

## DRAFT 0 RESOLUTION

### **Health care in danger: continuing to protect the delivery of health care together**

The 32nd International Conference of the Red Cross and Red Crescent,

*deeply concerned* about attacks, threats and obstructions affecting the wounded and sick, health-care personnel and facilities, and medical transports, as well as other impediments to the delivery of health care, which cause serious humanitarian consequences, including loss of life and widespread suffering, and weaken the capacity of health systems on a national and regional level to provide health care to entire segments of affected populations,

*recalling* Resolution 5 of the 31st International Conference of the Red Cross and Red Crescent entitled “Health care in danger: Respecting and protecting health care,” including its call upon the International Committee of the Red Cross (ICRC) in operative paragraph 14 “to initiate consultations with experts from States, the International Federation, National Societies and other actors in the health-care sector, with a view to formulating practical recommendations for making the delivery of health care safer” in times of armed conflict or other emergencies, “and to report to the 32nd International Conference in 2015 on the progress made,”

*welcoming* the expert consultations held between 2012 and 2014 which have resulted in practical recommendations, as well as the progress report submitted by the ICRC pursuant to operative paragraph 14 of Resolution 5 of the 31st International Conference,

*further welcoming* the ongoing efforts made by States, the International Red Cross and Red Crescent Movement and other actors in the health-care sector to implement these practical recommendations as well as existing good practices in this regard,

*recalling* that international humanitarian law applies only to situations of armed conflict and that international humanitarian law and applicable international human rights law provide a framework for protecting health care,

*recalling* the basic obligation to take all reasonable measures to ensure the wounded and sick have safe and prompt access to health care in armed conflicts or other emergencies, in accordance with the applicable legal framework, bearing in mind the specific health-care needs of certain categories of wounded and sick persons, including children, women and persons with disabilities,

*stressing* that identification of health-care services as such may enhance their protection, and in this regard *recalling* States’ international legal obligations pertaining to the use and the protection of the distinctive emblems under the 1949 Geneva Conventions, and where applicable, their Additional Protocols,

*further stressing* the Fundamental Principles of the Movement, in particular the principle of humanity, whereby human suffering shall be prevented and alleviated wherever it may be found, and the principle of impartiality, whereby no discrimination as to nationality, race, religious beliefs, class or political opinions shall be made between individuals whose suffering is to be relieved, being guided solely by their needs and giving priority to the most urgent cases of distress, and *recalling* in this regard the Statutes of the Movement, in particular that “States

shall at all times respect the adherence by all components of the Movement to the Fundamental Principles,”

*recalling* the importance of health-care personnel having sufficient practical knowledge of their rights and responsibilities, in accordance with the applicable legal framework and with their professional codes of ethics, and *stressing* that health-care personnel must be able to offer their services without attack, threat or obstruction, in line with these rights and responsibilities,

*stressing* the need for continued and, where relevant and appropriate, strengthened cooperation between States, the Movement, international and national health-care professional associations and other health-care providers, international and regional organizations, civil society, religious and community leaders, affected communities and other relevant stakeholders to prevent and address violence against the wounded and sick, health-care personnel and facilities, and medical transports,

1. *urges* full respect for the rules of international humanitarian law and international human rights law, as applicable and relevant for the protection of the wounded and sick and health-care services;
2. *recalls*, in this regard, the prohibitions against attacking the wounded and sick, health-care personnel and facilities, and medical transports, against denying or arbitrarily limiting access for the wounded and sick to health-care services, and against harassing, threatening or punishing health-care personnel for carrying out their duties in line with their professional codes of ethics;
3. *calls upon* States, where relevant, to adopt and effectively implement the required domestic measures, including legislative, regulatory and practical ones, to ensure respect for their international legal obligations pertaining to the protection of the wounded and sick and health-care services, including their obligations under the 1949 Geneva Conventions and, where applicable, the Protocols additional to the Geneva Conventions concerning the protection and use of the distinctive emblems by authorized medical personnel, facilities and transports, as well as to ensure respect for the respective professional codes of ethics of health-care personnel, and adequate preparedness for addressing violence against health-care services;
4. *calls upon* States to ensure that their armed forces and security forces within their respective competencies make or, where relevant, continue their efforts to integrate practical measures for the protection of the wounded and sick and health-care services into their orders, procedures, training and operations and, where relevant, to contribute to such efforts in the framework of regional or international organizations, including measures designed to mitigate the effects of checkpoint controls on the evacuation of the wounded and sick, to mitigate the effects of search operations on the continued delivery of health care to the wounded and sick in health-care facilities, and designed to avoid or minimize the impact on health-care delivery when the use of force directly or indirectly affects health-care facilities;
5. *calls upon* States, in cooperation with the Movement, the health-care community and other relevant stakeholders, to enhance their understanding of the nature of violence affecting health-care services in their own national contexts with a view to developing and effectively implementing legal, regulatory and practical measures for preventing and addressing such violence, where relevant, and to this end, *encourages* States and

the Movement, in cooperation with the health-care community and other relevant stakeholders, to regularly share challenges and good practices in this regard in existing appropriate national forums such as national IHL committees or, where such forums do not yet exist, in forums involving all relevant stakeholders that may be created for this purpose;

6. *calls upon* States and the Movement, in cooperation with the health-care community and academia, to continue their work towards ensuring that health-care personnel receive practical training on their rights and responsibilities resulting from applicable law and their professional codes of ethics, in particular on how to deal with dilemmas in the implementation of their professional codes of ethics that they may encounter when providing health care, by making use of existing training tools or, where relevant, developing new tools, and to intensify their efforts to include instruction on the rights and responsibilities of health-care personnel in the curricula of universities and training institutions;
7. *calls upon* States and the Movement, where relevant, and in cooperation with affected local communities and their leaders, to support the implementation of preparatory and practical measures by health-care personnel to enhance the secure functioning of health-care facilities, including measures related to the supply, management and safe storage of essential supplies, managing access and controlling the entry of persons who could disrupt the continued functioning of health-care facilities, and, subject to the measures' feasibility in the respective context, the physical protection of the structures of health-care facilities;
8. *calls upon* States and National Red Cross and Red Crescent Societies, where relevant, to engage or continue to engage with each other, with a view to strengthening domestic law, regulations and practice regarding the auxiliary role of National Societies to the public authorities in the humanitarian field, for the safer delivery of health care, including the effective coordination of their respective health-care services, and *calls upon* National Societies, in the fulfilment of that auxiliary role, to promote and support the implementation of States' international legal obligations and dissemination efforts in this regard;
9. *calls upon* National Societies to intensify their commitment and efforts to increase their acceptance, safety and security in order to access persons in communities where they deliver health-care services, including by taking measures to ensure that all their staff and volunteers operate in accordance with the Fundamental Principles of the Movement, by applying existing operational approaches such as the Safer Access Framework, and by continuing to work, where relevant, on specific procedures and protocols to enhance risk management and the overall security of their ambulance and emergency health-care services, and *encourages* other National Societies, the ICRC and the International Federation of Red Cross and Red Crescent Societies, as appropriate, to support them in these efforts;
10. *encourages* States and National Societies and *invites* observers of the International Conference to submit individual or joint voluntary pledges on specific practical measures that they intend to undertake to make the delivery of health care safer in armed conflicts or other emergencies, and *calls upon* the ICRC to report to the 33rd International Conference on the progress made.