

Mr. Djani (Indonesia): Indonesia thanks the Uruguay presidency for convening this open debate on a highly important topic. We also thank the Secretary General; Ms. Christine Beerli, Vice-President of the International Committee of the Red Cross; and Mr. Bruno Stagno Ugarte, Deputy Executive Director for Advocacy of Human Rights Watch, for their comments.

We associate ourselves with the statement made by the representative of Venezuela on behalf of the Non-Aligned Movement.

I should first like to begin by reminding us all of our obligation under international humanitarian law to distinguish between civilian populations and combatants, and the obligation to do everything feasible to avoid attacks on civilians, civilian property and medical personnel and their facilities in situations of armed conflict. Resolution 2286 (2016) and others before it have called for effective measures to safeguard medical and humanitarian personnel and their equipment. Yet it is deeply disturbing that not only have attacks against them increased, but State authorities in a number of cases are unable to prevent, counter and investigate them properly, owing to a lack of capacity.

At this important juncture, I would like to share some important points pertaining to our topic today.

First is the primary responsibility of States to protect the population. Indonesia believes that the protection of civilians is the primary responsibility of the host country. In that regard, all parties to armed conflict must uphold that principle and fully comply with the obligations applicable to them under international humanitarian law related to the protection of civilians and medical personnel in armed conflict.

The second point is the nexus between the protection of civilians and counter-terrorism activities. In the context of peacekeeping, the operating environments for United Nations peacekeeping missions have become more dangerous with the threats posed by armed groups and violent extremists. There has to be a better focus on increasing the situational awareness and response capabilities of peacekeepers through better pre deployment training and adequate protection equipment, including in combat first aid, medical evacuation and casualty evacuation. All of this is covered in our peacekeeping training in Indonesia.

The Security Council also needs to engage better with the relevant State and non-State entities to deter violent extremists and terrorists. However, that situation should not be a justification for peacekeepers to engage in counter-terrorism, which can have a very different dimension. Being perceived as neutral and credible actors is essential for Blue Helmets to discharge their tasks. We fully agree with the Secretary-General's assessment in his report on the work of the Organization (A/71/1) that peacekeeping operations should not engage in counter-terrorism activities, which was also stressed in the report of the High-level Independent Panel on Peace Operations (S/2015/446).

Third is the close relationship between the protection of civilians and health care. Provision of sufficient and quality medical and health facilities is required for United Nations peacekeeping operations, as well as for combatants. That is in the interests of all, not just for personnel and parties to conflict, but also for people besieged in an armed conflict. That is then all the more reason for the United Nations to establish standards and facilitate improved medical capabilities and facilities in armed conflict.

The fourth point is the improvement of medical care to respond to emergency situations. Some situations of armed conflicts and peacekeeping missions have experienced challenges in consistently responding to medical emergencies and in evacuating casualties. Indonesia stresses the need to ensure the swift and safe passage for injured, wounded and sick

peacekeepers, medical personnel and humanitarian personnel exclusively engaged in medical duties.

Our fifth point is the increasingly important and positive role of women peacekeepers in community building and preventive and primary health care, as well as secondary health care such as post-traumatic care and pandemic cases in conflict areas. Our experience and training of peacekeepers in Indonesia has shown that Indonesian women peacekeepers are far more effective in gaining the trust and confidence of the community, particularly women and children. That is also especially evident in addressing health issues involving serious cases of sexual violence and exploitation. We recognize that both the United Nations and its Member States must do more to further strengthen the role of women in peacekeeping, as clearly outlined in the London Communiqué of 2016.

The United Nations system should continue its efforts to improve measures to help protect civilians, health and humanitarian personnel and their facilities. The improvement of health care in conflict situations is an important element to build trust and hope for a better future. The life of civilians is at stake.