HUMAN RIGHTS WATCH

SAFEGUARDING HEALTH IN CONFLICT

ATTACKS ON HEALTH

GLOBAL REPORT

May 2015

MEMBERS OF THE SAFEGUARDING HEALTH IN CONFLICT COALITION

ACBAR (Agency Coordinating Body for Afghan Relief and Development), Alliance of Health Organizations (Afghanistan), Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health, Consortium of Universities for Global Health, Defenders for Medical Impartiality, Doctors for Human Rights (UK), Doctors of the World USA, Egyptian Initiative for Personal Rights, Friends of the Global Fund Africa (Friends Africa), Global Health through Education, Training and Service (GHETS), Human Rights Watch, International Council of Nurses, International Federation of Health and Human Rights Organisations, International Health Protection Initiative, International Rehabilitation Council for Torture Victims, International Rescue Committee, IntraHealth International, Insecurity Insight, Irish Nurses and Midwives Organisation, Karen Human Rights Group, Management Sciences for Health, Medact, Medical Aid for Palestinians, North to North Health Partnership (N2N), Pakistan Medical Association, Physicians for Human Rights, Physicians for Human Rights – Israel, Save the Children, Surgeons OverSeas (SOS), Syrian American Medical Society, University Research Company, and World Vision.

(cover photo)

One of the rooms at a general hospital in downtown Donetsk, eastern Ukraine, after the hospital was struck by rockets on September 11, 2014.

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OVERVIEW OF RECENT ATTACKS ON HEALTH CARE
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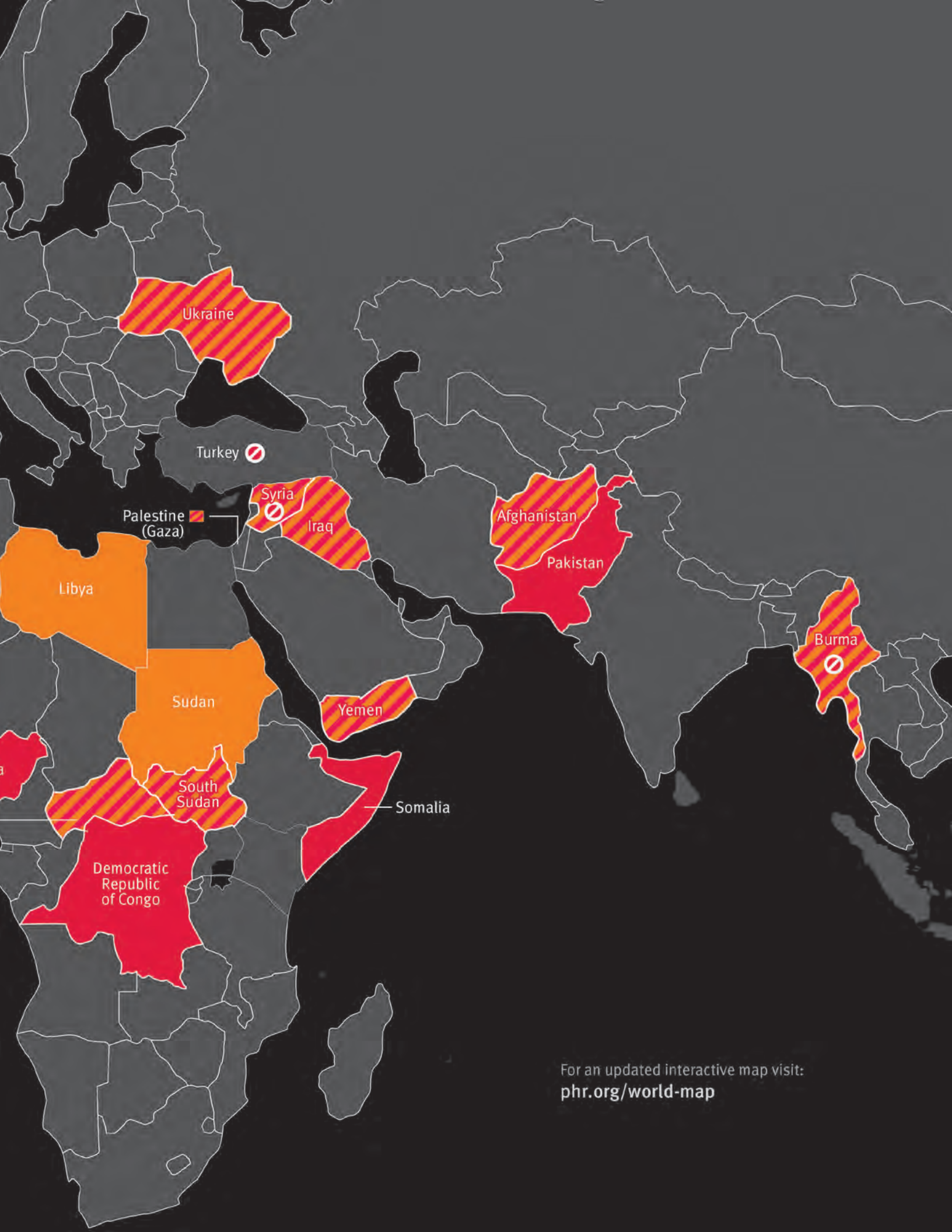
Government legislated restrictions to health care
Colombia
Guinea
Sierra Leone
Liberia
Nigeria
Central African Republic


Ukraine
Turkey
Syria
Iraq
Palestine
(Gaza)
Libya
Sudan
South
Sudan
Democratic
Republic
of Congo
Yemen
Somalia
Afghanistan
Pakistan
Burma
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INTRODUCTION

Violence and threats against health workers and facilities, along with interference with access to health care, impedes the ability of millions of people around the world from receiving the health services they need. Targeted attacks on health undermine and sometimes destroy health systems and infrastructure, force health workers to flee areas where they are most needed, and prevent children from getting essential vaccinations. Over the past several years, there has been increasing recognition that attacks on and interference with health care violate the right to health and, when they occur during armed conflict, international humanitarian law. However, impunity for attacks too often remains the norm.

This is the second joint report by the Safeguarding Health in Conflict Coalition and Human Rights Watch documenting attacks on, and interference with, health workers, patients, facilities, and transports during periods of armed conflict or political violence ("attacks on health").

The report highlights attacks on health occurring from January 2014 to April 2015. In some places, health workers or facilities are targeted and under repeated attack. In Syria especially, such attacks have been extraordinary in ferocity and scale. In some places, insecurity and lack of protection prevent patients from accessing health care. In other places, governments and armed groups seek to punish health workers for the "crime" of providing impartial care. In a few countries, all of these problems are occurring.

There is no global system for reporting attacks, and interference with health care means that the precise number of attacks; trends in particular countries, regions or globally; and understanding of the most common factors associated with attacks is uncertain. Similarly, this report, based upon media reports and accounts by international humanitarian agencies, cannot be considered comprehensive. Nevertheless, it demonstrates an alarming number of attacks, which are geographically dispersed and varied in form.

Since our last report in 2014, global institutions have begun to take action. For example, the World Health Organization (WHO) is testing a method for collecting data on attacks on health workers, health facilities, transports, and patients in complex emergencies. It has also prioritized advocacy for protecting health workers. More notably still, in December 2014, the United Nations (UN) General Assembly passed a resolution that reinforces and strengthens norms against such attacks on health services, founded both on international humanitarian law and the human right to the highest attainable standard of physical and mental health, and urges states to take specific actions to prevent them.

The UN resolution recognizes that attacks on health care can "result in long-lasting impacts including the loss of life and human suffering, weaken the ability of health systems to deliver essential life-saving services, and produce setbacks for health development." It urges "Member States in accordance with obligations under relevant provisions of international human rights law, including the right to the enjoyment of the highest attainable standard of physical and mental health, to promote equal access to health services and to respect and protect medical and health personnel from obstruction, threats and physical attacks." This includes actions by states and other stakeholders "to respect the integrity of medical and health personnel in carrying out their duties in line with their respective professional codes of ethics and scope of practice."

The resolution calls upon states to take specific preventive measures to enhance and promote the safety and protection of medical and health personnel and promote respect for their respective professional codes of ethics, including those designed to end impunity. These measures include:

- Clear and universally recognized definitions and norms for identifying and marking medical and health personnel, transports, and installations;
- Specific and appropriate educational measures for medical and health personnel, state employees, and the general population;
- Appropriate measures for physically protecting medical and health personnel, transports, and installations;
- Appropriate other measures, such as national legal frameworks where warranted, to effectively address violence against medical and health personnel;
- Collecting data on obstruction, threats, and physical attacks on health workers.

The resolution also reaffirms the need for the WHO to fulfill its mandate to provide global leadership in developing methods for collecting and disseminating data on attacks on health services in emergencies.

These are important signs of progress, but nearly every day there are reports of attacks and indications that more needs to be done, and faster. The entire global health community should mobilize to support and implement these recommendations, and promote accountability for those who perpetrate attacks on health care.

METHODOLOGY

There is no standardized method for reporting or categorizing information on attacks on health in settings of conflict and insecurity, nor are definitions uniform as to what constitutes an attack or interference with health care. Some such attacks are never reported, some may only be reported locally, and others may not be reported comprehensively. Sometimes the information available is insufficient to determine how to categorize the attack and its perpetrator. This makes it difficult to produce a comprehensive report or to understand trends in the number and types of attacks occurring over time.

This report first presents data of attacks on health over the past decade in the Central African Republic and South Sudan. This data, provided by Insecurity Insight, a Switzerland-based Association, is drawn from its Security in Numbers Database (SiND), a part of its Aid in Danger project. The SiND is a collaboration between Insecurity Insight and ten humanitarian agencies that provide direct reports of security incidents. The database uses these confidential reports and open source data to track threats and incidents of violence affecting the agencies' aid workers (kidnapping, death, and injuries) and impediments to aid delivery and access (e.g., damage to infrastructure or supplies and the impact of insecurity on access for humanitarian agencies) that date back to the 1990s. Although the data is not comprehensive, the goal of this analysis is to put the attacks on health into a longer-term context.

Next are chapters on attacks on health in 13 countries occurring between January 2014 and April 2015. Information for these chapters comes from news articles, organization reports, and other sources. The research team set up Google and Mention alerts and regularly searched human rights and health databases, international human rights and health organization websites, local and international periodicals, and social media platforms for verifiable reports of attacks involving health workers, facilities, and transportation. All reports of attacks on health were then reviewed by Human Rights Watch country researchers. Citations are provided for all incidents.

A LONG-TERM TREND

Central African Republic

Insecurity Insight provided data related to threats and incidents of violence affecting aid workers (kidnapping, death, and injuries) and impediments to aid delivery and access (e.g., damage to infrastructure or supplies and the impact of insecurity on access for humanitarian agencies) in the Central African Republic for the period 2006-2014.

Between 2006 and 2012, Insecurity Insight recorded 30 distinct incidents in which health workers, services, and infrastructure were targeted. Particularly common was the ambushing of ambulances and theft of humanitarian vehicles. Overall, fifteen of the 30 attacks affected medical infrastructures, including the theft or armed robbery of essential medical equipment, transport vehicles, food supplies, or money from either medical facilities or humanitarian offices providing health services.

For example, on May 22, 2011, unidentified armed men broke into the offices of the International Committee of the Red Cross (ICRC) and stole a vehicle. On November 25, 2011, unidentified armed men attacked an ICRC convoy. Medical and humanitarian compounds and warehouses have also been frequently raided: for example, on June 13, 2009, 600 to 1,000 people stormed a UN World Food Programme warehouse and stole the International Medical Corps' feeding program supplies.

Many of the incidents involved direct attacks on health workers. The earliest incident, from April 10, 2006, noted the murder of two doctors on a mission for the WHO. The second, from May 19, 2007, recorded the abduction of two NGO health workers. Other attacks included the December 22, 2009 armed attack on an International Medical Corps base in which vehicles were stolen and staff kidnapped. On June 6, 2011, while stealing medical supplies, members of the rebel Lord's Resistance Army killed the regional health director of the Mbomou prefecture, the only doctor in the region, as well as his driver.

As a result of these attacks, a number of humanitarian organizations including the International Medical Corps, Doctors Without Borders (Médecins Sans Frontières, MSF), and the French Red Cross were either relocated, or partially or completely evacuated due to insecurity. Two organizations providing health services, Cordaid and Action Against Hunger, were forced to close offices or significantly reduce their activities in the country in 2012.

The rate of attacks increased in 2013-2014, with 26 incidents noted in the database. Starting in early 2013, a series of armed robberies and looting of medical and humanitarian facilities occurred, as rebel Seleka forces systematically looted and destroyed medical centers and pharmacies around Bossangoa. The database also includes reports of robberies of an ICRC office in Ndele, the complete looting of a hospital in Mobaye and the SOS Children's Village in Bangui, and repeated robberies of MSF offices in Bangui.

Immediately following the coup d'état in which Seleka forces seized control of the capital and presidential palace on March 24, 2013, widespread looting and robbery impeded health services. Between March 25-27 alone the offices of Cordaid, ICRC's warehouses and residences, a UNICEF warehouse, and WHO's warehouse were all looted.

Health workers were also specifically threatened and killed in both indiscriminate and targeted attacks. On July 30, 2013, Seleka Col. Issene Yaya confronted and threatened Red Cross workers in the remote northern village of Ouata-Nata. On April 6, 2014, armed Seleka members murdered three MSF staff during an armed robbery at a clinic in the northern town of Boguila. One month later, MSF suspended all but emergency care in the country. On August 20, 2014, a local Red Cross worker was shot and killed in Bangui.

In total, between 2006 and 2014, Insecurity Insight's database noted 46 incidents reported by the ten groups involving violence against health infrastructure (including medical facilities, vehicles, compounds, warehouses, and other offices); four involving the kidnapping of health workers, aid workers, and medical mission personnel; and seven incidents resulting in the death of health workers, medical mission personnel, and their drivers. Many of the incidents involved a combination of violence against both infrastructure and personnel.

South Sudan

In South Sudan, data collected by Insecurity Insight between 1997-2014 identified 48 attacks on health services (including attacks on facilities, health workers, and patients; lootings and robberies; and forced evacuations and relocations due to violence).[1] In 76 additional incidents insufficient information was available to determine if health services in particular were affected.

South Sudan became semi-autonomous from Sudan in 2005 following a peace deal that ended the long North-South war, and became an independent country in 2011. Attacks against humanitarian agencies (with non-health-specific mandates) during the war often significantly affected the health of civilian populations. For example, on June 11, 1998, bombs were dropped by the Sudanese Army near a World Vision feeding center in Panacier, Warrap state, and on May 18, 1999, a World Food Programme food barge was attacked in Adok.

Among the earliest attacks on health workers noted in the database was the February 5, 2002 looting of an MSF health clinic in Nimne, followed four days later by the bombing of the facility, which resulted in the death of one health worker. On November 14, 2005, an immunization campaign was interrupted due to insecurity in Western Equatoria. Similarly, on April 10, 2006, MSF staff were forced to flee due to fighting in Ulang, Upper Nile state. One month later, on May 15, an MSF compound in Jonglei state was specifically targeted and staff were forced to evacuate after an attack on the facility. Persistent attacks on MSF facilities have severely affected patients. On November 29, 2007, MSF patients fleeing violence were killed in Bor. Again, in 2009, Insecurity Insight records the evacuation of three medical NGOs in Malakal, Upper Nile state, due to intense tribal fighting in the area.

Attacks against health workers and patients are recorded repeatedly in the database, including a July 2008 shooting outside a compound of an international medical NGO in the capital Juba, and a similar shooting outside an office of a medical NGO in July 2009. On June 19, 2010, police beat a security guard at a medical NGO for refusing them entry to the compound.

In 2012 alone, Insecurity Insight reports five cases where medical services were evacuated, relocated, or suspended due to violence against humanitarian facilities, including the brief evacuation of a medical NGO from Akobo, Jonglei state, following security disturbances on March 10; the closure of an NGO clinic in the contested Abyei area after staff were stopped and detained on March 19; the suspension of MSF medical services in Lekwongole and Gumuruk, Jonglei state, due to fighting in September; and the evacuation of all MSF international staff from Pibor county, Jonglei state, due to insecurity in October.

The database also describes repeated incidents in which medical services or transport vehicles were looted, including the theft of medical supplies by Murle fighters from an NGO vehicle in February 2009 in Jonglei state; the Lord's Resistance Army's robbery of a clinic to get hold of drugs in May 2010 in Western Equatoria state; the violent robbery of four MSF staff members traveling on a boat in Gumuruk in July 2010; the subsequent looting of MSF boats in Gumuruk and Pibor the following month; and the robbery of a warehouse of a medical NGO in July 2010. An August 23, 2011 attack and looting of an MSF clinic in Pieri, Jonglei state, resulted in the death of one staff member.

On December 15, 2013, longstanding political and ethnic rivalries in South Sudan culminated in the outbreak of a civil conflict that has consumed large parts of the country, killed thousands of civilians and displaced almost two million people. The conflict has further devastated an already-fragile national health system.

Several regions have experienced horrific attacks on health amid heavy fighting. In Bor, Malakal, and Bentiu towns, where particularly intense fighting occurred in early 2014, attacks against patients, health workers, and civilians took place in main hospitals.[2] For example, during a period of extreme violence in Bentiu in April 2014, opposition forces targeted people sheltering for safety in Bentiu State Hospital, killing at least 19.[3]

Conflict has also weakened medical facilities' ability to provide reliable and uninterrupted care to people in need. Insecurity and repeated attacks on its compounds led ICRC and MSF to relocate from Bentiu on January 9, and MSF pulled out of Malakal and evacuated non-local staff from Leer Hospital in Unity state on January 16, 2014.

In May 2014, an MSF secondary health care facility serving nearly 300,000 people in Nasir, Upper Nile state, was forced to suddenly evacuate the hospital due to intense fighting approaching the region.[4] When staff returned to Nasir in June 2014, they discovered that the hospital had been looted.

An MSF report discussing violence against health care in South Sudan outlines numerous attacks this past year: patients have been shot while seeking treatment, medical staff have been killed, and hospitals and other medical equipment have been looted or destroyed. From December 15, 2013, to June 15, 2014, MSF recorded at least 58 people killed on hospital grounds, 17 cases of destroyed or stolen medical vehicles, and six incidents of hospitals looted or destroyed.[5]

HIGHEST RISK COUNTRIES

Afghanistan

Considerable progress has been made in Afghanistan in the past few years rebuilding the country's health system. However, 2014 saw a 19 percent increase in civilian casualties, while conflict and attacks on health in large areas of the country impede access to care.[6]

According to the Agency Coordinating Body of Afghan Relief & Development (ACBAR), at least 58 districts were unable to access care in 2014, either permanently or temporarily, due to violent conflict nearby.[7]

Similarly, in February 2014, MSF characterized access to safe and secure health care in Afghanistan as an "ongoing struggle."[8] Following a survey of more than 800 patients and health workers attending MSF hospitals in the provinces of Helmand, Kabul, Khost, and Kunduz, MSF concluded that violent attacks obstructing health care delivery are still prominent, including "the occupation of health facilities by armed groups, deliberate delays and harassment at checkpoints, and attacks on medical vehicles and personnel."

In addition to difficulty accessing health care because of conflict, threats of violence and direct attacks against hospitals, health workers, and patients continue. For example, before the April 5 presidential elections, the Taliban issued a statement vowing to use force to "stop the process of elections from taking place in mosques, clinics, schools, madrasses and other public places."[9]

Between January 1 and August 15, 2014, the UN Secretary-General reported 41 incidents, primarily in eastern and central Afghanistan, where hospitals, clinics, and health personnel were attacked.[10] On April 24, 2014, three foreign health workers were killed and two others wounded during a lone gunman's attack on an international NGO hospital specializing in children and maternal health services in Kabul.[11]

Iraq

Aerial assaults and shelling repeatedly and indiscriminately hit hospitals and clinics throughout Iraq in 2014, killing and injuring health workers and patients, and disrupting medical services for tens of thousands of civilians. These attacks have devastated a health system and population already plagued by large numbers of internally displaced persons, poor infrastructure, extensive migration of health workers, the threat of extremist group Islamic State (also known as ISIS), and the flight of financial and human resources.

In the first six months of 2014, Iraqi government forces repeatedly hit Fallujah General Hospital with mortar shells and other munitions while battling armed groups in Anbar province.[12] The hospital sustained structural damage and at least seven health workers and an unknown number of patients were injured in the attacks. In September, the same hospital was attacked again, seriously injuring at least one heath worker.[13] The hospital is now believed to be under the control of ISIS.

In June, a Médecins Sans Frontières (MSF) clinic and the main hospital in Tikrit were targeted. Shelling severely damaged the clinic, and two weeks later a targeted airstrike hit the main hospital.[14] A helicopter dropped a bomb that destroyed the emergency room and ground floor of the hospital. One person was killed, and another injured, causing medical workers to flee. One month later, on July 20, Shirqat hospital was bombed and health workers were forced to evacuate and transfer patients to facilities in other towns.[15]

On September 7, the Iraqi Air Force struck an ISIS-controlled hospital near Kirkuk, killing seven patients and wounding 22, including children.[16] Despite Prime Minister Haider al-Abadi's orders to the Iraqi army to cease attacks in ISIS-controlled civilian areas, shelling hit another hospital in Fallujah a day later, seriously injuring a medical staff member. British aerial bombings in the Iraqi border town of Rabia on October 1 struck another ISIS-controlled hospital.[17]

Syria

Over the past four years there have been repeated, systematic attacks on health personnel, supplies, and facilities in Syria. Government forces have detained doctors for treating protesters and shot medical personnel providing first aid in the field. Access to health care has been blocked for hundreds of thousands of people. Figures on the number of health facilities attacked, the numbers of health personnel killed, and the impact of the lack of access to care may be understated due to the difficulty of reporting and the fact that many field hospitals are hidden.[18]

The UN Independent International Commission on the Syrian Arab Republic has reported that Syrian security forces have systematically targeted hospitals in opposition-controlled areas. The commission also noted that government forces target ambulances, killing paramedics as well as wounded. It found that the pattern of attacks "indicates that Government forces deliberately target hospitals and medical units to gain military advantage by depriving anti-Government armed groups and their perceived supporters of medical assistance."[19]

The commission also found that Syrian government forces have arrested and detained wounded persons seeking treatment, claiming that bullet or shrapnel wounds were evidence of participation in opposition activities, and that doctors and nurses have been forced to withhold treatment under violent threat. Further, the commission reported that the sick and wounded have been targeted with sniper fire and during military assaults on medical facilities. According to the commission, health care has been so militarized that many in need forgo medical assistance in hospitals for fear of arrest, detention, torture, or death.

According to data collected by Physicians for Human Rights, between January 1, 2014 and March 31, 2015, 194 medical personnel were killed and there were 104 documented attacks on medical facilities. Among those killed, 78 were killed in attacks on medical facilities or while providing first aid in the field, and all but two were reportedly killed by government forces. Of the attacks on facilities, 88 were reportedly committed by government forces, predominantly through rockets and missiles (47 percent of incidents) and barrel bombs (39 percent of incidents).[20]

Human Rights Watch and the Violations Documentation Center (VDC), an independent civil nonprofit NGO, have also documented targeted and indiscriminate bombing that have killed or injured people near or on medical facilities.[21] According to witnesses and a VDC report, a government air strike with targeted missiles destroyed al-Rodwan Hospital in Jassem, Dara'a governorate on May 15, 2014.[22] Human Rights Watch reviewed a video posted on YouTube appearing to show the aftermath of the aerial attack on the hospital, and satellite imagery confirmed the video's location and damage to the facility.[23] According to data collected by Physicians for Human Rights, a doctor, nurse, radiologist, lab technician, and two children were killed in the attack.[24]

Human Rights Watch has also documented a series of barrel bomb attacks on medical facilities in Aleppo city. A doctor with the Aleppo City Medical Council, an independent nonprofit organization, told Human Rights Watch that government forces began repeatedly bombing the city's hospitals around January 2014 and struck hospitals that were not being used for military purposes in Hanano, al-Sukari, al-Sakhour, and al-Shaar neighborhoods.[25] The doctor also said that barrel bombs hit two well-marked hospitals in al-Shaar and Hanano neighborhoods of Aleppo on April 13 and 21, 2014 respectively. According to Physicians for Human Rights data, government forces aerially bombarded eight medical facilities in 15 separate attacks in eastern Aleppo city between January and July 2014. Thirteen of the attacks were with barrel bombs, the other two with guided rockets and missiles. None of the facilities were on the front line.[26]

In November 2014, an ISIS suicide truck bomb reportedly struck and damaged a field hospital in Kobani, a Syrian city on the Turkish border.[27] News reports indicate that indiscriminate attacks on the city and targeted attacks by ISIS against medical facilities forced doctors to relocate underground improvised hospitals every few weeks. Due to increased violence in late 2014, many health professionals fled Kobani and reports indicate that only one field hospital with just a few staff members remained.

In response to persistent attacks and threats against health professionals and facilities, most health professionals have fled opposition-controlled areas of Syria, resulting in severe shortages of skilled health workers.[28] Since the beginning of civil conflict in Syria, the WHO has reported a major deterioration in the quality of the country's public health facilities, with almost 55 percent of public hospitals reported to be either only partially functioning or closed.[29]

COUNTRIES OF CONCERN

Burma

In February 2014, the government suspended the national operations of MSF after the organization reported that it had provided treatment to nearly two dozen ethnic Rohingya individuals targeted by communal violence. The government contested the allegations of communal violence, but amended the ban to operations in Arakan state.

The closure of MSF facilities is estimated to have left about one million Rohingya without medical care.[30] One month later in March 2014, a large mob targeted NGOs and UN agency offices and aid worker homes in the same area in continued ethnic tensions.[31] In December 2014, MSF resumed work in the region.[32]

The Back Pack Health Worker Team, an NGO that provides mobile primary care services, also reported government interference in the provision of health care in Arakan state in late 2014. According to the organization, health workers were stopped and questioned by Burmese army soldiers and told they must obtain permission from local authorities before conducting health worker activities.[33]

Colombia

There have been longstanding hostilities in Colombia between government forces and left-wing guerrillas, as well as among right-wing paramilitary organizations and other demobilized armed groups. The conflict has resulted in attacks on medical centers, militarization of ambulances, blocking of medical aid, and threats against doctors.

In April and May 2014, armed men murdered two patients being transported in ambulances, according to a news report. Also in April, medical staff serving the town of Puerto Claver in Antioquia (northern Colombia) reportedly left their posts due to threats from armed groups.[34]

On September 27, 2014, Revolutionary Armed Forces of Colombia (FARC) guerrillas set fire to eight vehicles and shot at an ambulance driving on a road in Bajo Cauca region (northern Colombia), according to a press report. A woman being transported in the ambulance was shot twice and gravely injured.[35]

Nigeria

Boko Haram, the militant movement responsible for scores of devastating human rights abuses concentrated primarily in northeast Nigeria since 2009, intensified its brutal attacks against health workers in 2014.

A report from the Global Polio Eradication Initiative indicated that Boko Haram has killed over 25 health workers, primarily polio vaccinators, since the beginning of 2014.[36] Though polio prevalence has reached an all-time low in Nigeria, the Global Polio Eradication Initiative warns that persistent attacks against polio vaccinators put an enormous strain on efforts to halt transmission rates.[37] According to a February 2014 Integrated Regional Information Networks (IRIN) report on this issue, hundreds of skilled health workers have fled Nigeria's Borno state out of fear of being attacked or kidnapped by Boko Haram militants based in the region and more than one million Nigerians have been displaced.[38] Boko Haram has frequently attacked and looted pharmacies owned by Christian Igbo citizens, leading to the closure of a majority of these facilities in Borno. According to a local chief interviewed by IRIN, the collapse of Borno's health system has forced villagers to travel as far as Cameroon, 100 kilometers away, to access health care. Nigerian news sources have also reported that health workers have been kidnapped to be held for ransom or to treat Boko Haram's wounded fighters.[39] Additionally, hospitals, clinics, and pharmacies in the northeast have suffered armed robberies and looting, especially those run by Christian owners. Remaining doctors in rural areas have also described the difficulty of obtaining regular access to drugs for HIV-infected, diabetic, and hypertensive patients requiring consistent treatment, due to Boko Haram's attacks on highways used to transport these essential medicines from urban to rural areas.[40]

Consequently, reports from as early as March 2014 indicated a complete collapse of health services in parts of northern Borno, as health professionals have fled this site of brutal violence, and vaccination programs for children have been deeply endangered.[41] In January 2015, MSF estimated that there were only two doctors in all of northern Borno.[42]

Pakistan

Pakistani militant groups with Taliban connections continued to target polio eradication campaign workers in 2014.[43] To date, at least 65 polio vaccination workers in Pakistan have been killed.[44] Although the Pakistani government pledged increased protection for health workers, regular attacks have continued and more than 260 new polio cases were reported in 2014, four times more than in 2013 and similar to levels not seen since 1999.[45]

Roadside bombs were responsible for the most deadly attacks against vaccinators in 2014. In March, a team of polio workers was attacked in the Khyber Pakhtunkhwa province of Pakistan near the Afghan border. Roadside bombs went off as the convoy drove through a village, followed by a gun battle between militants and vaccine program guards. Twelve health workers were killed and 11 injured.[46] A similar attack occurred in the Ali Nagar village in the Mohammad tribal district along the Afghan border. A roadside bomb exploded and killed two off-duty polio vaccinators and a relative. The bomb went off near the house of a polio vaccinator, although it was not clear whether the vaccinator was specifically targeted. Armed gunmen have also directly attacked polio vaccination teams. In November 2014, a gunman opened fire on vaccinators, killing four and halting the immunization drive in the area.[47] In December 2014, two gunmen shot and killed a volunteer polio worker in Faisalabad, Punjam province. In March 2015, two female health workers and a police guard were killed in Mansehra district in Khyber-Pakhtunkhwa province.[48]

Palestine (Gaza)

In July and August 2014, hostilities between Israel and Hamas resulted in severe damage to health infrastructure in Gaza.

According to a WHO-led assessment of the impact of the hostilities on the health sector in Gaza, 16 health workers were killed while on duty during the fighting. Eighty-three health workers, most of whom were ambulance drivers, were injured.[49] An assessment by the UN Development Programme, the UN Relief and Works Agency for Palestine Refugees (UNRWA), and the Palestinian Ministry of Health found that 17 hospitals and 56 primary health care centers were damaged, including one hospital and five primary health centers that were completely destroyed during the fighting.[50]

Combatants on both sides of the conflict have allegedly violated international humanitarian law as it relates to the protection of civilian access to health care. There is credible information that Israeli forces have unlawfully targeted hospitals,[51] clinics, ambulances, and health workers[52] and that Palestinian armed groups used protected areas in and around schools[53] and hospitals to store weapons and stage attacks.[54]

In July 2014, Human Rights Watch documented Israeli airstrikes and tank fire that hit the Wafa Rehabilitation Hospital over the course of three days, wounding four patients and staff. While Israel gave various warnings before the attacks, the chronically ill, elderly, and paralyzed patients – none of them mobile – could not be moved quickly or without grave risk to their health.[55] This newly constructed facility was equipped with $3 million of rehabilitation equipment including 50 beds and a therapeutic garden.[56]

Physicians for Human Rights-Israel also documented a number of attacks apparently by Israeli forces that killed and wounded paramedics, including an attack on July 20, 2014 on uniformed medics. When the medics tried to leave an area that had come under attack, their ambulance was struck by two munitions, apparently aerial missiles, killing a paramedic and a photojournalist, and wounding two other medics.[57] On July 30, attacks killed two other paramedics and wounded three more.[58]

In Beit Hanoun on July 25, 2014, according to Physicians for Human Rights-Israel, paramedic recovery efforts that had been coordinated with the Israeli army through ICRC facilitation were nonetheless targeted by Israeli forces, which attacked ambulance teams, killing one paramedic and wounding two, and then attacked ambulances that came to assist, wounding an ambulance driver.[59] Coordination for medical evacuation reportedly took an extended period of time in some cases, with wounded individuals waiting more than three days.

The Physicians for Human Rights-Israel report also documents the fatal shelling by Israeli forces of Shuhada' Al Aqsa Hospital on July 21, 2014, which destroyed part of the third and fourth floors, killed at least four hospital staff, patients, and visitors, and wounded dozens, according to statements by witnesses and health care professionals.[60]

COUNTRIES OF CONCERN

Somalia

Somalia has experienced armed hostilities between the Islamist group al-Shabaab and the central government since 2006. The country's medical facilities have been subject to multiple attacks by car bombs, where vehicles laden with explosives have been detonated in front of hospitals. In August 2013, MSF ended its 22-year operation in Somalia, citing ongoing attacks by armed groups and civilian leaders on health workers. Before its departure, MSF had treated 50,000 people per month.[61] As of April 2015, MSF has not returned to Somalia.

In 2014, attacks on health by suspected al-Shabaab militants continued. In June, a car bomb was detonated outside of Mogadishu's Keysaney Hospital, killing at least one medical worker.[62]

Turkey

In January 2014, the Turkish government passed a law criminalizing the provision of emergency care, subjecting health workers who fail to obtain official permission to administer emergency first aid to fines and one to three years in prison.[63] Physicians for Human Rights, the UN Special Rapporteur on the Right to Health, and the World Medical Association all condemned the law, citing its clear infringement of doctors' professional and ethical responsibilities to provide medical services for all seeking care.[64]

The law followed numerous incidents of police targeting and harassing health workers during mass anti-government protests in 2013. During those protests, triggered by the violent police dispersal of a May sit-in against urban redevelopment of Gezi Park in central Istanbul, police detained and in some cases arrested health workers who were providing care to injured protesters at makeshift emergency clinics.

In one high-profile case, two doctors who offered medical assistance to protesters were charged with "protecting perpetrators by extending them first aid" and damaging a place of worship because they treated injured demonstrators in a mosque. The trial, which began in April 2014, has been repeatedly delayed and is currently adjourned until June 2015.[65]

Members of the governing and disciplinary boards of the Turkish Medical Association's Ankara Chamber of Medicine have also been targeted in a lawsuit brought by the Turkish Ministry of Health requesting their removal from office for providing care to protesters injured during the demonstrations.[66] The first hearing of the trial took place in September 2014, and at the third hearing in February 2015 the court dismissed the case. A court in the southern province of Hatay dismissed a similar case against the Hatay Chamber of Medicine in October 2014.[67]

Ukraine

Since March 2014, eastern Ukraine has been wracked by fighting between pro-Russia armed groups and Ukrainian government forces. Human Rights Watch has documented several insurgent attacks on hospitals and other medical facilities with explosive weapons, in addition to the repeated unlawful expropriation and use of ambulances by insurgents.[68] From April to July 2014, insurgent forces repeatedly attempted to seize ambulances in Slovyansk. When Ukrainian forces recaptured Sloviansk in July, insurgents seized four ambulances and used them to retreat from the city.

Insurgents seized wards to treat wounded insurgent fighters in at least two hospitals: the Kalinina Hospital in Donetsk and the Lenina City Hospital in Sloviansk. In the Lenina City Hospital and the Semyonovka psychiatric hospital, insurgents also stole or destroyed surgical equipment, furniture, and, patient files in the Lenina City Hospital.

In July 2014, Human Rights Watch photographed several hospitals in conflict-affected areas that were at some point occupied by insurgent forces and subsequently damaged or destroyed by fighting, including a psychiatric hospital in Semyonovka and a ward in the Lenina Hospital in Sloviansk. The deputy chief of Semynovka's psychiatric hospital told Human Rights Watch that insurgent fighters seized one of the hospital buildings, usually used by patients for leisure time, and destroyed equipment and a facility laboratory.

On June 3, the Kransny Liman Railway Hospital was hit during an attack that killed the hospital's surgeon and resulted in severe infrastructural damage to the surgery, gynecology, and pharmacy wings of the hospital. At the time of the attack, Ukrainian government forces were engaged in military operations to re-establish control over Krasny Liman. The chief doctor told Human Rights Watch that on the morning after the attack, a group of Ukrainian servicemen searched the hospital for insurgents but found none. The doctor also alleged that a Ukrainian military commander said he believed that insurgents had been using the hospital for military purposes. As of early July 2014, the prosecutor's office had started an investigation into the shelling of the hospital.

Health care facilities were caught up in military hostilities in August. On August 7, the dental wing of a hospital in Donetsk was attacked and an artillery fire strike hit Donetsk's main hospital, including its maternity ward on August 10.[69] On August 29, MSF reported that at least 11 hospitals in the city of Donetsk were hit during fighting, with at least three shutting down as a result.[70]

In January 2015, the WHO said that between 30 percent to 70 percent of health workers have fled eastern Ukraine because of the fighting or have died.[71] The WHO also noted that government health care provision has been significantly disrupted in and around the cities of Donetsk and Luhansk, with looting and destruction of health care facilities common and more than 50 facilities partly or completely destroyed.

Yemen

The United Nations High Commissioner for Human Rights condemned a series of attacks carried by Yemen's armed forces in early 2014 in Al Dhale governorate in southern Yemen including attacks on four hospitals and clinics as well as an institution for people with disabilities.[72]

Attacks on health facilities were also carried out by Al-Qaeda in the Arabian Peninsula (AQAP) militants, who, according to media reports, seized a hospital and two medical centers in Shabwa governorate in southern Yemen on April 20, following a series of government airstrikes that targeted AQAP training camps in the region. After forcibly evacuating the hospital's medical staff, AQAP militants reportedly brought in a number of their own doctors to treat their wounded. In addition, according to Yemeni media, suspected AQAP militants opened fire on a minibus carrying staff members from a military hospital in Aden, southern Yemen, on June 15, killing at least six people and wounding at least nine others.[73]

Human Rights Watch reported that at least seven people died on September 9 from gunshot wounds, including an ambulance driver who was fatally struck in the back while he sat in his marked ambulance after driving it to the area to collect the wounded.[74] The organization said that a doctor told them that he went with an ambulance to a street close to the demonstration but that soldiers at a checkpoint refused to allow him to go to the aid of the wounded.

Human Rights Watch also reported attacks on two hospitals. Unidentified fighters twice attacked the Azal Hospital, which is across a highway from the Sixth Regional Command headquarters. On September 18, a rocket hit the hospital's sixth floor but caused no casualties. Two days later, while four staff members were examining the damage, another rocket struck, inflicting shrapnel wounds on all four and breaking one man's arm and shoulder. A nearby hospital, the Science and Technology Hospital, evacuated patients on September 18 after projectiles struck a diesel tank and generator on its roof. It is not clear who attacked the hospital. Later that afternoon, armed rebel Houthi fighters forced their way into the hospital, saying they were searching for weapons. They left without finding any.[75]

On April 15, 2015, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reported that eight hospitals have been hit in the capital, Sanaa, Sa'ada, Al Dhale'e, and Aden. According to UNICEF, armed clashes in southern Yemen have inhibited the delivery of supplies to hospitals due to insecurity.[76]

On April 18, 2015, Human Rights Watch reported that Yemeni army forces fighting on behalf of Houthi forces in the city of Lahej, north of Aden in southern Yemen, entered the Ibn Khaldun Hospital and ordered doctors to turn off the hospital's external lights so that they could hide along the walls of the building. The forces deployed snipers in nearby buildings and stationed a tank at the hospital entrance. Opposing gunmen carried out attacks beginning on April 13 that repeatedly struck the hospital and put medical personnel at grave risk.[77]

OCHA reported on April 23, 2015 that the water tanks in Al Jumhouria Hospital and Al Maala Health Complex in Aden were damaged by fighting, and both health facilities had no water. The report also said that the Yemeni Ministry of Health estimated that 95 percent of the foreign medical workforce has evacuated the country because of the fighting.[78]

Ebola-affected Countries (Guinea, Liberia, Sierra Leone)

The past year saw an unprecedented widespread outbreak of Ebola infection in Guinea, Sierra Leone, and Liberia, with cases continuing to date. The three countries are among the world's poorest, and each has experienced decades of violence and instability, including brutal armed conflicts in Liberia and Sierra Leone, and authoritarian rule in Guinea. As a result, each has poor health infrastructure, weak rule of law institutions, communal tensions, abusive security forces, crushing poverty, and high unemployment. With international support, Liberia and Sierra Leone have seen a significant reduction in cases, while progress has been slower in Guinea.

The initial response to Ebola was hampered by a number of factors, including lack of knowledge about the disease, fear, denial, and a deep-rooted mistrust of government. Fear and distrust, including the belief that health workers were spreading the disease, also led to a number of attacks against health facilities and personnel, especially in Guinea. Prevention, evacuation, and burial teams also received many violent threats, and in the most extreme case frightened and angry villagers killed team members.

In **Guinea**, on April 5, 2014 a crowd attacked a center in Macenta where people suspected of Ebola infection were being held in isolation.[79] On August 29, in Nzérékoré, health workers and the hospital were attacked by people shouting: "Ebola is a lie" after a local market was sprayed with disinfectant.[80] On September 16, in Womey, a group of eight health workers, local officials, and journalists providing information about Ebola were killed with machetes and clubs. Their bodies were found dumped in a latrine.[81] In April 2015, a Guinean court sentenced 11 people to life in prison for the deaths.[82]

In **Liberia**, on August 16, an angry mob attacked a quarantine center in Monrovia's densely populated West Point township. Looters stole medical equipment, food, and blood-stained mattresses and sheets, under the assumption that patients from other cities were being treated in the facility – and would contaminate the township. Seventeen patients infected with the virus escaped from the center, and health personnel fled.[83]

On September 20, in Matainkay, **Sierra Leone**, health workers came under attack while trying to bury the bodies of five Ebola victims east of the capital, Freetown.[84] In December, the Red Cross reported several attacks against its burial teams and damage to vehicles.[85]

URGENT ACTION NEEDED

The December 2014 UN General Assembly resolution created a roadmap for states and UN agencies to strengthen protection of health care in situations of armed conflict or political violence. It laid out specific preventive measures to enhance and promote the safety and protection of medical and health personnel and to promote respect for their respective professional codes of ethics. Consistent with this mandate, states should implement the following reforms and intervene in the following way:

- Ensure that national law precludes any form of criminal or civil sanction for acts by health workers consistent with their ethical duty of impartiality, regardless of the affiliation, acts, or beliefs of individuals they treat.
- Train police, militaries, and paramilitary organizations in the requirements of respect and protection of health services, including conduct required in situations such as hospital entry, operations of checkpoints, and ambulance passage.
- Incorporate rights and responsibilities of health workers in training programs for health workers.
- Ensure that health workers are protected from attacks or interference by third parties.
- Collect data on attacks or interference with health care, and cooperate with the WHO's initiative to expand surveillance and reporting of attacks.
- Develop robust accountability mechanisms for attacks or interference with health services through criminal law and domestic and regional human rights mechanisms.

Steps should also be taken at the global level to support these actions:

- The WHO should complete its methodology for data collection and implement a global system in cooperation with member states and NGOs.
- The Office of the High Commissioner for Human Rights should include protection and respect for health care in country-level work.
- The special representative of the secretary general for children in armed conflict should investigate attacks on health services in accordance with the mandate of UN Security Council resolution 1998.
- The prosecutor of the International Criminal Court should prosecute these attacks as war crimes when committed during armed conflicts or as crimes against humanity when they are committed as part of a widespread or systematic attack directed against any civilian population.

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Reports by the Safeguarding Health in Conflict Coalition do not necessarily reflect the views of all members of the Coalition.

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