

world will no longer have protection against our greatest killers. Ultimately, if the neutrality of public health efforts is undermined, the world will become a more violent and unhealthy place.

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## Security of Health Care and Global Health

Robin Coupland, F.R.C.S.

My introduction to “global health” was rude. In the late 1980s and early 1990s, I worked as a surgeon in field hospitals of the International Committee of the Red Cross (ICRC). I treated hundreds of wounded people in eight different countries in Africa and Asia, where I visited many local health care facilities, the majority of which were hopelessly understaffed or undersupplied because of armed conflicts. Our surgical actions were just one part of a wide array of health care activities, and the ICRC is only one of many organizations attempting to support or deliver health care in contexts of violence. The security of facilities, patients, and staff was an everyday working consideration, and the problems we faced were common to all health care providers. Certain roads could not be traveled, ambulances were attacked, supplies were looted, staff and patients were subject to a variety of threats, and worst of all, patients and my colleagues were sometimes targeted directly and kidnapped or killed. Often such violence or wide-

spread insecurity resulted in the termination of health care programs, which left entire already-vulnerable populations without health care.

Among all the constraints facing health care delivery in such settings, the most difficult one to address is a lack of security.<sup>1</sup> One of our head nurses put it quite simply: “We can't do anything without security.” In the bigger picture, the success or failure of our efforts to provide health care rested less on impeccable program planning and execution than in the hands of the people who were responsible for our security (or lack thereof), and it became clear to me that the relationships among security, insecurity, health, and health care are extremely complex. Moreover, armed conflict generates immediate and additional health care requirements for wounded and sick people that exceed peacetime needs. Hospitals may fill rapidly with wounded people, both military and civilian, and the additional health care requirements arise at precisely the time when the ac-

companying insecurity makes it most difficult to address them. Even providing prehospital care for the wounded, including first aid and transport by ambulance, becomes dangerous, since health care personnel, ambulances, and health care facilities may be open to attack.

The uprisings in North Africa and the Middle East in the past 2 years have taken place largely in urban environments, where the preexisting facilities on which wounded people — whether civilian, police, or military — would normally depend for health care suffer a range of security problems, in part because these facilities and the people who staff them become integrated into the events. Ambulances may be attacked, and their staff harassed, because of the patients they are carrying. Health care providers may be prevented from treating members of one side of the dispute or the other. Hospitals may be seen as a place where enemies or “terrorists” can be arrested, interrogated, or even killed. Again, insecurity may be the factor de-

termining whether people reach or benefit from health care. The problem is exacerbated by the fact that journalists, who are seeking to influence world opinion, know that telling images and testimonies may be found in overwhelmed, makeshift, or disrupted health care facilities; revealing the location and identity of wounded fighters can put these injured patients and those caring for them at considerable risk.

The lack of global attention to attacks on health care facilities and personnel was first appropriately highlighted in 2010.<sup>2</sup> In 2011, the ICRC published a study analyzing various forms of violence and insecurity affecting health care in 16 countries in the midst of conflict. The study also drew attention to the massive domino effects on the health of entire communities that were being denied health care because of such violence and insecurity.<sup>3</sup> It concluded that in terms of the numbers of people affected, violence, both real and threatened, against health care workers, facilities, and beneficiaries is one of the biggest, most complex, and yet most underrecognized humanitarian issues today. The study also raised the question of whether insecurity might be the primary reason why so many health care workers from developing countries seek work elsewhere. At the same time that it undertook the study, the ICRC launched the Health Care in Danger project, which aims to address a wide variety of issues related to delivering health care in insecure environments; the project includes engagement in a broader dialogue with those who are in a position to improve this security.

It has drawn support from numerous health care institutions. In 2012, the World Health Assembly also formally recognized the need to address the insecurity of health care.<sup>4,5</sup>

So what can be done to address this insecurity? First, the health care community, broadly defined, must recognize this issue and be able to communicate about it: if we don't express our concern, it's unlikely that concern will be generated in other quarters. Health care workers who are likely to be working in areas of conflict need better preparation and training to deal with the many practical and ethical issues they will predictably face. For example, they should learn how to determine appropriate standards of care in such situations and how best to avoid discrimination in providing access to timely treatment.

But recommendations for the health care community don't directly address the security issues. There must also be recognition and upholding of the rules of international humanitarian law and human rights law that require all authorities to respect and protect the wounded, the sick, health care personnel, and health care facilities. Armed forces and police forces need more and better training with respect to these laws, as well as training in such activities as running checkpoints in a way that avoids delaying the passage of ambulances and conducting search operations near or even in health care facilities without disrupting the provision of health care. Governments need to develop national laws to better protect health care personnel and facilities. These and other measures are currently being actively

pursued by the ICRC's Health Care in Danger project in partnership with national Red Cross or Red Crescent Societies.

Threats to health care during conflicts are not just an issue for humanitarian aid agencies. The global health community has taken a long time to recognize that conflict, violence, and insecurity are more than constraints on the delivery of health care in many parts of the world: they are showstoppers. The responsibility for addressing this massive global health issue does not ultimately lie with the global health community, but rather with the national and international organizations responsible for ensuring people's security.<sup>1</sup> The responsibilities of the health care community, however, must include fierce advocacy for the maintenance of this security.

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