



150 years of humanitarian action
**Council of Delegates of the International
Red Cross and Red Crescent Movement**
Sydney, Australia, November 2013



Council of Delegates 2013

REPORT ON THE WORKSHOP

HEALTH CARE IN DANGER: HEALTH-CARE WORKERS, VOLUNTEERS AND COMMUNITIES AT RISK

Chairs: Yves Daccord, Secretary General, ICRC, and Walter Cotte, Under-Secretary-General, Programme Services, IFRC

Rapporteur: Emmanuel Hindovei-Tommy, Secretary-General, Sierra Leone Red Cross Society

Aide Rapporteurs: Louise McCosker, ICRC, Stefan Seebacher, IFRC, and Dr Brad Gutierrez, American Red Cross

SPEAKERS:

- Pierre Gentile, Head of the Health Care in Danger Project, ICRC
- Georges Kettaneh, Secretary-General, Lebanese Red Cross
- Dr Luis Fernando Correa, Director of Emergency and Disaster Management, Ministry of Health and Social Protection, Colombia

EXECUTIVE SUMMARY:

This Council of Delegates comes at the midpoint between the 31st and 32nd International Conferences, in 2011 and 2015 respectively. In 2014, the focus of the Health Care in Danger project will move from expert consultations to mobilizing stakeholders and implementing recommendations. National Societies have a vital role to play in this regard, both within their own organizations and in leveraging their influence to mobilize non-Movement stakeholders. Many National Societies shared their experiences and discussed the efforts they are currently undertaking to respond to the issues relating to the project. As this work progresses, the ICRC will continue to develop tools to help Movement components, health ministries, States and the health-care community to explore how to make a difference in their specific areas. The welcome range of interventions highlighted the importance of context and the need to develop responses that resonate with the reality on the ground. This is true in the case of implementing the Safer Access Framework, including providing training for staff and volunteers; working with States to develop measures for protecting health-care workers and facilities from attacks; collating and analysing data on such attacks; and engaging with the health-care community to build knowledge on the rights and responsibilities of health-care workers.

Participants proposed many ideas of how the project could be further implemented. There was a call for a better exchange of experiences, lessons learned and good practice between Movement components, with a view to avoiding repetition of mistakes and developing best practices. The scope of this exchange should be extended beyond the Movement to include authorities, health-care professionals and the academic community. While the recently created online platform is a useful start, participants called for a permanent space in which National Societies could share good practice and experiences. Participants also expressed a need for more operationally focused guidance for staff and volunteers, and for further development of the tools and publications that have already emerged from the project. National Societies were encouraged to convene roundtables with their authorities, health-care community and other stakeholders to examine the recommendations and determine which were most appropriate for their contexts.

Both workshops emphasized the importance of coordination and collaboration, not just within the Movement but also with external stakeholders. With respect to the question of insurance for staff and volunteers, it was recommended that a small working group be formed of Movement Reference Group members, the International Federation and the ICRC to develop recommendations for consideration at the 32nd International Conference, in 2015.

KEY POINTS RAISED:

- Panelists and participants alike acknowledged the importance of the Health Care in Danger project. This Council of Delegates comes at the midpoint between the 31st and 32nd International Conferences, in 2011 and 2015 respectively. In 2014, the focus of the project will move from expert consultations to mobilizing stakeholders and implementing recommendations. A range of publications and tools are being developed that will help the Movement, health ministries, States and the health-care community to explore how to make a difference in their specific areas. Participants were encouraged to think about the project in two ways: What could be done internally in their National Society; and how could National Societies leverage their influence to mobilize non-Movement stakeholders?
- Panelists and participants reiterated:
 - The importance of the principles of safer access;
 - The important role that States can play to protect health-care workers and facilities from attacks;
 - The need for data collection and analysis at the national level (mention was made of ensuring this included gender-aggregated data);
 - The imperative to consider the motives of all stakeholders and to address them in a contextually appropriate way;
 - The importance of coordination with authorities and other health-care providers while also protecting the independence of National Societies;
 - The need for ongoing training of staff and volunteers;
 - The importance of mainstreaming the project into all relevant areas of a National Society's work;
 - The need for better coordination within the Movement, for example with projects related to Safer Access and disaster law;
 - The advocacy role that National Societies can play.
- Participants had good ideas for moving the project forward including:
 - Drawing on the experience of the Movement, find ways to share the knowledge and experience of National Societies. One suggestion was for the ICRC to create a permanent platform to facilitate such an exchange. This builds on the interactive platform that has already been established and could also link with the International Federation's learning platform. There was also a call for the scope of this exchange to extend beyond the Movement to include authorities and the health-care community.

- Building on the global statements and tools that are being developed through the project, devise operational guidance for staff and volunteers (including a list of “dos and don’ts”).
- Find ways to mainstream the issue within Red Cross and Red Crescent activities; build ownership of the issue and responses at all levels and in all relevant departments of National Societies.
- With respect to the question of insurance for staff and volunteers, it was recommended that a small working group be formed of Movement Reference Group members, the International Federation and the ICRC to develop recommendations for consideration at the 32nd International Conference, in 2015.
- Mobilize non-Movement stakeholders, including States, authorities and the health-care community. The recommendations from the expert workshops will be useful for the dialogue that National Societies have with these contacts.

CONCLUSIONS:

- Good work is under way within the Movement to implement this project. As the project enters its most critical phase – acting on the recommendations from the expert consultations – National Societies have a vital role to play both within their own organizations and with external stakeholders, such as States, authorities, the health-care community and academia.

RECOMMENDATIONS:

- Establish standards and rules for cooperation and engagement with authorities.
- Establish a more comprehensive insurance system for staff and volunteers; convene a working group of Movement Reference Group members, the International Federation and the ICRC to develop specific recommendations and options for consideration at the 32nd International Conference, in 2015.
- Make further use of existing platforms such as the International Federation’s learning platform and the ICRC’s Health Care in Danger online platform, and look for permanent mechanisms for sharing information and good practice.
- Ensure that volunteers receive context-specific training and materials.
- Recognize that the issues are not confined to the International Red Cross and Red Crescent Movement but are relevant to the wider health-care community and stakeholders working in other areas, such as road safety.
- International humanitarian law, international human rights law and medical ethics all provide essential frameworks for the delivery of medical care. It is important to make sure that the law continues to protect medical care and that medical staff comply with medical ethics.
- Recommend that National Societies hold a round table with the authorities, the health-care community and other stakeholders to consider pertinent recommendations and ways forward.
- Mobilize governments and other stakeholders in the field to ensure we are all speaking with one strong voice at the 32nd International Conference, in 2015.