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# VIOLENCE AGAINST HEALTHCARE



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# INTRODUCTION

## **LEARNING OBJECTIVES:**

DIFFERENTIATE BETWEEN ARMED CONFLICT AND OTHER EMERGENCIES

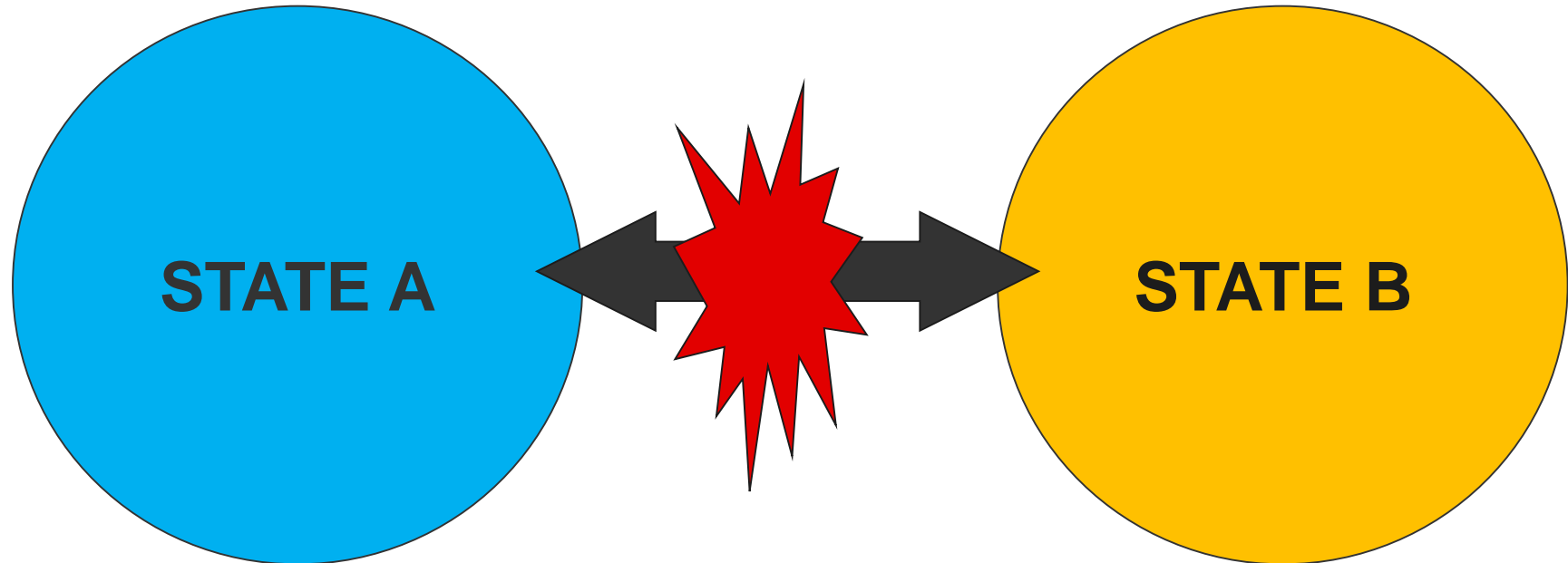
IMPACT OF ARMED CONFLICT/OTHER EMERGENCIES ON HEALTH CARE

DESCRIBE COMMON PATTERNS OF VIOLENCE ON HEALTHCARE

CHALLENGES OF HEALTH CARE DELIVERY/ACCESS IN ARMED CONFLICT AND OTHER EMERGENCIES.

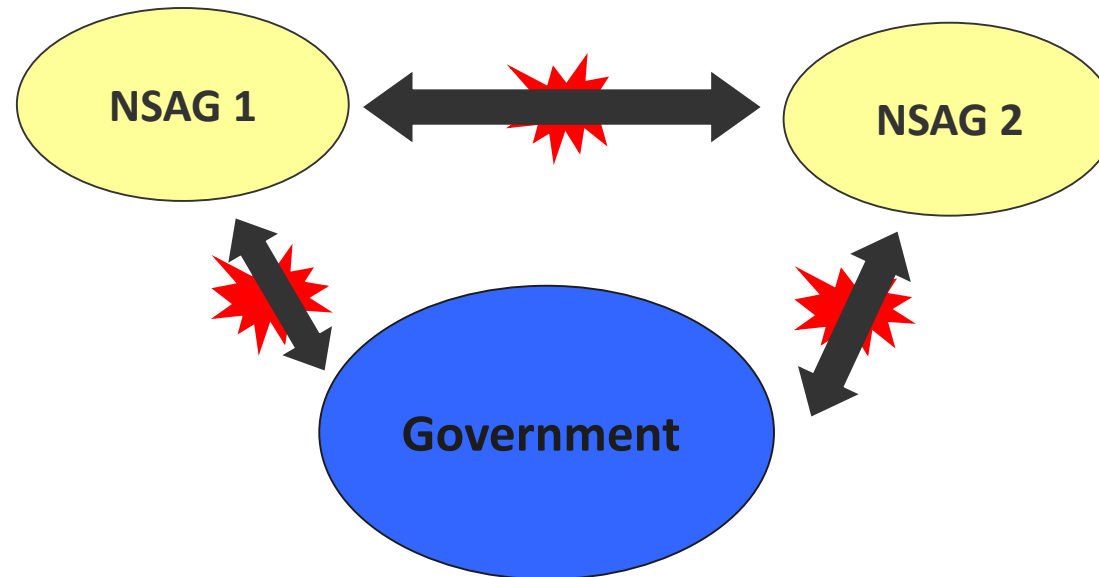
# International Armed Conflict

“Whenever there is a resort to armed force between States [no matter the intensity]”



# Non-international armed conflict

Protracted armed violence between government forces and organized armed groups or between such groups



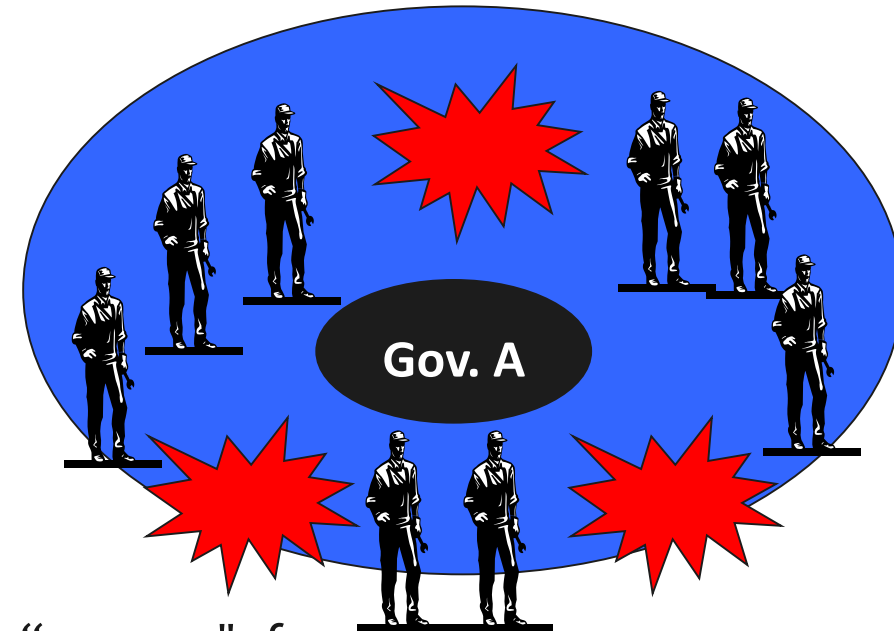
## Criteria:

1. Minimum level of organization of the parties
2. Minimum level of intensity

# OTHER EMERGENCIES

Refer generally to "internal disturbances" and "internal tensions", such as riots, isolated and sporadic acts of violence and other similar acts.

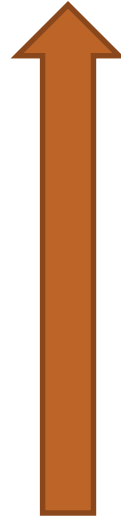
collective violence falling below the threshold of armed conflict”which has the following characteristics:



- a definite degree of violence;
- acts of violence committed by one or several large “groups ”of people;
- acts of violence that have, or may have, humanitarian consequences.

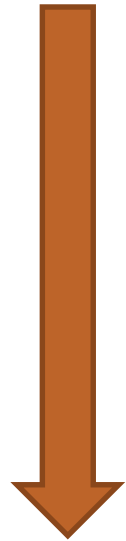
# IMPACT OF ARMED CONFLICT/OTHER EMERGENCIES ON HEALTH CARE

HEALTHCARE NEEDS



ARMED CONFLICT/OTHER EMERGENCIES

# IMPACT OF ARMED CONFLICT/OTHER EMERGENCIES ON HEALTH CARE



HEALTHCARE SERVICES

**ARMED CONFLICT/OTHER EMERGENCIES**



# HCiD Initiative

This aims at addressing issues of violence on patients, healthcare workers, medical transport and facility and to ensure the safe access to and delivery of health care in times of armed conflict and other emergencies.



# What is Violence?

..

The **intentional** use of physical force or power, threatened or actual, against **oneself**, another person, or against a group or community, which either results in or has a **high likelihood** of resulting in injury, death, psychological harm, maldevelopment, or deprivation  
(World Health Organisation).

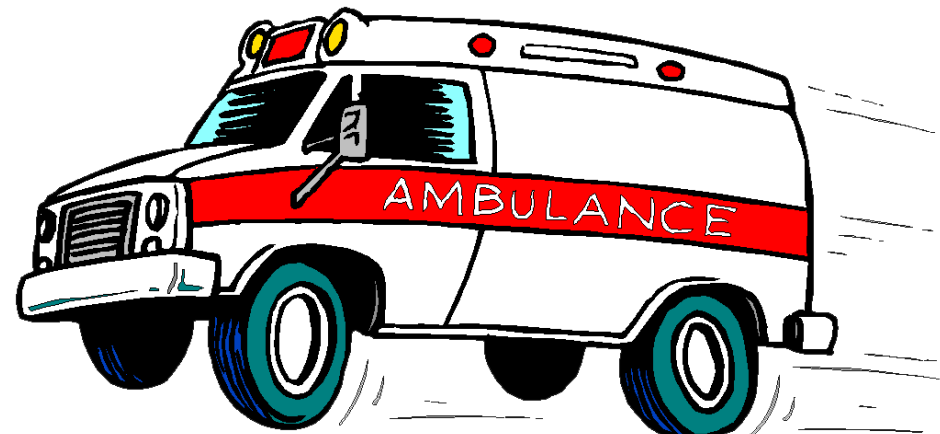
# What is **health care**?



**Military health-care facilities and personnel**

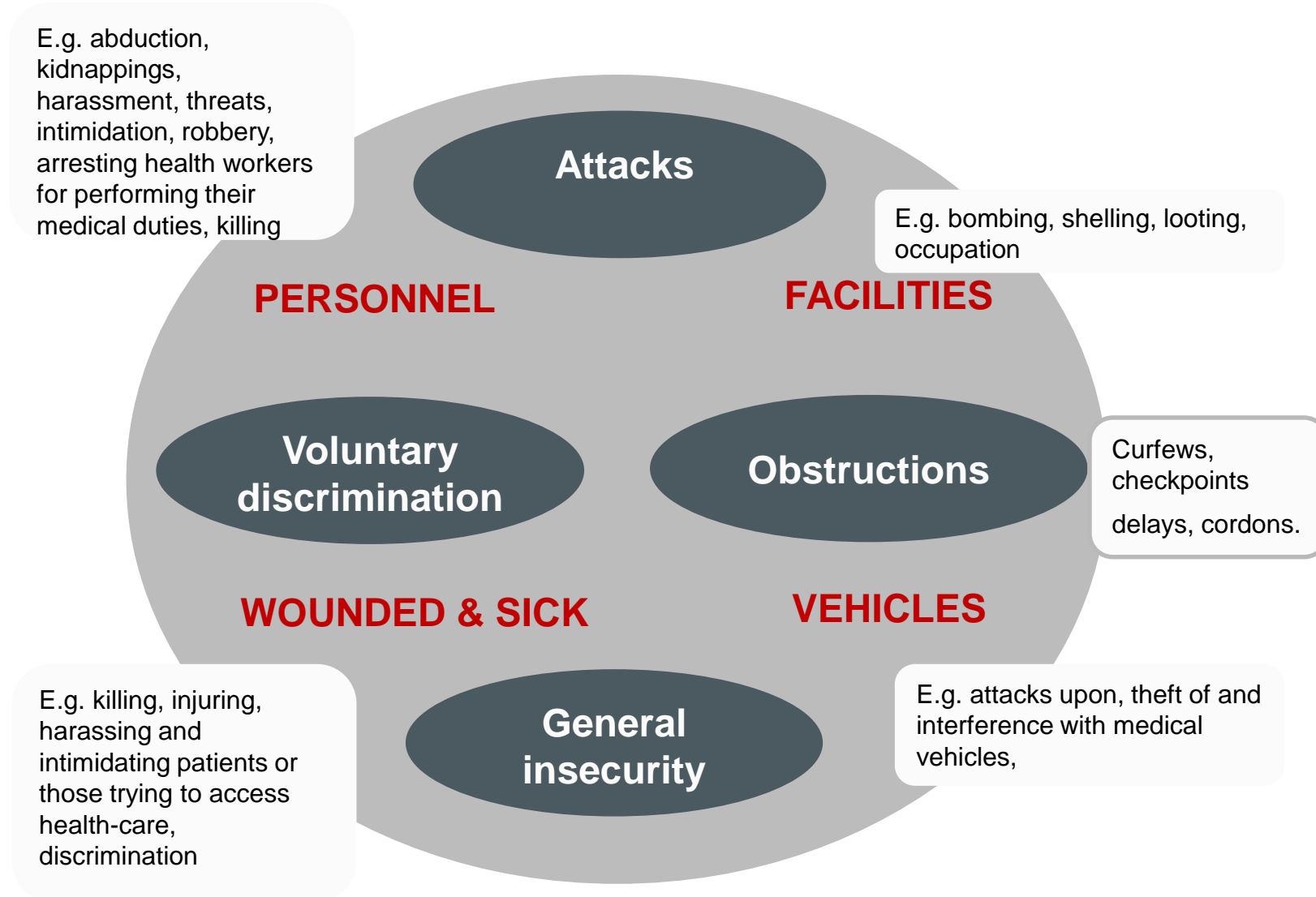


**Health-oriented NGOs**



# MAIN PATTERNS OF VIOLENCE

Findings from a 16-country study in 2008-2011 by the ICRC





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# **CHALLENGES OF HEALTH CARE DELIVERY IN ARMED CONFLICT AND OTHER EMERGENCIES.**

**Availability of health care workers in areas of armed conflict/other emergencies**

**Access to health facilities**

**Inadequate infrastructure/materials for health-care delivery**

**The application by health-care workers of professional knowledge and expertise within a relationship of trust.**

**The Authority governing the area.**

# DISCUSSION

Mr. Titus Thomas is a 45 year old man with a wife and four lovely kids. He is the sole bread winner of his family. Unfortunately he was diagnosed of Kidney failure 2 years ago and has been on dialysis (thrice weekly) which he could barely afford. Mr. Titus lives in a town called Laboe which has just been hit by civil unrest and as a result, government forces have imposed a nationwide curfew from 6pm – 6am except for essential services. Mr. Titus, has missed his weekly dialysis due to lack of money and he was hoping to go for his treatment the next day as he just received some money but unfortunately his health got worse and he needs urgent medical care.

He looks at the time, it is 11pm already!!

**Discuss the possible challenges that Titus will likely face and their possible impact**

**What is medical neutrality?**



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**Medical neutrality** refers to a principle of noninterference with medical services in times of armed conflict and civil unrest: HCWs must be allowed to care for the sick and wounded, and soldiers must receive care regardless of their political affiliations; all parties must refrain from attacking and misusing medical facilities, transport, and personnel.

**Medical neutrality** may be thought of as a kind of social contract that obligates societies to protect medical personnel in both times of war and peace, and obligates medical personnel to treat all individuals regardless of religion, race, ethnicity, or political affiliation. Violations of medical neutrality constitute crimes outlined in the Geneva Conventions





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**I DIDN'T DIE BECAUSE A BULLET  
TORE THROUGH MY ABDOMEN  
I DIDN'T DIE BECAUSE OF THE  
SLOW INCESSANT BLOOD LOSS  
I DIED BECAUSE THE PEOPLE WHO  
COULD HAVE SAVED ME WERE  
NEEDLESSLY BLOCKED AT A CHECKPOINT**

**VIOLENCE AGAINST  
HEALTH CARE MUST END**

**IT'S A  
MATTER  
OF LIFE  
& DEATH**



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# The Distinctive Emblems of the Geneva Conventions





# What are the emblems?

<https://www.youtube.com/watch?v=HhMHgYJAfHk>



# What are the emblems?

## Three emblems – one meaning

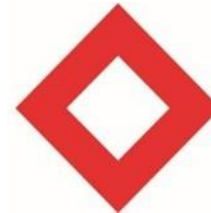
➤ red cross



➤ red crescent



➤ red crystal



**They are free of any religious association**

# How can the emblems be used in times of **armed conflict**?

The emblems can be used for **PROTECTIVE** purposes by the following entities

1. **Medical services** and religious staff of the armed forces
2. **National society medical staff, facilities and vehicles** placed at the disposal of the armed forces
3. The **ICRC** and the **International Federation of the Red Cross and Red Crescent Societies**
4. **Civilian medical personnel, units and transport** assigned by a party to the conflict to medical duties



# How can the emblems be used in times of **peace**?

The emblems can be used for **INDICATIVE** purposes by the following entities:

1. The components of the **International Red Cross and Red Crescent Movement** (national societies, International Federation, ICRC)
2. **Ambulances and first-aid stations** under specific conditions





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## Ambulances and first-aid stations:

1. In conformity with national legislation (see Geneva Conventions Act of 1960 and Nigerian Red Cross Society Act of 1960)
2. With the express permission of the National Red Cross or Red Crescent Society.
3. Exclusively assigned to the purpose of giving free treatment to the wounded and sick



# Prohibition of the misuse of the emblem

Encompasses all use of the emblem not contemplated in the Geneva Conventions. This includes:



Perfidy



Imitation



Improper use



# Alternative emblem use



**Int. symbol  
of first aid**



**Star of life**



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# Why is it important that the emblems are displayed correctly?

- Misuse of the emblems could **jeopardize their protective function during armed conflict** because the warring parties and weapon bearers may lose trust in what the emblems stand for.
- Misuse may **hamper or jeopardize the safe access** of Red Cross or Red Crescent staff and volunteers to people and communities in need during humanitarian crises.
- Misuse may also result in disrespect for the significance of the emblems.



# Regulation of the emblem in Nigeria

## **Geneva Conventions Act, 1960:**

- Prohibits anybody other than NRCS, IFRC and ICRC:
  - to use the red cross without authorization of the Minister of Defence
  - to use designs resembling the emblems without the authorization of the Minister for trademarks

## **Nigerian Red Cross Society Act, 1960:**

- Authorizes the NRCS to use the emblem
- Prohibits the fraudulent use of the emblem by persons who are not members of the NRCS



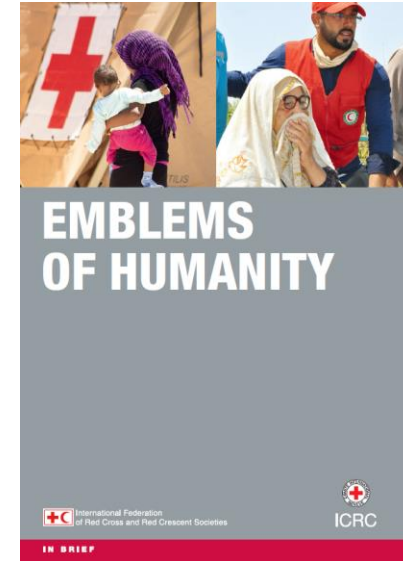
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**Members of a non state armed group set up a medical facility near the battlefield to treat its wounded, In the basement of the facility, they store weapons to be sent to the front line. A red crescent is placed on the roof of the facility. Government soldiers attack the facility without warning.**

**Discuss.**

# What tools about the emblems are available?

- ▶ Emblem toolkit – photos, Q&A, key messages, presentation, brochures (emblems of humanity and preventing misuse), survey for a perception study on the emblem, video animation, digital TV spot
  
- ▶ Emblems and logos in communication, marketing and fundraising (within Branding Toolkit)





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# **Legal framework for the protection of the medical mission in armed conflict and other emergencies**

Leonard Blazeby  
**Deputy Head of Delegation - Prevention**

# Overview

1. What do we mean by the medical mission.
2. The protection of the medical mission in armed conflict.
3. The protection of the medical mission in other emergencies

# What do we mean by the Medical Mission

The Medical mission is generally understood to consist of:

1. Wounded and Sick
2. Medical personnel
3. Medical units and transports (hospitals, clinics, ambulances, etc.)



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# **Protection of the medical Mission in Armed Conflict.**

# Who and what is protected

## In armed conflict situations:

- Wounded and sick
  - Military or civilians
  - Enjoy protection regardless of whose side they fought on.
  
- Medical personnel / units and transports
  - Military or civilian,
  - Enjoy protection provided assigned to perform **exclusively medical duties** (care and treatment of wounded and sick)
  
- Lose protection if they commit or are used to commit acts harmful to the enemy.



# General protection of wounded and sick - IHL

Wounded and sick must be **respected and protected**

## Respect:

- Must **not be attacked**.
- Must be treated **humanely**.

## Protection:

- Parties to a conflict must take all feasible measures to **search and collect** for wounded and sick
- Medical care provided required by their condition.
- **No distinction/ priority** founded on any grounds other than medical ones.
- Must not be attacked, abused or otherwise ill-treated.
- Includes an explicit prohibition of medical experiments.



# General protection of the Medical Personnel - IHL

Medical personnel must be **respected and protected**

## Respect:

- Must not be **attacked** or subjected to any form of **violence**.
- Must not be **hindered** in performing their medical duties.

## Protection:

- Shall not be **compelled to perform acts or refrain from acts** contrary to medical ethics.
- Shall **not be punished** for performing acts required by the rules of medical ethics.

Medical personnel must be provided with all the **support and assistance** they may require to perform their humanitarian functions.

# General protection of the Medical Units and Transports - IHL

Medical Units and Transports must be **respected and protected**

This generally entails that they:

- Must not be **looted, attacked** or **subjected to any form of violence**.
- Must not be arbitrarily **hindered/impeded** in discharge of their humanitarian duties.
- may not be **diverted** from their exclusive medical purpose.
- Must not be used to shield military objectives from attack, or to launch attacks.
- Must be actively **assisted and supported** to carry out their humanitarian functions.





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## Loss of protection where:

### Where medical personnel:

- Engage in hostilities
- Carry weapons other than for self defence or defence of the wounded

### Medical facilities are used to:

- Shelter able-bodied combatants
- Store ammunition or weapons
- Launch military attacks
- Transport military troops / equipment



**Even where have lost protection, they do not become immediately targetable.**



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# **Protection of the medical mission in other emergencies- Human Rights and Domestic Law.**

# General protection of the medical mission in other emergencies- IHRL

International human rights law protects medical personnel and patients from abuse of power like any other person (no special protection).

- Right to health
- Right to life
- Prohibition of torture and ill-treatment
- Prohibition of arbitrary arrest and detention and fair trial
- Freedom of movement
- Prohibition of discrimination

# General protection of the medical mission under domestic law in Nigeria

## Protection of the wounded and sick

- **NEMA Act 1999** provides for responsibility of NEMA to coordinate and facilitate assistance to sick/wounded in disasters/emergencies
- **Criminal Code Act 1916** (applicable in the South of Nigeria) criminalizes failure to provide necessities of life
- **Compulsory Treatment and Care for Victims of Gunshots Act 2017** provides for the duty to assist victims of gunshots

## Access to health-care

- The Nigerian **Constitution**
- **National Health Act 2014** prohibits medical personnel from refusing to provide emergency health care
- **African Charter (Ratification and Enforcement) Act 1983** guarantees the right to enjoy the best attainable state of physical and mental health. It also prohibits discrimination in providing health care.
- **Patients' Bill of Rights 2018**

# General protection of the medical mission under domestic law

## Protection of medical personnel

- **National Health Act 2014** obliges every health establishment to implement measures to minimize injury or damage to the person and property of health care personnel working at the establishment.

## Medical ethics and confidentiality

- The **National Health Act 2014** guarantees the confidentiality of medical information except:
  - Consent of the patient in writing
  - Disclosure required by law or court order
  - At the request of parent/guardian of child or person who is unable to give consent
  - When non-disclosure could lead to a serious threat to public health

Other Protections guaranteed by:

- Medical and Dental Practitioners Act 1998
- Nursing and Midwifery (Registration, Etc.) Act 1979
- Code of Medical Ethics in Nigeria 2004





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# Scenarios



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**If a hospital provides medical assistance to gun shot wounded members of the non- state armed groups, can it be attacked?**

*Ethically? Legally?*



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**Government forces discover that a wanted insurgent has been wounded in battle and is being treated in a civilian hospital. The forces enter the hospital and attempt to arrest the insurgent. The hospital staff attempt to explain that the insurgent is in need of additional medical treatment and cannot be taken out of the hospital, but to no avail. On the contrary, they are threatened with disciplinary punishment if they do not comply with the order of arrest.**

**Can they arrest the insurgent?**

**Do the medical personnel have any liability?**

## Articles and online resources

- ICRC, *Health Care in Danger: The responsibilities of health-care personnel working in armed conflicts and other emergencies*, 2012. <https://healthcareindanger.org/wp-content/uploads/2015/09/icrc-002-4104-the-responsibilities-health-care-personnel.pdf>.
- Alexander Breitegger, “The legal framework applicable to insecurity and violence affecting the delivery of health care in armed conflicts and other emergencies”, *International Review of the Red Cross*, Vol. 95, Issue 889, 2014. <https://www.icrc.org/international-review/violence-against-health-care-0>
- Website of Health Care in Danger Initiative: <https://healthcareindanger.org/>
- Free online course on “Violence Against Healthcare” offered by the University of Geneva: <https://www.coursera.org/learn/violence-against-healthcare>

# MODULE 3: RESPONSIBILITIES AND RIGHTS OF HEALTH-CARE WORKERS

## LEARNING OBJECTIVES

Understand their responsibilities and rights and their scope of application

# Responsibilities in Armed Conflict

## You must

- not take undue risks while discharging duties
- refuse to undertake unlawful acts or act contrary to health-care ethics
- remind authorities of obligation to search for / collect wounded and sick
- ensure practices compatible with humanitarian law, human rights law, medical ethics
- not take part in any act of hostility - if want to be protected as medical personnel under humanitarian law

# Rights of medical personnel

## **In armed conflict:**

Correspond to the protections as outlined in the previous section

## **In other emergencies:**

Healthcare professionals, the wounded and the sick enjoy same rights as everyone else as stipulated in human rights law.

# WHAT WOULD YOU DO?

You are a doctor rendering healthcare in an armed conflict context; ten wounded soldiers are brought to your mobile surgical hospital following intense fighting. Two of the wounded are enemy soldiers; one has a serious abdominal wound. A senior officer orders you not to treat the wounded enemy soldiers but attend to his officers who had minor injuries.

**Your life is not at risk, what will you do?**

**Your life is at risk, what will you do?**



# MODULE FIVE: ADDRESSING CHALLENGES OF VIOLENCE ON HEALTH CARE IN ARMED CONFLICTS AND OTHER EMERGENCIES

## **LEARNING OBJECTIVES**

Understand the challenges of violence on healthcare and the multidisciplinary approach in addressing these problems.

# Increase Awareness of Violence against Health Care and Public Respect for Health Care Workers and Services

**Public campaigns via various communication channels:**

- Radio
- Television
- Posters
- Social media etc.
- Discussions



# Developing and Strengthening Domestic Legislation

- improving legal protection for patients and health personnel and facilities
- ensuring proper use of the distinctive emblems



- providing legal protection for safeguarding medical ethics and confidentiality
- dealing effectively with violations of the rules protecting the provision of health care

# Ensuring the Preparedness and Safety of Health Care Facilities

- measures to guide the contingency-planning process;
- measures to ensure the well-being and security of staff, patients and relatives, including through psychosocial support
- measures aimed at increasing the physical security of the facility, through both passive and active measures, while maintaining access and positive perceptions;
- measures to adopt in the event of temporary relocation.

# Incorporating the protection of health care into the operational practice of armed forces and armed groups.

- Check point conduct.
- Respect of the Emblems
- Search operations in health care facilities
- Military operations in the proximity of a health care facility.
- Understanding and adherence to IHL and IHRL

# Promoting the Rights and Responsibilities of Health Care Personnel and Generating Respect and Adherence to the Ethical Principles of Health Care.

- the ethical principles of health care(IHL, IHRL, Domestic Laws, Medical Ethics)
- standards of practice
- the health needs of particularly vulnerable people
- health records and transmission of medical records
- data gathering on violence against health care.

# Promoting the Involvement of Religious and Community Leaders To Ensure Acceptance And Access

- understand the crucial role that local and international health-care workers play and the importance their work.
- use existing forums, such as conferences and workshops, to raise awareness of the importance of safeguarding health care.

# Data collection of violence on healthcare

Engaging in dialogue with concerned stakeholders to ensure the respect access to health care and protection of medical mission.

To assess the humanitarian issues

To help orient stakeholders to come up with best strategies

To inform policy makers

To make educated guesses for forecasting and planning.



# QUESTION

You are the medical officer of health in your LGA which have been faced with violations of medical neutrality during an inter communal clashe. From reports, the perpetrators include; parties to the conflict, the public and in some cases HCWs. After the conflict you intend to organize a roundtable meeting to address the above challenge.

Who are the major stakeholders you will invite?

If you had the opportunity to steer the roundtable meeting toward finding concrete recommendations to curb these challenges, what will be your direction?

Discuss how you will organize a campaign to raise the awareness of violence on healthcare in your LGA.

# THANK YOU!

## FIND US ONLINE:

[www.healthcareindanger.org](http://www.healthcareindanger.org)

[@HCIDproject](https://twitter.com/HCIDproject)

[#ProtectHealthCare](https://twitter.com/HCIDproject) [#HCID](https://twitter.com/HCIDproject)

[YouTube playlist](#)

[Campaign kit](#)

[Newsletters](#)

[AV material](#)



HEALTH IT'S A  
CARE MATTER  
IN OF LIFE  
DANGER & DEATH

TWEETS 2,030 FOLLOWING 411 FOLLOWERS 2,030 LIKES 205 LISTS 11 MOMENTS 0

HEALTH IT'S A  
CARE MATTER  
IN OF LIFE  
DANGER & DEATH

HealthCareinDanger

@HCIDproject

Working to [#protecthealthcare](#), [#HCID](#) is a [#RedCross](#) & [#RedCrescent](#) initiative led by [@ICRC](#) to improve safe access to and delivery of health care.

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CICR @CICR\_fr · 9h

Centres et personnel de [#santé](#) doivent être protégés de la violence.

Un guide pour agir : [bit.ly/2jOJOAv](https://bit.ly/2jOJOAv) [#VendrediLecture](#)

Translate from French

THE ISSUE HCID PROJECT WHAT CAN BE DONE RESOURCE CENTRE CONTACT Search

Attacks against health-care workers, hospitals and ambulances disrupt health-care services, often to a point of no return, depriving people of life-saving treatment. Violence against health care must end.



FOCUS ON

EVERYONE WOUNDED OR SICK HAS  
THE RIGHT TO HEALTH CARE

READ MORE

# QUESTIONS & COMMENTS





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HEALTH CARE IN DANGER  
IT'S A MATTER OF LIFE & DEATH