

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

March 31, 2021

International Committee of the Red Cross | Government of Sweden

Event Summary

The International Committee of the Red Cross (ICRC) hosted a virtual event launching the ICRC's Guidance for Armed Forces on the Protection of Health Care in Armed Conflict. The guidance document aims to provide armed forces with actionable measures for integrating respect for health services in conflict settings into their doctrine, training, and conduct.

The event was opened by Maciej Polkowski, head of the ICRC'S Health Care in Danger initiative, and began with prepared video remarks from ICRC President Peter Maurer and Swedish Foreign Minister Ann Linde. Jan Ninck Blok, Legal Advisor, International Humanitarian Law (IHL) and Fundamental Principles at the Netherlands Red Cross, described the findings of the study that led to the guidance document's development. The event then moved to a panel discussion moderated by Helen Durham, ICRC Director of International Law and Policy, featuring Air Commodore Sharif Sarker, Director General (Training), Armed Forces Division, Bangladesh Armed Forces; Marianna Tonutti, Governance Advisor, J9 Division, Supreme Headquarters Allied Powers Europe (SHAPE) NATO; and Lieutenant General Dennis Gyllensporre, Force Commander of the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA).

Mr. Blok described the ICRC study yielding the findings that underpin the practical guidance document. He noted that armed actors have a clear obligation under international humanitarian law both to respect health care services and to contribute to protecting these services. While the need for health care services is likely to increase in situations of armed conflict, the prevalence of such violence disrupts them. Considering this tension, the study aimed to understand how armed forces implement the pertinent IHL framework. Based on dialogue with over 15 military forces and other stakeholders, Mr. Blok described clear awareness of the relevance of, and need to, operationalize protection of health care, as well as incidental practices with potential for future integration of health care protection: provision of medical services to civilians, rules of engagement, and existing military procedures (e.g. means of transport from point of injury to treatment facilities) into which considerations of civilian health care providers could be incorporated.

Dr. Durham engaged the panelists in a discussion of the context in which the guidance document recommendations are meant to be implemented and key considerations in utilizing the guidance. The discussion themes included major operational and training challenges in protecting health care in conflict, as well as civil-military policy coordination. In response to audience questions, panelists further discussed the relationship between armed actors and civilian health care workers under IHL.

Key Themes

The panelist discussion centered around four major themes influencing the protection of health care services in armed conflict and the practical implementation of strategies and tactics to accomplish this humanitarian obligation:

- The nature of modern conflict, which involves greater complexity and, often, greater civilian endangerment than conventional combat. More protracted and hybrid conflicts result in severe tolls of injury and death among civilian populations, augmenting the importance of preventing IHL violations such as attacks on health care facilities, vehicles, and personnel. Modern conflict situations also create operational challenges for armed force members; differentiating between civilians and combatants, as well as clarifying appropriate interpretations of international humanitarian law while preserving space for the accomplishment of military objectives, require emphasis in training exercises.
- The need for continuous and context-specific training, which must prepare armed forces to effectively address health care protection in conflict situations before they are required to do so while deployed. IHL obligations must be translated into practice, and decisions made at a political, strategy, or headquarters level must be devolved to on-the-ground tactical practice with sensitivity to multiple unique conflict situations.
- The importance of formalized, robust relationships between civil and military actors, thus including many stakeholders in health care services protection; information-sharing, participation of nonmilitary actors in trainings and exercises; and civilian inclusion in war planning can help achieve this goal.
- The relationship between armed forces and health services providers, primarily discussed in response to audience questions. While arms carriers hold obligations under IHL to protect health services, providers can also contribute to this goal through communication with armed forces to facilitate threat anticipation and assessment. At the same time, information-sharing by medical professionals should remain bound by ethical sensitivities.

All participants concurred on the importance of humanitarian protection of health services in armed conflict, as well as the need for various stakeholders, both civil and military, at the international level to participate in the process of translating this obligation into practice and operations.