



## Protection of Health Services

Proposed by SCORP-D

### Summary

Whenever a patient, a nurse, a doctor or any other person in need or health professional is hurt, this has not only direct consequences for the affected and their health. Every violent incident, be it threatened or actual violence, causes ripples across the delivery of health in the whole of the surroundings. This disruption restricts the access to health and is therefore a violation of human rights [1]. In fact, violence against health workers and health facilities is a crime under International Humanitarian Law.

Until today, scientific and neutrally gathered data on the incidence of disruptions in the health sector due to violence remains limited. Thus, there is a great need for further research in the field. The international students call for more neutral reports and intensified research on the topic of health sector safety. For years, IFMSA has been advocating for a safer environment for patients and health workers. In this tradition is it that we act and call upon the international community as well as local actors to remain vigilant about the topic of how safe health delivery is today and where safety remains an issue.

### Introduction

“The safety of facilities and of health care workers must be sacrosanct.” [2]

Director General Dr. Margaret Chan

The protection of health services (comprising health care personnel, medical vehicles and medical facilities) is vital for universal health care. If the delivery of health care is disrupted through direct or threatened violence, access to health care is restricted. In consequence it results in adverse health effects and possibly loss of life. This is a fundamental contrast to health as a human right. Furthermore, inadequate protection of health services is a direct infringement of International Humanitarian Law. This holds especially true in life threatening circumstances [3].

The international community recognizes “the growing consequences of violence for health care services everywhere and its detrimental effect on scarce health care resources for countries and communities” [4]. Nevertheless, a safe work environment for health care workers cannot be provided to date. In the light of today’s conflicts, this problem seems more urgent today than ever before: In many countries in the world, such as Syria, the Central African Republic, Pakistan or South Sudan, the health sector is under constant attack. The problem of violence towards health services, though, is not limited to countries of conflict. In any area of the world, whether conflict or



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non-conflict zone, the delivery of health care should be protected by authorities and the neutrality of health workers should be respected by every individual, be it fighter, military, civilian or government.

In order to better understand trends in violence towards health services, and thereby in order to address the issue effectively, there is a need for actual and accurate data on the current situation. Today, scientific data on the topic is only limited. On one hand, this is due to the nature of the topic (assessment in areas of conflict is not always possible), but on the other hand it is because this need is not sufficiently prioritized.

It is not justifiable, that the complexity of the issue hinders the much needed work on the matter. This intricacy can be exemplarily shown in dissecting the resulting problems of violence towards health workers and analyzing the possible violence itself:

Violence restricts access to health through

- direct interaction with health services.
- the flight of health workers from a certain area, be it in conflict or non-conflict zones.
- the constraint on medical supplies.
- the constraint on vaccination campaigns.
- the reduced amount of (future) health professionals working in the area of health in general or humanitarian help especially, because they seek a safer career.

Violence itself can occur

- actual or threatened.
- deliberate or accidental.
- against patients, medical personnel, medical facilities or medical vehicles.
- in crises and conflict zones as well as in non-crisis situations.

Moreover, this violence can be a mere symptom of the underlying issues that interfere with the delivery of health care and the attainment of the best possible health. Amongst others, the root causes can be instable governments, social inequality, reduced access to education and many more.



## IMFSA's Stance

In order to advance the protection of health services and patients and by these means reach better health for all, there is a broad range of actions to be taken by a number of different actors. Among them, we call for the most important:

### All Parties

- recognize violence against the health sector as a problem
- respect International Humanitarian Law & human rights
- secure access to health care and the safety of the involved personnel, vehicles and facilities
- gather data on violence against the health sector in and out of conflict zones
- highlight the occurrence of violence towards the health sector in reports on the health situation during disasters

### Health Sector (Including Medical Students)

- take up own responsibilities [5], such as adhering to the Declaration of Geneva [6] and treat every person in need according to his/her personal needs, not discriminating between “age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between duty and patient” [6].
- promote International Humanitarian Law, human rights and the Declaration of Geneva
- advocate the issue of the need for better health services protection
- “promote the inclusion of disaster risk reduction knowledge in relevant sections of school curricula” [7]
- raise awareness on the topic among medical students, medical professionals as well as society

## References

- [1] “The Universal Declaration of Human Rights.” 2014. Accessed January 30.  
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- [5] Robin Coupland, and Alex Breitegger. 2012. Health Care in Danger - The Responsibilities of Health-Care Personnel Working in Armed Conflicts and Other Emergencies. Geneva, Switzerland: ICRC.



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- [7] World Conference on Disaster Reduction. 2005. "Hyogo Framework for Action 2005-2015". UNISDR. [http://www.unisdr.org/files/1037\\_hyogoframeworkforactionenglish.pdf](http://www.unisdr.org/files/1037_hyogoframeworkforactionenglish.pdf)

