

Attacks on Health Care: The Global Picture and Response



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Types of Reported Attacks on Health in 23 Countries in Conflict in 2016

	Bombing and Shelling of Health Facilities	Looting of Health Facilities	Killing of Health Workers	Intimidation, Assault, or Arrest of Health Workers	Abduction of Health Workers	Obstructions of or Attacks on Ambulances	Occupation of Health Facilities	Attacks on Humanitarian Assistance
Afghanistan	X	X	X	X	X	X	X	X
Armenia				X	X			
CAR		X	X	X				X
DRC		X		X	X			X
Egypt				X				
Ethiopia				X				X
Iraq	X		X	X	X	X	X	X
Jammu and Kashmir (India)				X		X		
Libya	X		X	X	X			X
Mali		X	X	X	X	X		X
Mozambique		X		X				
Myanmar		X						X
Niger		X	X	X		X		
Nigeria		X		X	X			X
Israel and OPT				X		X		
Pakistan	X		X	X				
Somalia	X	X	X		X		X	X
South Sudan	X	X	X	X				X
Sudan	X			X	X			X
Syria	X		X	X		X		X
Turkey				X		X	X	
Ukraine	X					X	X	X
Yemen	X		X	X	X	X	X	
TOTAL Countries	10	10	11	20	10	10	6	14

Eastern Aleppo city snapshot : 23 September - 20 October 2016

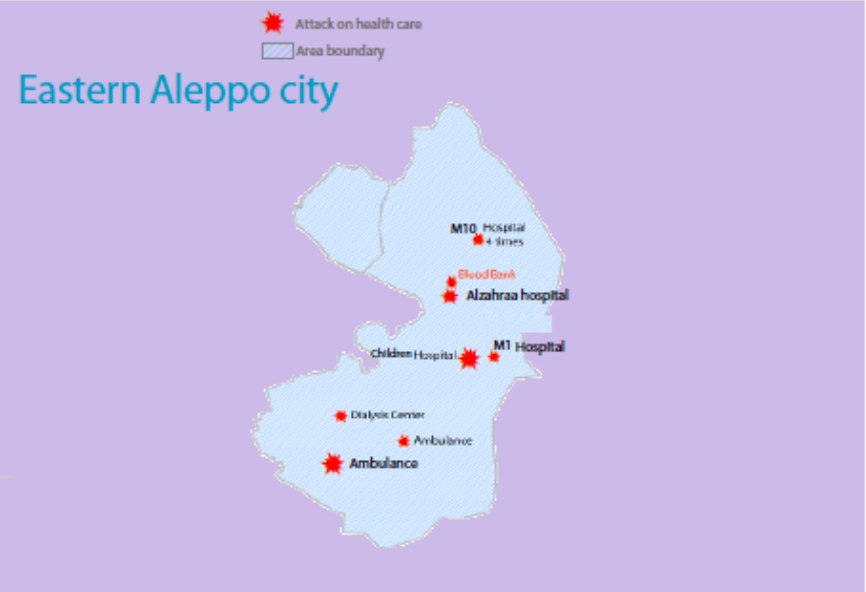
PEOPLE BESIEGED	DEATHS*			INJURIES*			AVAILABLE HEALTH RESOURCES		
275,000 	TOTAL	CHILDREN	FEMALES	TOTAL	CHILDREN	FEMALES	MEDICAL DOCTORS	PARTIALLY FUNCTIONING	NON FUNCTIONING
	531 	140 	~70 	2,266 	480 	~205 	29 	7  HOSPITALS	1  HOSPITALS

*Numbers as reported by health facilities.

Attacks on health care

10 HEALTH WORKERS KILLED OR INJURED **11** ATTACKS

- SEPTEMBER 28** M10 impacted by an airstrike and M2 hospitals impacted by indirect artillery hits.
- SEPTEMBER 30** Al-Hakim pediatric hospital, Alzahraa hospital and a blood bank impacted by an airstrike.
- OCTOBER 01** M10 hospital and an Ambulance impacted by an airstrike, driver wounded.
- OCTOBER 02** A dialysis center impacted by an airstrike.
- OCTOBER 03** M10 hospital impacted by an airstrike for the third time, 3 maintenance workers killed and 2 health workers wounded.
- OCTOBER 14** An ambulance belonging to local ambulatory system impacted by an airstrike, resulting in death of one driver and wounding one staff.
- OCTOBER 14** M10 hospital impacted by an airstrike for the fourth time, wounding 3 health staff including the hospital director. The facility permanently went out of service.
- OCTOBER 14** M1 hospital impacted by an airstrike, resulting in structural damages.



- ### Health Cluster priority messages
- Protection of health workers and health facilities.
 - Access to provide medicines, medical supplies and fuel.
 - Access of health personnel to support EAC overwhelmed health staff.
 - Urgent medical evacuation of critical patients.

Key disrupted services

When fully operational M10 and M1 were providing on average close to

- 1,000** Hospital admissions
- 500** Major surgeries

Challenges

- **Increased demand** of health services.
- **Increased attacks** on health care workers and facilities.
- **Critical shortages** in health staff, medicines and medical supplies.
- **Limited fuel supplies** threatening disruption of health services.
- **Interrupted referral** of emergency cases.
- **Increased risk of outbreaks** due to disrupted safe water services and networks.

Afghanistan



Attacks targeting health facilities and personnel rose from 63 in 2015 to 119 in 2016

16 vaccinators were abducted and ten killed.

Frequent takeovers of hospitals



Iraq



ISIS

- Takes over civilian hospitals and uses civilians as human shields
- Uses ambulances as weapons
- Threatened, abducted and executed doctors

Government and allied forces

- Bomb hospitals without taking steps to protect civilians



South Sudan



16 aid workers killed

Health centers shelled,
burned and looted

Patients removed from
hospitals

Medical care obstructed



Turkey



- In southeast Turkey, curfews closed 8 hospitals in Cizre, only 5 reopened
- State hospitals used for military purposes
- Health professionals targeted for treating the wounded and sick.
- Ambulances obstructed leading to 76 deaths



Occupied Palestinian Territories



Palestinian Red Crescent reported 416 attacks by Israeli forces and Israeli settlers on its teams.

- 162 emergency medical personnel injured
- 108 ambulances damaged
- 146 incidents of denial of access to care.



Accountability lacking

- Review of 25 incidents of attacks on hospitals or health care in ten countries between 2013 and 2016.
- Governments involved include Afghanistan, Iraq, Israel, Libya, Russia, Saudi Arabia, Sudan, Syria, Ukraine, and the United States.
- In all cases, no proceedings for accountability were undertaken at all or the results of proceedings were flawed or inadequate.



Strategies to end impunity

1. Global reinforcement and expansion of norms
2. Public monitoring and reporting on incidents
3. Rigorous investigations of attacks
4. Accountability for perpetrators



Security Council Resolution 2286

- Affirmed IHL and obligation not to attack health facilities and personnel
- Called on states to develop measures to prevent attacks, reform their laws to protect health care, collect data on violations, and share good practice
- Called on states to conduct investigations of alleged violations and hold perpetrators to account
- Asked Secretary General for regular updates on violations, remedial measures and actions taken to hold perpetrators to account
- Asked for report in one year – May 2017



Implementation of 2886?

- Attacks in Syria dramatically increased after adoption of resolution
- No significant response by states
- December 2016 Security Council resolution to refer Syria to ICC vetoed by Russia
 - But General Assembly created mechanism to gather facts for potential proceeding
- WHO close to completion of data collection mechanism to track attacks



A role for the academic community

- Research on impacts of attacks
- Improvements in data collection
- Mobilization

SAFEGUARDING HEALTH IN CONFLICT PROTECTING HEALTH WORKERS, SERVICES, AND INFRASTRUCTURE



Who We Are

The Safeguarding Health in Conflict coalition is devoted to the safety and security of health workers, facilities, patients, and ambulances during times of armed conflict or civil violence, as required by international humanitarian and human rights laws. The coalition includes NGOs, health professional associations, and an academic center.

What We Do

Our mission is to stimulate and support action by governments, intergovernmental organizations, and armed groups to assure respect for health care activities during war or civil strife. We seek to promote compliance with international obligations and strengthen mechanisms to assure reporting and accountability when violations take place. We support health workers on the frontlines of health care in places of great danger.

What We Seek

- Commitments by governments and non-state actors not to attack or obstruct health care services and to respect ethical responsibilities of health workers to provide care to all in need irrespective of the patient's affiliation
- Enhanced visibility and understanding of the nature and extent of attacks on health services and their impact on access to services by people in need
- Systematic documentation and reporting of violations as a foundation for response
- Vigorous domestic and international action to assure accountability for violators
- Practical strategies for the prevention of violence against health workers, facilities, patients, and ambulances
- Repeal of laws that render the provision of impartial care to be a crime

Join Us

Join us in promoting the rights of *all* people to access health services and in assuring the safety of health workers devoted to the care of those in need during armed conflict or civil violence.

Membership in the Safeguarding Health in Conflict coalition is open to organizations that share its purpose and commit to actively supporting its objectives.

Please contact us or visit our website for an application.

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