Symposium outline

Health Care in Danger
Improving the security and delivery of effective and impartial health care
23 April 2012

This Symposium is co-organised by the International Committee of the Red Cross, the British Red Cross, the British Medical Association and the World Medical Association. It is the first of a number of international consultations that are taking place as part of the Health Care in Danger project.

After a "scene-setting" opening session which should give participants a real picture of the nature and extent of the impact of insecurity on health and health care, three panel discussions will take place.

Panel 1 - Building a community of concern

The first panel will discuss how the health community can generate a greater awareness at public and policy levels of the grave consequences of insecurity of health care. Examples of this insecurity include attacks on health care personnel, transports or facilities, obstruction at check points and armed entry into health care facilities. Such events are the stuff of everyday news, to the extent that they are now sometimes even expected. The health community must find a collective and powerful voice, it cannot be left to individuals to express outrage.

Questions that the panel need to consider include:
- What responsibilities do health professionals, their institutions and the health community at large have to raise awareness of the insecurity of health care and of discrimination in access to health care? What studies could be undertaken to document this impact?
- What are the responsibilities of the health community to work constructively for greater security of health care in armed conflict and other emergencies? What form does this work take? How can the health community work in unity?

Panel 2 - Recommendations by the health community to governments and intergovernmental organisations

The second panel will discuss recommendations from the health community to governments and intergovernmental organisations with respect to the security of health care. Issues to be considered include how information about violent incidents affecting health care are gathered, analysed and reported. Sitting within a framework given by international humanitarian law, human rights law and, to an extent, domestic law, there remain unanswered questions about how to effectively prevent attacks on health care facilities, vehicles and personnel. There are further issues with respect to the accountability for such crimes.

Questions that the panel need to consider are:
- What recommendations can the health community make to governments and inter-governmental organisations with respect to improving security of health care in conflict and violence?
- Who should be responsible for documenting incidents of violence against health care, how are they documented and how should this information be handled?
- What are the responsibilities of different organisations (WHO, the UN Security Council, the High Commissioner for Human Rights)?
- How can the health community place a burden of responsibility on these organisations?
- Is there a need for the development of any specific national legislation protecting health care?

Panel 3 - Medical ethics in Health Care in Danger

The third panel will focus principally on issues relating to medical ethics. To date, work on medical ethical issues in conflict relate almost exclusively to detention and interrogation; there is a need to identify and begin dialogue on difficult dilemmas presented to health professionals who undertake the delivery of health care to the wounded and sick in conflict situations. The panel will therefore press for recommendations that pertain to the practice of health care professionals in working in these contexts.

Questions that the panel need to consider are:
- How do medical ethics apply to the contexts of concern? Are current medical ethics sufficient?
- To what extent and how should a health care professional take into account his or her security when delivering health care? Is this an "ethical" consideration?
- How do health professionals working in these contexts manage the dilemmas arising from being a witness to possible violations of international law?
- What can the health community do to eliminate unfair discrimination in health care by health care professionals?
- How should health care professionals be trained in the application of medical ethics in these circumstances?

Please note that all panel discussions - but not the presentations themselves - will be held under the Chatham House Rule *("Participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed").*

As part of the recording of these proceedings there will be video and photography of the speakers, panel discussions and individuals present at this event. These will be used in the promotion of this event by the ICRC, BRC, BMA and WMA.

Outcome of the Symposium: Procedure

The symposium is in essence a consultation by the four organisers of an important section of the health community. There will be an outcome document that incorporates summaries of the presentations, key discussion points and pertinent recommendations to be taken forward. Some of the conclusions and recommendations of the discussions will be incorporated into subsequent workshops and possibly future stages of the Health Care in Danger project. This will be a public document on the ICRC, BRCS, WMA and BMA websites.

Please note:

- This is not a consensus process and it will not be implied that there was a consensus at the symposium on any point;
- The recommendations are the responsibility of the four organisers only. Not all recommendations from individual participants will be included;
- No part of the final outcome will be attributed to an individual participant.