



IFMSA Policy Document

Protection of Health Services

Proposed by Team of Officials

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Policy Statement

Introduction

Whenever a patient, a nurse, a doctor or any other component of a health care system is attacked, be it threats or actual violence, it has not only direct consequences for the affected and their health, but also on the health of the served populations, causing ripples across the delivery of health care. This disruption restricts the access to health care and is therefore a violation of human rights. In fact, violence against health services is a crime under the International Humanitarian Law and International Human Rights Law, causing significant disruption, destruction and death.

IFMSA position

IFMSA recognises the importance of International Humanitarian Law (IHL) and the protection of health services (comprising health care personnel, medical vehicles and medical facilities), so that the right to health can be respected, protected and fulfilled. To advance the protection of health services and civilians, and reach better health for all, there is a broad range of concrete actions to be taken by a number of different actors.

Call to action

Therefore, IFMSA calls for:

All Parties to:

- recognize violence against the health sector as a crime under the IHL, respect and act in accordance to IHL and International Human Rights Law
- secure the safety of health care personnel, vehicles and facilities in order to protect the access to health care
- gather data on violence against health services, in and out of conflict zones
- highlight the occurrence of violence towards the health sector in reports on the health situation during disasters and emergencies

Governments to:

- respect, adhere and act in accordance to IHL, International Human Rights Law and relevant regional and national treaties
- implement UN Security Council resolution 2286 and all previously adopted Security Council resolutions on protection of civilians in armed conflict, act in accordance to UN Secretary General's recommendations for the implementation of SC resolution 2286 (S/2016/722)
- take concrete steps to ensure protection of health services during times of armed conflicts as well as during times without active armed conflicts, regularly report on country's situation
- initiate independent fact-finding commissions in cases of possible attacks against health services and demand accountability for perpetrators
- train military and law enforcement entities to adhere to IHL and their responsibilities, reach out to armed groups acting within country's territory to raise awareness about IHL and rules of war
- provide legal support and ensure health care, psychological and social support for victims of attacks on health care



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- develop and implement specific measures to ensure the continuity of health services in case of a sudden disruption
- support international organisations, national and local non-governmental organisations to play a safe, active role in documenting attacks

International organisations and non-governmental organisations (NGOs) to:

- United Nations to take concrete steps to strengthen accountability mechanisms and end impunity
- UN Security Council to hold briefings on specific country and conflict situations and initiate fact-finding investigations where warranted
- World Health Organisation to foster its global leadership in surveillance and collection of data on attacks on health services
- conduct research and data collection on the epidemiology and consequences of attacks on health services
- reach out to armed groups to raise awareness about IHL and rules of war
- advocate for protection of health services and ending impunity of such attacks against health care
- initiate and advance multi-sectoral cooperation to develop strategies for effective prevention of such violence
- provide legal support and ensure proper health care, psychological and social support for victims
- organise and/or participate in campaigns to raise awareness about attacks on health services and protection of health services; gather public support for advocacy actions
- reach out to and cooperate with youth-led organisations, such as IFMSA, on global, regional and national levels

The health sector and medical schools to:

- take up own responsibilities, such as adhering to the Declaration of Geneva, WMA Regulations in Times of Armed Conflict and Other Situations of Violence and Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies and treat every person in need according to their personal needs, not discriminating between age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexuality, social standing or any other factor to intervene between duty and patient
- promote and act in accordance with IHL, International Human Rights Law and the Declaration of Geneva
- train healthcare workers to effectively manage situations when under an attack, and on prevention of such attacks
- health care providers to take effective steps and implement policies to safeguard their employees and patients
- medical schools to incorporate IHL and Protection of Health Services content into medical schools' curricula, offer voluntary courses on safety of health care workers
- raise awareness on the topic among medical students, medical professionals as well as society

IFMSA National Member Organisations (NMOs) and medical students to:

- actively work on the topic, raise awareness of the protection of health services, its violations, consequences and ways of prevention
- empower medical students to invest time and resources into education on IHL, disaster medicine and humanitarian action
- share best practices and projects with other NMOs, as well as collaborating with them on projects and advocacy campaigns
- enroll activities working on the topic of protection of health services under the IFMSA Emergencies, Disaster Risk and Humanitarian Action Program

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- join international campaigns and advocacy initiatives organised by IFMSA or external partners of IFMSA

Position Paper

Summary

“The safety of facilities and of health care workers must be sacrosanct.” [1] WHO Director General Dr. Margaret Chan

The World Health Organisation's Constitution defines the right to health as "the enjoyment of the highest attainable standard of health" [2]. Attacks on and interferences with health services, providers, facilities and transports are indubitable threat to safe and full access to health care, therefore are a violation of the right to health.

Violence against health services in conflicts and other emergencies has become a tragic reality of modern era. Despite the fact that International Humanitarian Law (IHL) explicitly states that personnel engaging in provision of health care must always be respected and protected, attacks on health care occur on a daily basis. We have witnessed frequent and repeated attacks against health services, in some cases even of systematic nature. Almost 370 health care workers lost their lives and more than 468 were injured in more than 198 attacks against health care in first three quarters of 2016. [3]. These attacks place a heavy burden on fragile health-care systems already affected by conflicts. These atrocities were committed by state military and police forces, law enforcement entities as well as by armed groups [4]. 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, Yemen, Nigeria, Somalia, Pakistan or South Sudan, the health sector is under constant attack.

Complexity of violence against healthcare

It is not justifiable, that the scale and complexity of the issue hinders the much needed action to strengthen protection of health services. This intricacy can be exemplary shown in dissecting the resulting problems of violence towards health workers and analyzing the possible violence itself:

Violence itself can occur:

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

Violence against health services restricts access to health care 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 and public health measures
- 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

It is also important to recognise that the problem of violence towards health services is not limited to countries of conflict. In many countries without active armed conflicts, the safe delivery of health care is endangered by the lack of respect for healthcare workers, who often face threats, insults and violence. In any area of the world, whether conflict or non-conflict zone, the delivery of health care

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should be protected by authorities and the neutrality of health workers should be respected by every individual, be it a combatant, civilian or government.

It's also necessary to take into consideration different conditions that may exist due to gender differences and take into account the importance of endorsing a gender and diversity perspective. In roles that are disproportionately male (eg. ambulance drivers) or female (eg. nurses), it is unclear whether and to what extent risks associated with these positions are exacerbated or mitigated by one's gender. Adequate sex- and age-disaggregated data on violence against health care is generally lacking, which restrains proper risk analyses to inform appropriate and effective relief strategies. [5]

Health workers themselves often lack proper knowledge and awareness of their rights and duties in the field. The perception of violence is often subjective and unclear. Very often health workers are unable to recognize signs of imminent threat or escalation of the situation and do not have proper experience and resources to de-escalate the situation and avoid violence. In cases of committed attacks and violations of IHL, health workers face various obstacles to report and document these cases. Among various reasons, they sometimes lack specific guidelines for documentation of these incidents or they are afraid to report such cases due to possible consequences from perpetrators.

In order to better understand trends in violence towards health services, which is necessary to address the issue effectively, there is a need for data to be collected. In recent years, various actors began to augment their data collection activities to ensure better understanding and documentation of these incidents. These data and surveillance are used to develop measures improving the security of health services, to strengthen accountability mechanisms and legal frameworks for protection. But despite all efforts taken, the knowledge gap is alarmingly big. Scientific and neutrally gathered disaggregated data on the incidence of disruptions in the health sector due to violence remains limited. On one hand, this is due to the nature of the topic (assessment in areas of conflict is not always possible or feasible), but on the other hand, more data could be collected if sufficiently prioritized among other global health topics. 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 unstable governments, social inequality, reduced access to education and many more.

Strengthening frameworks for protection of health services

The international community recognizes "the growing consequences of violence for health care services everywhere and its detrimental effect on scarce healthcare resources for countries and communities" [6]. Emerging situation pushed responsible organs to act to strengthen protection of health services. In May 2016 the United Nations Security Council unanimously adopted a resolution 2286 on healthcare in armed conflict, strongly condemning attacks against health services and calling for an end to impunity for those responsible for such attacks [7]. Although resolution 2286 was a welcomed milestone, much hasn't been done for full implementation of this resolution and in fact, much hasn't changed.

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 which must be taken by a number of different actors. UN Security Council must continue to build on its resolution and members states must work on full implementation of 2286. During armed conflicts, warring parties must verify that the objectives to be attacked are never civilian objects and are not subject to special protection (as health services). Measures to strengthen protection of health services in conflict and non-conflict situations must be implemented at the national levels, and an effective system for bringing responsible perpetrators to justice must be installed.

Role of medical students

Today's generation of young people and adolescents is the largest the world has ever seen. Youth and adolescents make up 1,8 billion of the world's population [8]. United Nations Security Council



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recognised in their resolution 2250 on youth, peace and security that young people are the important and positive contribution in efforts for the maintenance and promotion of peace and security [9]. Medical students are the future of global health workforce, therefore a stakeholder with relevant opinion and significant responsibilities towards development of protection of health services. IFMSA aspires to become a leading youth organisation in advocating for protection of health services. We have been active in this field for a longer time, and we welcomed the adoption of UN Security Council resolution 2286. We will continue and improve our advocacy activities, reaching out from global level to regional and national frameworks, trying to empower NMOs to join our global movement.

NMOs should actively working towards full implementation and respect of the IHL. NMOs should actively work in the topic through activities and projects aimed to raise awareness of the issue, its implications and consequences on health of communities. NMOs and local committees should invest time and resources to empower their members to develop or enroll international projects and initiatives in this topic. Taking into consideration the complexity as well as differences between specific country situations, NMOs should reach out to collaborate with other NMOs or external partners. In order to see current situation and data on IFMSA's and NMOs' activities in this field, NMOs should enroll their activities under the Emergencies, Disaster Risk and Humanitarian Action Program.

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