



HEALTH ACTIVITIES

**CARING FOR PEOPLE AFFECTED BY
ARMED CONFLICT AND OTHER SITUATIONS
OF VIOLENCE**



ICRC

IN BRIEF



ICRC

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MEETING HEALTH-CARE NEEDS IN THE MIDST OF ARMED VIOLENCE

Treating and caring for the wounded and sick in armed conflict, other major violence and natural disasters has always been bound up with the history, identity, values and reputation of the International Committee of the Red Cross (ICRC). Today, in an increasingly unstable and violent world and an extremely challenging humanitarian environment, the ICRC continues to address the main issues affecting people's health. While our traditional health activities (first aid, war surgery, physical rehabilitation and health care in detention) have lost none of their relevance, other disciplines (primary health care, comprehensive hospital care, and mental health and psychosocial support) are increasingly proving their worth.

The ICRC has made a clear commitment to providing high-quality and accountable health programmes, designed to meet professional standards. We often work in partnership with other organizations to bring together experts from different fields. The Health Care in Danger project is one such partnership, which aims to ensure that access to health care is not denied through attacks or obstruction.

www.healthcareindanger.org

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



GUIDING PRINCIPLES

A set of principles guides our efforts to deliver the necessary standard of care in armed conflict and other situations of violence. Health-care programmes should:

- uphold the principles of **humanity, neutrality, impartiality** and **independence**;
- be one part of wider **integrated** action, focusing on clearly identified health priorities that take into account the local situation;
- comply with recognized professional **standards**;
- assure **continuity of care** both between different health services and throughout the chain of care;
- abide by **medical ethics**, particularly impartiality of care and patient confidentiality;
- develop a relationship of **trust** through direct contact with the communities affected;
- be **evidence-based**;
- be designed and implemented through effective **partnerships** with National Red Cross and Red Crescent Societies and other health-care providers;
- remain **accountable** to beneficiaries, donors, partners and governments.



FIRST AID AND PRE-HOSPITAL EMERGENCY CARE

The ICRC's first-aid and pre-hospital emergency care programmes aim to ensure that the wounded and sick receive safe, humane and effective treatment, or are referred to the right place for further care. These programmes are all delivered by skilled emergency responders working in safety. They are underpinned by humanitarian values, and adapted to the realities and resources on the ground. The approach is pragmatic, taking into account the safety of both victims and emergency responders, providing psychological support, and ensuring coordination and continuity of care.

These programmes are designed to provide emergency care in the short term while building up National Red Cross and Red Crescent Societies' capacity to deliver such care in the future. They are intended for various groups, including weapon-bearers, mine-clearers, protesters, remote communities, health-care personnel, and local emergency-response organizations. The ICRC works closely with partners – especially National Societies – to set up and run first-aid and pre-hospital emergency care programmes. Such initiatives save lives, bring hope and help to foster greater respect for patients and those caring for them.

ICRC first-aid and pre-hospital services aim to ensure that the wounded and sick receive safe, humane and effective treatment.



PRIMARY HEALTH CARE

Our aim is to guarantee a first point of access to health care for victims of armed conflict. Primary health-care services have professionally trained staff to provide care and treatment for the diseases most commonly contracted by victims of conflict. Staff can also recognize and stabilize more complex cases, where necessary transferring them to nearby hospitals for further tests and treatment.

The most effective action is prevention, such as vaccinating children or providing ante-natal care for pregnant women. The health service is also where female victims of violence seek help and advice.

Primary health-care centres are based in the community. We work with them to build up their managerial capacity so that they can run centres effectively. We also help Red Cross or Red Crescent volunteers and traditional birth attendants provide a continuum of care.

A range of activities are carried out to meet the needs of victims, including performing emergency operations, supporting first-level health facilities and running mobile health units.



HOSPITAL CARE

Providing health care is a challenge in times of armed conflict, when the infrastructure of a society collapses and violence leads to increased demands for care. Through its hospital programmes, the ICRC has an obvious role to play to help people in such situations. Adequate hospital care – close to where people live, and with good links to primary health care, first aid and physical rehabilitation services – ensures an essential continuum of care.

Training of staff in local hospitals and universities ensures these facilities are able to deliver the special treatment weapon-wounded patients require.

We have developed expertise in the field of war surgery, and our role often goes further than providing direct patient care. Frequent training sessions in local hospitals and universities enable colleagues to deliver the special treatment that weapon-wounded patients require.

This is not the only area, however, in which health-care services struggle to cope in armed conflict, and the ICRC recognizes the need for broader hospital help. Standing in for, or supporting, services that can no longer be provided (for example, internal medicine, paediatrics, gynaecology and obstetrics) is an important part of what we do in times of conflict.



P. Flumeid/CRC



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G. de Moustier/CRIC



C. von Toggenburg/CRIC



A. Macky Oum Tan Kante/ICRC

HEALTH CARE IN DETENTION

The overall aim of the health care in detention programme is to protect the life and health of detainees, and to ensure that governments respect detainees' dignity and their right to receive health care at all stages of their detention. Often by promoting adequate health care in places of detention, we help improve the health of the community outside.

The immediate objective of health-related work in places of detention is to give detainees greater access to adequate health care and ensure that those deprived of their liberty enjoy a healthy environment. Health care in places of detention should be at least equivalent in quality to what is available in the community outside and/or to what the ministry of health and international standards recommend for public health facilities.

To achieve this, our doctors and nurses provide expert advice to governments in 55 countries, while also advocating for the increased involvement of national health ministries in places of detention. In addition, we work with doctors in places of detention to address other ethical issues facing detainees, such as medical confidentiality, need-based and patient-oriented care, and access to health services without barriers or discrimination.

In places of detention, the ICRC aims to ensure that detainees have greater access to adequate health care and enjoy a healthy environment.



O. Matthys/ICRC

PHYSICAL REHABILITATION

Access to physical rehabilitation services is essential for ensuring that people with physical disabilities feel included and participate fully in society. Regaining mobility is the first step towards having the same opportunities as other members of society. For some, it can mean enjoying such basic rights as access to food, shelter and education, finding a job and earning an income.

ICRC physical rehabilitation projects are designed to strengthen the rehabilitation services offered in the country concerned. We aim to improve access to services for people with disabilities, upgrade the quality of those services and ensure their viability in the long term.

The goal of our projects is to bring about the full integration and participation of people with physical disabilities in society. We provide mobility devices such as prostheses, orthoses, walking aids and wheelchairs, as well as physiotherapy to enable people to make the fullest use of their devices. Although our focus is on physical rehabilitation itself, we also provide support for sporting activities for people with disabilities, access to schooling, vocational training, awareness-raising campaigns, advocacy and micro-economic initiatives.



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Mental health and psychosocial support covers a wide range of activities undertaken by the ICRC to address psychosocial, psychological and psychiatric problems caused or exacerbated by conflict.

Our programmes aim to build up the capacity of local agencies to stabilize and improve patients' mental health and to ensure the emotional well-being of individuals and communities affected by armed conflict and other situations of violence.

We focus on providing mental health and psychosocial support to:

- families of missing people
- victims of sexual violence
- detainees
- other victims of violence, such as unaccompanied minors and first-aiders.

Programmes aim to support local agencies in ensuring the emotional well-being of individuals and communities affected by armed conflict and violence.



WORKING TOGETHER

Health activities are integral to our protection and prevention work, addressing issues such as discrimination in access to health care, the safety of medical workers, torture and ill-treatment, the needs of the families of missing people, and sexual violence.

Our approach to public health also combines key elements from our assistance activities (health care, water, sanitation and housing projects, and economic security initiatives). We assess people's health needs alongside their other basic needs to maximize the benefits.

To bring all this together, we often work with other members of the International Red Cross and Red Crescent Movement. We collaborate on legal issues, gender issues, restoring family links, weapon contamination, forensics, and non-conventional (nuclear, radiological, biological

and chemical) threats, and pool our logistical and communication resources.

In addition, our health teams work closely with colleagues from National Red Cross and Red Crescent Societies. To guarantee a rapid and effective response in health emergencies, the ICRC has signed agreements with eight National Societies that provide health staff, supplies and equipment, and infrastructure support – the provision of professional health personnel from National Societies working internationally being particularly important.

Responsibility for delivering health services ultimately rests with governments. Our health activities are therefore often carried out in close collaboration with health ministries, or are designed to support the health authorities.



B. Heger/ICRC

WORKING FOR THE ICRC

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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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