

# HEALTH CARE AND VIOLENCE

## THE NEED FOR EFFECTIVE PROTECTION

POSITION PAPER PREPARED  
ON OCCASION OF THE HIGH LEVEL PANEL DEBATE ON  
“HEALTH CARE AND VIOLENCE: THE NEED FOR EFFECTIVE PROTECTION”  
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PROTECT  
HEALTH CARE

IT'S A  
MATTER  
OF LIFE  
& DEATH



ICRC



**ICRC**

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## Background

Violence against health-care workers and facilities, medical vehicles and patients during armed conflict and other emergencies is one of the most serious challenges of humanitarian concern in the world today. Violent acts, which limit access to health-care services for those most in need and disrupt health-care systems, have severe immediate and long-term consequences.

Peter Maurer, president of the International Committee of the Red Cross (ICRC), has highlighted the alarming scale of the problem.

An ICRC study released in April 2014 documented more than **1,800 incidents involving serious acts or threats of violence, recorded in 23 countries or regions** between January 2012 and December 2013. **More than 90% of these incidents involve local health-care providers.**

A major concern is that many incidents go unreported, for when acts or threats of violence prevent health workers, governments and international organizations from reaching them, even larger numbers of people continue to suffer illness or injury without recourse to medical care. Furthermore, statistics do not reflect the indirect and multiplier effects of violence on a health system. These include the departure of medical personnel and the destruction or closure of health-care facilities, depriving whole communities of access to essential services.

In 2011, the International Conference of the Red Cross and Red Crescent adopted a resolution calling on the ICRC to enhance public understanding of this problem. The resolution required the ICRC to consult with States, components of the International Red Cross and Red Crescent Movement, and other persons and groups concerned with a view to making practical recommendations for increasing the safety of health-care delivery. To this end, the ICRC and components of the Movement launched the **Health Care in Danger (HCiD)** initiative.

**This initiative has identified a number of key actions that can be taken by States to ensure safer access to health care. These include adopting strong national legislation, sharing good practices, and supporting the work of the World Health Organization (WHO) to make national health systems more resilient.**

## Raising awareness

The issue of health care and violence has been broadly recognized as a matter of significant worldwide concern. At the 67th World Health Assembly in May 2014, WHO Director-General Dr Margaret Chan stated that health workers are under attack as never before. Health care and violence also have a bearing on the current efforts to develop a post-2015 development agenda, and on the consultations leading up to the World Humanitarian Summit, to be held in 2016. Working in strong partnership with significant and experienced stakeholders, including the International Committee of Military Medicine, the World Medical Association, the International Council of Nurses, and Médecins Sans Frontières (MSF), the ICRC continues to raise awareness and gather expertise on this topic. Many States and regional organizations have held thematic workshops to discuss different aspects of the problem. These include military practice, ambulance services in high-risk situations, the safety of health facilities, national legislation and justice. In parallel, the ICRC has held discussions on this subject with non-State armed groups.

ICRC consultations with health-practitioner organizations aim to reach agreement on a common denominator for ethical principles. Civilian and military health-care organizations

share the crucial goal of improving the safety and security of health-care personnel and other health assets to ensure the delivery of impartial and efficient health care in any circumstances, be it in peacetime or during violence or conflict.

### **Key role for States**

Improving the protection of health-care services is a complex endeavour that requires the active participation of many stakeholders. However, the State has a crucial role to play in mitigating violence against personnel and facilities involved in providing health care. There are a number of concrete measures that States can take to strengthen the protection of their health-care systems and their resilience in the face of crises.

***Measure 1: Governments should review and, where necessary, revise their domestic legislation to protect health-care personnel and facilities, medical vehicles, and patients. Efforts to adopt national implementation measures should be increased.***

Investing in a strong and effective health-care system, underpinned by national legislation, is among the many measures that States can take to protect health-care personnel and facilities, medical vehicles, and patients. This is important in order to prevent and mitigate obstacles that may arise during violence and armed conflict. Violence has a disruptive impact on preventive health-care programmes, such as vaccination campaigns, with long-term consequences. The ICRC and WHO have been working to increase awareness of the laws protecting health-care personnel and facilities, medical vehicles, and patients. The involvement of each State is pivotal to ensuring that the right to health care is implemented through the non-discriminatory provision of essential health care, including preventive, curative and rehabilitative services. States are encouraged to actively seek support from the international community through international cooperation and assistance.

***Measure 2: States, together with practitioners' organizations, are encouraged to share their challenges and best practices in order to develop stronger policies and practical means of implementation.***

While some States have taken measures to prevent and mitigate obstacles to safe health-care delivery, more needs to be done to deal with the consequences of attacks on health-care systems. Good practices should be compiled and widely shared. Strengthening awareness of the prevalence of attacks on health-care delivery, which have consequences, both immediate and long-term, for individuals and for the social and economic development of communities, remains a central task.

***Measure 3: States are encouraged to consider proposing a resolution of the United Nations General Assembly reaffirming the need to address violence against health-care workers and facilities, medical vehicles, and patients through preventive measures. The World Health Assembly should strengthen the role of WHO in supporting State efforts to enhance the resilience of national health systems.***

States and international organizations can help raise awareness of the urgent need to respond to violent acts that obstruct the delivery of health care at the national and international levels. WHO can help Member States to develop resilient health systems.

Better protecting health-care workers, facilities and beneficiaries from violence is a matter of life and death. The ICRC and WHO stand ready to assist States in this important endeavour.

## **Health Care in Danger: Useful resources**

### **Web-based platforms**

Public website: [www.healthcareindanger.org](http://www.healthcareindanger.org)

Online platform for the HCiD community of concern: [www.healthcareindanger.ning.com](http://www.healthcareindanger.ning.com)

These resources feature a wide variety of public documents, tools and events produced by the ICRC and National Red Cross or Red Crescent Societies, as well as by MSF, the World Medical Association and the International Council of Nurses, among others.

### **Main publications and reports (available on the online platform)**

*Promoting military operational practice that ensures safe access and delivery of health care*

*Ambulance and pre-hospital services in risk situations*

*Health care in danger: The responsibilities of health-care personnel working in armed conflicts and other emergencies*

*Health Care in Danger – Making the case*

Recommendations from expert workshops and Council of Delegates workshops for the consideration of National Societies

### **Incident-gathering reports and context-related reports**

*Violent incidents affecting health care (2013)*

*Violent incidents affecting the delivery of health care (2014)*

*Health Care in Danger: A sixteen-country study (2011)*

### **Videos**

Available at <https://www.icrc.org/en/resource-centre>

Search under titles:

*Health Care in Danger – The Human Cost*

*Health Care in Danger – Insights Series*

### **Magazines**

“Health Care in Danger”, *International Humanitarian Law Magazine*, Australian Red Cross, Issue 1, 2013, available at <http://www.redcross.org.au/health-care-in-danger.aspx>

“Violence against health care (I): The problem and the law”, *International Review of the Red Cross*, Vol. 95, No. 889, Spring 2013

### **Other resources not produced as part of the HCiD project**

British Medical Association, *Ethical decision-making for doctors in the armed forces: A tool kit*, 12 May 2014, available at <http://bma.org.uk/ethics>



## **MISSION**

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



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