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

NEWSLETTER

DECEMBER 2014

WE MUST LEARN FROM EACH OTHER

And the lessons are to be found everywhere, not only in places ravaged by conflict, like Gaza and Syria. The number and the seriousness of attacks against health-care workers and facilities and medical vehicles recorded in 2014 are proof that safe provision of health care is still a pressing issue in many contexts.

The International Red Cross and Red Crescent Movement, together with various partners, undertook the Health Care in Danger (HCiD) project because it understood the urgency of protecting the delivery of health-care services during armed conflicts and other emergencies. The project got under way in 2011, and the global advocacy, networking, and consultations that ensued have expanded beyond the Movement. This is as it should be, HCiD having emphasized from the outset that an issue of such common concern needs not only universal attention, but also concrete actions by all those involved: health-care providers, national legislators, policy-makers, armed actors, the international humanitarian community and civil society.

All of us – medical professionals, government officials, representatives of international organizations, members of civil society – have a role in building a protective environment for health-care systems, nationally and internationally. The president of the International Committee of the Red Cross (ICRC) and other panellists made this point during the high-level debate that took place on the sidelines of the 69th General Assembly of the United Nations (p. 2).

As neutral, independent and impartial humanitarian actors, we must make ourselves heard by the parties concerned, whether they are State or non-State groups. Data on violent incidents since 2011, collected by the ICRC within the framework of the HCiD project, show that 90% of all the victims of violence against health-care workers are local, not international, staff. The consequences for victims and entire communities may be extremely serious: because of such violence, health care may no longer be available where it is needed most, and entire health systems may be severely undermined. For National Red Cross and Red Crescent Societies, the stakes are high. We must remember that the Movement contains the cumulative experience of 189 National Societies working in different contexts. It is therefore in a unique position to enrich the HCiD project with a variety of good practices derived from the field experience of thousands of staff and volunteers. As ambassadors for HCiD in their own countries, National Societies can provide evidence-based recommendations, adopt practical measures based on their experiences and propose contextualized responses that contribute to the safety of health-care delivery. The example of Nepal in this newsletter (p. 4) is one of many that show how parties concerned can work together to respond to HCiD challenges and develop activities adapted to the context.

Finally, sharing our experiences and learning from each other's good practices is of crucial importance if we want to protect and improve the delivery of health-care services during emergencies. I invite you to read the interview with Abdoul Aziz Ould Mohamed (p.7). See what he did to save a hospital from being targeted.

Dr Nehal Hefny
Programs and
Projects Coordinator
Egyptian Red Crescent Society

ICRC

States have a key role in preventing violence against health-care personnel and facilities. In this connection, a high-level panel debate took place in New York in September, on the margins of the **69th session of the UN General Assembly.** It brought together ICRC President Peter Maurer, WHO Director-General Margaret Chan, UN Deputy-Secretary-General Jan Eliasson, OCHA Under-Secretary-General Valerie Amos, government representatives from Norway and Sweden, and the former Minister of Health of Côte d'Ivoire. All the panellists, and speakers from the audience, called for all those concerned, particularly States, to be more actively involved in ensuring the implementation of concrete measures to protect access to and delivery of health care. Specific reference was made to implementing the measures that emerged from the HCiD experts' consultations and workshops, such as adopting strong domestic legislation for protecting health-care personnel and facilities, medical vehicles and patients, sharing good practices and adopting a UN resolution on preventing violence against health care. The ICRC presented a position paper containing key recommendations for States, on protecting their health-care systems and making them more resilient.

In July, the Colombian Ministry of Health, with support from the Colombian Red Cross and the ICRC, organized a regional workshop in Bogotá, Colombia. The event gave National Red Cross and Red Crescent Societies and government representatives a platform for exchanging good practices from throughout Latin America and for finding solutions to the problem of disregard for health services. Participants described the various risks to health-care services across the continent; afterwards, working groups discussed the measures that have been taken to reduce the vulnerability of health-care services, and further action in this regard.

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In September, the HCiD project was presented at the annual conference of the International Pharmaceutical Federation (FIP) in Bangkok. During the HCiD session, participants learnt about the risks pharmacists were exposed to during emergencies and about strategies for mitigating them. The recommendations that emerged from the HCiD experts' consultations and the HCiD platform attracted a great deal of interest. The FIP declared its willingness to pursue the subject of HCiD further with the Movement.

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In September, the Norwegian Red Cross organized a workshop in Cartagena, Colombia, on ambulance and pre-hospital services in risk situations. The workshop was hosted by the Colombian Red Cross and attended by representatives from the National Societies of Colombia, El Salvador, Guatemala, Honduras, Mexico and Israel. The group developed recommendations for ambulance personnel and discussed best practices in connection with the conduct of personnel, coordination in the field, training, and preventing misuse of Red Cross and Red Crescent ambulances and equipment.

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The World Medical Association's 65th general assembly, which took place in October, in Durban, South Africa, offered an excellent opportunity to discuss the links between the Millennium Development Goals (MDGs) and the HCiD project. It was clear to participants in a session titled "Universal Access to Healthcare after MDGs" that no progress could be made in the MDGs related to health without securing the safety of patients and health-care providers. In fact, it was suggested that long-term support from governments for promoting respect for health-care workers was crucial for realizing the MDGs.

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In October, an HCiD event – "Responses from the Movement, States and the health-care community" – was held on the margins of the 9th Asia Pacific Regional Conference of the International Federation of Red Cross and Red Crescent Societies in Beijing. It was hosted by the Afghan Red Crescent Society and the Nepal Red Cross Society, and highlighted the part National Societies could play in protecting health care, not only through their own activities, but also by lobbying influential parties concerned. The event was moderated by the Australian Red Cross.

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The Stockholm International Peace Research Institute, in cooperation with the Swedish Red Cross, organized a day-long event entitled "Violence against health-care workers: Translating research into action." It was held in November and gathered experts from various backgrounds to consider how research could support humanitarian action more effectively. The participants also discussed the various obstacles to collecting data on the scope, nature and impact of violence against health care, and how these data could be used most effectively to provide pertinent and timely humanitarian action.

The 12th joint **African Union** (AU)-ICRC joint seminar – on protection for health-care services in armed conflict and other emergencies – took place in Addis Ababa in October. Participants discussed the role of the AU and its member States in addressing the issue of violence against health care. The AU's Permanent Representatives' Committee made 20 recommendations for dealing with the problem, both at the national and the continental level, which included strengthening domestic legislation and providing training for the armed forces, civil servants and health-care workers. The seminar drew on the experiences of WHO, the South African Medical Association, the Egyptian Red Crescent Society and certain AU member States that were dealing with the adverse effects of armed conflict and other emergencies on national health-care services.


ICRC

NEW TOOL FOR STATE ARMED FORCES

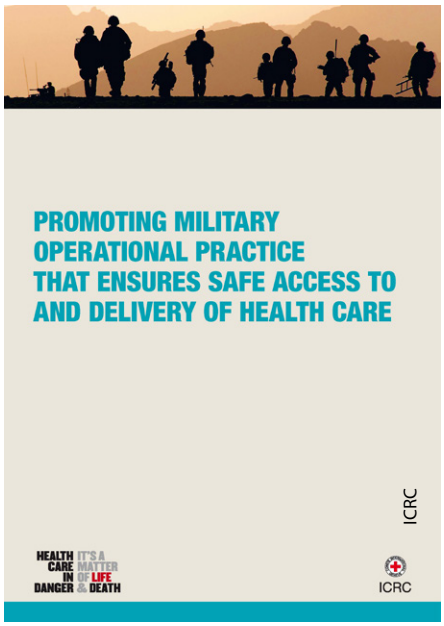
Data gathered by the ICRC since 2012 in 23 operational contexts, and published in an annual interim report titled Violent Incidents Affecting the Delivery of Health Care, show that weapon bearers are among the main perpetrators of violence against patients, health-care workers and facilities, and medical vehicles. Involving armed forces in the implementation of protective measures is therefore vitally important for ensuring that health care can be provided and obtained in safety.

With this in mind, the HCiD project began a process of consultations with representatives of State armed forces. The aim was to develop measures to minimize the impact of military operations on the delivery of health care. The Australian government and the HCiD project jointly organized a workshop on military practices in armed conflicts and other emergencies, at which the participants – military, operational, medical and legal experts recently deployed in conflict zones – drew on their experiences to discuss how health-care delivery could be protected more effectively.

The measures that emerged from this process are presented in a report entitled Promoting Military Operational Practice that Ensures Safe Access To and Delivery of Health Care. They focus on three areas: checkpoints, search operations in health-care facilities, and the consequences of deploying or attacking military objectives inside or near health-care facilities.

Checkpoints can make use of a clearly marked 'fast lane' to hold up medical vehicles as little as possible. When this is not feasible, signs permitting medical vehicles to drive to the front of the queue can be displayed. This is just one example of the measures described in the report.

By adopting such measures whenever possible, military personnel and authorities



can make certain that their operations will not have an adverse effect on access to health care. The report can now be ordered online at the ICRC's e-shop (www.shop.icrc.org).

NEW E-LEARNING TOOL FOR HEALTH-CARE WORKERS

Are you a doctor in a conflict zone wondering how to conduct yourself with the media, or a nurse wondering how to respond to requests from the police or the military for information on patients? Are you an ambulance driver unsure what to do when driving through a checkpoint? Are you a hospital administrator wondering how to deal with a large number of dead bodies? Our new e-learning module, entitled "Rights and responsibilities of health-care personnel in armed conflicts and other emergencies" may be just the thing for you.

The module will help health-care personnel to understand their rights and their legal and ethical obligations in situations of armed conflict and other emergencies. Using an engaging multimedia interface, it presents various dilemmas that health-care personnel face every day. Users of the module can explore these issues in depth by interacting virtually with experts in the field and studying situations taken from life; they will also find guidance for making decisions in difficult situations. They can explore the various chapters comprising the module, which contain resources and reference materials that provide detailed information on specific topics.

Access is completely free, and no login is required. Would you like to get started? The module is available online at **www.healthcareindanger.org/elearning**.


Michael Greub/ICRC

PROMOTING RESPECT FOR AMBULANCE SERVICES IN NEPAL

The Nepal Red Cross Society takes part in several joint initiatives with the Nepal Medical Association and the ICRC to improve the delivery of health care in Nepal – for instance, organizing HCiD sessions for health-care personnel, authorities and other parties concerned that focus on the rights and responsibilities of health-care personnel; and implementing a programme aimed specifically at promoting respect for ambulances.

During emergencies, ambulance services play a crucial role in opening up access to health care and saving lives. If these services are poor or the ambulances' passage obstructed, the consequences for the wounded or the sick can be extremely serious. During the armed conflict, and afterwards, ambulances were often vandalized, obstructed, or misused. As a consequence, in 2008, the Nepalese Red Cross and the ICRC began to conduct joint 'ambulance round-table (ART) meetings' with the broad objective of improving ambulance services.

SOME FACTS ABOUT HEALTH CARE IN NEPAL

- The armed conflict in Nepal (1996-2006) ended a number of years ago, but violence continues to occur sporadically, and this has an impact on the health-care system and on the provision of health-care services. Political parties, as well as organizations affiliated to them, and others with grievances often resort to strikes to make their demands heard; on these occasions, health-care workers trying to evacuate the wounded are often attacked. Ambulances carrying patients and vehicles carrying health-care personnel are frequently reported to have been obstructed or destroyed. Providers of ambulance services have themselves often failed to respect their code of ethics; instances of ambulances being misused have also been in the news.
- Doctors are often accused of negligence by family members, and assaulted. There is a general tendency among people to take the law into their own hands, and health-care personnel feel unsafe and under threat as a result. At times, doctors themselves go on strike and stage protests to air their grievances.
- The Nepal Red Cross Society has 203 ambulances in 67 districts. Its ambulances have been vandalized during strikes, but not a single instance of their misuse has been reported.
- All the ambulance drivers with the Nepalese Red Cross have received first-aid training. As ambulance drivers are now given priority for first-aid training, the number of drivers with such training at other providers of ambulance services is growing.
- Some providers of ambulance services have started carrying first-aid equipment and paramedics in their ambulances.

Roland Sidler/ICRC

These meetings bring together all parties concerned – public health officers, police and military officials, members of civil society and Red Cross representatives – to discuss the problems that ambulance services face and how to address them. So far, such meetings have taken place in roughly 30 districts.

"Earlier, before we started conducting ART meetings, we used to hear of ambulances being misused or vandalized, but nobody knew the full scale of the problem," says Pushpa Raj Paudel, executive director of the Nepalese Red Cross. "Now, the people concerned understand the conditions under which ambulance services operate and, especially, the challenges they face." One of the main challenges is improving services: ambulance services are not available round the clock, and ambulances do not travel with paramedics or carry first-aid equipment. Ambulances are also misused: they transport illegal items and passengers for money, providers of ambulance services impose transportation fees arbitrarily, and so on. And ambulances are not given the respect due to them: for example, they are not given priority during fuel shortages, and are obstructed or damaged by mobs during riots. Finally, there is government neglect: no proper record of ambulance services is kept, funds are not set aside for maintenance or repairs, etc.

After identifying the problems, participants in ART meetings discuss how to deal with them and recommend concrete actions. By this means, the parties responsible for directly or indirectly harming ambulance services can rectify the situation afterwards. "At these ART meetings, we have seen political parties promise to direct their cadres not to obstruct ambulances, and district health officials hand out information on ambulance services for the first time in their district," says ICRC medical assistant Shashi Kumar Lal Karna. "And, at these same meetings, providers of ambulance services have promised to improve their services, by standardizing rates, providing 24-hour service, etc."

Implementation of the recommendations made at ART meetings is monitored: some months after an ART meeting, a follow-up meeting is organized to reassess the situation, gather best practices or lessons learnt and share them later on with the parties concerned at ART meetings in other places.

The Nepalese Red Cross and the ICRC have produced a number of jingles in Nepali and four other local languages, which request everyone concerned not to misuse ambulances and to allow them free passage at all times; the jingles are broadcast on local radio stations just before and during strikes. People involved in providing ambulance services have found the jingles quite useful. An ambulance driver told ICRC field officer Ajay Kumar Yadav, "When we hear them on the radio during a strike, it lifts our spirits. We say to ourselves that if the mob tries to obstruct the ambulance, we'll just tell them to remember the jingle."


Jon Bjorgvinson/ICRC

WE STILL NEED TO DO A LOT OF ADVOCACY

Veronica Kenyi,
Health Manager,
South Sudan
Red Cross

Juba, South Sudan. SSRC volunteers at a course for first-aid instructors.

Since December 2013, when the conflict began, the South Sudan Red Cross (SSRC), the ICRC, the International Federation of Red Cross and Red Crescent Societies and other Movement partners have been working hard to provide relief to hundreds of thousands of people in dire need. To make matters worse, in May 2014, there was an outbreak of cholera. We asked Veronica Kenyi, SSRC health manager, to tell us how her National Society was dealing with this exceedingly difficult situation.

How is the violence in South Sudan affecting the delivery of health care?

Health facilities are being looted and burnt down, and medical equipment and supplies stolen; staff and patients are denied access to health-care facilities; and deliveries of medicines are often blocked. Many health-care workers are afraid to come to work. The result of all this is that patients suffer even more.

With regard to delivering health care, what are the main challenges confronting Red Cross workers and volunteers?

The poor security conditions, to begin with. That is a major problem. Weapon bearers often know nothing about the rights of health-care personnel, that they are protected by law, for instance. During crises, weapon bearers target, and even occupy, health facilities. Since health-care workers are fleeing their posts, the Ministry of Health has to depend on first-aid volunteers. You can imagine how this affects the quality of the health care provided. Bad roads and limited means of transport make it even more difficult for people to get access to health care. Ethnic tensions are a major obstacle as well: sometimes, the ethnic identity of volunteers is a more important consideration than the fact that they are health-care providers.

How are Red Cross health-care workers and volunteers dealing with the cholera outbreak?

First, we realized that there were difficulties in coordination and information sharing among the various humanitarian organizations involved with the national task force, particularly the flow of information to and from the states affected. So we decided to create a Movement task force chaired by the SSRC. We also had to find a way to protect staff and volunteers who were helping to transport cholera patients from the oral rehydration points in emergency vehicles; the risk to their health was extremely serious because the equipment was not sanitized. We solved this problem by ensuring that the vehicles were disinfected after use.

What measures have you taken so far to ensure that health care can be delivered in safety? And what will you be doing next?

I can give you a few examples: to ensure that we learn from our experiences and improve our services, if there is an incident, the SSRC staff or volunteer involved must fill in an incident report form. Afterwards, we might, depending on the incident, have a meeting with the communities to clarify the role and status of the SSRC. For instance, during the ongoing conflict, when SSRC volunteers were attacked by internally displaced persons (IDPs), we had a meeting with IDP community leaders to ensure that they understood the importance of respecting health-care workers. We are also thinking of merging the ICRC and SSRC incident reporting forms to make sure that key HCiD security aspects are taken into account whenever an incident occurs. We are aware that South Sudan is a very particular context where still more needs to be done. Given our extensive volunteer network, at the SSRC we can do more to raise awareness of HCiD among communities. We are developing an HCiD project and adding HCiD training in areas where SSRC volunteers are already training health-care workers to be part of community health programmes. Our next step will be to organize meetings with the relevant authorities to ensure safe access to health care for everyone.

What must be done to increase protection for health-care workers and facilities, medical vehicles, and patients?

I think that we still need to do a lot of advocacy and dissemination locally and internationally. Volunteers must ensure that communities understand their own role in protecting their health units and health–care workers; this is crucial. It is just as important that health-care personnel be fully aware of their role and their responsibilities. And we also need to involve the authorities, as well as weapon bearers, more than at present. At the international level, cooperation with all the parties concerned must be strengthened, and training institutions should include aspects of HCiD in their curricula.

WE STRESSED THAT WE HAD TO BE LEFT TO GET ON WITH OUR WORK

Abdoul Aziz Ould Mohamed, Representative of The Alliance for International Medical Action (ALIMA) in Niger

The general hospital in Timbuktu, where Abdoul Aziz Ould Mohamed was working in 2012, was the only medical facility in the region to have been spared an attack during the armed conflict in northern Mali. In this interview, the former emergency project coordinator for ALIMA tells us what made the difference.

What were the main challenges to providing health care in Mali?

The first challenge was obviously keeping health-care personnel safe. The lack of qualified staff was also a problem, as were difficulties in accessing certain areas. Quite simply, if we cannot physically get medicine and personnel to a health-care facility in the midst of conflict, we cannot meet people's health-care needs.

The hospital where you were working in 2012 was not attacked during the fighting. What saved it?

We took a number of measures. First of all, we really had to gain a good understanding of the context. We identified which groups were fighting each other and their different power relations. With that insight, we then knew who we had to speak to in order to protect our hospitals and staff from danger.

Next, I went to speak with the various armed groups. We knew that we couldn't work in safety without the support of the forces that were effectively occupying the area at that time. Our hospital was officially recognized by the Malian army and authorities, but they were no longer in control of the territory. So I called on the leaders of the armed groups to respect the work of health-care providers and that proved effective. Several attempts were made to steal our only remaining ambulance, but we managed to save it through our contact with the leaders of the group in question.

All of these steps helped to calm the hospital staff and give them some assurance of their safety.

What exactly did you talk about with the different armed groups?

We stressed that we had to be left to get on with our work. We pointed out that the situation was catastrophic and that, as health-care providers, we could help people – but that we would not do so at the risk of our own lives. We also explained that if any members of their group were injured, they could bring them to our hospital. It was made clear to them that, as a humanitarian organization, we offered treatment to everyone, irrespective of ethnicity, religion or anything else.

What precautions did you take to ensure your own safety and the safety of medical personnel?

We used local knowledge to make sure we approached the armed groups in the right way. For example, we sought permission from the parents of one of the group leaders to speak to him and explain our humanitarian aims. Similarly, before each medical evacuation from a rebel-controlled area to an army-controlled area, we called someone who knew the military leaders well. We would tell him that there was an ambulance of ours leaving Timbuktu for Mopti, for example, and ask him to inform the checkpoint guards so that they would let us through. Constant dialogue with the rebel groups and armed forces was therefore crucial.

Do you have any other advice for protecting health-care services?

It's essential that the health-care facility reflect the ethnic diversity of the society in which it operates. At the hospital in Mali, we made sure we recruited staff from different communities. This helped to ensure our safety, as we had a link with the community even in the chaos of the fighting. Patients were always able to talk to a member of staff from their own community, whether that was a nurse or a caretaker.

From a longer-term perspective, it's important to raise awareness among the political authorities of the problem of violence against health-care workers, facilities and patients. It's also crucial to get the local communities themselves involved in health-care matters, for example, through committees that include community leaders, to make them aware of the fact that health-care facilities must be treated with respect.

Regional hospital, Gao, Mali. A mother and her sick child.

RULES OF WAR (IN A NUTSHELL)

This year marks the 150th anniversary of the original Geneva Convention, the first set of rules to protect the sick and the wounded, as well as health-care personnel and facilities, during armed conflict. The four Geneva Conventions of 1949 are the cornerstone of international humanitarian law, which seeks to limit the effects of war; they also reaffirm the need to protect medical workers. However, these rules are often ignored, which is why violence against patients and medical personnel remains a major problem in armed conflicts today.

The ICRC has created a video titled Rules of War (In a Nutshell), which presents the essential elements of international humanitarian law, including the rules protecting patients and health-care workers, in less than five minutes. It is a perfect introduction to the subject for people of all ages and backgrounds, and is now available in English, French, Spanish, Arabic and Portuguese.

HEALTH CARE IN DANGER ON THE WEB

On 14 August 2014, membership in the HCiD Network went past the 500 mark, a figure we expected to reach at the end of 2015. From the beginning of the project, we wanted the members of our HCiD Community of Concern to be very committed, even if they were few in number. We are happy to see that our network is continuing to grow: every day, we add valuable organizations and individuals. Help the HCiD cause by inviting other organizations to join us!

See you online!

AGENDA

9-11 JANUARY 2015

Lebanese Red Cross: Safer Access training module, Lebanon

This course concentrates on training leaders of emergency medical services in taking decisions in conflict zones. It will be held in Beirut and will be supported by the Norwegian Red Cross. For more information, visit: http://www.redcross.org.lb

17-22 MAY 2015

ICMM World Congress on Military Medicine, Indonesia

The International Committee of Military Medicine (ICMM) will hold its 41st World Congress in Bali, Indonesia. Pascal Hundt, Head of the Assistance Division at the ICRC, will talk about 'health care in danger'. For more information, visit: http://www.cimm-icmm.org

ONLINE TIP: Want to know other members of the HCiD community who are active in your country? Just go to "MEMBERS," click "Advanced Search," and then select the country of your interest.

Health Care in Danger is an ICRC-led project of the Red Cross and Red Crescent Movement 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

Follow us @HCIDproject

ICRC
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

Front cover: *Zaidan Primary Health Care Centre, Abu Ghraib, Iraq. Child being vaccinated.* Olivier Moeckli/ICRC

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