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31st International Conference of the Red Cross Red Crescent
Geneva, 28 November–1 December – **For humanity**



31st International Conference of the Red Cross and Red Crescent

Geneva, Switzerland: 28 November – 1 December 2011

REPORT ON THE WORK OF COMMISSION (C)

(Tuesday 29 November – 09h00 – 11h30 and 13h30 – 16h30)

HEALTH CARE IN DANGER (HCID)

Chair: Dr Mamdouh Gabr, Secretary General, Egyptian Red Crescent Society

Secretary: Dr Ameer Zemmali, Advisor, ICRC

Expert: Robin Michael Coupland

Drafter of report: Donna Williams, Advisor, ICRC

SPEAKERS:***Mr Rolf Einar Fife, Norwegian Ministry of Foreign Affairs, Director of Legal Department***

- § July 2011 Norway experienced the worst attack on its state since WWII as government buildings bombed and young politicians targeted
- § People trained in first aid by Norwegian Red Cross and other organizations were able to act immediately as first responders
- § In crisis the State's ability to fulfil its obligations to provide health care is impaired, capacity may not be sufficient, the humanitarian community has a responsibility to provide support
- § Key is humanitarian diplomacy in enabling humanitarian actors to negotiate access to affected people and ensure unimpeded passage for health care personnel and ambulances and protection of health personnel and assets
- § Norway calls for the serious engagement of states, the upholding of the relevant laws and welcomes ICRC to formulate practical recommendations to ensure action

Mr Georges Kettaneh, Lebanese Red Cross Society, Director of Operations and Emergency Medical Services

- § The Fundamental Principles must be at the heart of our action, Humanity first, closely followed by Impartiality, Neutrality and Independence
- § Strong, well prepared relationships within the Movement and between the NS, the government and other key stakeholders is key to addressing the issue of HCiD
- § Contingency planning, setting out clear roles and responsibilities and preparing possible scenarios are important tools for us all
- § Threat to NS and its health care personnel can be minimized through acceptance, respect and trust
- § NS work on protecting its emblem and strengthening the national legal base, awareness and dissemination of the role of the hum teams, and application of FP

Dr Abiy Tamrat, Médecins Sans Frontières Switzerland, President

- § MSF has experienced numerous attacks on health care personnel and assets including the wounding of its staff and volunteers recently
- § The impact that we can expect from such attacks goes beyond the people that are victimized but also to the service we provide, direct incidents can have far reaching effects
- § The emphasis we put on HCiD, is crucial and MSF strongly believes that by having the States here and organizations like ICRC, NS and MSF working together it is possible to find an adequate solution so that people can receive the care they need
- § MSF emphasises the important role that States, ministries of health, civil society and particularly Red Cross and Red Crescent Societies play in upholding the sanctity of the provision of impartial medical assistance in conflict and other situations of violence

Mr Pierre Krahenbuhl, Director of Operations, International Committee of the Red Cross

- § HCiD is an issue at that lies at the heart of the RC RC Movement and even at this very moment there are numerous attacks, threats and blocks to health care happening
- § Four key issues highlighted, 1) direct attacks on health care personnel and infrastructure, 2) discrimination to accessing health care, 3) armed entry into health care facilities, 4) wilful and prolonged obstruction to health care
- § NS and ICRC deep determination to address this challenge will mobilize states, the health community and other actors to develop recommendations and find solutions
- § The issue is a humanitarian one, this four year project is not about developing law but aims to develop short and long term measures to implement and improve existing legislation, and improve action on the ground

EXECUTIVE SUMMARY

The draft resolution on 'Health Care in Danger: Respecting and Protecting Health Care in Armed Conflict and Other Situations of Violence' is driven by the urgent need to secure the safety of the wounded and sick and of health care personnel, health care facilities and medical vehicles during armed conflict and other situations of violence.

Numerous statements from the participants of the Commission highlighted today's terrible reality where Red Cross Red Crescent and other health personnel and facilities are regularly targeted and attacked during times of armed conflict and during other situations of violence. National Societies participating in the commission provided concrete examples of their own health staff and volunteers who have been injured or lost their lives and of ambulances being denied access or delayed at checkpoints and of health care facilities being attacked.

The Commission and its participants gave overwhelming support to the draft resolution and particularly highlighted the need for the engagement of all parties involved in armed conflict and other situations of violence so that they may be able to implement their obligations to respect and protect the wounded and sick, and health care personnel and facilities.

Participants to the Commission reiterated that the adoption of the resolution will be just one step in a longer term and wider process to ensure respect and protection of health care in armed conflict and other situations of violence and highlighted the need for the implementation of the 4 year Health Care in Danger project and the engagement of a wide range of stakeholders, particularly National Societies, States and the International Federation but also the health community, NGOs, UN agencies and academic circles.

Key to improved respect and protection of health care is ensuring the neutrality, impartiality and independence of National Red Cross and Red Crescent Societies' actions, well prepared relationships, and clear roles and responsibilities between National Societies and their governments as part of their auxiliary role.

The Commission looks forward to the adoption of this important resolution and to the continued work of the International Red Cross and Red Crescent Movement, States party to the Geneva Conventions and other key stakeholders in increasing the respect and protection of health care workers and facilities.

KEY POINTS RAISED

- § This resolution is primarily about the right of the wounded and sick and to access and receive health care
- § The participants of the Commission provided numerous examples of their own experience where health care workers were attacked, ambulances delayed at checkpoints and health facilities bombed
- § The Commission received thirty-five (35) comments from participants and overwhelming support for the adoption of the resolution, one which resonates strongly with NS, governments, ICRC and the International Federation
- § There is a big need for awareness raising of the Health Care in Danger issue which despite being at the heart of the RC RC Movement's work still goes largely unrecognized, therefore communication on the issue is crucial
- § The neutral, impartial and independent position of the NS and the Movement supports the NS to intervene and safe guard health care workers and facilities and maintain safe access to beneficiaries
- § Relationships between key stakeholders, NS and government including ministries of health and other health institutions, parties involved in the conflict or violence, within the Movement and the health care community are highly important
- § Contingency planning which includes the development of scenarios, and the outlining of clear responsibilities between NS and States particularly, is a crucial step in defining how safe access will be maintained to health care services and to beneficiaries
- § Education, training and dissemination for governments, non-state actors and for NS staff and volunteers on their rights, obligations and guarantees as well as IHL and the Fundamental Principles is a key element in addressing HCD
- § States have a responsibility to provide health care to their population however this responsibility is challenged in contexts where there is 'anarchy' or where the State is not in control of all of its territory. This makes it more difficult for NS to engage with the relevant 'authorities'
- § In addition to direct attacks on health care personnel and assets, conflict and violence create general insecurity that prevents health care services from being provided

- § This resolution must go beyond just armed conflict and must allow for the protection of health care in situations below the legal threshold of armed conflict to be addressed as this is the reality on the ground for many NS. Examples from countries such as Libya, Colombia, Somalia, Norway and Lebanon were shared to illustrate this point
- § Commitment is required not just to approve the resolution but to take action, from the Movement, NS and ICRC, but also from governments in helping implement the resolution
- § The most important element is to apply a humanitarian response to the problem and not to address this as a purely legal issue
- § The four year project related to the resolution's implementation is not about developing IHL but about its better application
- § It was suggested that the Health Care in Danger project may also consider the dangers faced by the health care system in terms of access during natural disasters
- § Both the resolution and the implementation of it over the next four years require strong support of the National Societies and governments but also require the support and involvement of a range of stakeholders including the health community, NGOs, UN agencies and academia

CONCLUSIONS

The draft resolution received overwhelming support from the Commission's Panel of speakers and from the Commission participants. Participants viewed the expected adoption of the draft resolution as just the beginning of a 4 year implementation process. Over the next four years it is expected that the implementation of this resolution will focus on raising more awareness about health care in danger, the application of relevant legislation to protect health care workers and facilities, practical action that will reduce attacks on health care and the responsabilization and mobilization of a range of stakeholders including States, non-state actors, National Red Cross and Red Crescent Societies, the ICRC, the International Federation, the health community, humanitarian agencies and academic circles.

RECOMMENDATIONS

1. The Commission and its participants recommend that the draft resolution remains focused on addressing the humanitarian problem of danger to health care personnel and facilities and the practical actions that key stakeholders can take to ensure the better application of legal norms and protective measures.
2. The Commission and its participants recommends that the resolution and the 4 year project on Health Care in Danger continue to be inclusive of a range of stakeholders including States, and the wider health community such as NGOs and UN agencies.
3. The Commission with the support of its participants recommends that concerns related to the wording 'other situations of violence' used within the draft resolution be addressed directly to the Drafting Committee in writing.