



MARKING TEN YEARS OF HEALTH CARE IN DANGER

IN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

South Sudan Red Cross volunteers carry a patient back to the ward after a surgery.



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Cover photo

Volunteers from the Hargeisa branch of the Somali Red Crescent Society respond to the devastating fire at Waheen Market, Hargesia.



THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT¹

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours – in its international and national capacity – to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for every human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

The Movement makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

The Movement is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



Healthcare personnel (and services) should be allowed to operate in a neutral environment, free from any coercion to take sides.

ACKNOWLEDGEMENTS

The ICRC would like to express its heartfelt gratitude to the Movement partners who supported and contributed to this publication and the associated activities. Your work and partnership to advance the protection of health care will no doubt serve as an inspiration to colleagues within and outside the International Red Cross and Red Crescent Movement.



Belgian **Red Cross**



+ Cruz Roja Colombiana



Norwegian **Red Cross**



Croce Rossa Italiana



ہلال احمر پاکستان



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FOREWORD

It is a pleasure to present this report marking ten years of the Health Care in Danger (HCiD) initiative in the International Red Cross and Red Crescent Movement. The stories it contains reflect the work that National Society staff and volunteers – acting alone and in partnership – have done over the past decade to protect health-care services from violence and attack, especially in conflict settings.

The HCiD initiative, which has its roots in the very origins of the Movement, has evolved over time. Whereas the initial focus was on setting the normative framework, the emphasis now is very much on taking practical action. This shift is embodied in the International Committee of the Red Cross (ICRC) institutional HCiD strategy 2020–2022 and the associated theory of change.²

This report captures the sheer diversity of measures that Movement partners – as agents of change – have taken and will continue to take, as well as the strong overlap between operations in conflict and in peacetime. By shining a light on this critical work, the ICRC hopes to encourage more National Societies to get involved – because collaboration grounded in complementarity of action is critical to sustained success.

While there remains much to be done, the unwavering focus to date has saved the lives of countless health-care providers and wounded and sick people.

I want to reaffirm the ICRC's continued commitment to working with Movement partners to improve the safety and security of health-care personnel, including Movement staff and volunteers.³ As we have demonstrated, collective action gives us the leverage and scope to do things that none of us could ever achieve alone. Working together is how we can make a genuine difference for health-care staff and volunteers, and for their patients and families.



Kate Halff
Head of Movement Cooperation
International Committee of the Red Cross

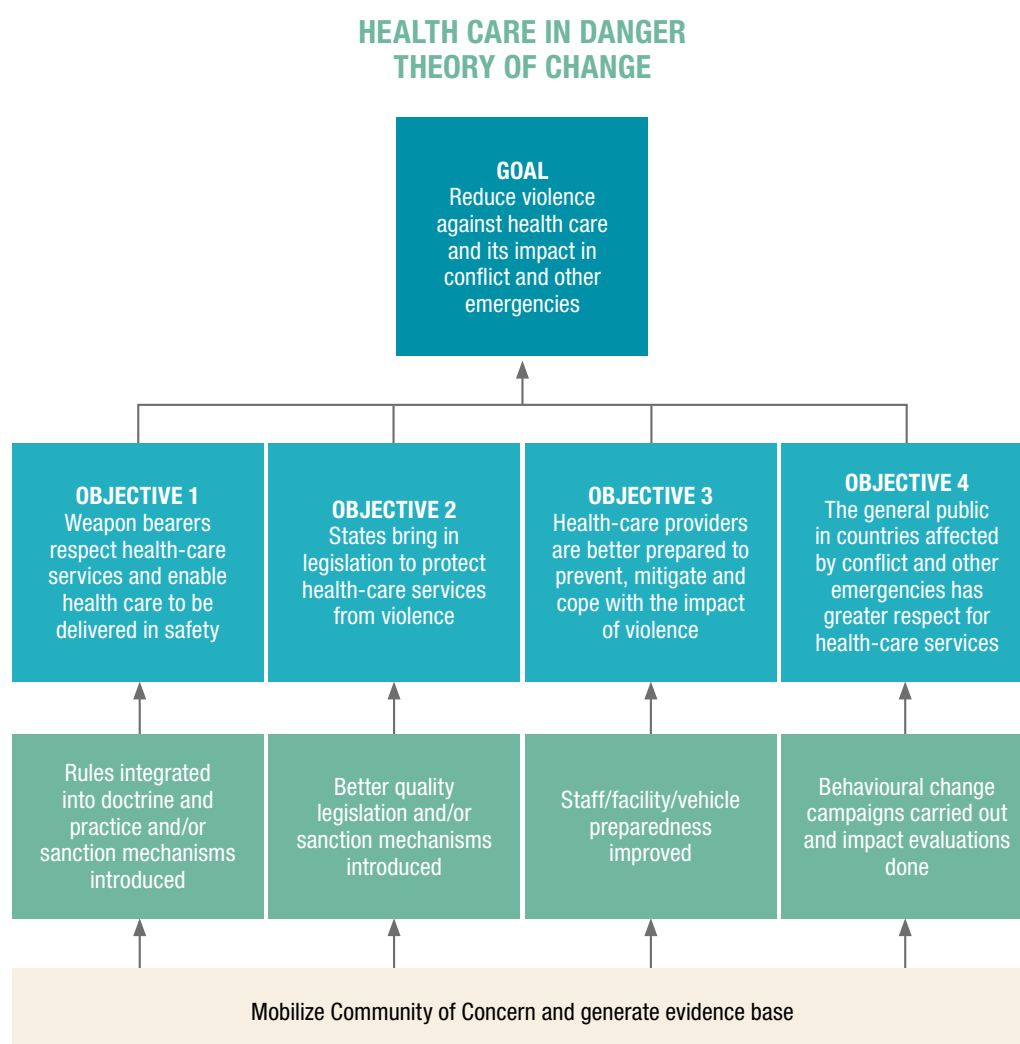
ABOUT THE HEALTH CARE IN DANGER INITIATIVE

Health Care in Danger (HCiD) is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, health-care workers, facilities and vehicles, and ensuring safe access to and delivery of health care in armed conflict and other emergencies.

The protection of health care has long been a cornerstone of the Movement, which is rooted in providing neutral and impartial care to the wounded and sick in times of armed conflict. The genesis of the HCiD initiative was brought about through the adoption of Movement Resolution 5 of the 31st International Conference in 2011 and Resolution 4 of the 32nd International Conference in 2015.

These Resolutions represent the Movement seeing a need to redouble its focus on safeguarding health care, while the actions taken since reflect the fulfillment of a commitment to addressing these diverse needs.

Since 2015, following the adoption of Resolution 4, the strategic emphasis has shifted to translating recommendations and guidance into concrete actions. This implementation work continues today, as embodied in the ICRC's HCiD theory of change below.



A replica of a bomb-damaged ambulance on display,
promoting the Health Care in Danger project.



I. Grøberg/ICRC

BELGIAN RED CROSS

A MULTI-TRACK APPROACH

Laura De Grève



Head of International Humanitarian Law

These exchanges have been fruitful, strengthened knowledge of IHL and highlighted some areas of focus when it comes to medical care in the planning of military operations and the role of the medical component.

Fred Casier



Senior Legal Adviser in International Humanitarian Law

These processes paved the way for firm commitments to be made and followed up at home on legal protections for health care in situations of armed conflict and other emergencies.

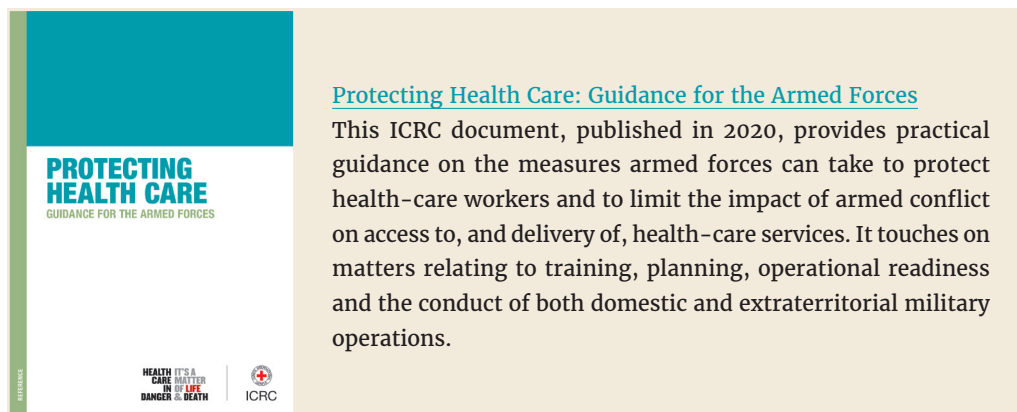
Over the past decade, the Belgian Red Cross has engaged with the HCiD initiative along several tracks, with a particular focus on humanitarian diplomacy, humanitarian law and policy, and spreading knowledge of international humanitarian law.

In 2014, the Belgian Interministerial Commission for Humanitarian Law, the Belgian Red Cross and the ICRC held a workshop in Brussels on domestic normative frameworks for the protection of health care. The workshop identified measures that national authorities can take to implement the existing international framework, including rules on the protection of health care under international humanitarian and human rights law. A set of practical recommendations was produced on improving legal protections for patients and health-care personnel and facilities, ensuring the proper use of the red cross and red crescent emblems, providing legal protection for medical ethics and confidentiality, and dealing with violations of the rules protecting health care.

Since then, the Government of Belgium and the Belgian Red Cross have made several commitments to operationalize these recommendations, and work on fulfilling these commitments continues.⁴ Frédéric Casier, Senior Legal Adviser in International Humanitarian Law at the Belgian Red Cross (French-speaking community), says: “These events and institutional processes have paved the way for firm commitments to be made and followed up at home on legal protections for health care in situations of armed conflict and other emergencies. They have also served as a foundation for further engaging Belgium in promoting the protection of health care on the international stage. At the Belgian Red Cross, we have been visible in our role as a technical reference.”

The National Society has also been engaged in providing training and raising awareness. For instance, it has delivered a number of modules on international humanitarian law to the Belgian Armed Forces as part of a bilateral cooperation agreement with the Ministry of Defence, signed in 2012. Trainees have included armed forces medical personnel and officers working in civil-military engagement.

Often, these modules include sections on the rights and responsibilities of health-care workers, as well as on the main challenges in promoting respect for medical personnel and facilities during armed conflict. At each session, the National Society shares recommendations on how to minimize the incidental effects of military operations on medical personnel and facilities, and to ensure safe access to health-care services. These training sessions have implications for the planning of operations and have been supported since 2020 when the ICRC published a set of detailed guidelines entitled *Protecting Health Care: Guidance for the Armed Forces*.⁵



Protecting Health Care: Guidance for the Armed Forces

This ICRC document, published in 2020, provides practical guidance on the measures armed forces can take to protect health-care workers and to limit the impact of armed conflict on access to, and delivery of, health-care services. It touches on matters relating to training, planning, operational readiness and the conduct of both domestic and extraterritorial military operations.

Laura De Grève, Head of International Humanitarian Law at the Belgian Red Cross (Flanders), says: “The armed forces have expressed an interest in further discussions on how military and civil medical teams can coordinate in armed conflict without undermining the perception of civil personnel as neutral and impartial. There’s often debate around the interpretation of certain rules, such as the use of the emblem and the protection it provides, and the notion of hostile acts and their consequences for the protection of medical personnel and infrastructure. These discussions have been fruitful: they’ve strengthened knowledge of humanitarian law and highlighted some areas of focus when it comes to medical care in the planning of military operations and the role of the medical component.”


The Belgian Red Cross has also trained civil medical personnel. In recent years, for instance, it has educated doctors and nurses about the protection of health care as part of humanitarian law training sessions held at the Institute of Tropical Medicine Antwerp. It is also in talks with the Université libre de Bruxelles (ULB) in Brussels on delivering a recurring humanitarian law seminar for civil medical personnel (doctors, nurses and paramedics). Ms De Grève adds: “In recent years, civil personnel have become a new audience for humanitarian law activities, prompting some interesting debates on the rights and duties of health-care workers. Trainees also come away with a better understanding of the International Red Cross and Red Crescent Movement’s role, and of what the protection of health care means from an operational and advocacy perspective.”

“In recent years, civil personnel have become a new audience for humanitarian law activities, prompting some interesting debates on the rights and duties of health-care workers.”

The Belgian Red Cross has also engaged in public communication, including by participating in the #WeAreNotATarget social media campaign in 2017, as well as making global and historical connections as a way to highlight the relevance of the issue. In 2013, for instance, the Belgian Red Cross (Flanders) hosted two volunteers from the Syrian Arab Red Crescent, who talked to local staff and volunteers about their experience of providing aid in the context of an armed conflict. And in 2018, the National Society held an event in Ypres, as part of the First World War commemorations, to raise awareness about the impact of violence on medical and humanitarian personnel. More than 400 volunteers were involved in this event.⁶



An event organized by the Belgian Red Cross in Ypres, as part of the First World War commemorations, to raise awareness about the impact of violence on medical and humanitarian personnel.



The Colombian Red Cross plays a significant role in the Misión Médica and ensuring the protection of health care.

COLOMBIAN RED CROSS

WE WORK TIRELESSLY TO PROTECT HEALTH-CARE WORKERS AND SERVICES

Over the decades, the Colombian Red Cross has worked with various government administrations to develop and implement laws to safeguard health-care services, which encompass not only health-care workers but also the facilities, vehicles and other activities associated with health care.

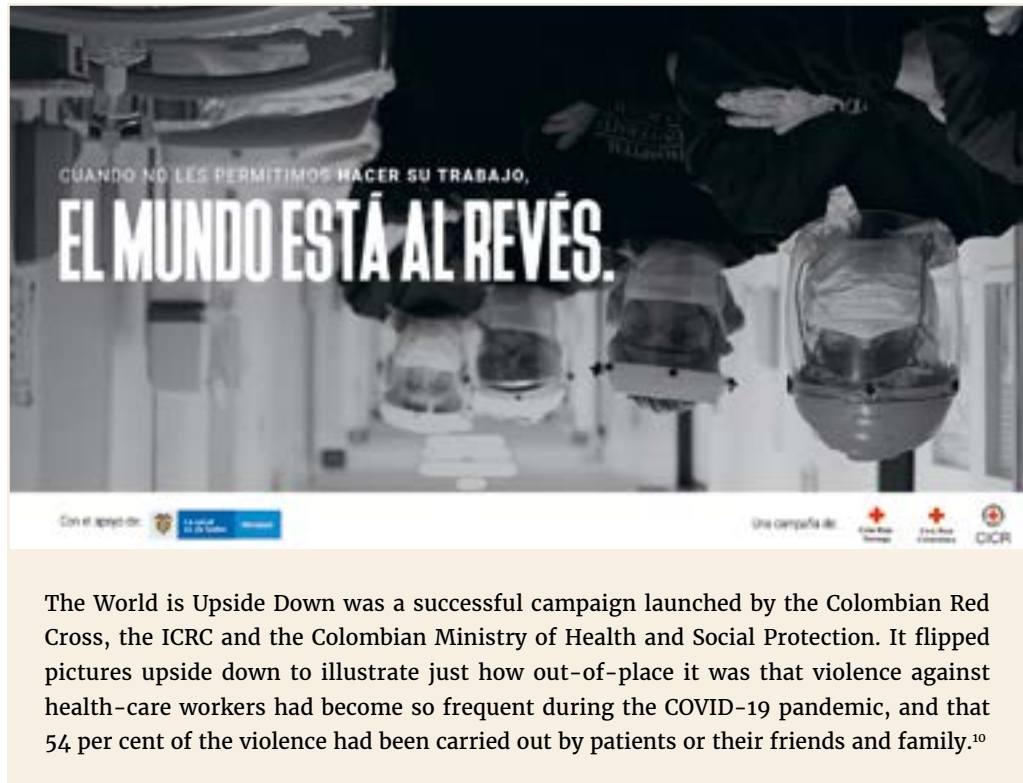
Incidents of violence against health-care services in Colombia have increased significantly in recent years.⁷ The number of violent incidents in 2021 was 70 per cent higher than in 2020 and 528 per cent higher than in 2018. Moreover, in some parts of the country, armed conflict and other violence have partially or almost completely prevented people from getting access to health care.

In response, the Colombian Red Cross's Integrated Health Management Team has identified the areas of the country where civilians are particularly at-risk, for example because of armed conflict or other violence, or areas where a lack of security leads to more violent incidents against health-care workers, facilities, vehicles and goods.⁸

The progress that has been made on access to and respect for health-care services is in no small part thanks to the Red Cross's presence throughout the country and the ongoing coordination via a standing round table on safeguarding health-care services.⁹ This platform – made up of representatives from Colombia's Ministry of Health and Social Protection and other institutions – has been compiling data about violent and non-violent incidents since 1996 to help better monitor and understand the nature and severity of the problem. According to one staff member, "Understanding what's going on allows us to prioritize how we use our small budget and few human resources."

In 1996, a study by the ICRC on violence against health-care services in Colombia led to a joint initiative by the Colombian Red Cross and the Ministry of Health and Social Protection. As part of this, a working group was formed in 1998 that included other bodies, such as the human rights office under the president, and professional organizations for health-care workers. It began documenting the violence and working to create a unique emblem specifically to protect civilian health care. In 2002, the progress coalesced into the health ministry's Resolution 4481 (updated in 2012). The resolution created the *misión médica* (medical mission) emblem, set out guidance on how it would be used and provided for regular meetings of a round table that would be organized by the health ministry and bring together several institutions. Its purpose was to follow up on the implementation of the resolution. In 2012, when the HCiD initiative began, the Colombian Red Cross was a key participant, holding annual meetings to exchange experience. As part of that initiative, a first regional seminar on respecting and safeguarding health care was held in Bogota in 2014, in cooperation with the ICRC delegation, the Colombian Red Cross, and the health ministry. The second regional seminar was also held in Colombia, in 2022.

Over the decades, the Colombian Red Cross has worked with various government administrations to develop and implement laws to safeguard health-care services, which encompass not only health-care workers but also the facilities, vehicles and other activities associated with health care. A milestone was reached with the creation of a *misión médica* emblem representing the obligation to safeguard health-care services. The emblem's purpose is to ensure that people who are sick, wounded or most at-risk have safe access to health care, based solely on their medical needs.



The emblem has begun to be displayed on medical vehicles and be used as a symbol of protection of health care and access to health care in the most remote areas. During the COVID-19 pandemic, a period of unrest coincided with a spike in health-care needs, particularly during the second wave of infections. The roads were blocked, and people weren't letting through biomedical equipment and supplies, patients, health-care workers, medical vehicles, or even vehicles carrying medical oxygen.

At the request of the Ministry of Health and Social Protection, and thanks to a concerted effort, the Colombian Red Cross organized and escorted 90 caravans to provide more than 60 towns with urgently needed health supplies. More than 9,000 people were helped thanks to this operation.

The Colombian Red Cross offers workshops on the importance of respecting and protecting health-care workers at all times, through its management programme for safeguarding healthcare services.

The Colombian Red Cross offers workshops on the importance of respecting and protecting health-care workers at all times, through its management programme for safeguarding health-care services. The strength of the Colombian Red Cross is its volunteers, but the work of the Colombian Red Cross's partners has also been crucial. Support from the rest of the Movement, such as the ICRC and the Norwegian Red Cross, has helped with the planning and coordination under the HCiD initiative.



Colombian Red Cross Convoy.

Iraqi Red Crescent Society's First Aid
Services during the Demonstrations
in Al Tahrir Square, Baghdad, 2019.



Iraqi Red Crescent Society

IRAQI RED CRESCENT SOCIETY

PARTNERING FOR THE PROTECTION OF HEALTH CARE

Mr Faisal Ghazi



The Iraqi Red Crescent Society HCiD Trainer, Baghdad Province

The communities we worked with took a keen interest in how their reactions and behaviours affected the safety of health-care facilities and personnel.

Mr Mohammed Khalid



The Iraqi Red Crescent Society First Responder, Anbar Province

The HCiD course taught us how to avoid violence by managing dialogue, maintaining understanding, staying calm and keeping control of the situation.

Over the past two decades, sustained violence against medical personnel has had a devastating impact on health-care services in Iraq. A 2007 report found that, since 2003, over 2,000 senior doctors had been killed and 250 had been kidnapped, and that 12,000 doctors (out of a total of 34,000) had left the country.¹¹ Those numbers have undoubtedly increased since, in a climate where violence against health care is rife. In many cases, this violence is not directly linked to armed hostilities; more often, it is the indirect consequence of decades of violence and economic sanctions.

A lack of investment in medical infrastructure, training and equipment has caused a decline in the availability and quality of drugs and medical services.¹² Health-care professionals remaining in or entering the workforce may not have sufficient training or experience to address the needs of the communities where they work. The COVID-19 pandemic has further aggravated the situation.

These dynamics have given rise to a vicious cycle in which the safe delivery of health-care services is disrupted, medical personnel suffer bodily harm, and health-care facilities experience high turnover among extremely stressed staff – all of which adversely affects the quality of the service they provide. However, these systemic problems are not visible to people outside the health system. As a result, doctors and nurses tend to bear the brunt of frustrations, which can sometimes escalate into violence, from patients and their families.

In the face of these challenging circumstances, the Iraqi Red Crescent Society and the ICRC have been working to strengthen respect for health care in Iraq through the HCiD initiative. Movement partners supported a high-profile public communication campaign, organized by the Iraqi Ministry of Health in November 2018, to draw attention to the issue of violence against medical personnel and facilities in Iraq and its negative impact on the delivery of health care. The campaign also aimed to raise awareness around the right of medical personnel to be protected and to perform their life-saving work in a safe environment. Reflecting on the awareness-raising sessions, Mr Faisal Ghazi, Iraqi Red Crescent Society HCiD Trainer in Baghdad, says: “The communities we worked with took a keen interest in how their reactions and behaviours affected the safety of health-care facilities and personnel.”

For several years, the Iraqi Red Crescent Society has been working with relevant parties to raise awareness of medical staff responsibilities, medical ethics and the importance of upholding professional standards. The Norwegian Red Cross has also been engaging in complementary activities, including the development and delivery of training on violence prevention and stress management. The two National Societies and the ICRC are collaborating to provide health-care facility staff with guidance on de-escalation and on how to cope with stress and violent experiences.

Iraqi Red Crescent Society's response during the Arba'een pilgrimage (visit), Karbala Governorate, 2018.



To illustrate the scale of the problem, a recent study on patterns of violence in 11 Baghdad hospitals found that 87.3 per cent of health-care workers had experienced violence in the past six months, with 93.7 per cent of these incidents perpetrated by patients or those accompanying them, including relatives.¹³

The Iraqi Red Crescent Society and the ICRC have been working to strengthen respect for health care in Iraq through the HCiD initiative.

The [Training Manual on Interpersonal Violence Prevention and Stress Management in Health Care Facilities](#) aims to equip health-care personnel with simple and practical skills to de-escalate and prevent tension and violence in the workplace.



Iraqi Red Crescent Society's first responders prepare for the Arba'een pilgrimage 2021.

Iraqi Red Crescent Society

The modules developed by the Norwegian Red Cross are contained in a manual entitled *Training Manual on Interpersonal Violence Prevention and Stress Management in Health Care Facilities*.¹⁴ The modules, which were tailored to local context, were delivered to 38 Iraqi Red Crescent Society staff and volunteer trainers from across the country. In turn, these trainers delivered 22 de-escalation sessions to 245 health-care workers and supporting staff in facilities operated or supported by the National Society in five governorates (e.g. hospitals, primary health care centres, and ambulances/first responders).

Feedback from the trainees has been overwhelmingly positive. Mr Mohammed Khalid, an Iraqi Red Crescent Society First Responder in Al Anbar Governorate, says: “In the past, we had problems with the behaviour of many patients’ families, and we were often attacked and provoked while carrying out our duties. The HCiD course taught us how to avoid violence by managing dialogue, maintaining understanding, staying calm and keeping control of the situation.” Trainees also report that the subject matter is interesting and relevant, not least because it builds on their lived, in-service experiences. They feel it has been helpful in reducing tension, building trust and defusing potentially violent situations.

Internal workshops have also been held with partners in order to gather lessons learned, review challenges, formulate recommendations and chart the way forward. These sessions have highlighted limited social awareness of the importance of treating health-care providers and facilities with respect, which is likely correlated with the deterioration in the services provided to these communities.

These ongoing engagement and partnership efforts are set to continue with ambitions to further scale up and build expertise, and with interest in incorporating HCiD modules into national curricula and providing more forums for sharing experiences. Other prominent themes include building a stronger community dimension into the work with an eye towards long-term sustainability and better considering the psychosocial support needs of health-care providers themselves.



An example of a street campaign, 2019.

ITALIAN RED CROSS

NO COUNTRY IS FREE FROM VIOLENCE AGAINST HEALTH CARE

Mr Rodolfo Coceancig



“Italy is not a country in conflict, but we are not free from violence against health care.”

Since 2016, Italian Red Cross staff and volunteers have taken to the streets to run campaigns on creating a climate of respect for health care, recognizing the importance of public awareness and engagement. “We use mannequins dressed as medical personnel to simulate violence and attacks, such as gunshots wounds,” explains Mr Coceancig. “You can even see the blood on their clothes, which is not real, of course. Passers-by stop to visit our improvised camps in the streets, and we take the opportunity to raise awareness of the importance of protecting health care and allowing access in all circumstances.”

Before taking to the streets, campaign participants receive dedicated training. To date, 150 specialist instructors have trained 1,300 volunteers nationwide, who have subsequently run more than 350 street campaigns.

The National Society is also leading the way in documenting incidents of violence against its own health-care staff and volunteers. On 10 December 2018, Human Rights Day, it launched the Italian Red Cross Observatory on Aggressions against Volunteers to coincide with its “Not a Target” campaign.¹⁵ The Observatory gathers data to track trends and build an evidence base on violence against health care. So far, more than 250 attacks on Red Cross staff and volunteers have been reported – an average of one per week since 2018.

“Since the beginning of 2022, the Ministry of Health has run its own national observatory,” says Mr Coceancig. “As a result, attacks and violence against health-care workers are now being reported throughout Italy.” The national observatory monitors events promotes research to identify mitigating measures, and monitors the implementation of prevention and protection measures, including training courses.

The Italian Red Cross also worked closely with the government to support the passage of Law no. 113 of 14 August 2020, which provides strong legal protection against attacks for health-care personnel, medical centres, hospitals and ambulances from attacks. Mr Coceancig explains: “Under this law, for instance, attacks on medical personnel are now considered an aggravating circumstance punishable by imprisonment. The law also protects people who are carrying out a rescue or assisting an injured person, which includes our Red Cross volunteers.”

While the work of the Italian Red Cross is deeply embedded in the daily realities in the country, it is also important for the National Society forge links with those working on HCiD outside Italy. In 2019, Mr Coceancig attended the Near and Middle East Regional HCiD Meeting in Beirut, which he describes as a key event: “Participants appreciated the opportunity to share experiences, dynamics and cultural issues with stakeholders from neighbouring countries. I heard very difficult stories from colleagues from other countries that shocked me. I also felt great pride in the achievements of colleagues from across the Movement.”

More recently, the COVID-19 pandemic has reshaped thinking on the protection of health-care workers. After being lauded as heroes in the early days of the pandemic, they were later hit by a wave of discrimination. Some were physically and verbally assaulted, in some cases for reasons directly related to COVID-19.



When asked for his insights into why health-care workers have faced violence and discrimination during the pandemic, Mr Coceancig says: “Often, it is due to lack of knowledge. Recently, an Italian Red Cross vehicle came across a road traffic accident. The injured people demanded to be taken to the hospital, but established protocols require them to be transported in a specialized ambulance to ensure they receive an appropriate standard of care. These people were very nervous and they didn’t listen to reason. They confronted the Red Cross volunteers, creating a very tense situation. Sometimes people think that because we wear a Red Cross vest we can do everything. That’s not the case, but we try our best.”

“We use mannequins dressed as medical personnel to simulate violence and attacks, such as gunshots wounds. You can even see the blood on their clothes, which is not real, of course. Passers-by stop to visit our improvised camps in the streets, and we take the opportunity to raise awareness of the importance of protecting health care and allowing access in all circumstances.”



Stringer/REUTERS

Red Cross officials carry the victim of a bomb attack on a stretcher during an evacuation in Nigeria's northern city of Kano January 21, 2012.

NIGERIAN RED CROSS SOCIETY

A FULLY ENGAGED NATIONAL SOCIETY

Dr Manir Jega



Director, Health and Care

Community and religious leaders, for example, are critical to keeping health-care workers and facilities safe.

Nigeria is a large country which, according to United Nations projections, may experience population growth from over 218 million people to more than 400 million by 2050.¹⁶ The Nigerian Red Cross Society has branches in all 37 states of the country. With over 800,000 volunteers and staff nationwide, their reach into communities – of which they are also a part – is unparalleled. This reach is critical in terms of meeting the diverse humanitarian needs of people in different parts of the country.

The protection of health care is a significant concern. The Nigerian Red Cross Society and the ICRC are working separately and in partnership, across a growing spectrum of activities, to strengthen respect for health-care personnel and facilities and to protect them from violence and attacks. Several core health-care protection activities feature in the National Society's programming, with a particular focus on collecting data relating to incidents of violence against health care, especially those affecting its staff and volunteers. This is believed to be crucial to understanding the nature and gravity of the problem.

The National Society has also marshalled support for capacity-building to improve awareness and understanding of the rights and responsibilities of health-care personnel, including its staff and volunteers. These activities have been successful at changing mindsets. "Many health-care workers believe that there is not much they can do to protect themselves or health-care facilities," says Dr Manir H. Jega, Head of Health and Care at the Nigerian Red Cross Society. "But with training, they come to understand there are many ways to improve their own security, such as by displaying appropriate signage on facilities and by adopting the correct attitude towards the wounded and sick and their families."

Communication, community mobilization and advocacy are particular strong points of the Nigerian Red Cross Society's work on health-care protection. In these areas, the National Society can exert influence by building on its deep roots within, and connections to, the community through tailored messaging, listening and adaptation.



Local community mobilization posters from the Kwara and Delta State Branches. Nigerian Red Cross Society, 2021

Grassroots mobilization on this issue began over three years ago. Volunteers and staff hold discussions with communities, where they sit down and listen in order to better understand their concerns. When people understand the devastating impact that violence against health care can have on service providers, on services themselves and on the community, they are better equipped to take preventive action. According to Dr Jega, it is no coincidence that there have been no attacks on Nigerian Red Cross Society health-care facilities, staff or volunteers since this mobilization began. He has observed first-hand the results of the work done by the National Society and other partners. For instance, during the unrest associated with the #EndSARS protest movement in 2020, a community was looted and destroyed but the health-care facility was not attacked.

The Nigerian Red Cross Society carries out media engagements, including interactive sessions on radio stations and TV channels featuring key stakeholders as invited guests. These sessions have allowed the stakeholders to engage directly with community audiences. Radio jingles are another useful tool for spreading the message that health-care workers must be protected. “The jingles are broadcast on the radio during peak hours and are tailored to diverse local contexts by the branches and volunteers,” says Dr Jega. “It’s very important to broadcast these jingles in different languages so that listeners feel genuinely represented.”

According to Dr Jega, one of the most successful initiatives has been a series of road shows organized by volunteers from different branches. “Using megaphones and live bands, volunteers hold road show events in markets, streets, parks and neighbourhoods to raise awareness about the protection of health care, especially in risk-prone locations,” he explains. “With lots of music and dancing, they play out scenes depicting what happens when health-care facilities are attacked and remind people how important it is to save patients’ lives.”

As part of this work, the National Society has spent time mapping stakeholders to build a picture of those who may be able to prevent violence against health care. These stakeholders often include religious, traditional and trade union leaders, although their exact composition and influence differ from one community to the next.

The Nigerian Red Cross Society employs an agile approach characterized by listening and adapting. It has created a feedback system, via a toll-free line and social media platforms, so that branches can understand local dynamics, gather ideas and receive suggestions on how to address violence and attacks against medical personnel and facilities. This is especially important during times of crisis, when violence tends to occur. The vast network of volunteers in the community is also highly representative of community perceptions.

“Using megaphones and live bands, volunteers hold road show events in markets, streets, parks and neighbourhoods to raise awareness about the protection of health care, especially in risk-prone locations. With lots of music and dancing, they play out scenes depicting what happens when health-care facilities are attacked and remind people how important it is to save patients’ lives.”

Dr Jega notes the importance of this feedback system and its role in building trust: “We feel that we’ve gained the trust of many people in the communities where we work. We know that the people we’re trying to reach are getting our messages and that they trust us. We’ve definitely made a lot of progress. We also get feedback through our social media platforms. It’s very satisfying.” It also enhances health-seeking behaviour in communities – especially in semi-urban areas, where services are underutilized.



Nigerian Red Cross official tends to a wounded man at an emergency centre in Jos January 21, 2010.

Akintunde Akinleye/REUTERS

Communities are actively encouraged to play an indirect part in protecting health care by improving the quality of services. In some areas, for example, local water protectors work to ensure that the health-care facility has clean and abundant water, thereby improving the quality of care. Mobilizing leaders in this way helps to build a network and makes them more personally invested, while at the same time increasing community satisfaction with the services provided.

The Nigerian Red Cross Society's programmatic focus has created a space for interacting with and influencing traditional stakeholders and has been transformative in a number of ways. Dr Jega explains: "In such a complex and diverse country, getting involved in the HCiD initiative has offered us many opportunities to strengthen our dialogue with key stakeholders. Community and religious leaders, for example, are critical to keeping health-care workers and facilities safe."

Engaging with the HCiD initiative has also given local branches greater autonomy, allowing them to adopt a more agile stance that leverages their proximity to the communities they work with. Many focus groups have been set up internally, and branches have been involved in shaping the overall approach and developing activities at all levels. Dr Jega reflects on this development with a sense of pride: "We get a lot of ideas and proposals from branches. We've never had such a big impact with so little funding. We offer guidance from the national headquarters, and the branches adapt the activities to their own contexts. There's still a long way to go, but we're on the right track."



O. Salibonnes/Norwegian Red Cross

NORWEGIAN RED CROSS

A FOCUS ON AMBULANCES AND PRE-HOSPITAL SERVICES

Ms Anna Joval



Senior Protection Adviser

We often don't consider the potential dangers that may exist. We're mainly focused on treating patients. In some contexts, this can be dangerous for us and for our patients.

The Norwegian Red Cross has been heavily involved in the HCiD initiative since its inception 10 years ago. In 2012, for instance, it hosted the Oslo workshop on the responsibilities of National Societies to deliver safe health care in armed conflict, which was part of a series of global expert consultations on HCiD.

Since 2013, the National Society has carved out an area of specialization in security for ambulance and pre-hospital services. This focus developed out of desire to understand the challenges that health-care personnel face when providing services in risk situations. In September and December 2014, the Norwegian Red Cross organized two workshops, which were hosted by the Colombian Red Cross and the Lebanese Red Cross respectively. Twelve National Societies were represented at the events by staff and volunteers with extensive operational experience in the ambulance and pre-hospital sector. The participating National Societies selected the themes that best reflected both the challenges they faced and the areas in which they had the most relevant experience. The outcome of the workshops was a report entitled *Best Practice for Ambulance Services in Risk Situations*.¹⁷

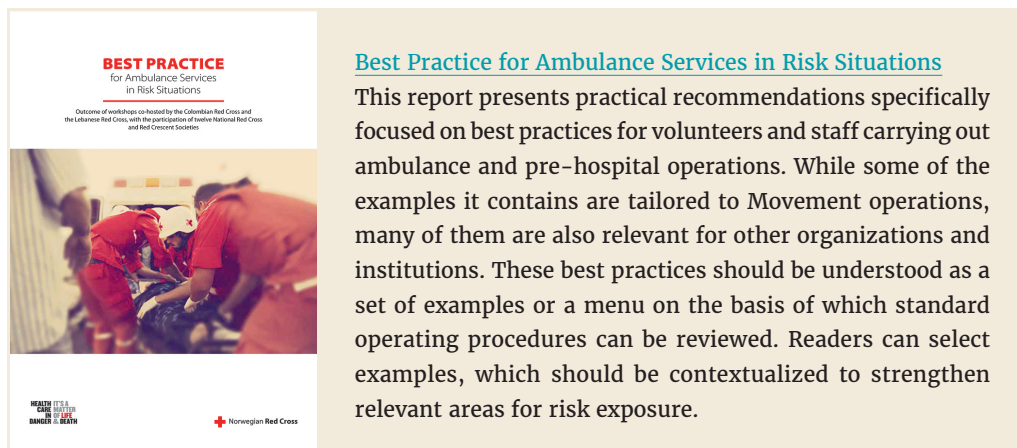
In 2016, out of a desire to understand the challenges that health-care personnel face in risk situations, the Norwegian Red Cross invited representatives from 17 organizations providing ambulance services to share their knowledge and experiences. This meeting resulted in the establishment of the Community of Action (CoA) for Ambulance and Pre-Hospital Emergency Care Providers in Risk Situations.

According to Ms Anna Joval, Senior Protection Adviser at the Norwegian Red Cross, the CoA has operated under the auspices of the HCiD initiative and has sought “to be the first port of call for ambulance and pre-hospital service providers to discuss challenges and share best practices. The overall goal is to improve safety when operating in risk situations.”

The CoA has worked to connect emergency care teams from around the world interested in safer access for health-care workers. Through digital tools, webinars and meetings, professionals have shared their stories, dilemmas and insights as part of efforts to make health-care access and delivery safer and better protected.

In 2016 and 2017, the CoA recorded 270 incidents of violence. These incidents were reported by ambulance and pre-hospital emergency health-care personnel from approximately 70 countries, who signed up for CoA ambulance exercises to share their experiences. “The participants took the view that that when experiences are shared, we all learn a lot,” says Ms Joval. “They also realized that they were not alone in their fight to save lives.” Another key idea that was widely commented on during these exercises was the need to be connected with the population they help, respecting diversity and listening to feedback.¹⁸

“For the most part, I felt safe in the camp, mainly because the ICRC does a thorough security job, and because of our no-weapons policy for our facilities and vehicles.”



Best Practice for Ambulance Services in Risk Situations

This report presents practical recommendations specifically focused on best practices for volunteers and staff carrying out ambulance and pre-hospital operations. While some of the examples it contains are tailored to Movement operations, many of them are also relevant for other organizations and institutions. These best practices should be understood as a set of examples or a menu on the basis of which standard operating procedures can be reviewed. Readers can select examples, which should be contextualized to strengthen relevant areas for risk exposure.

Ms Joval, an emergency nurse with extensive experience in Australia, Syria and Zambia, as well as in her native Norway, explains that violence against health care exists everywhere, even in peaceful contexts: “Every country has its peculiarities. But there are also similarities. When we do our work, we often don’t consider the potential dangers that may exist. We’re mainly focused on treating patients. In some contexts, this can be dangerous for us and for our patients.”

Ms Joval experienced risk situations first-hand in 2019, when she was working as an emergency nurse in a hospital set by the Norwegian Red Cross in a refugee camp. She says that most of the patients were women and children, often in poor health. Many of them were unable to access health-care services on a regular basis because of the restrictions of the war. Discussing her experience, she says: “We strived to provide access to hospital treatment for everyone living in the camp, regardless of their origin, ideology and nationality, in line with the Fundamental Principles of the Movement. Many children had suffered major trauma and desperately needed psychosocial support.”

Reflecting on the security of health-care personnel in the camp, Ms Joval says that she personally felt safe during her time there: “For the most part, I felt safe in the camp, mainly because the ICRC does a thorough security job, and because of our no-weapons policy for our facilities and vehicles. We always strive to be respected by all parties, and most people seemed to understand that we were neutral and impartial. This helped us gain the trust of our patients.”

One of the major outcomes of the partnership was the finalization of a key training guide that Ms Joval developed with practitioners from the CoA over a two-year period. The final document, entitled *Training Manual for Ambulance and Pre-hospital Response in Risk Situations*¹⁹ (TARRS) fits firmly with the scope of the HClD initiative. The Norwegian Red Cross is currently piloting this training as part of its ongoing engagement.



The Training Manual for Ambulance and Pre-hospital Response in Risk Situations (TARRS)

aims to ensure that health-care workers are better prepared for exposure to risk situations. It is of specific interest to ambulance service providers in operational settings and should be implemented based on an assessment of the context and standard operating procedures that the service follows. The training equips ambulance providers with practical skills to better manage security risks, providing a starting point for organizations delivering ambulance and pre-hospital services that wish to review and strengthen existing procedures in terms of preparedness and security management.



A replica of a bomb-damaged ambulance on display, promoting the Health Care in Danger project.



Pakistan Red Crescent Society volunteers during the RastaDein (which means “give way to ambulance”) campaign in 2017.

PAKISTAN RED CRESCENT

RAISING AWARENESS TO CHANGE BEHAVIOUR

Mr Rehan Ali



Assistant Director for Communications and Media
Violence against health-care workers and medical facilities not only affects the quality of medical services, but also threaten the lives of both patients and personnel.

Violence against health-care workers is a significant public health concern in Pakistan, hindering patients' access to the medical care they need, including preventive care. As an indication of the gravity of the problem, the ICRC reported an estimated 600 cases of violence against health-care workers, facilities and patients in Pakistan in the first six months of the COVID-19 pandemic.²⁰

One person familiar with this situation is Mr Rehan Ali, Assistant Director of Media and Communication at the Pakistan Red Crescent, who has spent the past six years at the National Society's headquarters in Islamabad. "There have been quite a few incidents of violence against health-care workers and facilities in the country," says Mr Ali. "Mostly, these happen when there are large events in the streets and tensions are high, such as during strikes and riots, where people may block the passage of ambulances. They also happen in rural areas, where health-care services can be lacking. Health-care workers and facilities are sometimes attacked because of a dispute or misunderstanding, which compromises the quality of services."

In response to this challenge, the Pakistan Red Crescent has been working with the ICRC, as well as with partners such as public health institutions, medical researchers and health-care authorities, to promote HCiD-related initiatives. Mr Ali explains: "In recent years, we've run several awareness campaigns that have been very successful at changing behaviours. These campaigns are part of our work to increase respect for health-care workers and facilities, while also advocating for the right of way for ambulances." One campaign, entitled "*Rasta Dein*" (which means "Give Way to Ambulance" in Urdu), aimed to positively change the behaviour of motorists towards ambulances. According to an observational study, the public's behaviour towards giving the right of way to ambulances improved by over 16 per cent as a result of the campaign.²¹

In 2017, the campaign was rolled out nationwide under a new name: and renamed "*Pehlay Zindagi*" (which means "Life First" in Urdu). The campaign had print, social media, television and radio components, and volunteers raised awareness among the general community. Pledges were made by people from different walks of life, including media and sports figures, lawyers, teachers and religious clerics. An app was also developed so that members of the public could sign the pledge.

In recent years, we've run several awareness campaigns that have been very successful at changing behaviours. These campaigns are part of our work to increase respect for health-care workers and facilities, while also advocating for the right of way for ambulances.

In September 2019, the National Society and the ICRC held a joint awareness session at the Governor's House in Lahore, as part of "*Bharosa Karein*" (which means "Trust Me" in Urdu), a nationwide campaign that aimed to promote respect for health-care workers and medical facilities in the country. It called on all stakeholders – humanitarian organizations, civil society, media and the government – to work together to protect health-care and aid workers who are

Rasta Dein campaign (which means “Give Way to Ambulance” in Urdu) has positively changed the behaviour of motorists towards ambulances.



targeted or obstructed when carrying out their vital work. “The campaign was highly valued by all the parties involved because it emphasized that violence against health-care workers and medical facilities not only affects the quality of medical services, but also threaten the lives of both patients and personnel,” explains Mr Ali.

Reflecting on the broader picture, Mr Ali says: “We use all the resources at our disposal to spread information in support of these campaigns, such as media and social networks, awareness sessions and training programmes. Involving our volunteers in this process helps us reach much further.” Mr Ali would like to see more of these campaigns, because they have been successful at improving the protection of the health-care workers and patients while also building the National Society’s credibility.

Aside from communication campaigns, the Pakistan Red Crescent has also been working with partners on other behaviour-change initiatives, as well as leveraging its public visibility and providing support on legal matters. In 2020, for instance, sustained efforts by the National Society, the ICRC and the Health Department of the Government of Khyber Pakhtunkhwa led to the passage of the Khyber Pakhtunkhwa Healthcare Service Providers and Facilities (Prevention of Violence and Damage to Property) Act, 2020, which provides for a safe working environment for health-care workers in the province.



Philippine Red Cross

Philippine Red Cross volunteers, including Mrs Gamongan, provide psychosocial support in the community after Tropical Storm Washi.

PHILIPPINE RED CROSS

(BUKIDNON CHAPTER)

OUR MANTRA: ALWAYS FIRST, ALWAYS READY, ALWAYS THERE

Mrs Hera Gamongan



Health Focal Point, Bukidnon Chapter

This also helps us avoid problems at checkpoints, where we used to be stopped because some security forces were not clear about our work and our neutrality.

Mrs Jocelyn Daroy



Chapter Administer, Bukidnon Branch

We face a dilemma: care for the patient or wait for the authorities to give us permission.

Overt attacks on health-care workers and medical facilities are rare in the Philippines. There is, however, deep concern among professionals about frequent disruptions to the provision of health-care services. Violence and protracted conflict make the situation on the ground challenging for providers.

Jocelyn Daroy, Chapter Administrator, and Hera Gamongan,²² Health Focal Point at the Philippine Red Cross (Bukidnon Chapter), have a lot of experience in providing health care.

Mrs Daroy, who is a trained medical technologist, says: “Sometimes we have to attend to a wounded person in one of the so-called ‘red areas’ where we may encounter armed groups. This is often a problem because we face a dilemma: care for the patient or wait for the authorities to give us permission.”

The Bukidnon Chapter runs regular awareness-raising sessions for health-care workers on HCiD. A recent workshop, for example, focused on coordination while protecting health-care personnel, and was attended by rural health unit workers, police and local government representatives.

Mrs Gamongan recalls her experience working as a nurse for the local authority: “Before I joined the Red Cross, I used to work for the municipality. Many of us had no clue about how to act in these ‘red areas’ in case of danger. But thanks to the training and awareness-raising I received from the Red Cross, I now fully understand what I need to do to keep myself safe.”

According to Mrs Gamongan, HCiD training sessions are always well-received because participants can share experiences and talk openly about problems they face, including security risks. “The participants very much appreciate our advice,” she says. “Some of them are under a lot of pressure, so we recommend that they develop context-relevant safety protocols. We put a lot of emphasis on this aspect in our training with rural health-care workers. Our mantra is: always first, always ready, always there.”

Mrs Gamongan emphasizes the importance of maintaining a clear identity during health-care activities and ensuring that the red cross emblem is used properly. This topic comes up regularly in discussions. Although the emblem used by the Philippine Red Cross is widely recognized in the country, she recalls an incident in which the emblem raised suspicions because some thought it might be linked to foreign groups in the area. Ultimately, the situation was resolved, and the purely humanitarian role of the work was made clear. “That’s why it’s so important to raise awareness about the emblem, and the principles of impartiality and neutrality, among health-care staff, authorities, police and the military in the communities where we work,” she explains.

Mrs Daroy (left) at a blood donation drive in Manolo Fortich, Bukidnon Province.



“This also helps us avoid problems at checkpoints, where we used to be stopped because some security forces were not clear about our work and our neutrality.”

Mrs Gamongan also says that there are still areas where health-care providers do not want to go but that, thanks to her chapter’s HCD training, they feel now more confident when carrying out their work in complex contexts.

In conclusion, Mrs Daroy and Mrs Gamongan believe that more needs to be done to keep medical personnel safe and to ensure that violence does not disrupt the delivery of health-care services. People affected by conflict must be able to access medical care when they need it most, and the committed professionals working these communities should not have to pay a high price for choosing to do so.

“Before I joined the Red Cross, I used to work for the municipality. Many of us had no clue about how to act in these ‘red areas’ in case of danger. But thanks to the training and awareness-raising I received from the Red Cross, I now fully understand what I need to do to keep myself safe.”

Image showing scale of destruction in Marawi, Lanao del Sur following fighting in 2017.



V. Salazar/CRIC

PHILIPPINE RED CROSS

(LANAO DEL SUR-MARAWI CHAPTER)

COORDINATION IS THE BEST PRACTICE

Mrs Hanifah Domato



Volunteer, Lanao del Sur Marawi Branch

Coordination is undoubtedly the best practice to emerge from these years of involvement with the HCiD initiative.

Hanifah Domato has been a volunteer with the Philippine Red Cross (Lanao del Sur–Marawi Chapter) since 2018. When asked about her work in recent years and its relationship to the protection of health care, she says that the first word that comes to her mind is “coordination”.

According to Ms Domato, when her chapter organizes health-care activities such as polio or COVID-19 vaccinations, its first step is to coordinate its work with the local authorities, communities and other parties involved: “Coordination is undoubtedly the best practice to emerge from these years of involvement with the HCiD initiative,” she explains. The chapter also ensures that information is exchanged regularly: “For example, we always hold quarterly meetings with the local authorities to determine whether the area where we want to work in is safe, or if there have been any security incidents with armed groups.”

Ms Domato recalls a security incident involving a group of volunteers who were administering polio vaccinations in a community near an armed group’s camp: “Many of the volunteers feared for their safety and had a hard time during the activity. They were able to do their work since everything was coordinated with the concerned parties. But some volunteers received psychosocial support because they thought they were in danger while working in that area.”

Although the work of the Philippine Red Cross is well-regarded within the country, Ms Domato recalls that some years ago, at the beginning of the Marawi crisis, volunteers faced discrimination because they wore the red cross emblem, which the community incorrectly interpreted as being a religious symbol. “We had to explain the history of the Philippine Red Cross and the Fundamental Principles of the Movement, especially impartiality and neutrality,” she says. “Thanks to our tireless work explaining our role, almost all the communities have now accepted us as a neutral humanitarian organization in the field.”

We always hold quarterly meetings with the local authorities to determine whether the area where we want to work in is safe, or if there have been any security incidents with armed groups.

Volunteers from the Lanao del Sur–Marawi Chapter spread information and raise awareness about the protection of health care in rural areas, as well as holding safety and security workshops and orientation sessions for health-care workers with the support of the ICRC. According to Ms Domato, her chapter has more than 100 volunteers, most of whom have received training and guidance on HCiD. “For us, the HCiD initiative is very relevant, and it is very present in our day-to-day,” she concludes.



The front gate of the Somali Red Crescent Society clinic in Baidoa.

SOMALI RED CRESCENT SOCIETY

PROTECTING HEALTH CARE: A PROFESSIONAL AND PERSONAL PREOCCUPATION

Mr Ibrahim Haji



Director of Organizational Development and Communication

“Some of our clinics were hit indiscriminately during fighting by different sides. We also had to paint the emblem on the roofs of hospitals and clinics as a way to make the buildings identifiable and to minimize harm.”

For Mr Ibrahim Haji, Director of Organizational Development and Communication at the Somali Red Crescent Society, the protection of health care is not an abstract concept; rather, it is an abiding professional and personal preoccupation.

“The Somali Red Crescent Society is a major provider of health-care services in Somalia,” says Mr Haji. “We run most of the country’s health-care facilities. We operate 76 fixed clinics and 40 mobile ones, in addition to a surgical hospital for the war-wounded in Mogadishu and three physical rehabilitation centres. We have 1,118 staff and around 5,000 active volunteers in the country, and many of them deliver health-care services”.

The National Society has a direct interest in protecting its staff and volunteers, whose work saves countless lives in a country heavily affected by protracted conflict. Mr Haji embodies this commitment in declaring staff and volunteers off-limits when it comes to violence: “It’s essential to protect our health-care staff and volunteers in the course of their work because, unfortunately, we experience security incidents such as attacks on our personnel, ambulances and facilities. Some colleagues have lost their lives while doing their job.” The emotional difficulty of the loss is still palpable.

As he explains, Mr Haji has seen a lot since joining the Somali Red Crescent Society in 1993: “Numerous incidents take place in hospitals and clinics. In many cases, leaders of armed groups, carrying weapons, enter our facilities bringing injured people to us for treatment. Very often, they threaten us with their weapons. Both medical staff and patients suffer a lot in these situations, which can lead to shootings and deaths.”

Contextual factors, such as governance, institutions, the economy and social cohesion, have been negatively impacted by protracted conflict. These developments have undermined the health system’s capacity to meet people’s health needs and left medical personnel and facilities more prone to violence. Only 15 per cent of the population living in rural areas are estimated to have access to medical care. This shortage of provision, coupled with violent incidents and climate shocks such as floods, make the safe provision of, and access to, health care a major challenge.

The Somali Red Crescent Society has taken various steps to prevent violence against health care and to mitigate its impact. One way it does this is by raising awareness of the need to respect health-care staff, patients, vehicles and facilities among the community. The National Society works with over 20,000 trained community volunteers, who can be mobilized in emergencies and deliver clear messaging during community-level discussions.

The National Society has also worked with the ICRC to introduce and enforce a no-weapons policy at clinics and hospitals. For instance, signs prohibiting weapons have been put up at the entrances to facilities. Security and access arrangements have also been strengthened at some hospitals, including by repairing and upgrading perimeter walls, installing gates, building screening areas, and setting up registration and guard rooms. “Some of our clinics were hit indiscriminately during fighting by different sides,” says Mr Haji. “We also had to paint the emblem on the roofs of hospitals and clinics as a way to make the buildings identifiable and to minimize harm.”

According to Mr Haji, one of the most successful ways that the Somali Red Crescent Society raises awareness is through radio broadcasting: “Many Somalis follow the news on the radio. Before the daily bulletins, we usually include five-minute radio dramas in which we recreate conversations to illustrate specific problems, such as the negative impact of incursions by weapon bearers into health-care facilities. We prepare the content and rehearse the dialogue with the actors.”

The Somali Red Crescent Society has taken various steps to prevent violence against health care and to mitigate its impact. One way it does this is by raising awareness of the need to respect health-care staff, patients, vehicles and facilities among the community.

Direct engagement with the parties to the conflict is essential to the protection of health care. The National Society and the ICRC hold regular meetings with various parties to discuss security issues, and to convey to them that health-care personnel, medical facilities and ambulances must be respected, protected and facilitated in all circumstances. According to Mr Haji, the Movement’s seven Fundamental Principles – and above all the principles of impartiality and neutrality – underpin the Somali Red Crescent Society’s engagement with weapon bearers. The aim of these discussions is to explain that the National Society’s only objective is to provide medical care, without making any distinction among the patients it treats.

“The most important thing for us is to gain their trust and confidence, in order to ensure that they will respect our work,” concludes Mr Haji. “Sometimes we succeed, and sometimes we don’t. But that doesn’t mean we don’t keep trying, even though we know that the space for neutral and impartial humanitarian action remains very limited.”

North Mogadishu. Keysaney Hospital,
run by the Somali Red Crescent Society
with the support of the ICRC.



ENDNOTES




- 1 For more information about the Fundamental Principles, see: International Committee of the Red Cross (ICRC), *The Fundamental Principles of the International Red Cross and Red Crescent Movement* (flyer), ICRC, Geneva, 2014: <https://shop.icrc.org/the-fundamental-principles-of-the-international-red-cross-and-red-crescent-movement-flyer.html>, all web addresses accessed October 2022.
- 2 ICRC, *ICRC institutional Health Care in Danger strategy 2020–2022: Protecting health care from violence and attacks in situations of armed conflict and other emergencies*, ICRC, Geneva, 2022: <https://healthcareindanger.org/wp-content/uploads/2020/10/ICRC-HCiD-strategy-2020-2022.pdf>.
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- 4 At the 32nd International Conference of the Red Cross and Red Crescent, held in 2015, the Belgian Red Cross and the Government of Belgium pledged to operationalize the recommendations of the Brussels workshop and to explore ways to strengthen the domestic legal framework. In 2018, an ad hoc working group was created within the Belgian Interministerial Commission for Humanitarian Law to analyse the relevant legislative provisions and, if required, to formulate recommendations. In 2019, at the 33rd International Conference, Belgium and the Belgian Red Cross – jointly with the European Union, its member states and several National Societies – adopted a pledge on protecting humanitarian and medical personnel. Belgium and the Belgian Red Cross also adopted a pledge to strengthen the domestic legal framework and to increase respect for the protective emblems.
- 5 ICRC, *Protecting Health Care: Guidance for the Armed Forces*, ICRC, Geneva, 2020: <https://www.icrc.org/en/publication/4504-protecting-healthcare-guidance-armed-forces>.
- 6 Belgian Red Cross (Flanders), “Honderden Rode Kruisvrijwilligers herdenken collega-hulpverleners tijdens indrukwekkende Last Post-ceremonie”, 5 May 2018: <https://www.rodekruis.be/nieuws-kalender/kalender/honderden-rode-kruisvrijwilligers-herdenken-collega-hulpverleners-tijdens-indrukwekkende-last-post-ceremonie/> (article in Dutch).
- 7 For more information, see ICRC, “The world is upside down: A campaign promoting respect for health care in Colombia”, 2020: <https://www.icrc.org/en/document/world-upside-down-campaign-promoting-respect-health-care-colombia>.
- 8 In Colombia, *misión médica* (medical mission) is the name used to denote workers, facilities, vehicles and goods involved in providing health care through the public health system, in areas affected by armed conflict, natural disasters or other emergencies.
- 9 For more information about the round table meetings, see: “In conversation with the members of the National Permanent Roundtable for the Respect of the Medical Mission in Colombia”, *International Review of the Red Cross*, Vol. 95, No. 889, 2013, pp. 73–82: <https://international-review.icrc.org/articles/conversation-members-national-permanent-roundtable-respect-medical-mission-colombia>.
- 10 For more information, see: ICRC, “The world is upside down: A campaign promoting respect for health care in Colombia”, 2020: <https://www.icrc.org/en/document/world-upside-down-campaign-promoting-respect-health-care-colombia>.
- 11 United Nations Assistance Mission for Iraq (UNAMI), *Human Rights Report: 1 January – 31 Mar 2007*, UNAMI, Baghdad, 2007: https://www.ohchr.org/sites/default/files/Documents/Countries/iran-to-march2007_engl.pdf.
- 12 In 2019, the government allocated just 2.5 per cent of its \$106.5 billion national budget to the Ministry of Health. According to World Health Organization data, over the past decade, average annual per capita health spending in Iraq is \$161, compared with \$304 in Jordan and \$649 in Lebanon.
- 13 See: R. Lafta *et al.*, “Violence against doctors in Iraq during the time of COVID-19”, *PLoS One*, Vol. 16, No. 8, 2021: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8345879/>.
- 14 This manual is currently being updated and a revised version is expected in 2023.
- 15 For the Italian Red Cross’s “Not a Target” campaign, see: Italian Red Cross, “No sono un bersaglio”: <https://cri.it/nonsonounbersaglio/> (in Italian).
- 16 The Guardian Nigeria, “2022 World Population Day: Nigeria May Hit 400 Million By 2050 – UNFPA”, 22 July 2022: <https://guardian.ng/news/2022-world-population-day-nigeria-may-hit-400-million-by-2050-unfpa/>.
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- 18 For further background, see: ICRC, “Community of Action: Sharing good practices in safeguarding medical vehicles”, 18 December 2018: <https://www.icrc.org/en/document/community-action-sharing-good-practices-safeguarding-medical-vehicles>.
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- 22 Mrs Gamongan has since joined the ICRC as a Health Field Officer in Iligan city, Lanao del Norte.

This photo was taken at the Al Qaem Health Care Center after rehabilitation. Anbar, Iraq.



We help people around the world affected by armed conflict and other violence, doing everything we can to protect their lives and dignity and to relieve their suffering, often with our Red Cross and Red Crescent partners. We also seek to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

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