Agency Coordinating Body for Afghan Relief & Development

Impact of Transition on Health Care Delivery

The security transition in Afghanistan is entering its final phase in 2014, with partial withdrawal of foreign operating forces planned for December and completed for US forces for end 2016, accordingly with NATO's timeline and President Karzai's demand. Already, since mid-2013, the Afghan government has assumed the lead of all combat operations in the country, after the final transfer of the security responsibility to the Afghan Military Forces took place. In this context, ACBAR would like to focus on the lack of support for ANSF and the consequent impact on civilian health care system.

Increased conflict related civilian casualties

In the meantime, the conflict between pro-government forces and armed opposition groups is escalating, as the number of civilian and Afghan military casualties in 2013 shows. Indeed, last year saw a record high number of civilian casualties.[1] According to the UN Mission in Afghanistan (UNAMA), 2,959 civilians were killed in 2013 and 5,656 injured, a 14% increase in total civilian casualties compared to 2012, consistent with the numbers of 2011 which were themselves a record.[2] UNAMA specifies that "*increased ground engagements […] with civilians caught in the crossfire was a new trend […] causing 27 percent of all civilian deaths and injuries in 2013*"[3], the second leading cause of civilian casualties countrywide, and a 43% increase compare to 2012. UNAMA further explains that "*this 'fog of war' dynamic reflects the changed nature of the conflict in Afghanistan in 2013 which was increasingly being waged in civilian communities and populated areas with civilians caught in the cross fire*".

As OCHA[4] states "*2013 witnessed a significant increase in reported weapon-wounded patients [77% increase compared to 2012], as a direct impact of the conflict, challenging an unprepared health system.*

[1] UNAMA, "2013 Report on Protection of Civilians in Armed Conflict", February 2014 at www.unama.unmissions.org/Portals/UNAMA/human rights/Feb_8_2014_PoC-report_2013-Full-report-ENG.pdf, accessed 18 May 2014

[2] Since 2008 and the beginning of the UNAMA data recording process

[3] UNAMA, "2013 Report on Protection of Civilians in Armed Conflict", February 2014 www.unama.unmissions.org/Portals/UNAMA/human rights/Feb_8_2014_PoC-report_2013-Full-report-ENG.pdf, accessed 18 May 2014

[4] 2013 Humanitarian Needs Overview

Several security incidents resulted in mass casualties, which exposed the unpreparedness of health services to respond at scale to trauma victims."[5]

As a result of this increased level of insecurity combined with poor access to health services in the most affected provinces, the access to emergency trauma care and health services are considered the number one priority by the CHAP 2014.[6]

Record high casualties in the Afghan military forces

At the same time as civilian casualties rose, record high numbers of national security troops killed in combat in 2013 were reported by the US Department of Defense in November 2013. This report said that the number of Afghan security forces saw an 80% increase in number of troops killed during the summer 2013, compared to the same period in 2012.[7] According to a Washington Post article from 2013, "*About 250 Afghan soldiers and police officers die every month, a toll far higher than that suffered by Western troops in their deadliest period*". Moreover, the report points out, the high number of casualties and the limited ability of the army to evacuate the injured "*adversely affect moral, retention and recruiting*", with 34% of attrition rate during the same period.[8]

Because of the security transition, Afghan military forces face reduced air support from the international military forces. The Afghanistan Analyst Network (AAN) published an article on the subject stating that: "*if Afghan troops are wounded in a fight, their best chance for survival is medical evacuation (MEDEVAC). This is a mission of critical importance in a country like Afghanistan, where transport by road is problematic, thanks to a combination of poor infrastructure and the ongoing threat of roadside bombs*".[9]

However, as reported by a Washington Post's article from 2013: *"For the past decade, the Afghan army has relied on hundreds of American helicopters to pluck wounded soldiers from remote battlefields and outposts. Now, the U.S. helicopters are leaving Afghanistan just as the country's army embarks on its toughest fight, assuming formal responsibility for security this summer. The Afghan air force has 60 helicopters, but many are out of commission at any given time, and none is dedicated solely to casualty evacuation (…)American officials acknowledge that Afghan pilots will be able to evacuate only a fraction of wounded soldiers and police officers. Last year [in 2012], the United States evacuated 4,700 Afghan soldiers by air, compared with the Afghan air force's 400".* Furthermore, according to a US Colonel cited in this article *"there's no way the Afghan air force will be able to cover what we've been covering".*

[5] UNAMA, "2013 Report on Protection of Civilians in Armed Conflict", February 2014 www.unama.unmissions.org/Portals/UNAMA/human rights/Feb_8_2014_PoC-report_2013-Full-report-ENG.pdf, accessed 18 May 2014

[6] Action Plan developed by OCHA, in close partnership with the humanitarian community in Afghanistan, in particular humanitarian NGOs

[7] Summer is traditionally the fighting season in Afghanistan, as the weather improves and allows increase movement across the mountainous country.

[8] *Ibid.*

[9] Afghanistan Analyst Network, Gary Owen, July 11th 2013, "Another Post-2014 Capability Gap: Spin and reality of the Afghan air force's readiness", at http://www.afghanistan-analysts.org/another-post-2014-capability-gap-spin-and-reality-of-the-afghan-air-forces-readiness, accessed 18 May 2014

On the air coverage, AAN also added that "*while there are plans to purchase an additional 30 Mi-17 helicopters from Russia, those are not going to be nearly enough to fill the gap left by the departure of coalition airpower*".

Increase reliance on the civilian health-care system by the Afghan military

Thus, confronted with increased casualties in their rank, Afghan troops increasingly depend on ground evacuations for their injured.[10] However, because of the complicated geography of the country and the high security threats on any ground transportation, according to new data from NGOs, the ANSF often have to make use of civilian health services, instead of military ones, in order to try to save the lives of their recruits. Recently, a number of armed Afghan Local Police came to a CHC along with a patient. Before entering the clinic, the NGO guard prohibited the ALP from carrying their weapons inside the clinic, and asked them to put the weapons aside. The ALP officers refused, and insisted that they be allowed in the clinic with their weapons. The verbal discussion quickly deteriorated and the ALP officers attacked the clinic guard, physically assaulting him and eventually breaking his leg in a violent altercation. The guard has been admitted to the provincial hospital for treatment.

By doing so, they increase the burden on an already fragile, hard-pressed and unprepared civilian health system and on the NGO's implementing health care. Still in the Washington Post article, an unnamed US official is quoted saying that there was no "*proper trauma care in place*" in the country to take care of the increasing number of civilian casualties. Moreover, they often do not respect the immunity of the health services, by entering facilities with armed weapons and forcing medical staff to prioritize their patients. The priority for medical care should be based on need and not on the threats. Finally in their search for health services; looting cases, in-facilities search operations; harassment, threats and intimidation have been regularly reported.

Indeed, according to UNAMA, "*attacks against healthcare facilities and personnel increased in 2013*". They documented 32 incidents, compare to 20 in 2012. The majority of incidents involved "*threats, intimidation and harassment, followed by abductions and targeted killings of medical personnel*". UNAMA received multiple allegations of occupations, looting and search operations by all parties to the conflict, in direct contravention with international humanitarian laws that prohibits attacks against staff and facilities.

As the Safeguarding Health in Conflict Coalition said at the occasion of the releasing of their report Under Attack: Violence against health workers, patients and facilities: "*When health workers and hospitals are attacked, people can't get medical care and trained professionals flee areas where they are urgently needed*". [11]

A complex context for Non-Governmental Organizations

[10] Washington Post, "Without US helicopters, Afghans struggle to save wounded", May 20th 2013, at http://www.washingtonpost.com/world/asia_pacific/without-us-helicopters-afghans-struggle-to-save-wounded/2013/05/19/2856b772-b64e-11e2-b568-6917f6ac6d9d_print.html, accessed 18 May 2014.

[11] Reports that partially focus on the situation in Afghanistan.

After more than three decades of violent conflict, Afghans are longing for peace. With the current international military mission coming to an end on 31 December 2014, the context for peace talks may be changing. However, humanitarian principles are in real danger. The reconciliation context is complex and Afghanistan may be defined as an on-going civil war; comparing 2013 with 2011, the most violent year since the current phase of the Afghan war started, more civilians have been injured and almost as many have been killed. 2014 is already a very volatile year with a total of 5904 security incidents reported in the first quarter of 2014. Of these, 3059 incidents[12] were attributed to the armed opposition, 2234 to the Afghan Security Forces, 200 to the International Forces and 411 to armed criminal groups. The humanitarian space is shrinking and sometimes, not even respected as space is contested by all actors including GoA, AOGs and criminals. Indeed, Afghanistan leads in absolute number of attacks on NGOs; in 2013 NGOs were impacted in 229 security incidents, and so far in 2014, 79 incidents.

Understanding the context is crucial for NGOs as 30 aid workers were killed and 73 injured during 2013 while 14 aid workers have been killed so far during the first 5 months of 2014 in Afghanistan.

Need for protection of the health care sector and respect of International Human Rights and Humanitarian Law

As a coalition of humanitarian and development organizations, our obligations are toward the Afghan population that we serve, support and aim to protect from risks. This means in particular, ensuring the safe and unhindered access of the people to health care, an essential and basic service. Respect and protection of medical personnel, facilities, including vehicles, and patients is essential in order to allow for the provision of timely, often life-saving, medical assistance to civilians, as it is their right.

Deliberate attacks on health facilities and failure to provide access to patients and protection against damage are often violations of international laws. Such attacks and abdications of responsibilities of access and protection of facilities, personnel and vehicles performing their exclusively medical tasks are strictly prohibited under international human rights humanitarian law. The Safeguarding Heath in Conflict Coalition's report underlines that: "*In compliance with international humanitarian law, parties to an armed conflict must ensure the respect and protection of patients as well as health workers, facilities and transportation. It is also an obligation under human rights law for governments to ensure access, without discrimination, to primary health care and 2nd level Health care*".

The ICRC also states the following: "*Health-care personnel must not be hindered in the performance of their exclusively medical tasks. They must not be harassed or punished for performing activities compatible with medical ethics, compelled to perform acts contrary to medical ethics, or forced to refrain from acts required by medical ethics. […] Medical vehicles must not be attacked, stolen or otherwise interfered with, regardless of whether they are military or civilian." " Health-care facilities must be*

[12] ACBAR members data

spared the effects of conflict, including forcible interference with their functioning by , for instance, depriving them of electricity and water."[13].

Humanitarian organizations as medical NGOs are working impartially and independently to deliver much needed aid to the Afghan people who need it the most, irrespective of ethnic identity, religion or political beliefs.

In the current context, where Afghanistan still faces major challenges such as the high vulnerability to natural disasters, one of the worst levels of poverty in the world, an increase in crime and an intensification of a conflict that has been ongoing for more than 30 years, NGOs – both local and international – play, and will continue to play, a critical role in providing relief and development aid to people in need, in all 34 provinces of Afghanistan, often in areas where other service providers have limited or no access.

ACBAR - the Agency Coordinating Body of Afghan Relief and Development - calls upon ANSF to end all forms of violence against health facilities and to the medical staff. ACBAR highly request from ANSF to create an internal mechanism of protection of civilians in armed conflicts. ANSF should conduct training for military personals on civilian protection according to Geneva Conventions. ACBAR also reiterate its strong condemnation of any attack, intimidation, violence or threats against medical staff. We appeal to organize and support an army medical support for the soldiers (Roll 1 in each provinces and Roll 3 in each region) and to follow the humanitarian law – the protection of the health facilities.

[13] Health care in Danger: A harsh reality