

Health, data, violence and weapons:

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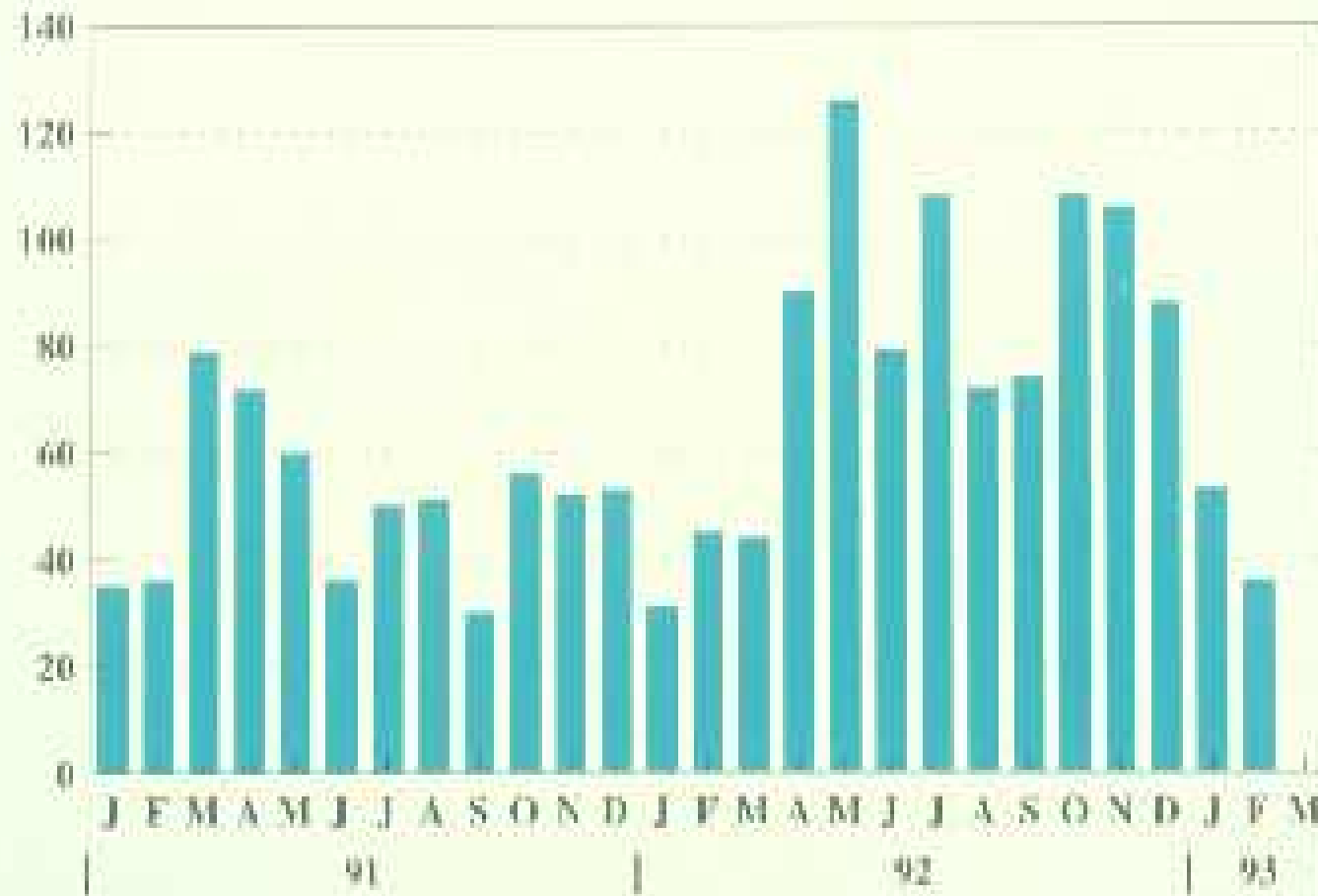
What is "health, data"?

- ▶ What, who, when and where?
- ▶ EPIDEMIOLOGY!
- ▶ **WEAPONS ARE BAD FOR YOUR HEALTH!**
- ▶ Hospital data (BMJ Dec 1991)

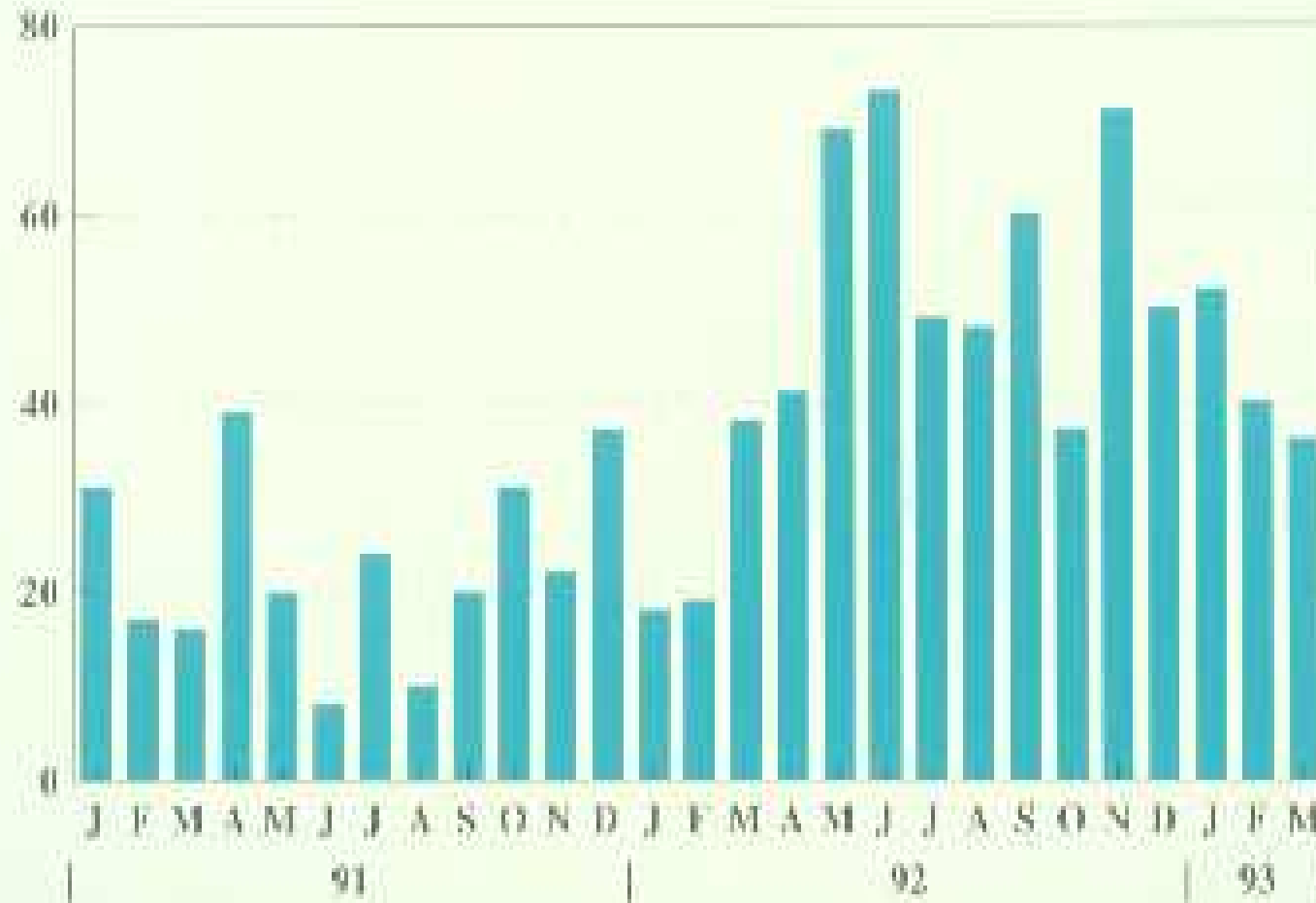




Mine injuries admitted to ICRC Peshawar January 1991 to March 1993



Mine injuries admitted to ICRC Quetta January 1991 to March 1993



Why gather data?

- ▶ Stop people stepping on mines
- ▶ Get mines out of the ground
- ▶ Prevention!
- ▶ Stop mines being put in the ground
- ▶ What..... A TREATY??
- ▶ Impossible!!!!!



Anti-personnel mines: what did we learn?

- ▶ Gathering health impact data is difficult
- ▶ The "data to policy" process applies to weapons
- ▶ Shifting the burden of proof / creating a burden of responsibility
- ▶ Must have:
 - ▶▶ Data
 - ▶▶ Credibility
 - ▶▶ Images
 - ▶▶ Public opinion



"Health Care in Danger" 2011

- ▶ Major humanitarian issue
- ▶ Health care must not be attacked, obstructed or abused
- ▶ Wounded / sick have a right to health care













Nature: HCiD events in 16 countries

- ▶ All sources, 32 months
- ▶ 16 operational countries
- ▶ 655 events
- ▶ 85% from 6 contexts
- ▶ 727 people killed
- ▶ 1101 people wounded
- ▶ 166 people kidnapped
- ▶ Who does what....?



Nature: HCiD events *cont...*

- ▶ Military actors using explosive weapons
- ▶ Military / police armed entry
- ▶ Armed entry / takeover by NSAs
- ▶ Checkpoint delays / harassment (military)
- ▶ Ambulances attacked by NSAs
- ▶ Kidnapping by NSAs
- ▶ Ex-pats killed by NSAs
- ▶ Common crime



"Every day stuff"

- ▶ Hospital entrance
- ▶ Staff getting to work
- ▶ Relatives
- ▶ Common crime



The problem

- ▶ The knock-on effects *on people*
- ▶ *Millions* of people affected
- ▶ "One of the biggest" humanitarian issues
- ▶ Universal, immediate, multi-faceted,
- ▶ Unrecognised
- ▶ Inconsistent information gathering



A four-year project

- ▶ Raise awareness and concern
- ▶ Continue data gathering
- ▶ Field operations
- ▶ Diplomatic
- ▶ 2012 - 2013 workshops
- ▶ 2014 governmental conference
- ▶ Communication campaign



I DIDN'T DIE BECAUSE THE WAR
FORCED ME TO FIND REFUGE IN A CAMP.

I DIDN'T DIE BECAUSE THE DIRTY WATER
I HAD TO DRINK GAVE ME CHOLERA.

I DIED BECAUSE FIGHTERS STOLE
THE MEDICINES AND KILLED THE
TWO HEALTH-CARE WORKERS

VIOLENCE AGAINST
HEALTH CARE MUST END

IT'S A
MATTER
OF **LIFE**
& **DEATH**



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**MY BABY DIDN'T DIE
BECAUSE THE MIDWIFE WAS
KILLED IN AN EXPLOSION**

**MY BABY DIDN'T DIE BECAUSE
I WAS IN LABOUR FOR SUCH
A LONG TIME**

**MY BABY DIED BECAUSE ARMED
MEN HIJACKED THE AMBULANCE
COMING TO GET US**

**VIOLENCE AGAINST
HEALTH CARE MUST END**

**IT'S A
MATTER
OF LIFE
& DEATH**



ICRC



**COMITE INTERNATIONAL
GENEVE**

Themes of 2012 – 2013 workshops

- ▶ Law - IHL / HR / penal law
- ▶ Hospital security
- ▶ Medical transport
 - ▶ Ambulances
 - ▶ Checkpoints
- ▶ Non-state actors
- ▶ Role of National RC Societies
- ▶ Health professionals



Thank you

<http://www.icrc.org/eng/life-death>



Health and violence

- ▶ "a state of complete physical, mental and social well-being and not merely the absence of disease"
- ▶ "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that results in injury, death, psychological harm, maldevelopment or deprivation" (WHO)



Health care

- ▶ Hospitals / clinics / first aid posts / ambulances (inc. NGOs)
- ▶ Personnel & health professionals
- ▶ Movement staff / volunteers in health care
- ▶ Military health infrastructure and personnel



Violence affecting health care

Events which result in:

- ▶ Death, injury, kidnap, arrest, rape, threat, harrassment
- ▶ Material damage inc. cut off electricity and water
- ▶ Prevention of access
- ▶ Attacking / removing sick or wounded from health care
- ▶ Use of health care for attack / defence

