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Health care in situations of conflict and violence

Open briefing of the Committee to Promote Respect for International Humanitarian Law

Tuesday, 3 April 2012, 3.30 p.m. - 5.30 p.m.

Achwa, first floor, KSCC

Violence against health-care workers, facilities and beneficiaries is one of the most serious humanitarian challenges in the world today. And yet it frequently goes unrecognized.

An ICRC study based on data collected in 16 countries from mid-2008 to the end of 2010 shows patterns of violence that hinder the delivery of health care, ranging from direct attacks on patients and on medical personnel and facilities – including looting and kidnapping – to arrests and denial of access to health care.

Thus, urban fighting may prevent health-care personnel from reaching their places of work, first-aiders may be unnecessarily delayed at checkpoints, soldiers may forcibly enter a hospital to look for enemies or shield themselves from attack, and ambulances may be targeted or illegally used to carry out attacks. Whatever the context, poor security conditions in many parts of the world mean that the wounded and sick do not get the medical attention to which they are entitled.

Although acts that hinder the delivery of health care often violate basic principles of international humanitarian law and international human rights law, and although numerous efforts have been undertaken by the International Red Cross and Red Crescent Movement and other international organisations over decades to put an end to these acts, the problem nonetheless continues. Addressing it is a matter of life and death for thousands.

Why is this one of the biggest humanitarian issues today?

A single act of violence that damages a hospital or kills health-care workers has a knock-on effect, depriving many patients of treatment they would otherwise have received from the facility or workers in question. The killing of six ICRC and Red Cross nurses in Novye Atagi, Chechnya, on 17 December 1996, deprived an estimated 2,000 war-wounded per year of needed surgical care. The effect on the wounded and sick of just one violent incident directed against medical personnel or facilities may be felt by hundreds or even thousands of people.

Owing to the effects of chronic and acute threats, compounded by the persistent problem of inadequate medical services, lack of access to health care is probably one of the biggest humanitarian issues today in terms of the numbers of people affected.

What does the concept of "health care" include?

It includes:

- hospitals, clinics, first-aid posts and ambulances;
- health-care personnel, whether working in medical facilities, in ambulances or as independent practitioners;
- all persons on the premises of medical facilities, including the wounded and sick and their relatives;
- Red Cross and Red Crescent staff involved in the delivery of health care, including volunteers;
- health-oriented NGOs;
- military health-care facilities and personnel.

What can be done?

Tangible solutions exist; others need to be devised.

Some practical solutions could include for example placing transparent plastic sheeting on hospital windows to protect patients and health-care personnel from blasts or ensuring better integration of international humanitarian law (IHL) in national legislation and military doctrine.

The open briefing session will bring together experts from the ICRC and UNHCR as well as members of parliament to discuss ways and means of protecting health care in situation of conflict and violence. It will pay particular attention to the role of Parliaments in adopting laws and overseeing their enforcement as a mechanism to secure the provision of health care.