

## **Health Care in Danger (HCiD) Initiative**

### **Introduction**

The issue of lack of safe access to health care lies in the very heart of the Red Cross Red Crescent mandate, from the very moment Henry Dunant organised first aid for wounded soldiers on the Solferino battlefield. This issue in a way encapsulates the very sense and purpose of being of the RCRC Movement. Indeed, if one wanted to summarise in one sentence the main meaning of the red cross symbol then one would have to say it is that wounded and sick deserve to be treated with respect and those who provide them with care should enjoy special protection. Sadly, despite the fact these lofty ideas were laid down in the shape of the Geneva Convention more than a century and a half ago, we are still witnessing violence against health-care workers, facilities, transports and patients in many countries around the world. In this context, the HCiD initiative is aimed at consolidating existing approaches and implementing innovative ones in order to address the gap in protecting healthcare from violence and attacks.

### **HCiD resolutions and commitments**

The resolution 4 adopted during the 32<sup>nd</sup> International Conference (the legacy of the resolution 5 adopted during the 31st International Conference) is a major milestone for the initiative. It provides a strong HCiD mandate through a more robust resolution, it strongly positions HCiD as a Movement-wide Initiative and it reinforces the need for a continued cooperation among all stakeholders. Key practical recommendations were also endorsed as a basis for continued efforts: Increasing activities at the national level, working collectively (multi-stakeholders approach), and keeping the issue alive internationally. In terms of commitments, 32 states and 38 National Societies have signed HCiD-related pledges at the 32<sup>nd</sup> International Conference.

### **Specificities of the HCiD Initiative**

- **Three tracks to address a complex issue** (the beginning of the HCiD Initiative). Through the Diplomatic Track, the HCiD Initiative has developed and leveraged partnerships including with States and national authorities, members of the health-care community and other stakeholders from across the world to come together to discuss different aspects of the threats against health care in regional and international professional settings, and to develop solutions. The Communications Track has been essential to the success of the initiative, particularly in relation to positioning HCiD as an important humanitarian issue that is of vital concern to the ICRC and the Movement, and to support the implementation of the two other tracks. Through its Communication Track, the initiative has also successfully secured traction at the diplomatic level, and made considerable inroads into sensitizing the general public about Health Care in Danger. The operational track has been focusing on producing expert recommendations, tools and methodologies to enable relevant actors at national level (Movement and external partners) to implement concrete measures to address violence against health care in their respective contexts.

- **The HCiD Community of Concern (CoC)** is a catalyst for change, supporting, at the local level, the implementation of recommendations and measures to protect health care. It is made up of health professionals, governments, weapon bearers, civil society representatives, NGOs, international organizations and more. Together with this community and through research, debate, consultations and workshops worldwide, the HCiD initiative has identified a number of recommendations and practical steps to safeguard health-care services. Initially, the CoC's focus was global promotion and awareness-raising for the protection of health, but through the formation of HCiD Communities of Action (see below), the CoC began participating in more operationally-oriented working groups focused on a particular aspect of the HCiD recommendations. Currently the CoC is also utilizing their networks towards the formulation of domestic (national and regional) CoC development.

- **The HClD Communities of Action (CoA):** In line with the HClD Resolution adopted in 2015, the CoA for Ambulance and Pre-Hospital Care Providers in Risk Situations has been launched to focus more intently on the implementation of practical measures to enhance the safer health care service through a network of ambulance and pre-hospital actors, which operate in risk situations. It is led by the Norwegian Red Cross and comprises ambulance service providers from within and outside the Movement. Another CoA was also launched under the framework of the HClD Initiative in late 2015 to focus on the promotion of the recommendations for the preparedness of health care services.

- **The HClD Movement Reference Group (MRG)** is composed of representatives from 26 National Societies, ICRC and IFRC Secretariat. Its main objectives are to exchange good practices to translate recommendations into actions, to initiate collaborations and partnerships among Movement partners, to ensure a coherent Movement approach to HClD, and to speak in one voice as the Movement (e.g. joint statements). The MRG is regularly organizing events such as the HClD MRG annual meetings in Geneva, and as of 2019 HClD regional meetings.

### **UNSC Resolution 2286: a milestone for the HClD Initiative**

The most prominent example of HClD success at the diplomatic level has been the passing of the Resolution 2286 by the UNSC. While the resolution in itself is a resounding success, one needs to realise that we will only be able to speak of truly achieving our goals once this political fact is translated into a real difference for people on the ground.

### **HClD today and tomorrow**

**The HClD Theory of change (ToC):** Developed in 2018 by the ICRC HClD team and endorsed by Movement partners at the latest HClD annual meeting the same year, the HClD ToC depicts the cause-effect pathways to achieve the four main outcomes to reduce the frequency and impact of violence against health care personnel and facilities during conflicts and other emergencies:

1. Changing the behaviour of weapon bearers;
2. Improving domestic legislation;
3. Enhancing the preparedness of health-care systems;
4. Changing the behavior of the general public

Our primary modus operandi is to work in partnership with health-care providers through the global Community of Concern – which brings together a variety of entities that share the aims of the HClD initiative – and through field-level coalitions.

In addition to depict all the actions needed to achieve safer health care globally, The ToC can also be used to inform, structure and measure HClD activities within a specific area of responsibility, such as a single ICRC delegation, a National Society or a national medical association wishing to protect health care personnel and facilities against violence. The ToC can play such a role even where resource constraints only permit implementation of a few activities. Indeed, it would be rare for all activities to be implemented in one area.

### **HClD resources**

The HClD website (<http://healthcareindanger.org/hcid-project/>) provides a collection of resources dedicated to the protection of health care in conflict and other emergencies, including a wide range of publications and training tools that can be consulted and downloaded. These resources address the issue of HClD from several different thematic areas, providing the reader with a series of recommendations and practical measures to ensure access to health care and its delivery are safer. In addition to the HClD publications, the website also proposes e-learning modules, the HClD Massive Open Online Course (MOOC), the HClD Online Community, HClD diagnostic tool for health facilities (Security Survey), manuals for management and de-escalation of violence in health-care settings, and more.