
ICRC

HEALTH CARE IN DANGER IT'S A MATTER OF LIFE & DEATH

NEWSLETTER

FEBRUARY 2014

CHANGE REQUIRES THE INPUT OF MANY


ICRC

There is no single solution, no "magic bullet", that will suddenly make the delivery of health care safer. Achieving change will require the input of many and a range of different measures. The good news is that, two years after the launch of the Health Care in Danger (HCiD) project, we are now seeing a high level of engagement with the issue, not only within the Red Cross and Red Crescent Movement, but also among various other humanitarian organizations, military groups, State authorities and other direct stakeholders.

They have demonstrated their commitment in a variety of ways. Both the International Council of Nurses and the World Medical Association have become partners of the HCiD project. Other organizations, such as Médecins sans Frontières, have launched their own initiatives. Several States, including Norway and South Africa, are actively supporting the project at the global level; some are engaging with the ICRC and/or their National Society to address the issue at the national level. It should be emphasized that while the project has helped to raise awareness of the issue in many parts of the world, many States had already been working to reduce violence against health-care providers long before the project started (read about Colombia's story on page 4). Their experience really helps to shape practical recommendations for the next steps.

Ultimately, we believe that the cumulative effect of all these efforts will make the difference for patients and medical staff in conflict situations and other emergencies across the world. If you're reading this newsletter, you're probably already part of the Health Care in Danger "community of concern." If that's the case, you can find further information about the project on the HCiD online platform (www.healthcareindanger.ning.com).

For our part, we're now concluding the expert-consultation phase of the project and are pleased to have found not only broad consensus on the significance of the issue, but also strong commitment among the experts to tackling the issue. This helped in producing a long list of recommendations and practical measures. Recently, a workshop was held to discuss what national legislation should be brought in to boost the protection of health care. Many other consultations have helped us to gather input and experience from the field, which in turn have served as a basis for a number of practical resources. These include a recent publication on ambulances at risk, prepared by the Norwegian Red Cross, and recommendations from a workshop jointly organized by the ICRC and the Mexican Red Cross in 2013 (more details on page 3).

With the start of a new year comes a new phase for the HCiD project. Big challenges still lie ahead of us, particularly as all stakeholders begin to translate recommendations into concrete, context-specific actions. Local and regional stakeholders will play a key role in this process. Every contribution really does count as we strive to bring about lasting change on the ground.

Pierre Gentile, Head of the Health Care in Danger Project.

ICRC

In September, experts from a range of different backgrounds met in Ottawa to discuss measures for protecting health-care facilities in times of armed conflict and other emergencies. The workshop was co-organized by the Canadian Red Cross and the ICRC, as part of the Health Care in Danger (HCiD) consultation process. A similar workshop is planned for April 2014 and will be held in Pretoria.

***

Among the measures identified at the HCiD workshop in Sydney last December were "fast-tracking" ambulances, ensuring specific precautions during hospital searches and making sure that health care can be delivered safely. During the four-day session, army experts and military medics worked on a list of practical recommendations, which will feature in a report to be published later this year.

***

Legal experts, civil servants, members of parliament and non-governmental organizations from around the world recommended developing national legislation to protect the delivery of health care, following discussions at a HCiD workshop in Brussels. The background document is now available for download on the HCiD online platform (www.healthcareindanger.ning.com).

***

In December, the ICRC's UK-based team, the British Red Cross, and the Conflict and Catastrophes Forum of the Royal Society of Medicine jointly held an event for health practitioners and humanitarian workers. Participants shared their experience and advice on to how to implement the recommendations that had emerged from the various HCiD workshops.

***

The International Council of Nurses and the ICRC signed a memorandum of understanding to jointly raise awareness of the importance of safe access to health care. Read more about this initiative in an interview with David Benton, chief executive of the International Council of Nurses, on page 7.

***

Tom Stoddart/Getty Images for ICRC

The ICRC launched a new series of powerful images based on real-life stories, illustrating the idea that it is possible to give the wounded and the sick timely access to health care, even in the midst of violence. The visuals were used for the first time in December 2013 in an outdoor awareness-raising campaign in Europe, developed together with National Red Cross Societies and supported by the European Commission. The images were displayed on banners in the streets and metro stations of Brussels, Amsterdam, Madrid, London, Berlin, Warsaw and Paris, reaching some 12 million citizens.

***

In November 2013, the Center for Public Health and Human Rights of the Johns Hopkins Bloomberg School of Public Health convened 19 representatives of major humanitarian organizations in Bellagio, Italy. At the end of the conference, participants issued a call for urgent action to address violence against health care.

***

Médecins sans Frontières (MSF) launched a project called "Medical care under fire" to address threats to the safe delivery of health care. A parallel but complementary initiative to the ICRC-led HCiD project, it confirms the willingness of the international community to tackle this issue. The next edition of this newsletter will feature more information about this initiative.

The HCiD project was discussed at the recent **Council of Delegates in Sydney**. This is a conference held every two years for management-level staff of the Red Cross and Red Crescent Movement to discuss significant and current humanitarian challenges. More than 150 members of National Red Cross and Red Crescent Societies shared best practices and dilemmas experienced in the delivery of health care. They recommended measures for improving the safety of their own volunteers and committed to advocating for greater access to health care for all. A public side event was also held to highlight the issues. A burnt-out ambulance was placed in Sydney's peaceful Darling Harbour, peppered with bullet holes and with its doors ripped off by an explosion, providing a shocking sight for passers-by. A new publication on ambulances at risk was also released during the conference (see page 3).

Isaac Griberg/ICRC

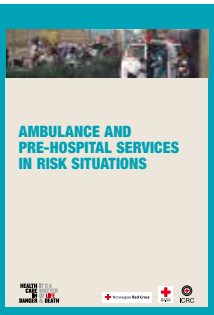
A replica of a burnt-out ambulance.

NEW TOOL FOR FIRST RESPONDERS

A new report has been published, setting out ways to increase the safety of pre-hospital care and ambulance services in difficult circumstances.

Entitled *Ambulance and pre-hospital services in risk situations*, the report summarizes field experience from over 20 countries, gathered at an expert workshop in Mexico in May last year. Recommendations made in the report include strengthening national laws to further protect ambulance services, and improving coordination with the authorities, the military and other stakeholders. The report also advises adopting best practices with regard to ensuring appropriate psychological support, training and personal protective equipment are given to staff and volunteers.

Another important recommendation in the report is to build trust within the community. "It took the death of 12 Red Cross volunteers by the year 1987 for us to realize that it's not enough just to *be* neutral – we also need to be *perceived* as being neutral," explained Georges Kettaneh, secretary-general of the Lebanese Red Cross. "Building that perception is hard work and requires a deliberate and coherent effort at all levels."



Written by the Norwegian Red Cross, with support from the ICRC and the Mexican Red Cross, the report is an excellent resource for health-care professionals and volunteers working in contexts affected by armed violence. It can now be ordered online at: https://shop.icrc.org/health-care-in-danger.html

WHY DATA-GATHERING MATTERS

The ICRC often witnesses or receives first-hand accounts of attacks on health-care personnel, looting of hospitals, and patients who are deprived access to health care. Over the last two years, our field teams have been gathering data on these incidents in a more systematic way than before. An initial annual report was published in 2013, presenting the main trends without singling out specific contexts or perpetrators (available on www.healthcareindanger.org). Another report is due to be published in April this year, compiling all of the information collected since the beginning of the exercise, with a focus on incidents affecting infrastructure. At the end of the Health Care in Danger project, the data will be used in a final report to be presented at the next International Conference of the Red Cross and Red Crescent in 2015.

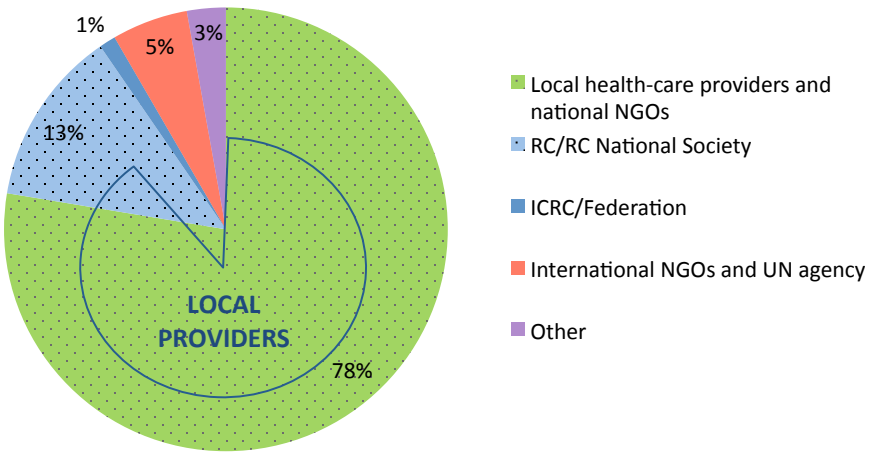
Up to October 2013, more than 1,650 violent incidents have been recorded in 23 countries. These figures are probably only the tip of the iceberg of this very complex problem. The data-gathering exercise has already helped to shape discussions about the issue and provide new angles from which to approach it. For instance, facts and figures were used to illustrate the current state of affairs in background documents for most of the expert consultations.

New and sometimes surprising trends have emerged. For example, the figures show that up to 90% of the health-care providers affected by violence so far are local staff, whereas global media channels tend to give more attention to attacks on international staff.

Global data often prove a powerful resource for advocacy, helping to influence decision-makers, emphasize the urgency of taking action, facilitate dialogue with potential perpetrators and mitigate risks.

The ICRC is not alone in developing its own monitoring methodology: more and more international organizations are doing the same, which shows that the exercise is gaining momentum. As the issue climbs up the international agenda, data-gathering is set to become an increasingly indispensable task.

Health-care providers	
Local health-care providers and national NGOs	1289
Red Cross and Red Crescent National Societies	213
ICRC/International Federation	20
International NGOs and UN agencies	92
Others	47
Total	1661



Total number of incidents by category of health-care providers affected - 1661

MEDICAL SERVICES: A PRIORITY FOR THE COLOMBIAN GOVERNMENT

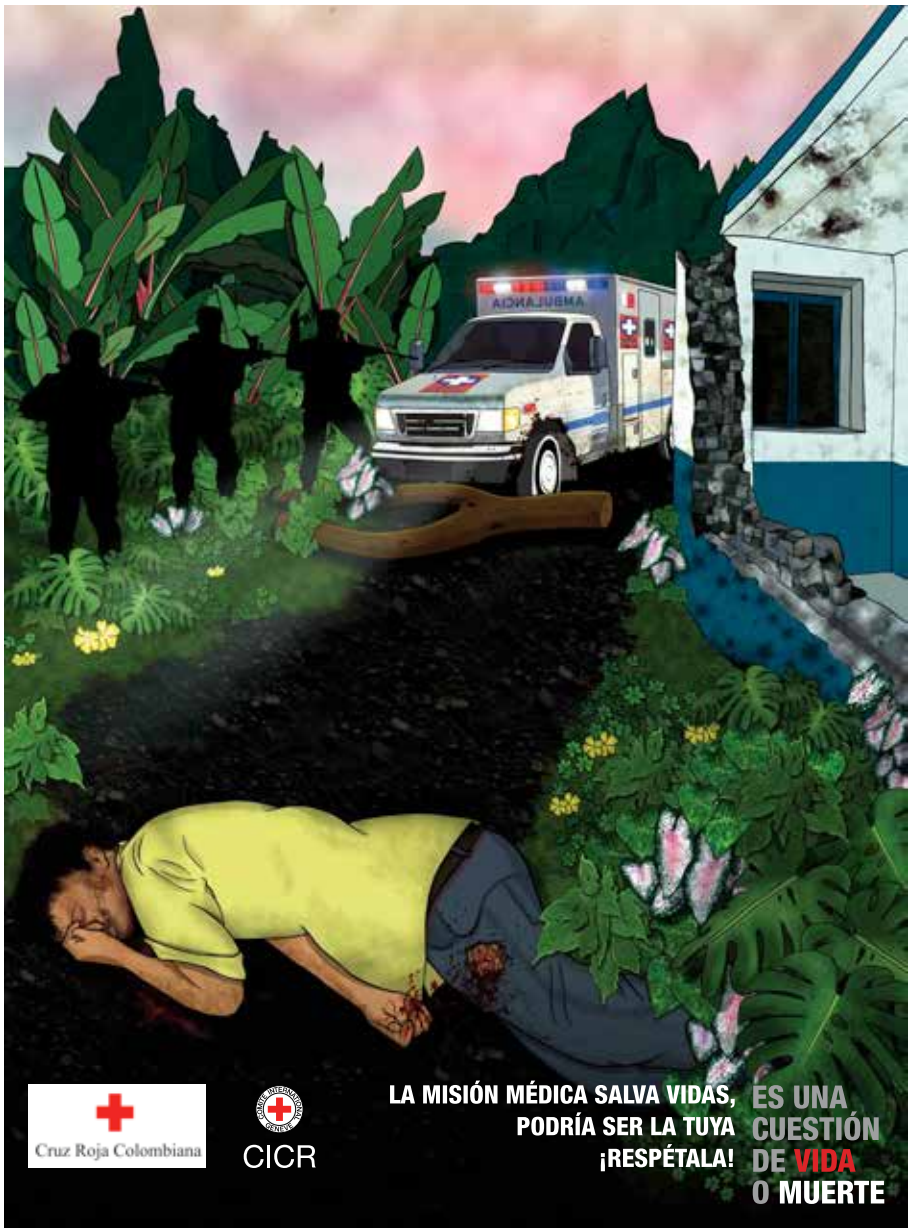
In Colombia, health-care providers have their own distinctive and protective emblem called *la misión médica*, a term that encompasses medical services as a whole. In August 2002, the promotion and use of this emblem to identify medical personnel, facilities and vehicles became a national priority when the Ministry of Health and Social Protection issued a decree stipulating that medical services must be protected. The decree also prompted the drafting, in 2008, of the country's first-ever manual covering protection for medical services.

In 2012, the decree was amended to extend protection for medical services to include all situations of violence, not just armed conflict, and the manual was revised accordingly. Now widely circulated among health-care professionals, the manual provides practical advice on a number of issues, including attacks on medical staff and patients, acts of perfidy, the use of the protective emblem and monitoring of its misuse. The guidelines it contains for ensuring the safety of medical personnel, facilities and vehicles makes the manual a unique tool.

"We find the manual very useful because it responds to the daily concerns of health-care professionals," said Ivonne Muñoz, a government representative in charge of protection for medical services in Cauca, south-western Colombia. "Thanks to the manual, hospitals and health-care workers are more aware of the legal framework applicable to their professions and more interested in doing things right – also, every time a violation is committed against medical services, we get a report, which is as it should be."

The initiative of drafting and publicizing the legislation and related training materials was taken by the Ministry of Health and Social Protection and the office of the country's vice-president, with the support and cooperation of the ICRC delegation in Bogota and the Colombian Red Cross.

A series of other tools has been developed to promote understanding of and respect for the protective emblem, including a poster, radio spots and leaflets.



Roberto Payán, Colombia. An ICRC employee explains the basic rules of protection of medical facilities in armed conflicts and the importance of respecting the signs.

Over the last two decades, attacks against medical personnel, facilities and vehicles have occurred on a regular basis in Colombia. According to the Ministry of Health and Social Protection, there were 1,107 direct attacks against health-care providers and facilities throughout Colombia between 1996 and 2013, and these claimed 910 victims. Incidents of this kind had a serious impact on the working conditions of medical personnel and did incalculable harm to vulnerable communities by jeopardizing their access to health-care services. Around one third of all recorded incidents involved threats against medical personnel. The number of deadly attacks was very high, and restrictions on or lack of access to health-care facilities was all too common. After climbing steadily prior to 2002, the number of attacks seemed to gradually decrease. Since 2012, however, Colombian authorities have recorded a significant increase in the number of incidents targeting medical services.

Boris Heger/ICRC

Montecristo, Colombia. A medical auxiliary and members of the Colombian National Army in front of a health centre.

Adrián Estrada/ICRC

IT IS VITAL TO UPHOLD THE MEDICAL CODE OF CONDUCT


ICRC

Professor Thérèse Aya N'Dri-Yoman, former Minister of Health and HIV/AIDS prevention in Côte d'Ivoire

In the wake of Côte d'Ivoire's disputed election results in 2011, the country experienced a wave of violent demonstrations and arrests, and many people were forced to flee their homes. Deteriorating security conditions had a serious impact on access to health care for the wounded and the sick. We met with Thérèse Aya N'Dri-Yoman, former Minister of Health and HIV/AIDS prevention in Côte d'Ivoire, to get her views on how best to deal with obstacles to health care.

Why is it so important for everyone to respect health-care providers and facilities?
Everyone needs health care at one time or another and everyone is entitled to it. Medical facilities need to be protected: when people can't find treatment in an emergency, the consequences can be serious, if not fatal. It's a matter of survival. Emergencies are, by their very nature, unpredictable. People in need of health care during an emergency must be able to use their nearest medical facility. That's why it's so important that we get the message across to people that health-care facilities and personnel need to be protected.

What challenges did you face in protecting health-care delivery during the violence?
First and foremost, we had to make sure that both medical facilities and health-care workers were safe. Keeping hospitals safe and secure was a real problem, as they were often looted or vandalized. Stealing goods for consumption is understandable, in a way. But it's harder to accept the destruction of research and X-ray equipment, which everyone knows is essential. Particularly worrying were the attacks on health-care personnel. Medical workers were often dealing with highly agitated people, be they combatants or civilians, and everyone was impatient for treatment. In some cases, health-care personnel simply weren't able to respond immediately and so were verbally threatened or even physically attacked.

Can you tell us about any specific incident that you had to handle during this period?
There was one time when combatants brought an injured man to Treichville University Hospital. The staff member they approached wasn't in a position to deal with the case immediately, so they attacked him.

This sparked a protest among the medical personnel. We had to calm everyone down and, with the help of the Ministry of Defence, take appropriate measures to improve security at the medical facility.

What can the authorities do about this problem?
It's important to explain to health-care workers how vital it is to uphold the medical code of conduct. According to this code, they are obliged to treat everybody according to their need, impartially and without discrimination.

Weapon bearers and the general population should be reminded that medical facilities are a sort of sanctuary, in that they are places where staff treat the sick and the wounded regardless of their political affiliation. It needs to be conveyed that taking it out on medical personnel means taking it out on people who may one day save a member of your family – or yourself for that matter!


ICRC

National Society headquarters, Abidjan, Côte d'Ivoire. First aiders from the Ivorian Red Cross insert stitches in the scalp of a person injured in the fighting.

NEW WHITE PAPER IN CÔTE D'IVOIRE HELPS PREPARE DOCTORS TO WORK IN MIDST OF VIOLENCE

For over a decade, health-care personnel in Côte d'Ivoire found themselves working in a general climate of violence as the country was struck by repeated crises and outbreaks of armed conflict. Sometimes staff fell victim to violence; sometimes they committed acts of violence themselves. Taking these experiences into account, the National Council of the Order of Physicians in Côte d'Ivoire decided to draft a white paper on the issue, with input from the ICRC. It marks an excellent first step towards making sure that health-care workers are better prepared and trained to act appropriately in dangerous situations in the future. The white paper is intended as a set of practical recommendations primarily for doctors, but also for the authorities and weapon bearers. It contains guidelines, along with the World Medical Association's code of conduct, specifying the duties of every doctor. In particular, health-care personnel are reminded that they should uphold the worldwide medical ethical code, which states that health care should be provided to all patients without discrimination. This collaboration between a national medical body and the ICRC proved highly successful and is something that could certainly be replicated elsewhere in the world.

TO TACKLE THE ISSUE, WE HAVE TO STAND TOGETHER

David Benton, chief executive of ICN

A few months ago, the International Council of Nurses (ICN) and the ICRC signed a memorandum of understanding to strengthen efforts to make the delivery of health care safer. We asked David Benton, chief executive of ICN, what he thought about the initiative.

How relevant is the issue of violence against health-care services for the International Council of Nurses?

It's very relevant. As nurses, we have a duty to deliver care – to do so, we need a safe environment that enables us to work impartially, without discriminating on the basis of political affiliation, gender or anything else. When nurses are not able to deliver health care, the consequences are felt across the entire community.

Are you aware of areas in which nurses are especially affected by violence while delivering health care?

Sadly, the number of countries in which nurses are subjected to physical and verbal violence while delivering health care is actually increasing. We're seeing this happen not only in countries struggling with armed conflict, but also in peaceful, developed countries, where society is changing, demands are increasing and resources are often tight.

What can be done to halt this trend?

A number of steps can be taken, such as equipping nurses and health-care workers with the right skills to de-escalate situations. Another approach is to work with governments to put strict rules in place for dealing with violence in health-care facilities and to make sure that perpetrators of violence against nurses face criminal prosecution.

At a political level, however, the international community needs to come together to ensure that in countries affected by armed conflict no political party is favoured over another and practices such as denying access to health care or disrespecting medical ethics are not tolerated.

International Council of Nurses (ICN)

As a federation of 135 national nursing associations, ICN represents more than 16 million nurses worldwide and is considered a leader in this field. Since 1899, ICN has worked to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

Why did your organization decide to get involved in the Health Care in Danger project?

A number of ICN member associations have recently been affected by unrest in many countries, particularly in the Middle East. Nurses and doctors have been arrested and jailed in Bahrain and Syria, among other places. To tackle this issue, we have to stand together – it's the only way we're going to have a significant impact.

What will be your next steps now you have signed the memorandum of understanding?

We will be emphasizing the importance of this issue to our members and encouraging them to convey the message to their governments in the hope that States will work together to tackle it internationally. We will also make sure there are sufficient resources available to incorporate the issue into education programmes for our members. With the World Health Assembly and audit reports coming up, it's also important for us to establish whether the situation of violence against nurses is worsening or improving. If it's worsening, we will need to identify and share best practices with others.

Mirwais Hospital, Kandahar, Afghanistan. The teaching nurse checks on a child in the paediatric ward.

WELCOME TO THE HEALTH CARE IN DANGER NETWORK

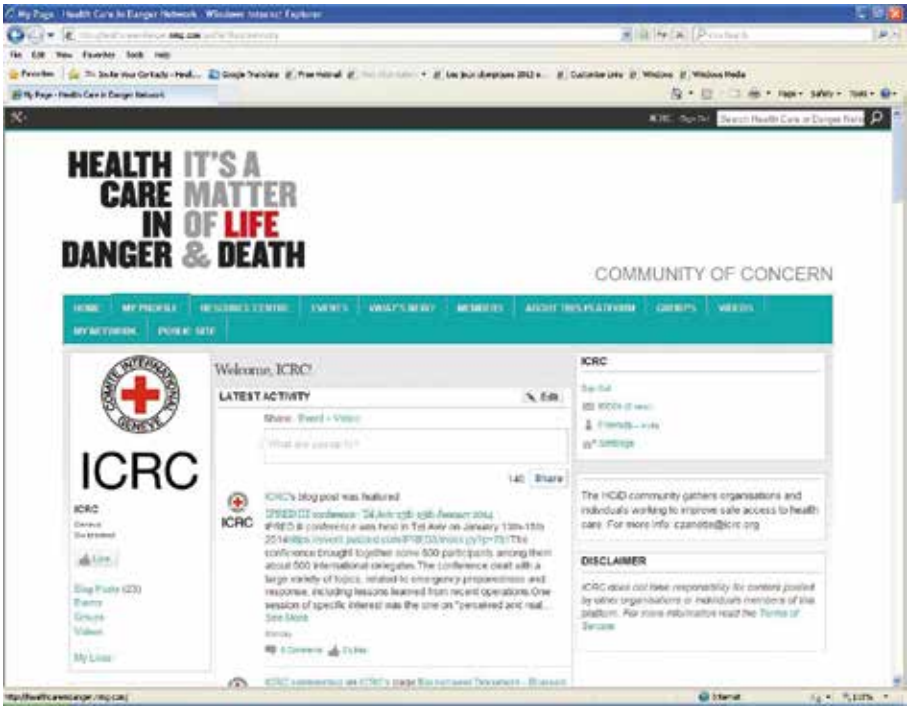
If you have already been working on the issue of violence against health care for some years, you will know how frustrating it is not to find enough relevant resources, whether that be studies, best practices or simply statistics. You will certainly also have wondered if other organizations and individuals are also addressing the issue, what progress they have made and whether they have overcome some of the challenges you face. Within the Health Care in Danger (HCiD) project, we had the same frustrations. Aware of how important it is to coordinate and complement our work with that of others, we decided to set up a shared online platform.

We called it the Health Care in Danger Network. An interactive web-based platform, accessible by invitation only, it boasts a wide variety of resources from a range of organizations and a shared calendar of the different initiatives planned across the world. Members form what we call a "community of concern" and include organizations and individuals actively involved in increasing safe access to health care. The platform enables them to interact with each other, exchange practical experience and follow up on recommendations formulated during the expert-consultation phase of the HCiD project.

The platform now has more than 350 members from the ICRC, National Red Cross and Red Crescent Societies and other organizations, such as the World Medical Association and Médecins Sans Frontières.

If you are not yet a member, we welcome you to join us – and if you already are, tell us how we can make it even more useful. See you online!

To create your membership profile and join the Health Care in Danger Network at www.healthcareindanger.ning.com, please contact Chiara Zanette at czanette@icrc.org.



International Committee of the Red Cross
19, avenue de la Paix
1202 Geneva, Switzerland
T +41 22 734 6001 F +41 22 733 2057
Email: shop@icrc.org www.icrc.org

AGENDA

8 to 10 April, Health Care in Danger workshop on Safety of Health Facilities, South Africa
Experts from different backgrounds will aim at reaching concrete recommendations as to how to tackle the safety of health-care facilities in emergency situations.

15 to 17 April, Geneva Health Forum, Switzerland
This global health conference promotes critical reflections and constructive debates on contemporary global health issues, such as access to health care.

24 to 26 April, Workshop on Military Medical Ethics, Switzerland
The International Committee of Military Medicine (ICMM) organizes a workshop on resource allocation, disaster bioethics, and e-learning in military medical ethics and international humanitarian law.

19 to 24 May 2014, World Health Assembly, Switzerland
The decision-making body of the World Health Organization (WHO), the World Health Assembly, will meet to discuss policies. Violence against health care is on the agenda.

4 to 6 July 2014, Pan European Congress of Military Medicine, Serbia
The congress will focus on war surgery, basic research in trauma and sepsis, update in preventive and veterinary medicine as well as mental health.

Health Care in Danger is an ICRC-led project of the Red Cross and Red Crescent Movement scheduled to run from 2012 to 2015 and aimed at improving the efficiency and delivery of effective and impartial health care in armed conflict and other emergencies. This is done by mobilizing experts to develop practical measures that can be implemented in the field by decision-makers, humanitarian organizations and health professionals.

www.healthcareindanger.org

4191/002 02.2014