Model pledges Health Care in Danger – 32nd International Conference

Pledges are an important feature of the International Conference of the Red Cross and Red Crescent and can be made by Conferences participants, including National Red Cross Red Crescent (RCRC) Societies, States and observers, whether individually or jointly. For more information on the process, please consult the Guide to Pledges http://rcrcconference.org/international-conference/documents/.

Draft Resolution and Model Pledges on Health Care in Danger

A draft Resolution on Health Care in Danger: Respecting and Protecting Health Care will be presented for adoption at the 32nd International Conference. It will appreciate work to date, especially with identifying practical recommendations, and will encourage continued engagement by relevant stakeholders to implement recommendations and share good practice, particularly at the national level. To give effect to this Resolution and to encourage continued efforts beyond the International Conference, States, National RCRC Societies and professional health care organizations are encouraged to commit to specific measures through the mechanism of pledges. To assist in this process, model pledges are developed based on the recommendations from the expert workshops and the draft Resolution.

It is important to stress that these model pledges are examples only and are intended to be modified according to the contexts, interests and capacities of pledge signatories. Their range and number reflect the diversity of recommendations emanating from the expert consultations conducted from 2012 to 2014. States and National RCRC Societies are encouraged to reflect on these model pledges and to focus on the area(s) most relevant for their context.

Themes of the Model Pledges

> **1. Partnership, coordination and advocacy**
> Model pledges in this category highlight the importance of building and strengthening partnerships, coordination and advocacy with relevant stakeholders at the national, regional and global levels, in order to provide an improved reading of the challenges to the safe delivery of healthcare and how they can be responded to.
> **Model Pledges 1 – 5**

> **2. Training and support**
> Model pledges in this category reinforce the need for health care personnel (including volunteers and staff of RCRC Societies) to have sufficient training and support to facilitate safe delivery of health care in all situations, including an armed conflict and other emergencies. They are also relevant for Conference participants who want to make pledges to ensure that relevant stakeholders understand the rights and responsibilities of health care personnel and ensuring respect for ethical principles of health care.
> **Model Pledges 6 – 8**

> **3. National legislation, policy and military operational practice**
> Model pledges in this category aim to protect access to and safe delivery of health care by strengthening domestic normative and regulatory measures, military operational practice, enhancing the physical safety of health care infrastructure and ensuring identification of health care providers.
> **Model Pledges 9 – 12**

Process
The model pledges will uploaded to the Pledges database (live in June) and on the Conference website: http://rcrcconference.org/international-conference/pledges/.

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PARTNERSHIP, COORDINATION AND ADVOCACY

The objective of pledges in this category is to build and strengthen partnerships, coordination and advocacy with relevant stakeholders at the national, regional and global levels, to provide an improved reading of the challenges to the safe delivery of healthcare and to identify measures to respond to these challenges.

Model Pledge 1: Mobilize Action through National Key Stakeholder Coordination

Conference participants could pledge to:

- Establish (or use existing) mechanisms with key stakeholders[1] to identify priorities and develop responses to improve the security of health care delivery at the national level

- Develop a national system for collection of data on violence against health care

- Promote ethical principles of health care among key stakeholders (including armed actors) and general public to ensure respect for these principles in all circumstances.

Indicator(s) which could be considered:
- Plan of action developed to implement concrete measures to address challenges to safe delivery of healthcare
- Data on violent incidents against health care and their consequences is available
- Initiatives to disseminate ethical principles of health care are put in place.

Model pledge 2: Advocacy at the Regional and Global Levels

Conference participants could pledge to:

- Raise awareness and integrate key messages and actions on safe delivery of health care into global/regional and national strategies and/or Plans of Action.

Indicator(s) which could be considered:
- Key messages on safe delivery of health care reflected in regional plans of action for Europe (i.e. EU), Americas (i.e. Inter-American Plan of Action), Africa (i.e. AU), and the Commonwealth Countries.

Model Pledge 3: Implement Operational Tools and Procedures

Conference participants could pledge to:

- Implement the Safer Access Framework to improve acceptance, safety and security, and access for National Society's staff and volunteers

- Develop and implement standard operating procedures (SOPs) for ambulance services and the provision of pre-hospital care

- Develop and implement context-specific contingency plans and other relevant procedures to respond to operational challenges in a given context

- Implement a stress-management program (including psychosocial support and personal and operational de-briefings) for health care personnel

- Put in place a scheme for insurance for RCRC staff and volunteers

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[1] These could include national authorities (Ministry of Health, Ministry of Interior, Ministry of Social Affairs, and Ministry of Justice), RCRC Movement, armed and security forces, national health care associations, health care personnel, and other relevant actors from civil society.

- Provide health care teams with personal protective equipment and training in its use as necessary.

- Implement sustainable mechanisms to share experiences at the national/regional levels on tools and procedures developed.

Indicator(s) which could be considered:
- Relevant actions and measures of the Safer Access Framework for RCRC National Societies implemented
- Contextualized SOPs developed for ambulance services and where appropriate, shared with other stakeholders
- Context-specific contingency plans and other relevant procedures in place
- Policies and procedures in place to prevent and respond to stress related issues for staff and volunteers
- RCRC staff and volunteers can access insurance
- Number of good practices available on the HCiD platform and/or other platforms
- Initiatives put in place to exchange experiences and identify solutions to common operational issues.

Model Pledge 4: Involve Community Leaders
Conference participants could pledge to:

- Develop a reference text (on the basis of fundamental sources of religious and traditional laws in conformity with relevant international law), that reflect how these laws protect the delivery of and access to health care

- Enhance dialogue with community leaders (including religious leaders) and encourage them to promote respect for and protection of the safe delivery of health care among the population.

Indicator(s) which could be considered:
- Inclusion of appropriate references drawn from religious and traditional laws and traditions in activities to disseminate the rules on the protection of health care delivery
- Inclusion of key messages on the protection of the health care mission during events organized by community leaders.

Model pledge 5: Conduct Research
Conference participants could pledge to:

- Conduct research on the nature of violent incidents against health care and their impact (on both providers and receivers of health care)

- Conduct research on context-specific solutions and good practices at the local/ regional levels

- Conduct research on knock-on effects and long term consequences of violence against health care (e.g. mother and new born child health, mortality of non-communicable disease etc.)

Indicator(s) which could be considered:
- Context-specific analysis of the nature of violent incidents against health care and their effects on the different groups

- Analysis of good practices and context-specific solutions
- The research informs design and adjustments of implemented measures.

TRAINING and SUPPORT

The objective of pledges in this category is to reinforce the need for health care personnel (including volunteers and staff of RCRC Societies) to have sufficient training and support to facilitate safe delivery of health care in all situations, including an armed conflict and other emergencies. They are also relevant for Conference participants who want to raise awareness on the importance of respecting health care personnel, facilities and medical transports, and to ensure that relevant stakeholders understand the rights and responsibilities of health care personnel.

Model Pledge 6: Train and Support Health Care Personnel
Conference participants could pledge to:

- Strengthen the capacity of health care personnel to manage stress and to respond safely to interpersonal and collective violence while on duty

- Train health care personnel on their rights and responsibilities stemming from IHL (in armed conflict), IHRL (peace time) and health care ethics

- Train health care personnel on the correct use of the emblems and other appropriate identification

- Train health care personnel in safety and security/risk management, and provide mentoring and guidance.

Indicator(s) which could be considered:
- Number of health care personnel trained in stress management and operational debriefings
- Number of Trainers of Trainers (ToT) educated that can replicate relevant trainings
- Number of health care personnel trained on rights and responsibilities of health care personnel
- Number of health care personnel trained on the correct use of the emblems and other appropriate identification
- Number of health care personnel trained in safety and security/risk management.

Model Pledge 7: Train Public Forces, Judiciary and Civil Servants
Conference participants could pledge to:

- Provide training on the rules protecting the provision of health care and the applicable sanctions, on rights and responsibilities of health care personnel, and on the correct use of the emblems and other appropriate identification

- Appoint and train qualified personnel to provide appropriate training to persons directly concerned with the application of the rules protecting the provision of health care and of the pertinent sanctions.

Indicator(s) which could be considered:
- Inclusion of key messages on the protection of safe delivery of health care in the official curricula or manuals for military and security personnel
- Inclusion of key messages on safe delivery of health care in guidelines and procedures for members of judiciary and civil servants

- Number of members of armed and security forces instructed in the rules protecting the safe delivery of healthcare, rights and responsibilities of health care personnel, and on the correct use of the emblems and other appropriate identification
- Number of members of judiciary and civil servants instructed in the rules protecting the safe delivery of healthcare, rights and responsibilities of health care personnel, and on the correct use of the emblems and other appropriate identification.

Model Pledge 8: Train Academia, Civil Society and Media

Conference participants could pledge to:

- Provide training on the correct use of the emblems and other identification, and on rights and responsibilities of health care personnel to health care and law students and other relevant audiences

- Include key messages on the protection of safe health care delivery and ethical principles in the formal curricula of health care, law and media students

- Provide training on the rules protecting the provision of health care and applicable sanctions to media and civil society actors.

Indicator(s) which could be considered:
- Number of trainings carried out with universities, media and civil society actors and number of people reached though these trainings
- Inclusion of the key messages in relation to the protection of safe health care delivery and ethical principles in university curricula (specifically for law and medical faculties).

NATIONAL LEGISLATION, POLICY AND MILITARY PRACTICE

The objectives of pledges in this category are to:
- implement practical domestic measures, in particular legislative and regulatory ones, for protection of the provision and access to health care in armed conflict and other emergencies;
- implement military operational practice to ensure safe delivery of health care;
- enhance the physical safety of health care infrastructure;
- ensure identification of health care providers and increase respect for the emblems.

Model Pledge 9: Implement Relevant Normative Frameworks

Conference participants could pledge to:

Legal and regulatory measures
- Enact domestic legislation repressing violence against healthcare

- Enact legislation on the rights and responsibilities of health care personnel

- Ensure the application of ethical principles for all health care personnel does not change in times of armed conflict and other emergencies and are the same as the ethical principles of health care in times of peace.

Dissemination
- Implement initiatives to enhance the knowledge of the population about the rules protecting delivery of health care and about ethical principles of healthcare applicable in all situations.

Coordination and institutional capacity measures
- Establish preventive coordination plans for organizing emergency response

- Establish mechanisms for dialogue between health care personnel and military and security forces to discuss challenges posed by the application of ethical principles of health care.

Indicator(s) which could be considered:
- National legislation for protection of the delivery of health care is enforced
- Appropriate sanctions for violence against health care (i.e. criminal, administrative and disciplinary sanctions) are developed
- Initiatives to increase awareness about the rules protecting delivery of health care and rights and responsibilities of health care personnel.

Model Pledge 10: Implement Military Operational Practice to Ensure Safe Delivery of Health Care

Model pledges under in this category reflect the recommendations from the expert workshop *Promoting Military Operational Practice that Ensures Safe Access to and Delivery of Health Care[2]*.

Conference participants could pledge to:
- Develop measures to mitigate the effects of checkpoints control on the evacuation of the wounded and sick

- Develop measures to mitigate the effects of search operations on the continued delivery of health care to the wounded and sick in health care facilities

- Develop measures to minimize the harm to health care personnel and facilities, medical transports, and their patients caused by placing military objectives within or in close proximity to health care facilities, or when attacking enemy military objectives located within or in close proximity to health care facilities

- Establish coordination and communication mechanisms and necessary protocols with health care providers.

Indicator(s) which could be considered:
- Updated mapping of formal and informal health care facilities in the area under the military's control and in its immediate vicinity
- Updated mapping of different formal and informal health care providers operating within the area of responsibility
- Standard operating procedures (SOPs) and/or operational orders (OPORDs) for checkpoints developed prior to deployment and updated to specific operational contexts
- SOPs or OPORDs for search operations in health care facilities developed prior to deployment and updated to specific operational contexts
- SOPs or OPORDs for any military engagement developed prior to deployment and updated to specific operational contexts to protect access to and delivery of health care from the dangers of military operations.

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[2] See Expert Workshop in Sydney, Australia, December 9-12, 2013, the document is available on https://www.icrc.org/eng/resources/documents/publication/p4208.htm.

Model pledge 11: Identify Health Care Providers and Increase Respect for the Emblems

Conference participants could pledge to:

- Assess, or introduce if not yet in place, and ensure enforcement of domestic legislation regulating the indicative and protective use of the red cross/red crescent/red crystal emblem

- Create or strengthen national tracking system to monitor the misuse of the red cross/red crescent/red crystal emblem

- Assess and reinforce measures of control repressing unauthorized or abusive use of the red cross/red crescent/red crystal emblem

- Undertake measures to ensure distinctiveness of the red cross/red crescent/red crystal emblems from other identification of health care

- Undertake awareness-raising activities to ensure better understanding of the purpose of and the correct use of the emblems and/or other identification for health care in all situations

- Share good practices to prevent and address the misuse of the red cross/red crescent/red crystal emblems.

Indicator(s) which could be considered:
- Awareness-raising campaigns, reaching all sections of the community
- Number of national or regional fora facilitating sharing of experiences to prevent the misuse of the emblem
- Monitoring system on the marking of health care personnel, facilities and medical transports
- Collection of incidents of misuse of identification of health care and mapping of the action undertaken to remedy the situation
- Number of emblem misuses reported in the country (reduced according to initial benchmark).

Model pledge 12: Improve Safety of Health Facilities

Conference participants could pledge to:

- Assess safety of health care infrastructure and, where appropriate, implement or reinforce context-specific measures to respond to identified problems

- Implement measures to enhance safety of health care personnel, patients and their relatives.

Indicator(s) which could be considered:
- Number of actions implemented to improve safety of health care infrastructure
- Measures implemented to enhance safety of health care personnel, patients and their relatives.

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References

Domestic Normative Frameworks for the Protection of Health Care including the Guiding Tool at Annex XIX
See Expert workshop in Brussels, January 29-31 2014, report available at https://www.icrc.org/eng/ resources/documents/publication/p4215.htm.

Ambulances and Pre-hospital Services in Risk Situations
See Expert Workshop in Mexico, May 21-23 2013, report available on https://www.icrc.org/eng/ resources/documents/event/2013/05-23-mexico-workshop-health-care-in-danger.htm.

Roles and Responsibilities of National Societies in Delivering Safe Health Care in Armed Conflict and Other Emergencies
 See Expert Workshops in Oslo, December 3-5 2012, and in Teheran, February 12-14, 2013, available upon the inscription to the HCiD platform on http://healthcareindanger.ning.com/main/ authorization/signIn?target=http%3A%2F%2Fhealthcareindanger.ning.com%2F.

Ensuring the Safety of Health-Care Facilities.
See Reports from Expert Workshops in Ottawa, Canada, September 24-27, 2013 and Pretoria, RPA, 8-10 April 2014, available upon the inscription on the HCiD platform on http://healthcareindanger. ning.com/main/authorization/signIn?target=http%3A%2F%2Fhealthcareindanger.ning.com%2F.

Ensuring Better Protection for the Medical Mission in Times of Armed Conflict and Other Emergencies: the Role of Civil Society, Muslim Scholars and Religious Leaders in Promoting Respect for Health Care
The report is available upon inscription on the HCiD platform on http://healthcareindanger.ning.com /main/authorization/signIn?target=http%3A%2F%2Fhealthcareindanger.ning.com%2F.

The Safer Access Practical Resource Pack, www.icrc.org/saferaccess and other ICRC language sites.

Document on *Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies*
The document is available upon inscription to the HCiD platform on http://healthcareindanger.ning. com/main/authorization/signIn?target=http%3A%2F%2Fhealthcareindanger.ning.com%2F.

Regulations of the World Medical Association (WMA)
Document available on the website on http://www.wma.net/en/30publications/10policies/a20/.

HCiD E-learning module on Rights on Responsibilities of Health-Care Personnel
E-learning is available on the ICRC website on https://www.icrc.org/en/document/rights-and-responsibilities-health-care-personnel#.VQBb2el0yM9.

Responsibilities of Health Care Personnel Working in Armed Conflict and Other Emergencies
See Expert Workshop in Cairo, Egypt, December 17-19, 2012, the document is available on upon the inscription to the HCiD platform on http://healthcareindanger.ning.com/main/authorization /signIn?target=http%3A%2F%2Fhealthcareindanger.ning.com%2F.

Promoting Military Operational Practice that Ensures Safe Access to and Delivery of Health Care
See Expert Workshop in Sydney, Australia, December 9-12, 2013, the document is available on https://www.icrc.org/eng/resources/documents/publication/p4208.htm.