



Safeguarding Health in Conflict Coalition's 6th Annual Report *Suggested Talking Points*

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Title: Impunity Remains: Attacks on Health Care in 23 Countries in Conflict in 2018

Link (will be live 5/15): <http://bit.ly/2Hem2vV>

The Safeguarding Health in Conflict Coalition—made up of 40 health provider organizations, humanitarian groups, human rights organizations, NGOs, and academic programs—at the global level and with the United Nations and the World Health Organization (WHO) to take action to protect health workers and end attacks against them. This is our sixth report documenting attacks on health care in conflict countries around the world.

FIVE KEY TALKING POINTS

1. **Attacks on health care are continuing around the world with impunity:** In 2018 there were at least 973 attacks on health workers, health facilities, health transports, and patients in 23 countries in conflict around the world. At least 167 health workers died and 173 health facilities were damaged or destroyed.
2. **Things may be getting worse:** Although we are not able to definitively determine a trend, the number of reported attacks in the 2018 is higher than the number reported for 2017.
3. **The impact of attacks on health is broad:** Apart from the immediate human suffering they cause, attacks on health care deprive millions of people access to essential health services, including crucial vaccinations, and jeopardize global goals for universal health coverage.
4. **Some progress has been made:** The WHO Surveillance System for Attacks on Health Care was launched in January 2018; the NGO Geneva Call issued a Deed of Commitment to non-state armed groups to encourage them to protect and respect health care in conflict and to agree to monitoring of performance; the Special Representative of the Secretary-General for Children and Armed Conflict listed persistent perpetrators of attacks on schools and hospitals in her annual report; the UN General Assembly included a provision that calls on states to ensure that counter-terrorism laws do not impede medical and humanitarian activities.
5. **More action is needed:** Ministries of defense, interior, and health all have roles to play in protecting health in conflict. We recommend they review and revise military policies and training practices to ensure compliance with obligations to respect and protect health care. We include recommendations on the conduct of militaries around health facilities and checkpoints, data collection on violence and threats to health, and active support to health facilities; and ensuring that perpetrators are held accountable for violations.

GENERAL TALKING POINTS FOR ATTACKS ON HEALTH CARE

- Attacks on health care are continuing around the world with impunity.
- Although the UN Security Council adopted resolution 2286 three years ago, **accountability for perpetrators of attacks remains almost nonexistent**. There has been little action to conduct, much less strengthen, investigations of attacks on health, and impunity remains the pattern.
- Attacks include killing of health workers, airstrikes and shelling of hospitals, armed entry and shooting in health facilities, looting of medications and other supplies, kidnapping and execution of health workers, arrests and imprisonment of health workers on illegitimate grounds and restrictions of access to health services.
- **Attacks on health care violate international humanitarian law** and the Geneva Conventions to protect and respect health care in conflict.
- Apart from the immediate human suffering they cause, **attacks on health care deprive millions of people access to essential health services**, including crucial vaccinations.
- Attacks **jeopardize achievement of the WHO's goals for universal health coverage**, as well as our global security.
- **Many countries with attacks on health care face acute shortages of health workers** as measured by the WHO's standards, and ongoing violence against health care will likely exacerbate the problem.
- Health workers need to be safe to do their jobs—deliver health services and save lives. How can health workers provide emergency medical care, deliver babies, diagnose & treat HIV, detect and prevent disease outbreaks, or deliver family planning services if they are forced to hide or flee?
- Under the joint presidency of France and Germany of the UN Security Council that began in April 2019, the Council has already shown a commitment to protecting health and humanitarian workers in conflict. As evidenced by the Arria-formula meeting in April.
- The WHO launched its Surveillance System for Attacks on HealthCare in 2018, and began collecting and sharing data for eight countries. Even with this new data source, we believe there is still under-reporting in many countries, and the number of attacks is likely much higher than we are able to document in our report.

REPORT FINDINGS

- In 2018 there were **at least 973 attacks** on health workers, health facilities, health transports, and patients in **23 countries in conflict** around the world. **At least 167 health workers died, and at least 710 were injured as a result of these attacks.**
- **173 health facilities were damaged or destroyed, and 111 health transports, including ambulances, were damaged or destroyed.**
- **The number of reported attacks in the 2018—973—is higher** than the 701 reported for 2017. We are not able to ascertain whether this is a result of an increased number of attacks, or an improvement in reporting mechanisms.
- **The countries with the most reported attacks** on health in 2018 are:
 - Israel/the occupied Palestinian territory (oPt) (308),
 - Syria (257),
 - Afghanistan (98),
 - Yemen (53),
 - Libya (47),
 - the Central African Republic (CAR) (47).

- **Vaccination workers were attacked in six countries**—Afghanistan, the CAR, the DRC, Pakistan, Somalia, and Sudan—a higher number than reported in 2017, impeding the broad reach of crucial vaccines such as polio. In Pakistan, two vaccination workers, a mother and daughter, were shot and killed while administering anti-polio drops.
- In 2018, we found an **increase in the number of reported incidents in Cameroon, Libya, the oPt, and Yemen** from 2017, and a decrease in reported incidents in Iraq and South Sudan.
- In the **oPt** there were more than **300 attacks on health**, many of which took place during the Great March of Return.
- **Syria** continues to be one of the most dangerous places for health care with **257 documented attacks in 2018**. More than 120 aerial and surface-to-surface attacks were inflicted on health facilities in Syria, and 23 health facilities were struck multiple times, most were reportedly perpetrated by government and Russian forces.
- In **Syria**, between February 20 and 23, Russian and Syrian forces reportedly attacked at least 15 health facilities. During these attacks, at least six health workers were killed and 11 were injured.
- In **Afghanistan** on January 27, a suicide bomber hid a bomb inside an ambulance and detonated the bomb at a busy checkpoint in Kabul. The attack, later claimed by the Taliban, killed at least 95 bystanders and was the deadliest attack in Kabul in eight months.
- In **Libya**, the WHO reported that Benghazi's Al-Jala Hospital had been attacked four times and that attacks could result in the closure of this crucial hospital.
- In **Yemen**, there were at least seven aerial attacks on health facilities and one further aerial attack on an ambulance, as well as 15 cases of surface shelling on health facilities and transports. In Yemen, there were also at least two incidents of **"double-tap" strikes**, where first responders were killed after rushing to help victims of an attack. Five health workers were killed and one was injured in these strikes.
- In the **Democratic Republic of Congo**, violence in and around health facilities resulted in many clinics closing for security reasons, meaning critical delays to delivering essential health services that lasted several days. These actions posed a great threat to containing the spread of the **Ebola** virus disease.
- In **Nigeria** in March, Boko Haram insurgents kidnapped two female midwives and a female nurse. Militants publicly killed the 25-year-old midwife Saifura Hussaini Ahmed Khorsa in September, and in October, militants killed the other abducted midwife, 24-year-old Hauwa Liman. According to media accounts, nurse Alice Loksha remains in captivity.
- In **Gaza**, snipers shot and killed three health workers—Musa Abu-Hassanin, Razan al-Najjar and Abdallah al-Qutati. All three health workers were on duty and either providing care to, or trying to evacuate, wounded demonstrators in the Great March of Return while they were struck and killed.
- In **Syria**, over **170 attacks were reportedly perpetrated by state forces**, including the Syrian government and Russian and Turkish forces, constituting 68% of total attacks.
- At least **93 ambulances or health transports were damaged in ten countries**, and 20 were stolen or hijacked. A total of 18 health transports were destroyed in Burkina Faso, Egypt, the oPt, Syria, and Yemen. In both Syria and Afghanistan, improvised explosive devices were placed inside ambulances, causing damage.
- A total of **95 health workers were kidnapped**, with 21 kidnapped in Nigeria and 17 in Afghanistan. In Nigeria, Hauwa Mohammed Liman, a midwife, was held captive from March 2018 until her execution by the Islamic State West Africa Province group in October.

The Report data can be viewed as an interactive visualization and downloaded from HDX.
<https://data.humdata.org/dataset/shcchealthcare-dataset>

HIGHLIGHTED PROGRESS IN THE PAST YEAR

- The **WHO Surveillance System for Attacks on Health Care** was launched in January 2018, and reported attacks on health in nine countries in conflict. We included data from WHO for six countries in this report.
- The **NGO Geneva Call issued a Deed of Commitment** to non-state armed groups to encourage them to protect and respect health care in conflict and to agree to monitoring of performance. The Deed is out for signature.
- The **Special Representative of the Secretary-General for Children and Armed Conflict listed persistent perpetrators** of attacks on schools and hospitals in her annual report.
- As part of its resolution in December on human rights and terrorism the **UN General Assembly included a provision that calls on states to ensure that counter-terrorism laws do not impede medical and humanitarian activities**. The resolution follows on a report by the Safeguarding Health in Conflict Coalition and partners showing that health workers around the globe are being punished under counter-terrorism and related laws for complying with their ethical duty to provide treatment to all in need.

COALITION RECOMMENDATIONS FOR UN MEMBER STATES: FULL LIST CAN BE FOUND IN THE REPORT

- Develop a national policy framework that builds upon best practices and establishes clear institutional authorities and responsibilities for protecting civilians and civilian objects in the conduct of hostilities, as recommended by the Secretary-General in his 2018 report on the protection of civilians. Include steps to fulfill resolution 2286 in their frameworks.
- In accordance with the General Assembly's resolution on human rights and counter-terrorism A/Res/73/174, reform laws and police and prosecutorial practices so as not to impede humanitarian and medical services or punish those who provide them to people who are wounded or sick, regardless of their affiliation.
- Refrain from arms sales to perpetrators of attacks on health services.
- Strengthen national mechanisms for thorough and independent investigations into alleged violations.
- Ensure that perpetrators are held accountable for violations.
- Take forceful diplomatic actions, such as public statements and démarches, against perpetrators of attacks on health services.
- Take actions toward carrying out their responsibility to ensure respect for international humanitarian law, as set forth in the very first article of each Geneva Convention. To that end, they should initiate investigations of instances where partner military forces or their own may have attacked hospitals or other health facilities.
- Support the WHO's SSA on health care.
- Report to the Secretary-General on actions they have taken in furtherance of the purposes of resolution 2286.