

The International Health Protection Initiative IHPI

www.ihpi.org



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Maternal and Childhealth Advocacy International

Security is a prerequisite for health

“The nexus of security, insecurity and health must take centre stage in foreign policy thinking”

Dr Robin Coupland ICRC 2007

NEW UN Security Council Resolution to enforce health protection in areas of conflict

1. protection for health facilities, hospitals and clinics
2. protection for the supply of essential drugs and medical supplies.
3. protection for health workers from attack and intimidation during their work, in their homes and to and from their places of work.
4. protection to ensure safe transport of ill or injured patients to and from health facilities

NEW UN Security Council Resolution to **enforce** health protection in areas of conflict

6. protection for incoming UN agencies and NGOs providing healthcare.
7. ensure health care is protected from abuse by armed factions storing weapons in hospitals, launching attacks from healthcare facilities ,or the transporting members of armed forces in ambulances (other than those who are seriously injured)

Currently signed up to by: 33 health organisations and 43 individuals

Health protection also means.....

Safety from physical and sexual abuse

Nutrition

Safe water and sanitation





International Health Protection Initiative

Prioritising the protection of health care during armed conflict

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Health Care Attacks

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Health Care Attacks

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URGENT MESSAGE TO ALL HEALTH WORKERS EVERYWHERE FROM THE DOCTORS WHO RUN THE INTERNATIONAL HEALTH PROTECTION INITIATIVE

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If you and/or your health facility and /or patients are being targeted by armed individuals, groups or gangs, please let us know immediately and send us as much information about the specific details of the attack-- and its effects-- as you can by email to: dauids@doctors.org.uk

Recent Comments

or

SMS text message to: **+44 7710 674003** as soon as you can.

You can also send photographs or video clips to either the email address or the mobile telephone number above.

Two new additions to IHPI: 1. Live blog

- A live blog on IHPI website enabling health workers or individuals living in war zones to report to a doctor any attacks on health
- Reports can be by email or SMS text and could include pictures or video clips
- Systems established to ensure the security of the reporter
- Systems under development to validate the content of the reports
- Reports where appropriate referred to humanitarian and legal organisations

Two new additions to IHPI:2. Health Map

- Constantly updated map of the world showing countries where there is active armed conflict
- Map also updated to show individual media reports from above countries where there are attacks on health allowing reader to open each report

Protection of civilians during armed conflict

The primary responsibility for the protection of civilians rests with the Governments of countries

In the Millennium Declaration, UN Member States pledged to "*expand and strengthen the protection of civilians in complex emergencies.*"

Reality, Geneva Conventions and other International Humanitarian Laws

- Some governments and their armies (eg Sri Lanka in 2009) and some armed groups (often comprised of high proportions of psychopathic young men, influenced by religious extremism, alcohol or drugs) are unwilling to be concerned or adhere to international laws/conventions
- Not only civilians are “at risk” but also humanitarian personnel trying to provide and protect health

War Crimes

Between 2003 and 2008, the Geneva conventions were violated in all armed conflicts examined

International criminal justice institutions have potential power, but do not operate in the time frame necessary to protect healthcare during conflict.

Rubenstein and Bittle Lancet 2010

Video NE Sri Lanka 2009

- UN leaving 400,000 Tamil civilians unprotected
- Make-shift hospitals in Government protected zones and provided with GPS coordinates by the ICRC repeatedly attacked by Government forces and eventually closed

No Protection

“UN forces have held the line in the Democratic Republic of Congo, with bravery under the difficult circumstances. Yet we have not been able to protect innocent people from violence”

UN Secretary General, Ban Ki-moon

December 2008

UN Security Council Resolution 1894 (2010)

Expressed deep regret over the toll on civilians involved in armed conflict, reaffirmed readiness to respond to deliberate targeting and demanded strict compliance with international humanitarian, human rights and refugee law



UNOCHA 2011

“Grave violations of international humanitarian and human rights law and blatant disrespect for the normative framework of humanity that has emerged over the past 50 years is common to many of these conflicts.

Civilians have become the primary target of attack motivated by ethnic or religious hatred, political confrontation or simply ruthless pursuit of economic interests”



ICRC August 2011 Healthcare in danger

- 16 country study
- 655 violent incidents
 - 33% by state armed forces, 37% by armed groups, by police 7%, 17% by other individuals
- 23% explosive weapons, 34% firearms, other weapons 4%
- 9% no weapons but threats by mail or phone or admin decisions



Violence against health workers

655 events involving 2374 people

- 733 killed and 1101 injured (patients and health workers-national and international)
- 166 kidnapped (health workers)
- 111 denied access and 18 removed from healthcare
- 188 threatened
- 93 arrested
- 35 robbed



Somali doctor under guard

Effects of violence against health workers

- 1996 ICRC hospital Chechnya 6 nurses killed by gunmen (hospital treating 2000 patients/ year closed)
- 2009 Graduation ceremony for medical students Mogadishu, bomb killed 2 doctors plus 18 others including unknown number of just qualified medical students

Somalia 2011

Absent healthcare and extreme malnutrition

Without protection, thousands have already died and many hundreds of thousands of will die imminently or be permanently damaged by the failure to protect health



Advocacy for a new International Health Protection System

- Armed persons attacking the health of civilians are committing war crimes. Protection must not be denied.
- Just as doctors accept that the police are sometimes needed to enforce the protection of women or children who are being abused, so the international community should consider whether a similar system is required to protect civilians from those who are defying Geneva conventions and international humanitarian laws

How could a health protection system work?

1. Accept that neutrality is not appropriate; the abusers of health are the problem and must be stopped
2. Identify a current armed conflict for a first attempt at implementation
3. Involve the ICC in giving formal agreement to act and prevent further war crimes
4. Have a UNSC resolution to support actions to be taken, if possible

How could a health protection system work?

5. Ensure that the protection system is appropriately mandated and equipped
6. Ensure that as many members as possible of the protection system are going to act in an ethical manner (perhaps an excess of women?)
7. Aim for arrest and war-crime prosecution rather than death/injury of perpetrators

How could a health protection system work?

8. Combine with protected humanitarian assistance for health
9. Work with government, unless they are responsible for the war crimes
10. Avoid other agendas (political or financial)
11. Have an exit strategy
12. Publicise as a deterrent

Conclusions

All professionals concerned with maternal, infant and child healthcare to lobby for the development of an adequate international protection system for health in countries affected by armed conflict

A pilot protection programme in one conflict zone where positive results are achievable



Maternal mortality in 72 (37%) of countries where armed conflict 1990 -2010

- 38 (53%) maternal mortality ratios > 200/100,000 live births
- with 21 > 500 and 4 > 1000/100,000 live births

Country	N under 5 deaths per yr/50 million population	N. Infant deaths/yr/50 million population	N. neonatal deaths/yr/50 million population	N. Maternal deaths/yr/50 million population
Countries where armed conflict 2010				
Chad	473,803	281,108	102,015	27,204
Afghanistan	460,088	309,808	120,224	32,368
DRC	441,581	279,594	115,388	14,867
Somalia	396,180	239,909	114,452	26,412
CAR	297,711	194,992	78,345	14,799
Countries exporting small arms and light weapons in 2009				
USA	5,608	4,907	2,804	168
Bulgaria	4,830	3,864	2,415	63
UK	3,648	3,040	1,824	73
Norway	1,809	1,809	1,206	42
France	2,388	1,791	1,194	47

Vulnerability of women and girls

- ***Rape is used as a weapon of war***
- Women and girls are vulnerable to sexual violence, trafficking and mutilation, whether at home, in flight or in camps for displaced populations
- The trauma for female victims of sexual violence continues even when the conflict is over, as they are frequently shunned, ostracized and further stigmatized

Vulnerability of women and girls

- Less able to protect themselves from violence
- Risk of serious infection, such as HIV and hepatitis
- Possibility of pregnancy that may result in miscarriage and heavy blood loss which, in the absence of blood transfusion or basic surgery, can be life threatening.
- High prevalence of septic abortion following self or non-professional attempts to end the pregnancy



Vulnerability of women and girls

- In Darfur, Sudan a doctor witnessed militia *“surrounding a girls' school and holding over 40 girls, as young as eight, and their teachers in a primary school, and, while the army stood guard, the militia repeatedly gang-raped the girls”*.
- A film accompanying this report describes how the fetuses of pregnant women were ripped out by armed gangs and the newborn girls raped before being killed

Vulnerability of women and girls

UN Security Council 2000

- First ever resolution on women and peace and security
- Called for prosecution of crimes against women, for increased protection of women and girls during war, and for more women to participate in decision-making in conflict resolution and peace processes



(22nd November 2010) The Emergency Relief
Coordinator for UNOCHA and Under Secretary
General for Humanitarian Affairs at the UN,
Baroness Amos

“The Secretary-General’s report paints a very bleak picture of the state of the protection of civilians. Any positive and encouraging developments are heavily outweighed by what is happening on the ground: the continuing and frequent failure of parties to conflict to observe their international legal obligations to protect civilians. Complementary to this is the failure of national authorities and the international community more broadly to ensure their accountability in any meaningful, comprehensive and systematic sense”

“A culture of protection”

"As human beings, we cannot be neutral, or at least have no right to be, when other human beings are suffering. Each of us...must do what he or she can to help those in need, even though it would be much safer and more comfortable to do nothing"

UN Secretary General Kofi
Annan in 2001



Drawing by a child in Darfur



In a tent reserved for the very sick, an emaciated woman touches the dead body of a member of her family. Somalia 1992