SAFEGUARDING HEALTH IN CONFLICT

VIOLENCE ON THE FRONT LINE:
Attacks on Health Care in 2017

Center for Public Health and Human Rights

JOHNS HOPKINS
BLOOMBERG SCHOOL of PUBLIC HEALTH

Center for Humanitarian Health

IntraHealth
INTERNATIONAL
Because Health Workers Save Lives.

Insecurity
Insight
Data on People in Danger

DEFENDERS FOR MEDICAL IMPARTIALITY

MAP
MEDICAL AID FOR PALESTINIANS

PHR
Physicians for Human Rights

AMERICAN MEDICAL SOCIETY 1998

WATCH LIST ON CHILDREN AND ARMED CONFLICT

SAFEGUARDING HEALTH IN CONFLICT COALITION MEMBERS

Agency Coordinating Body for Afghan Relief and Development (ACBAR)

Alliance of Health Organizations (Afghanistan)

American Public Health Association

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 Council

Global Health through Education, Training and Service (GHETS)

Harvard Humanitarian Initiative

Human Rights Watch

Insecurity Insight

International Council of Nurses

International Federation of Health and Human Rights Organisations

International Federation of Medical Students' Associations (IFMSA)

International Health Protection Initiative

International Rehabilitation Council for Torture Victims

International Rescue Committee

IntraHealth International

Irish Nurses and Midwives Organisation

Johns Hopkins Center for Humanitarian Health

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 (PHR)

Physicians for Human Rights–Israel

Save the Children

Surgeons OverSeas (SOS)

Syrian American Medical Society (SAMS)

University Research Company

Watchlist on Children and Armed Conflict

World Vision

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3R	Return, Reclamation, Rehabilitation group
ANDSF	Afghan National Defense and Security Forces
CAR	Central African Republic
DRC	Democratic Republic of Congo
HDX	Humanitarian Data Exchange
ICRC	International Committee of the Red Cross
IED	Improvised Explosive Device
IRC	International Rescue Committee
ISIL-KP	Islamic State in Iraq and the Levant-Khorasan Province
ISIS	Islamic State of Iraq and Syria
MINUSMA	United Nations Multidimensional Integrated Stabilization Mission in Mali
MSF	Médecins Sans Frontières
NGO	Nongovernmental Organization
oPt	occupied Palestinian territory
PHR	Physicians for Human Rights
PRCS	Palestine Red Crescent Society
SAMS	Syrian American Medical Society
SiND	Aid in Danger Security in Numbers Database
UN	United Nations
UPC	Union for Peace in Central Africa
WHO	World Health Organization
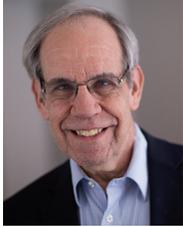
This is the Safeguarding Health in Conflict Coalition's fifth global report on attacks on health workers and facilities, patients, and ambulances. In those five years, the protection of health care in conflict has moved from the fringes of international concern to a key element of the global health agenda. At the initiative of countries committed to the values of humanity, the United Nations General Assembly and Security Council have affirmed and reinforced the norm of the immunity of health care from violence in war. The World Health Organization (WHO) developed, and in early 2018, initiated, a global system to collect and disseminate data on attacks on health care, and documentation by nongovernmental organizations has expanded. This report reflects greater access to information about attacks, though considerable under-reporting persists.

Yet, in these five years, much remains unchanged. In early 2014, Syrian forces bombed or shelled hospitals more than 100 times, more than had been documented in any other conflict. By the end of 2017, the number of hospitals shelled or bombed in the country approached 500, and then that grisly milestone was surpassed in early 2018. As this report shows, in other countries, too—including the Central African Republic, the Democratic Republic of Congo, South Sudan, and Yemen, among others—attacks continue unabated. We have learned, too, how medical education has also been undermined by the kind of violence reported here.*

High-minded resolutions have not been accompanied by effective action, as shown by the grim results reported here. In fact, the improved documentation of attacks in Syria has understandably been accompanied by growing cynicism among Syrian health workers, who question whether cooperation in documenting attacks has any value.

We owe the wounded, the sick, and health workers on the front lines of conflict who experience violence more than just our sympathy. In this report, we show the scope of the problem and what must be done in solidarity with them.

-Len Rubenstein, chair of the Safeguarding Health in Conflict Coalition

*International Federation of Medical Students' Association. Attacks on medical education.
April 20, 2018. https://issuu.com/ifmsa/docs/attacks_on_medical_education_-_rev2

COUNTRIES WHERE ATTACKS TOOK PLACE IN 2017

COUNTRY	# REPORTED CONFLICT-RELATED ATTACKS ON HEALTH
AFGHANISTAN	66
BURKINA FASO	3
CAMEROON	2
CENTRAL AFRICAN REPUBLIC	52
DEMOCRATIC REPUBLIC OF CONGO	20
EGYPT	8
ETHIOPIA	2
IRAQ	35
LIBYA	15
MALI	14
MYANMAR	4
NIGER	4
NIGERIA	23
OCCUPIED PALESTINIAN TERRITORY	93
PAKISTAN	18
THE PHILIPPINES	5
SOMALIA	3
SOUTH SUDAN	37
SUDAN	13
SYRIA	252
TURKEY	5
UKRAINE	3
YEMEN	24
TOTAL	701

UKRAINE

TURKEY

AFGHANISTAN

SYRIA

PAKISTAN

ISRAEL/OPT

MYANMAR

MALI

LIBYA

IRAQ

NIGER

EGYPT

SUDAN

YEMEN

SOMALIA

NIGERIA

ETHIOPIA

BURKINA
FASO

CAMEROON

SOUTH SUDAN

PHILIPPINES

CAR

DRC
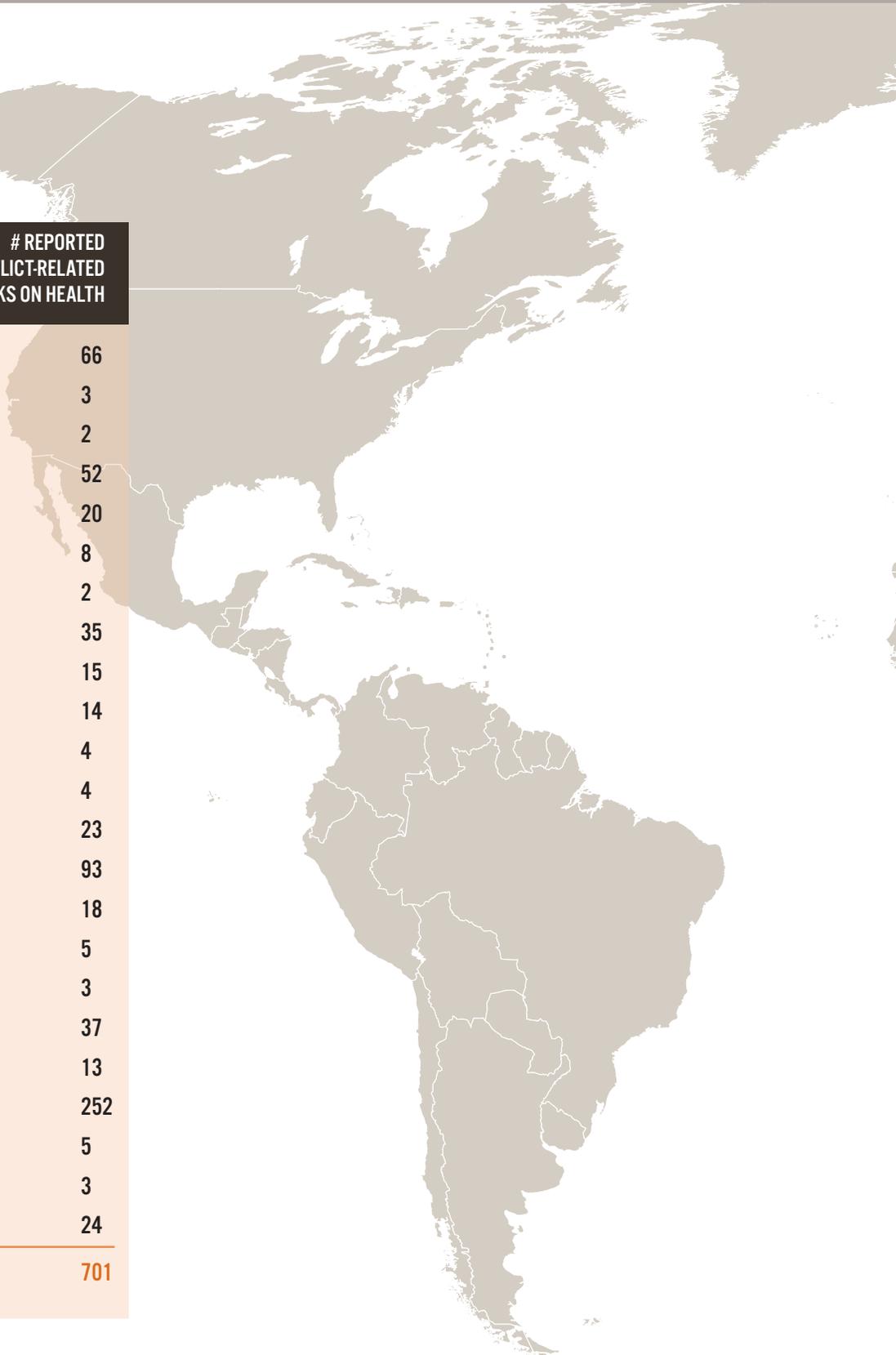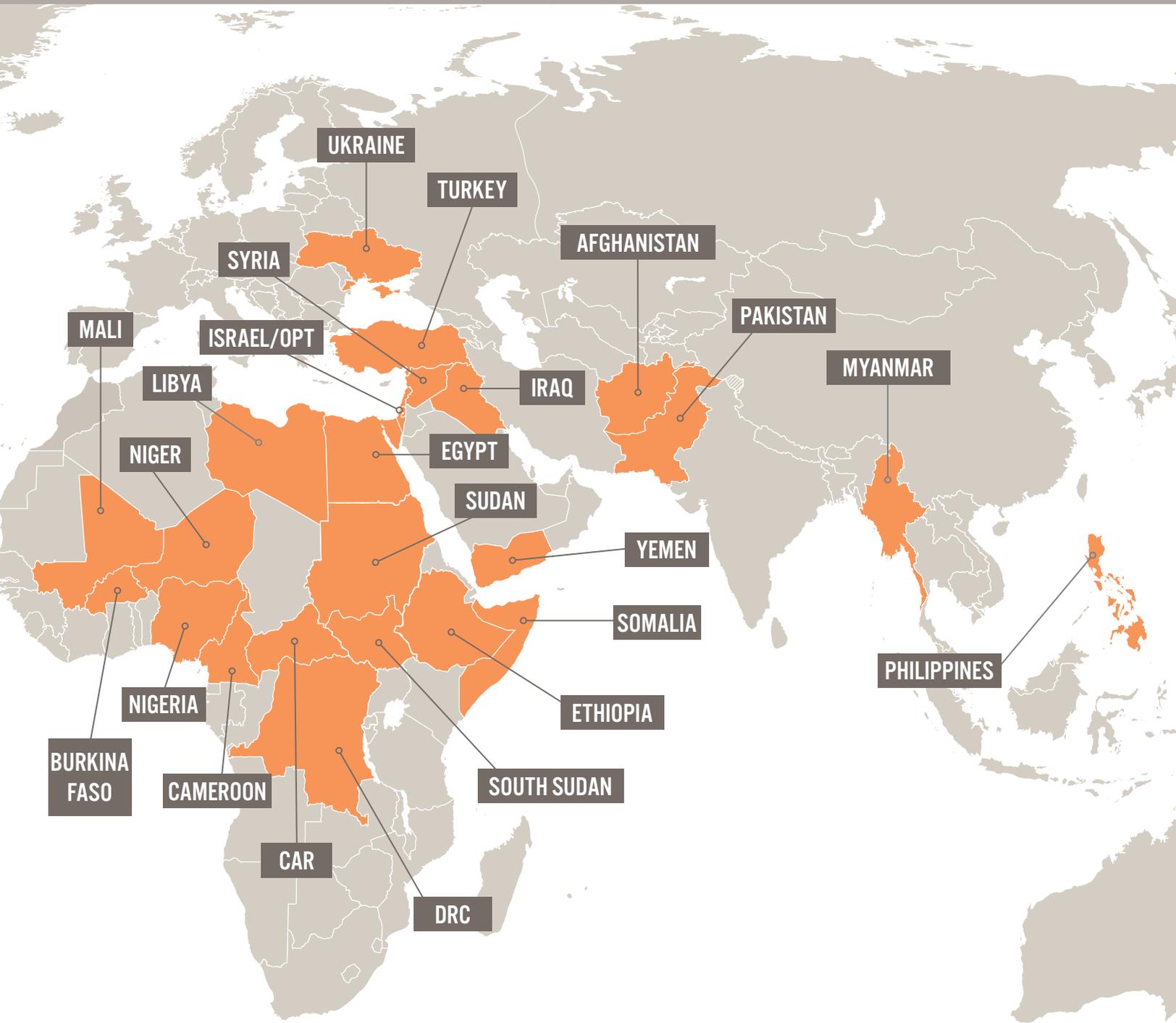
TYPES OF REPORTED ATTACKS ON HEALTH IN 23 COUNTRIES IN CONFLICT IN 2017

IN MOST COUNTRIES, MULTIPLE TYPES OF ATTACKS HAVE BEEN DOCUMENTED, AS THE FOLLOWING CHART SHOWS.

COUNTRY	HEALTH WORKER				MEDICAL FACILITY			HEALTH TRANSPORTATION			ACCESS CONSTRAINTS		
	DEATHS	INJURIES AND ASSAULTS	KIDNAPPINGS	ARRESTS AND DETENTIONS	DESTRUCTION	DAMAGE	ARMED ENTRY	DESTRUCTION	DAMAGE	HIJACKINGS/ THEFT	ACCESS DENIED	FORCED CLOSURE	SECURITY MEASURES TAKEN
AFGHANISTAN	X	X	X	X		X	X	X	X	X	X	X	X
BURKINA FASO													X
BURMA/ MYANMAR	X										X		
CAMEROON	X						X						
CAR	X		X	X		X	X				X		X
DRC	X		X		X	X	X						X
EGYPT			X			X					X	X	
ETHIOPIA							X		X				
IRAQ	X		X	X	X	X	X		X		X		
LIBYA			X			X	X		X				X
MALI			X				X	X	X	X			X
NIGER						X	X						X
NIGERIA	X		X		X	X	X			X			X
oPt			X	X					X	X	X		X
PAKISTAN	X		X										X
SOMALIA	X		X										
SOUTH SUDAN	X		X	X	X	X	X			X	X		X
SUDAN	X		X	X	X	X	X			X	X		X
SYRIA	X		X	X	X								
THE PHILIPPINES	X					X	X						X
TURKEY	X			X	X				X			X	X
UKRAINE	X		X										
YEMEN			X	X	X	X	X		X	X	X		X

IN 2017, THERE WERE AT LEAST 701 ATTACKS ON HOSPITALS, HEALTH WORKERS, PATIENTS, AND AMBULANCES IN 23 COUNTRIES IN CONFLICT AROUND THE WORLD. MORE THAN 101 HEALTH WORKERS AND 293 PATIENTS AND OTHERS ARE REPORTED TO HAVE DIED AS A RESULT OF THESE ATTACKS.

The year 2017 was also catastrophic in terms of access to medical and humanitarian aid, as parties to conflict—both state militaries and armed groups—in several countries blocked the passage of aid, putting the health of millions of people at severe risk. Fifty-six health programs were forced to close directly or due to insecurity in 15 countries. That trend continued in early 2018, with the siege and bombing of dozens of hospitals and health facilities in eastern Ghouta in Syria.

The numbers are likely significantly higher, however, because some United Nations (UN) agencies report aggregated data on attacks rather than information on individual incidents.

The violence against health in 2017 once again represents violations of longstanding norms meant to protect the safe delivery of care to people everywhere without discrimination or interference. States have made little progress to protect and respect the provision of and access to impartial health care and to ensure proper investigation into and accountability for violations.

INTRODUCTION AND METHODS

This fifth report by the Safeguarding Health in Conflict Coalition contains information from a wide variety of sources. These include Coalition member Insecurity Insight's data from the Aid in Danger Security in Numbers Database (SiND); other Coalition members' data, incident reports supplied to the Coalition by Médecins Sans Frontières (MSF) and the World Health Organization (WHO); reports from other UN agencies, including the Office for the Coordination of Humanitarian Affairs and the Office of the High Commissioner for Human Rights; independent nongovernmental organizations (NGOs); and media reports.

The list of specific events on which this report is based can be viewed on the Humanitarian Data Exchange (HDX). This list only covers individual events, and some reports of events only contained aggregate figures. These aggregate figures are cited in this report but could not be included in the event count. The figures presented in this report

can be cited as the total number of events compiled by members of the Safeguarding Health in Conflict Coalition. They provide a minimum estimate of the damage to health care from violence that occurred in 2017. However, the severity of the problem is likely much greater, as many incidents go unreported and are thus not counted here.

The report focuses on attacks on health care in conflict, defined as any act of verbal or physical violence, obstruction, or threat of violence that interferes with the availability, access, and delivery of curative and/or preventive health services in countries experiencing conflict or in situations of severe political volatility. The report does not cover interpersonal violence directed at health workers, which are prevalent in countries such as China, India, and Mexico, or general criminal violence. However, in the Central African Republic (CAR), Libya, and Mali, where the ongoing conflict has destabilized society to an extent that it is difficult to distinguish between criminal and politically motivated violence, robberies at health infrastructures are included. In Egypt, Ethiopia, and Pakistan, care has been taken to only include attacks that can be linked to an existing conflict.

This report is not and cannot be comprehensive because many attacks on and other forms of interference with medical care are never reported. Data are especially lacking on obstruction of access, blockages of transports, and other acts in which health workers and patients are denied passage, threatened, and intimidated. Similarly, arrests of health workers for providing care to people deemed enemies are also often not reported. Lack of access by human rights monitors to areas where attacks took place likely also led to considerable under-reporting of attacks on and interference with health care. Furthermore, in Mali, Ukraine, and Yemen, UN agencies report aggregate numbers of attacks over a particular time period without providing information on each incident. The Coalition welcomes the WHO's new initiative to collect and disseminate data on attacks on health care, beginning with 11 countries in 2018.

EXECUTIVE SUMMARY

OVERVIEW

The countries with the most reported acts of violence on health infrastructure and against health workers and patients are Afghanistan (66), the CAR (52), the Democratic Republic of Congo (DRC) (20), Iraq (35), Nigeria (23), occupied Palestinian territory (oPt) (93), Pakistan (18), South Sudan (37), Syria (252), and Yemen (24).

At least 29 ambulances were damaged or destroyed and 21 hijacked or stolen throughout 2017. In total, 91 health workers were arrested. No breakdown of the figures is currently available for Syria.

In addition, oPt had the most reported obstruction to the provision of health care, with 57 detailed cases. In Ukraine, the parties to the conflict shelled health facilities, blocked the passage of ambulances, and impeded patients from crossing the "contact line," which divides Ukrainian and separatist-controlled territories, to seek health care.

Severe and devastating obstruction of medical and humanitarian aid has deprived millions of people of access to medicine and health care in Myanmar, South Sudan, Sudan, Syria, and Yemen.

Although there were fewer reported instances of violence against vaccinators than in past years, in 2017, vaccinators continued to be attacked in Afghanistan, Nigeria, Pakistan, Somalia, and South Sudan for seeking to immunize children against polio. For example, in Nigeria, an army plane dropped two bombs on an internally displaced persons camp near the town of Rann during a vaccination campaign, killing at least 90 people, including at least six Red Cross aid volunteers and three MSF contract workers; the army claimed that the bombing was accidental.

ATTACKS ON HOSPITALS AND CLINICS

At least 188 hospitals, health facilities, and clinics were damaged or destroyed in countries other than Syria in 2017. The three most lethal reported attacks on hospitals took place in Afghanistan, the DRC, and Nigeria, cumulatively resulting in the deaths of more than 230 health workers, patients, and civilians. In Afghanistan, the Islamic State in Iraq and the Levant-Khorasan Province (ISIL-KP) fighters disguised as medical personnel detonated an improvised explosive device (IED) outside a hospital in Kabul City and fought Afghan

soldiers for more than six hours to regain control of the facility; at least 91 people were injured. According to medical staff accounts, in the DRC in April, the Bana Mura militia, which is supported by the Congolese army, attacked a hospital in the town of Cinq in the Kasai region near the Angola border, killing at least 90 medical staff and patients, including pregnant women and other civilians. During the attack, the militia set fire to the operating theater with approximately 35 patients trapped inside.

The most sustained airstrikes against and shelling of hospitals took place in Syria, perpetrated by the Syrian Air Force and its Russian allies. Coalition member Physicians for Human Rights (PHR) verified 38 aerial attacks on medical facilities, 34 of which were perpetrated by Syrian government forces or their Russian allies, killing 20 people. Using a different methodology, the Syrian American Medical Society (SAMS) reported that 41 medical personnel, four administrative staff, and 19 civilians—including seven children—were killed in attacks on hospitals. In one case, suspected Syrian government forces dropped a barrel bomb containing chlorine gas on a surgical hospital in northern rural Hama. In a single week at the end of September, there were five aerial attacks on four of the main hospitals in Idlib province.

During the battle of Mosul in Iraq, hospitals were subjected to relentless missile, mortar, and air attacks. The Islamic State of Iraq and Syria (ISIS) had occupied at least five hospitals, including the large Al Salam Hospital. When the Iraqi- and United States-led coalition fought to retake the city, ISIS bombed the hospital multiple times though patients may have still been inside; the WHO reported that it is now a burned-out shell. In its retreat, ISIS set fire to multiple hospitals. The total number of casualties from hospital attacks in Mosul is not available. However, in just one incident in western Mosul, ISIS fighters set a fire at a public hospital while it was under siege by Iraqi security forces and executed 12 people inside the facility. In Baghdad, too, ISIS attacked two hospitals, in one case killing eight people and injuring 37 others.

In Ukraine, at least 131 health facilities have been shelled by the parties to the conflict in 2017. In Afghanistan, Egypt, Iraq, Nigeria, Syria, and Turkey, armed groups detonated IEDs to attack health facilities and ambulances.

In almost a dozen other conflicts, security forces as well as armed groups engaged in 57 armed and often violent entries into hospitals and clinics, which included threats to and assaults on staff and patients, and which severely disrupted operations. In Afghanistan, Cameroon, the CAR, the DRC, Iraq, Libya, Mali, Niger, Nigeria, oPt, South Sudan, Sudan, the Philippines, and Yemen, police, soldiers, or armed groups entered medical facilities and assaulted, stabbed, shot, or killed medical staff, volunteers, or patients. In the DRC, for example, armed men entered the Nyakunde Evangelical Hospital in Beni and beat a doctor, nurses, and patients. These assaults disrupted care for injured and sick patients and resulted in the temporary or permanent closure of facilities.

Multiple clinics were looted and/or burned in Afghanistan, Cameroon, the CAR, the DRC, Iraq, Mali, Niger, Nigeria, Somalia, South Sudan, and Yemen. In Unity state, South Sudan, for example, one clinic was looted of all medicines and supplies and then destroyed along with its storage facility, resulting in closure of the clinic. In another case in Pibor, South Sudan, gunmen robbed an MSF clinic, stealing office equipment and wounding two staff members.

Violence inside hospitals was especially prevalent in the CAR. In one instance in Bangui, armed men stabbed a wounded patient in an MSF facility who was awaiting evacuation, resulting in closure of the hospital. In another instance, an armed man entered Bangassou Hospital (managed by MSF and the CAR Ministry of Health), attacked a nurse, and seized a patient and her caregiver; staff members were trapped in the hospital all night by men from a local armed group. In the town of Zemio, two armed men entered a hospital hosting internally displaced persons and threatened a family before opening fire and killing a baby, forcing closure of the facility. In Gambo, unidentified perpetrators attacked the local health center, killing an unspecified number of health workers and patients, including six Red Cross volunteers who had been holding a meeting in the building.

KILLING AND ABDUCTION OF HEALTH WORKERS AND PATIENTS
A total of 101 health workers were reported killed and 64 kidnapped in 2017. Killings and abductions of health workers took place in Afghanistan, Cameroon, the CAR, the DRC, Iraq, Mali, Myanmar, Nigeria, Pakistan, Somalia, South Sudan, the Philippines, Syria, Turkey, and Ukraine.

Health workers were abducted on the road, from health centers, and from their homes. The circumstances of many of the kidnappings are unclear, and the perpetrators often remain unidentified, so it is not always possible to determine whether these abductions were politically motivated or criminal in nature. In Afghanistan, members of the Taliban coerced an NGO doctor to travel in an NGO ambulance to treat wounded Taliban fighters in Faryab province. The doctor returned unharmed with the ambulance several hours later.

Polio vaccinators were attacked and abducted in Nangarhar province in Afghanistan, Borno state in Nigeria, Khyber Pakhtunkhwa province in Pakistan, and the town of Luuq in Gedo province, Somalia. Three security personnel in Pakistan in Federally Administered Tribal Areas were wounded when polio vaccinators were targeted. In Somalia, four aid workers engaged in a vaccination program were kidnapped by members of the Somali Islamist militant group, Al-Shabab. Some campaigns had to be suspended temporarily as a result.

At least 203 patients were killed and 141 injured by armed groups or state armed forces in Afghanistan, the CAR, the DRC, Ethiopia, Iraq, oPt, Libya, South Sudan, Syria, and Yemen.

DENIAL OF, OBSTRUCTION OF, OR LIMITATIONS ON ACCESS TO CARE
This report includes 74 reported events where access to facilities or movement of ambulances was impeded. Fifty-seven of these events were reported from oPt.

Obstruction of access to care took at least three forms in 2017: violence during, blockage of, denial of, or severe delays in passage of ambulances and patients; use of explosives around medical facilities that prevented patients from getting to health facilities; and denial of treatment to sick and wounded people.

Violence, blockage, denial, or severe delays in passage of medical transports and patients. In the CAR, the DRC, Mali, and South Sudan, there were incidents of medical transports attacked on the road. In oPt, the Palestine Red Crescent Society (PRCS) reported 33 events in which Israeli security forces restricted passage of ambulances, 22 of them at checkpoints, and in seven other instances, prevented Palestinian ambulances from reaching civilians injured from rubber bullets and tear gas. In these incidents, Israeli security forces injured 27 Palestinian ambulance volunteers and damaged 15 ambulances.

In Gaza, the approval rating for exit permits issued by Israeli authorities to Palestinians seeking medical treatment elsewhere was the lowest since the WHO began collecting these figures in 2008, down from a 92% approval rating five years ago to 54% in 2017. In Ukraine, ambulances were severely impeded in crossing the contact line, and in a number of villages, Ukrainian Armed Forces or armed groups denied the passage of ambulances altogether.

Use of explosives around medical facilities that prevented patients from accessing care. Combatants in multiple countries interfered with health workers getting to patients. In Afghanistan's Paktika and Faryab provinces, IEDs placed near the entrances to clinics forced their closure. In Ukraine, shelling and mines near checkpoints made access to care even more dangerous.

DENIAL OF TREATMENT TO SICK AND WOUNDED PEOPLE. IN IRAQ, ISIS DENIED TREATMENT TO CIVILIANS IN HOSPITALS, ALLOWING ONLY ITS CADRES AND THEIR FAMILIES TO OBTAIN CARE.

OBSTRUCTION OF HEALTH AND HUMANITARIAN AID

In Myanmar, Niger, South Sudan, Sudan, Syria, and Yemen, health and humanitarian aid, including health supplies and medication, were severely obstructed.

In Myanmar in late August and September, when members of the Rohingya minority group were under attack by Myanmar's military forces in Rakhine state, the government blocked UN aid agencies from delivering humanitarian relief. At the time of this report, tight humanitarian restrictions remain in Myanmar for Rohingya and Buddhist Rakhine citizens alike. The conflict resulted in very high levels of displacement of the Rohingya to camps in Bangladesh; repatriation of the Rohingya to Myanmar poses serious risks to health and life.

In Niger, health care in refugee camps in Diffa continued to be restricted, and a motorcycle travel ban and night curfews have exacerbated the problem of access to care.

In South Sudan, where 12 health workers were killed in 2017, combatants frequently obstructed access to humanitarian aid. Restricted access has been exacerbated by the looting of supplies, including medical supplies.

In Sudan, neither the Sudanese government nor the rebel group have allowed aid into rebel-controlled parts of South Kordofan and Blue Nile states. No one in the rebel-held areas has had access to government health services or unhindered humanitarian aid since the conflict began. There are only five doctors and just two functioning hospitals for perhaps as many as 900,000 people. There are no ambulances in the rebel-held area and few civilian cars.

In Syria, the siege of eastern Ghouta severely restricted access to health supplies and health care for approximately 400,000 residents. The government of Syria denied the transport of medicines and medical supplies and the evacuation of severely ill or wounded people. At least 27 patients died while awaiting medical evacuation, at a time of reported outbreaks of contagious diseases, including salmonella, typhoid fever, measles, tuberculosis, and inflammatory liver caused by continued use of contaminated water sources.

In Yemen, the Saudi Arabia-led coalition has severely obstructed humanitarian aid. In one 20-day period, it closed all Yemeni border crossings, seaports, and airports to humanitarian and commercial supplies, effectively implementing a blockade by land and sea. The blockade prevented 32 scheduled humanitarian flights from landing in Yemen and multiple ships carrying thousands of tons of humanitarian aid from docking in port cities. The coalition's travel restrictions forced the NGO Save the Children to route humanitarian convoys through active conflict zones. The UN verified 65 incidents of denial of humanitarian access by parties to the conflict, predominantly in Taiz and Saada governorates, with most of them by the Houthis. During this time of widespread denials of health and humanitarian access, a cholera epidemic spread throughout the country. When the epidemic began to ebb, diphtheria cases rose, in part due to low vaccination rates and poor access to health care.

MISUSE OF HEALTH FACILITIES AND INTERFERENCE WITH IMPARTIAL MEDICAL CARE

The most severe misuse of health facilities took place in Iraq, where ISIS took over civilian hospitals and denied treatment to many sick and wounded civilians. In the Philippines, members of the Islamic State-affiliated Maute insurgents stormed the Amai Pakpak Medical Center in the Islamic city of Marawi, in Lanao del Sur province of the Philippines' southern Mindanao island. During the three-day hospital siege, Maute fighters ordered some employees out of the hospital while taking other patients and hospital construction workers hostage.

Health workers were also arrested or threatened for providing impartial medical care. In Turkey, a court in Şırnak city approved the continued detention of a physician who was the former president of the Şırnak medical chamber. The doctor was arrested and detained in October 2016 on charges that he provided medical treatment to alleged members of Kurdish armed groups while they clashed with Turkish security forces in 2015 and 2016. In Afghanistan, the Afghan National Police arrested two doctors in Laghman province for allegedly transporting medicine to the Taliban. Also in Afghanistan, threats were made against female health workers for actions that Taliban forces deemed inconsistent with women's place in society. In Iraq, a plastic surgeon faced possible charges by a counterterrorism court for having worked in a hospital run by ISIS, and the Iraqi Ministry of Health denied a doctor permission to take medical exams, effectively barring her from practice in Iraq, despite the fact that she risked her life by running an underground hospital to treat civilians. In Yemen, in Ibb province, Houthi rebels detained five staff members and two drivers from International Medical Corps, accusing them of spying for foreign intelligence.

SUSPENSION OF HEALTH SERVICES

This report provides evidence of five cases of forced closure of health facilities and 56 incidents where health care providers reduced services due to violence.

Health facilities were reportedly forced to close in Afghanistan, Egypt, and Turkey.

Security measures to protect health workers also led to the closure of health facilities in Afghanistan, Burkina Faso, and the CAR:

- **AFGHANISTAN:** Between January and August 2017, 164 health facilities have been forced to close temporarily due to insecurity and conflict, and 45 facilities remain closed. These closures affected access to health care for three million people.

- **BURKINA FASO:** Following a terrorist attack in early 2017, three village health centers in Soum province closed, depriving more than 38,000 people of access to essential health services.

- **THE CAR:** Attacks and a threat to MSF staff forced the partial suspension of medical activities in Batangafo, leaving 26,000 people without access to maternal and child health services.

Damage from the cumulative impacts of attacks and insecurity in 2017 have forced large numbers of health facilities to suspend services or shut down entirely, reducing health services in the long term. Countries affected by cumulative impact include:

- **LIBYA:** Nearly 75% of health facilities are closed or are only partially functioning.

- **SOUTH SUDAN:** More than 50% of facilities are closed, and of those that remain open, 75% are not in good condition.

- **SYRIA:** In total, 46% of public hospitals and 25% of health centers have been damaged, not including field hospitals.

- **UKRAINE:** A total of 130 facilities remain either partially or fully nonoperational.

- **YEMEN:** Half of all health centers remain nonfunctional as a result of airstrikes, artillery attacks, the flight of medical personnel, and the limited availability of medical supplies due to the de facto blockade imposed by the Saudi Arabia-led coalition.

ANALYSIS

ATTACKS CONTINUE AROUND THE WORLD WITH IMPUNITY TWO YEARS AFTER SECURITY COUNCIL RESOLUTION 2286

May 2018 marks two years since the UN Security Council adopted resolution 2286, which represented a global commitment to taking concrete actions to prevent assaults on health services in conflict and to end impunity for violations. Resolution 2286 has potentially far-reaching implications: the Council not only condemned attacks and demanded compliance with international humanitarian law in armed conflict but also urged member states and the UN Secretary-General to take proactive steps toward preventing attacks and holding perpetrators accountable. Following the adoption of resolution 2286, some parties to conflict have engaged with representatives from the health care sector to share information and discuss deconfliction arrangements. Yet, with few exceptions, there is little indication that states and parties to conflict have undertaken the actions required of them under the resolution to prevent these attacks, have investigated those that have occurred, or have held perpetrators accountable. One positive development is that attacks on vaccinators in Pakistan appear to have decreased from prior years, likely due to their increased security.

With respect to a global response, some important steps were taken in 2017:

- In August 2017, the WHO announced it would launch its system of data collection on attacks on health care in 11 countries and did so in January 2018; it plans to roll out the system in 19 additional countries. The WHO's reporting, however, will not name perpetrators of attacks.

- In an important step toward accountability, the Secretary-General of the UN included Saudi Arabia in the annex to his report on children and armed conflict as among the parties that commit grave violations against children, on account of its attacks on schools and hospitals. The UN Special Representative of the Secretary-General for Children and Armed Conflict plans to further investigate attacks on health facilities. In the future, the Special Representative and the WHO should share data on attacks.

- The mechanism established by the UN General Assembly in 2016 to assist in investigating and prosecuting those responsible for the most serious crimes under international law committed in the Syrian Arab Republic got underway in 2017, and the Secretary-General appointed Ms. Marchi-Uhel to lead it. It is expected that this mechanism will include attacks on health facilities and personnel.

- In December, the UN High Commissioner for Human Rights appointed a three-member expert group to investigate violations of international humanitarian and human rights law in Yemen, including attacks on medical facilities, in accordance with a UN Human Rights Council resolution adopted earlier in 2017.

- The UN High Commissioner began regularly monitoring obstructions of and interference with health care in Ukraine, though these data are not disaggregated.

- The UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health commissioned a report, due for release in 2018, assessing whether laws and practices in a select number of states criminalize impartial health care, and, if they do, encouraging them to reform.

- The governments of Canada and Switzerland continued leadership of the Group of Friends of Resolution 2286 in Geneva, which promotes practical measures and good practices to enhance the protection of medical care in conflict.

There has been little progress, however, in member state follow-through of resolution 2286. The Security Council members failed to adopt the straightforward steps the UN Secretary-General urged in 2016 to implement the resolution. These include such basic actions as reforming laws that allow punishment of health workers for impartial care, incorporating international standards for the protection of health care into domestic law, reforming military doctrine and training, strengthening investigations, and ensuring accountability.

Indeed, there has been little action to increase accountability. As noted in a report by the International Peace Institute,[1] accountability mechanisms exist at the global level but need to be strengthened. The International Peace Institute recommended that all mechanisms, including the Office of the High Commissioner for Human Rights, must have the resources and expertise needed to carry out their functions; that the mandate of the International Humanitarian Fact-Finding Commission be expanded to include non-international conflicts; and that the Security Council should use its authority to impose targeted sanctions on perpetrators of attacks.

On October 31, 2017, in the face of inaction on resolution 2286, France, along with 12 other countries signed a political declaration[2] to commit to taking concrete steps to protect health care in conflict. Signatories to the declaration included Canada, France, Italy, Japan, Kazakhstan, the Netherlands, Peru, Senegal, Spain, Sweden, Switzerland, Uruguay, and Ukraine. The declaration called on signatories to:

- Review national legislation, policies, and procedures to ensure compliance with international law

- Ensure protection to all wounded and sick, health workers, transports, and hospitals and other health facilities in armed conflict

- Ensure that legislation, policies, and procedures do not punish health workers for the impartial and unimpeded provision of medical care

- When considering the sale or transfer of conventional weapons and ammunition, assess the potential risks that they could be used to commit or facilitate serious violations of international humanitarian law, and refrain from sales or transfer if the risk exists

- Systematically call upon the Security Council to adopt measures to respond to repeated acts of violence and other acts impeding the provision of medical care in armed conflict, including sanctions against parties responsible for such acts, investigations, accountability and to include specific tasks in the mandate of peacekeeping operations to contribute to the creation of security conditions conducive to the protection of medical care in armed conflict, such as monitoring and reporting, capacity building or engagement with national authorities on the issue

- Review military doctrine, procedures, and practices with a view to ensuring the safety of health workers and facilities in the planning and conducting of military operations and share good practices, especially in the context of joint and multinational operations.

The Coalition welcomed the declaration and now urges the signatory states to report on the actions they have taken to fulfill this commitment. This voluntary declaration, however, is no substitute for adherence to the Security Council's resolution 2286, binding on all states.

Therefore, the Coalition recommends specific steps to end impunity and attacks on health.

RECOMMENDATIONS

ALL PARTIES TO CONFLICT SHOULD:

1. Adhere to the provisions of international humanitarian and human rights law regarding respect for and protection of health services and the ability of health workers to adhere to their ethical responsibilities of providing impartial care to all in need.

2. Ensure the full implementation of Security Council resolution 2286 and adopt practical measures to enhance the protection of, and access to, medical care in armed conflict, along the lines of the Secretary-General's recommendations presented to the Security Council.

3. In particular, as required by Security Council resolution 2286, "conduct prompt, full, impartial, and effective investigations" of attacks and other forms of interference with health care toward ensuring accountability and offering redress to victims.

THE UN SECRETARY-GENERAL, UN HIGH COMMISSIONER FOR HUMAN RIGHTS, SECURITY COUNCIL, AND MEMBER STATES SHOULD:

1. Quickly and forcefully condemn attacks on and other forms of interference with health services whenever and wherever they occur, take proactive steps to stop them, and ensure accountability.

THE SECURITY COUNCIL SHOULD:

1. Formally adopt the sensible recommendations toward implementation of resolution 2286 made by the Secretary-General in 2016.

2. Urge the Secretary-General to report on adherence to the requirements of resolution 2286 and to his own recommendations.

3. Refer Syria to the International Criminal Court for war crimes investigation and possible prosecution, as recommended by the Secretary-General.

4. Initiate a formal investigation of violations of international humanitarian law through a commission of inquiry or other entity and make referrals to the International Criminal Court or other international tribunals as warranted, including in the following cases:

    a. Battle for Mosul in Iraq

    b. Yemen

    c. Afghanistan

    d. the DRC

    e. the CAR

    f. Additional instances where attacks have taken place on a significant scale and where it is apparent that the member state has not conducted anadequate investigation or held identified perpetrators accountable.

5. Schedule briefings, ideally using an Arria formula, on country situations in the ten places identified in this report where health care is under the most severe attack—Afghanistan, the CAR, the DRC, Iraq, Nigeria, oPt, Pakistan, South Sudan, Syria, and Yemen—as well as Ukraine—and schedule briefings on other situations as they occur in the future. The briefings should include information on investigations and accountability steps that the relevant member state has taken.

6. Use its authority to impose sanctions where appropriate.

THE SECRETARY-GENERAL SHOULD:

1. Prepare a report on member state adherence to the requirements of resolution 2286 and the Secretary-General's recommendations.

2. Provide country-specific briefings to the Security Council as called for in recommendation 5 above.

3. Cooperate with the WHO's data collection efforts by gathering and sharing information on attacks on and obstruction of health facilities, transports, health workers, and patients.

4. Ensure a credible and accurate list of perpetrators in the annexes of his annual report on children and armed conflict, including listing parties responsible for attacks on hospitals and health workers per resolution 1998.

5. Include in his annual proposed budgets the resources needed to ensure that existing investigation and accountability mechanisms have the financial resources and expertise needed to carry out their tasks.

MEMBER STATES SHOULD:

1. Initiate and report annually on practical measures taken toward fulfilment of resolution 2286, including, but not limited to, the following actions:

   a. Ratify relevant treaties.

   b. Adopt military policies and rules of engagement designed to ensure compliance with obligations to respect and protect health care.

   c. Train military personnel in such policies and rules and establish oversight mechanisms; collect data on violations and investigate incidents.

   d. Restrict arms sales to perpetrators of attacks on health care services.

   e. Strengthen national mechanisms for investigating violations.

   f. Ensure that perpetrators are held accountable for violations.

   g. Take concerted diplomatic actions against perpetrators of attacks on health care services.

2. 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 and conduct diplomatic interventions to address instances where partner military forces as well as their own may have attacked hospitals and other health facilities.

KEY RECOMMENDATIONS BY THE SECRETARY GENERAL

IN RESPONSE TO A REQUEST FROM THE UN SECURITY COUNCIL TO PROVIDE RECOMMENDATIONS FOR IMPLEMENTATION OF RESOLUTION 2286, THE SECRETARY-GENERAL PROVIDED A SET OF RECOMMENDATIONS THAT WARRANT ACTION BY MEMBER STATES, UN AGENCIES, AND THE SECURITY COUNCIL. AMONG THESE ARE:

ACTIONS BY MEMBER STATES

STRENGTHEN LAW

- Ratify all relevant treaties and incorporate protections of health facilities and personnel and the wounded and sick into national law.
- Adopt legal and other measures to protect the ability of health professionals to provide care "without any distinction other than on medical grounds, in line with their ethical obligations, in all circumstances, without incurring any form of harassment, sanctions or punishment."
- Engage in bilateral and multilateral assistance toward training, judicial, and legislative reform, and support for civil society initiatives.

MILITARY PRACTICE TO ADVANCE PROTECTION OF HEALTH CARE

- Incorporate provisions of international law relating to the protection of medical care in armed conflict into rules of engagement and standard operating procedures, and issue orders to prohibit use of health facilities for military purposes; state limitations on military action when medical facility is misused for military purposes to minimize harm to civilians.
- Widely disseminate and train military personnel in rules, orders, and operating procedures.
- Record and map the presence of medical facilities and personnel and exchange information with medical and humanitarian actors on the ground.
- Create oversight bodies to ensure military forces comply with obligations, assess incidents, and propose action to remediate breaches.
- Establish sanctions for violations and hold military personnel who violate the rules accountable.

DATA COLLECTION

- Establish national data collection and analysis systems on attacks on health care in armed conflict and share data at regional and global level; share information with independent monitors and allow monitors unhindered access of independent monitors to affect locations and persons.
- Support UN monitoring and data analysis regarding on attacks on health care in armed conflict.

ACCOUNTABILITY

- Strengthen national mechanisms for independent investigations of violations of laws against attacks on or interference with health care in conflict.

- Request and consent to inquiries by the International Humanitarian Fact-Finding Commission.
- Strengthen law enforcement and prosecute individuals who commit serious violations, including through the use of universal jurisdiction for international crimes.
- Assess whether weapons exported are used to attack health facilities and personnel.

ASSIST VICTIMS

- Provide effective and prompt reparations, as well medical care, rehabilitation, and psychological support to victims of attacks against medical care in armed conflict.
- Along with UN and other organizations, ensure restoration of services after attacks, clear explosives, and provide safe routes and safe environments for care.

REPORT ON ACTIONS TAKEN

- Voluntarily report actions taken to fulfill the purposes of resolution 2286 to the Security Council.

ACTIONS BY UN

- In collaboration with humanitarian and other relevant actors, enhance UN efforts to ensure that data on the protection of medical care in armed conflict is systematically collected, verified, analyzed, and reported.
- Enhance the role of UN peace operations in creating an environment conducive to the safe delivery of medical care in armed conflict.

ACTIONS BY THE SECURITY COUNCIL

- If states fail to investigate alleged violations, "the Security Council should consider establishing international fact-finding missions or commissions of inquiry, or have recourse to the International Humanitarian Fact-Finding Commission established pursuant to article 90 of Additional Protocol I to the Geneva Conventions, to investigate allegations of serious violations."
- Consider measures against individuals under Article 41 of the UN Charter for entities that inflict violence on health care.
- Where national accountability mechanisms do not address serious violations, the Security Council with member states should ensure that accountability mechanisms are available either through existing mechanisms such as the International Criminal Court or create new ones.

From letter dated August 18, 2016, from the Secretary-General addressed to the President of the UN Security Council. S/2016/722. http://reliefweb.int/sites/reliefweb.int/files/resources/N1626255.pdf

METHODOLOGY

The report focuses on 23 countries. The ten countries with the highest number of reported attacks, plus Ukraine, are discussed individually in separate chapters. The 12 other countries of concern are presented together in the final chapter.

The evidence presented in this report has been developed using a new incident-based approach to collecting data on events affecting health care. This approach is different from that used by the Safeguarding Health in Conflict Coalition in past reports. Data are consolidated from multiple sources and cross-checked to create one master list of recorded events for each country. Standard definitions of different event types are used to categorize the incidents. The data presented in this report can be viewed in the document available at bit.ly/2K2hGGE on the Humanitarian Data Exchange (HDX), Insecurity Insight.[3]

The report focuses on attacks on health care as defined by the WHO: any act of verbal or physical violence or obstruction or threat of violence that interferes with the availability, access, and delivery of curative and/or preventive health services. However, this report focuses on attacks in the context of conflict or in situations of severe political volatility rather than in emergencies, which is the focus of the WHO. In accordance with the WHO's definition, attacks on health care can include bombings, explosions, looting, robbery, hijacking, shooting, gunfire, forced closure of facilities, violent search of facilities, fire, arson, military use, military takeover, chemical attack, cyberattack, abduction of health care workers, denial or delay of health services, assault, forcing staff to act against their ethics, execution, torture, violent demonstrations, administrative harassment, obstruction, sexual violence, psychological violence, and threat of violence.[4] These categories have been included as far as they were reported; however, some, such as psychological violence, are rarely reported.

The report only includes events that occurred in the context of armed conflicts or situations of severe political volatility. The report does not cover interpersonal or criminal violence directed at health workers. However, in the CAR, Libya, and Mali, where the ongoing conflict has destabilized society to an

extent that it is hard to distinguish between criminal and activity and politically motivated violence, robberies at health infrastructures are included. In Egypt, Ethiopia, and Pakistan, care has been taken to only include attacks that can be linked to an existing conflict. Attacks that are interpersonal or criminally motivated have been excluded.

THE REPORT ONLY INCLUDES EVENTS THAT OCCURRED IN THE CONTEXT OF ARMED CONFLICTS OR SITUATIONS OF SEVERE POLITICAL VOLATILITY.

The methodology for identifying relevant events comprised three steps to ensure good coverage. First, Insecurity Insight monitored open sources throughout 2017 and recorded incidents reported to have affected health care. These incidents were reported in the Aid in Danger Monthly News Briefs from January to October 2017, and in the special Safeguarding Health in Conflict News Brief in November and December 2017.[5] Second, the database was supplemented with incident data recorded by organizations that were willing to share their data with the Coalition, notably the WHO, which provided data from unverified open sources, and MSF. Insecurity Insight compared these multiple lists of events and produced a consolidated Safeguarding Health in Conflict Coalition list for 2017 recorded events. Third, the consolidated list was shared with Coalition members, who searched for additional incidents reported by UN agencies and other sources in a particular country. Coalition members then supplemented the country list with those additional incidents identified from the country sources.

When possible, the party responsible for the attack and the exact circumstances (including intentionality) are identified. In the other cases, the fact that an attack occurred is noted, as is any other relevant, available information.

The country profiles were drafted by Coalition members using the Safeguarding Health in Conflict Coalition consolidated list of recorded events in 2017, following the standard definitions listed above. The Syria chapter

is an exception, which uses events captured from the online map of attacks on health care by PHR.[6]

Some UN agencies report aggregate numbers of attacks but do not provide incident data. Because specific information about those attacks is not available, those numbers are reported in the country summaries but not in the total number of incidents in this report.

LIMITATIONS

The figures presented in this report can be cited as the total number of events reported by members of the Safeguarding Health in Conflict Coalition. These numbers are derived from trusted sources and provide a minimum estimate of the damage to health care from violence that occurred in 2017. However, the severity of the problem is likely to be much greater, as many incidents go unreported and are thus not counted here.

In many cases, reports do not identify the perpetrator, either because the perpetrator is not known or because the reporting agency lacks a mandate or policy to do so. Where information is available on perpetrators, they are identified in the country summaries of this report. Additionally, in some cases, especially those involving robberies and abductions, it is often difficult to ascertain from available information whether the act was committed by a party to the conflict or by common criminals. Decisions on inclusion are based on judgments about the most likely motivations.

COUNTRY FACTORS INFLUENCING THE INFORMATION FLOW

A number of factors influence the extent to which security events have been captured by this report. Most importantly, there has been no global system for data collection on attacks on health care, so reporting relies on local efforts by health providers, UN agencies, and NGOs that may have other priorities. In countries and territories with good Internet connectivity, higher levels of English, and pre-existing contacts to international media and research bodies, local health professionals and NGOs may be better placed to report events and prioritize data collection. These are among the reasons why such a high number of events are reported from Syria, as well as from oPt and Nigeria. A well-established presence of UN agencies also tends to facilitate information flow on security events. This factor is likely

to have influenced the number of recorded events from Afghanistan and South Sudan.

NATURE OF EVENTS AFFECTING THE INFORMATION FLOW

Some types of events are more regularly reported than others. The total number of events reported by category of concern should therefore not necessarily be discussed in comparison to other categories. For example, bombings of hospitals and killings and kidnappings of doctors are more reliably captured by reporting systems than the looting of medical supplies, which may occur more frequently than reported. Obstructions in accessing health care are even less reliably reported.

Enormous challenges remain in accurately and reliably documenting events that affect health care in conflict. The quality of previously reported data has been undermined by a lack of standardized methods for reporting and categorizing events, as well as the different approaches used to verify reports.

AFGHANISTAN

Afghanistan has been embroiled in ongoing conflict between international and national armed forces and groups since 2001, when the International Security Assistance Force overthrew the Taliban government in Kabul.[7] The Taliban has continued its insurgency since being removed from power in 2001 and is seeking to regain territorial control in many provinces.[8] Other armed groups have also sought to destabilize the government, including ISIL-KP, which has maintained a hold on several districts in Nangarhar province.[9] Large swaths of territory in multiple provinces throughout Afghanistan remain contested; it is these areas in particular where conflict has escalated sharply in recent years, along with a rise in civilian casualties and attacks on medical facilities and personnel.

In 2017, parties to the conflict carried out at least 66 attacks on medical facilities and personnel, including at least five incidents that impeded access to care—three of which led to a total forced closure of 69 medical facilities. The main perpetrators of the attacks are the Taliban; ISIL-KP; and the Afghan National Defense and Security Forces (ANDSF), which include the Afghan Local Police, the Afghan National Police, the Afghan National Army, Afghan Special Forces, and the National Directorate of Security. Several incidents were also perpetrated by unidentified assailants.

Thirty-eight attacks were attributed to non-state armed groups. The Taliban carried out at least 27 attacks, ISIL-KP six, the ANDSF was reportedly responsible for at least four attacks, and unidentified assailants and others for at least 18. Six cases occurred in the context of fighting between two or more conflict parties.

Attacks occurred in at least 22 of Afghanistan's 34 provinces and were most frequent in Nangarhar province, where parties to the conflict or unnamed assailants carried out at least 22 attacks.

Forced closure of medical facilities was the most common type of interference, with at least 69 closures occurring as a result of three orders. Other types of attacks included at least ten incidents of forcible entry and 14 incidents where health facilities were damaged directly or indirectly by IEDs, grenades, shelling, and arson. Parties to the conflict or unknown assailants also looted health facilities or medical supplies in transport on at least four occasions.

Abduction of medical staff was the most common type of attack on health workers, with at least 16 health workers kidnapped. At least nine health workers were arrested or detained by state forces or members of the Taliban, and at least 15 health workers reported threats or intimidation. The Taliban imposed access constraints by establishing at least two unofficial security checkpoints and denying passage of health and humanitarian workers. Parties to the conflict also damaged or destroyed at least four ambulances and abducted or attacked vaccinators on at least three occasions.

Between January and August 2017, 164 health facilities were closed temporarily due to insecurity and conflict, and 45 facilities remain closed.[10] These closures have restricted access to health care for three million people.

Attacks damaged at least 33 health facilities, and the resulting temporary closures or suspensions of humanitarian operations prevented tens of thousands of people from accessing health care for varying lengths of time. At least 59 health workers, patients, or nearby civilians were killed, and at least 97 were injured as a result of attacks.

In one particularly horrific event, on March 8, 2017, ISIL-KP militants disguised as medical personnel attacked a hospital in Kabul by detonating an IED near one of the hospital gates and opening fire on ANDSF soldiers. The gunfight lasted for more than six hours. At least 50 people were killed and 91 injured.[11]

CENTRAL AFRICAN REPUBLIC

In 2017, civilians, aid workers, and medical staff suffered one of the worst surges in violence in the Central African Republic (CAR)'s armed conflict since its beginnings in 2012 and 2013. Splinter groups formed from the primarily Muslim Séléka and the mostly Christian and animist Anti-Balaka, as well as from other groups, battled for territory and control throughout the year.[12] From May to September alone, Human Rights Watch reported at least 249 civilian killings and 25 incidents of sexual violence against women and girls by rebel groups.[13,14] In a country of roughly 4.6 million people, almost 690,000 have been internally displaced, and over 540,000 have fled the country, according to the UN High Commissioner for Refugees.[15]

The UN Secretary-General has called the CAR "one of the world's most dangerous places for aid workers."[16]

In 2017, there were 52 attacks on health staff and facilities, and one event (likely among many) where regional instability limited access to care. Armed rebel groups including Anti-Balaka factions; the Lord's Resistance Army; Youssouf Sy's militia; the Return, Reclamation, Rehabilitation group (3R); and Union for Peace in Central Africa (UPC) were responsible for six attacks[17, 18, 19, 20, 21] with unnamed armed groups carrying out many more. The majority of perpetrators remain unidentified.

There were 16 incidents of armed entry into a medical facility, three of which occurred in one week in the PK5 area of Bangui, historically a site of multiple clashes between ex-Séléka and Anti-Balaka factions.[22] On February 3, armed men stormed an MSF-supported maternity clinic that had been receiving wounded patients. After retrieving one of the wounded, the men tried to attack another patient and blocked an ambulance for over an hour. On February 7, armed men attacked the same clinic, threatening staff and trying to kill a patient. After the two attacks, MSF suspended activities in PK5 for several weeks.[23] On February 8, armed men allegedly with Youssouf Sy's militia stormed a UN-run health center in PK5, with no injuries reported.[24]

There were 12 incidents of theft or looting of medical supplies or equipment and nine cases of armed robbery involving health staff, four of which happened during travel on roads. In four other road incidents, armed men or groups held up medical vehicles and staff. On August 21, armed men detained medical staff and a patient for several hours in an ambulance headed for Bangassou, shooting in the air and threatening staff.[25] Afterwards, MSF scaled back to life-saving activities and referrals only at the Bangassou hospital.[26]

Perpetrators killed nine health staff or volunteers in 2017. During a clash on August 3 in Gambo, Anti-Balaka factions and the UPC killed six Red Cross volunteers gathered in the health center for a crisis discussion.[27, 28] In June, an armed group also killed Red Cross volunteer Joachim Ali while he was on duty at an International Federation of Red Cross and Red Crescent Societies compound in Bangassou,[29] and in November, unidentified perpetrators killed an International Committee of the Red Cross (ICRC) driver during a robbery on the road near Kaga Bandoro.[30] Another health worker was reported killed in Bria in July.[31]

Perpetrators assaulted seven health workers and several patients, and also killed three patients and 13 civilians seeking refuge in a health facility. In May, an armed man forced his way into the MSF-supported hospital in Bangassou, assaulted a nurse, and forcibly removed a patient and her caretaker, killing them outside the hospital gate.[32] In September, during extended clashes in Batangafo, an armed group fired on civilians running to seek refuge in Batangafo Hospital, killing a 15-year-old and wounding another. The group also shot a two-year-old and his mother who were inside the hospital gate, killing the child.[33,34]

Attacks directly threatened multiple health workers. In February, 15 health staff along with patients and civilians were forced to flee Bocaranga Hospital when 3R militants opened fire in close proximity to the facility.[35] In addition, groups threatened staff on at least five separate occasions in relation to requests for medications or health services. At least four health workers were arrested or detained by state forces.

Perpetrators most often targeted health facilities and staff in Ouham prefecture, with 17 attacks in the region, 12 of which were in the city of Batangafo. Perpetrators committed seven attacks in Mbomou prefecture, six of which were in Bangassou.

In 16 cases, security concerns forced health providers to reduce their services. Eight events led to the closure of facilities or the suspension of medical programs, and eight additional instances of reduced health care activities due to restricted staff movement or relocation of staff. Overall, at least five patients died, two health centers ran out of medications, and 26,000 civilians were left without access to pediatric and maternity care as a result of insecurity.[36]

The town of Zemio experienced repeated attacks that severely hindered health care access for the population. On July 11, two armed men entered Zemio Hospital, where 7,000 civilians had sought shelter from violence. Armed men opened fire on one family when they sought cover, killing a baby in her mother's arms.[37] Armed men attacked the hospital again in August, killing 11 civilians. After this attack, most of the population fled across the river into the DRC.[38] MSF had to suspend its activities, which affected access to antiretroviral therapy for roughly 1,600 patients with HIV. Pierre Yakanza Gouassi, MSF assistant project coordinator and Zemio native, was also forced to flee to the DRC. "We lost a lot," he said.

"The medications, the community's goods were stolen; all the houses were set on fire. The children didn't go to school for the whole year. No authority has come back to Zemio, the people there feel abandoned."[39]

DEMOCRATIC REPUBLIC OF CONGO

In the Democratic Republic of Congo (DRC), the regime of President Kabila engaged in violent crackdowns on protests against the government, while conflict continued among established and newly emerged rebel groups, leaving thousands of civilians dead.[40] The UN Office for the Coordination of Humanitarian Affairs calls the DRC conflict "one of the world's most complex humanitarian crises," with over 7.3 million people in need of humanitarian assistance and 3.8 million people internally displaced.[41]

In 2017, there were at least 20 attacks on health facilities and personnel and one reported event hindering access to care, when regional violence forced doctors in Fizi General Hospital to evacuate.[42] Of the 14 attacks affecting health infrastructure, ten involved armed entry into a medical facility. Other attacks included shots fired at a facility, the looting of medical supplies, and setting fire to a structure. Three attacks damaged hospitals or health centers, and one attack completely destroyed a health center.

North Kivu saw the most attacks of any province, with eight events during the year. In December, two MSF staff members were abducted on the road in the region, just one day after a violent robbery of their compound in Mweso. MSF was forced to suspend its activities, leaving 450,000 people without access to health services.[43,44]

However, the most violent attack occurred in the Kasai region on April 24. Approximately 60 members of the Bana Mura militia, an armed group closely tied to President Kabila, with significant training and arms support, attacked the hospital in Cinq, killing over 90 patients, at least two medical staff, and several dozen civilians. Militants committed atrocities such as torturing and brutally killing children and pregnant women, and sexually assaulting women and girls with sticks and firearms, including a woman who had just given birth four hours prior. Rebels set fire to the operating theater with roughly 35 patients trapped inside, then torched most of the hospital. One doctor who escaped and later returned to the scene recounted, "I found a mountain

of bodies. Among the dead, there were people killed by gunshots, others by machetes, others burned."[45]

MSF operational manager Gabriel Sànchez spoke in October of the devastating consequences of the Kasai conflict on access to health care, stating that, "Half of the health centres we visited over the past three months had been looted, burnt or destroyed."[46] One looted and torched health center in Mayi Munene had been a referral center for approximately 128,000 people, according to Jean-Paul Buana, a nurse from the town. "From March to July all medical activities stopped," he said. "Many people have still not come back. We are still missing drugs and other supplies. It is very difficult to start over again, and we need more humanitarian aid. The world has forgotten Kasai."[47]

The Kamuina Nsapu, an opposition group in Kasai, attacked and looted two hospitals in the Kasai and Katanga regions.[48,49] The Allied Democratic Forces, another opposition group operating on the DRC–Ugandan border, attacked and looted a North Kivu health center during an assault on Congolese military forces.[50] The Mai-Mai Yakutumba, which leads a coalition of rebel factions against President Kabila,[51] attacked a hospital in South Kivu, sexually assaulting a lactating mother who had fled to the hospital for protection. In Mweso, North Kivu, armed men allegedly presenting as[52] the Nyatura, a Congolese militia protecting Hutu interests,[53] stormed the hospital, shot and wounded six people inside, and kidnapped a doctor who was found dead the next day.[54,55] In addition, during a clash between local Pygmy and Bantu groups in Tanganyika province, two poisoned arrows struck and killed a nurse.[56]

Eighteen attacks against health workers affected more than 21 health care staff. In total, at least nine staff were assaulted or injured and six or more were killed, though this is clearly an underestimate, as the Cinq hospital attack alone killed an unknown number of medical staff.[57] In addition to the killings already described, unidentified armed men gunned down a physician in his home in South Kivu province,[58] and other unnamed armed rebels killed a nurse in an attack on the town of Pasidi in South Kivu.[59] At least three health workers were threatened by armed men during armed entries into health facilities or compounds, and at least one health worker was unable to return to work following the incident.

Three medical staff were kidnapped. In one event, armed men attacked a Congolese convoy, including some medical staff, traveling through North Kivu. The men opened fire, killing one unidentified member and wounding several others, including a pharmacist. They then kidnapped a doctor, who was released a day later.[60]

Patients bore the greatest burden of the violence, with nine assaulted and over 92 killed, although the vague nature of some accounts suggests that this figure is very likely underestimated.

IRAQ

In 2017, Iraq experienced yet another surge in violent conflict during the final push by Iraqi, Kurdish, and coalition forces to regain territory held by ISIS, with large-scale offensives launched in West Mosul, Tel Afar, and other areas.[61] The conflict has killed nearly 30,000 civilians and has wounded over 55,000 since January 2014, and the trend in civilians shouldering the burden of the conflict continued in 2017.[62] Although Iraq's prime minister declared victory over ISIS in December, roughly 2.9 million people remained displaced after the close of military operations, the country has suffered massive infrastructure loss, and human rights groups report that scores of Iraqis have suffered human rights abuses and violations of humanitarian law by all parties to the conflict.[63]

Medical care in Iraq was greatly impacted in 2017 not only from intense battles and deliberate attacks but also from retaliatory or discriminatory practices by pro-government entities. In 2017, there were at least 35 attacks on health workers and facilities in Iraq including one incident impeding access to care.

The main perpetrator of attacks in 2017 was ISIS, allegedly responsible for 12 attacks on health facilities or staff. Allied or coalition forces carried out five attacks—one military search of a medical facility and one use of chemical weapons near a hospital—and in at least three cases, Iraqi government officials hindered access to care or detained or punished medical workers who had lived and worked under ISIS rule. In two cases, damage to hospitals occurred during fighting between two conflict parties.

Of the 27 attacks on health facilities in 2017, perpetrators used targeted explosives in 12 incidents.

Unnamed perpetrators launched four rocket or missile attacks on health buildings that killed three health workers, wounded 12, and damaged at least two hospitals and at least one ambulance.[64,65,66] ISIS claimed responsibility for a suicide attack and a car bombing in Baghdad. The car bomb exploded outside Al-Kindi Teaching Hospital and killed three civilians,[67] and ISIS militants with firearms and suicide vests attacked a health center,[68] killing eight people and wounding 37.[69] In two other attacks, explosives were hidden on medical premises, one triggering a "booby-trap" explosion that killed a health worker and his son as they tried to enter Rawah General Hospital in Anbar province.[70]

Two explosive attacks involved chemical weapons, one in which six health workers suffered symptoms such as watery eyes and breathing difficulties after an explosion from an unknown source near their medical post.[71] In another event, on June 3 in West Mosul, the US-led coalition admittedly launched white phosphorus close to the ground near Al Jamhuri Hospital.[72] While Iraqi and coalition sources stated the white phosphorus was used as a smokescreen to provide cover for civilians fleeing the hospital, Human Rights Watch criticized the use of the agent so near to the ground in a civilian area, risking fires and severe thermal and chemical burns.[73]

ISIS continued the occupation of medical facilities in 2017, reportedly seizing or continuing control for military purposes of at least seven hospitals and one medical building in Mosul, and at least one hospital in the Hawiga district.[74,75,76] Occupation of Al Salam, Mosul General, Ibn Sina, and Republican Hospitals since 2016 or earlier, as reported by Human Rights Watch, continued into 2017.[77] Al Shifa, Al Jamhuri, and a general public hospital were also occupied, as well as the Bab Sinjar medical building in the Jamhuri complex. Iraqi and coalition forces launched attacks destroying two of the occupied facilities in 2017, Al Salam Hospital[78] and the Bab Sinjar medical building, though military officials stated the buildings had not been used for civilian medical treatment for some time, according to intelligence reports.[79,80] ISIS burned down Mosul General Hospital and a public hospital as pro-government forces closed in, completely looting the premises of the former and executing 12 civilians inside the latter.[81,82] ISIS militants also burned down Ibn al-Athir Hospital, one blood bank, and 12 medical warehouses,

destroying a total of at least 16 medical buildings by fire.[83,84]

Takeover of medical facilities and systems hindered or completely blocked access to medical care for civilians living in ISIS-controlled territory. Amnesty International described frequent denials of medical care to civilians under ISIS rule in Mosul,[85] while the REACH Initiative described a severe lack of health care access leading to patient deaths in Hawiga district, with health facilities deserted or lacking staff and supplies and the hospital reserved for ISIS militants.[86] In a report by the Guardian, one Mosul doctor described a "two-tiered" system, in which "[ISIS] members and their families were given the best treatment and complete access to medicine, while the normal people…were forced to buy their own medicine from the black market. ...As a doctor, I am supposed to treat all people equally, but they would force us to treat their own patients only."[87]

Most attacks (17 out of 35) occurred in Mosul during the battle to take back the western part of the city from ISIS. Baghdad also saw six attacks on health facilities and workers, and others occurred in Anbar, Kirkuk, and Kalar provinces. Attacks destroyed 18 health facilities and damaged three. In addition, three doctors, one dentist, and four other health workers were killed, along with 24 civilians on medical premises, though it is unclear if any of these were staff or patients. Eighteen health staff and 37 patients on medical premises suffered injuries, two doctors were kidnapped, and two endured administrative or judicial punishment for having worked under ISIS rule.

A third of recorded attacks on health workers, patients, or civilians in medical facilities occurred with the use of explosives, as described above. Other attacks on medical staff included convoys or vehicles coming under fire, the murder or kidnapping of medical staff, and assault by a patient or beneficiary on a health worker. Four targeted attacks on clinicians occurred in Baghdad: a doctor killed in his clinic, a dentist murdered in her home, and two doctors kidnapped in separate incidents.[88,89]

Medical staff also suffered from campaigns by Iraqi, Kurdish, and allied groups to root out and punish ISIS members and anyone possibly associated with them. Human Rights Watch reported that not only have these campaigns employed arbitrary arrest, torture, and extrajudicial killings, but the Iraqi government

has threatened or exacted punishment on medical personnel for providing care while under ISIS control, including a plastic surgeon who faced possible charges by the counterterrorism court. *The Guardian* reported that the Iraqi Ministry of Health denied one doctor permission to take medical exams, effectively barring her from practice in Iraq, because she had worked in Jamhuri Hospital under ISIS control. Though she had risked her life by running an underground hospital to treat civilians, she stated, "the ministry said they won't give me security clearance because I had worked under ISIS administration."[90]

Civilian access to medical care and humanitarian aid has also been restricted for those with alleged close ties to ISIS fighters. Iraqi security officials barred some members of "ISIS families" from leaving displaced persons camps for medical care unless they left behind their identification documents, and government workers restricted food aid to others, according to Human Rights Watch.[91,92]

ISRAEL AND OCCUPIED PALESTINIAN TERRITORY

June 2017 marked the 50th anniversary of Israel's military occupation of Gaza and the West Bank, including East Jerusalem—and in Gaza, a decade of blockade and closure.

Ninety-three attacks including violence against Palestinian health workers, interferences with the delivery of health care, obstruction of medical transport, and denial of impartial care to wounded civilians were identified. Most reported incidents were attributed to Israeli security forces.

On several occasions, armed Israeli security forces entered health facilities—including in Ramallah, Hebron, and East Jerusalem—to arrest people and interfered with the delivery of health care, including emergency medical care.[93,94,95,96]

The most common type of obstruction to medical transport was unreasonable delay to or blockage of the passage of ambulances. In almost all cases, Palestinian patients, even emergency cases, are forbidden from entering East Jerusalem or Israel in a Palestinian-registered ambulance. Instead, they undergo a "back-to-back" transfer, whereby medics must transfer a patient from one ambulance to another, causing harmful and even life-threatening delays. PRCS documented 33 specific instances when Israeli security forces restricted

the freedom of movement of PRCS ambulances in the West Bank, 22 of which were at Israeli checkpoints, with delays of up to two hours.[97] For example, in March, Israeli security forces at Qalandia checkpoint held an ambulance, which was transferring a 52-year-old woman with a severe brain hemorrhage to Al Makassed Hospital in East Jerusalem, for 20 minutes. Israeli security forces prevented PRCS ambulances from reaching and providing first aid to injured civilians on at least seven occasions.

PRCS also documented 22 instances when Israeli security forces used violence against PRCS ambulances, including firing rubber bullets and tear gas at them, causing damage to the ambulances on 15 occasions. Israeli security forces also physically assaulted or fired tear gas or rubber bullets at health workers, primarily ambulance workers and volunteers. Israeli security forces injured at least 21 PRCS staff or volunteers: seven in the West Bank and 14 in Gaza. PRCS documented three instances where Israeli security forces threatened and intimidated their teams by pointing weapons at medics or volunteers. Israeli security forces also physically assaulted hospital staff.

In 2017, the approval rating for exit permits issued by Israeli authorities to Palestinians seeking medical treatment outside Gaza was the lowest since the WHO began collecting figures in 2008. Israeli authorities approved just of 54% permits, a record low.[98] Palestinians from Gaza missed at least 11,000 scheduled medical appointments in 2017 after Israeli authorities denied or failed to respond in time to applications for permits.[99] The WHO reported that 54 Palestinians, 46 of whom had cancer, died in 2017 following the denial or delay of their permits.[100]

CASE STUDY:
ARMED ISRAELI FORCES ENTER EAST JERUSALEM HOSPITAL

On July 17, 2017, armed Israeli security forces entered Al Makassed Hospital in East Jerusalem to arrest a young Palestinian man, 19-year-old Alaa Abu Tayih, who was being treated for a bullet wound. Police stationed themselves outside the intensive care unit where the young man was being treated and prevented his family from reaching him.[101] Al Makassed Hospital reported that the Israeli forces intimidated patients, their companions, and medical staff, as well as checked identity cards and permits of staff and hospital visitors.[102]

On July 21, Israeli security forces entered Al Makassed Hospital for a second time, after firing stun grenades and teargas in the yard outside the hospital. They perpetrated violence against medical staff, including pushing, kicking, and beating. One nurse was beaten unconscious.[103] In at least one case, Israeli forces disrupted the medical treatment of a seriously injured patient receiving care at the hospital. The hospital's head of reception, Talal al-Sayed, described around 200 heavily armed Israeli military personnel surrounding and forcefully entering the hospital and said the events went "above and beyond what we've ever seen. They [Israeli forces] invaded the entire hospital…They even entered the neonatal unit."[104] Amnesty International reported that Israeli forces were pursuing Mohammad Abu Ghannam, a young man with a major chest wound in critical condition.[105] They reportedly entered the operating theater where he was being treated, and "shoved and hit" the doctor who was trying to provide urgent care to him. Mohammed died of his wounds during the incident. A nurse working during the raid said, "I have never been so scared in my life. All I remember were loud sounds and pushing and screaming. It was total chaos... There was blood all over the place on the floor on the walls."

On August 10, Physicians for Human Rights–Israel called upon the Israeli Ministry of Health to examine the violent incidents at Al Makassed Hospital.[106] The Ministry of Health responded that they had referred the examination to the police. As of the writing of this report, Physicians for Human Rights–Israel has not received a response.[107] There is no indication that the Israeli authorities will hold anyone accountable for the violation of a protected hospital, for the impeding of potentially life-saving medical care, or for the unjustified violence used against staff and patients.

NIGERIA

Since 2009, the violent conflict between Boko Haram and various government and civilian security forces has continued to threaten the stability of Nigeria's northeast region, with 1.7 million people still internally displaced at the end of 2017[108] and 3.7 million forecasted to be critically food insecure in 2018.[109] Indiscriminate attacks by all forces, along with Boko Haram's attacks on communities, hospitals, and schools and its forced recruitment of women and children as suicide bombers have claimed the lives of thousands of civilians since the start of the conflict.[110]

There were at least 23 attacks on health in 2017. In the deadliest attack, the Nigerian air force dropped two bombs on a displaced persons settlement on January 17 in Rann, Borno state, during an MSF vaccination campaign. The attack killed three MSF-contracted water and sanitation workers, six Red Cross volunteers delivering food aid, and at least 90 civilians.[111,112,113] Nigerian officials apologized for the accidental airstrike, faulting inadequate marking of the area, although Human Rights Watch had observed that tents were clearly visible from the air and there was an apparent Nigerian military compound barely 100 meters away from the bombing site.[114,115]

While perpetrators were unknown in most other cases, Boko Haram carried out four attacks on health facilities and one attack in which they looted medications.[116] In an attack on a town in Adamawa state in August, Boko Haram completely destroyed the town hospital, depriving inhabitants of their main health facility and leaving them no other option than to travel long distances to access medical care.[117] In August, two Boko Haram suicide bombers tried to attack Molai General Hospital in Maiduguri. Instead, two dogs attacked the pair and detonated their explosives, killing the suicide bombers and the dogs. In October, two suicide bombers again targeted Molai General Hospital. While trying to enter the hospital through the rear exit gate, they detonated the IEDs strapped to their bodies, killing themselves and damaging the gate. Though not attributed to the group, the second bombing also fits Boko Haram's pattern of attack.[118,119] On Christmas Day, Boko Haram fighters attacked the same town with firearms, stole two vehicles belonging to the hospital, and burned three civilians to death.[120] The perpetrators of other attacks are not reported.

Attacks affected at least 36 health staff—13 were killed, two were injured or assaulted, 15 were kidnapped, and six health workers experienced sexual violence. In February in Kogi state, unidentified gunmen attacked several members of the Ministry of Health, killing one.[121] In February, gunmen entered the home of a local traditional healer in Moro, Nasarawa state, killing his security guard. They abducted the traditional healer and later killed him.[122] In October, a local criminal gang in Delta state stormed the town of Enekorogha and abducted four British health workers in an optometry aid group. Though three were released in November, the gunmen killed Dr. Ian Squire, an optometrist from the group.[123]

In September, armed men entered a facility in Osun state, sexually assaulted six nurses, and stole property from both staff and patients.[124] In November, unidentified armed perpetrators attacked a team of Government of Nigeria health workers conducting a polio vaccination campaign in Borno state. While the health workers were not injured, the campaign was suspended, leaving some of the local population without access to the vaccine and further threatening efforts to eradicate the disease in the country.[125] In June, Boko Haram militants attacked a police-escorted convoy carrying medical supplies in Borno state, headed for the town of Damboa. While no medical staff were present, the event threatened the safe arrival of medications to Damboa.[126]

Kidnapping was the most frequent threat to medical personnel. Fifteen health workers were abducted in ten separate incidents in 2017, with eight of the victims being doctors. Attacks on health staff and facilities occurred most frequently in Borno state, the center of the Boko Haram conflict. Other attacks occurred most frequently in the south and central states, where nine of the ten reported kidnappings took place. Effiong Mkpanam, Cross River state chairman of the Nigerian Medical Association, called for immediate statewide strikes in response to any future doctor abductions, stating that in 2017, five doctors had been kidnapped in the Calabar area alone.[127,128] "We cannot continue to save the lives of others while ours is not secured," he stated.[129]

PAKISTAN

There were 18 attacks on health workers in Pakistan in 2017. Attacks on vaccination included abductions, deaths, or serious injuries to health workers and campaign guards. The attacks included close-range shootings by unidentified armed assailants[130,131,132] and in two cases improvised explosive devices apparently aimed at vaccinators were used by unknown armed men. One of the IED cases resulted in injuries; in the other case, no one was hurt but the attack resulted in suspension of the campaign.[133,134] (There were also cases of interpersonal violence against polio vaccinators that are not included here.) In one incident in the Tank district of Khyber Pakhtunkhwa, unknown armed persons abducted three polio workers conducting an anti-polio campaign.[135] At the time of reporting, one of the abducted workers had been rescued, with recovery efforts underway for the remaining two individuals.[136]

Though attacks on vaccinators remain a major concern, the fewer number of vaccinators killed—in particular those affiliated with anti-polio campaigns helped advance the Pakistan national polio program toward a "polio-free Pakistan." In the past year, Pakistan increased national vaccination rates from 85% in August 2016 to 92% in May 2017.[137] Simultaneously, incident cases for wild poliovirus decreased from 20 cases in 2016 to 3 in 2017.[138] In an effort to curb future attacks, the Pakistan National Polio Emergency Operations Centre (EOC), in its National Emergency Action Plan for Polio Eradication 2017-2018, has launched a targeted social mobilization campaign to promote vaccination activities and reestablish trust and acceptance for all health workers.[139]

Apart from attacks on vaccinators, in Peshawar, Khyber Pakhtunkhwa, armed gunmen opened fire at a doctor as she was traveling from her clinic to her home.[140] The doctor was injured and her driver was instantly killed.[141] ISIS tried to blackmail a female health worker in Rawalpindi, Punjab province by threatening the life of her 8-year-old son if she didn't pay Rs. 5 lakh (approximately US $7,530).[142] It is unclear if the health worker was affiliated with a local vaccination campaign. The motives for both attacks remain unclear.

SOUTH SUDAN

With the civil war entering its fifth year, the UN Office for the Coordination of Humanitarian Affairs estimates seven million people in South Sudan need humanitarian assistance.[143] Continued food insecurity, currently affecting 5.69 million people in South Sudan, and the threat of a repeat famine further compound this ongoing humanitarian crisis.[144]

Only roughly a quarter of health facilities in South Sudan have infrastructure that can be considered in good condition, and NGOs facilitate the provision of the majority of health care in the country.[145] Basic health indicators are either extremely poor or are missing entirely due to lack of reporting. Maternal mortality is one of the highest in the world, and the risk of outbreak of diseases such as measles and cholera is imminent due to crowded living conditions in displaced persons camps and lack of access to routine health care.[146]

In 2017, there were at least 37 events that affected health care—including 20 attacks on health workers and 11 on health facilities. In addition, provision of services was affected through staff evacuation and program

suspensions due to the security situation. Two specific access constraints were reported. In the majority of cases, there is no information on the perpetrators of these attacks, although they include both state actors and non-state armed groups. Perpetrators attacked health workers and facilities all over the country, including in Unity, Upper Nile, Western Bahr el Ghazal, Jonglei, Eastern and Western Equatoria, and Eastern and Western Lakes states.

Perpetrators looted 11 health facilities, totally destroyed two, and damaged three. In addition, armed actors entered a health facility in at least one instance.

Perpetrators kidnapped, assaulted, arrested, intimidated, injured, and murdered health workers in South Sudan in 2017. Six health workers were kidnapped, 11 injured or assaulted, six arrested, and there were three instances of health workers being threatened or intimidated. However, the most prevalent attacks on health workers were those resulting in their death: perpetrators killed a total of 12 health workers.

On September 8, gunmen shot and killed Lukudu Kennedy Laki Emmanuel, an ICRC staff member. The gunmen ambushed and fired at a convoy delivering essential aid in Western Equatoria state, hitting the vehicle he was driving despite it being clearly marked with the Red Cross emblem. As a result of the attack, the ICRC suspended operations across one-third of the country, the largest shutdown in operations by any aid group since the start of the civil war. Over 22,000 people in desperate need of aid were affected.[147]

In a separate event characterizing the nature of attacks on health care in South Sudan, an MSF clinic in Pibor was violently attacked for the second year in a row. In the early morning of July 13, six to ten men armed with guns stormed a 36-bed health facility that provides over 6,300 consultations a month to people needing outpatient, inpatient, and maternity care, as well as laboratory services. This attack resulted in two staff members being injured and forced the evacuation of other staff. Despite being the only organization providing health care in the area, MSF was forced to reduce services. "We are doing our best to provide essential medical care to people in Pibor who desperately need our assistance, but we need to be able to work in a safe environment," said Fernando Galvan, deputy head of mission for MSF in South Sudan. "We also need our patients to feel safe when they come to

the clinic. They should never have to worry about violent attacks happening within a medical facility. Hospitals must be safe places for patients and for medical workers providing them with healthcare."[148]

SYRIA

As the Syrian conflict moves into its eighth year, what was already one of the world's largest humanitarian crises has only grown worse. As of December 2017, the UN estimated that more than half of Syria's prewar population had been displaced—6.1 million people internally and 5.5 million registered as refugees in neighboring countries.[149,150] In addition, an estimated 13.1 million people were in need of humanitarian assistance, and 2.98 million were in hard-to-reach and besieged areas.[151,152] Though the UN stopped tracking deaths in Syria years ago due to an inability to keep up with the rapid pace, in February 2016, the Syrian Center for Policy Research estimated the death toll to be 470,000.[153]

Despite multiple attempts at ceasefires and peace talks mediated by the UN, the Syrian conflict continued to be characterized by a disregard for civilian welfare throughout 2017. The combination of attacks on health facilities and personnel, displacement of millions, siege and blockade of humanitarian aid, and the constant threat of injury and death have taken a catastrophic toll on the health and well-being of the Syrian population.

During 2017, PHR verified 38 individual attacks on medical facilities in Syria.[154] Out of these 38 attacks, 34 were perpetrated by Syrian government forces and/or their Russian allies; one by Jaish al-Islam, an opposition coalition based primarily in eastern Ghouta; and three by unidentified actors. PHR also received reports of attacks on medical infrastructure perpetrated by ISIS and international coalition forces but was unable to confirm the reports due to the difficulty of gathering information from ISIS-controlled areas.

The majority of attacks verified by PHR were air assaults: 31 were carried out by air-to-surface missiles and three involved barrel bombs, including one incident in which suspected Syrian government forces dropped a barrel bomb containing chlorine gas on a surgical hospital in northern rural Hama. Russian forces also used high-capacity missiles, such as bunker buster bombs, to break through hospital fortifications and caves built to protect medical spaces.[155] In addition, PHR documented two

mortar attacks, one raid, and one additional incident using an unknown weapon type.

Attacks on medical infrastructure in 2017 often occurred in clusters, during which multiple facilities in close proximity to each other were bombed repeatedly within a short time period. At the end of September, for example, PHR documented five aerial attacks on four of the main hospitals in Idlib province over the course of seven days. In one of these attacks, SAMS reported that the hospital was hit by five air-to-surface missiles, severely damaging the facility and rendering it completely out of service.

Attacks occurred most frequently in areas under opposition control. Eastern Ghouta, northern Hama, and southern Idlib were particularly affected, with 31 of the 38 attacks or roughly 81% occurring in these regions. PHR also confirmed incidents in Aleppo, Damascus, Deir Ezzor, and Homs.

While PHR could not verify any facility attacks in Raqqa due to the difficulty in accessing independent field sources, the offensive to release the city from ISIS control devastated its health care system. In September, the city was left with only one semi-operational hospital, which was severely under-equipped after years of humanitarian aid obstructions. Residents were often unable to receive care there due to the intensity of the airstrikes. Those who tried to flee to seek care elsewhere were at high risk of injury from ISIS landmines and snipers.

According to data collected by SAMS in 2017, 41 health facilities in Syria were forced to close permanently or temporarily due to damage sustained in attacks. SAMS data show that at least 20 medical personnel, four administrative staff, and 19 civilians—including seven children—were killed in these attacks and that 45 medical personnel, ten administrative staff, and 127 civilians were injured.

PHR recorded 20 deaths resulting from the 38 individual attacks that the organization verified. The two incidents with the highest fatality counts both killed at least four people. In one case, a high-impact missile suspected to be Russian hit Hama Central Hospital, causing the cave structure that housed the hospital to partially collapse. A mother, father, and daughter who were seeking treatment at the hospital were killed, and some sources reported the death toll to be over seven. In another incident, four medical staff members were killed in a

double-tap strike on Shamona Medical Point conducted by Russian or Syrian aircraft.

PHR also documented the deaths of 51 civilian health professionals, including those not killed in facility attacks, throughout 2017: 31 were killed by airstrikes, ten by artillery shelling, three by detention and torture, three by explosions, two by sniper fire, one by chemical attack, and one by kidnapping and execution.

With the absence of accountability or leadership from the international community, attacks on health facilities and deliberate obstructions to humanitarian aid persist in Syria with impunity. Ongoing aerial attacks and the Syrian government's tightening of the siege on eastern Ghouta have severely restricted access to health care for ~400,000 residents. The approximately 100 remaining doctors face an ever-decreasing supply of medication and equipment, as these items continue to be routinely removed from aid convoys entering the area. SAMS doctors in eastern Ghouta have reported outbreaks of contagious diseases, including salmonella, typhoid fever, measles, tuberculosis, and inflammatory liver due to the continued use of contaminated water sources.

In addition, the end of 2017 was marked by a devastating, dramatic intensification of attacks on medical infrastructure in the so-called "de-escalation zones." In the first week of January 2018, PHR verified at least six separate attacks on medical facilities in southern Idlib and northern Hama. In one case, Al-Salam Maternity Hospital, the only specialized maternal health facility in Ma'arat al-Nu'man city, which serves a population of 500,000 residents, was bombed by Syrian government or Russian forces. One missile hit the back wall of the delivery and labor section of the hospital, killing a newborn and father and forcing staff to remove premature infants from their incubators.

Given the continued attacks on health facilities into 2018, there is an urgent need for an effective cessation of hostilities and for accountability for these documented war crimes.

UKRAINE

It was only possible to obtain information on three specific events that impacted health care in Ukraine. Only these detailed events are included in the event count for Ukraine. However, various reports cited aggregate figures, which are presented in this chapter.

International security monitors found that 2017 was the most violent year since the beginning of the conflict between government and pro-Russian separatist forces in eastern Ukraine and was characterized by regular violations of the 2015 Minsk ceasefire agreement.[156,157] The conflict has resulted in tremendous damage to civilian infrastructure in the region, as well as heavy losses of civilian life.[158,159,160] Violence is most frequent in the Donetsk province of Ukraine, one of the key areas held by pro-Russian separatist groups, along with the Luhansk region.[161]

According to the WHO, since the start of the conflict, 160 health facilities have been shelled on both sides of the contact line that divides Ukrainian and separatist-controlled territories; 130 of these facilities remain either partially or fully nonoperational. More than 400 facilities report insufficient stores of medicine and other supplies.[162] Dr. Nedret Emiroglu, director of the Division of Health Emergencies and Communicable Diseases at the WHO/Europe, stated, "In the midst of Europe we are leaving millions of people with poor or no health care; hundreds of health facilities without infrastructures and medicines; and health-care workers with the fear of being shelled or having to leave their country. This is the situation in eastern Ukraine today."[163]

Disaggregated data on specific attacks in 2017, however, are largely unavailable. Two attacks, one that destroyed a hospital in the Donetsk region and another that killed a US health worker in the Luhansk region, were reported, along with continued disruptions to health facility operations due to heavy shelling in conflict areas.[164, 165, 166] The Russian hybrid military force was responsible for the hospital attack,[167] using large-caliber weaponry.[168] Meanwhile, pro-Russian separatist rebels were suspected of committing a lethal attack on a health worker.[169] The perpetrators of the shelling are unknown but are likely linked to the conflict within the region.[170]

Access to health care, medications, and humanitarian aid for the more than four million people affected by the conflict was severely impeded by shelling along the contact line, landmines in the vicinity of the crossings, and restrictions on civilian and ambulance travel across the contact line. Some towns and villages have no health facilities remaining, and in others, there are no health practitioners left.[171,172,173]

In villages including Dolomitne, Nevelske, Novooleksandrivka, Opytne, Pisky, Roty, and

Vidrodzhennia, no doctor or paramedic remains. Furthermore, Ukrainian Armed Forces or armed groups prevented ambulances from entering, or else the ambulance operators refused to enter at night because of security dangers. In areas where ambulances are not allowed, civilians must rely on military staff or members of armed groups to be transported to a hospital.[174]

YEMEN

Since March 2015, ongoing airstrikes in Yemen by the Saudi Arabia-led coalition and ground fighting between the Houthis and Yemeni government forces and their allies have targeted numerous civilian areas, oftentimes repeatedly. By the end of 2017, more than 55% of the country's medical facilities had closed due to attacks and lack of staff, medical supplies, and funding.[175] Widespread disruptions to health care access from ongoing conflict, attacks on medical facilities and personnel, and the systematic denial of lifesaving humanitarian aid have had devastating impacts on children's health. Tens of thousands of civilians continued to suffer or die from preventable or easily treatable diseases. In 2017, a cholera epidemic wracked the country.[176] Just as the cholera crisis began to ebb, diphtheria started to rise,[177] and the country remained on the verge of famine for a second year.[178]

In 2017, there were at least 23 attacks on health workers and facilities, two attacks on patients, and at least 76 incidents of denial of humanitarian access. The main perpetrators of attacks include the Saudi Arabia-led coalition, the Houthis, and Yemeni government forces; several incidents were also perpetrated by unidentified assailants.

The Saudi Arabia-led coalition carried out at least five attacks and denials of access, the Houthis at least three, Yemeni government authorities at least three, and unidentified assailants and others at least 12. However, denials of humanitarian access are particularly challenging to quantify. For example, in November, the Saudi Arabia-led coalition implemented a full blockade of all humanitarian and commercial supplies by land, sea, or air, which came after months of severe import restrictions that had pushed the country to the brink of famine. The coalition formally lifted the blockade by December, though it continued to impose a range of bureaucratic impediments (e.g., delaying or denying the issuance of visas to humanitarian workers) that

significantly limited the import of food, fuel, medicine, and other humanitarian aid. By the end of the year, UN leaders, who had already designated Yemen as the world's worst humanitarian crisis, declared that the blockade imposed by the Saudi Arabia-led coalition made "an already catastrophic situation far worse."[179]

The number of incidents documented in 2017 is much smaller than in 2016; however, this is not an indicator of fewer attacks and denials of health care access, but rather the narrowing space for humanitarian and human rights organizations throughout the country. Publically available information was very limited in 2017 compared to the preceding year, yet the number of airstrikes increased. For example, in just the first six months of the year, there were more airstrikes in 2017 than in all of 2016.[180]

ATTACKS AND DENIALS OCCURRED MOST FREQUENTLY IN TAIZ, SANAA, SAADA, AND HODEIDAH GOVERNORATES. AIRSTRIKES WERE THE MOST COMMON TYPE OF ATTACKS ON HEALTH FACILITIES, WITH AT LEAST FIVE ATTACKS OCCURRING.[181] IN AT LEAST TWO INCIDENTS, UNIDENTIFIED ASSAILANTS FORCIBLY ENTERED MEDICAL FACILITIES.[182] THREATS, INTIMIDATION, OR DETENTION OF STAFF WERE THE PREDOMINATE TYPES OF ATTACKS CARRIED OUT AGAINST HEALTH WORKERS. AT LEAST NINE HEALTH WORKERS WERE ARRESTED.[183]

The Saudi Arabia-led coalition and the Houthis imposed multiple and varied forms of access constraints, including the total blockade imposed by the coalition in November,[184] and ongoing bureaucratic access impediments and denials at checkpoints imposed by both parties. Parties to the conflict looted more than 900 units of humanitarian or medical supplies (e.g., humanitarian kits and nutritional supplements).[185]

Tens of thousands of people were prevented from accessing health care as a result of these attacks and obstructions, which caused temporary closures of facilities or suspended humanitarian operations.

OTHER COUNTRIES OF CONCERN

BURKINA FASO

Insecurity in Burkina Faso's northern regions rose in January 2017. The threat of attacks near the Malian border impacted health, as well as education and food services.

Three cases of reduced health care following measures to protect staff due to insecurity were reported. Following a terrorist attack in early 2017, three village health centers in Soum province closed, depriving more than 38,000 people access to essential health services. The newly formed terror group Ansarul Islam[186] is thought to have been responsible for these attacks. At least one other village health center in nearby Seno province closed because it was located next to a police station, which was a target of the terrorist group.[187]

CAMEROON

With protracted conflict in neighboring Nigeria and the CAR, Cameroon continues to suffer the effects of regional instability.[188] Boko Haram, the Nigeria-based militant group seeking to establish an Islamic caliphate in the Lake Chad Basin, frequently launched attacks in Cameroon in 2017.[189,190] According to UN officials, over 60 suicide attacks, mostly linked to Boko Haram, occurred in the Far North region in 2017.[191] Amnesty International reports that countrywide attacks by the group in 2017 claimed the lives of over 250 civilians,[192] with the UN confirming that at least 100 children had been killed in the first half of the year alone.[193] The government of Cameroon also perpetuated human rights abuses in the fight against Boko Haram.[194] In addition, the country saw a surge in violence rooted in the longstanding internal conflict between the country's anglophone region and the French majority government.[195]

Two attacks on health care were reported. On June 27, Boko Haram attacked a health center in Alagarno in the Far North region, killing one health worker and looting the center of medication.[196,197] In April, in the same region, a soldier threatened the head of an NGO-supported health center.[198]

EGYPT

Egyptians have experienced a widespread campaign of arbitrary arrests, detentions, and enforced disappearances since Abdel Fattah al-Sisi became president in July 2013. Throughout 2017, the government maintained its zero-tolerance policy toward dissent, which has led to the imprisonment of tens of thousands of people. Egyptian government forces are also combatting an insurgency in Sinai.

Eight events affecting health care were reported. Three attacks on health facilities were reported in Sinai, although only on caused damage. According to the WHO, on February 7, militants used IEDs to damage a health facility located in El Sabil village, at the entrance to Al-Arish in North Sinai. In March, the Egyptian armed forces defused an explosive device near Arish's public hospital. According to the WHO and MENASTREAM, in May, the Islamic State (also known as ISIS) claimed responsibility for the detonation of an IED on a police vehicle near the "Fevers Hospital" south of Al-Arish.[199]

Three attacks on health workers were perpetrated by police, although it appears the officers were misusing their authority rather than furthering government policy. On January 24, a police officer assaulted a nurse who would not allow him to visit his father at the intensive care unit of Belbeis Central Hospital outside visiting hours. Nurses gathered to protest the attack, and services at the hospital were temporarily suspended.[200] On September 11, a police officer, along with his brother and nephew, beat a neurologist at Shebin El Koum Educational Hospital for refusing to provide him with priority care. The doctor was treated for a concussion and an eye injury.[201]

There were two reports of access constraints. On February 9, Egyptian authorities physically shut down a clinic run by the Al Nadeem Center for the Rehabilitation of Victims of Violence and Torture, an NGO. The center cares for approximately 250 cases a month and has documented 14,700 torture cases and 1,000 cases of domestic abuse over the last 20 years. Suzan Fayad, the center's director, said, "We stopped documenting torture cases for the public reports two years ago. We've been doing it for 20 years, but we are now too worried about our victims' safety and wellbeing."[202]

Egypt continues restricting passage in and out of Gaza through the Rafah border crossing. The crossing has been closed since 2007 and only opens intermittently for three to five days every few months. On August 18, Egyptian authorities prevented an Algerian aid convoy from entering Gaza through the Rafah crossing. According to sources, the Egyptian authorities forced the convoy, which comprised 14 trucks carrying medicines, medical equipment, and electricity generators for Gaza's hospitals, to return to Algeria despite having all the required documents.[203]

ETHIOPIA

The conflict in Ethiopia's Oromia and Somali regions, exaggerated by drought, has left 200,000 to 400,000 people displaced, with violence on both sides.[204] In 2017, there were two attacks on health facilities or transport, apparently linked to the conflict.

On September 7, Oromo militia armed with machetes attacked patients in a hospital near the city of Moyale and killed four people.[205] A resident of Moyale and a relative of one of those killed said, "I can confirm the death of four people killed with knives and machetes. They were patients who sought a medical care to a hospital in Oromia region."[206]

In July in Ambo, Oromia region, unknown perpetrators attacked and burned a bus and a marked health minister's vehicle. Opposition leaders claim that the government was using these vehicles to transport troops in the area.[207] The Safeguarding Health in Conflict Coalition cannot confirm the opposition account.

LIBYA

Clashes between armed groups and two competing governments (the UN-backed Government of National Accord and the interim government supported by the Libyan National Army) threatened the safety of health workers and the delivery of health care for Libyans in 2017. The public health system has deteriorated—almost 75% of health facilities are closed or are only partially functioning.[208]

Fifteen attacks on health care were reported from Libya, which affected 11 health workers, of which seven were kidnapped, two assaulted, and two threatened. On

February 4, unidentified gunmen kidnapped Dr. Abu Ghanem Baruni of the Tripoli area's Al-Masara clinic.[209] Later that same month, gunmen identifying themselves as members of the Libyan National Army assaulted Milad Al-Hadiri, a nurse at Benghazi Medical Center, at work; he suffered a broken arm and bruises.[210] On December 9, an armed man threatened two nurses at al-Jalaa Hospital in Benghazi.[211] On April 11, a group suspected to be affiliated with ISIL kidnapped an Algerian nurse who worked at Misrata Central Hospital.[212] On November 17, an unknown group kidnapped Salem al-Selhab, a doctor at Sabha Medical Center, southern Libya's largest hospital, leading to a ten-day strike.[213] Osama al-Wafi, a spokesman for the center, commented on Selhab's kidnapping and said, "For a long time the medical staff of the Sabha Medical Centre have suffered attacks, abuse and been shot at. This doctor was very important."[214]

On February 1, local gunmen shot and killed three patients at the Al-Afia medical center in Gasr Ben Gashir, Tripoli district, Tripolitania region.[215]

After a security staff member attacked a doctor, medics of the emergency unit at Al-Jalaa Hospital in Benghazi suspended work to protest unsafe conditions on May 5.[216] In August, MSF suspended its work rescuing migrants in the Mediterranean Sea because of alleged threats from the Libyan coast guard.[217]

Five attacks on health facilities were reported: these included damage to and armed entry into facilities. On April 30, an armed attack occurred at Sabha Medical Center, which disrupted care and caused panic to patients at the center.[218] Health care at Sabratha Hospital in Tripolitania region was disrupted as rocket shells hit the facility and an ambulance in September. Clashes between Abu Zamna and the Anas al-Dabashi battalions against ISIL also took place in close proximity to the hospital.[219,220]

Kidnappings, in southern Libya in particular, have led to a decrease in the number of health workers, threatening an already fragile health system.[221]

MALI

Since the Tuareg revolt in 2012, followed by a military coup and the proliferation of armed groups linked to

Al-Qaeda, Mali has endured ongoing instability and violence despite multiple attempts, backed by the international community, to restore order.[222,223] The United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) is one of the most dangerous peacekeeping missions in the world: attacks have killed 155 peacekeepers since 2013.[224] The conflict has placed extreme hardship on civilians, particularly in the north, with an estimated 47,000 people internally displaced, more than 136,000 refugees in neighboring countries, and one in five Malians living with food insecurity in early 2018.[225,226]

In 2017, there were 14 reported incidents against health care structures and staff, most in the north of the country. In all but two cases (both kidnappings), the perpetrators remain unidentified. There were seven incidents of robbery or looting at medical offices and compounds, at a health center, or on the road. In June, MSF suspended all activities in the Kidal region, following three robberies at its compounds and an attempted warehouse robbery in less than one month.[227] Five ambulances were stolen or hijacked, one destroyed, and one damaged. In one instance, unidentified gunmen shot a driver while attempting to seize his Health Department vehicle.[228] There were two cases of armed entry into medical facilities, one in combination with the looting of medical supplies.[229,230,231]

Seven health staff were abducted during the year. In Kadial, unidentified armed men kidnapped a humanitarian worker and two medical staff, seizing their vehicle, and in Dioura, presumed jihadists abducted the president of a community health organization.[232] In Gao in October, armed men abducted two medical staff on the road, who were released unharmed a few days later.[233]

In February, armed intruders abducted Sister Gloria Cecilia Narváez Argoti from her home in Karangasso, in the Sikassi region of the south, where she helped run a health center. Her kidnappers, who forced her to hand over keys to an ambulance (later found abandoned), claimed loyalty to jihad; she later appeared in Jihadist videos.[234,235,236] Human Rights Watch reported that in the beginning of 2018, the nun and five other foreigners were still in the custody of Jihadist groups.[237]

UNICEF reported 59 attacks on hospitals and schools (without differentiating between them) and 109 incidents of hindrance of humanitarian access.[238*,239] The UN High Commissioner for Refugees reported that two aid staff were injured by shots fired at their vehicle in Timbuktu in August,[240] and four ICRC staff were abducted in May while surveying humanitarian needs in the central region, but were released days later.[241] Early in January, an ICRC staff member was shot dead while off duty visiting family in Gao.[242]

MYANMAR

In Myanmar in 2017, the Tatmadaw (national armed forces) widely impeded access to health care and humanitarian aid for internally displaced populations in Kachin, northern Shan, and Rakhine states.[243,244,245] In Myanmar's western Rakhine state, the primary settlement area of the persecuted Rohingya ethnic group, intensification of Tatmadaw military action against the Rohingya population resulted in drastic restrictions to health care and aid access.[246] An examination of humanitarian access in 37 countries over the latter half of 2017, conducted by Geneva-based humanitarian information provider ACAPS, led the group to declare Myanmar as "the country where humanitarian access has deteriorated the most."[247,248]

Four events affecting health care were reported. One health worker was killed after having been dragged out of his home on June 29 and hacked to death by approximately ten unidentified perpetrators "wearing black masks and holding hatchets and knives."[249] Aid workers were threatened by locals as they were loading humanitarian supplies on a boat; the mob believed the supplies were intended for the Rohingya.[250] Two reports detailed access denials for health workers in Rakine and Kachin states.[251,252]

The UN Office of the High Commissioner for Human Rights found that in August 2017, after an alleged attack by an insurgent Rohingya group on police and army posts in northern Rakhine state, Myanmar security forces launched attacks on the Rohingya population in northern Rakhine in a "well-organised, coordinated, and systematic manner," destroying villages and forcing more than 500,000 people to flee.[253] The UN High Commissioner described the government operations

in northern Rakhine state as "a textbook example of ethnic cleansing."[254] A population-based survey conducted by MSF in refugee settlement camps in Bangladesh estimated that at least 9,400 Rohingya died in Rakhine state in the month after the campaign began, with more than 70% of them from violence.[255]

Immediately following the events in August 2017, the government of Myanmar restricted all aid distribution to Rakhine state from UN organizations and 16 major NGOs, including the International Rescue Committee (IRC), Save the Children, and World Vision International.[256,257] The IRC, which was working in 14 refugee camps in central and northern Rakhine prior to the August attacks, reported that tens of thousands of people were out of reach of life-saving aid.[258,259] Community health workers remaining in internally displaced person camps in Rakhine state after the August events described a dire situation with no food assistance, health care, or medical supplies.[260,261] An IRC community health worker who remained in Sittwe, Rakhine state described the conditions of one camp:

"After August 25, nobody was coming in, and health emergencies began arising. I had six women in my area in the camp who needed to give birth during one week alone. Two of these were complicated pregnancies. Because we were cut off from help and could not call an ambulance or go to a hospital, one baby was a stillbirth, and the other survived only a few minutes before dying in front of us."[262]

NIGER

The conflict in Niger is centered in the Diffa region in the southeast portion of the country, along the border with Nigeria. The Nigerian government first declared a state of emergency in the region in 2015. Diffa's extreme Sahelian climate combined with the violent extremism of Boko Haram from northern Nigeria has affected access to health care.[263] Boko Haram's kidnappings, bombings, and assassinations have led to the displacement of more than 200,000 people in one of the poorest countries in the world.[264]

Four attacks on health workers and facilities and instances of restricted access to health care took place in the Diffa region in 2017. On March 19, Boko Haram fighters looted a health center in Boudoum and took vaccines, food, and oil, and shot a civilian in

the leg.[265] On April 9, Boko Haram attacked the same health center and looted medicines and food.[266] On May 2, an unspecified armed group forcefully entered and looted two NGO-supported health centers in Boudoum and Tam simultaneously, causing major damage to both centers.[267] This incident led to the NGO restricting staff movement to the health centers after 5:30 p.m.

In addition to these attacks, health care in refugee camps in Diffa continued to be restricted, and access to care was also limited by early evening curfews and a ban on motorcycle travel.[268]

SOMALIA

Continued armed conflict in Somalia involves state security forces, the Islamist group Al-Shabab, African Union troops, and local militias, in addition to clans competing over power and resources. The conflicts have displaced much of the population and have increased their vulnerability to violence.[269]

Three attacks against health care were identified: two affecting health workers and one reported looting. Five health workers were reported killed, four kidnapped, and one injured. In April, Al-Shabab militants kidnapped four Somali nationals working for the WHO on a polio vaccination campaign in Luuq in Gedo province.[270,271] Before the kidnapping, the health workers received death threats, as Al-Shabab objected to vaccination programs in districts it controls.

On October 15, a truck bomb exploded at a major intersection in Mogadishu, and a second bomb exploded two hours later in another part of the city. The bombs killed more than 500 people, including five Red Crescent volunteers. Al-Shabab did not take responsibility, but patterns suggest that members of that group perpetrated the attack.[272,273]

SUDAN

Years of conflict in Sudan have displaced large segments of the population and impacted access to health care. According to OCHA, 4.8 million people in Sudan need humanitarian assistance and 4.3 million need health-related assistance.[274] Only 64% of the Primary Health Care facilities across Sudan are fully functional, and only 24% of those facilities offer the full array of Primary Health Care services.[275]

Parties to the conflict—including the government of Sudan and the Sudan People's Liberation Army-North—have obstructed access to humanitarian aid. Since the conflict began in 2011, they refuse to allow aid into opposition-held states of South Kordofan and Blue Nile.[276,277] A report by Human Rights Watch details how women in the two states do not have access to family planning or maternal health services, including prenatal care or safe delivery.[278]

In 2017 a total of thirteen attacks on health care were reported in Sudan, affecting five health workers. One health worker was killed, two were assaulted or injured, one was threatened, and one was arrested.[279,280,281,282] For example, on May 9 at Wad Medani Hospital in El Gezira state, security police interrogated and verbally and physically abused Dr Mohamed Atiya, an internal medicine specialist in the hospital's emergency ward. Other doctors in the ward went on strike, only responding to critical cases, and filed a complaint against the security police.[283]

In addition, there were two armed entries into and looting of medical facilities were reported,[284,285] and four ambulances were hijacked.[286,287,288,289] For example, on May 11, an armed group dressed in military uniforms stormed a hospital in El Fula, West Kordofan and stole SDG200,000 ($29,768). The money was intended for paying health worker salaries and doctor incentives.[290]

THE PHILIPPINES

In the Philippines, there were five attacks on health workers and facilities in 2017. Four health workers were killed and one kidnapped. Three reported incidents occurred in the southern island group of Mindanao,[291,292,293] a historically volatile region due to conflicts between the largely Muslim population and the Christian-majority central government.[294] The remaining two incidents occurred in Cebu and Bohol provinces.[295,296]

On May 23, members of the Islamic State-affiliated Maute group stormed the Amai Pakpak Medical Center in the Islamic City of Marawi, in Lanao del Sur province of Mindanao island.[297] The attack occurred in the wake of what is now known as the Battle of Marawi, a five-month-long conflict between Philippine government security forces and local militants affiliated with ISIL.[298]

During the three-day hospital siege, Maute fighters ordered PhilHealth employees out of the hospital while taking 120 people hostage, including hospital staff, patients, and hospital construction workers.[299,300,301] Government troops eventually rescued the hostages and retook control of the hospital. Prolonged firefight between Maute insurgents and Filipino Armed Forces destroyed portions of the hospital facilities, and the hospital was forced to close for three weeks.[302] At least two policemen, five Filipino soldiers, and 13 Maute fighters died, one of whom was a doctor from Yahya.[303,304] While full information on civilian casualties is unavailable, bystander reports indicate that the Maute militants likely targeted Christian patients and doctors during this attack.[305,306] The fighting forced thousands of people to flee the area.[307]

On September 19, an unknown man threatened to bomb Borja Family Hospital in Tagbilaran City in Bohol province via a phone call to the hospital information desk.[308] Hospital staff quickly alerted the Bohol Provincial Police, who dispatched Special Weapons and Tactics personnel and an Explosives and Ordnance team to the site.[309] Patients and hospital staff were evacuated for an hour, but did not find a bomb, and all medical services were suspended during the sweep of the building.

In March, a gunman shot and killed Dr. Dreyfuss Perlas, a government-employed Doctors to the Barrio program doctor, in Lanao del Norte province while he was driving his motorbike.[310] In April, a gunman impersonating a patient killed Dr. Sajid "Jaja" Sinolinding, an an ophthalmologist, in his clinic in Cotabato city,[311] as well as his security escort.[312] In February, nonstate actors kidnapped and beat a medical intern in Cebu city.[313] The victim, identified as Julian Inaki Larrazabal Garcia, was the grandson of the owner of Cebu Doctors University Hospital.[314] It is unclear as of this report whether this familial relation is correlated with the motive for the attack.[315]

TURKEY

The Syrian refugee crisis and the Kurdish-Turkish conflict have exacerbated the human rights situation in Turkey.[316] Five attacks against health care were reported from Turkey in 2017. Seventeen health workers were affected: one health worker was killed and 16 were arrested. On April 24, Dr. Serdar Kuni was convicted of "aiding and

abetting terrorist organizations" and was sentenced to four years and two months imprisonment on charges stemming from treating alleged members of armed Kurdish groups. He has since been released to await his appeal.

One health clinic was damaged and one was forced to closed.[317]

On March 7, the Turkish government revoked the registration of Mercy Corps, a US-based NGO, disallowing it from operating in the country. Turkish officials then demanded staff lists and registration documents from six other western NGOs and relief agencies in Gaziantep and Hatay.[318] On April 20, police detained 15 Mercy Corps staff members in Gaziantep on grounds of problematic employment permits. Four of them were deported on April 25, while the remaining 11, all Syrian nationals, were held for deportation back to Syria.[319]

In September, a mobile health clinic was damaged in an airstrike near the Syrian border. Patterns suggest the attack was perpetrated by Syrian or Russian forces. The incident restricted staff movement.[320]

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- The Afghanistan section was written by Christine Monaghan of Watchlist on Children and Armed Conflict.

- The Egypt section was written by Jaafar Fakih of Defenders for Medical Impartiality.

- The oPt section was written by the Medical Aid for Palestinians Advocacy and Campaigns team.

- The South Sudan section was written by Nora Hellman of the Johns Hopkins Center for Humanitarian Health.

- The Syria section was written by Brooke Sauro of Physicians for Human Rights, with contributions from Sahar Atrache of the Syrian American Medical Society. The section was edited by Marianne Møllmann of Physicians for Human Rights.

- The Yemen section was written by Christine Monaghan of Watchlist on Children and Armed Conflict.

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- The Burkina Faso, Libya, Somalia, and Turkey sections were researched and written by Casey Bishopp of IntraHealth International.

- The Myanmar, Pakistan, Philippines, and Ukraine sections were researched and written by Sandra Hsu Hnin Mon of the Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health.

- The Niger section was researched and written by Fikre Keith of IntraHealth International.

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الحدلله عليه سلامة فوادر الدكتور داود الحميني

حيث تم استهداف مستوصف ابن سينا ءانيء بالطبي في سبع

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Photo of destroyed ambulance in Syria courtesy of the Syrian American Medical Society (SAMS).

SAFEGUARDING
HEALTH
IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 35 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org