CALL TO ACTION

Bellagio Conference on Protection of Health Workers, Patients and Facilities in Times of Violence
Bellagio, Italy
November 19-21, 2013

In November, 2013, the Center for Public Health and Human Rights of the Johns Hopkins Bloomberg School of Public Health convened 19 experts from the fields of humanitarian practice, human rights, human security, academic research, government, and philanthropy, along with UN representatives and leaders from health professional associations, at Bellagio, Italy to address the grave problem of attacks on and interference with health care, particularly in times of armed conflict and internal disturbances.

International humanitarian and human rights law recognizes the obligation and/or the responsibility of governments and non-state actors to respect and protect health workers, facilities, medical transports, and the people they serve. Violations undermine the human security and health of conflict-affected populations, disrupt health systems and undermine equitable access to health care, resulting in avoidable loss of life and human suffering. We, the assembled, believe urgent action is needed to address the problem and call upon the international community to advance the security of health, particularly in situations of armed conflict and internal disturbances, through the following actions:

1. *States and armed groups* at all times, including during armed conflicts and internal disturbances, respect health care workers, facilities, transports, and services, and persons seeking care, by not attacking, interfering with, threatening or obstructing them; refrain from punishing health workers for providing treatment to individuals in need of medical care on account of the patient's ethnic, religious, national, political or military affiliation or other non-medical considerations; and ensure availability of safe and secure access to and equitable distribution of quality health care.

2. *States* train their military, police forces and other law enforcement agents to adhere to legal standards and assure protection of health services, health workers and people seeking care; *armed groups* similarly raise awareness among their forces to comply with their international obligations to respect health care workers, facilities, transport, and services, and persons seeking care.

3. *States, with the support of the UN,* take action to stop attacks and hold perpetrators to account in national and, where appropriate, international courts and/or special tribunals.

4. *States* make explicit in national law the respect for and protection of the delivery of health care and health workers in times of armed conflict and internal disturbances, and reaffirm

and reinforce these norms through the UN General Assembly, the Security Council and the Human Rights Council.

5. *States*, through Ministries of Health and other relevant agencies and UN bodies, establish, strengthen and provide resources for systematic monitoring and reporting of attacks on health workers, facilities and transports, and individuals seeking care; and support the implementation of ongoing initiatives by the UN Special Representative for Children and Armed Conflict and the World Health Organization designed to collect and disseminate data on attacks on health services and encourage field-based reporting by the High Commissioner for Human Rights.

6. *States, through the UN,* engage in processes such as Universal Periodic Review, treaty body review and mechanisms for the protection of civilians and children affected by conflict to promote compliance with international law and accountability for perpetrators.

7. *States, relevant UN entities*, *NGOs and professional health organizations and ministries of health* promote, disseminate and implement recommendations of the International Committee of the Red Cross Health Care in Danger project to increase security of health care services and health workers in the field.

8. *Health professional organizations* at the national and global level promote universally accepted standards of professional conduct among health workers in armed conflict and internal disturbances, including training health workers on human rights and medical ethics and advocating for protection and security of health services and health workers.

9. *States, WHO and the Global Health Workforce Alliance* as part of the UN post-2015 development agenda process incorporate strategies to address the problem of interference with health care and attacks of health workers in the human resources for health agenda and related initiatives

10. *Civil society actors* actively engage States and relevant international organizations to advance protection of health care in armed conflict and internal disturbances;

11. *States and donors* support civil society engagement through capacity building, technical assistance and funding.

12. *States and other research funding bodies sponsor and researchers and practitioners* conduct in-depth studies on the nature of violations, the perpetrators, as well as the consequences of lack of protection of health care functions on the health and development of the population. Current research gaps are identified in Annex 2 to this statement.

Annex 1 – List of Participants

Naeema Hassan Al-Gasseer, Eastern Mediterranean Regional Office, World Health Organization

Joseph Amon, Director, Health and Human Rights Division, Human Rights Watch

Cathrine Andersen, Counselor, Humanitarian Affairs, Permanent Mission of Norway in Geneva

Emily Clouse, Senior Research Coordinator, Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health

Ran Cohen, Executive Director, Physicians for Human Rights-Israel

Lola Dare, CEO, Centre for Health Sciences Training, Research and Development

Laurent Dutodoir, Political Affairs Officer, Office of the Special Representative of the Secretary General for Children and Armed Conflict

Katherine Footer, Research Associate, Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health

Angela Gussing, Deputy Director of Operations, International Committee of the Red Cross

Barry Lowenkron, Vice President of International Programs, John D. and Catherine T. MacArthur Foundation

Caroline Moulins, Health Care in Danger Project, International Committee of the Red Cross

Margaret Mungherera, President, World Medical Association

Enrico Pavignani, Independent public health consultant

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Zaher Sahloul, President, Syrian American Medical Society

Judith Shamian, President, International Council of Nurses

Susannah Sirkin, Director, International Policy and Engagement, Physicians for Human Rights

Egbert Sondorp, Hon. Senior Lecturer, London School of Hygiene and Tropical Medicine

Feride Aksu Tanik, Turkish Medical Association Office for International Relations

Annex 2 -- Agenda for research as foundation for protection of health workers, patients and facilities in times of violence

1. **Understanding and acceptance of norms of respect and protection for health services in times of violence**
   a. What is the level of knowledge of norms across stakeholders?
   b. What motives/justifications do perpetrators have for violating norms?
   c. How do laws designed to protect state security affect norms regarding respect for health professional impartiality and autonomy?

2. **Impact of attacks and threats on health systems**
   a. What is the impact of violence in the short, medium, long term, inflicted on:
      1. Health workers, including effects on retention and migration
      2. Health infrastructure, including hospitals and transportation
      3. Health delivery, including access to and availability of essential medicines
      4. Public health programming and disease prevention
      5. Health outcomes
   b. What coping mechanisms have health workers and those in need of care developed to maintain secure access to health care in conflict?

3. **Understanding forms of and motivations for conflict-related violence towards health care**
   a. What motivates attacks in varying contexts?
   b. Can patterns in attacks be identified?
   c. Can a taxonomy of attacks be developed?

4. **Informing protection strategies**
   a. What strategies to prevent or stop attacks, or limit their impact have worked, in which contexts, and why?
   b. How can lessons learned be best translated into practice and empower local health care providers working in conflict?