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WHO: World Health Organisation

Research Report

Topic 2: Identifying solutions to prevent attacks on healthcare in areas of armed conflict.



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Introduction

Attacks on healthcare in areas of armed conflict has been an evidence issue for a long period of time. Often these attacks include destruction, looting, forced closing and isolation of health care facilities¹. Similarly patients themselves can be attacked or robbed and health workers threatened or kidnapped. Vehicles of healthcare facilities, such as ambulances are also attacked and hijacked, posing an imminent threat for critical patients requiring constant monitoring.

Countries, parties and stakeholders have urged to strengthen the right to healthcare in areas of armed conflict. The Geneva conventions, customary international humanitarian law and other treaties include provisions that clearly identify attacks on health workers and patients as a violation of international law, these are however often overlooked and ignored.

Immediate action is required to provide better healthcare access to people in areas of armed conflict, as well as preventing attack on them, and understanding the neutrality of healthcare.

Definition of Key Terms

International Humanitarian Law (IHL): *“International humanitarian law is a set of rules which seek, for humanitarian reasons, to limit the effects of armed conflict.”*² (View footnote for more in depth definition).

Medical Neutrality: The idea that healthcare facilities and healthcare workers as well as patients shouldnt be a target during conflict.

Background Information

Attacks on healthcare in areas of armed conflict have become a grave humanitarian concern, deeply rooted in the devastating nature of modern warfare. Despite the establishment of international legal frameworks such as the Geneva Conventions, which explicitly protect medical personnel, facilities, and transport, violations remain rampant. Many countries and organizations have joint efforts to combat against violence. Destroyed hospitals and clinics, combined with the deaths of medical personnel, cripple healthcare systems, leaving communities without access to life-saving services. Patients and caregivers, fearing for their safety, often avoid seeking medical help in conflict zones, worsening public health crises and increasing mortality rates.³

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC4527929/>

² https://www.icrc.org/sites/default/files/external/doc/en/assets/files/other/what_is_ihl.pdf

³

<https://www.who.int/news-room/commentaries/detail/attacks-on-health-are-becoming-the-new-reality--we-must-stop-this-becoming-the-norm#:~:text=Beyond%20the%20legal%20implications%2C%20attacks,preventable%20deaths%20and%20increased%20suffering.>

The consequences extend beyond immediate casualties; the long-term effects include the spread of disease, untreated injuries, and years of healthcare infrastructure rebuilding.

From 2022, a 25% increase of healthcare conflicts have been recorded, particularly in places like in new conflicts in Gaza and Sudan and continuing violence in Myanmar, Ukraine, and Haiti. Health facilities, transports, and patient access to care were also at high risk in the Sahel.

Action is encouraged to be taken to stop these atrocities, and a reform of resolutions is required, with stricter reinforcements.

Major Countries and Organisations Involved

Syria - The Syrian Civil War has resulted in one of the worst global records of healthcare attacks, with over 600 facilities and personnel targeted since 2011. Both government forces and opposition groups have been accused of these violations⁴.

Ukraine - A documented total of 1539 attacks against healthcare have been made since 2022⁵. Russian forces have led an indiscriminate attack against Ukraine. These attacks have been made on hospitals, clinics and other incidents.

Democratic Republic of the Congo (DRC) - Doctors and Nurses have been murdered in the displaced Congo, at least 115 incidents of attack against healthcare workers and infrastructure have been reported⁶.

Médecins Sans Frontières (MSF) - MSF operates extensively in conflict zones and has been directly targeted in several attacks, such as the bombing of their hospital in Kunduz, Afghanistan, in 2015.

International Committee of the Red Cross (ICRC) - The ICRC is often directly impacted by attacks on medical convoys, field hospitals, and staff, undermining its mission to deliver humanitarian aid and protect healthcare services during armed conflicts.

⁴<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00762-9#:~:text=Syria's%20healthcare%20system%20has%20been,healthcare%20facilities%20and%20healthcare%20providers.>

⁵ <https://www.attacksonhealthukraine.org/>

⁶

<https://reliefweb.int/report/democratic-republic-congo/democratic-republic-congo-violence-against-health-care-conflict-2023>

World Health Organization (WHO) - The WHO provides critical healthcare infrastructure and emergency response in conflict zones, often suffering from facility damages and disrupted operations.

Relevant UN Resolutions

UN Security Council Resolution 2286 (2016): This resolution strongly condemns attacks against medical facilities and personnel in conflict situations. It urges all parties to armed conflicts to develop effective measures to prevent such violence and ensure compliance with international humanitarian law.

WHO Resolution WHA58.3 (2005): Adopted by the World Health Assembly, this resolution emphasizes the importance of the International Health Regulations and urges high priority to their revision, enhancing global public health capacity, which includes the protection of health services during conflicts.

Previous attempt to solve this issue

UN Security Council Resolution 2286 (2016):

This resolution by the UN Security Council strongly condemns all violence against medical personnel, facilities, and patients during armed conflicts. It highlights the obligation of all parties under international law, to protect and respect healthcare services. According to the UN Security Council, this resolution serves as a critical framework for addressing violence against healthcare in conflict zones.

World Health Organization (WHO) Surveillance System for Attacks on Health Care (SSA):

The WHO established the Surveillance System for Attacks on Health Care (SSA) to monitor and report attacks on healthcare facilities, workers, and transports worldwide. The system provides reliable data that helps policymakers understand the source of the issue and develop strategies to protect healthcare. According to the WHO, this initiative strengthens evidence-based advocacy for safeguarding medical services in conflict areas.

Health Care in Danger Initiative (ICRC):

In 2011, the International Committee of the Red Cross (ICRC) launched the Health Care in Danger Initiative to address the rising number of attacks on healthcare in conflict zones. This initiative works with governments, armed forces, healthcare providers, and other stakeholders to create practical solutions for ensuring the safety of healthcare services.

Possible solutions

Strengthening Enforcement of International Law:

Improve enforcement of international laws, like the Geneva Conventions and UN Security Council Resolution 2286, with stronger accountability for violators, such as sanctions or tribunals. Promoting awareness among armed groups is also essential.

Enhanced Protection for Healthcare Workers:

Create demilitarized zones around hospitals, use peacekeepers for security, and train healthcare workers on safety measures and evacuation procedures to protect them in conflict zones.

Safe Zones and Diplomacy:

Establish “safe zones” for healthcare facilities through negotiation and international mediation, supported by peacekeepers or neutral organizations to ensure protection.

Building Local Resilience:

Strengthen local healthcare systems by providing training, resources, and infrastructure support to help them withstand conflicts and prevent targeting.

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