CFMUNESCO 2018

COMMITTEE: International Conference of the Red Cross and Red Crescent Movement
TOPIC: The question of Health Care in Danger: continuing to protect the delivery of health care and the safety and security of humanitarian volunteers
CHAIRS: Emma Bellon, Paola Piccini

INTRODUCTION

The International Red Cross and Red Crescent Movement is the largest impartial, neutral, independent and humanitarian network in the world. Its mission is to alleviate human suffering, protect life and health, provide assistance and uphold human dignity especially during armed conflicts and other emergencies such as epidemics, floods and earthquakes. It is present in every country and supported by millions of volunteers. It is not a single organization. It is composed of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies and the 190 individual National Societies. Each has its own legal identity and role, but seven Fundamental Principles unite them all: humanity, impartiality, neutrality, independence, voluntary service, unity and universality. The ICRC's exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence. The Federation inspires, facilitates and promotes all humanitarian activities carried out by its member National Societies on behalf of the most vulnerable people. National Societies act as auxiliaries to their national authorities in the humanitarian field. They provide a range of services including disaster relief, and health and social programs.

Collapsing healthcare systems in times of conflict result in massive human and financial costs both during and after the conflict. These include excess mortality among patients with chronic diseases, permanent disabilities for people with traumatic injuries, higher rates of maternal and infant mortality, outbreaks of vaccine-preventable diseases and psychological trauma. Humanitarian agencies attempt to solve these problems with rapid life-saving activities but are often faced with issues related to access, security and funding. Development actors, with their more sustainable, long-term approach, are seldom present in the midst of conflict. The global health community needs to strengthen the respect for and protection of impartial health care services.
Volunteers, instead, 17 million of them, are the core of the International Red Cross and Red Crescent Movement. More than 1 million volunteers operate in extremely unsettled situations, in complex emergencies or in circumstances of protracted conflict. Natural disasters and health emergencies are becoming more frequent and severe, and volunteers are more necessary – to help ensure access for vulnerable people to essential services – than ever. They deserve more recognition and support, and the need for that has never been more urgent. Their safety and security, including their psychosocial and mental wellbeing, are matters of pressing concern.

KEY WORDS

Healthcare: efforts made to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals
Health-care facilities: hospitals, laboratories, clinics, first-aid posts, blood transfusion centers, and the medical and pharmaceutical stores of these facilities;
Violence against health care facilities: violence includes bombing, shelling, looting, forced entry, shooting into, encircling or other forceful interference with the running of health-care facilities;

Health-care personnel: doctors, nurses, paramedical staff including first-aiders and support staff assigned to medical functions, the administrative staff of health-care facilities and ambulance personnel;
Violence against health care personnel: violence includes killing, injuring, kidnapping, harassment, threats, intimidation, robbery and arresting people for performing their medical duties;
Volunteer: a person who voluntarily offers himself or herself for a service or undertaking

EXPLANATION OF THE TOPIC

PROTECT THE DELIVERY OF HEALTH CARE

Access to health care may vary across countries, groups and individuals, largely influenced by social and economic conditions. Countries and jurisdictions have different policies and plans in relation to the personal and population-based health care goals within their societies. According to the World Health Organization (WHO), a well-functioning health care system requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; well-maintained health facilities and logistics to deliver quality medicines and technologies.
The delivery of modern health care depends on groups of trained professionals and paraprofessionals coming together as interdisciplinary teams.
While the definitions of the various types of healthcare (primary, secondary, tertiary) vary depending on the different cultural, political, organizational and disciplinary perspectives, there appears to be some consensus that primary care constitutes the first element of a continuing health care process, that may also include the provision of secondary and tertiary levels of care.

Treating and caring for the wounded and sick in armed conflict, other major violence and natural disasters have always been bound up with the history, identity, values and reputation of the International Committee of the Red Cross. While traditional health activities (first aid, war surgery, physical rehabilitation and healthcare in detention) have lost none of their relevance, other disciplines (primary health care, comprehensive hospital care, and mental health and psychosocial support) are increasingly proving their worth. Health Care in Danger is an initiative of the International Red Cross and Red Crescent Movement to make access to health care and its delivery safer in armed conflicts or other emergencies. It calls for the respect of patients, health-care workers, facilities and transport while promoting the implementation of a series of recommendations and practical measures for the protection of health care. This initiative is also supported by a number of partners, individuals, organizations, and members of the Health Care in Danger Community of Concern.
Violence against health care in armed conflict or in other emergencies is 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 most needed. Some attacks on health-care facilities and personnel and on medical vehicles and patients, are deliberate. Others are accidental – "collateral damage" such as for instance the shelling of a health-care facility that injures patients and staff, or ambulances getting caught in a crossfire when collecting the wounded. Both – deliberate attacks and accidental damage – are often violations of international law. Health care is also disrupted by the secondary effects of violence, as healthcare staff leave their posts, hospitals run out of supplies and vaccination campaigns come to a halt. Violence can leave entire communities without access to adequate services and can have a lasting impact on their future welfare.

Since the 31st International Conference, held in Geneva from 28th November to 1st December 2011, the International Red Cross and Red Crescent Movement, States, the health-care community and

civil societies have mobilized around the Health Care in Danger project to take steps to address this issue. The project has focused on four priority issues: attacks on health-care services and patients; unlawful obstruction to the delivery of health services; discrimination in the treatment of patients; 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 twelve 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 healthcare 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 Health Organization, 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 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, among which the resolution 69/132 "Global health and foreign policy", which include the language of relevance for the protection of health-care personnel in armed conflict or other emergencies.

This issue was brought back to the 32nd International Conference, held in Geneva from 8th to10th December 2015, through a resolution ("Health Care in Danger: Continuing to protect the delivery of health care together") and a plenary commission in order to encourage continued action, particularly at the national level, bearing in mind existing roles, mandates and capacities.

PROTECT THE SAFETY AND SECURITY OF HUMANITARIAN VOLUNTEERS

An increasing number of Red Cross and Red Crescent and other humanitarian volunteers are operating within highly fragile situations, complex emergencies or protracted conflicts. Today, around the world, for example, more than one million Red Cross Red Crescent volunteers are operating in countries where there are situations of conflict. This reflects a broader pattern: 80% of United Nations humanitarian aid is being spent in countries where there is some sort of conflict. Natural disaster events, including health emergencies, are increasing in their frequency and very often severity, requiring mass mobilization of local volunteers within risky environments. The scale of humanitarian need around the world is expanding, emerging from environments that are so dangerous and highly complex that few organizations can act within them. While international attention to the dangers faced by humanitarian personnel has grown in recent years, there has been little focus on the particular risks facing local volunteers, even though they are sometimes delivering the majority of the aid and facing the greatest dangers. There is an immediate humanitarian and moral imperative to address this issue face on.

Recent research by the International Federation of Red Cross and Red Crescent Societies (International Federation) (background report of the ICRC for the 32nd Int. Conf.) has shed light on some of the particular risks faced by humanitarian volunteers including facing stigma and danger from the communities they are operating within, lacking access to all of the equipment and training they need for their roles, facing challenges in accessing affected populations, psychological distress and overall low insurance and other 'safety net' coverage rates. The research indicates there is much that can be achieved through strategies including greater investment in volunteer support structures, better provision of equipment and training, legislation, and raising awareness of the role of humanitarian volunteers.

The role of local volunteers within complex environments has been steadily increasing in recent years, in part driven by the inability of international aid actors to be able to operate in these contexts and to reach people in the most need. While involvement from international agencies may decline in

some of these contexts, there is often a marked increase in local actors most of whom engage volunteers and who often remain operating throughout the crisis. Local volunteers can sometimes enjoy much greater access to populations and in some cases, greater trust. They are from the community and are facing the same crises that the population is. They have a well-developed understanding of the people, the intricacies of the crisis, the dynamics, social and cultural norms and are connected into local knowledge networks which means they are often well informed on new developments and shifts in the context. The volunteers can also often play strong roles in building social and cultural capital and helping to form trust within the communities again. A particularly unique feature of these locally-driven responses is the scale at which they can operate. Local volunteer groups, particularly those from the Red Cross Red Crescent, can often number in the tens of thousands and are generally spread out across most parts of the country, maintaining a large infrastructure and network where most others have eroded.

The increased reliance on local volunteer groups means they are often being asked to perform much larger and more complex and technically skilled roles. The Syrian Arab Red Crescent, for instance, provides the major ambulance service in the country and the volunteers who staff the ambulances are, on an almost daily basis, providing advanced medical care to patients who have been exposed to conflict-related injuries. In Yemen volunteers provide maternal and child health care in areas cut off or besieged by conflict. And in Sierra Leone, Liberia and Guinea during the Ebola response, volunteers conducted safe and dignified burials, preserving extraordinary infection control procedures whilst providing some semblance of peace of mind to their communities. The skills required to perform these roles are significant under 'normal' circumstances but to perform them within these environments requires even greater capacity.

A significant amount of training and support is required to help prepare and support the volunteers. Many volunteers will perform a variety of functions on any given day, conducting assessments, distributing aid, delivering health campaigns, vaccinations, primary medical care and evacuation to name a few, all the while operating within tight security management frameworks.

While the value added by humanitarian volunteers – particularly in crises where no one else can help – is clear, the cost for the individual volunteers has sometimes been unacceptably high. In the first 10 months of 2015, 20 Red Cross and Red Crescent volunteers lost their lives while in the performance of their duties, and many more have been injured, detained or assaulted. Thousands have been exposed to such dramatic levels of suffering that they may never fully recover from the psychological stress. The incidences of attacks against both humanitarian staff and volunteers have been significantly increasing over recent years. In 2000 there were 41 significant attacks on aid workers recorded across the globe. By 2014, it had risen to 190. Over 3,000 aid workers have been killed, injured or kidnapped, a significant portion of which have been local volunteers. The work of local volunteers in crises and conflict needs to be acknowledged to ensure that they are properly resourced, compensated and protected, that includes adequate training, having the equipment they need to do their job, increased awareness of their role, safe access to the communities and robust personal, psychological and health support for their needs.

NATIONS AND ORGANIZATIONS INVOLVED

The ICRC usually works with the States party to the Geneva Conventions (governments), National Red Cross and Red Crescent Societies, supranational organizations (such as the European Commission), public and private sources, intergovernmental organizations (such as the specialized agencies of the United Nations) and non-governmental ones.

Deeply involved in this two issues are not only all the States mainly implied, but also some international stakeholders such as the World Health Organization, 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 International

Pharmaceutical Federation, the International Hospital Federation and the World Federation for Medical Education.
The Chairs suggest you visit the following websites to have a general idea regarding the delivery of healthcare in several nations:
https://photius.com/rankings/healthranks.html
https://reliefweb.int/topics/health
Regarding the protection of volunteers, this other site can be useful:
https://reliefweb.int/topics/safety-security

ACTIONS TAKEN

- 32nd INTERNATIONAL CONFERENCE of the ICRC (Geneva, 8-10 December 2015) Health Care in Danger: "Continuing to protect the delivery of health care together" (https://www.icrc.org/en/document/outcomes-32nd-international-conference-red-cross-and-red-crescent resolution n.4);
- Resolution 2286 (2016), adopted by the United Nations Security Council. It strongly condemns attacks against medical facilities and personnel in conflict situations (https://www.un.org/press/en/2016/sc12347.doc.htm);
- Resolution 67/138, UN General Assembly. It requests States and the UN to work together with other volunteers, involving organizations to support efforts to enhance the security and protection of volunteers (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/138);
- 32nd INTERNATIONAL CONFERENCE of the ICRC (Geneva 8-10 December 2015) "The safety and security of humanitarian volunteers" (https://www.icrc.org/en/document/outcomes-32nd-international-conference-red-cross-and-red-crescent resolution n.5);
- UN's resolution 66/67 "Tenth anniversary of the International Year of Volunteers" (https://www.unv.org/sites/default/files/A%20RES%2066%2067.pdf article 7);
- UNGA's resolution 69/133 "Safety and security of humanitarian personnel and protection of United Nations personnel" A/RES/69/133;
- UNGA's resolution 69/132 "Global health and foreign policy" A/RES/69/132

CHAIR'S SUGGESTIONS

Violence, both real and threatened, against health-care workers, facilities, beneficiaries and humanitarian volunteers must be recognized as one of the most serious and widespread humanitarian concerns of today. There is an urgent need to improve the safety of the wounded and the sick and of healthcare personnel, healthcare facilities, volunteers and medical vehicles during armed conflicts and other violence. More must be done to ensure that the wounded and the sick have timely access to health care and that the facilities and personnel to treat them are available, adequately supplied with medicines and medical equipment and security.
What needs to be done? The health-care community alone cannot address safeguarding healthcare. Primary responsibility for it lies with governments and fighters. The ICRC aims to build a community of concern for this issue to enhance respect for the law that safeguards healthcare and, at a field level, to do everything possible to ensure the safe delivery of effective and impartial health care in all contexts in which it is operational. It is also important to bear in mind that humanitarian volunteers are human beings and like every person they can suffer or be injured. Therefore, it is important to give them the necessary help in order to let them do their job the best way possible.
Healthcare and volunteers are two sides of the same coin. Do not forget that.

BEING A DELEGATE IN THE ICRC

Please note that the Conference of the Red Cross and Red Crescent Movement has a peculiarity that makes it different from all CFMUNESCO committees but, for the very same reason, absolutely stimulating.
This committee has been structured according to the actual procedures of the International Conference of the Red Cross and Red Crescent. Within CFMUNESCO ICRC, each Country is represented by two delegates from the same school, one representing the Government of the Country itself (for example France, Spain, Italy etc.) whereas the other representing the Red Cross or Red Crescent National Society of the same Country (for example the France Red Cross etc.).
Please pay attention to the Country you have been assigned since the two delegates may have different points of view on the topics on debate, therefore they can act independently from each other.
This means that:
- during preparation, both delegates have to focus on the positions they are going to represent during the debate (as a State or as a National Society) and they both can work on specific draft clauses or resolutions;
- during lobbying, both delegates can present or sign a draft resolution: the Chairs will remind them to sign the drafts with "Country name" (e.g. "FRANCE"), if representing the State, or with "Country name + NS" (e.g. "FRANCE NS"), if representing the National Society;
- during committee sessions, both delegates can actively take part in the debates by delivering speeches, presenting points and motions etc.
- during voting procedures, both delegates can cast their vote: the Chairs will take note of all the votes.
Since the ICRC is a resolution based committee, **we invite all delegates to come to the conference with some draft clauses or with a complete draft resolution**, and we recommend them to be willing to cooperate with other delegates.
The ICRC is going to be CFMUNESCO biggest committee, being composed of about 60 delegates. Thanks to the size of the committee and the double representation, the RCRC will be a great opportunity both for experienced delegates and for less experienced ones.

SOURCES

- https://www.icrc.org/en/movement;
- https://shop.icrc.org/health-activities.html?___store=default;
- https://www.icrc.org/en/document/outcomes-32nd-international-conference-red-cross-and-red-crescent;
- http://rcrcconference.org/wp-content/uploads/2015/04/32IC-HCiD-Commission-outline_EN.pdf;
- http://rcrcconference.org/international-conference/documents/;
- http://healthcareindanger.org/;
- http://healthcareindanger.org/what-can-be-done/;
- http://rcrcconference.org/2015/12/06/model-text-for-pledges-relating-to-volunteer-safety-and-security/ (this document provides some examples of potential statements and clauses that might be used in pledges to strengthening volunteer safety and security);
- http://www.who.int/whr/2000/media_centre/press_release/en/;
- http://www.who.int/whr/2007/media_centre/slides_en.pdf?ua=1;
- https://www.safeguardinghealth.org/resources (this is an important site for a global vision of the issue);
- https://tidsskriftet.no/en/2017/09/kronikk/leaving-them-behind-healthcare-services-situations-armed-conflict#ref12;
- http://rcrcconference.org/wp-content/uploads/2016/05/Volunteer-protection_Summary-EN.pdf