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

NEWSLETTER

JANUARY – JUNE 2015

WORKING TOGETHER TO PROTECT HEALTH CARE

Too many lives are being lost that could be saved.

The consequences of violence against health-care workers are much greater than the sum of individual incidents. This is what the ICRC's report, *Violent Incidents Affecting the Delivery of Health Care: January 2012 to December 2014*, suggests (see p. 3). If medical facilities have to close because of violence against staff, the entire health-care system of a country can be disrupted precisely when it is needed the most. And the consequences often continue to be felt long after the conflict has ended.

Health-care personnel must be able to offer appropriate assistance without obstruction, threat or physical attack; it is impossible to overstate the importance of this. And various measures are needed – some preventive and others to ensure general preparedness – to deal with the threats to the provision of health care; only then can resilient and sustainable health-care systems be built.

By bringing people together from very different backgrounds, the Health Care in Danger (HCiD) project has given impetus to the protection of health-care workers and facilities in armed conflicts and other emergencies.

Last December, the UN General Assembly adopted Resolution 69/132, proposed by the Foreign Policy and Global Health initiative. The resolution, which marked a significant advance in securing protection for health workers and facilities, "[s]trongly condemns all attacks on medical and health personnel, their means of transport and equipment, as well as hospitals and other medical facilities, and deplores the long-term consequences of such attacks for the population and health-care systems of the countries concerned."

In addition, the General Assembly adopted other three resolutions that called on States to take measures to end and prevent violence against health workers and to "respect the integrity of medical and health personnel in carrying out their duties in line with their respective professional codes of ethics and scope of practice."

We now have at our disposal important tools and recommendations developed at the international level that reinforce the objectives of the HCiD project. The time has come to put them in place. For example, we need to develop domestic legislation, along the lines indicated in Domestic Normative Frameworks for the Protection of Health Care (p. 3), in order to implement measures that could save lives and make health-care services safer.

In places throughout the world, the provision of health care is beset with dangers. Now, more than ever, we must work closely together to protect health workers and facilities.

Since January 2015, Senegal has chaired the Foreign Policy and Global Health Initiative, launched within the context of the UN General Assembly in 2006. The initiative brings together Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand. Its aim is to make health a central issue of foreign policy and development.

His Excellency, Mr Bassirou Sene,
Permanent Representative
of the Republic of Senegal
to the United Nations Office
at Geneva

ICRC

The French Medical Council (CNOM) hosted a meeting in Paris in January. The meeting broke new ground in tackling the issue of HCiD in France, a country that is at peace. Doctors, nurses, midwives, pharmacists, and representatives of the French health ministry and the French Red Cross reviewed incidents of violence against health-care workers in France, and concluded that proper coordination and adequate training for health professionals were indispensable.

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Two Health Care in Detention seminars took place in Amman, Jordan. The first, in February, was attended by medical and security staff working in places of detention, and by representatives of the General Intelligence Department of Jordan. The second, in March, was attended by officials from the World Medical Association (WMA), and by representatives of medical associations from nine Middle Eastern and North African countries. Participants discussed the links between HCiD and health in detention, methods – for health staff in places of detention – of coping with stress, medical ethics and dilemmas. The meetings were great opportunities for participants to share experiences and to network.

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In February, the Norwegian Red Cross organized, in Oslo, a seminar titled Armed Non-State Actors and Access to Health in Armed Conflict. Invitees included various Norwegian government ministries, members of the Norwegian armed forces, humanitarian organizations and research institutions. Participants explored the rights and responsibilities of armed groups and how various organizations and the Norwegian government could influence international policymakers on the issue of access to health care, in connection with armed groups. The main conclusion was that looking at armed groups as patients and health-care providers, and not only as perpetrators of violence against health-care personnel and facilities, was an important starting point for building a dialogue with them.

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In April, the WMA had its 200th Council Session in Oslo, Norway. The WMA Working Group on HCiD met to discuss how to implement HCiD recommendations at the national level. In addition, the British Medical Association presented its manual on ethical dilemmas, which will be of great help to health-care personnel in the field.

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The 41st World Congress of the ICMM took place in May in Bali, Indonesia. The meeting was of particular significance for the HCiD project, as the ICMM formally endorsed a document titled *Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies*. The ICMM's endorsement means that the organization will be responsible for disseminating, among its 112 member States, the principles set out in the document.

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In May, the Junior Doctors Network and the International Federation of Medical Students' Associations (IFMSA) hosted an event on the margins of the World Health Assembly in Geneva, Switzerland: it was titled The Role of Education and the Methods of Training that Set the Values and Competencies of Students and Junior Doctors. Participants discussed how to ensure that medical students and junior doctors know about their responsibilities and how to incorporate new tools – such as the HCiD e-learning module for health-care workers – in existing curricula.

The impact of violence on health-care workers was discussed in March, during the **20th Inter-American Conference of the Red Cross** in Houston, Texas, in the United States. An HCiD workshop was hosted jointly by the American Red Cross and the Colombian Red Cross, and chaired by the Salvadorean Red Cross. Over 70 participants from the International Federation of Red Cross and Red Crescent Societies, 25 National Societies and the ICRC heard first-hand accounts of the humanitarian impact of violence in the Americas, of the challenges facing health-care workers, who often risk their lives to help those most in need, and of measures that National Societies in the Americas were taking to protect them. Participants stressed the need for more action on this issue. The president of the Salvadorean Red Cross said, "As a Movement, we must find ways to address these threats in order to protect the lives of the volunteers and health workers helping communities."

In early April, a historic meeting for the HCiD project took place in Geneva between representatives of the **HCiD Movement Reference Group (MRG)** and international health-care organizations. The MRG is made up of the International Federation and 27 National Societies; its function is to provide guidance on the HCiD project. The following health-care organizations were represented at the meeting: the WMA, the World Health Organization, the International Hospital Federation, the International Pharmaceutical Federation (FIP), the World Confederation for Physical Therapy, the IFMSA, the Safeguarding Health Coalition, the World Federation for Medical Education and the International Committee of Military Medicine (ICMM). Participants discussed how to put ethical principles into practice and how to build on action at the local and regional levels – with States and local health-care organizations, for instance. This meeting, the first of its kind, drew attention to the ways in which HCiD could bring people and institutions together, and generate ideas for improving the situation on the ground.

NEW TOOL FOR POLICYMAKERS AND LEGISLATORS

International legislation for protecting the provision of health care during conflict and other emergencies is adequate to its task. What is urgently needed is a determined effort to implement these rules effectively; and that requires strong domestic legal frameworks.

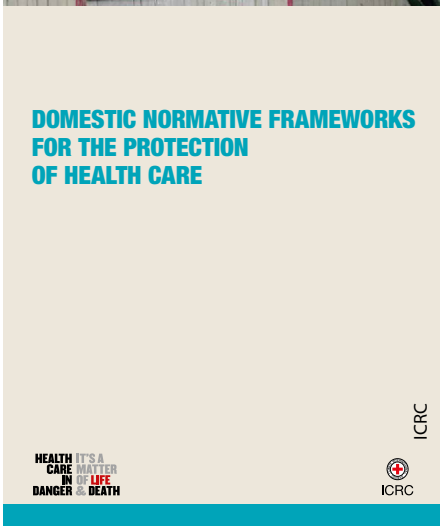
That was the conclusion reached by experts from 25 countries in 2014; the HCiD project had brought them together to discuss how to reinforce domestic legislation, with a view to enhancing protection for people providing or receiving health care.

A publication, *Domestic Normative Frameworks for the Protection of Health Care*, emerged from this consultation process. It presents concrete measures to help States reinforce their domestic legislation and implement the existing international framework protecting health-care delivery and services.

THE MEASURES FOCUS ON THE FOLLOWING AREAS:

- improving legal protection for patients and health personnel and facilities
- ensuring proper use of the red cross and red crescent emblems
- safeguarding medical ethics and confidentiality
- dealing effectively with violations of the rules protecting the provision of health care.

The publication is accompanied by a guidance tool, contained in Annex XIX to *The Domestic Implementation of International Humanitarian Law: A Manual*. Both can be ordered or downloaded free of charge at the ICRC's e-shop.



UNDERSTANDING THE VIOLENCE AFFECTING HEALTH CARE

What are the most common forms of violence, actual and threatened, against health care in armed conflicts and other emergencies? And what are their consequences for people, health-care facilities and medical vehicles?

The ICRC has published Violent Incidents Affecting the Delivery of Health Care, the third in a series of interim reports. The report is based on data on 2,398 incidents, collected between January 2012 and December 2014 from various sources in 11 countries where ICRC field teams are active. Several of its findings should cause alarm:

- Over 50% of the incidents documented occurred inside or within the perimeter of health-care facilities.
- A total of 1,134 health-care workers were subjected to threats and/or coerced to violate medical ethics or to provide free treatment.
- Over 700 medical vehicles were directly or indirectly attacked and/or obstructed; this took place during demonstrations as well.

It is clear from the foregoing that certain measures are urgently needed – to make health-care facilities more secure, promote respect for medical ethics and ensure safe access to health care. But in order to deal comprehensively with the problem, policymakers, non-governmental organizations (NGOs), humanitarian agencies and others willing to act on violence against health care should undertake thorough, context-specific analyses at the national level; this includes examining the root causes of violence against health care. Having this information is crucial for tackling the violence affecting health-care delivery.

NORCROSS: HELPING TO ENSURE SAFE ACCESS TO HEALTH CARE IN OTHER COUNTRIES


D. Revol/ICRC

Norway is a country at peace, and yet the Norwegian Red Cross (NorCross) is one of the National Societies most actively involved in the HCiD project.

NorCross has, since 2013, been working with various National Societies to ensure safe access to health care in their countries. Frederik Siem, HCiD Adviser for NorCross, explains why: "This is the true spirit of the Movement. We don't necessarily have the specific operational knowledge required, so it's not us transferring the know-how. But we have experience in setting the stage for others to transfer knowledge among themselves, and we decided to help because we believe that sister National Societies, especially from the same region, can really make a difference in protecting the provision of health care by building on each other's experience."

NorCross focused on implementing recommendations, developed within the framework of the HCiD project, for protecting the provision of health care and ensuring safe access to it. In this connection, it has drafted a manual based on the report titled *Ambulance and Pre-Hospital Services in Risk Situations*. The report contains valuable recommendations for reducing the risks to first responders. However, as all HCiD recommendations implicitly require that responses be 'adapted to the context', NorCross began to work with the Colombian Red Cross and the Lebanese Red Cross to design and facilitate workshops for National Societies in the Americas and in the Middle East and North Africa respectively, keeping in mind the specific needs and problems in the two regions. The results of these workshops will be presented in the new NorCross manual referred to earlier, *Best Practices for Ambulance Services in Conflict and Risk Situations*; the manual will also contain guidelines that other National Societies can use to develop context-specific operating procedures.


D. Revol/ICRC


D. Revol/ICRC

NorCross has also launched the Quick Impact Initiative, which consists of short-term projects with very specific objectives. In Lebanon, NorCross donated satellite telephones, which were needed because ambulances had to maintain communication with their base at all times and mobile phone networks could not be relied on during crises. In Colombia, NorCross is helping the National Society to develop indicators to measure progress in connection with the HCiD project. Finally, NorCross also supports HCiD training for National Society volunteers, to enable them to carry out dissemination activities in communities. Such training is supplemented by a module on stress management and prevention of inter-personal violence, which is conducted by a 'Roaming Delegate' (see text box).

"We were not alone in this effort," Mr Siem said. "The Norwegian Ministry of Foreign Affairs understood the importance of tackling this serious humanitarian problem and signed a three-year agreement with NorCross to fund HCiD activities."

The example of Norway shows that there is a role for all of us. National Societies, from countries at peace and from countries affected by conflict, can work together to identify problems and find solutions. Together, we can ensure safer access to health care.

THE HCID ROAMING DELEGATE INITIATIVE

The role of the NorCross Roaming Delegate is to provide hands-on, technical support on violence prevention to ICRC delegations and National Societies in various countries, mainly through training sessions and workshops on HCiD.

"We found that, thanks to the HCiD initiative, there was a growing literature on violence against health facilities and ambulance services. But there is very little on inter-personal violence against health-care workers. Sometimes it is patients or their relatives who resort to such violence, out of fear, frustration or dissatisfaction with the medical services provided. It happens everywhere, even at health centres in Norway," says Frederik Siem, HCiD Adviser at NorCross. The Roaming Delegate is now developing a training tool that will equip health-care personnel with certain basic skills for containing violence directed against them.

"We adopted a 'train-the-trainer' strategy. The approach is participatory, and does not rely solely on theory," says Christian Grau, the NorCross Roaming Delegate. "Participants do role-playing exercises based on actual cases. Then, they analyse their behaviour – examine each other's conduct and emotions during the exercise – and develop a set of good practices that can be applied in their specific socio-cultural environment. The main advantage of such group work is that participants develop their own coping mechanisms."

"Each HCiD issue that is addressed has features that are unique to its environment and requires a particular coping strategy. This forces the Movement to think 'out of the box', and helps strengthen our cooperation with other National Societies," Mr Grau adds.

LOOKING AT HCID THROUGH A GENDER LENS

Jessica Cadesky,
Project Manager,
Swedish Red Cross

Jessica Cadesky is a project manager at the Swedish Red Cross and led the study that resulted in a report titled *Access to Health Care during Armed Conflict and Other Emergencies: Examining Violence against Health Care from a Gender Perspective*. In this interview she tells us about the findings of the study and what motivated it.

Why did the Swedish Red Cross decide to study the link between HCiD and gender?

We suggested doing this research because we wanted to help the HCiD community of practice and others to develop a more nuanced understanding of the impact of violence against health care, and to move beyond questions about who was most vulnerable. The study also grew out of a joint pledge made at the 31st International Conference of the Red Cross and Red Crescent, by the Swedish government and the Swedish Red Cross, to pursue research into gender and international humanitarian law (IHL), and this of course has many links with the HCiD project.

What is the aim of the study?

The main goal is to provide examples of the usefulness of looking at the issues with gender glasses, that is, how doing so can help us identify and address the challenges affecting access to health care. We decided to look into the specific obstacles and challenges that each group – men, women, boys and girls – faces; we also examined the extent to which gender differences had been taken into account and what impact these differences had on the application of IHL governing health care.

What are your main findings?

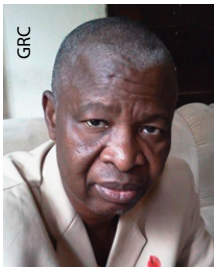
First, we found that reliable data disaggregated by sex and age were inaccessible, which makes it very difficult to identify the specific risks faced by men, women, boys and girls. The study draws attention to the ways in which gender might play a role in determining access to health. For example, in both case contexts – Lebanon and Colombia – reaching a health-care facility was particularly difficult for some adult men (health-care providers and health-care seekers) because they were readily assumed to be taking part in the conflict and were therefore vulnerable to threats or attacks. Of course, for a full discussion of all the findings and recommendations, you'll have to read the study report!

What recommendations do you make in the study and to whom are they addressed?

The study provides recommendations for five specific groups: armed actors, State actors, NGOs and the Movement, health-care providers, and community members. The core recommendations are these: collect and share sex- and age-disaggregated data on incidents; use a gender perspective when implementing HCiD-related recommendations; consider how operational decisions might affect men, women, boys and girls differently; conduct further context-specific research with a gender perspective.

We hope that this study will inspire other parties concerned to reflect on the fact that men, women, boys and girls may all experience incidents of violence against health care differently, and on what we can do to ensure that all groups are able to get the health care they need when sick or injured, without adverse distinction.

LESSONS LEARNT FROM THE EBOLA EPIDEMIC


GRC

Mamady Cissé, Executive Secretary, Red Cross Society of Guinea

During the Ebola epidemic in Guinea, there were incidents of violence against health-care personnel who were trying to tackle the disease. The Red Cross Society of Guinea, which was actively involved in the Ebola response (with the support of the ICRC and the International Federation), was not spared this violence. Mamady Cissé, executive secretary of the Guinean Red Cross and deputy head of the Ebola response committee, tells us about the measures the National Society adopted to deal with this situation.

How much of an impact did violence against health-care personnel in Guinea have on the response to the Ebola epidemic?

These violent incidents had an extremely adverse impact on all aspects of the Ebola response. The best way to illustrate this is with a concrete example related to our efforts to tackle Ebola. In addition to the social mobilization side of things, we carry out three main activities: taking those suffering from the disease to treatment centres; giving those who die from the disease a safe and dignified burial; and disinfecting contaminated households. If our staff are unable to reach patients because of violence, the patients will not be treated and those in contact with them may also catch the disease. If someone dies of the disease and we cannot handle the body properly, the disease will spread further. And lastly, no awareness-raising activity can be conducted in areas affected by violence, and those who have come into contact with the virus might be stigmatized and shunned.

What is the cause of the attacks on health-care and other Red Cross workers who are trying to tackle the epidemic?

Firstly, you have to understand the importance of death rites in our communities' customs and traditions (such as celebrations and gifts for the deceased). Since the Ebola response came into effect, we have asked people to indefinitely renounce their most deeply rooted traditions. You also have to remember that most people have only limited access to health care. That, added to the fact that communication networks are rudimentary and getting the message to beneficiaries is very difficult (radio transmitters often break down and there is a lack of community radios), means that rumours spread quickly through informal channels and violence often follows in their wake.

How did you react to these violent incidents?

The Guinean Red Cross combines various initiatives to ensure it can reach Ebola patients while protecting its workers despite the difficult conditions. Generally speaking, we opted to carry out communication initiatives to raise awareness of our work at community level. We also ran Safer Access workshops for our volunteers to address their experiences of violence. When a specific incident occurred, the teams were put on standby while we reported the incident to the Movement and the authorities, and decided with the authorities what action to take. Measures were put forward to enable work to get under way again, most of which involved approaching community leaders and local authorities, but also getting the volunteers to analyse their own behaviour and attitude in order to overcome the break-down in trust.

GRC

What role do you think the government should play in protecting health-care workers and preventing attacks of this kind?

The government has a key role to play in guaranteeing the security of health-care workers throughout the country. The authorities should also be well versed in, and actively promote respect for, the Movement's Fundamental Principles and the security regulations in force. The authorities should also facilitate open dialogue with communities and the National Society in order to foster understanding, acceptance and mutual respect. This would make it unnecessary to follow the government's proposal, which was that Red Cross volunteers should travel around with a military escort.

What lessons do you think we can take from this experience to improve safe access to, and delivery of, health care in other settings?

Safer Access training for the volunteers was crucial, but I would also say that the other main lesson was "communicate more, communicate better and keep communicating." In the fight against Ebola, it is vital to get security guarantees from the local authorities, community leaders and young people, as well as the family members of the patient or the deceased. More than ever, we need the trust and active cooperation of communities. Volunteers who put their lives on the line every day to help others need recognition and cooperation, and I think that should be the case no matter the setting.

In a different vein, the government should take the right measures to ensure that all those involved in delivering emergency health care know who is responsible for what and who is doing what. This will prevent misunderstandings, improve organization and bring about improved cooperation and emergency response.

VIDEO GAME ABOUT FLYING WOUNDED PEOPLE TO HOSPITAL WINS SPECIAL HCID AWARD

Killing prisoners or wounded people, and attacking medical personnel, facilities and vehicles, are becoming increasingly frequent in video games. This is a problem, because war games can influence users' ideas about what weapon-bearers are permitted to do during conflict. But it can also be an opportunity for developing video games that entertain while spreading knowledge of international humanitarian law.

In April 2014, the ICRC and Bohemia Interactive, a socially conscious video game producer, established a special HCiD award within the Arma 3 contest. Game developers were asked to create a special game module that would promote respect for health-care personnel and facilities.

The winner of the HCiD special award, which was announced on March 26, was RobJ2210, who developed a civilian air rescue operation in which players are required to evacuate the wounded to hospital. As part of the special HCiD award, Robj2210 will be able to make a one-week visit to an ICRC delegation to learn more about real life-saving activities.

AGENDA

16 JUNE 2015

HCiD roundtable, Iran

The Red Crescent Society of the Islamic Republic of Iran and the ICRC will host an HCiD roundtable in Tehran. Representatives from Iranian medical schools, and officials from the ministries of health and defence will be among the participants. For more information, visit: http://rcs.ir/en/

23-25 AUGUST 2015

European Forum Alpbach, Austria

The Austrian Red Cross and the ICRC will host an HCiD workshop during the European Forum Alpbach, which will be held in Alpbach, Austria. For more information, visit:

http://www.alpbach.org/en

HCID ON THE WEB

Did you know that every month we interview a member of the HCiD Community of Concern who has contributed in some way to protecting access to and delivery of health care? Recent interviewees included Dr Zaher Sahloul, the president of the Syrian American Medical Society, who described the impact of the conflict on Syria's health-care system, and Leslie Leach, Safer Access Adviser at the ICRC, who explained how the Safer Access Framework could ensure the safety of National Society staff and volunteers.

If you would like to contribute information or make suggestions in connection with HCiD, and /or share your experiences in protecting the provision of health care, don't hesitate to contact Chiara Zanette at czanette@icrc.org. See you online!

ONLINE TIP: To read these interesting interviews and others, go to 'Resource Centre', select 'By type of tools' and then click 'Interviews'.

Health Care in Danger is an ICRC-led project of the International 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. It mobilizes experts to develop practical measures that can be implemented in the field by decision-makers, humanitarian organizations and health professionals.

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Front cover: *Qatari Red Crescent's field hospital in Sidon, Lebanon.* J. Björgvinsson/ICRC

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