



United Nations
Association
of Australia
Peace Program



A 21st century response to attacks on aid and health care workers in conflict zones

ROUNDTABLE COMMUNIQUÉ

Union, University and Schools Club, Sydney

Friday 7th April 2017

Introduction

In 2016, the World Health Organisation reported 594 attacks on health care in emergencies between January 2014 and December 2015; 959 deaths and 1561 injuries in 19 countries; 62 per cent of attacks being deliberate, 20 per cent unintentional, 18 per cent undetermined. Attacks on health care workers have escalated within the last three years, with the Safeguarding Health in Conflict Coalition recently documenting attacks in 23 countries in 2016.

One of the enduring themes of World Health Day – international health security – is a reminder that the threats to public health know no bounds, no discrimination and no respect for the value of human life.

Health, development and global security are inextricably linked.

Good health and well-being rank high among the UN's Sustainable Development Goals (SDGs) with a 2030 target, ensuring that no one is left behind. Achieving the SDGs would be difficult without strengthening global peace and security, building resilience and reducing risk.

The security of all countries is today increasingly dependent on the capacity of each to act effectively, and collectively, to minimise health threats.

Attacks on aid and health care workers in conflict zones pose a pressing concern to universal health care and a major barrier to fulfilling the SDGs.

Attackers target health care facilities to terrorise and create fear, punish opponents or those suspected of cooperating with opponents, deprive the enemy of health care, disrupt society leading to population movement, and demoralise the population.

Current levels of response comprise repeated condemnation and calls for action, awareness and data collection, strengthening local defences, and attempts to make the political cost bigger but these do not constitute a comprehensive system of accountability or a broadly agreed plan of action. In addition, there has been limited understanding and exploration of the potential of technology.

UN Security Council Resolution 2286 in May 2016, co-sponsored by more than 80 member states, condemned attacks against medical facilities and personnel in conflict situations, demanding an end “to impunity for those responsible and respect for international law on the part of all warring parties”. See Appendix 2 for other links.

Viability of a solution

A Roundtable jointly hosted by the United Nations Association of Australia Peace Program (UNAAPP) and the Australia & New Zealand Cooperative Research Centre for Spatial Information (CRCSI) was held in Sydney on April 7 2017 to discuss the viability and the potential of such a solution.

The theme of the Roundtable was **“A 21st century response to attacks on aid and health care workers in conflict zones”**.

The overall objective of the Roundtable was to test the feasibility of establishing the basis for an Australian-led proposal to develop and pilot a digital solution aimed at reducing attacks on healthcare workers in war zones.

Delegates from 16 organisations attended the Roundtable, including CEOs of technology companies, Directors of NGOs, academics representing the humanitarian, technology and health sector, and representatives from the International Committee of the Red Cross and World Vision Australia.

Professor Tarun Weeramanthri, Assistant Director General for Public Health at the Western Australian Department of Health, and Professor Anthony Capon, inaugural Professor of Planetary Health at the University of Sydney, were the keynote speakers.

The Proposal

Professor Tarun Weeramanthri, Chief Health Officer and Assistant Director General for Public Health at the Western Australian Department of Health, tabled Elements of a proposal.

Professor Weeramanthri recently returned from a mission in Iraq coordinating trauma care, and so had first-hand knowledge of current safety and security measures for health care workers on the frontline.

The proposed system aims to provide trusted evidence of the existence, location and operation of healthcare facilities so that if attacked, perpetrators could be held accountable at an International Court of Law.

The proposed system would be an authentication/verification structure trusted and agreed to by warring parties.

The proposed system will incorporate 21st century technology including potentially Global Navigation Satellite Systems (including but not limited to GPS), Geographical Information Systems (GIS), hand-held smart telecommunication devices, real time tracking, and possibly even new Blockchain technology.

These, and other technologies, are to help establish provenance, lineage, precision, trust, accountability, verification and transparency, which are all critical elements of a feasible solution, thereby providing a chain of evidence with integrity.

Roundtable Discussion

To determine the viability of such a system the participants:

- Recognised current efforts to reduce attacks on healthcare in conflict zones by the International Committee of the Red Cross, the World Health Organisation and the United Nations
- Discussed the need to clearly scope the problem being solved and identify the users of the proposed system
- Discussed the need to analyse more deeply the specific occurrences of deaths in conflict zones to determine areas of greatest need and therefore where to target first
- Examined existing programs and initiatives that could be enhanced, so as to avoid duplication of effort
- Suggested crowd sourcing of information could also provide a rich source of data for the proposed system
- Discussed how emerging technologies could be used to transparently record and provide an un-reputable verification of authors, transactions and data associated with healthcare facilities.
- Considered the role of Smart analytics and Artificial Intelligence as an innovative means for verifying the legitimacy of healthcare facilities and/or to identify 'unusual' or potentially threatening behaviour (as seen in new commercial surveillance systems)
- Discussed the possibility that the proposed system may transfer the onus of 'burden of proof'
- Discussed the issue of health worker privacy as part of the proposed system
- Suggested that security staff, employed by the UN or other organisations, could be utilised for data gathering given that they are already on the ground, and charged with helping protect health care facilities
- Suggested that a specific geographical area be determined for piloting the proposed system
- Noted the proposal needed to consider the cycle of threats including response, recovery, preparation (and mitigation) and planning.

During the Roundtable participants:

- Acknowledged the need to identify which organisation, or groups of organisations, has the convening power to make the ‘call out’ for such a proposed system
- Noted the need to determine the key stakeholder groups involved in the successful implementation of the proposed system
- Noted the difficulty in getting a new mandate universally accepted and that the alternative is to anchor the proposal to an existing concept such as ‘healthcare for all’, or even the ‘universal solidarity of healthcare workers’
- Noted that if successful a key organisation would need to be identified to manage and coordinate such a system
- Noted that the problem is extensive and broad and that the proposed solution should focus on a very specific and most impactful slice of the problem.
- Noted that use of the Red Cross or Red Crescent name or emblem requires permission from the International Committee for the Red Cross and, in Australia, the Department of Defence
- Agreed that the proposed solution warranted further investigation through more focused workshops
- Expressed gratitude to Professor Weeramanthri for his leadership and commitment to leading the proposed initiative and to Professor Tony Capon for providing an overview of the problem within a global health perspective, and linked to the UN Sustainable Development Goals (SDGs)
- Expressed gratitude to all participants including the moderator for making the time to take part in the Roundtable to discuss a most important global issue
- Expressed gratitude to joint convenors, the UNAA Peace Program and the CRC•SI, for hosting and preparing the roundtable.

Recommendations – The Way Forward

- 1) That all parties continue to raise awareness of the importance of preventing attacks on health care, as a critical issue in meeting the Sustainable Development Goals in conflict and war-affected countries;
- 2) That all parties support existing initiatives to prevent attacks, including by the World Health Organisation, International Committee of the Red Cross, Safeguarding Health in Conflict Coalition and Medecins sans Frontieres;
- 3) That all parties note that there will be a report back to the UN Security Council in May 2017 on Resolution 2286, one year after its adoption; and
- 4) That all parties use their influence and networks to promote the convening of an international meeting of health, humanitarian and technology experts to develop a concrete proposal and agreed plan of action to further reduce attacks on health care

Participant Agreement

All participants agree that this communique is a true representation of the roundtable discussion. A full list of Roundtable participants is provided in Appendix 1.

APPENDIX 1: Roundtable Participants

Professor Tarun Weeramanthri	WA Chief Health Officer
Professor Tony Capon	Professor of Planetary Health, University of Sydney
Dr Peter Woodgate	CEO, CRC·SI and Chair, Global Spatial Network
Dr Zeny Edwards	Convenor, UNAA Peace Program
Dr Nathan Quadros	Research Program Manager, CRC·SI
Professor Chris Pettit	Chair of Urban Science, University of NSW
Ms Paula Fievez	Health Program Manager, CRC·SI
Ms Kavitha Suthanthiraraj	Health and Nutrition Policy and Advocacy Advisor, Save the Children Fund
Professor Anushka Patel	Chief Scientist The George Institute for Global Health
Ms Natalya Wells	Policy and Political Affairs Officer International Committee for the Red Cross
Mr Nic Nuske	CEO, Point of Pay (Technology Company)
Ms Jean Santos	Director, UNAA Peace Program
Ms Evelyn Opilas	Media and Promotions Coordinator, UNAA Peace Program
Mr Dimitrios Scoutas	Principal Designer, Frog Design, Sydney
Ms Allison Hornery	Director, Confluence
Ms Annabel McConnachie	Australian Red Cross International Humanitarian Law
Mr Ross Piper	Chief Operating Officer World Vision Australia
Professor Bingfang Wu	Director, Remote Sensing & Digital Earth Institute, Chinese Academy of Science
Professor Len Notaras	Executive Director, National Critical Care and Trauma Response Centre



Participants at the UNAA Peace Program roundtable to mark World Health Day included, from left, seated: Dr Peter Woodgate, Dr Zeny Edwards, Prof Tarun Weeramanthri, Prof Anthony Capon, Natalya Wells, Kavitha Suthanthiraraj and back: Prof Bingfang Wu, Dr Nathan Quadros, Dimitrios Scoutas, Nick Nuske, Annabel McConnachie, Prof Chris Pettit, Allison Hornery, Paula Fievez and Ross Piper.