



**Health Care in Danger:  
Continuing to protect the delivery of health care together**  
Commission D

**Objectives**

Violence against health care in armed conflict or other emergencies continues to be a **serious humanitarian concern**, with **devastating short- and long-term consequences** for the wounded and sick, affected communities, health-care facilities and transports, and for the thousands of health-care personnel who seek to provide assistance precisely when it is needed most.

Since the 31st International Conference, States, the International Red Cross and Red Crescent Movement (the Movement), the health-care community and civil society have mobilized around the **Health Care in Danger project** to take steps to address this issue. The project has focused on four priority issues: (i) attacks on health-care services and patients; (ii) unlawful obstruction to the delivery of health services; (iii) discrimination in the treatment of patients; and (iv) armed entry by weapon-bearers into health-care facilities.

The ICRC, in cooperation with States, National Red Cross and Red Crescent Societies (National Societies) and non-governmental organizations, held **12 global consultations on nine thematic areas** from 2012 to 2014. They have resulted in a substantial body of **practical recommendations**. Many of these recommendations are being translated into **operational responses**, particularly by National Societies and ICRC delegations. States and the health-care community, often in concert with Movement components, have promoted the recommendations and considered context-specific measures through **regional and national forums**. **Partnerships** with international stakeholders have been consolidated and have led to independent initiatives, either alone or collectively, by a range of health-care organizations, including the World Medical Association, Médecins Sans Frontières, the International Council of Nurses, the International Committee on Military Medicine, the International Federation of Medical Students' Associations, the World Health Organization, the International Pharmaceutical Federation, the International Hospital Federation and the World Federation for Medical Education. At the **global diplomatic level**, the United Nations General Assembly adopted four resolutions in 2014 which include language of relevance for the protection of health-care personnel in armed conflict or other emergencies.

This issue is being brought back to the 32nd International Conference through a **resolution** and a **plenary commission** in order to encourage **continued action**, particularly at the national level, bearing in mind existing roles, mandates and capacities. The advocacy and awareness raising that have been a dominant feature over the past four years should now translate into **practical measures** informed by the substantial body of recommendations and emerging good practice.

The Commission will:

1. **highlight and commend achievements** thus far and share **good practice**;
2. **acknowledge the issue's relevance** in various situations in today's world;
3. **encourage new initiatives** that are concrete and context-specific and informed by recommendations from the global consultations and by established and emerging good practice;
4. encourage Conference participants to demonstrate their commitment to better protecting the delivery of health care by submitting **individual or joint voluntary pledges**.

### Chair and panellists

**Chair:** Ambassador Nthuthang Khumoetsile Martin Seleka, Director of Humanitarian Affairs for the Department of International Relations and Cooperation of the Republic of South Africa

#### Panellists for session 1:

- H.E. Steffen Kongstad, Ambassador and Permanent Representative to the United Nations and other international organizations in Geneva, Norwegian Permanent Mission
- Dr Hazem Bakleh, Medical Director, Syrian Arab Red Crescent
- Dr Xavier Deau, President, World Medical Association
- Pascale Meige, Deputy Director of Operations, ICRC

#### Panellists for session 2:

- Dr Alejandro Gaviria Uribe, Minister of Health and Social Protection, Republic of Colombia
- Ulrika Årehed Kågström, Secretary-General, Swedish Red Cross
- Dr Otmar Kloiber, Secretary General, World Medical Association
- Pascale Meige, Deputy Director of Operations, ICRC

### Guiding questions

Contributions will be limited to **3 minutes per speaker**, or **5 minutes if speaking on behalf of a group**. There will be **no PowerPoint presentations**. We want the Commissions to be **dynamic and informal**, without long presentations or formulaic statements. Given that one of the Commission's key aims is to **encourage new initiatives and share good practice**, we want contributions to focus on the following **guiding questions**, and in particular on the **pledges** that participants are making.

*What **measures** have you put in place that have had a concrete impact on the respect for health-care personnel and facilities and medical transports?*

*What concrete actions are you **planning to take** over the next four years to address the issue of improving the safe delivery and access to health care in your context? (please share proposed pledges on this issue)*

*How do we promote and encourage **sharing of good practices** among the actors who are working on this issue?*

*How do we **further mobilize other relevant actors** at the national, regional and international levels and ensure their continued engagement on this issue?*

## Practical details

There will be two sessions of this plenary commission; both will use the same guiding questions and format. The only difference will be the panel members and language groupings.

### Timing and rooms:

- Session 1: Tuesday, 8 December, 3 p.m. – 5 p.m., room 1
- Session 2: Wednesday, 9 December, 1:30 p.m. – 3.30 p.m., room 2

### Language groupings:

- Session 1: English, French, Arabic
- Session 2: English, Spanish, Russian

### Format:

Please note that **no PowerPoint presentations** will be allowed, and contributions will be limited to **three minutes** per speaker, or **5 minutes if speaking on behalf of a group**.

## Links to official working documents

"Health Care in Danger: Continuing to protect the delivery of health care together" draft resolution and background report

<http://rcrcconference.org/international-conference/documents/>

Model pledges on Health Care in Danger – 32nd International Conference

<http://rcrcconference.org/tag/model-pledge/>