

Terms of Reference

Violence against Healthcare: Situation Analysis and Review of the Evidence Base

Background

Elrha and the International Committee of the Red Cross (ICRC) are working in collaboration to increase the evidence base on violence against healthcare in conflicts and other emergencies. A key component of the project is the commissioning of a situation analysis and review of the current evidence base to determine areas where further research is needed. An Expert Working Group (EWG) has been established to help guide the overall focus of the review and, once the findings are available, to help shape the development of a foreseen second phase of work which will be a funding stream to support research to address priority evidence gaps.

The **ICRC** is the world's oldest humanitarian organisation¹ and as the guardian of the Geneva Conventions has throughout its history played a key role in safeguarding the sanctity of healthcare services in conflict and other emergencies. During the 31st International Conference of the Red Cross and Red Crescent Movement in 2011, Resolution 5 - Healthcare in Danger was adopted. This called upon States, the ICRC, the National Societies and the International Federation of the Red Cross (IFRC) to identify ways of strengthening the protection of healthcare, and resulted in the ICRC Healthcare in Danger Initiative (HCiD).

As part of HCiD, the ICRC has implemented activities across a range of fields:

- Humanitarian diplomacy
- Advocacy, campaigns and mobilisation
- Operational implementation of measures for protection of healthcare from violence, ranging from bilateral confidential dialogue with state and non-state weapon bearers, assessment and strengthening of physical safety of health facilities, training of healthcare staff and strengthening of health management and coordination systems
- Analysis and strengthening of domestic legislation with relevance to protection of healthcare

Furthermore, strengthening the evidence base on violence against healthcare has been a core ambition of the ICRC's HCiD initiative since its inception. The HCiD data and research strategy 2018-2019 outlines the way in which the ICRC strives to contribute to global efforts to generate knowledge and expertise to address this humanitarian challenge.

Elrha² is an international NGO that seeks to improve humanitarian outcomes through partnership, research and innovation. Elrha funds quality research and innovation to increase the public health evidence base and identify and test innovative solutions to key humanitarian challenges. It encourages and supports cross-sector collaboration from within academic, humanitarian, government and private sector communities.

Elrha engages with key influencers and decision-makers at global and national levels to ensure commitment and uptake of new evidence and solutions. Communities of practice are convened to ensure optimum sharing of learning and experience and a coordinated approach to advocating for a systems-wide adoption of solutions. Elrha's Research for Health in Humanitarian Crises (R2HC) aims to improve humanitarian health outcomes through strengthening the public health evidence base. It has funded more than 50 research grants, implemented through academic-humanitarian research partnerships.

¹ <https://www.icrc.org/en/who-we-are/mandate>

² <https://www.elrha.org/>

The problem

Guided by UN Security Council Resolution 2286³, which reaffirms the protection of healthcare under International Humanitarian Law, there is increasing interest among multilateral, government and civil society stakeholders to address violence against healthcare. Several humanitarian, human rights and civil society organisations, including MSF, Physicians for Human Rights, Safeguarding Health in Conflict Coalition, World Medical Association, International Council for Military Medicine, International Hospital Federation and International Federation of Medical Student Associations, and the World Health Organization (WHO) have carried out data collection or advocacy on violence against healthcare in conflict settings. To our knowledge however, there has previously been no review of the overall in-depth evidence base analysis in relation to this complex issue.

Healthcare workers and the settings in which they work are disproportionately exposed to violence across the globe^{4,5} with the problem being particularly acute in fragile and complex contexts affected by conflict, chronic violence and other emergencies. Such violence leads to underperformance of healthcare systems and forces healthcare providers to migrate out of areas where they are most needed. It has wide-reaching effects on the health of societies, preventing communities from seeking both life-saving care and treatment for chronic diseases, crippling vaccination programs and outreach to vulnerable communities, and undoing decades-worth of development work. It is one of the factors that inhibits the achievement of universal health coverage⁶.

While the issue of violence against healthcare has attracted considerable attention - mainly due to the visibility of the most flagrant violations in countries such as Syria⁷ and Yemen - overall it remains under-researched. The public debate surrounding it has centred on the enforcement of International Humanitarian Law, so far without tangible impact on the ground, and the solutions proposed have remained largely unimplemented⁸.

While the most intense and deliberate forms of violence in high-visibility contexts have been the subject of studies and advocacy by rights groups, the true scale, impact and dynamics of violence – especially the less publicised but more widespread occurrences in many of today’s protracted conflicts – remain outside of the interest of academia and policy debates. Even though there is an array of organisations collecting data on attacks against healthcare, the data is mostly based on media monitoring, secondary sources and passive surveillance. It is heavily skewed towards a limited number of largely Western bodies and represents the tip of the iceberg, overly focusing on high intensity incidents in a handful of contexts^{9,10}. Only rarely does the analysis go beyond a superficial enumeration of incidents and venture into areas that would allow for the design of effective prevention strategies on the basis of a sophisticated and more nuanced understanding of the underlying dynamics.

To be able to identify solutions to address violence against healthcare, there is a need for more evidence. In the first instance however, we need to have a better understanding of the existing evidence that documents the types of violence that are being committed against healthcare and the range of contexts in which this takes place. There is also a need to understand how violence against healthcare is being measured, and what instruments and methods are being used. It is anticipated that no uniform approach has been adopted to document and monitor the forms of violence being

³ <http://unscr.com/en/resolutions/doc/2286>

⁴ <http://www.hsj.gr/medicine/violence-and-aggression-towards-health-care-professionals.php?aid=3693#1>

⁵ http://www.who.int/violence_injury_prevention/violence/workplace/en/

⁶ http://www.who.int/hac/techguidance/attacks_on_health_care_q_a/en/

⁷ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30741-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30741-9/fulltext)

⁸ <https://reliefweb.int/report/world/recommendations-un-sg-submitted-pursuant-para-13-sc-resolution-2286-2016-measures>

⁹ <https://www.safeguardinghealth.org/sites/shcc/files/SHCC2018final.pdf>

¹⁰ <http://www.insecurityinsight.org/projectshumanitarian.html>

committed, or mitigation and prevention strategies, and that lessons can be learned from approaches in high-income countries that might be applicable in other contexts.

This situation analysis and review of the evidence base on violence against healthcare seeks to increase knowledge and understanding of the complexities of protection of healthcare through an academic lens, with a view to informing and guiding policy and practice longer term. It will bring together openly sourced evidence generated from academia, operational humanitarian organisations, civil society and government sources which will be used to set the research agenda by identifying priority evidence-based gaps.

Overall aim of the review

The overall aim of the review is to identify evidence gaps that might be addressed through a dedicated research funding stream.

Specific objective

The specific objective is to obtain an overview of the situation with respect to violence against healthcare and its impact on public health, by identifying and documenting effective strategies to prevent, mitigate and measure violence against healthcare. The review will identify evidence gaps and research priorities, including the existence, or otherwise, of appropriate tools to address the operational needs of humanitarian and other practitioners.

Deliverables

1. **A Situation Analysis and Review of the Evidence Base** report that will:
 - i. Document across multiple contexts, including at times of peace in high income countries and non-conflict settings, the impacts on public health of violence against healthcare, and analyse the quality of monitoring mechanisms, instruments and tools currently used to measure violence.
 - ii. Identify innovative strategies to prevent violence against healthcare, including approaches used in other fields that could be applicable for use in conflict and other emergency settings.
 - iii. Identify evidence gaps to set the future research agenda on violence against healthcare.
2. Executive Summary Report.
3. Presentation of review findings at a stakeholder event in early 2020.
4. Full data sets.

Scope of the review

1. For the purpose of this Terms of Reference, violence against healthcare is understood to broadly include the below categories.¹¹ (The successful applicant may however wish to propose a different, or a number of different typologies of violence against healthcare, and to reflect on different cultural or linguistic interpretations.)
 - a) healthcare personnel, including doctors, nurses, forensic specialists, paramedical staff including first-aiders, and support staff assigned to medical functions; and the administrative staff of health-care facilities and ambulance personnel. Such violence includes killing, injuring, kidnapping, harassment, threats, intimidation, and robbery; and arresting people for performing their medical duties in line with ethical processes and codes of conduct;
 - b) the wounded and sick, including all persons whether military or civilian who are in need of medical assistance and who refrain from any act of hostility, as well as pregnant and newly delivered women, new-born infants and the infirm. Such violence includes killing, injuring, harassing and intimidating patients or those trying to access healthcare; blocking and interfering with timely access to care; the deliberate and systematic obstruction of provision, or denial of assistance; discrimination in access to, and quality of, care; and interruption of medical care;
 - c) healthcare facilities, including hospitals, laboratories, clinics, first-aid posts, blood transfusion centres, and the medical and pharmaceutical stores of these facilities. Such violence includes bombing, shelling, looting, forced entry, shooting into, encircling or other forceful interference with the running of health-care facilities (such as depriving facilities of electricity and water); and systemic obstruction that prevents delivery of care, such as administrative closure of facilities, closing of roads leading to facilities, blockades for ambulances etc;
 - d) medical transport, including ambulances, medical ships or aircraft, whether civilian or military; and vehicles transporting medical supplies or equipment. Such violence includes attacks upon, theft of and interference with or obstruction of medical transport.
2. The review will document: the range, types and incidence of violence committed against healthcare; the contexts in which such violence takes place; political, social and economic considerations; and stakeholder positions. Greatest attention will be paid to materials published or made available through open access sources since 2009.
3. The review will identify methods used to measure the effectiveness of interventions¹² aimed at reducing or preventing violence against healthcare, as well as approaches used in other domains¹³ - including at times of peace in high-income countries and non-conflict settings - that might be replicated for use in conflict and other emergency settings.
4. To identify whether there is an emerging standard methodology to measure violence against healthcare, a critical analysis will be conducted of approaches currently being used in different contexts to measure the prevalence and patterns of violence against healthcare.

¹¹ <http://healthcareindanger.org/the-issue/>

¹² Interventions in this context would cover elements included within doctrines and practices of weapons bearers to address protection of healthcare; legislation that addresses violence against healthcare; measures taken to support the preparedness of healthcare services to prevent and mitigate the impact of violence; behavioural change campaigns within general populations that promote respect for healthcare services.

¹³ For example, the review may look at measures developed to address other types of violence or methodologies to measure public health impact of other social phenomena.

5. It is critical that the research team takes into consideration the political and other sensitivities of violence against healthcare when conducting the review and documenting the evidence and recommendations.

Methodology

- A systematic review will identify published, grey literature and other sources available within the public domain that document the short and long-term public health impacts or consequences of violence against healthcare, and approaches and instruments used to measure this. The quality of the materials sourced will be reviewed. Ideally literature in several languages will be examined.
- Key informant interviews will be conducted with a selected number of experts well positioned to inform the content of the review and to make recommendations on evidence gaps.

Reporting arrangements

Anne Harmer will act as Elrha focal point, working in close consultation with Maciej Polkowski, Head of Healthcare in Danger, ICRC. The selected candidate/research team will be expected to work closely with Elrha to determine the details of the methodology and to maximise the utility of the deliverables.

There will be regular progress update meetings between the consultant/consultant team with the Elrha-ICRC focal points throughout the duration of the assignment for the purpose of ensuring that the review is progressing smoothly and in line with expectations. An inception report will be developed to enable this at the outset of the assignment. Members of the Expert Working Group will review the report for quality purposes.

The provider should have a nominated **single point of contact** and **project manager** to oversee and coordinate the work and ensure effective communication to and from the delivery team. Roles and responsibilities of different partners must be clearly defined.

Budget

The overall budget available for the review is up to GBP £100,000. Bids will be competitively reviewed.

The budget should be broken down by activity and include day rates for individual team members where appropriate. Expenses and travel costs should be shown separately. This amount is inclusive of travel, expenses and VAT.

Creative Commons

The final report will be published by Elrha. The copyright will be jointly owned by Elrha and the ICRC who reserve the right to share and promote the entirety of the report or parts of it widely, while referencing and attributing it to the respective authors.

The authors will subsequently be welcome to publish based on the findings of the review after obtaining permission from Elrha and the ICRC.

The successful applicant will be expected to be compliant with GDPR.

Timeline

Indicative dates	Activity
31 May 2019 23 June 2019 24 -28 June	Tender advertised Deadline for bid submission Bids received and reviewed; successful candidate selected
1 st week July 2019 2 nd week July 2019	Meeting to discuss proposed methodology and alignment with Elrha-ICRC expectations Contract signed
Mid July 2019	Review commences
12 August 2019	Submission of inception report, setting out conceptual framework, key questions, data sources, time-line etc.
August – Jan	Monthly tele-conference meetings to discuss progress and ensure alignment maintained
11 November 2019	Draft report submitted to Elrha for review, ideally in face-to-face meeting
22 November	Feedback provided by Elrha, representing inputs also from ICRC & Expert Working Group
13 December	Revised report submitted
20 December	Feedback provided by Elrha & ICRC
15 January 2020	Final report submitted
Q1 2020 date tbc	Presentation of findings in Geneva

The deliverables must be completed and approved by 15 January 2020, with an initial draft report shared by 11 November 2019, providing time for feedback and iteration.

Candidate Requirements

The successful applicant will ideally be a multidisciplinary team of researchers from public health, health economics, behavioural science, health systems and management research, political science, anthropology or other related disciplines, based at an academic institution. The team should be able to demonstrate mixed methods expertise and the below skill set:

- Experience of working on issues related to violence against healthcare, public health, and/or political science
- Extensive experience of undertaking comprehensive systematic reviews of complex humanitarian issues
- Demonstrated ability to assess the quality of evidence, and provide critical in-depth analysis in a related field/s
- Capacity to analyse large quantities of complex data
- Strong knowledge of the humanitarian sector and an understanding of the lived experience of practitioners who have experienced violence against healthcare
- Clear understanding of the value of research to inform evidence and practice
- Demonstrated ability to communicate complex ideas clearly and concisely to a broad but informed audience.
- An ability to identify and review materials in multiple key languages will be an asset

Candidate Selection

The application deadline is **23 June 2019**.

Applications should be submitted to info@elrha.org with the title **Violence Against Healthcare** and should include:

- A summary of the team, CVs of team members, and demonstration of relevant experience;
- A covering letter, setting out interest in and suitability for this project against the candidate requirements (maximum 3 pages);
- Proposed methodology, time frame and work plan, including how the deliverables will be action-oriented and accessible;
- Description of how the data will be managed and recorded given the potential sensitivity, particularly key informant interviews
- Which languages will be covered by the review
- Examples of reports, guidance or other materials produced on humanitarian research, particularly violence against healthcare;
- Proposed budget including day rate (if relevant).