**2017 Human Rights Council Social Forum**

**Panel 5: Health care workers on the frontline**

**Statement by Dr. Esperanza Martinez, Representative of the International Committee of the Red Cross**

Thank you very much.

The majority of the contexts of the International Committee of the Red Cross work are affected by a conflict and violence. And therefore the international humanitarian law is the framework that guides our principles, our strategies and activities in this field. However, in context where international humanitarian law does not apply, there are provisions in international human rights law that complement IHL and sometimes fill the gaps. So, there are critical elements of interlinkage. And in international human rights law there are categories of human rights violations that correspond to the fundamental rules protecting persons in situations of violence. And those correspond to ICRC’s activities and for those there are similar provisions under international humanitarian law. So therefore we find an interrelation between international human rights law and international humanitarian law that allows the protection of humanitarian services in protracted conflict and situations of crisis, and by allowing the delivery of services, basically where we are intervening or we are ensuring minimum conditions to comply and fulfill the right to life, the right to health and the right to dignity. Therefore violations of international human rights law obligations such as the obligation to ensure the minimal access and the minimum provision of essential services will have a deep humanitarian impact.

As we are discussing here the workers in the frontline, there are three aspects of current warfare and current conflict that I would like to highlight.

The first one is that more and more battles are played in urban context. And that means that attacks and indiscriminate attacks on civilian infrastructure have an amplify effect and also have a domino effect that affects thousands of people. When one service shuts down, for example water provision or food production or electricity supply, there are other services that immediately fall apart. And with consequences in a dense community, really dire for the population. Here, the social determinants for health are affected, and therefore, so are the rights to water and sanitation, and the right to food, and the right to health. So, there are direct implications.

The second point is that protracted conflict has a profound effect on systems. And Yemen is a very good example in more than half of the health infrastructure today is not working. So violence exacerbates vulnerability of health systems in a way that they are unable to cope with demands, for example cholera in this case, and other communicable diseases. Ant this is not entering even in the demands placed by treating people with HIV/AIDS or other communicable diseases. So, the systems are rendered unable to cope with the increased demands at the time of highest need. This impact on health systems affects the right to health, namely the access to health services. In the case of Yemen and in the case of many other conflict-affected situations we are talking about life-saving services. Therefore, violations of international humanitarian law and the conflict itself impact the right to life of these communities.

And the last element I want to highlight in terms of our work is the issue of violence against healthcare workers, healthcare infrastructure, healthcare transport (ambulances). And this is a phenomenon that is non-stopping and is needed to stop. Basically IHL contains specific provisions for the protection of healthcare personnel’s life and infrastructure because of the function they play. However, international human rights law as well protects the access to the health services by protecting the rights of the individual. So, they are complimentary, they work together. The multiple facade of interventions to protect healthcare workers is highlighted in the ICRC’s Healthcare in Danger project, which is the project that looks at the legal framework and also at training and preparing of those workers in the frontline to see what can be done for them to be safer. But it’s not up to the health workers alone to be safer. It’s up to every other mechanism and institution to try to ensure their safety and their ability to deliver services. And under the framework of the Healthcare in Danger there are practical guidelines that say that there are the rights and responsibilities of healthcare personnel in conflict areas. They include, for example, the protection of personal data, and the ability to engage with an arms carrier in negotiations on protection of the services they deliver and of the patients they care for.

As the way to conclude, I would like to emphasize that in order to realize key human rights in conflict-affected context, there has to be more work on preventing international humanitarian law violations. Waiting for the aftermath, when entire populations have been driven away, when hospitals have been destroyed or when healthcare workers have been killed or wounded, is a little bit too late.

Now, that will be late not only in terms of delivering the basic level of services those communities need, but also in the achievement of the SDGs. If we don’t intervene in preventing human rights and international humanitarian law violations, there will be no advancement on the fulfillment of the basic rights and the Sustainable Development Goals in the future.

Thank you.