

Health Care in Danger

An International perspective

מגן
דָּוִד
אָדוֹם
בְּיִשְׂרָאֵל

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No Fear project

NO-FEAR



- **Scattered and complex chain of actors in security-related incidents:** EMS, hospital staff, police, firemen, citizens
- **Fear of new threats:** terrorism, armed conflicts, dirty weapons, new infectious diseases
- **Lack of communication between practitioners and suppliers:** suppliers are not aware of the specific needs of practitioners, practitioners are not aware of new products and innovation
- **No common methodologies** and standardized actions

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This project has received funding from the European Union's Horizon 2020 programme, under grant agreement no. 786670

No Fear project

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Acute care of the patient

- § Care in hospital and pre-hospital setting
- § Continuity of care between EMS and receiving hospitals
- § Psychological support

Acute care operations in security related incidents

- § Preparedness, planning and coordination with the authorities before the incident
- § Calling, activation of system, scene management and on-site coordination
- § Transportation and coordination with treatment facilities

Training and education of personnel and volunteers

- § Innovative curricula and training methodologies
- § New simulation tools in pre- and in-hospital preparedness and response
- § Inclusion of pre-hospital care, disaster and emergency medicine in medical and nursing schools

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Main issues observed – 1

The role of bystanders

- They are the “true” first responders
- Legal and moral framework
- Training of “organized responders”
- Specific needs



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Main issues observed – 2

Is the “scene safe”?

- Can we really control the scene?
Most probably – NO
- Need to shift from:
 - is the scene safe, to
 - **WHAT MAKES THE SCENE UNSAFE?**



זה עניין של חיים



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Main issues observed – 3

Ballistics PPE

- What are we protecting against (mission definition) [not “tactical EMS”]
- EMS don’t understand the specifics, thus might create a false sense of safety
- Not designed for “gentle” type of EMS work
- Not size / gender adjusted
- Public perception / duty of care of our personnel (civil unrest)



Main issues observed – 4

COVID 19

- Aggression against personnel treating COVID 19
- Access to health care
- Access to PPE / vaccines
- Safety of personnel
- Impact on the personnel using PPE
- The importance of international cooperation and experience sharing



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הוכן בסיוע ה-IFRC

Thank you

Stay safe.

Take good care
Of yourself, yours
And your team



EU support for research and practices in protection of healthcare



Eurasia Region Health Care in Danger Meeting

3-4 February 2021

Reka Dobri

Team Leader

ECHO.C.1 - Humanitarian Aid Thematic Policies

Directorate General for Civil Protection and Humanitarian Aid Operations (DG ECHO) – European Commission

Why and how we act

- To provide assistance and relief and protection for people in third countries victims of natural or man-made disasters.
- Encourage cooperation between Member States for preventing and protecting against natural or man-made disasters.
- Partnership with ICRC, IFRC & EU National Red Cross Societies



Commitment to protect healthcare in humanitarian crises

“Attacks against humanitarian workers and volunteers as well as medical personnel or patients in situations of armed conflicts are to be resolutely condemned, as they constitute violations of international law and reduce humanitarian access to populations in vulnerable situations.

1. Training on IHL & on rights and responsibilities of humanitarian and healthcare personnel
2. Awareness-raising and trust-building to ensure respect for principled humanitarian action
3. Support States and non-state actors to enhance the physical safety of medical personnel
4. Collection and analysis of data on attacks against medical workers and infrastructure

–EU/EUM/EU RCNS pledge - 33rd International Conference of the Red Cross and Red Crescent





Cooperation on the protection of healthcare in multilateral fora

- UN General Assembly resolution on safety and security of humanitarian personnel and protection of UN personnel
- Upcoming Discussion Series with UN Member States on “Ensuring the protection, safety, and security of humanitarian workers and medical personnel in armed conflicts” - March 2021
- Key challenges to address:
 1. Monitoring the safety and security of humanitarian personnel
 2. Security risk management practices
 3. Preventing and countering the criminalisation of humanitarian work and preserving the humanitarian space
 4. Strengthening accountability in the fight against impunity for attacks

Humanitarian & Donor Coordination

- Humanitarian Liaison Working Group & EU Platform on the Protection of Healthcare in Armed Conflict
- Good Humanitarian Donorship (GHD) initiative - co-chairmanship EU/DG ECHO – Switzerland, 2018-2021



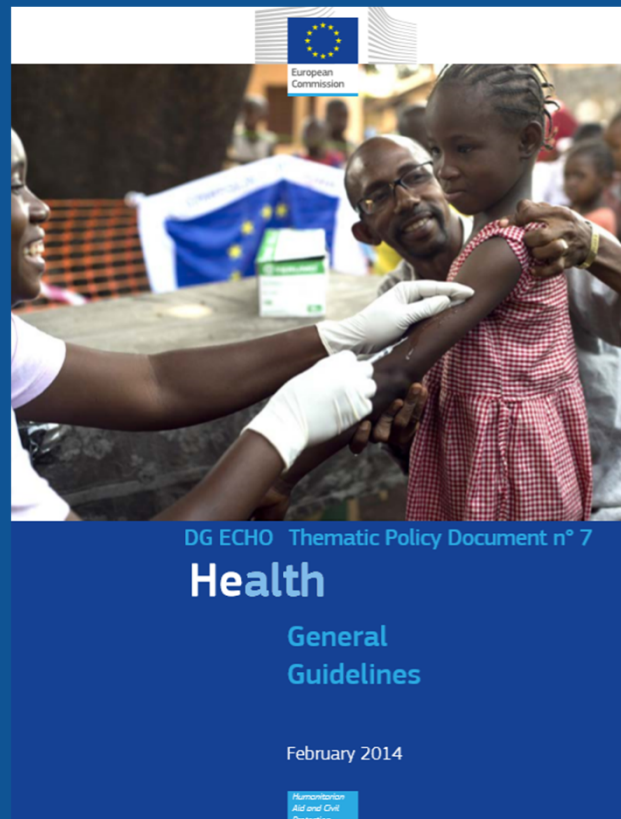


Supporting training, research and operational initiatives

- Funding IHL dissemination to military/security forces and armed non-state actors in conflict-affected countries.
- IHL promotion through Common Security and Defence Policy (CSDP)/EU training missions.
- Capacity-building funding for humanitarian actors:
 - Geneva Call training resources on engaging ANSAs, incl. on protection of healthcare (2018)
 - support collection or research that aim at the protection of humanitarian workers or of healthcare (2020 - evaluation of proposals ongoing)
- Support to ICRC Health Care in Danger (HCiD) initiative (Ukraine, Afghanistan, Myanmar)



Supporting operational standards in protection of health care



Facilitating healthcare in response to COVID-19 in humanitarian settings

- Supporting the health and wash sectors, including the provision of PPEs for health staff and humanitarian workers.
- Humanitarian Air Bridge





Thank you

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For more information:

<http://ec.europa.eu/echo>



European Commission - Humanitarian Aid & Civil Protection (ECHO)



EU humanitarian aid @eu_echo





VIOLENCE AGAINST
HEALTH CARE MUST END

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

Review of the state of ongoing concrete initiatives and ICRC strategy on the protection of health care

Maciej Polkowski, head of Health Care in Danger, ICRC

Eurasia regional HCiD meeting, 3 – 4 Feb 2021



Issue at the heart of Red Cross and Red Crescent mandate

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Nobody wants to admit it but everybody
suffers because of the local violence.



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Healthcare in Afghanistan: 'Doctors are threatened at gunpoint, even by civilians'

Doctors, nurses and their families are routinely attacked, disrupting the delivery of medical care and putting the healthcare system in danger of collapse

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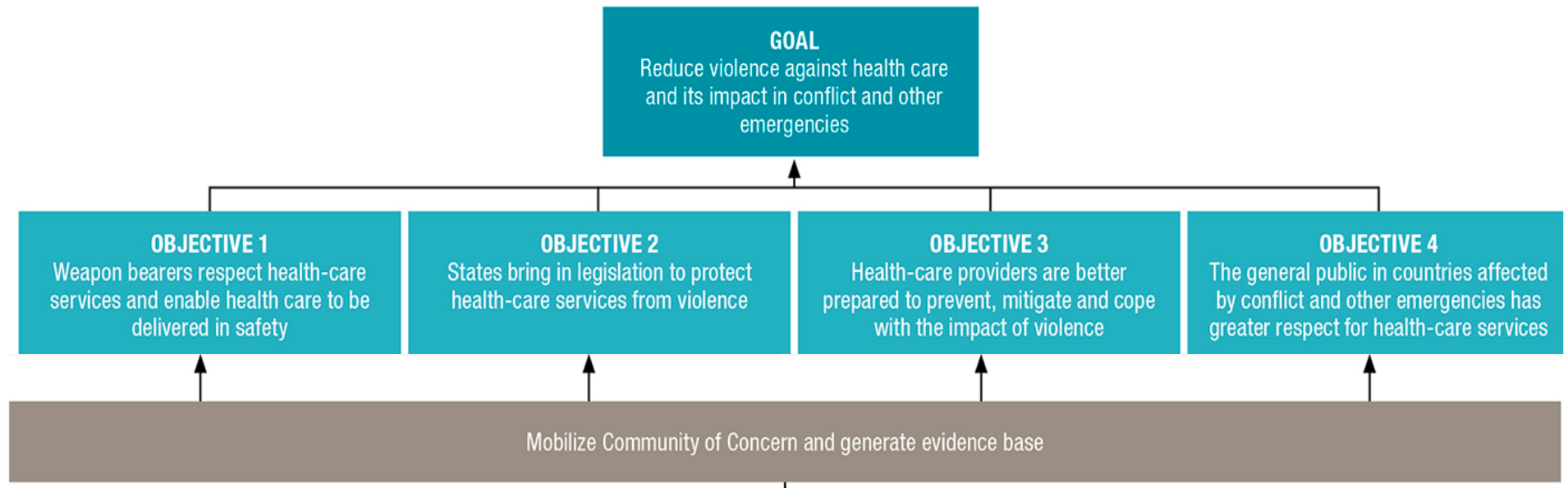
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HEALTH CARE IN DANGER – THEORY OF CHANGE



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Working with weapon bearers





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Domestic legal frameworks

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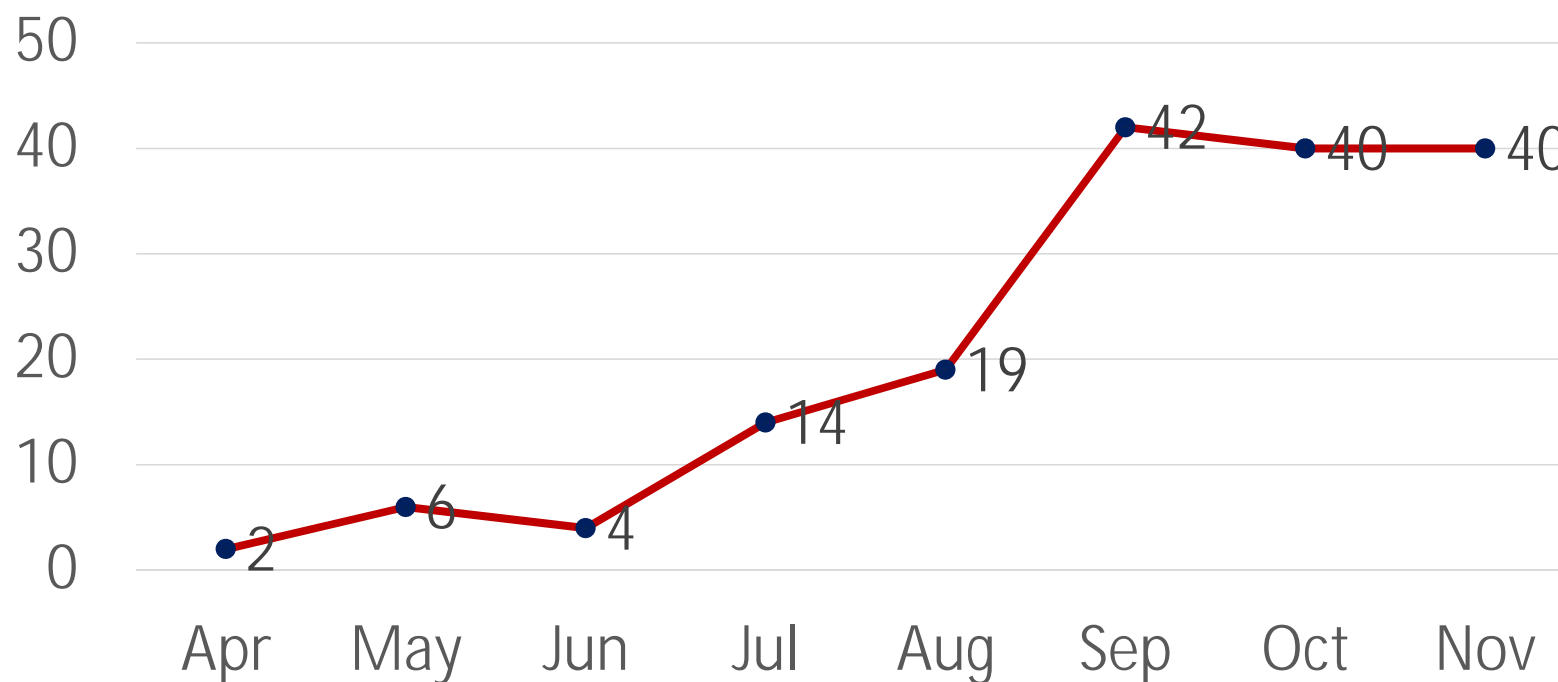


Preparedness and resilience

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NUMBER OF GUNS SEIZED AT ED FROM APR - NOV, 2018





Changing behavior

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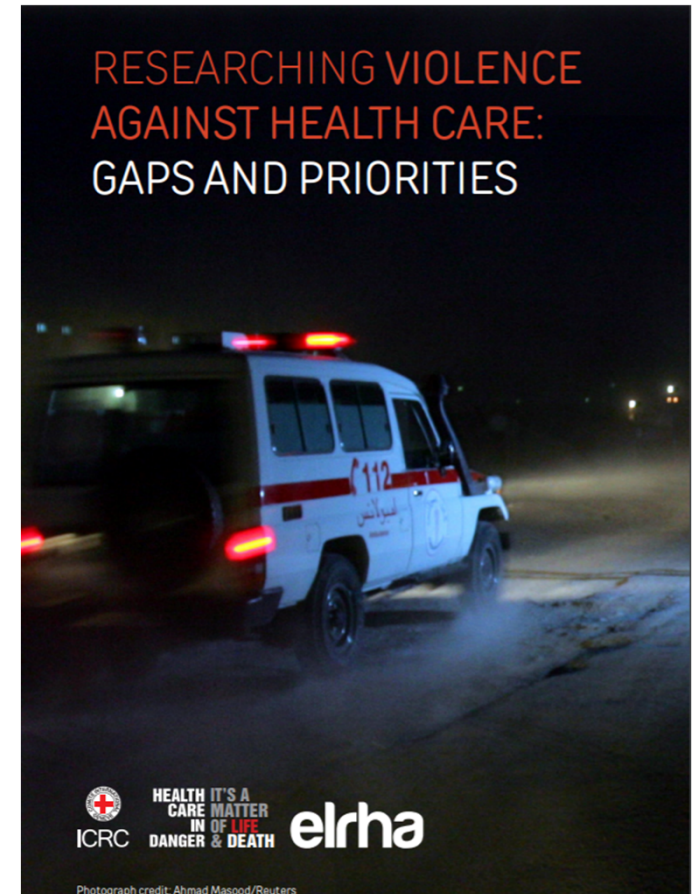
Evidence base generation

- Purposes of data and research
- Prevention through context-specific analysis
- Measuring what works
- Partnership with national research institutes

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RESEARCHING VIOLENCE
AGAINST HEALTH CARE:
GAPS AND PRIORITIES



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

elrha

Photograph credit: Ahmad Masood/Reuters



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Working together for change



IFMSA
International Federation of
Medical Students' Associations



World Health
Organization



ICRC



WFME
WORLD FEDERATION FOR
MEDICAL EDUCATION

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

SAFEGUARDING
HEALTH
IN CONFLICT



International
Hospital
Federation





ICRC International cooperation and peer-to-peer exchanges

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- Commonalities across contexts
- Building solidarity
- Diplomats should work with health professionals
- Role of researchers
- Spotlight on health within pandemic





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Thank you!