use of such technology, particularly with regard to the quality of information and the security of sources and mapped facilities.
- § Whether individual organizations should establish separate ad hoc partnerships with various volunteer and technical communities or whether a centralized platform of some sort – e.g. a central databank managed by the World Health Organization – would be better.
- § The question of responsibility: If information on health-care facilities is made public and results in a particular facility or source being targeted, who is responsible for breaching the protection? What are the legal and ethical considerations involved in sharing such information?

Panel discussion

- **Paul-Henri Arni, head of the HCiD project**, introduced the panel and outlined the objectives of the workshop:
 - to present the technology and the nature of its current use;

- to consider if the new technology can make access to and delivery of health-care safer, and how it might do so.
- **René Saameli, Geographic Information Systems Coordinator at the ICRC**, provided a brief overview of how the ICRC was using new mapping technologies for the purposes of situational awareness, planning and response. He drew attention to the ICRC GeoPortal a tool used for dynamic mapping, which creates operational maps by sourcing and overlaying data from a variety of public sources, as well as from internal databases. The maps can be designed to include the location of health-care facilities in areas of operation, which is of particular interest for HCiD. Mr Saameli also described the ICRC's current collaboration with OpenStreetMap, the results of which include mapping exercises in Guinea-Bissau and Kyrgyzstan.
- **Andrej Verity of the UN Office for the Coordination of Humanitarian Affairs (OCHA)** described the OCHA's collaboration with the Stand By Task Force (SBTF) in Libya, during which SBTF volunteers converted data from traditional news sources, social media and official press releases into maps depicting needs and responses. Mr Verity detailed the benefits of this approach (speed, connectivity and collaboration) as well as the ethical and practical challenges that it created. Challenges included ensuring anonymity, of identity and location, for sources, the provision of 24-hour support to a large number of volunteers and adapting the level and detail of information received to that required for large-scale planning. In closing, he outlined the OCHA's plans for developing standards for humanitarian data and for establishing a network to facilitate liaison with the growing number of volunteer and technical communities, such as the SBTF.
- **Laura Howe, Vice-President, Public Relations, American Red Cross (ARC)**, joined the workshop via Skype to give an account of the successful use of new technologies and volunteer communities by the ARC in recent emergencies. The ARC has been making use of social media for five years, and Ms. Howe outlined the lessons learnt from this experience and from research carried out by the ARC. In particular, she noted the importance of managing public expectations, the rigorous verification of all information shared, be it first or second-hand, and the in-house considerations that must be taken into account when using data drawn from social media. The ARC began engaging with social media to provide information to the people affected during emergencies, not as a source of information for operational planning. This engagement has developed into a two-way information flow. Ms Howe pointed out that encouraging public participation through social media reflected adherence to one of the Fundamental Principles of the International Red Cross and Red Crescent Movement – volunteerism. She also described a training and certification programme that was being planned for the ARC's digital volunteers.
- **Len Rubenstein, Senior Scholar, Bloomberg School of Public Health, Johns Hopkins University**, presented an idea about the use of mobile technology in mapping attacks against health-care facilities. He noted that the Ushahidi platform had been used in Libya to track the perpetration of atrocities, and to locate facilities and services. He also pointed out the limitations of

current reporting mechanisms and proposed that mobile technology be employed to increase the depth and the speed of reporting. Any such system would have to meet certain basic criteria: uniformity, a legal basis (international humanitarian law and human rights law), simplicity, security for sources and facilities, easily transferable data, and reliability. Crucially, the establishment any such system would also require political will.

Highlights of the discussion

- There was general agreement that the question of whether new, suitable technologies were available had been answered: the technologies exist and are being used. However, what the humanitarian community had to think about was how best to use and manage such technologies, information sources and volunteer resources, which will require the making of serious policy decisions, particularly with regard to issues, related to law and protection, created by the use of new technologies.
- Using social media as a source of information during natural disasters was one thing, doing so during conflicts was quite another: it was felt that this was an essential distinction and must be observed. Some speakers noted the potential for bias in any needs assessment based on such sources. Considerations related to protection and to the law, as well as those related to confidentiality and sovereignty, made it clear that using such technology was a more complex affair during man-made emergencies.
- There was general agreement that any data collected through social media had to stand up to a rigorous process of verification, and that their initial uses had to be internal. For example, the ICRC does not share such information publicly. The OCHA shares only mapped data and only after a certain amount of time had passed after the collection of the data; it uses this information in its standard communication materials, such as situation reports and press releases.
- The Canadian Red Cross supported the idea of mobile mapping technology and noted its potential benefits for rapid response.
- MSF questioned the wisdom of mapping mobile health-care facilities; they were particular concerned about the security implications of sharing planned routes of mobile clinics. They also raised the issue of the status under international humanitarian law of health-care facilities marked with a red cross in a virtual space.
- The US Department of Defense enquired about the existence of dialogue with State/military map-makers. The OCHA noted that past attempts at information sharing had been unsuccessful. The ICRC said that its neutrality would most likely preclude any liaison with State militaries on mapping projects.
- There was a consensus that humanitarian organizations had to start using these new technologies. It was also felt that humanitarian organizations needed to develop data-sharing standards and

protocols as soon as possible in order to exploit the potential of new technologies. Mapping facilities could be a first step, as it appeared to find more favour than the mapping of incidents did amongst most of the participants.