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International Council of Nurses  
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# eBRIEF

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## Health in Conflict: Violation of Health Workers and Health Facilities

### Introduction

Violence against health care workers, facilities and patients is one of the most serious and overlooked humanitarian challenges globally. In recent years, the international community has witnessed an increase in attacks and interference with hospitals, health workers including nurses, patients, ambulances and medical supply transport. Aside from the human toll, these attacks compromise the ability to deliver care to populations in great need, impede efforts to reconstruct health systems after war, and lead to the flight of health workers whose presence in a time of great social stress is essential. Such violence is in violation of international law, the Geneva Convention and customary international humanitarian laws. The laws placed into effect date back to over 150 years ago, state that parties must not attack or interfere with health workers, facilities, ambulances and people who are sick or wounded.

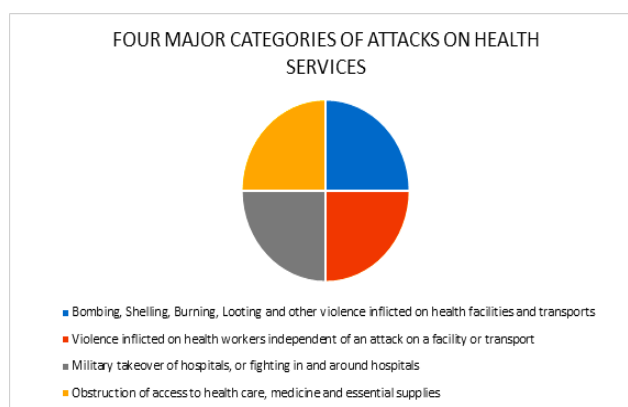
The United Nations Security Council recently adopted Resolution 2286 (2016), strongly condemning attacks against medical facilities and personnel in conflict situations. The Resolution was co-sponsored by more than 80 Member States that, along with medical and humanitarian personnel, exclusively engaged in condemning attacks and threats.

### Attacks and Interference

In conflict zones around the world, attacks and interference with health workers, facilities and medical supply transport, whether intentional or by lack of taking the appropriate precautions, have led to the deaths of patients, nurses, doctors and health workers alike. A major player in the field of reporting such atrocities is the Safeguarding Health in Conflict Coalition.

The International Council of Nurses is a founding member of the Coalition, which promotes the security of health workers and services threatened by war or civil unrest. Their duties include monitoring attacks on and threats to civilian health;

strengthening universal norms of respect for the right to health; demanding accountability for perpetrators and empowering providers and civil society groups to be champions for their right to health. A recent report by the Coalition, *No Protection, No Respect: Health workers and health facilities under attack, 2015 and early 2016*, reported that during 2015 and the first three months of 2016, 19 countries fell victim to attacks.



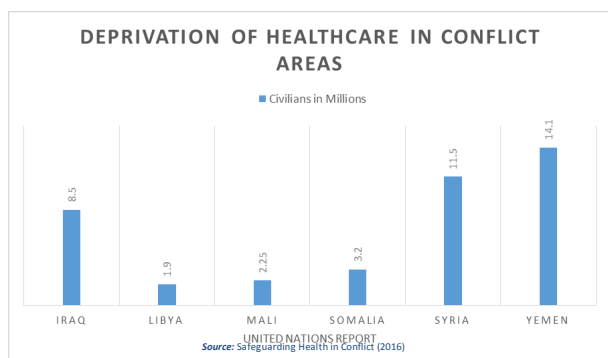
The report highlights the following attacks and assaults that can be divided into four major categories of attacks on health services that include bombing and burning to obstruction of access to general health care:

- 122 hospitals attacked in Syria
- 100 health facilities attacked in Yemen
- 200+ humanitarian compounds and transports attacked and looted in Central African Republic
- 28 polio vaccination workers murdered in Pakistan
- 60 women detained and raped in a hospital in Sudan.

Since the beginning of 2015, in Afghanistan, Iraq, Libya, Syria and Yemen alone, hospitals were bombed by the air, while explosives were also launched from the ground. In the case study of Syria, over 122 attacks were documented in 2015, not including “double-tap” attacks, or the launching of a second strike after rescuers come to aid of the wounded in the first initial attack.

While bombing, burning and looting takes a major toll on lives, so does the targeted violence against health workers. The despicable act of brutally murdering patients and in particular, nursing staff, is not a new concept in conflict torn countries, such as the Democratic Republic of the Congo (p.22). Such atrocities have also taken place in the West Darfur region of Sudan (p.36), where civilians seeking protection in the hospital, were detained by security forces, leading to the rape of many women and executions.

In multiple instances, military forces have gone as far as taking over health facilities or fighting in their vicinity. Frequently disrupting care, militants would remove enemy fighters, assault patients and staff, execute fighters and take control of medical supplies. The disruptions eventually led to obstructions, by intentionally blocking humanitarian aid and restricting access to the areas needed to assist civilians in urgent need. Obstructions of such aid is not only applicable to areas of high conflict but also in areas with low-intensity conflicts.



## The aftermath

The aftereffects of attacks are far reaching and negatively impact the health of people in specific areas in need of urgent care. Health care deprivation is one of the major effects, due to a loss of facilities and medical staff. Such losses are detrimental to the public, as a single closure can leave an entire population without access to a health facility and the appropriate staff.

In recent months, the United Nations agencies have reported an appalling number of people in dire need of health care access. Population displacement, lack of resources and civilian injuries are all contributing factors.

Violence and insecurity play a direct role in the loss and lack of access to health facilities worldwide. Health facilities may not be able to effectively operate when there is a great chance of staff and patients being in harms way. The remaining operational facilities are then forced to serve an enormous influx of patients, which leads to a higher mortality and morbidity risk.

An increased risk of mortality and morbidity is a method of measuring the impact of violence and insecurity. Not only are conflict-torn areas impacted by the loss and lack of access to health facilities but lack of food, sanitation and safe drinking water also highly impact the area and its civilians.

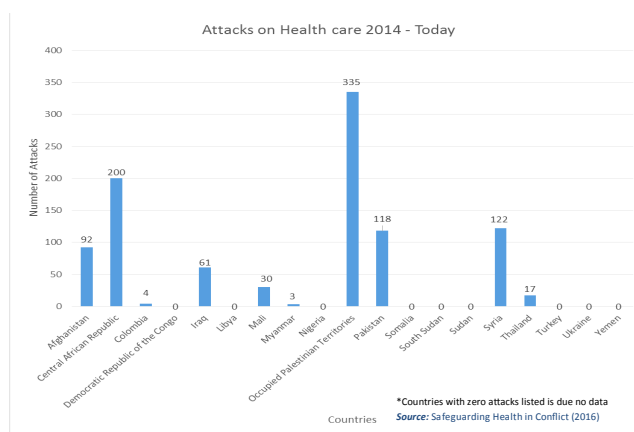
## Conclusion

The International Committee of the Red Cross, which published

a report in 2011 on 655 violent incidents in 16 countries, concluded that the problem was no longer within the health care community to solve, but rather in the domain of law and politics, humanitarian dialogue and adoption of appropriate procedures by State armed forces. With the Safeguarding Health in Conflict Coalition and others restlessly raising awareness of the severity of the issue, the international community began to recognize the crisis of violence and attacks on health services. The United Nations General Assembly called for specific preventive measure by states to prohibit attacks and interference of any nature with health care. In 2014 and 2015, the World Health Organization collected data on attacks on health services via a pilot project.

The United Nations High Commissioner for Human Rights (UNHCR) clarified applicability of international human rights laws to attacks on health care staff and facilities. On May 3, 2016, the United Nations Security Council passed its first ever resolution reaffirming principles of humanitarian law and international human rights that provide health services immunity from attacks and demands that states and armed forces comply with their provisions. The resolution demands that health workers are not punished for following ethical obligations to provide care and calls for states to reform domestic laws and train militaries and security forces in requirements of international law.

Urgent action is needed and stronger measures need to be taken, in order to end such violence. Although progress has been made in raising awareness, more work needs to be made in taking the correct measures to prevent gruesome attacks on health care workers, patients and facilities, and to ensure that those inflicting violence are held fully accountable for their actions.



- No Protection, No Respect, Health Workers and Health Facilities Under Attack 2015 and Early 2016. Safeguarding Health in Conflict Coalition, 2016. <http://www.safeguardinghealth.org/report2016>
- United Nations Resolution 2286, 2016. <http://www.un.org/press/en/2016/sc12347.doc.htm>

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