Launching of the Guidance for Armed Forces on the Protection of Health Care in Conflict

Maciej Polkowski

…. the ICRC guidance for armed forces on the protection of health care in armed conflict, a document the ICRC Health in Danger initiative developed as the result of focused engagement with armed forces and military experts. It sets out concrete, practical ways armed forces can better protect and safeguard access to health care in armed conflict, provided they are willing to carry out the meticulous work of reviewing their doctrine and practice. Our lead author, Jan Blok, will run us through the main findings.

Before we begin, I would like to acknowledge the generous support of the government of Sweden for this event and project, as well as for the Swedish Red Cross for their sustained interest and support in developing the publication.

I will now turn to prepared remarks from ICRC president Peter Maurer and Swedish Foreign Minister Ann Linde.

ICRC President Peter Maurer (VIDEO) [00:01:14]

Dear colleagues,

Protecting victims of armed conflict is at the heart of the work of the ICRC. Around the world, we see the devastating impacts of conflict and violence, especially on the wounded and sick, and health care services. Health care workers are threatened, injured, or killed, and health care facilities are damaged or destroyed. Communities are cut off from the vital medical services and the entire health care system is placed at risk, undermining short- and long-term health outcomes.

When health care is attacked, women and children are especially vulnerable, and the cascading effects are tremendous. During conflict and other situations of violence, health care services are most needed. Yet, paradoxically, it is also the time when those services are most at risk. From the UN Security Council to battlefield discussions with combatants, the ICRC repeats and insists on the message: ‘Even wars have limits.’ While this message has been heeded by some armed forces and armed groups, by others, it has not. The consequences, be it through inaction or transgression, bring a devastating human toll.

We all have a part to play in ensuring protection and provision of health care, and militaries and armed groups must meet their responsibilities. A decade ago, the ICRC launched the Health Care in Danger initiative as a concerted effort spanning the International Red Cross and Red Crescent movement and beyond. This initiative works to reduce violence against patients, health workers, facilities, and vehicles, ensuring safe access to and delivery of health care in armed conflict and other emergencies.

We believe it is especially important to support the development and implementation of concrete, practical measures and operational responses at national and local levels, and with a strong focus on the actions of militaries and armed groups. Statements by politicians are not enough. We need to ensure these statements of political will are followed by actionable steps to improve behavior.

That is why today's conversation is so important. The report *Protecting Health Care: Guidance for the Armed Forces* is the culmination of years of effort and dialogue with militaries to understand good practices and develop a set of tools for militaries and their civilian authorities to use doctrine, training, and practice that ensure health care is protected, even in the heat of the battle. This guidance document is a tool for military professionals to use to ensure their conduct on the

battlefield and beyond is consistent with the principles of the Geneva Conventions, which guarantee protection to health care.

We also wish to thank the government of Sweden and Foreign Minister Linde for their support of this initiative. We all have a part to play in protecting civilian populations in armed conflict, and especially the provision of health care.

Thank you for joining the event today and I wish you well for your discussions.

Swedish Foreign Minister Ann Linde (VIDEO) [00:04:50]

Thank you, President Maurer.

It is a great privilege to participate in the launch of the guidance document for armed forces on the protection of health care in armed conflict. As political leaders, we have a shared responsibility and a shared objective to be strong, as well as consistent, defenders of international rules and humanitarian principles. As we hear reports from the field that medical facilities and medical staff are being targeted, I and many with me feel the urgency to act. We cannot remain passive. It is of the utmost importance that we push for full respect and compliance with existing international rules.

The ICRC guidance document on the protection of health care in armed conflict, which the government of Sweden initiated and funded, can assist states in this regard. I would like to thank the ICRC for an excellent cooperation on these projects.

International humanitarian law, including the Geneva Convention of 1949, is at the heart of the rules-based international order. All parties to armed conflict must fully comply with their obligation under international law. International humanitarian law is clear. Medical workers, facilities, and transport must be protected; the wounded and sick must be cared for and spared; and attacks on medical care, protected under international humanitarian law, amount to war crimes, and may aggravate ongoing armed conflicts. They may undermine the efforts of the Security Council to maintain international peace and security.

I am proud to say that Sweden's foreign policy is firmly rooted in international law and human rights. It has been a long-standing priority for Sweden to put the global spotlight on the issue of protection of health care in armed conflict, not least during our term on the United Nations Security Council in 2017 and 2018. As chair of the OSCE this year, Sweden will give priority to the respect for international humanitarian law and humanitarian principles in the conflicts in our region.

In 2016, the Security Council adopted Resolution 2286. This resolution emphasized the responsibility of states to comply with the relevant obligation under international law. It also calls upon states to ensure that their armed forces and security forces continue their efforts to integrate practical measures for the protection of the wounded and sick and medical services into the planning and conduct of their operations. We must continue to push for the implementation of Security Council Resolution 2286.

Attacks on medical workers and facilities continue. It is my firm belief that the international community cannot remain silent. We need to act. Just as President Mouther mentioned in his remarks, statements of political will need to be followed by actionable steps to improve behavior. The ICRC makes important efforts to find concrete ways forward to improve respect for international humanitarian law in this regard. The guidance document for armed forces provides exactly those practical examples of how to protect health care when carrying out military operations, and hopefully, this can aspire to better implementation.

Thank you.

Maciej Polkowski [00:08:45]

Once again, let me thank the Government of Sweden for its support and participation in today's event. I now invite Jan Blok, Legal Advisor, IHL and Fundamental Principles, Netherlands Red Cross, to guide us through the process and findings of the report. Over to you, Jan.

Jan Blok [00:09:06]

Thank you, Maciej, and good afternoon or good morning or evening to all of you, wherever you are.

It is an honor to be here and to take part in the launch of the publication *Protecting Health Care: Guidance for the Armed Forces*, a guidance document that presents suggestions to arms carriers to better protect health care in the conduct of military operations, focusing on their unique position to enable protection.

My name is Jan Ninck Blok and I'm Legal Advisor for IHL at the Netherlands Red Cross. But between 2018 and 2020, I worked with the ICRC on a study that has led to the development of the guidance document that is launched today, a process that was supported by the government of Sweden and the Swedish Red Cross. Today, I would like to present to you the concept and objectives of the study, its findings, and the process of integrating this into practical—into a practical guidance document that is easily accessible and can be used by military officers with different backgrounds.

The starting point is that in armed conflict, access to and the safe delivery of health care remains crucially important. The starting point—the need for health care services is likely to increase, yet at the same time, the consequences of the prevalence of armed conflict will also likely disrupt these services. So first, the concept of the study. The legal framework is clear, and I apologize, as I'm cutting corners here, but arms carriers have an obligation to respect and protect the medical mission, not only to refrain from committing harmful acts, but also to actively contribute to protection.

In addition to the obligations, it is also recognized that in the area of military operations, armed forces are uniquely positioned to enable protection. Their presence may also be an opportunity to ensure the continued delivery of health care. As such, the study sets out to understand how the legal framework has been implemented within the doctrine and practice of armed forces, from training manuals to the conduct of operations. The questions that we subsequently sought to answer were: How has the protection of health care been operationalized, and are we able to draw lessons from this? Can we identify good practice that can be decontextualized and used in the instruction of other arms carriers?

We engaged with over 15 armed forces who committed to contribute to this study. These were geographically distributed and consisted of advanced and less advanced armed forces, in addition to a number of international organizations with a military component that committed to contribute, as well. Engagement with these armed forces was supplemented by desk research into open sources, as well as consulting internal ICRC databases and archival materials of other armed forces.

Now, let me turn to the findings. We found that there is significant but limited integration of the legal framework. The transposition of the relevant provisions of IHL, generally appropriately reflected in military manuals and other doctrinal documents. It is, however, top-heavy. It has largely not been translated into further application, formulating specific operational outcomes in the form of, for example, operational procedures.

It is true that we need to recognize the difficulties of the operational environment. The call for a specific focus on the protection of health care can be experienced as yet another task among the already vast array of duties. Yet the danger lies in the absence of integrating protection in the operational framework. The understanding, then, for many armed actors, becomes merely a pragmatic one, refraining from committing harmful acts.

On the positive side, there are also two other observations that we can build upon. First, the relevance and needs of operationalizing the protection of health care was very well understood by our interlocutors, which also reflected in the commitment to develop an operational framework. And second, although we perhaps cannot speak of well-established and continued good practice across the various armed forces, we did find in, for example, incident reports, operational orders, or after-mission reports, and through our consultations, incidental, context-specific, and occasionally ad hoc practice that proved very valuable.

I could categorize these in three groups. Practical examples that we found of the provision of medical services to the civilian population with an objective of winning the hearts and minds. If we look beyond the subjective, an alternative approach could be considered using the same elements, but in the light of continued and sustainable support to the civilian population. We also found examples of nonrelated existing procedures where we can integrate health care protection approaches. Rules of engagement are an example in point. In the post-fire procedures, in safety zones, search or detention procedures.

And then thirdly, there are examples of existing military, medical, and operational procedures. These usually have an inward focus but can easily be extended to include considerations that capture civilian needs as well. Think, for example, of procedures for routing and means of transport from point of injury to primary treatment facilities, et cetera, in which a process that includes injured civilians and considers civilian health care providers could be integrated. As such, we have reinterpreted existing practical measures and expanded the applicability to include protection activities in relation to civilian health care. We have integrated all this into the publication that is being launched today.

In the document, as you may have already seen, the measures are divided in focus areas. Next to a set of generic measures, there is a focus on the armed forces, medical services, civilian-military coordination, rules of engagement, precautions in attack, targeting an area of operations, CASEVAC and MEDEVAC, checkpoint procedures, and military operations in health care facilities. We also integrated the cross-reference system based on operational domains. Whether you work in intelligence, plans, operations, or logistics, you should be able to quickly identify what measures are relevant for your work. The document can be found through the link provided to you and will soon also be available in several other languages and in hard copy. By no means is the list of measures presented today exhaustive, nor does the adoption and implementation of this set of measures suggest that an actor is, as a result, complying with the legal framework. The list does, however, provide guidance of how to include health care-focused protection activities in military operations.

With a good understanding of this guidance document, one should be able to conceptualize other measures not included in this publication that would equally contribute to the protection of health care. As such, it aims to influence the thought processes to include approaches to actively protect health care.

Now, I have discussed his study and its findings and how it has shaped the publication. It is up to practitioners to consult the document and integrate such measures in the conduct of military operations. With this, I would like to conclude my presentation and thank you for your attention. I'll pass the floor back to Maciej.

Maciej Polkowski [00:16:49]

Thank you, Jan for that comprehensive summary. You have clearly laid out some of the findings and good practices for how to integrate protection of health care into the trainings of armed forces. I want to now turn this over to my colleague, Helen Durham, Director of International Law and Policy at the ICRC, to lead our panel discussion. Over to you, Helen.

Helen Durham [00:17:18]

Thank you very much, Maciej and Jan, and welcome to everyone.

So, as we know and as we hear all the time, health care workers, vehicle[s], and facilities come under frequent attack during times of armed conflict and other emergencies. Now, an analysis of protection activities from the ICRC operations tells us that key limitations to provisions of health care are destruction and damage of medical facilities or vehicles; forced interference in a health care facility, including armed entry; threats against health care workers; denial of access to the wounded and sick; and interferences to medical vehicles. So, this is some of the analysis we've done on what is the limitations.

Now, the law is very clear. I almost don't need to state it, but I think I should. Attacks on health care are a violation of international humanitarian law. Full stop, no question. And this obligation must be translated into battlefield practice. And today, this event and all the work we've done is very much that: how to take it from paper into practice.

Now, for militaries, the guidance document that we're launching today provides a wide range of measures to help armed forces do this through actionable and pragmatic steps. The challenge is to integrate these ideas, these proposals, into policy, into doctrine, training, planning, and the conduct of military operations. Now, to that end, we are really privileged to have a very experienced panel, highly experienced and eminent colleagues, who are with us today, who work in the area, who will help us understand the practical methodologies and the opportunities to do so. Now, I believe I've got two of my panelists and one is busy and will join us later on.

But may I warmly introduce and bring to the, I would say, virtual floor ~~. Miss Tottington on duty. On duty. Who~~Miss Tonutti, who is the Governance Advisor, J9~~? Nine~~ Division, Supreme Headquarters Allied Powers Europe (SHAPE) in NATO. So very warm welcome to you, and also to Air Commodore Sarker, who is the Director General for Training for the Bangladeshi Armed Forces. And we will have later joining us a lieutenant general. So, welcome to our two panelists to date, and I just wanted to say that it's really great—oh, and we also have—no, we haven't yet got—I'll get my colleagues to let us know when our third panelist joins us. But it's really great to have you here to talk about these issues.

Now, what I thought I might do is ask a question to both of you, but perhaps you could respond from your very specific offices and your focus areas [inaudible].

So, Air Commodore, from your various perspectives, what do you see as the biggest challenge facing the actors in protecting health care in situations of armed conflict? What are the biggest biases or inherent assumptions that have to be overcome as you bring individual soldiers towards a more comprehensive understanding of the law and practices? So, I'll ask you to start, Air Commodore, and then we'll move it over to Miss Tonutti. Air Commodore, you have the floor.

Air Commodore Sharif Sarker [00:20:59]

Thank you, ma'am. Good evening to everybody. Thanks for inviting me in this discussion.

First of all, I would like to convey my thanks and felicitations to [inaudible] and the team for doing a wonderful job and which, I believe, that it's going to be a stepping-stone for medical care, for protecting the medical caregivers. To answer the questions on the biggest challenges, is I think, the dynamic situations, and bloody, the civil military involvement, and cohabitations of them. You know, we do not go to the battlefield anymore to fight a battle. The battlefield has come to doorstep[s]. And that's, as a whole, that's made things very challenging for getting your operational tasks. At the same time, it is a challenging task for the medical caregivers. And the challenging thing once in the field, in terms of training, the training is usually based on the classical environment, where the soldiers find it difficult to find out who is who in more dynamic and bloody situations with nonstate actors. And training is given in classical format, when present conflict does not take place as such. Therefore, change of operational environment and multi-national participants and multiple stakeholders make it more challenging for soldiers' applications of the law. Thank you.

Helen Durham [00:22:41]

Thank you very much. I'm just—thank you very much. I'm just asking my colleagues to see if we can stop that background noise, but I think that's part of modern technology. But thank you very much for that for that important input, and I think you raised some really critical issues. Can I maybe pass the floor now over to our other guest, and I'd love to hear from her on this same question. And as I mentioned before, could everyone please mute their speaker if they're not speaking? So over to you, Miss Tonutti.

Marianna Tonutti [00:23:17]

Good afternoon or good morning, everybody. It's really a pleasure to be here with you today for the launch of this important manual, so I'm very pleased to be able to share my experience. With regard to your first question, the first thing that I believe it's important to mention is that the nature of modern conflict has deeply changed from what we knew in the past. So what we're seeing now are conflicts that are more protracted in time and hybrid in nature. What does this mean? This means, essentially, a severe toll on the civilian population, which still is more afflicted by the effects of armed conflict. So, I think this is really the predominant, probably the biggest challenge that armed forces are confronted with in the field today. You also mentioned bias and assumptions that need to be overcome. Well, I think there is a common element in the different biases and assumptions that the armed forces need to overcome and [it] is knowledge. Knowledge, especially of the other stakeholders that are present—we call it in NATO nonmilitary actors. So, we're talking about international organizations, non-governmental organizations, governmental organizations, think tanks, academia, depending on where we are, where we are looking, basically. So, we do need—it is important, it is paramount, for armed forces to really get to know the mandate, the modus operandi of those stakeholders in order to be able to better connect, liaise, engage with them when they are in the field. And there are a number of practical tools or actions that can be put in place. So, as you might know, NATO, for example, is very heavy in exercises. This is how we pass knowledge. So, it's important to have exercises targeting on specific practices and rules, also with the involvement of nonmilitary actors. So, having international organizations, NGOs, attending as they do normally to our exercises and also general trainings. So, we can have, and we do have, joint training with—between the military and the civilian actors. And I think those are really important elements that we need to consider in the current world we are living in.

Helen Durham [00:25:50]

Well, thank you. I think they are two very important, and as you said, practical things we need to take into account. I'm actually going to bring back in Jan if that's okay, because I think you might have something to add to this conversation as we're having it. So, if I can ask you, as sort of the researcher, you clearly carried out extensive research and engaged with many different types of

armed services. What surprised you most in your consultation in terms of common issues, as well as the differences and how different services approach the challenges we're addressing today?

Jan Blok [00:26:30]

Well, without going into the details, what surprised me is the level of—the extent to which measures have been operationalized. I mentioned already in my presentation that there is a bit of an absence of operationalizing protection of health care to the level of operational procedures, et cetera. But what surprised me is that, if I draw a quick comparison between advanced and less advanced armed forces, that if there is a practice that we can look at, it's actually equally found in both advanced and less advanced armed forces. Another difference that's perhaps interesting is that we can see that international organizations with a military component generally have rather well-established procedures, but if it is about the level of detail, this is generally found in national armed forces rather than at the international level.

Helen Durham [00:27:42]

Oh, very interesting. Thank you very much for that. I might go back to you, Air Commodore, and perhaps ask you, in a more detailed way, in your experience, because you've had a vast experience in this area, what is the most effective training techniques that can encourage a commitment to the principles we find in international humanitarian law and the protection of civilians more widely? What do you think is one of the most effective training techniques?

Sharif Sarker [00:28:13]

Well, as I was saying, that no classical format training is going to be effective, but there is no alternative training also. You know, we got to train and train and train. If there is a fire, you really can't afford to—to read that fire extinguishing procedure. You've got to be prepared before. And in my opinion, what I have seen through my career, the training, and especially with the ICRC regarding the IHL training, what I find at the workshop based on case study analysis, if matching context works best, especially for the planners, and if we can also carry out the field troops exercises—involving the troops, but having a learning objective on medical protections, it's not only focusing the medical, it should be usual exercise, but must have the learning objectives of the medical protections. And then definitely, as the previous speakers say, that multilateral exercise, because it's a normal activity to stakeholders, there are multiple stakeholders, there are injuries, there are medical caregivers and many other stakeholders in this. We need to integrate all these elements and ensure the best way to be very effective for training.

Helen Durham [00:29:47]

Well, thank you very much. And I realize we can hear, it's wonderful, we can hear when you're speaking, almost like a plane is taking off. So, you're obviously in a very authentic place. I might come back to you, Miss Tonutti, because as you sit in the J9 or the civil-military division of NATO, what are the key challenges in your experience at NATO in terms of civilian or civ-mil coordination and cooperation with respect to the protection of health care and how the policies are developed in Brussels. And we love Brussels, it has excellent chocolate and beer. But how do we take those policies and translate them into the field realities in places such as Afghanistan?

Marianna Tonutti [00:30:40]

Sure, so, CIMIC, civil-military coordination is a function within NATO. So at SHAPE, we have a specific division, J9, that is dedicated to that. And within that division, we have a branch dedicated to liaison and coordination with nonmilitary actors, including, of course, the ICRC. CIMIC and liaison in general needs to be a continuous and constant feature or activity in order to be successful. What does it mean? We have one of the challenges in NATO, for example, is a high

turnover, especially among military colleagues. So, we really need, and what we're trying to do, is to have liaison activities which are consistent, protected in time and structure, among the different level of commands. So, the activities or the focus that SHAPE as a strategic headquarter might have are certainly different from the focus that a Joint Forces Command, like [inaudible], might have, as well as without mentioning the tactical level, so the people that put boots on the ground, let's say, in our missions. So, I think this is one of the main issues. And also, what we try to do in order to overcome such an issue, for example, is the formalization of relationships with our counterparts, with our civilian stakeholders. What does it mean? For example, with the ICRC, we developed a memorandum of understanding in order to frame our collaboration and make it more fruitful or enhanced towards common goals. The same, we've been doing with other organizations, and this is an important element to consider because it really helps strengthen that collaboration. It really helps [with] understanding where we're going and how we can reach our common objectives. The second part of your question was very interesting. So how the policy made in Brussels then becomes reality in the field, if I understand correctly. And it's not a simple question. And my—also the answer won't be that simple. So, health care in danger, what the ICRC calls health care in danger, doesn't have a specific translation in NATO, but it's something that is included in what NATO calls protection of civilians. And, for example, if I think about protection of civilians, we have a policy, which was endorsed by NATO member states in 2016 at the Warsaw Summit. That policy, then, in order to become a reality, to go from the political level down and become a military reality, was translated into a concept, which was adopted in 2018. So, we have already won passage that goes from the political level down to what does this mean for the military. So, we have protection of civilian concept, which includes also a framework to be applied, and the protection of humanitarian workers, including health care facilities, is enshrined in this approach. From the concept, then, we decided to go deeper down the chain of command. So we translated the provision of the concept into NATO doctrine, for example, into the war planning directive, into exercises, as I mentioned, with specific inputs on protection of civilians. We do have training developed addresses specifically protection of civilians and all the elements related to that. And this goes, cascades down, percolates down the chain of command, down to the tactical level, I say, to the operations. So, it's not an easy process. It's a lengthy process. It has many different levels that need to be coordinated. But this is how we saw, for example, the policies, one more linked to health care in danger being applied. Sorry, [that] was very long.

Helen Durham [00:34:59]

No, it's very excellent. I think these are the conversations we need to have. And I think, as you mentioned, it's the translation that is really critical. So, thank you. Air Commodore, we are going to go back to you on your airfield. And what I wanted to know is, is [inaudible] a little more. And it was very good to hear last time when you mentioned training and training and training. And I often use this as the International Law and Policy head of the ICRC, a discussion with state to sort of say, well, we're not involved actively in an armed conflict. why do we need to bother about IHL? And I use the exact example that you had, is you cannot read the fire manual. You cannot train for a fire as you're running down the fire escape. You have to have it embedded. So, with that in mind, and once again with your experience, how do you keep the attention in training to the detail and the practice? So, what exercises can you ensure, if called to a battlefield, to help us in this area? What are the, sort of—could you give us a little more about the actual exercises?

Sharif Sarker [00:36:06]

Yeah. Thank you so much. Thank you so much for the questions. You know, there is a saying that once the first bullet is fired in the battlefield, no plan works. All right, but that doesn't mean that you don't have a plan, you must have a plan. Similarly, we must train ourselves as realistic[ally] as possible, and we need to do that. The answer to the question is that, yes, Bangladesh has limited engagement, and especially, we have big contributions to the United Nations and would be pretty good [inaudible]. And what we do is that, being committed to the peace accord, we do have a very fine Institute of Peace Support Operation Training center, and we do conduct regular training,

especially with the help of ICRC Bangladesh. We do different kinds of training and definitely, we keep our troops trained all the time. Look, this is a different level. It's not only the Institute. Our team visits in the different divisions and gives the training. And what we do is that in case of a deployment, we have a predetermined training and especially on IHL aspects also, which is mandatory for us. This is how we train. And I believe the guidelines which we are going to launch today, it's going to be very big for us in future training goals, so thank you.

Helen Durham [00:37:49]

Well, thank you very much. Now, I'm just actually getting in—I'm looking at my, my screen here—I'm getting some questions from the audience, which is what we always like. It's always a lot harder when we're in this format to have the discussion and see the audience. But I have got a question here. And if I may read it out, I don't know, I'll ask you both to respond, if this is okay. The question is: What type of coordination, dialogue, or concrete activities do you as panelists envisage to be necessary with local health authorities to support military action? I think we've talked a lot about the translation, the training, I think we've had some excellent debate there. But perhaps we could start with going over to NATO, the land of NATO. What reflections do you have in relation to engaging with local authorities to support military action that protects health care?

Marianna Tonutti [00:38:56]

Here I am. Can you hear me?

Helen Durham [00:38:57]

We can indeed.

Marianna Tonutti [00:38:58]

Perfect. So, when we're talking about liaison, of course, as we said before, it has a number of levels. So, we go from the political level down to the field. And of course, if I think about SHAPE, where we are, where I work, we're talking about engagement, coordination, liaison with the international organization[s] at [the] strategic level. So, our counterparts in the HQ. So of course, we do have liaison and coordination when we are in the field. So, when we are in the mission—and this is something that is, as I said, it's done in preparation of any specific mission. And it's country-specific because, of course, we're talking about a specific context where the engagement with the host nation will cover a number of areas. And so, when we're talking about local authorities, there are a number of local authorities that we'll be in contact with. And depending on the mission, on the operation, local authorities dealing with health care would be one of those.

Helen Durham [00:40:14]

Wonderful. Thank you. Perhaps can we hear from the Air Commodore on this topic, about interface with the local health authorities?

Sharif Sarker [00:40:29]

So, I think it's very, very important to have interactions, coordination, and collaborations with the local [authority—inaudible]. They also are important to understand operational requirements and limitations, so that, if in case of military necessity, they are ready to cooperate with military also, to minimize the losses of damages. And I believe it's a teamwork, and more coordinations, more collaborations, and more—I would say more [inaudible]. . . safe for both parties.

Helen Durham [00:41:19]

Wonderful. Well, thank you very much. I have another—the great thing about questions in this format is they're quite detailed. So, I'm going to throw one more question, we've got a few more. I've got a question from Dr. Stefan Gobal from German Armed Forces. And I think this is addressed clearly to NATO because it says: One of the biggest challenges in NATO and UN missions was the lack of communication between the major health care providers in the mission area. Governmental organizations and non-government organizations have had a structured dialogue on [a] strategic level, but as soon as it gets to the operational-tactical level, communication is based on personal efforts. Is there a way to increase the level of communication? In a way, this goes back to the previous question, so perhaps I'll get you, once again, to—if there's any further reflections, either of you as panelists might have on this, how can we basically increase the understanding of the theater and support for each other?

Marianna Tonutti [00:42:28]

Should I go?

Helen Durham [00:42:29]

Please do.

Marianna Tonutti [00:42:31]

Without wanting to [repeat] myself, I think there are some important elements to consider in this question. The first thing, as we said, is the formalization of relationships, which, of course, is done at strategic level, which I appreciate, is pretty far away from the field. But that's where everything starts, because the relationship between different organizations, if we wanted really to maximize it, it has to be done when it's not needed or when we're not under the tempo of an activity to be conducted. So, the idea of having a formalized relationship, for example, a strategic level at our level of SHAPE, and then goes down until the mission, is exactly this. The fact of having a framework inside which we can move ourselves. Or, like, armed forces in in the field can move themselves when they need it, so they can refer to something that is already structured and possibly solid and stronger among the HQs. So, I think this is an important element to take into consideration. Then, for example, Air Commodore before was talking about pre-deployment training. This is a key element because we're talking about the people that are about to be deployed in an operation or in a mission. And if I think about NATO, for example, we have the ICRC coming to our pre-deployment training to talk about people that are going to be deployed. What does it mean? That people will firstly know the organization in [inaudible] and will have, like, a more advanced knowledge on who we're talking about [when] we're talking about the ICRC. I'm not saying that they are—the people that are going on the mission before the pre-deployment training are, like, blind about things. But this reinforces the specific aspects that they will need to consider when they are deployed in a specific country, because what we need is also context-specific training and passage of information. This is, for example, one of the key elements that I believe are very important for the armed forces.

Helen Durham [00:44:55]

Great. Well, thank you very much. And I'm delighted to say—my huge apologies, because we are not face to face, we missed that chance to see that we've got our third panelist with us today already. So, my apologies, Lieutenant General, that I wasn't able to get to see you there. But I might bring you into the conversation now because we're very keen to hear of your views. May I first quickly introduce you? As I mentioned, it's Lieutenant General Gyllensporre, and you are the Force Commander of the United Nations Multidimensional Integrated Stabilization Mission in Mali. So, we're really delighted to have you with us today. And I wonder whether we could take you back to the start. where I asked the other two panelists quite a straight up question, but one that we are all interested in, which was, from your perspective, what are the biggest challenges facing

armed actors in protecting health care in situations of armed conflict, and what are the biases, inherent assumptions that need to be overcome. So, we'd love to hear from you on that, and then perhaps we'll get back in with the rest of the panel. So welcome, and you have the digital floor.

Lieutenant General Dennis Gyllensporre [00:46:06]

Thank you very much, and apologies for arriving late to this event. And also, thank you very much for the opportunity to take part in this discussion. When it comes to the strategies, from a military point of view, as a force commander, I see the protection of health care—the challenge is, first of all, that the possibility of identifying and locating the health services ACTIVE. for professional armed forces in general, they are likely, in my experience, to comply with the humanitarian law, international humanitarian law. However, the challenge is, of course, that we have undisciplined and also illegal armed forces, including terrorists, armed groups, and militias, that are not compliant and have no intention whatsoever to comply with the IHL. And in situations where armed groups are deliberately attack[ing] health care services, the question arises as to the obligation of regular armed forces to actively prevent such attacks. One of the biggest challenges for MINUSMA, in the context of the security situation in Mali and the nature of the threat that we have here, is the asymmetric threats. And the hostile armed groups are not conventional forces. And sometimes they—I should say, many times—they don't act as a cohesive, organized military formation. And for us in MINUSMA, our mandate is first and foremost to protect civilians. And that, I should say, includes civilian health care personnel, which may come under the threat of physical violence. And the main challenge in this regard is to predict when these attacks occur, will occur, and also to—to allocate the necessary capabilities to prevent attacks from taking place. When it comes to training and, uh, the biases, I'm not sure that there are significant biases or obstacles to overcome in order to provide soldiers with a clear understanding of the practical implications of IHL. Normally—I should say normally—any soldier will comply with the applicable rules and regulations explained to him or her. However, in situations where the law is not clear or [is] ambiguous, perhaps, or whether there exist different interpretations, this will become the challenge. And in particular, the operationalization of laws and regulations will be made on the basis of the need for force protection and the accomplishment of the military objectives, aiming at the maximum freedom of action within the current understanding. Regular and in-depth training that is specific to the type of mission that is taking place is critical, as we already heard. The context is key. And for us, we have personnel from 60 countries, militaries from 60 countries joining efforts—all undergo pre-deployment training. But also, we have a mandatory training personnel come into Mali, which includes these key aspects of IHL, so as to ensure that they have reached the sufficient level of training, but also to provide the context. And that pertains to the situation here in Mali. Thank you.

Helen Durham [00:51:17]

Thank you very much. I think that really adds another dimension into our discussion this afternoon. Now, I'm getting lots of messages and questions from the audience, which is excellent. I'm not sure we'll be able to get to them all. But I do have one I'd like to throw to the panel, and it's really inverting the discussion in a way. One of the audience questions is: In your opinions, what practical roles can health care givers—so those who are on the other end—play in helping to assist the military to protect health care? So, views from the panel—and I'll ask whoever wishes to go first to please do so—on the other role, other side, which is the role of health care givers in moving forward this important topic. And if no one puts their hand up, I'll pick on someone because I'm a fair but firm chair.

Sharif Sarker [00:52:12]

[Inaudible] …Please repeat the question [inaudible]

Helen Durham [00:52:14]

Oh, okay, I'm sorry. The question is from the audience. What is the role that health care providers, those who are the doctors and engage in health care, what can they do to assist in going further? I see I have a hand up. So, Lieutenant General, you have the floor while the other two speakers reflect on the topic. And the old traditional, you've got the mute on, I need to say.

Dennis Gyllensporre [00:52:44]

Sorry. And it's clearly the importance of sharing information, sharing assessments on—regarding threats and also giving us the opportunity to make assessment and anticipate. There's only so much we will be able to collect and understand in terms of the threats. And what they could add to this is critical for us to be able to support in case of imminent attack. So, having a[n] open dialogue and having established communications would be critical. Thank you.

Helen Durham [00:53:36]

Thank you. Other panelists? Great, please go ahead.

Marianna Tonutti [00:53:41]

I just wanted to add. And I absolutely agree with what Lieutenant General said, the sharing of information is absolutely crucial. But if I go one step, probably, if I turn the focus a little bit broader, what I see is also, as mentioned before, is the knowledge and understanding on the modus operandi and the mandate of the persons who are sharing information with and communicating with. Like, it's very difficult to frame the information in in a way that can be fruitfully codified if you don't know who you're talking to. So, I know I'm probably repeating myself, but I will never stress enough the need to bridge the differences between civilian actors and military actors, and probably can speak because I'm a civilian. I have—I worked before NATO, all my career, in civilian organizations, and now I work for a military organization. So, I see the biases that there are on both sides. And I think it's paramount to breach them through sharing of information, events like this one, joint training, joint exercises. Those are all different tools and activities that really go [in] the same direction.

Helen Durham [00:55:06]

Great, thank you very much. Actually—oh, yes, please, Air Commodore, I'd love to hear your views on this one, and then I'm going to throw it to you, Jan, a question. Even though you're not formally a panelist, I think it's important. Air Commodore, please.

Sharif Sarker [00:55:21]

Thank you so much. It's really an interesting question that, what should the medical care givers do? And I believe that they also have a responsibility. They have, also, a role to understand operational difficulties and the military difficulties and challenges, so if they participate more, it can be much better. This is one thing. The second thing is that I would like to focus on another aspect which is different. You see, we live in a networked society now. Our battlefield is very much networked. Our medical caregivers, they also must have network[s]. Network with others, other stakeholders, and this network, I believe, should be integrative [inaudible]. Thank you.

Helen Durham [00:56:13]

Thank you very much. I think that's really, really another, as I said, another additional layer upon that. Jan, I'm going to actually ask you another question, something that's come in from the audience, which is sort of a little bit complicated. So, I think it really relates to the fact that in some instances, health care providers are put under pressure, if I could put it the way it's listed here,

under pressure to provide information about patients and other things that may challenge—we've got here health care workers and health care workers' ethics in particular. How is this kind of dilemma, when there's pressure put on for information, how is it taken into account in the guidance themselves? So perhaps to you. Of course, after you, I would be keen to hear from the other panelists, but I thought that was something as a question that you might have spent time reflecting on. So over to you, Jan.

Jan Blok [00:57:11]

Thank you. It is indeed a question that we considered and a very important question. For as much as we see that there is a really important role for the military to establish contact with the local health care providers and to set up a healthy exchange of information, there are risks involved for the health care providers. And of course, there might be a power balance issue at stake that corners health care providers. So, the guidance document is written for the military. So, for that reason, we have included an annex in which we explain the ethical—the ethical issues that are at stake here. And in the document itself, the measures that—in which we advise them to share information with health care workers, we link that explaining that there are sensitivities and that you cannot expect everything from health care providers. And so, we sort of give the boundaries in which this exchange should take place.

Helen Durham [00:58:22]

Great. Thank you. I mean, as I think everyone's been really confirming in their different perspectives, this is about conversations, it's about training, but it's also about understanding the obligations, the rights, the challenges that everyone has a role to play in protecting health care during times of armed conflict. On that issue, would either of the other panelists like to comment? Or otherwise, I can move across to another question that's asked. So, any views from your point of view on how to sort of help those who have medical ethics and may not be able to respond to the questions asked? I'm not sure if that's what we call an old hand up there, Marianna.

Marianna Tonutti [00:59:14]

No, I haven't—I haven't raised my hand. To be honest, I don't think there is much I can add from a strategic level perspective to this question.

Helen Durham [00:59:25]

Okay, that's great. So, I've got, of course, many other questions. So, another one was: Is it feasible to consider the guidance itself to be integrated into the curriculum of military academies and training? Perhaps, first of all, I'll turn to the Lieutenant General on this one, the feasibility of integrating the guidance into the curriculum.

Dennis Gyllensporre [00:59:53]

I think it has a lot of merit to make use and build the curriculum on these findings and the great work that has been presented. Obviously different national militaries have different traditions, which is also reflected in the training curriculum. But as this has a very, very fundamental approach when it comes to these issues, I think it will be helpful regardless of the training traditions of nations. And I can only encourage an approach where nations are influenced and encouraged to make full use of this great work.

Helen Durham [01:00:52]

Okay, great. Perhaps from the other speakers, do you think it's appropriate and possible to integrate the guidelines in that way from either a NATO perspective or, Air Commodore, from your training experience?

Sharif Sarker [01:01:05]

Yes. As I've said in the beginning [inaudible] and I believe it's a good tool for military. I really like this proposal that it can be included in the curriculum at the academy, or at different layers and different levels of trainings. This can be the curriculum. I really like this idea.

Helen Durham [01:01:29]

Great. Well, we like to come up with new ideas when we have these events. They're not just to talk to each other, they're also to move it forward. Any views from NATO['s] point of view? I mean, obviously it's just a time to reflect on, but the value of taking such documents into that environment.

Marianna Tonutti [01:01:46]

Sure. As previously mentioned, different nations have different training curricula at the national level. When it comes to NATO, I think that some of the discussions when it comes to health care in danger have been already integrated. For example, if I think about the TEPSO, the Training and Education Manual for Peace Support Operations, which has been released in 2019, and a number of comments from the ICRC, all those comments have been integrated in the manual, then, to be available for future development of training. So, the constant exchange of information that we have with a specific organization then translates it, it definitely translates into practical changes in manuals or training materials. So of course, it's difficult for me to say how or if it can be integrated. But for sure, this will be part of the discussion that we will continue to have, especially with the ICRC.

Helen Durham [01:03:00]

Great, well, look, thank you very much for that and thank you for the audience for that question. Now, I have a question specifically to you, Lieutenant General. Now, as you're aware, in the guidelines, Practical Measure Four talks about rules of engagement, and it includes recommendations about enhancing the understanding of operational environment, but that the rules of engagement are the most appropriate. Now, how do you do so in a very highly evolving context with multiple actors such as that in which—the one where you operate, related to Mali—in your role as the force commander for this United Nations mission, how would you see taking these practical measures and the rules of engagement and put it in that context? I'd be very keen to hear your views on that.

Dennis Gyllensporre [01:03:54]

Well. When it comes to the rules of engagement, as laid out in the UN system, it is a set of rules that has been decided at the level of New York. And they are the guidance for the force and for me personally to employ force. And they don't provide specific guidance for doctrine or tactics but give the general conditions. And it's up to us on the ground and—to apply them in the best practical way and to make sure that every aspect of IHL is safeguarded during—during operations. And in many ways, this goes back to, also, to the training aspect as it relates to a sound and a thorough understanding of the rules of engagement. And these are at the end something that commanders at different levels have to interpret as the situation develops during attacks or other unforeseen events. And I think that the experience so far has been that while we have a clear set of the rules of engagement, they require, also, a continuous awareness, and also continuous training to understand its application and its interpretation.

Helen Durham [01:06:24]

Thank you very much. I think, once again, it's really good to hear, whilst there's different perspectives that we're articulating this afternoon, there's a constant repetition of the importance of repeating and these trainings. Now, what I'm going to do, because we're getting close to the end now, is I will go around and ask each of you as panelists and including—I might bring you back in as well, Jan, as someone who's done a lot of work in this—just for some concluding comments, anything that you think either we haven't touched on in this discussion or that you'd even like to rearticulate or reiterate in the conclusion. Because I think we really value the chance to get together and look at this from a different perspective. So, I'm going to start with you, Air Force Commander, and we'll go back to to you to hear any final points you'd like to raise on this important topic.

Sharif Sarker [01:07:18]

Okay, thank you very much. Once again, thanks to all the panelists and thanks to the organizers. I'll Take this one as a very good learning session for me. And also, from everybody's discussions, I would take a follow-up in my organizations to try to organize training and increase the guidance for health care protection. I have one suggestion here that this guideline actually addresses at different levels. And I understand that it's probably very important to first have a seminar or kind of training for the headquarter staffs who are engaged in planning. And that is very important because they plan, so their operational planning should be such that they do consider these health care protections, give most priority protection, and proper staffing with legal and medical services. And I think during the planning, if possible, the medical staff should be also embedded or included in the planning phase. And all of the points other panelists have said, the training and translating these guidelines into their own context and on the format of these services is valid. So therefore, I would say that the planning level, the staffs should be trained on this guideline book, and definitely after that we can translate them for each service and should be ready to disseminate to different levels, for different users. Thank you so much, once again.

Helen Durham [01:09:04]

Thank you very much, and very important last points. I'm going to move across to you now, Jan, actually, I thought I'd shake up the order here. So, any concluding thoughts, reflections, or things you'd like to re-express?

Jan Blok [01:09:18]

Well, I guess I would like to stress that by no means this guidance document is exhaustive. It's not conclusive. There are so many other elements that we can look at. That is definitely one of the big learning curves for myself throughout this research, that there are so many other areas that have not been included that we could have potentially considered to include as well. But what it does is sort of filling the void of not really understanding how tangible and how practical these measures can be. So, that's how I would like to see this guidance document, is, it's a suggestion to elaborate upon, to get a thought process starting and to see what you can use in specific operations, in specific training settings, out of this guidance document, but also that you can further develop upon it. And that's my approach to it. And I hope practitioners will take the same—have the same take on it.

Helen Durham [01:10:26]

Thank you. Thank you. I think they're key things to stress. Lieutenant General, was there something that you would like to conclude on in your reflections, experience, and how we can keep moving this topic forward?

Dennis Gyllensporre [01:10:38]

Yes. Well, thank you. I think a key point in this regard is the possibility to engage UN headquarters. I think, as Jan said, there is a void there, and this work should benefit from the attention of the UN. It's not just the pre-deployment training, because if this—if there is a reference to the manual in the pre-deployment requirements, it will be considered, it will be applied among the troop-contributing countries. But it's also something that should relate to the training and, also, execution at staff level in the operations. And in addition, I think, one should not forget the planning of new missions and also the planning at the UN HQ level in New York. So, I think it applies to all the different levels. And to get the impact, at least from my point of view, engagement with the UN headquarters will be quite important and for the benefit of the implementation. Thank you.

Helen Durham [01:12:08]

Thank you very much. And I think that's a key issue, as you identified, the engagement, the discussion, the constant conversation with the UN. So, let's finish on NATO. So, I'll throw it over to you in relation to final last words.

Marianna Tonutti [01:12:27]

Sure. I mean, first of all, I really would like to congratulate on this event because this gives, really, the opportunity for a large number of people to really get to know something that sometimes they're not very much exposed to, that means that the military point of view on such a topic, which is—which is sometimes—it's not a given, let's say. So, I really think that, like, events like this one reach a broad audience and are vital. When it comes to the step forward, I mean, I think we have to keep on the good work that we are doing in terms of cooperation, liaison, depends on the type of organization we are looking at. And when it comes to the ICRC, I think we have a pretty strong framework for cooperation, which I'm talking, of course, for SHAPE level. And I would just echo what the Lieutenant General just said. It means that reaching the different levels among the organizations, because for NATO, for example, the organization is so complex—and I do appreciate that from an external point of view, it simply is NATO—but it's really, it has so many different levels with their specificities and peculiarities, that need to be taken into consideration. And it is not easy, it's not an easy an easy job, but it is important to target the organization, especially for us, in its entirety and so at different levels. And again, the fact of putting what is said in practice, I think is the best way of learning. So, keep on the joint training, the joint exercises—not joint exercises, but the participation of nonmilitary actors. For example, in NATO exercises, we do have joint training and one is coming—and now I'm promoting something—it's coming in May from the 10th to the 21st. And it's a protection of civilian—UN-NATO protection of civilian training done by FINCENT, which is our partner training organization, and touches also upon health care in danger. So, all those are different, like, actions that can be put together to reach the same goal.

Helen Durham [01:15:03] Well, thank you very much and of course, we're always happy for you to advertise things such as that, that are so critical to the issues and the aims we have got here today. Well, it's my job only now to close. I wanted to sincerely thank the excellent panelists today for your very thoughtful and valuable contributions. We've covered a lot of ground, but I've been really impressed and appreciative of each of your thoughtful engagements on this, and I feel we've just started a conversation. I think everyone has acknowledged we need to continue to work together in this area. So, as I said at the start, in many ways, in summary, attacks on health care are a clear violation of international humanitarian law, and this obligation must be translated into battlefield practices such as those that are outlined in the guidance we will be launching. So, of course, I would urge in my role, state then militaries carefully consider this document and when possible, integrate these practices into their doctrine, training, planning, and conduct of operations. We want to make sure that it's used and useful. And I wanted to advertise a little at the end to note

that to support this process, I know my ICRC colleagues have prepared specific training materials related to this guidance and focused on this guidance. And we have a team of specialist armed and security forces delegates, who are positioned within our delegations and missions globally, who are very prepared and keen, in fact, to engage at the request of states and militaries. And these delegates can, of course, provide more detailed training on the guidance and the documents and its contents. So, we have a next step, and I would urge you to make the most of this. So, thank you again to our wonderful panelists, all those who spoke, all of you who attended and spent the afternoon or morning or evening with us. We appreciate that. And I also wanted to thank my colleagues, the organizers. These events, even though they are digital and not face to fact, they take work behind the scenes. And I wanted to pay tribute to those who work hard to make today such a successful organization. So, without any further ado, I wanted to wish you all a lovely rest of the day and thank you again for taking on this important topic. Goodbye and thank you.