



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

NEWSLETTER

AUGUST 2014

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MORE NEEDS TO BE DONE TO PROTECT HEALTH-CARE WORKERS



As Dr Rudi Coninx of the World Health Organization (WHO) says in this newsletter (p. 7): "It is not good enough to just say there's a problem." I agree;

we need to take real action to protect health-care workers in the field.

The World Health Assembly in May (p. 2) supported the need to act. During the technical briefing entitled "Health care under attack: A call for action", Valerie Amos, UN under-secretary-general for humanitarian affairs and emergency relief, expressed her concern that health-care workers and facilities were increasingly being attacked.

The high-level panel discussion, which included WHO Director-General Dr Margaret Chan, showed the commitment of the

different stakeholders, such as health ministers and the WHO, to ensuring that attacks against health-care workers do not become the norm. Panellists heard many examples of attacks in the field, and agreed that more needs to be done to protect health-care workers.

The last Health Care in Danger (HCiD) workshop in Pretoria (p. 2) was an important milestone in this direction. Experts came together from different parts of the world for a final workshop to discuss the challenges facing health-care workers on the ground and to find practical solutions to help them. The consultation phase of the HCiD project is now officially closed, but the attacks are by no means over. This is confirmed by the latest report on violent incidents affecting the delivery of health care (p. 2). The focus is now shifting towards implementing and promoting the recommendations that have come out of the HCiD expert consultations,

and sharing practices already implemented by different stakeholders.

As humanitarians, we need to give our full support to health-care workers on the front line. Every day, they demonstrate commitment and professionalism to providing health-care services impartially in spite of the lack of security. In the Central African Republic, Red Cross volunteers continue to carry out their work throughout the country despite their own families being affected by the conflict (p. 5). Working in the field is hard and dangerous, and it requires tremendous courage. They must be protected.

Pascal Hundt, Head of the Assistance Division



ICRC

The last **Health Care in Danger workshop** marked the end of the expert consultation phase of the project. In April, experts from different fields gathered in Pretoria to discuss how to make medical facilities safe and secure, and staff better able to cope

with stress. The 40 participants included hospital managers working in insecure environments and representatives of the World Health Organization, International Hospital Federation, World Medical Association and Médecins sans Frontières.

National Red Cross and Red Crescent Societies from the **Movement Reference Group** met in Geneva in May to share good practices and discuss the next steps to take to implement the recommendations that have come out of the two-year-long consultation process. Hosted in Geneva by the ICRC, attendees were able to hear the views of representatives of the International Federation of Red Cross and Red Crescent Societies.

On the occasion of World Health Day, the HCD team launched the latest report on **violent incidents affecting the delivery of health care**. The figures cover January 2012 to December 2013, and document 1,809 incidents of assaults on or threats against patients, health-care personnel, ambulances and medical facilities.

HCD **radio spots and sketches** were broadcast in the Central African Republic at the beginning of the year to promote respect for health-care workers. On Radio Ndeke Luka, the clips, made in French and Sango, helped raise awareness of how important it is for doctors and nurses to be able to work safely. Find out more about the state of health care in the Central African Republic in our field focus section (p. 4).

In June, military experts took part in the third **Pan European Regional Congress of Military Medicine** in Belgrade, Serbia. Hosted by the International Committee of Military Medicine, the meeting offered the opportunity to share ideas and best practices regarding war surgery, basic research in trauma and sepsis, and mental health.

In April, the International Committee of Military Medicine organized a **workshop on Military Medical Ethics** for the fourth time. Specialists from the fields of ethics, the military and international law gathered in Ermatingen, Switzerland to discuss ethical dilemmas in military medicine.

For the second year in a row, the ICRC took part in the **Geneva Health Forum**. In April, the ICRC and the Forum formally signed a partnership agreement. Together we co-hosted a HCD fish-bowl session in Geneva entitled "Health in armed conflicts: Challenges, dilemmas and prospects." Speakers at the event included the president of the ICRC, Peter Maurer and Bernard Levrat, director-general of the Geneva University Hospitals (HUG).

Two renowned medical organizations joined the call for the safe delivery of health care. The **International Hospital Federation** and the **World Confederation for Physical Therapy** both signed a **Memorandum of Understanding** with the ICRC this spring. As partners in the HCD project, both organizations will work closely with the ICRC and each other, sharing field practices, finding ways of improving security on the ground and promoting the issue internationally.

Health Care in Danger was a central topic at the **67th World Health Assembly** in Geneva in May. Health ministers from around the world attended the "Health care under attack: A call for action" discussion, with WHO Director-General Dr Margaret Chan on the panel. With her sat Valerie Amos, UN under-secretary-general for humanitarian affairs and

emergency relief, Marguerite Samba, the Central African Republic's minister of public health, and Juan Jose Quintana, Colombia's ambassador to the UN in Geneva. The panellists agreed that more needs to be done to protect health-care workers and ensure that attacks against them do not become acceptable.



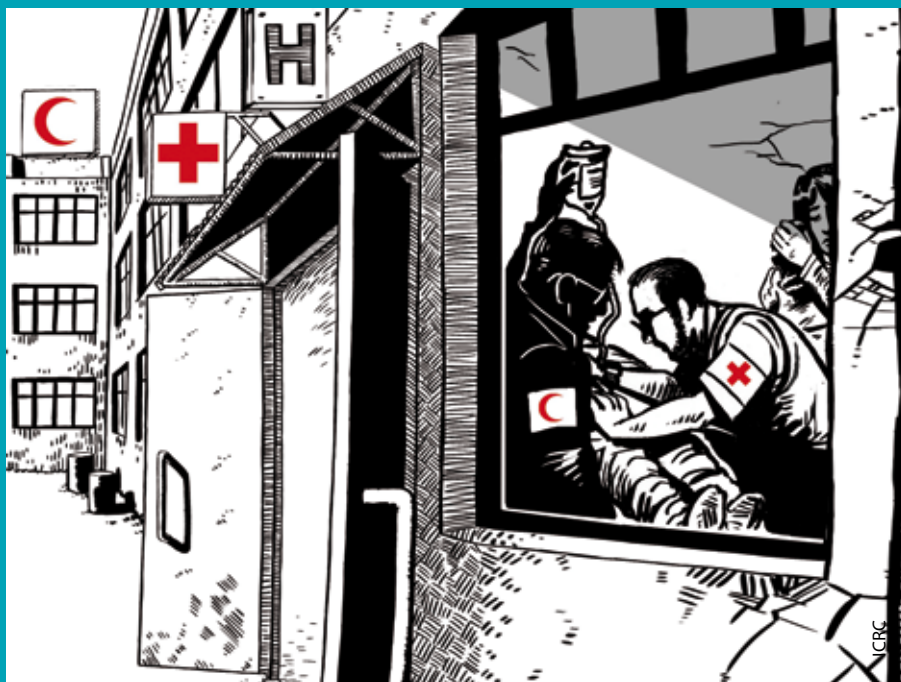
Violaine Martin/WHO

NEW LEGAL E-LEARNING TOOL

Do you wonder what a State's obligations are during an armed conflict? Do you want to know what your rights and responsibilities are as a health-care worker? Are you bored of traditional training techniques? Then our new e-learning module is for you.

The module, entitled "The legal framework", provides a basic introduction to the laws governing health-care services in armed conflict, and explains why health-care workers need protecting. Using cartoons, interactive case studies and exercises, you will soon understand the main legal principles governing health care, and become familiar with common dilemmas faced by health-care personnel.

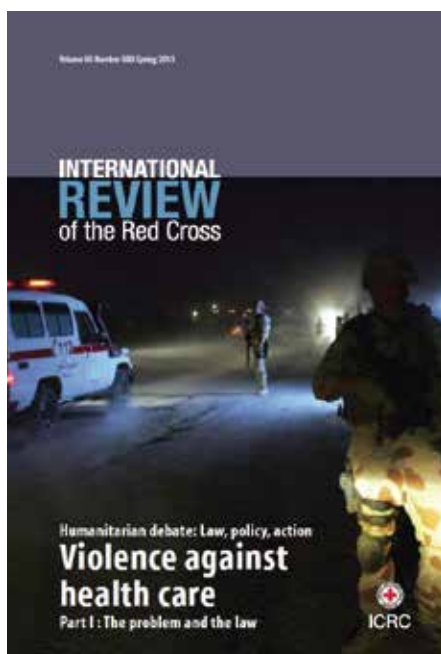
The module was created for a wide audience, with or without a background in law, by legal, medical and training specialists at the ICRC. Access is completely free and no login is required. Its open structure means you can make your way through it according to what grabs your interest.



Ana, a young doctor working in a fictitious country, will guide you through the module. Would you like to meet her? Click to begin your adventure now (beta version

– <http://www.icrcproject.org/elearning/health-care-in-danger/beta/>).

SPOTLIGHT ON VIOLENCE AGAINST HEALTH CARE IN THE INTERNATIONAL REVIEW OF THE RED CROSS



The new edition of the *International Review of the Red Cross* is entirely devoted to the issue of health care in danger. The prestigious journal co-edited by the ICRC and Cambridge University Press includes articles from witnesses of incidents affecting health-care delivery, and renowned academics, humanitarian workers, members of the judiciary, government representatives and medical experts. The articles appear in two volumes. The first presents several case studies from the field and emphasizes the role of health-related data in promoting the security of health-care workers in armed conflict and other emergencies. It also outlines the relevant legal and ethical frameworks.

The second volume addresses dilemmas linked to violence against patients,

health-care workers, facilities and transport. It highlights possible measures to improve access for communities to medical care, which can be implemented on a legal, operational or policy level. It also covers related domestic Colombian and Serbian case law, the challenges faced by medical and volunteer personnel in the field and the way forward for the ICRC-led HCiD project. Finally, there is an article with useful ideas on how to use human rights standards to protect local health-care workers.

You can read and download both volumes on the Review website <http://www.icrc.org/eng/resources/international-review/index.jsp>.

Printed copies are available upon request at review@icrc.org.

HEALTH CARE ONE OF THE FIRST CASUALTIES OF THE CONFLICT

The fighting between various armed groups, which has wrought havoc in the lives of people across the Central African Republic, has not spared the country's health-care system. "Unfortunately, the hospital is facing enormous security problems," explained Joél Nganafeï, chief of the emergency surgery unit at Bangui Community Hospital.

Bangui hospital is the only referral hospital for trauma care in the entire Central African Republic, and one of the few places still operational despite the violence. Nevertheless, patients and staff are not completely safe there, and buildings have been damaged. This

is by no means an isolated case. Government buildings, schools and other hospitals have been ransacked. In addition, the impact of the conflict on the health-care system is not limited to regions directly affected by the violence. Recent fighting has added to the extreme burden borne by the country's already dysfunctional system.

The main challenges to access to health care are a lack of security and qualified staff, and insufficient infrastructure. The pillaging of hospitals in Mbrès and Dékoa in 2013 is a case in point. Armed men entered the hospitals, looted the offices and stole

medical and other equipment, including the refrigerators needed to keep drugs at the right temperature. Most of the medical staff fled as a result of the attacks, bringing the hospitals to a near standstill. Civilians, the main victims of the chaos, now face the spectres of malnutrition and disease, as well as ongoing violence. In the provinces, the previously creaking medical supply system has now completely collapsed. Fear and the unstable situation place further obstacles between people and access to health care.

It is vital that wounded people be protected and have rapid and unhindered access to medical care. Health-care workers and facilities must also be respected. Only by ensuring that everyone protects and respects health-care workers and facilities can the fate of patients in the Central African Republic improve.



Rabih Mazbouli/CRC



Rabih Mazbouli/CRC

HUMANITARIANS WITH A PASSION

Between December 2013 and the start of July 2014, the International Red Cross and Red Crescent Movement worked to:

- evacuate more than 1,000 injured or sick people;
- perform over 1,500 operations at Bangui Community Hospital;
- carry out over 21,000 medical consultations from its mobile units in the Kaga-Bandoro region;
- treat 3,000 patients, mainly women and children, from the French Red Cross's mobile clinic in Bangui;
- provide care to 200 people in the west and 1,400 in the south-east of the country;
- examine and treat 7,200 patients at the health-care centre at Saint-Sauveur in Bangui;
- build 1,000 latrines in camps for displaced people and in schools in Bangui, and deploy 50 volunteers to teach good hygiene practices;
- provide follow-up care to 3,000 patients living with HIV at the outpatient clinic of Bangui Community Hospital;
- provide psychosocial support to 291 volunteers working for the Central African Red Cross;
- raise awareness among 14,500 people in camps in Bangui of the effects of stress and gender-based violence;
- refer 248 victims of gender-based violence to specialized care centres;
- broadcast six public service announcements in the Bangui region, calling on all parties to the conflict to respect health-care staff and facilities.

Health-care activities were carried out by the Central African Red Cross Society were supported by the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies and the French Red Cross.



In the Central African Republic, violence against health-care staff and facilities has reached unprecedented levels.

“One day, as we were transporting an injured patient in a pick-up truck, we were stopped and our patient was stabbed to death right there” said an angry Antoine Mbao-Bogo, the president of the Central African Red Cross. “This kind of situation is completely unacceptable: patients and first-aid workers must be protected.”

The Central African Red Cross's mission is to alleviate the suffering of the most vulnerable people. In such a dangerous environment, it is a difficult task. For many months, they have been doing their utmost to bring aid to victims of the deadly violence in the country; its volunteers readily head out into the streets, where they risk being caught in the cross-fire. Their task requires a great deal of courage, especially given the high price that the volunteers themselves are paying.

The 250 Red Cross volunteers are often among the last health-care workers to come back in off the streets, where they evacuate and care for the wounded, recover dead bodies and take them to the morgue for burial. In the provinces, where the volunteers' task is often even harder, they do everything in their power to bring aid to those who need it most.

Volunteers work to avoid potential health-care crises. Universal trust and confidence are vital to ensure that the Central African Red Cross is able to support all victims of conflict, without discriminating against any community. Every day, Red Cross volunteers demonstrate real passion for their humanitarian mission: their dedication is essential given the extreme need on the ground. It is therefore even more vital for all parties to the conflict to respect and protect them.

ULTIMATELY, IT IS ABOUT PATIENTS



Françoise Duroch,
project manager,
Medical Care
under Fire

In 2012, Médecins sans Frontières (MSF) launched its Medical Care under Fire project. Françoise Duroch, the project manager, explains how MSF tackles the issue of violence against health care and why working with other organizations matters.

What is the project about?

Ultimately, it is about patients. Attacks on medical personnel put the existence and provision of health-care services at risk, and result in increased security measures, reduced staff numbers and hospital closures. In the worst case, MSF is forced to withdraw, as we did in Somalia.

What impact is it having internationally?

The project is gathering momentum, and that is a good thing. But to be honest, we

still don't know enough about the causes and consequences of attacks. Without this knowledge, we will not be able to deal with the problem effectively. As a start, we are analysing and reviewing our security practices.

What are the main challenges ahead?

I see two. Firstly, we need to think more deeply about security. Can we influence our own security at MSF? We tend to look only to the future, but answering this question means doing research that looks back at our past. If we are to make better sense of these complex issues and draw valuable lessons, the project will need time and resources. Secondly, where research is most needed is precisely where it is most difficult to carry it out, such as the Central African Republic, South Sudan or the Democratic Republic of the Congo. This is a real problem.

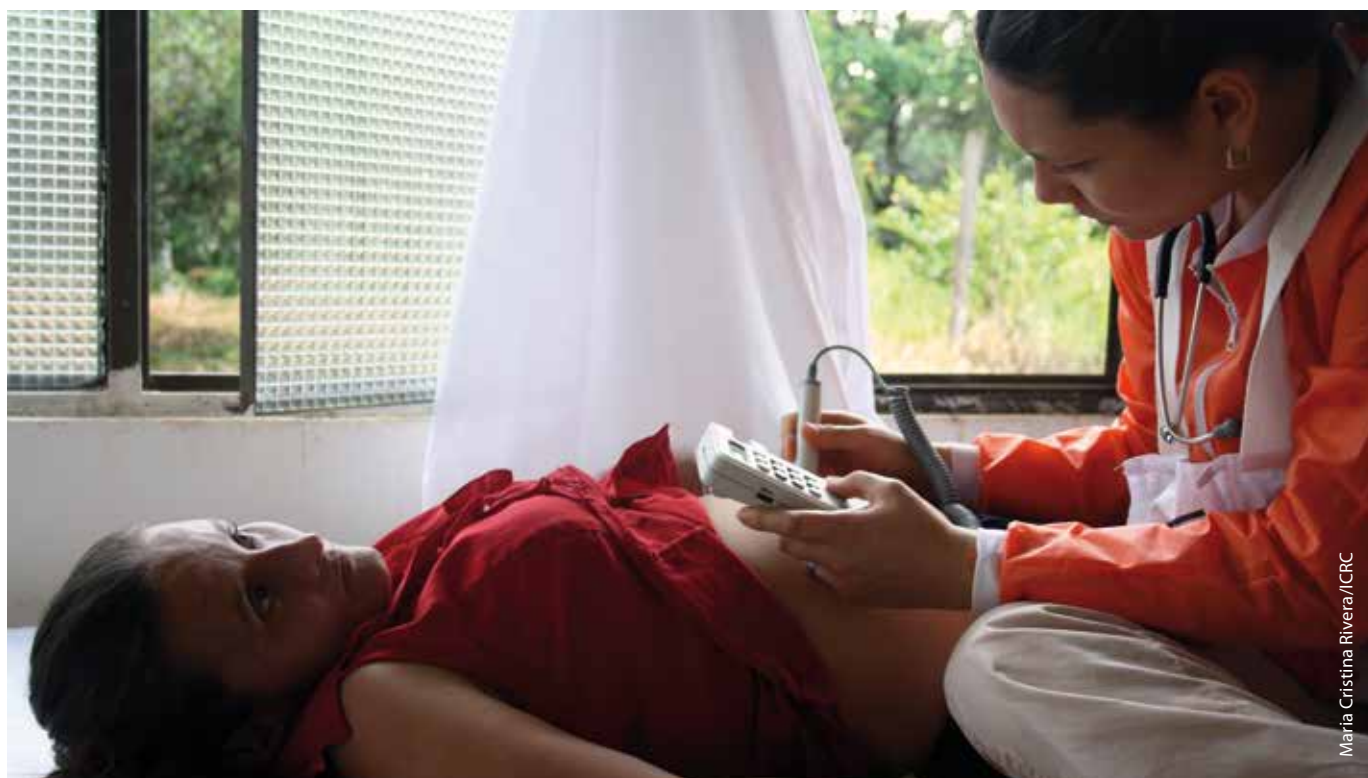
The Health Care in Danger and the Medical Care under Fire projects address similar issues. Are they both necessary?

Yes, and we need more such initiatives. This is not an issue that belongs to just MSF or the ICRC; it belongs to patients and health-care workers. It would be good to see more

local, national and international initiatives spring up. That would bring more people on-board and add greater political weight to the message. Both MSF and the ICRC should be humble about what we know and how much we can achieve on our own. We are approaching this at field level, carrying out research and activities that reflect the specific problems we have. The ICRC is working at a more general level, building political support and providing new tools for and expert advice on broader problems.

How should a member of the HCiD community of concern go about addressing the issues at stake?

Think about your local situation. What is it like where you work or live? Who is involved? Who is in danger? What is being done already? Get in touch with local people and organizations, and contribute where you can. Be practical, and don't expect miracles.



Monserrate health-care post, Bajo Caguan, Colombia. ICRC doctor examining a pregnant woman.

IT'S NOT GOOD ENOUGH TO JUST SAY THERE'S A PROBLEM



Dr Rudi Coninx,
Department of
Emergency Risk
Management and
Humanitarian Action
at WHO

For the first time, the issue of health care in danger was presented to delegates at the 67th World Health Assembly. Dr Rudi Coninx, of the Department of Emergency Risk Management and Humanitarian Action at the World Health Organization (WHO), explains why it is so important to take action to keep health-care workers safe.

Why does the WHO think protecting health-care workers is important?

Everyone has a right to health. It's in the WHO Constitution. If health-care workers or patients are attacked, or if facilities are destroyed, this right is undermined. This has all kinds of consequences not only for patients and medical personnel, but also for public health in general. For example, when nurses are prevented from vaccinating people against polio, and as a result there's an outbreak, we have a serious public health problem on our hands.

Where does the WHO fit into the wider call for safer access to health care?

We've seen how the lack of access to health care in a number of countries has a measurable impact on public health. The increasing lack of respect for health-care facilities and staff is a real concern; this is

why we don't just want to raise awareness, we need to take action. The right to health care is non-negotiable; we want Member States and all other stakeholders to come to the same conclusion. It's a fundamental right that people should respect.

How does the WHO ensure the right to health care is upheld?

It's not good enough to say there is a problem. Member States need to be told to take action. We need to think about the future and affirm the principle of the right to health care now. It's important to come up with solutions, which is why we support the HClD project. Together we can make recommendations that will make health-care workers safer. The technical meeting at the WHO on 21 May, which most Member States attended, was one step in this direction.

Why is developing methods to collect data key to the WHO's work? How far has this been a success?

The data we have is still patchy. In 2012, the World Health Assembly tasked us with

developing better methods to collect data. We've recently brought out a report that addresses the issue. It presents a number of methods, and stresses what needs to be done so that we can be sure the data we receive are valid.

The latest World Health Assembly marked an important step in the call for action to protect health-care workers. How would you assess its outcome?

The 67th World Health Assembly, and especially the "Health care under attack: A call for action" panel discussion, was a very good opportunity for mobilizing health ministers around the issue of health care in danger. Dr Margaret Chan and the other panellists agreed that attacks against health-care workers cannot become the norm and that more needs to be done to protect them. The large number of people who took part in the discussion and the points made show that the issue is serious. It's time to make sure that health-care workers and facilities are properly protected and respected.



Ali Abad limb-fitting centre, Afghanistan. Physiotherapist treating a young woman.

COMMUNITY OF CONCERN

IT'S A MATTER OF LIFE AND DEATH

Africa is well known for its long-standing musical tradition and popular singers. Our colleagues from the Red Cross Society of Côte d'Ivoire decided to use music to raise awareness among young people of the need to respect health-care workers. In 2012, they teamed up with three musical stars, Kajeem, Onakamy and Mawa Traoré, to produce a song and video about the issue of health care in danger. "In West Africa there

is nothing like music to get an important message across," explains Loyal Horanieh, in charge of this musical project for the ICRC. The video calls for everyone who can to help first aiders and medical personnel do their vital work. The song has also been broadcast in other African countries, such as the Democratic Republic of the Congo and the Central African Republic.



HEALTH CARE IN DANGER ON THE WEB

If you haven't already done so, you might be interested in visiting our website www.healthcareindanger.org. You can also sign in to our interactive platform to access a wide variety of resources. Since April 2014, we have added another way to

spread the message, launching our new Twitter handle. You can use it to see real-time news, interviews with experts and the latest videos. Follow us @HCIDproject.

See you online!

AGENDA

2 SEPTEMBER 2014

Workshop at the International Pharmaceutical Federation (FIP), Bangkok

A workshop will be held at the 74th FIP World Congress of Pharmacy & Pharmaceutical Sciences on how pharmacists are exposed to risks during emergencies and how they can cope with this situation.

8 – 11 OCTOBER 2014

World Medical Association General Assembly, South Africa

The 65th General Assembly and the 198th/199th Council Sessions of the World Medical Association will take place in Durban. The Health Care in Danger project will be discussed.



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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