Doctors in War Zones:
International Policy and Healthcare during Armed Conflict

June 7-8, 2018, Geneva
Concept and Agenda

CONCEPT

Health crises are often not stand-alone crises. They happen in the context of larger crises, such as armed conflicts.[1] Indeed, armed conflict is a global health issue. Long-lasting and protracted conflicts in particular have consequences beyond just the war-wounded—they have consequences for the general health of entire communities. If the international community wants to live up to the commitment of the Sustainable Development Goals (SDG) and "leave no one behind," and in particular to achieve SDG 3 on health, **priority needs to be given to reaching vulnerable people in conflict-affected countries**. Conflict is a social and political determinant of health, and conflict-affected countries are lagging behind in reaching the SDG targets on health. This is even more the case as the nature of armed conflict is shifting. Conflicts increasingly take place in urban areas and have a long-lasting devastating impact on communities and infrastructure, and they are resulting in more and more people on the move. These changes make the need to ensure adequate delivery of healthcare during armed conflict even more crucial.

Humanitarian and other actors delivering healthcare in armed conflict face a **wide array of challenges linked to the nature and dynamics of armed conflicts**. In many places, medical facilities and personnel have been directly targeted, with parties to armed conflict disregarding their obligations under international humanitarian law to respect and protect healthcare.[2] Health and health-supporting infrastructure have broken down, and there have been gaps in health information and access to medicine and medical supplies. People's health needs have increased as they suffer the direct and indirect consequences of conflict, such as war wounds, interrupted vaccination schemes, or difficulty providing chronic care. Constrained resources may be directed toward other priorities, increasing vulnerabilities, in particular for displaced persons, women, children, the elderly, and persons with disabilities. In some areas, the government's capacity to provide health services may be weak or entirely absent. A comprehensive understanding of these challenges is necessary to develop adequate policies and put in place the governance structures needed to implement them.

No single actor can address the immense health needs of a conflict-affected population on its own. In particular where states are unwilling or unable to effectively provide effective health services to their population**, the international community has had and will have a role to play in ensuring that those affected by conflict receive the health services they need**. Both global health actors and (medical) humanitarian actors need to work together to ensure human security, which includes ensuring communities have access to the health services they need. Nonetheless, the 2014 West African Ebola crisis showed the challenges of bringing the existing health and humanitarian systems together to better confront

[1] This project focuses on situations of armed conflict but a lot that it covers could also apply to situations of violence that do not rise to the level of an armed conflict.

[2] The issue of attacks against healthcare is not the main focus of this project. It has been addressed in other IPI activities, notably a policy forum in April 2016, and a research report "Evaluating Mechanisms to Investigate Attacks on Healthcare" published in December 2017. It has also been the focus of research and high visibility campaigns by Medecins Sans Frontiere (#NotATarget), the International Red Cross and Red Crescent Movement (Health Care in Danger), and the Safeguarding Health in Conflict Coalition.

the epidemic. Today's complex and protracted emergencies demand better and more systematic cooperation.

In order to respond to health threats, the international community has developed a wide array of health policies, procedures, frameworks, and structures. These include the International Health Regulations (2005), policies and regulations that guide health interventions in conflict-affected contexts, the Inter-Agency Standing Committee (IASC) System-Wide Level Activation Procedure for Infectious Diseases, and Health Clusters.

However, in conflict-affected contexts, the international health system still faces gaps and challenges. These include concerns around the prioritization of health services, contextualization, funding and aid allocation, and what has been termed the "securitization of health". Ensuring the provision of adequate health services also raises questions about the implementation of international health policies and standards, and related questions about the accountability of health and humanitarian actors operating in such contexts. For example, current coordination structures for humanitarian actors delivering healthcare services in conflict-affected contexts often seem to prioritize process over impact, and their policy guidance amounts to unenforceable recommendations. In order to ensure the adequate delivery of health services in conflict-affected settings, there is a need to rethink and redefine existing collaboration models, governance structures, and accountability mechanisms for health and humanitarian actors working in these settings.

DRAFT AGENDA

Thursday, 07 JUNE 2018

18:00- 21:00	**High-level Dinner**
Welcome Remarks	**Dr. Adam Lupel**, *Vice-President, International Peace Institute*
Keynote Speech	**Mr. Peter Maurer**, *President, International Committee of the Red Cross*

Friday, 08 JUNE 2018

10:00-10:15 **Coffee and registration**

10:15-10:30 **Welcome and introduction by the Graduate Institute**

10:30-12:00 **Session 1: Challenges of providing healthcare in armed conflict**

What are the challenges various actors face in providing healthcare in armed conflict? What are the constraints on the health system (e.g., breakdown of infrastructure, shortages of medicines, prioritization), the challenges of delivering healthcare (e.g., violence & insecurity, movements of people, legal & administrative barriers), and the challenges and constraints linked to global health agendas (e.g., aid allocation, insufficient funding, securitization of health)?

Moderator: **Dr. Adam Lupel**, *Vice-President, IPI*

Speakers: **H.E. Sabrina Dallafior Matter**, *Deputy Permanent Representative, Permanent Mission of Switzerland to the United Nations Office and to the other international organisations in Geneva*
Dr. Richard Brennan, *Director, Emergency Operations Department, WHO*
Colonel Dr. Signe Buck, *Surgeon-General, Austrian Armed Forces*
Dr. Hanna Kaade, *Syrian medical doctor, former WHO Public Health Officer in Aleppo*
Dr. Monica Rull, *Deputy Medical Director, Medecins Sans Frontieres*

12:00-13:00 **Lunch**

13:00-14:30 **Session 2: Health governance systems in conflict-affected settings**

What are the governance systems and structures in place for public health actors and humanitarian actors (e.g., IHR, IASC Level 3 Activation Procedure, Global and Country Health Clusters, WHO Health Emergencies Programme)? How do the humanitarian and public health systems interact? How do they tackle the challenges discussed in Session 1, and what would be needed to ensure better implementation of health policies and hence more adequate health services for those in need?

Moderator: **Dr. Michaela Told**, *Executive Director, Global Health Center, Graduate Institute of International and Development Studies*

	Speakers:	**Ms. Wendy Cue**, *Chief, Secretariat Office, Inter-Agency Standing Committee* **Mr. David Murphy**, *Protection Mainstreaming Task Team Co-Chair, OCHA* **Ms. Linda Doull,** *Global Health Cluster Coordinator, WHO*
14:30-15:00		**Coffee break**
15:00-16:30		**Session 3: Accountability in the international health system in conflict-affected settings** *What accountability mechanisms/process exist to ensure adequate delivery of healthcare in conflict-affected contexts (e.g., accountability to affected populations, accountability to donors)? How can international health and humanitarian actors be more effectively held accountable for their activities in these contexts? What incentives can help actors to act more accountably?*
	Moderator:	**Alice Debarre**, Policy Analyst, IPI
	Speakers:	**Dr. Francesco Cecchi**, *London School of Hygiene and Tropical Medicine* **Dr. Emanuele Capobianco**, *Director of Health and Care, International Federation of Red Cross and Red Crescent Societies (IFRC)* **Ms. Joachime Nason**, *Permanent Delegation of the European Union to the United Nations Office and specialized institutions in Geneva*
16:30 - 16:45		**Wrap-up and conclusion**