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International Federation of
Medical Students' Associations

IFMSA Policy Document Protection of Health Services

Proposed by Team of Officials

Presented to the IFMSA General Assembly March Meeting 2020, in Rwanda.

Policy Statement

Introduction:

Health services are a component of the fundamental structure on which a society functions, working towards the cause of servitude and well-being of all of its communities and people. When health services are compromised in any form of violence, threats, or other causes of danger - for example, in times of conflict or in its quotidian functioning - all sectors of society and its individuals are in danger. Therefore, the International Humanitarian Law prohibits violence on any health care institution. It is extremely important to protect our health care systems against violence and threats to preserve and protect the fundamental structure of society, with the ultimate principle of being a safe haven for servitude of all people.

IFMSA position

The IFMSA recognises the importance of the International Humanitarian Law (IHL) and the protection of health services (comprising health care personnel, medical vehicles, medical facilities, patients, civilians and circumscribing every other individual integrated into the system), so that the right to health can be respected, protected and fulfilled. To promote and safeguard the health services and all it comprises, a comprehensive, intersectoral and intercollaborative approach towards the prevention of the attacks on the healthcare system needs to be formulated in the form of concrete actions by the relevant stakeholders.

Call to action:

IFMSA urges all parties to uphold themselves to act in accordance with International Human Rights Law, and implement strategies to avoid threats to the functional integrity of the health sector. Furthermore, we call:

Governments to:

- 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)
- Follow up on the implementation of the Call to Action in UN Security Council resolution 2286 by reinforcing exchanges between States and civil society on information, experiences, best practices and measures taken for the implementation of international humanitarian law and principled humanitarian action as an example and the flow of experience within MOFAs
- Keep proactiveness about the call by voluntarily participating in meetings open to all interested states and the civil society, to be organized and hosted
- Utilise reports and information to innovate and develop realistic and actionable strategies to ensure protection of health services during times of armed conflicts as well as during times without active armed conflicts and 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, reach out to armed groups within the country's territory to raise awareness about IHL and rules of war.
- Provide legal, psychological and social support for all the victims subjected to attacks on healthcare.
- Support International organizations, national and local Non-Governmental organizations to play a safe and active role in documenting the attacks on healthcare.



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United Nations and World Health Organization to:

- Implement innovative strategies to strengthen accountability mechanisms and end impunity.
- Hold briefings on specific countries and conflict situations and initiate fact-finding investigations where warranted.
- Foster their global leadership in surveillance and collection of data on attacks on health services.
- Disseminate innovative strategies, initiatives and recommendations in protecting health workers, health services, and health infrastructure.

International organizations and Non-Governmental organizations to:

- Gather and report data and information on violence against health services in all contexts in which they may be under threat in collaboration with the UN and publicise reports, occurrences and information about violence and threats towards health services.
- Initiate and advance multi-sectoral cooperation for effective prevention of such violence.
- Provide legal support and ensure proper health care, psychological and social support for victims of violence.
- Organise and participate in campaigns to advocate and raise awareness about attacks on health services and protection of health services and gather public support for advocacy actions.

Health Sector Organisations and Medical Education Institutions to:

- Train medical staff and medical students to effectively manage situations when under attack, to protect oneself against threats to healthcare and how to advocate effectively on ensuring protection, safety, and integrity of the health service infrastructure.
- Take effective steps and implement policies to safeguard their employees and patients against attacks on healthcare
- Incorporate IHL and Protection of Health Services content into medical schools' curricula, and offer voluntary courses on safety of health care workers.

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

- Facilitate opportunities in student leadership, professional development and education on the protection of healthcare infrastructure and services locally.
- Collaborate with other NMOs on appropriate and relevant advocacy campaigns for the protection of healthcare services, and sharing internal organisational infrastructure information to assist other NMOs to develop frameworks of engaging medical students in issues surrounding the protection of health services.
- Enroll activities working on the topic of protection of health services under the IFMSA Emergencies, Disaster Risk and Humanitarian Action Program
- Hold workshops on Health Care in Danger and encourage members to attend them to learn more about attacks on health and the protection of health services.
- Strengthen the collaboration with the ICRC by working with the local offices in the HCiD initiative.
- Strengthening the impact of the support provided by the United Nations system for the rule of law that is chiefly through the use of planning, assessment and evaluation tools.



POSITION PAPER

Background Information

WHO defines an attack on health care as any act of verbal or physical violence or obstruction or threat of violence that interferes with the availability, access and delivery of curative and/or preventive health services during emergencies [1], and as stated by the ICRC, violence can disrupt the health-care system when people need it the most [2]. Therefore, as attacks on health services, providers, facilities and transportation pose indubitable threats to safe and full access to health care, these attacks are violations on the right to health. In 2018 the Safeguarding Health in Conflict Coalition documented a total of 973 attacks on health in 23 countries in conflict. At least 167 workers died in attacks in 17 countries, and at least 710 were injured. In 15 countries, hospitals and clinics were bombed and burned. The number of reported attacks on health care had increased significantly from the previous year [3].

The impact of attacks on health care may seem obvious in terms of measurable parameters, such as facilities damaged and human lives lost. However, when health care is under attack, the overall impact on the health of the population who would have otherwise benefited from health care is incalculable. Moreover, attacks on health care is depriving people of needed care, endangering health care providers, and is undermining long-term goals relating to public health as well as entire health systems [4]. The prevalence of health care workers being prevented from doing their medical duties presents an immense challenge, and for wounded and sick people in need of treatment, it is a matter of life or death [5]. Therefore, attacks on health care inevitably contribute to the deterioration of the health and wellbeing of those affected [6].

According to the International Committee of the Red Cross, health care workers come under attack everyday while trying to save lives in armed conflict areas. Health providers face violence in multiple ways, including threats, arrests and beatings, while some are unable to fulfill their work duties when medical supplies cannot get through, or their hospital is looted or bombed. Some are even forced to flee for safety [5]. Nevertheless, although the dialogue surrounding the violence against health care tends to center around the violence against the provision of health care that takes place in armed conflict, this is also a phenomenon that occurs in times of peace. According to WHO, this is exemplified through the fact that up to 38% of health workers suffer physical violence at some point in their careers, and many more are threatened or exposed to verbal aggression [6].

Discussion

Complexity of violence against healthcare
Too many healthcare professionals as doctors, nurses and even para-medicals have suffered violence daily in crises, emergencies, conflict zones as well as in non crises as well as peacetime situations. In 2018, 70 % of non-fatal workplace assaults occur in healthcare and social assistance sectors and healthcare providers were often the target. In fact, Healthcare workers are nearly 5 times more likely to be assaulted than the rest of the population labor force. Over a Decade, rates of Violence rose by 123 % in Hospitals and doubled in Psychiatric and Substance Use Treatment Facilities. [7]

Violence in healthcare may take a variety of forms, ranging from verbal aggression to physical assault, including the use of deadly weapons against physicians, other workers, and patients. It is therefore associated with a variety of risks for patient and worker safety as well as organizational liability. In addition to physical harm, Individuals who experience or witness violence in the healthcare workplace are at risk for emotional consequences that can lead to time away from work, burnout, job dissatisfaction, and decreased productivity. These and other consequences compromise both worker and patient safety [8]



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Violence towards Health Services is not limited to countries of conflict only, In many countries without active armed conflicts, the safe delivery of health care is endangered by the lack of respect towards healthcare workers, who often face threats, insults, physical and emotional violence. In any area of the world, whether conflict or non-conflict zone, Safe access and delivery of healthcare should be protected by authorities and the neutrality of health workers should be respected by every individual, be it a combatant, civilian or government [9].

However, Health care workers themselves often lack proper knowledge and awareness of their rights and duties in this field. The perception of violence is often subjective and unclear. Healthcare workers often are unable to recognize signs of imminent threat or escalation of the situation in addition they do not have proper training and experience to de-escalate the situation and avoid violence. In cases of committed attacks and violations of IHL. They usually face various obstacles to report and document these cases, their efforts sometimes may be stymied with failure of victims to report these violent incidents because many healthcare workers believe that violence is **“part of the job.”** 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.

Also, we should take into consideration other conditions that may exist as a trigger of these violence attacks as gender differences. Accordingly, we should take into account the importance of endorsing a gender and diversity perspective. Therefore, roles should be equally distributed between both genders. As it's in some communities where roles are specified for only one gender as ambulance drivers (males) and nurses (females). However, It is unclear whether and to what extent risks associated with these conditions 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.

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 to improve the security of health services, to strengthen accountability mechanisms and legal frameworks for protection. 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 healthcare 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.

Research and data collection in attack on health

International studies have confirmed a global consensus that attacks on health threaten the sanctity of health care, disrespect the right to health care, and violate international humanitarian law. [16] Research on attack on health should be carried out with an aim to improve the understanding of the nature, frequency, scale, and impact of attacks on healthcare through improved data collection and analysis.

Raising awareness on the severity and impact of attack on healthcare is crucial. This needs to be done by having appropriate evidence gathering mechanisms. However, existing evidence is largely focused on reporting incidents and its immediate impacts. The long term and wider effects of attacks on healthcare as well as broader public health outcomes are often neglected. By comparing multiple data sources, it is revealed that there is minimal overlap and inconsistent terminology and criteria, which limit the ability to compare the datasets[10].



Some important lessons can be drawn from ICRC's Health Care in Danger initiative, MSF's Medical Care Under Fire campaign, and other organizations such as Physicians for Human Rights, which has recently documented mass atrocities in the Syrian Arab Republic as well as the impact of the Syrian conflict on the health sector. Comprehensive databases have been set up by independent research organizations. However, even these do not currently provide health-specific data. The absence of baseline and routine data relating to attacks on health workers and health facilities makes it difficult to identify actual rising trends. Most of the available data sources do not capture violence on local health workers, who seem to bear the brunt of most attacks. Data disaggregated by sex is also lacking.

These gaps in the evidence seem incongruous in an era of increasingly accessible and globalized data. Many factors inhibit systematic data collection: poor or non-existent data collection by those in the field (for a variety of reasons ranging from security risks to insufficient research capacity); bias in data collection; insufficient research funding for the topic; and a lack of developed method. The mandates of some prominent non-governmental organizations (NGOs) and international organizations may not allow the collection or sharing of such data as well. [11]

Collection of data on a national scale is the best way to acquire in-depth knowledge and analyse violence against health care. There is immense potential of technical exchange between countries which should be considered necessary and be further explored collaboratively.

Informed decisions on how to prevent and address incidents of attacks on healthcare can be made when there is better data collection mechanisms worldwide. These worldwide mechanisms if established, can then enable the fully understanding of the magnitude of the problem, its causes and the breadth of its impact. [12]

Strengthening frameworks for the protection of health services

According to the resolution of WHA49.25, member states are called upon to recognize “the growing consequences of violence for health care services everywhere and its detrimental effect on scarce healthcare resources for countries and communities”, emphasizing that emerging critical situations worldwide has pushed responsible organs to act to strengthen the protection of health services. [13]

During the UN Security Council on 1 April 2019 in New York, the French and German Foreign Ministers presented a “Humanitarian Call for Action” during an event organized by France and Germany on the Alliance for multilateralism. [14]

The Call for Action to strengthen respect for international humanitarian law and principled humanitarian action reaffirms the urgent need to protect civilians—including health workers and the wounded and sick—during armed conflict. It identifies concrete commitments Member States can make to strengthen respect for international humanitarian law and principled humanitarian action, in particular to:

- Reinforce national frameworks to ensure domestic implementation of international humanitarian law, including to ensure health workers are not prosecuted for providing impartial medical care
- Improve knowledge on international humanitarian law
- Influence parties to an armed conflict regarding respect of international humanitarian law
- Support efforts to collect and analyze information, improve prevention and ensure accountability, including efforts to collect and analyze data on instances where harm to health workers occurred in armed conflict [15]

This Call to Action has been endorsed by 43 States-

Despite the fact that resolution 2286 was a welcomed milestone, little has been done for the full implementation, which led to little changes in reality.



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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 key 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.

States that support the norms of civilian protection and sanctity of health care can take crucial action and lead the way, notably by implementing relevant recommendations of the Secretary-General to fulfil the objectives of previous UN Resolutions (chiefly the Resolution 2286). [17] Concrete steps include:

- aligning domestic legislation with obligations under international laws
- training military personnel on protection of medical care in armed conflict
- voluntary reporting on whether states are acting in accordance with UN resolutions regarding their own laws, practices, investigations, and accountability procedures
- reporting on violations through relevant UN bodies as a mechanism to put pressure on perpetrators
- assessing the potential risks that the transfer of conventional arms might be used to commit or facilitate serious violations of IHL, where national accountability mechanisms are insufficient or inadequate
- ensuring that appropriate international accountability mechanisms are established, or existing international accountability mechanisms are utilised
- ensuring that health workers who adhere to their ethical duty of providing impartial health care do not face arbitrary arrest and prosecution, contrary to IHL

Role of medical students

In our rapidly expanding, globalized world, natural disasters, terrorist attacks and pandemics exert an ever-increasing impact locally and internationally. The high impact and fear of conflict attacks and other emergencies lead many people to question what their role should be in the wake of a disaster. For medical students whom are the future of global health workforce, this is an especially relevant question.

Violent events can and do happen, and we think being unprepared is unacceptable. Although, it's difficult to eliminate violence in healthcare settings and although there is no "one-size-fits-all" approach for prevention, there are many ways to reduce the potential of violence occurrences and to minimize the impact if violence does occur. Raising awareness and initiate dialogues about violence in healthcare among all parties in the healthcare system is one of the most basic but fundamental actions. The rights of both patients and doctors when facing violence, the way attacks on healthcare impacts the whole system and the people integrated to it, the right approach without resolution to violence are all important information to be covered in the format such as activities and seminars within health services. Ultimately, we should be promoting the ideology that health care systems are for the servitude of its people and any gross impact on its functioning in the form of violence threatens the stability of the institution of the society. Risk Managers committed to decreasing the risk of violence in their organizations will need to convene Stakeholders from various disciplines and collaborate to implement strategies, individualized according to identified risks, across the organization.

IFMSA aspires to be a leading youth organization in advocating for such a cause. Being active in such program, we welcomed the adoption of UN Security Council Resolution 2286. We not only aspire to develop and enforce comprehensive policies against Healthcare Violence, but also try to improve our advocacy activities from global level to regional and national frameworks, in an attempt to empower NMOs to join our global movement. As a member of the ICRC Health Care in Danger community of



concern, we would also like to strengthen our collaboration with external organizations and offer NMOs more resources to work on advocacy by working with the local offices of the HCiD initiative.

Working towards full implementation and respect of the IHL, NMOs should actively work in the topic through activities and projects to raise awareness of the issue, its implications and consequences on the communities.

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