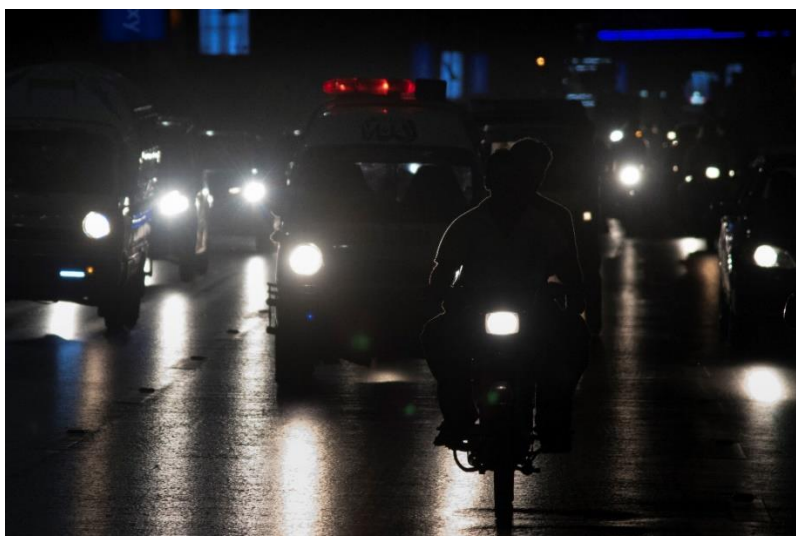


## Roundtable on Urban Violence and Protection of Healthcare in the City

Geneva/Online, 1 June 2021



### Event background

The online event was held within the framework of the Partnering Cities for More Secure Healthcare pilot project. The project started in 2019 with a double objective: i) exchanging good practices on healthcare protection among cities across the world; ii) more broadly, positioning the ICRC in the domain of city diplomacy.

The online roundtable was co-organized with the [Geneva Cities Hub](#) (GCH), a platform launched by the City of Geneva and the Canton of Geneva to facilitate interactions between local governments and Geneva-based international actors. The objectives of the roundtable were to focus on selected cities affected by urban violence and to hear municipal representatives' and health professionals' experiences and good practices to reduce violence targeting healthcare services.

### The event

Sami Kanaan (Vice-Mayor of Geneva, President of the GCH, Co-Chair of UCLG Working Group on territorial prevention & management of crises) and Gilles Carbonnier (Vice-President, ICRC) provided opening remarks. City managers and representatives from the healthcare sector of Chicago (USA), Karachi (Pakistan) and Fortaleza (Brazil) presented their best practices to address urban violence and to protect healthcare from violence. The experiences shared by the participants illustrated various kinds of urban violence faced by healthcare workers and the successful measures taken to prevent, manage or reduce urban violence. These included identifying the causes of violence, community engagement, training of the staff and monitoring the risks of violence in real-time.

**Chicago.** Norman Kerr, Director of Violence Reduction at the City of Chicago presented the city's approach to the issue of urban violence, based on the inclusion of the communities which are mostly affected by it. Kerr mentioned "[Street outreach](#)", a project which engages perpetrators of violence and people most-at-risk to de-escalate situations of violence, including those around healthcare facilities or involving people accessing healthcare services. Ms. Barbara Suplit, Pediatric Nurse Practitioner at Lurie Children's hospital in Chicago, also shared the measures taken to ensure the physical and mental safety of hospital staff and

patients, such as for example the training aimed at preparing the staff on how to protect themselves in case of presence of an active shooter on the premises.

**Karachi.** Prof. Lubna Baig, APPNA Institute of Public Health, Jinnah Sindh Medical University presented the study of the causes, perpetrators and victims of violence in healthcare settings, carried out by the Institute together with the ICRC. She also described the [de-escalation training](#) program developed following the study, aimed at building capacity of healthcare professionals to respond to situations of violence and harassment directed towards them and the health care facilities.

**Fortaleza.** Ruiz Gouveia, responsible for the implementation of Safer Access in Fortaleza and Mrs. Aline Martins, Deputy Health Secretary of Fortaleza from the municipality of Fortaleza (replacing the Mayor of Fortaleza) presented the “[Safer Access](#)” online platform, developed with the ICRC, that provides real-time information to healthcare workers about the risks of violence in the city, in order to anticipate and mitigate the risks. According to the situation, measures are then taken to adapt access to healthcare facilities and activities from healthcare staff.

### **Outcomes and way forward**

The roundtable was successful and received a lot of interest. Almost 300 people registered, and an average of 150 participated, a number which did not drop during the event. The Q&A session generated a lively debate. IFRC, NSs, city networks, academics, embassies, municipal authorities were among the audience. Simultaneous interpretation into Spanish and Portuguese allowed broad participation from actors in the Americas.

Combining “ICRC-sponsored” experiences (Karachi, Fortaleza) with non-ICRC experiences (Chicago) ensured that the event would not be perceived as ICRC self-promotion, but rather as ICRC raising attention on issues of access to basic services in the context of urban violence and acting as a convener of good experiences from cities.

Furthermore, combining a presentation on urban violence in general (Norman Kerr) with presentations on the specific issue of violence against healthcare allowed the audience to frame the problem of urban violence first, before getting into the specific concern of healthcare protection from violence. This was very important to capture the attention of a diverse and non-specialized audiences, interested in urban issues in general.

Two main ideas/opportunities for the way forward:

- ✓ The roundtable can be a starting point for further exchanges among cities on healthcare protection, such as for example comparing different methodologies to de-escalate violence (e.g. Karachi vs. Lurie Children’s hospital), discussing the legal framework, promoting the SAF methodology in new cities, etc.
- ✓ The collaboration with GCH was excellent. They perfectly understand the ICRC and the way it functions and they wish to engage further with the institution, including on topics beyond HCiD. For example, they are interested in the issue of access to basic services in cities. The partnership with GCH can be further consolidated, building on this roundtable. They could: i) pave the way for the ICRC into city diplomacy and ii) strengthen the ICRC’s connection with the City of Geneva.

Recordings available in Spanish, Portuguese and English here: <https://healthcareindanger.org/urban-violence-and-protection-of-healthcare-in-the-city/>