Concept Note for GISF Conference side-event

Background

Healthcare provision has several unique characteristics that shape its specific exposure to security risks, particularly in areas affected by conflict and crisis. These include:

- As much as possible, healthcare workers should provide in-person care. In most cases, health professionals need to physically see and treat patients, which means health responses can never operate fully remotely.
- Unlike other sectors, healthcare cannot operate under lockdown or airport-level security protocols. Facilities must remain open and accessible to patients, as overly restrictive security measures can cost lives and/or trigger negative perception towards the health service.
- In times of instability, healthcare needs increase significantly, and so do the risks of operating in areas affected by armed violence. Conflicts often lead to more injuries, weakened health systems, higher rates of communicable diseases due to reduced vaccinations, poorer nutrition, and escalating mental health needs. Armed groups, in particular, may struggle to access public healthcare services out of fear of arrest when presenting battle injuries. If they cannot recruit healthcare professionals or obtain medical supplies, they might resort to attacking healthcare facilities to loot equipment and drugs or abduct medical personnel. Additionally, healthcare providers are sometimes perceived as supporting one side in a conflict because they treat the injured. This perception can lead to the arrest of healthcare workers or the targeting of health facilities by armed actors using remote weapons. Finally, health facilities may be directly targeted, despite their protected status, to prevent the local population from receiving care.

With these challenges in sight, Insecurity Insight has published a novel handbook on security risk management tailored specifically for the health sector. The **Handbook on Risk Management of Violence against Healthcare in Situations of Insecurity and Conflict** offers a comprehensive and practical approach to understanding, assessing, and managing the security risks faced by health services in conflict and insecure environments. Adapted from best practices in the humanitarian sector, these modules are specifically designed to meet the needs of healthcare providers, ensuring that their protection does not compromise access to care for patients and affected communities.

While this handbook is primarily aimed at health program managers providing frontline services, it is also highly relevant for non-governmental organizations (NGOs) working with partners who implement healthcare services. The handbook helps to identify practical activities that local health partners can implement and that NGO partners can

include in partnership agreements and budget for. The handbook provides an overview of security risk management in health services and emphasizes the need to balance the protection of healthcare professionals with maintaining access to care for communities.

Objectives of the side-event

The session will aim at providing pragmatic insights, based on case studies and group work, onto the challenges to manage security and to incorporate comprehensive security risk management into humanitarian health responses. It will also enhance knowledge of participants on minimal standards, ethical constraints and best practices in security risk management for health services.

Target audience

Participants of the session will come from NGOs and INGOs delivering health services (directly or through implementing partners), donors interested in understanding how to best place resources and support safe and efficient responses, and other stakeholders in the security risk management community.

Event proposal

90 minutes session moderated by Ana Elisa Barbar and Christina Wille (Insecurity Insight), with the following activities:

Activities	**Time**
Introduction and overview of the session	5 minutes
Presentation of the handbook	15 minutes
Q&A about the handbook	10 minutes
Group breakout and case study discussion	25 minutes
Plenary summary of groups' insights	20 minutes
Discussion of take-aways and action points	10 minutes
Closing of the panel	5 minutes