Committee: Security Council

Question of: Protecting medical care in armed conflict areas

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Introduction:

Armed conflict is a global health issue. Over the years, international organisations, such as the United Nations (UN) and the World Health Organisation (WHO) have developed policies in order to improve healthcare deliveries. However, there further exist gaps and challenges concerning the issue that result to consequences for the health of entire communities, due to loss of life or migration.

According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), between January 1st and March 31st 2017, WHO recorded 88 attacks against health care in 14 countries and territories, leading to 80 deaths and 81 injuries. In 2016, WHO noted 302 attacks against health care in 20 countries and territories, leading to 372 deaths and 491 injuries. In 2015, the Médicins Sans Fontières (MSF) reported 94 aerial and shelling attacks on 63 MSF-supported facilities, causing the total destruction of 12 facilities and injuring 81 MSF-supported medical staff. From 2012 to 2014, the International Committee of the Red Cross (ICRC) recorded 2398 incidents of violence against health care in 11 countries facing armed conflict or other emergency.

It is clear that we are in need of creative and sustainable solutions so that these actions are never to be repeated. International cooperation alongside with the

innovative ideas of the young delegates are necessary to achieve the protection of every civilian, without discrimination.

Key-words definitions:

Armed conflict:

International humanitarian law distinguishes two types of armed conflicts, namely:

- International armed conflicts, opposing two or more States, and
- Non-international armed conflicts, between governmental forces and non-governmental armed groups, or between such groups only. IHL treaty law also establishes a distinction between non-international armed conflicts in the meaning of common Article 3 of the Geneva Conventions of 1949 and non-international armed conflicts falling within the definition provided in Art. 1 of Additional Protocol II.

Legally speaking, no other type of armed conflict exists. It is nevertheless important to underline that a situation can evolve from one type of armed conflict to another, depending on the facts prevailing at a certain moment.

Health actors:

The term “health actors” refers to all medical personnel working in government health structures, private health structures and local and international organisations. Global health actors are more development-oriented actors working on transnational health issues, in particular infectious diseases, including GAVI, the Global Fund, the Bill and Melinda Gates Foundation, the WHO and the Global Polio Eradication Initiative.

Militarisation and politicisation of healthcare:

Hospitals are at risk of being taken over or used by armed forces. Additionally, facilities may be used for offering healthcare services only to certain groups of people, including political figures and military groups.

Healthcare:

Healthcare is the maintenance or improvement of health via the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, and other physical and mental impairments in people. Health care is delivered by health professionals in allied health fields. Physicians and physician associates are a part of these health professionals.

Challenges:

Health system constraints:

Conflicts affect all parts of the involved country's healthcare system. Even when the country has a sophisticated and well-thought system, it is very likely to be weakened, due to financial corruption.

Breakdown of infrastructure:

Conflict affects the health infrastructure, which may be destroyed or looted by warring parties. Those health facilities that are not destroyed may end up shutting down or reducing their services.

Shortages of medicine and medical supplies:

During conflict, supply chains break down. That may lead to lack of basic supplies or oversupply of certain types of medicine. In some cases, the medicine imported might be of low quality.

Shortage of health personnel:

During conflict, the health personnel may be facing personal and professional challenges. They may be harassed, intimidated or threatened. At the same time, they might be facing setbacks concerning infectious diseases that may appear.

Insufficient financial resources:

Many health systems may be affected by insufficient financial resources. When conflict erupts, the need of financial resources only rises. However, conflict often urges the government to spend the resources according to military and security priorities.

Increased health burden:

Armed conflicts only help rise the need of healthcare in a country, but undermines the resources to help those civilians. People suffer from infectious diseases, war wounds or explosive device accidents. However, the health personnel is unable to give the proper care to the patients, due to the lack of resources.

Insecurity and instability:

Conflicts often provoke insecurity and instability, which is a major challenge for both the health actors and the population. It is difficult and dangerous to travel in order to be properly treated in a hospital. The examples of conflict victims travelling for days, through a safer route, so that they can find a hospital to treat gunshot wounds, are not few.

Legal, administrative and other barriers:

Due to the counter-terrorism policies and laws, offering medical care to the terrorist groups is considered a crime. Many organisations are forced to modify or terminate their operations, so as not to violate these laws.

Militarisation and politicalisation of healthcare:

During armed conflict, there is a chance that the health facilities and hospitals are used as bases or as places to store arms and supplies. Additionally, in many cases, governments, military and armed groups may instrumentalise health services by denying access to or imposing conditions on health providers as a political or military strategy.

Poor governance:

During armed conflicts, the government of each country involved is often less effective. Sometimes, they are unable or even unwilling to uphold the population's healthcare rights, even before the outbreak of a conflict, thus making the challenges even harder to confront.

Increased vulnerabilities:

Aside from the people that are migrating, there exist minorities and certain groups of people of any economic and social status, such as women, children, youth, elderly and persons with disabilities that are particularly vulnerable during conflicts. At the same time, violence against women and girls are increasingly high, either as a tactic or not. In Bangladesh, UN Women reports that almost every woman and girl is either a survivor or a witness of brutal sexual violence.

Insufficient, short-term international funding:

International funding is crucial to providing health services in times of conflict. Many global organisations, such as the WHO, have been seriously underfunded. More long-term sustainable funding is required to provide adequate health services, such as that for survivors of gender-based violence.

Organisations concerned:

International Community of the Red Cross (ICRC)

International Peace Institute (IPI)

Médicins Sans Fontières (MSF)

UN Development Program (UNDP)

UN Refugee Agency (UNHCR)

UN Office for the Coordination of Humanitarian Affairs (OCHA)

US Agency for International Development (USAID)

World Health Organisation (WHO)

Health Resources and Services Administration (HRSA)

Recent developments:

One of the global governance efforts for the issue of healthcare in conflict was the 2014 UN GA Resolution A/69/L.35 on global health and foreign policy, focusing on the protection of health workers.

During the World Health Assembly in 2012, the Resolution WHA65.20 adopted was calling for leadership from the WHO to collect and disseminate data on attacks on health care in complex humanitarian emergencies.

A new system for collecting data has been developed by WHO and was being tested in the Central African Republic, the Syrian Arab Republic and the West Bank and Gaza Strip. This system has been ready for use since 2016.

At its 32nd international conference in 2015, the ICRC and the Red Crescent Movement renewed its commitment to the Geneva Conventions and reported attacks on healthcare personnel and facilities.

The WHO used field-testing tools to gather data on attacks, and established a repository for reports from governments, media and civil society organisations, which was due to be available for use in 2016.

In 2016, the UN Security Council unanimously adopted Resolution 2286, in response to its deep concern about the acts of violence, attacks and threats against medical care in armed conflicts.

On December 21st, 2018, the IPI Policy Analyst, Alice Debarre, briefed the UN Security Council Open Arria Meeting on "Protecting Medical Care in Armed Conflict-from Policy to Practice."

Questions the Resolution must answer:

How can we improve coordination between and among humanitarian, development and global health actors?

How to ensure a better response to context specific needs and priorities, such as reproductive health, mental health and other non-communicable diseases?

How to make responses and policies sustainable?

Possible solutions:

Ensuring legal protection for medical workers to act in line with medical ethics.

Adopting, implementing and disseminating precautionary measures to protect medical facilities from being destroyed and health actors being punished for doing their work correctly.

Disaggregating data on humanitarian databases to distinguish between types of aid workers, including local and international healthcare workers.

Making a conscious effort, from the part of global organisations, to engage and to co-lead coordination mechanisms with local actors.

Developing international health policies and structures for conflict-affected setting to be sufficiently flexible.

Better tailoring policies, by prioritising the treatment of more chronic health needs and making clear that parallel health policies should be a measure of last resort.

Note for the delegates:

The Resolution also needs to consider the transnational effects of conflicts on health systems beyond the affected country.

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