



Report on the work of Commission D:

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

8 December 2015, 3:00 p.m. – 5:00 p.m. and 9 December 2015, 1:30 p.m. – 3:30 p.m.

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

Rapporteur: Louise McCosker, Movement Adviser, Health Care in Danger project, International Committee of the Red Cross (ICRC)

Panellists:

H.E. Steffen Kongstad, Ambassador and Permanent Representative to the United Nations and other international organizations in Geneva, Norwegian Permanent Mission (session 1)

Dr Luis Fernando Correa, Director of Territorial Management, Emergency and Disasters, Ministry of Health and Social Protection, Republic of Colombia (session 2)

Dr Hazem Bakleh, Medical Director, Syrian Arab Red Crescent (session 1)

Ulrika Årehed Kågström, Secretary-General, Swedish Red Cross (session 2)

Dr Xavier Deau, President, World Medical Association (session 1)

Dr Otmar Kloiber, Secretary-General, World Medical Association (session 2)

Pascale Meige, Deputy Director of Operations, ICRC (sessions 1 and 2)

Panel discussion

- A continued focus on this issue is vital: people in urgent need of medical care need assistance, and patients and health-care workers, facilities and transports continue to be subjected to violence.
- The issue is relevant in all contexts: emergency health-care workers operating in peaceful contexts are also exposed to violence and abuse, often coming from patients and their families.
- Significant progress has been made since the last International Conference, in 2011, with the development of a wide range of recommendations generated from experts' workshops on a number of issues. Good practices are starting to emerge and are being shared with relevant stakeholders; the focus now needs to be on implementation at the local, national and regional levels. This Conference is important for generating action and commitments in this regard.
- Implementation of international humanitarian law (IHL) in general, and States' commitment to IHL enforcement in particular, are of paramount importance.
- It is important to continue coordinating responses on the ground with a wide range of people and organizations across the different sectors.
- The need for health-care workers to maintain their independence, neutrality and impartiality and perform their duties in line with the ethical principles of their profession was highlighted.

- Establishing mechanisms to monitor and analyse incidents of violence against patients and personnel, facilities and transport involved in providing medical care is crucial to be able to design better and culturally sensitive responses to violence. Gender and diversity are important considerations, as is the role of the community.
- National implementation needs to be mindful of local contexts; no one solution fits all.
- The community of concern – a loose association of States, the International Red Cross and Red Crescent Movement, professional health-care associations, and civil society – needs to become a community of action, because coordinating and sharing information on good practices, approaches and lessons learnt will be key in the coming years.
- The ICRC's leadership on the Movement-wide Health Care in Danger project has been crucial in bringing together a wide range of people and organizations and getting them to work together. Sustained efforts should continue in the years to come so that violence against healthcare can be addressed collectively as an issue of grave concern.

Discussion highlights

- A number of participants spoke of the casualties among health-care workers and volunteers and of the attack on the MSF hospital in Kunduz as striking examples of the urgency of the issue and the need for all parties to conflicts to respect IHL.
- While significant progress has been made since the last International Conference, in 2011, there was a concerted call for further action, particularly at the local level, and by all stakeholders, including States, Movement components, health-care organizations, armed actors, community leaders and civil society.
- The 37 contributions, including from the International Federation of Red Cross and Red Crescent Societies, States, National Societies and health-care organizations, spoke strongly of a wide range of measures that are being undertaken or planned. Many of the future actions are set out in pledges coming out of this International Conference.
- These contributions highlighted a number of key points:
 - Preventive measures are essential.
 - Community ownership and providing high-quality health services are important factors in ensuring the safe delivery of health care.
 - Gender, diversity and cultural awareness need to be considered as they have an impact on safe access to and provision of health care.
 - It is important to adhere to the Fundamental Principles and, for health-care personnel, to strictly abide by ethical principles of health care, which apply equally in times of peace and in times of conflict.
 - It is crucial to have good data collection and establish observatories or put in place other mechanisms to monitor attacks on health care delivery, in order to ensure the proper responses and interventions are carried out.
 - There is no expiration date on the demand for safe access to health care and it is a call directed to all and sundry – the poor and rich nations, those who live in conflict and those who are fortunate to live in peace – as we all have a role to play.
 - There is also no one solution that fits all contexts or issues; the contributions indicated that the most effective measures are those that are locally adapted.
 - The challenge ahead is to move from a community of concern to a community of action.

(Signed) Ambassador NKM Seleka