

<http://www.intrahealth.org/page/world-health-assembly-briefing-on-the-protection-of-patients-and-health-workers-in-conflict>

## **IntraHealth International**

# **World Health Assembly Briefing on the Protection of Patients and Health Workers in Conflict**

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GENEVA—IntraHealth International, the Johns Hopkins Bloomberg School of Public Health, Merlin, and the World Medical Association held a session at the World Health Assembly yesterday to address the protection of health workers, facilities, and patients under conditions of armed conflict. More than 75 participants attended the event, which was co-sponsored by the United States Government's Department of Health and Human Services.

Recent events in the Middle East and Afghanistan vividly illustrate that health workers and health care services are often targeted during conflict. Health workers are killed, injured, kidnapped, and prevented from providing care. Health facilities are invaded in order to kill or capture the sick and wounded. Medical symbols are misused to mask military operations. Fear leads health workers to flee and migrate.

The World Health Organization (WHO) is being urged by a consortium of 18 health nongovernmental organizations to take action on the growing number of assaults on health personnel and facilities in areas of civil unrest. In a [joint letter](#) to WHO Director General Dr. Margaret Chan last week, executive authors from IntraHealth, the World Medical Association, and Johns Hopkins say these assaults pose a threat to health, health systems, and health worker retention. (**Read more: [World Health Organization Urged to Act Over Assaults on Health Personnel and Facilities](#)**)

## **Summary of Briefing & Panelist Perspectives**

"Attacks on those who heal and the places where they work violate our most fundamental sense of decency. They are repugnant and cannot be tolerated," said Maurice Middleberg, IntraHealth's vice president for global policy, who moderated the session *The Protection of Patients, Health Workers, and Facilities in Conflict: A Role for the World Health Organization*.

"WHO, as the leading international health organization has a special role to play in addressing this problem. Governments and non-state actors cannot hide behind the veil of sovereignty in committing criminal acts against health workers and these should be brought to light. The international health community has achieved great success in addressing other complex problems. Violence against health workers can be solved if we bring together the wide ranging coalition that is needed," says Middleberg.

Panelists' key remarks are summarized below. Middleberg said, "Participants were deeply engaged in Tuesday's discussion, asking pertinent questions, sharing experiences and offering insightful comments."

***Security is a prerequisite to health care.*** Robin Coupland, a medical advisor representing the International Committee of the Red Cross, pointed out that security is a prerequisite to health care, and that violence and threats imperil access to care. The attack or removal of one health worker can prevent many people from receiving care, and ensuring the security of health workers involves many actors outside the health sector. ICRC is launching a four-year project designed to collect data about violence in the health sector and to propose possible solutions.

***Fear is an underestimated factor in health worker migration.*** Miatta Gabanya, nurse and ambassador for Merlin, gave moving and powerful testimony from experiences with Liberian colleagues who had been killed, assaulted, and raped, and of being part of an assessment team that was attacked by a mob. Gabanya emphasized that fear is a greatly under-estimated factor in health worker migration. She spoke of the mental torture of living with fear and anxiety pitted against a deep sense of obligation to care for patients.

***Create global registry for violations of Geneva Convention terms.*** Dr. Torunn Junba, chair of the World Medical Association Medical Ethics Committee, addressed the issues of international law and professional codes. The Geneva Convention and other international treaties require that “safe spaces” be created to treat the sick and the wounded, even in times of war. The World Medical Association has a code of conduct addressing the obligations of both health workers and the parties to conflict. However, there is no international registry for recording violations of law and codes of conduct; this gap should be remedied.

***USG perspective on health workers in crisis; sorrowful first-hand field experience.*** Dr. Nils Daulaire, director of the Office of Global Health Affairs, US Department of Health and Human Services, made a forceful statement on the importance of protecting health workers and health services from assault. He spoke of his field experience in Bangladesh, where a health worker was killed to send a message that the local power structure was not to be threatened. Daulaire pledged that, in cooperation with others, the United States will do its part to ensure that health workers and health services are protected from assault, as well as supporting appropriate action by the WHO.

***The WHO has unique powers, authority to act.*** Leonard Rubenstein, senior scholar at the Johns Hopkins Bloomberg School of Public Health, made the case that the WHO has important and unique roles to play in addressing the problem of violence against health workers, health services, and patients. The WHO has a convening authority unlike any other entity, which should be used to bring together technical experts and policy-makers to address this issue. The WHO also has a special role to play in developing the norms and standards for collection data on violence against health workers and services. Finally, the WHO should take the lead in data collection and dissemination.