PRELIMINARY CONCEPT NOTE - EXTERNAL VERSION

2nd Africa Regional Health Care in Danger (HCiD) Meeting

ONLINE – 18-19 July 2022

i. BACKGROUND ON HCID STRATEGY

The HCiD Strategy 2020-2022 is based on a Theory of Change (ToC) embracing four objectives:

- 1 Weapon bearers are respectful of health care services and enable their safe delivery
- 2 States have adopted and implemented legislation for protection of health care from violence
- 3 Health care providers are better prepared to prevent, mitigate and cope with the impact of violence
- 4 General population in countries affected by conflict and other emergencies has increased its respect for health care

And operating along three intertwined axes for engagement:

Operationalization

Evidence-base generation

Influencing and coalition building

ii. REGIONAL MEETINGS

The current strategy emphasizes practical implementation through the operationalization of concrete measures at the local and national level. In alignment with strategic orientations, the HCiD Initiative has transitioned from holding annual meetings of global stakeholders to biannual regional ones. The regional focus (of which for the ICRC there are five) provides a forum that allows stakeholders to share experiences on approaches and develop and reinforce local, national and regional partnerships to prevent and address violence against health care. Partnership with the Community of Concern and the International Red Cross and Red Crescent Movement are pillars in advancing this common agenda and the format of co-organization is being employed to foster regional ownership and engagement.

The 1st Africa Regional HCiD meeting was planned as an in-person meeting that was to take place in Tunis but was moved online due to the COVID-19 pandemic. It was successfully held on 24-25 June 2020. Since that time in other regions meetings have been co-organized or hosted by partner National Societies or partner universities and with more focused support from select delegations. This helps to give the meetings a fresh angle that can facilitate new learnings and a stronger anchoring in the region.

The final format and character of this meeting will be determined in consultation with key stakeholders.

iii. THE 2nd AFRICA REGIONAL HCID MEETING

The Health Care in Danger Initiative is focused on reducing violence and mitigating the effects of violence in zones of conflict and other emergencies. The ICRC prioritizes the implementation of concrete measures to safeguard health care in conflictual contexts in the Africa region in line with its mandate. Many partners both within and outside the Movement are contributing to the protection of health care by implementing a range of measures including supporting the resilience of health care workers, leading awareness raising campaigns, advancing policy measures and carrying out humanitarian diplomacy. The ICRC is operationally present in some contexts, but the field of action is much wider, and the Africa region has potential for broader engagement, sharing and upscaling good practices and reinforcing linkages.

The protection of health care against violence is universally relevant, and the ICRC seeks through these meetings to advance a common agenda and reinforce regional and global partnerships including two-way collaboration and exchanges of experiences. Tools and approaches developed to reduce violence and mitigate in one context can be inspiration and facilitate learning and adaptation in another.

The COVID-19 pandemic has further demonstrated the durability and importance of the central tenet of Health Care in Danger - the inviolability of health care - and the cascading negative consequences of its non-respect. There is scope and, in light of the novel situation, a need to exchange on recent experiences working to protect health care from violence, including during the pandemic to review promising practices.

As a result of the COVID-19 pandemic, meetings are being adapted to a virtual and abridged format. The meeting is proposed to be in the form of two substantive sessions per day over two days (four sessions total), with a formal opening and closing. To take advantage of the online format, a recorded public meeting where stakeholders are invited is proposed. The report from the meeting will be made public. See the last report <u>here</u>.

iv. MEETING OBJECTIVES

- Facilitating the **sharing of experiences** and **ongoing good practices and recommendations** through presentations and interactions to forge links and strengthen partnerships
- Mobilizing actors working in and around the protection of health care in terms of practical action, research, influencing and resource mobilization
- Raising the profile of and generating new interest in the protection of health care as a critical field of work and a shared concern

v. PROPOSED FORMAT AND AGENDA

PROPOSED FORMAT

The proposed format: two or three sessions per day running between 90 minutes in duration with an additional 30minute opening session on the first day and a 30-minute closing session on the last. The proposed format will consist of online panel presentations and discussions though alternate proposals and new ideas to make the sessions more interactive are welcome. Delegations are encouraged to mobilize national stakeholders to participate, including those outside the Movement. The HCiD Unit will also work with the region and delegations to augment this participation. The event or specific sessions could be co-organized by partners within or outside the Movement, along with collaboration between the Health Care in Danger Initiative in Geneva and the co-organizing regional delegation(s).

NB: Times listed are in West Africa Time GMT+1/UTC+1

Day 1	Session 0 Session 1 Session 2 Session 3	18 July	9:00-9:30 9:30-11:00 12:00-13:30 13:30-15:00
Day 2	Session 4 Session 5 Session 6	19 July	9:30-11:00 12:00-13:30 12:30-14:00

The opening session will be used to frame the meeting and outline its objectives and the format. Each of the five substantive sessions will be presided over by a moderator and then feature three panel presentations (15 minutes each) followed by a question and answer period. The closing session will summarize recommendations and formally close. The HCiD Initiative is open to other and more innovative approaches to facilitate greater interaction and participation.



