



Committee: ICRC

Topic: Enforcing Protection of Medical Personnel in Conflict Zones

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The International Committee of the Red Cross, better known as ICRC, is an organization whose main objective is to help those who have been or are affected by some armed violence or conflict. They also promote laws to protect victims in acts of armed violence or war. It is a neutral and independent organization based in Geneva, Switzerland, due to its mandate derived essentially from the 1949 Geneva Conventions, and encompasses approximately 20,000 employees in over 100 countries. It is primarily funded by donations from various governments, Red Crescent Societies, and the National Red Cross. They can take place through natural elements or in times of war. It encourages national governments to accept them, offers suggestions for changes, strives to advance international humanitarian law, and recognizes new Red Cross Societies.

Over the past few years, many fatal attacks have targeted hospitals and medical professionals. These assaults go against a cornerstone principle of international humanitarian law: medical care protection during hostilities. One of the most important humanitarian challenges of our time, but one that is frequently disregarded, is the lack of protection for medical staff working in combat zones, according to the International Committee of the Red Cross. Additionally, the negative effects of conflict zone operations on medical staff often include shortages of supplies and materials, such as service disruptions, making them more vulnerable to harm. Conflict and war also raise the risk of harm to these workers. Authors have looked at 1,479 papers about fighting medical violence in conflict zones. This issue needs to be made more widely known.

International Committee of the Red Cross, assaults on healthcare employees and centers happened in a mean of 33 international locations between 2016 and 2020. In response, the ICRC, Blaise Matuidi, and the advertising and marketing corporation Saatchi and Saatchi declared a marketing campaign to elevate the focus of public expertise on the significance of healthcare employees and they want to make sure of their safety. There are various concerns including forcing medical professionals to collaborate with one or both sides of a conflict by delivering varying levels of medical care, working in dangerous environments where they risk death, being detained, or even being imprisoned. An emerging pattern of attacks on health care coincides with the escalation of competition in the Middle East Workers in health care, health services,

and humanitarian organizations are no longer protected. The achievement of Goal 3 of the United Nations Sustainable Development Agenda is compromised. The injured and ill must be shielded from pillage and mistreatment by all parties to an armed conflict. In addition, they must ensure that they receive prompt and adequate medical treatment whenever possible.

Medical professionals who are just performing medical duties are required to be respected and safeguarded at all times, according to Rule 25 International Law. According to the World Bank, two billion people today live in fragile, conflict-affected regions. Because their effects are dispersed throughout the health system, severe, ongoing disputes seriously threaten universal healthcare. Global health concerns stem from armed conflict. It signifies extreme violence, displacement, ruined institutions and infrastructure, and violent attacks on professionals and facilities. Governments, international organizations, and humanitarian organizations have attempted to safeguard health systems with policies, guidelines, and frameworks. The conflict has a huge effect on both individuals who are currently experiencing it and those who already have long-term healthcare needs, such as non-communicable diseases. Long-term care for most people with non-communicable conditions requires careful planning and is becoming increasingly difficult to obtain in unstable and insecure environments. Many people in Yemen do not have access to primary medical care due to the ongoing humanitarian crisis. Only half of the healthcare facilities operate, and even those open lack essential amenities. As a result, noncommunicable diseases now cause more than half of all deaths in Yemen. NCD, particularly cardiovascular diseases, can get worse in conflict zones as well. This is troubling because, in addition to the fact that a conflict environment raises heart disease risk factors, there are few management services.

Patients and medical workers have frequently been killed or injured during attacks and poor management of hospitals and other medical institutions during wars and armed conflicts. The World Medical Association has been vocal in its condemnation of attacks on medical facilities and staff that have been observed during armed situations. Medical personnel will be safeguarded in both international and non-international armed conflicts by the ICRC Geneva Conventions and their additional protocols. It is the responsibility of the parties at war to refrain from attacking, threatening, or obstructing medical procedures, as well as from interfering with the treatment of sick or wounded combatants and civilians. Physicians and other healthcare workers must be treated as neutral and should not be prevented from carrying out their responsibilities.

The World Medical Association denounces all attacks on medical people, facilities, and vehicles during armed situations as placing medical aid in grave danger and putting them at risk of being left without access to medical care if physicians and other medical

professionals flee the region. At the moment, no one is in charge of gathering information about assaults on medical staff and facilities. In order to determine the reasons why medical personnel and facilities are being attacked, it is essential to collect data following attacks. These kinds of data are crucial for comprehending the nature of the attacks and taking the necessary precautions to avoid attacks in the future. The World Medical Association urges that the appropriate international organizations set up systems with the resources needed to gather and disseminate information about attacks on doctors, other healthcare workers, and medical facilities during armed conflicts. All attacks must also be thoroughly examined, and anyone found guilty of breaking the Geneva Conventions and Protocols must face justice.

The introduction of a state-of-the-art UN role as a rapporteur on the integrity and independence of health professionals could be one such mechanism. Following the World Medical Association's recommendation to the United Nations Rapporteur on the independence and integrity of fitness professionals, the World Medical Association encourages affiliates to report all armed conflicts they are aware of, where a reporting system is in place. In South Sudan, on February 19, 2014, armed men stormed Malak Teaching Hospital run by Doctors Without Borders, robbed patients and their families of cash and mobile phones, and shot dead those unable to provide bedding. The neutrality of Syrian medical staff, hospitals, and patients is not only ignored. According to the United Nations, these people and groups have become strategic targets for violent operations.

Hospitals and medical institutions should be among the few secure sites in combat zones, as stipulated by the International Humanitarian Law and reaffirmed by Resolution 2286. Attacks on medical facilities are still occurring seven years after Resolution 2286 was passed, depriving disadvantaged communities of necessary medical care and putting the lives of patients and medical personnel in peril. From 2016 up until now, the ICRC has recorded more than 4,692 attacks on health facilities. According to WHO, records include the countries of Afghanistan, Syria, Yemen, and Myanmar, to be the countries with the most reported attacks.

In times of conflict, healthcare needs and deserves protection. Attacks on health facilities during armed conflict exacerbate the humanitarian situation on the ground, causing instant deaths, damaging or destroying irreplaceable health facilities, and long-term civilian casualties as they scramble for needed medical supplies.

Medical personnel in conflict zones are protected by the IHL. This means that they are included in the list of entities protected under the International Humanitarian Law or protected by any ruled engagement, which makes the medical personnel part of the No

Strike List (NSL). Giving thought to this, reasonable notice in advance would be a good solution. When practical, legislation requires advance notice. When possible, the warning could contain images or videos showing enemy forces utilizing a protected site for military purposes and encourage them to halt before the facility is attacked, facilitating the evacuation. Other solutions could be looking for further methods to identify medical facilities, Co-locating medical facilities with military forces (sharing a space), and reconstructing the No Strike List to make it more comprehensible.

There has been a call for increased compliance with the International Humanitarian Law (IHL) by nations and armed groups alike, reiterating the need of addressing attacks on health institutions and staff. Strong processes, as well as communication and collaboration between nations, the academic community, and the humanitarian sectors, are required to investigate and penalize IHL violations.

Recommended sites:

- <https://www.icrc.org/en>
- <https://blogs.icrc.org/law-and-policy/>
- <https://www.healthpolicypartnership.com/under-threat-healthcare-in-conflict-zones/>
- <https://eba.se/en/seminars/improving-healthcare-in-conflict-zones-evidence-from-palestine-colombia-and-red-cross-hospitals/>
- <https://www.hsph.harvard.edu/event/protecting-health-care-in-conflict-areas-lessons-from-ukraine-to-tigray/>
- <https://www.chathamhouse.org/2019/05/getting-serious-about-protecting-health-care-conflict>
- <http://unscr.com/en/resolutions/doc/2286>

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