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**Geneva Forum - Towards Global Access to Health**

**Keynote address by Dr Jakob Kellenberger**

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***Access to health care for victims of armed conflicts***

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Excellencies, Ladies and Gentlemen,

I thank you for inviting me to address you tonight. I will elaborate on **access to health care for victims of armed conflicts**.

Let me begin by clarifying two points:

What do we understand by victims of armed conflicts or people affected by armed conflicts? I insist on this point because many articles and studies dealing with the cost of war focus on the number of so-called direct deaths, that is people killed by acts of violence. As you know figures diverge considerably from one institutes to the other, but this is of limited relevance to our discussion. Much more relevant is the fact that the number of direct deaths represents only a minority of the total number of death due to an armed conflict. If we look at a definition given in an article published in the British Medical Journal we can get an idea of how difficult it is to have reliable figures on the number of the so-called indirect death due to an armed conflict. *"Indirect effects of conflicts on mortality can be formally defined as the number of death following a war minus the number of death that would not have occurred in the same period if the war had not occurred."* By victims of armed conflict in the context of this talk, we understand not just those killed by violence, but as well the wounded, civilians and combatants alike, the millions of people uprooted and displaced as a consequence of armed conflict and the residents whose conditions of life have been adversely affected by it. One of the things they have in common is that their health status is more at risk than in times of peace and their access to health care has become more difficult.

My second introductory remark refers to the dominant type of armed conflict we see today. Most of the current armed conflicts are of a non-international nature and they develop mainly at the expense of the civilian population. Furthermore, most of them take place in countries where the health status of large parts of the population was already precarious before the armed conflict and access to health care particularly difficult. It is a well known fact, but one that cannot be underlined enough: armed conflict is a terrible reverser of development. Overall, as I use to say: There is much more suffering than fighting in most of today's armed conflicts.

I will first treat the question of the effects of armed conflict on the populations caught up in them. In a second part, I will discuss briefly the legal provisions aimed at protecting individuals and populations in armed conflicts and more specifically their access to health care. In the last part of my talk, I will describe some of the activities of the International Committee of the Red Cross in response to these challenges.

Needless to say that armed conflicts have a detrimental effects on people's health. To be able to provide an appropriate answer, it is important to look at factors which converge to worsen public health and increase the mortality rates during and after a conflict:

- The health services are unable to cope because of an overwhelming number of casualties, because of physical damage to the infrastructure or the disruption of supply lines, because the security situation keeps health workers away from the clinics.
- The security situation often prevents those in need of health care from reaching the health facilities.
- The contamination of water as a consequence of the destruction of water-supply systems increases the spread of water-born diseases.
- People lack the means to buy the necessary drugs or even food.
- Entire populations are displaced and live in dire conditions of hygiene, with little or no means of subsistence and limited access to the most basic commodities.
- Reduced health public spending because financial resources are scarce or are rerouted to defence.
- Disruption of the ministry of health.
- An increase in crime, often linked to the availability of small arms, the disintegration of communities, and the break-up of state structures.

People already vulnerable become more so, and their number increase. Let me just give you a few figures, by way of examples:

- In 2004, the crude mortality rate in camps for internally displaced persons in Uganda or Darfur rose up to 3 per 10.000 per day.

- In Afghanistan the maternal Mortality rates can climb over 1.700 for 100.000 live births.
- The prevalence of HIV skyrockets in some conflict-torn countries; for example, the prevalence of HIV in conflict-affected northern Uganda is 15% compared to 9% in more peaceful southern Uganda.

Let us stop for a moment on the last example, HIV and AIDS. Of the more than 40 million people infected worldwide, three quarters are in Africa. Africa is at the same time the continent with the highest number of armed conflicts. The link between conflict and the spread of the disease is undeniable. Factors that directly or indirectly foster infection include the general breakdown of the society and the disruption of health services, more particularly the health education. In many countries, rates of HIV infection are far higher among the armed forces in comparison to the population as a whole, even in peacetime. This also applies to some peacekeeping forces who may become a contributory factor in the spread of the pandemic.

To complete this picture, I would like to draw your attention to the fate of a particularly vulnerable population, the detainees. They all too often do not benefit from a fair access to health care. In some places, the conditions are so appalling that deprivation of liberty can be considered as an unofficial death sentence, given the high prevalence of communicable diseases like TB or HIV in prisons.

Those examples show the tremendous impact of armed conflicts on people's health. This is not acceptable.

What says the Law:

*"The right of everyone to the enjoyment of the highest attainable standard of physical and mental health"* is part of the human rights law. It is set out in the 1976 International Covenant on Economic, Social and Cultural Rights (art. 12).

In times of armed conflict, international humanitarian law applies. IHL is specially designed to protect individuals not directly taking part in the hostilities. It contains provisions aiming at protecting people's health and aiming at protecting peoples' access to health care:

## 1. To protect people's health

The IHL aims at protecting civilians against dangers arising from military operations. In addition, it is prohibited to attack goods indispensable for the survival of the civilian population, like foodstuffs, livestock, drinking water installations, etc.

Specific provisions are intended to ensure that particularly vulnerable people, such as detainees, the displaced or pregnant women have their specific needs taken into account.

## 2. To protect people's access to health care:

- Medical personnel and medical facilities should not be subject to attack. In order for the combatants to be able to recognise them and therefore spare them, specific emblems have been agreed upon. These are the Red Cross, the Red Crescent and since its recent adoption the Red Crystal.
- In keeping with medical ethics, IHL orders the medical personnel to prioritize the treatment of the wounded and sick according to the seriousness of their medical condition only. In particular, wounded enemies are not to be discriminated against in any manner, and shall in all circumstances be treated humanely.

The link between health and IHL is essential to protect access to health services in time of armed conflicts.

What is the ICRC doing, more specifically in the field of health?

The exclusively humanitarian mission of the **International Committee of the Red Cross**, or ICRC, is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance.

The ICRC's activities are based on the concept of overall health as defined by the WHO. This includes supply of and access to safe drinking water, food, a shelter and basic health services. In 2005, the ICRC provided food for more than 1.1 million

internally displaced people, returnees and residents, and essential household and hygiene items for close to 3 million. It covered the needs for water, sanitation and shelter for more than 11 million people.

If we turn now to health care, in 2005, more than 2.3 millions people benefited from ICRC-supported health-care facilities worldwide. In the ICRC's main theatres of operations, that is armed conflicts, some of the essential health needs of the population are not met simply because the National Health System has partially or totally collapsed. It is mainly in this type of situation that the ICRC is substituting for the authorities and provides direct services for those affected by the war, depending on the urgency and seriousness of the needs to be met. The activities it carries out can take the form of an immediate emergency response, as in Darfur where since 2005 it has deployed a mobile surgical team in rural areas to operate on wounded people who cannot access proper medical facilities. When a National Health System is still functioning, the ICRC supports hospital systems through surgical and other services, staff training, rehabilitation, supply of equipment, and maintaining supply lines. The ICRC undertakes medical activities to restore access to health services for specific vulnerable groups:

- In 2005, the ICRC assisted 69 physical rehabilitation centres around the world benefiting close to 138.000 disabled people.
- In places of detention, the ICRC provides support for enhanced prison health systems, furthers TB control programs and assists people living with HIV/AIDS.

However, all these activities, as necessary as they are, cannot in themselves ensure access to health care for people caught up in armed conflict. Sadly, conflicts rather show an increased lack of respect by non-state armed groups and States for the rules governing the conduct of hostilities that I referred to earlier. As a result, the civilian population bears the brunt of the suffering. To complement its relief activities, the ICRC therefore firmly reminds all parties to an armed conflict on their obligation to respect IHL, respect the medical mission and respect the lives and dignity of civilians.

In conclusion, I would like to emphasize three points:

- First of all, legal instruments exist, which should ensure that the people in need can access health care. However, they need to be much better respected by the parties to today's conflicts.
- Secondly, conflicts accelerate the spread of pandemics, displace people, destroy the economic capacity of the population to buy drugs or health services, etc. These effects last long after the cessation of hostilities. Addressing them at the time of the conflict helps the longer term recovery of war-torn countries.
- Finally, to ensure access to victims of armed conflicts is the big challenge for an organisation like the ICRC. This access is particularly crucial for those in need of health care. If we show no flexibility at all in our commitment to independent and neutral humanitarian action, it is precisely in order to have the best possible chance to ensure access, access to health services in particular.

Thank you for your attention.