



IMPUNITY MUST END: Attacks on Health in 23 Countries in Conflict in 2016

**SAFEGUARDING
HEALTH
IN CONFLICT**

Center for Public Health
and Human Rights



Center for Humanitarian Health



SAFEGUARDING HEALTH IN CONFLICT COALITION MEMBERS

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Consortium of Universities for Global Health

Defenders for Medical Impartiality

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Physicians for Human Rights

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Save the Children

Surgeons OverSeas (SOS)

Syrian American Medical Society

University Research Company

Watchlist on Children and Armed Conflict

World Vision

Cover photo: Hospital in the Kurdish-majority city of Cizre, Turkey, damaged during a 79-day curfew imposed by Turkish authorities. Photo by Human Rights Foundation of Turkey.

TABLE OF CONTENTS

Acronyms	5
Map	6
Executive Summary	8
Conclusion.....	14
Recommendations	15
Introduction.....	18
Methodology	20
Attacks on Health Facilities, Health Workers, and Patients, and Interference with Health Care Delivery in 23 Countries	
Afghanistan.....	21
Armenia.....	23
Central African Republic.....	24
Democratic Republic of the Congo.....	25
Egypt.....	26
Ethiopia.....	27
Iraq.....	28
Israel and the Occupied Palestinian Territory	29
Jammu and Kashmir (India).....	31
Libya.....	32
Mali	33
Mozambique	35
Myanmar	35
Niger	36
Nigeria	36
Pakistan.....	37
Somalia.....	38
South Sudan.....	39
Sudan	41
Syria	41
Turkey.....	44
Ukraine.....	46
Yemen	48
Lack of Accountability.....	51
Appendix to Lack of Accountability	57
Acknowledgements	61
Notes	62

At the Al Thoura Hospital in Hodeidah Governorate, Yemen, a mother sits with her son who has just died from malnutrition. The conflict in Yemen has led to the near total collapse of the country's health system, severely limiting access to health care for Yemenis.

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BELOW, LEFT: Destroyed ambulance in Aleppo, Syria, December 2016. Photo courtesy of the Syrian American Medical Society (SAMS).

BELOW, RIGHT: Conflict in Yemen destroyed the Hayat Hospital in the Saqayn District, Saada Governorate.

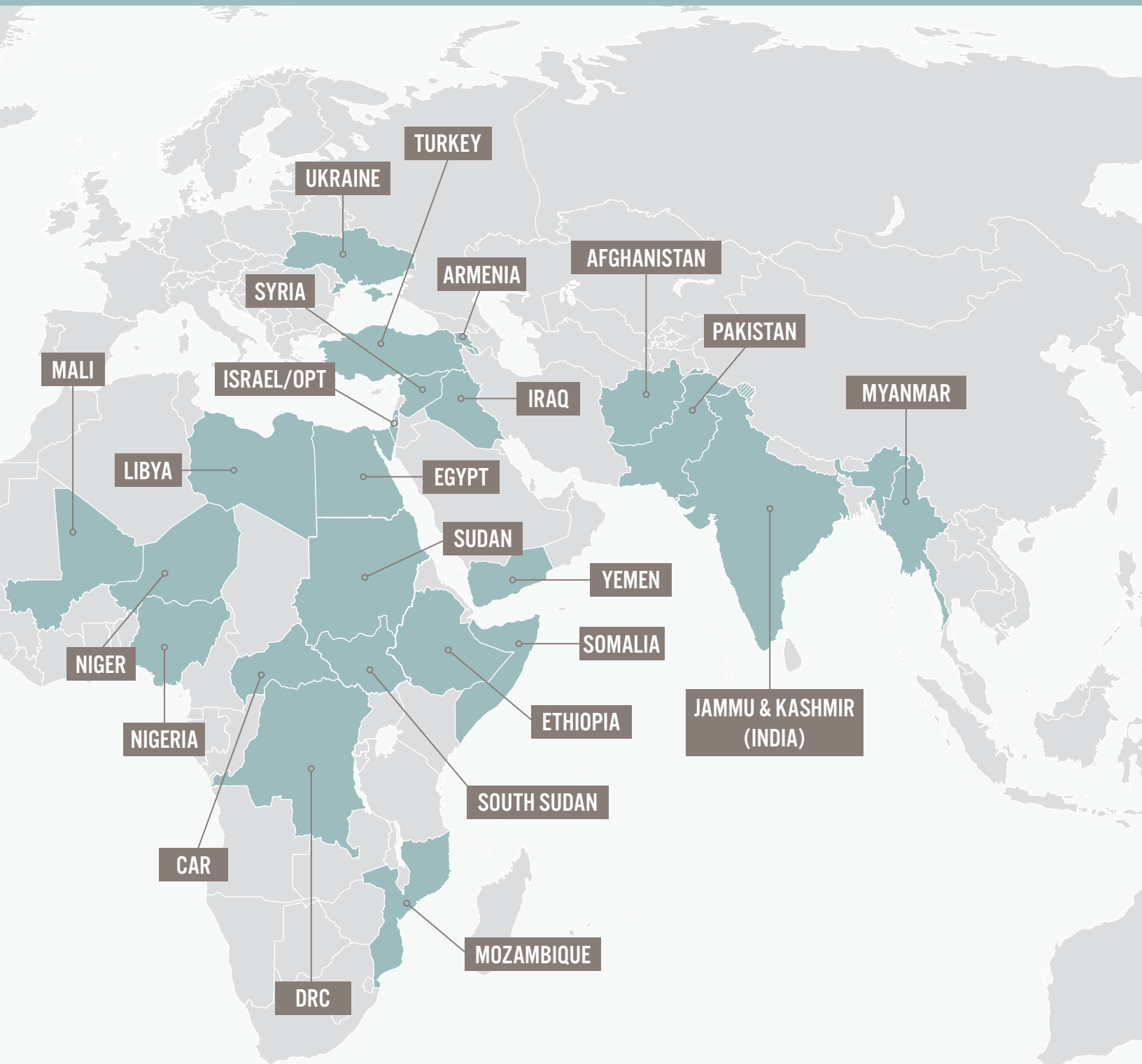
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ACAPS	Assessment Capacities Project
ACBAR	Agency Coordinating Body for Afghan Relief and Development
ANSF	Afghan National Security Forces
AOG	Armed Opposition Group
CAR	Central African Republic
DRC	Democratic Republic of Congo
EMS	Egyptian Medical Syndicate
GPS	Global Positioning System
ICRC	International Committee for the Red Cross
IDF	Israel Defense Forces
IED	Improvised Explosive Device
ISIL	Islamic State in the Levant
ISIS	Islamic State of Iraq and Syria
JIAT	Joint Incidents Assessment Team
MAG	Military Advocate General
MINUSMA	United Nations Integrated Multidimensional Stabilization Mission in Mali
MSF	Médecins Sans Frontières
NGO	Nongovernmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OPT	Occupied Palestinian Territory
PHR	Physicians for Human Rights
PHRI	Physicians for Human Rights—Israel
POC	Protection of Civilians
PRCS	Palestinian Red Crescent Society
WHO	World Health Organization
SAMS	Syrian American Medical Society
SPLA	Sudan People's Liberation Army
SPLA-IO	Sudan People's Liberation Army in Opposition
SCA	Swedish Committee for Afghanistan
TTP	Tehreek-e-Taliban
UNAMA	United Nations Assistance Mission in Afghanistan
UNAMI	United Nations Assistance Mission for Iraq
UNSMIL	United Nations Support Mission in Libya

COUNTRIES WHERE ATTACKS TOOK PLACE IN 2016





EXECUTIVE SUMMARY

In 2016, attacks on—or interference with—health care occurred in 23 countries in conflict or experiencing political unrest around the world. The sheer number of countries and the intensity of attacks on health facilities, health workers, ambulances, and patients are staggering. International law requires hospitals, clinics, and ambulances to be places of safety, yet health facilities are too often among the most dangerous places in communities. Moreover, health workers, who are bound by ethical codes to provide care to all who need it, were arrested, punished, and even killed for fulfilling their duty of impartial care.

The lack of a global data collection system, using common definitions and methods to track attacks on health care, makes it impossible to quantify the exact number of these attacks and their resulting deaths and injuries, or to identify global trends. However, data are available from organizations that use their own methodologies to track and verify attacks in specific countries, as well as from other sources of information used to compile this report (see Methodology section). Syria was by far the worst case, in terms of the intensity and impact of attacks. Physicians for Human Rights (PHR) reported 108 attacks on hospitals and other health facilities in Syria throughout 2016, most by Syrian government and Russian forces. These data also show that in other countries—including Afghanistan, Iraq, South Sudan, and Yemen—the level of violence inflicted on health facilities and health workers was remarkably high.

In Afghanistan, the UN Assistance Mission in Afghanistan (UNAMA) found that the number of reported attacks targeting health facilities and personnel rose from 63 in 2015 to 119 in 2016. On April 20 in Paktia province, armed opposition groups fired mortar rounds that landed on or around an NGO-run medical facility, damaging the building and causing the evacuation of patients. In Iraq, the Islamic State of Iraq and Syria (ISIS) shelled hospitals, used ambulances as car bombs, took over health facilities, and executed health workers; government and allied forces sometimes conducted airstrikes against ISIS-occupied health facilities. In South Sudan, a major humanitarian crisis, including aid blockages, that has left only 43% of health facilities functional has been exacerbated by attacks on clinics and health workers, including in UN Protection of Civilian (POC) sites. In Yemen, UNICEF verified 93 attacks on hospitals from March 2015–December 2016.

In 2016, attacks on health care took many forms, including:

- **Bombing, shelling, and looting of hospitals and clinics**
- **Killing of health workers, emergency medical personnel, and patients**
- **Intimidation, assault, arrest, and abduction of health workers and patients**
- **Obstruction of access to care including blockage of and attacks on ambulances**
- **Takeover and occupation of health facilities by police, military, or other armed actors**
- **Attacks on and blockage of humanitarian actors, supplies, and transports.**



Aftermath of an attack on a SAMS-supported facility in Aleppo, Syria, November 2016. Photo courtesy of the Syrian American Medical Society (SAMS).

TYPES OF REPORTED ATTACKS ON HEALTH IN 23 COUNTRIES IN CONFLICT IN 2016

In some countries, multiple types of attacks have been documented, as the following chart shows.

Country	Bombing & Shelling of Health Facilities	Looting of Health Facilities	Killing of Health Workers	Imitation, Assault, or Arrest of Health Workers	Abduction of Health Workers	Obstructions of or Attacks on Ambulances	Occupation of Health Facilities	Attacks on Humanitarian Assistance
AFGHANISTAN	X	X	X	X	X	X	X	X
ARMENIA				X	X			
CAR		X	X	X				X
DRC		X		X	X			X
EGYPT				X				
ETHIOPIA				X				X
IRAQ	X		X	X	X	X	X	X
JAMMU AND KASHMIR (INDIA)				X		X		
LIBYA	X		X	X	X			X
MALI		X	X	X	X	X		X
MOZAMBIQUE		X		X				
MYANMAR		X						X
NIGER		X	X	X		X		
NIGERIA		X		X	X			X
ISRAEL AND OPT				X		X		
PAKISTAN	X		X	X				
SOMALIA	X	X	X		X		X	X
SOUTH SUDAN	X	X	X	X				X
SUDAN	X			X	X			X
SYRIA	X	X	X	X	X	X	X	X
TURKEY				X		X	X	
UKRAINE	X					X	X	X
YEMEN	X		X	X	X	X	X	X
TOTAL:	10	11	11	20	11	10	7	15

Bombing, shelling, and looting of hospitals and clinics

Hospitals and clinics were bombed in five countries—Iraq, Libya, Sudan, Syria, and Yemen—and shelled, attacked by car bombs and improvised explosive devices (IEDs), or otherwise destroyed in six other countries—Afghanistan, Niger, Pakistan, Somalia, South Sudan, and Ukraine. In August, Syrian and Russian forces bombed one of the main trauma facilities in Aleppo four times in ten days and eventually completely destroyed it. In Libya, hospitals were targets of aerial bombardment, car bombs, suicide bombs,

and IEDs. In Yemen, the Saudi-led coalition bombed hospitals even when MSF had provided the coordinates of facilities in an attempt to protect them.

In Pakistan, a suicide attack targeted a health facility, killing 74 civilians and wounding 112. In Niger, Boko Haram destroyed an MSF health post that served as the lone health facility for 20,000 people and averaged 400 consultations per week, killing six people and wounding eight. In Afghanistan, armed groups used rockets and mortars against several health facilities. In South Sudan, shelling hit the maternity wing of an International Medical

EXECUTIVE SUMMARY

Corps hospital within a POC site in Juba, interrupting the availability of medical services and humanitarian aid to the 50,000 people living there.

Even when they were not direct targets, fighting in proximity damaged, often severely, hospitals and other health facilities in Afghanistan, Iraq, South Sudan, Turkey, Ukraine, and Yemen. In Iraq, fighting in and around Mosul damaged or destroyed a maternity hospital and a pediatric hospital, as well as three primary health care centers—none of which are now functioning. In Ukraine, 152 hospitals have been damaged during the ongoing conflict and 30 of these are now completely nonfunctioning.

Looting of health facilities and destruction of equipment and supplies has been reported in at least 11 countries, including Afghanistan, the Central African Republic (CAR), the Democratic Republic of Congo (DRC), Egypt, Mali, Mozambique, Myanmar, Niger, Nigeria, Somalia, and South Sudan. Hospitals and health clinics in Mozambique were raided, with medical records burned, equipment and supplies destroyed, and medication stolen. In Afghanistan, a health facility was looted and set on fire in retaliation for male staff treating female patients. In the DRC, there were multiple reports of hospitals being looted, sometimes by armed assailants, with equipment, medications, and documents stolen.

Killing of health workers, emergency medical personnel, and patients

Health workers were killed by government security forces and armed groups in eleven countries: Afghanistan, CAR, Iraq, Libya, Mali, Nigeria, Pakistan, Somalia, South Sudan, Syria, and Yemen. In Syria, there were 91 documented cases of health workers killed by bombing or shelling, shooting, or torture. In Iraq, the Islamic State of Iraq and Syria (ISIS) executed doctors for refusing to abandon their patients, and in Libya, health workers were shot for upholding their ethical obligations and providing care for the national army. Elsewhere, health workers were shot on roads and killed in attacks on hospitals.

Emergency medical personnel were killed in Syria and Yemen in so-called “double-tap” attacks. After first responders rushed to provide aid to people wounded in an attack, security forces or armed groups launched a second attack on the same location, targeting and killing the responders.

Patients have been killed as well. In CAR, members of a rebel group took patients belonging to an ethnic minority group and killed them at the hospital entrance. In Libya, patients have been targeted and attacked while being admitted to the hospital.

KILLING AND ABDUCTION OF VACCINATORS AND THE SECURITY FORCES PROTECTING THEM

Community health workers often work tirelessly to deliver medications and vaccinations to ensure equitable access to health care and to protect groups from communicable diseases, especially polio. Their provision of services in communities often places them at high risk and they have been subject to targeted killings and abductions in Afghanistan, Nigeria, and Nigeria. In recent years, under pressure to eradicate polio, Pakistan has increased police protection for vaccinators. The increased security has saved the lives of many vaccinators and has enabled children to receive the vaccinations they need, but it has also resulted in the targeting and killing of police and armed forces charged with providing security for vaccinators.

In Afghanistan, in 13 recorded attacks, 16 vaccinators were abducted and ten killed. Some armed opposition groups have reached agreements with the government to allow vaccination efforts to continue. However, other groups have demanded a halt to vaccination campaigns, abducted and killed vaccinators, and destroyed stores of vaccines.

In Pakistan, attacks on polio workers and police took place in January, March, April, May, September, and October. In the January attack, 15 people were killed at a vaccination center; in April, seven police providing security for vaccinators were killed. Physicians supervising the vaccine campaigns and police protecting community health workers were shot and killed.

In Nigeria, four polio workers were kidnapped and held for ransom, jeopardizing the progress made towards polio eradication. This type of intimidation represents one of the factors that contributed to an outbreak of the disease in the country for the first time in more than two years.

Intimidation, assault, arrest, and abduction of health workers and patients

Threats, harassment, intimidation, assaults, and, in some cases, kidnapping of health workers and patients took place in 14 countries in 2016: Afghanistan, Egypt, Ethiopia, Iraq, Jammu and Kashmir (India), Mali, Mozambique, Niger, Pakistan, South Sudan, Sudan, Syria, Turkey, and Yemen. In many countries, the security of patients cannot be assured in health facilities and health workers place themselves at great risk of physical and mental harm simply by going to work.

The UN Mission in Afghanistan reported 74 incidents of threats and intimidation in 2016, including incidents where hospital directors were ordered to shut down facilities and staff were interrogated and ordered to refuse treating insurgents. In Yemen, at least three hospitals were forced to suspend operations due to intimidation of health workers, including threats on their lives. In South Sudan, soldiers entered hospitals in search of patients from opposition parties and forcibly removed them from the hospital.

Health workers were subjected to verbal and physical intimidation in the workplace and also sometimes to arrest, especially when political opponents of the government were treated in a facility, when soldiers were not given priority for treatment, or when doctors filed accurate reports of police abuse. In Ethiopia, security forces invaded health facilities, searching for and intimidating health workers, ordering them to withhold care from protesters who were injured by police, demanding confidential patient information, and arresting both workers who refused to comply and injured protesters.

In Egypt, police threatened and assaulted medical staff in public hospitals at least six times, often for not prioritizing treatment for family members of police officers. In Turkey, doctors were arrested and charged with providing treatment to militants opposing government security and police forces. In Iraq, ISIS held doctors hostage at hospitals, threatening them with execution if they attempted to leave.

Kidnapping of health workers in 2016 was reported in nine countries—Afghanistan, Armenia, Iraq, Libya, Mali, Nigeria, Somalia, Sudan, and Yemen. In Nigeria, eight armed gunmen kidnapped two nurses from the hospital where they were working and held them for ransom. One nurse is still unaccounted for.

Obstruction of access to care including blockage of and attacks on ambulances

Parties to conflict often block access to health services by obstructing the passage of patients and ambulances at checkpoints or entrances to health facilities, imposing curfews, or restricting travel altogether. Sometimes, pervasive insecurity prevents patients from safe access.

In Ukraine, it is estimated that checkpoints and roadblocks, or conflict lines, impede access to health care for one-third of households in conflict-affected areas in the east of the country, with dire implications for the 50% of families in the region that have members suffering from chronic diseases. Checkpoints have greatly restricted the movement of goods, including medications and food, as well as the ability of health workers to get to work and for patients to access care. There have been three civilian deaths at checkpoints as a result.

In Turkey, authorities imposed 24-hour curfews on entire cities and towns in conflict-affected Turkey, severely limiting access to health care services, and in some cases, blocked access to emergency medical care, resulting in civilian deaths. These curfews also left emergency departments understaffed. Further, Turkish security forces set up checkpoints throughout cities under curfew, impeding civilians seeking care. Turkish security forces stationed soldiers at public hospitals and conducted identity checks and body searches on anyone seeking care before entering the hospitals. In some facilities, security forces prohibited access to certain areas within the hospital, while other health facilities were forcibly closed. Ambulances were also prevented from crossing through checkpoints: at least 76 civilian deaths may have been caused by obstructed access to health care by both Turkish and opposition forces.

Ambulances were also obstructed, attacked, or used inappropriately in eight other countries—Afghanistan, the DRC, Iraq, the OPT (Israel), Jammu and Kashmir (India), Mali, Niger, and Yemen. In the OPT, the Palestine Red Crescent Society reported 416 instances of violence or interference with its ambulances by Israeli forces and Israeli settlers, injuring 162 emergency medical technicians and volunteers, damaging 108 ambulances, and denying access to care in 146 cases. Israel Defense Forces (IDF) have used bullets and tear gas against ambulances, removed injured people from ambulances, and interfered with the work of medical teams.

EXECUTIVE SUMMARY

In Mali, there were at least six documented cases of ambulances or aid vehicles used to deliver health care being attacked or robbed, often resulting in patients and health workers being forced out of the vehicle and left behind when vehicles were stolen. In Afghanistan, at least 11 ambulances were stolen, damaged, or destroyed in 2016. In Yemen, ambulances have been targeted with gunfire, stolen, and denied passage. In Niger, an ambulance was burned and destroyed in October of 2016. In the DRC, an identifiable MSF vehicle carrying patients and staff was stopped, its medicines stolen, and the driver shot and killed. In Kashmir, an ambulance driver was attacked by gunfire while transporting a patient. In Iraq, an ambulance was stopped en route to a hospital and the patient was executed.

Patients were also prevented from accessing care. In Libya, people in areas controlled by the Islamic State in the Levant (ISIL) have limited or no access to care, with residents of some neighborhoods reporting that hospitals are completely void of doctors, nurses, and medications. In CAR, fighting around hospitals has prevented civilians and health workers from reaching facilities. Pregnant women in Yemen, fearful of recent attacks on health facilities, avoided going to hospitals for delivery, and one maternity ward reported zero deliveries for a week following an attack on the hospital.

Takeover and occupation of health facilities and transports

Armed takeovers and occupation of health facilities have prevented their operation, and represent a disregard for their autonomy as treatment centers. In 2016, such takeovers have been documented in seven countries: Afghanistan, Iraq, Somalia, South Sudan, Turkey, Ukraine, and Yemen.

In Iraq, ISIS forces took over multiple health facilities, either to use for military installations or to treat their own wounded fighters, while expelling civilian patients. In Mosul, ISIS occupied a health clinic that served 70,000 civilians. ISIS also misused ambulances for military purposes in Iraq, including for transport of explosives and for use in suicide attacks. In Yemen, anti-Houthi fighters set up tanks around the perimeter of one hospital, putting staff and patients at great risk of retaliatory fire from Houthi forces. Occupation of facilities by combatants on both sides in Afghanistan resulted in injuring and killing staff, severely damaging facilities, and deterring patients.

In Ukraine, the occupation of health facilities by government and opposition forces has forced civilians to travel further away to receive medical care. In southeastern Turkey, occupation of state hospitals by Turkish security forces severely limited access to care for civilians and injured combatants, and it strategically prevented the documentation of possible human rights abuses.

Attacks on and blockage of humanitarian actors, supplies, and transports

Although this report does not focus on interference with humanitarian access in conflicts, we note that in many places in severe or protracted conflict, humanitarian assistance vital to the supply of health care to the affected population is severely obstructed and violently attacked. In 2016, violence against humanitarian actors was reported in places of protracted conflict including the CAR, the DRC, Libya, Mali, Myanmar, Nigeria, Syria, South Sudan, Sudan, Ukraine, and Yemen.

In 2016, in the DRC's North and South Kivu Provinces alone, there were 152 reported humanitarian security incidents (including but not limited to health care); 33 humanitarian workers were kidnapped and four were killed. MSF was forced to suspend its health services for months after a convoy was attacked and two staff members abducted. Insecurity in the DRC's Fizi territory forced ten humanitarian organizations to suspend services to a population of 400,000.

In the CAR, one of the most dangerous countries for humanitarian workers, there were countless incidents of theft, looting of compounds, stealing of vehicles, assaults and injuries, and attacks on convoys, resulting in five aid worker deaths. Multiple nongovernmental organizations (NGOs) terminated their activities in the CAR due to insecurity, reducing assistance for more than 120,000 people. In Mali, severe insecurity has greatly restricted the movement of humanitarian services and supplies, with numerous reports of looting, banditry, and vehicle theft, including vehicles used to deliver mobile health care, resulting in severely decreased services for the population. There were also at least four aid worker kidnappings. In Ukraine, humanitarian actors have been denied access to several main territories of the country affected by the conflict.

In Syria, the government has not only blocked humanitarian access but has also instituted sieges that have lasted for months. By the end of 2016, almost one

million people were left without access to humanitarian aid. PHR and the Syrian American Medical Society documented 65 deaths from malnutrition and starvation as a result of a siege on the town of Madaya alone and the resulting inability of the population to access food and medical care.

THE IMPACT OF ATTACKS ON HEALTH CARE

The evidence is insufficient to reveal the full impact of the attacks reported here. Yet it is clear that they can have profound effects on the availability of health care. A small sampling of impacts in 2016 includes:

Suspension of health programs

In Yemen, MSF withdrew obstetricians, pediatricians, surgeons, and emergency doctors from six facilities after a hospital was bombed, during which time 23 surgeries were underway and 25 children were being cared for in the pediatric unit. Attacks on or security threats to vaccinators led to the suspension of a polio vaccine campaign in an area of Pakistan where polio is endemic and to postponement of measles campaigns in Niger.

Degradation of health infrastructure

As a result of violence, flight of health workers, and inability to obtain supplies, only 45% of health facilities in Yemen were functioning at the end of 2016. This has left 15 million people, over half of the population, with no access to adequate health care. In Libya, only 5% of 98 hospitals assessed by the World Health Organization (WHO) were operating at 75% capacity. In Sudan, 36% of primary health care facilities were not fully functioning at the beginning of 2016 and many others are at risk of closing due to insufficient funding.

Flight of health workers

In many conflict-ridden countries including Afghanistan, Libya, Syria, Ukraine, and Yemen, skilled health workers are choosing to flee their countries due to concerns for their personal security. In other countries, such as South Sudan, health workers are choosing not to work at night as a security measure.

Outbreaks of disease and illness and inability to treat existing conditions

In Somalia, weakened and destroyed health infrastructure was likely a contributing factor in a cholera outbreak in 2016. In South Sudan, deaths from vaccine-preventable and treatable diseases, such as measles and cholera, appear related to the lack of basic health care caused by the ongoing conflict. In Afghanistan, the WHO reported increased rates of malnutrition, water-borne diseases, and vaccine-preventable diseases in 2016. In Syria, NGOs reported an increase in suicide attempts and mental health illness related to the ongoing civil war and increasingly desperate situation of civilians. In Ukraine, it is estimated that more than two million people lack access to quality health services. The lack of availability of basic medications to treat diseases such as HIV and tuberculosis has put large numbers of people at risk.

THE ABSENCE OF ACCOUNTABILITY

International law and UN Security Council resolutions require accountability measures for attacks at the national level, or if those fail, international justice mechanisms. Nevertheless, attempts at accountability have largely failed due to national and international government inaction, dismissal of complaints, or failure to impose appropriate sanctions. A Human Rights Watch review of 25 incidents of attacks on hospitals or health care in ten countries between 2013 and 2016, resulting in the deaths of more than 230 people, injuries to 180 more people, and the closure or destruction of six hospitals, revealed that either no proceedings for accountability were undertaken at all or the results of proceedings were flawed or inadequate. Governments that ignored, denied, or justified attacks on health facilities, potentially involving their military forces, include Afghanistan, Iraq, Israel, Libya, Russia, Saudi Arabia, Sudan, Syria, Ukraine, and the United States.

CONCLUSION

ONGOING ATTACKS AND THE UNFULFILLED PROMISE OF SECURITY COUNCIL RESOLUTION 2286

This report shows the vast and devastating consequences of attacks on health care in conflict and political unrest throughout the world. State ground and air forces, government police and other security personnel, and non-state armed groups commit these assaults, which reflect indifference to or contempt for international law that mandates health services be respected and protected. In some cases, parties to a conflict inflict these assaults to prevent the provision of health care to individuals identified as enemies or to terrorize a population. Moreover, as the section of this report on accountability shows (see page 51), there has been widespread impunity for the attacks.

The frequency of attacks and the impunity afforded to their perpetrators demands strong, sustained, and fearless action at the national, as well as global level. In May 2016, after years of inaction, the United Nations Security Council adopted its first-ever resolution specifically addressing attacks on health services in armed conflict. Resolution 2286 has potentially far-reaching implications: the Council not only condemns attacks and demands compliance with international humanitarian law in armed conflict, but also urges member states and the UN Secretary-General to take proactive steps toward preventing attacks and holding perpetrators accountable.

To prevent attacks, the resolution calls on member states to develop measures to reform domestic legal frameworks; strengthen military doctrine and training on protection obligations; and collect data on obstruction, threats, and attacks on health care facilities and personnel. To advance accountability, the resolution condemns the “prevailing impunity for violations and abuses” and urges member states to ensure that individuals responsible for attacks “do not act with impunity” but rather are “brought to justice” and punished. The Security Council calls for prompt, thorough, and impartial investigations of alleged violations, and cooperation with international courts and tribunals in appropriate cases.

The resolution identifies a central role for the Secretary-General. It asks the Secretary-General to alert the Security Council when parties to a conflict obstruct the delivery of medical assistance and to discuss protection of health care in his country-specific situation reports. The latter include identification of particular acts of violence; remedial

actions taken, if any, to prevent recurrence; and steps toward ensuring accountability.

The Security Council also asked the Secretary-General to make recommendations on measures to prevent incidents and to promote accountability. The Secretary-General responded with a comprehensive set of recommendations, which are summarized in the text box on page 17. While the Security Council has shown considerable support for the Secretary-General’s recommendations, it has not initiated any formal actions to implement them, nor to follow through on resolution 2286.

At the time of publication of this report, only the UN General Assembly has taken steps toward increasing accountability for those responsible for attacks on health facilities. In December, it created an independent panel to assist in the investigation and prosecution of those responsible for war crimes and crimes against humanity in Syria. Additionally, the WHO is finalizing primary data collection methods on attacks on health care, and expects to complete this methodology in 2017.

It must be emphasized that in the months since the passing of resolution 2286, attacks on hospitals dramatically escalated in Syria and continued without respite in other parts of the world. **The Safeguarding Health in Conflict Coalition strongly urges the Security Council, member states, and others to take immediate action toward ending these attacks in the Middle East and worldwide. To expedite this process, we have provided our own set of recommendations to inform a global roadmap for action.**

1. Condemn attacks.

The UN Secretary-General, UN High Commissioner for Human Rights, and member states should quickly and forcefully condemn attacks on and interference with health services whenever and wherever they occur.

2. Adhere to international law.

All parties to a conflict must adhere to the provisions of international humanitarian and human rights law regarding respect for and protection of health care services and the ability of health care providers to adhere to their ethical responsibilities of providing impartial care to all in need.

3. Institute prevention measures.

A. Actions by the UN Security Council

- i. The Security Council should formally accept and report on implementation of the recommendations of the Secretary-General to implement resolution 2286.
- ii. The Security Council should request that the Secretary-General prepare an annual report on the measures member states have taken—or not taken—to implement the recommendations of the Secretary-General regarding resolution 2286.

B. Actions by member states

- i. Implement and report to the Security Council on prevention, reporting, and accountability measures it has taken as recommended by the Secretary-General, including but not limited to steps taken to ratify relevant treaties.
- ii. Adopt military policies and rules of engagement designed to ensure compliance with obligations to respect and protect health care.
- iii. Train military personnel in such policies and rules and establish oversight mechanisms; collect data on violations and investigate incidents.
- iv. Ensure that perpetrators are held accountable for violations.

A full list of measures on which member states should report is contained in the text box on page 17.

C. Actions by the UN High Commissioner for Human Rights

The High Commissioner should undertake a study of member states' national laws (and their interpretation) and military doctrines germane to the prevention of attacks on health services and accountability for violations. The study should specifically address:

- i. Laws and policies that implement the provisions of the Geneva Conventions relating to the protection of health care.
- ii. Laws that either by language or application impose criminal or other sanctions on health care providers or having evaluated or treated individuals of a particular political, military, or other affiliation.
- iii. Military doctrines, policies, and rules of engagement with respect to the conduct of soldiers in connection with health facilities and personnel.

4. Collect data and formulate reports.

A. Actions by the World Health Organization

The WHO should complete and implement a global system of data collection with respect to health care personnel and facilities to gain a comprehensive understanding of national and global trends, as contained in resolutions of the World Health Assembly and affirmed by the UN General Assembly.

B. Actions by member states

- i. Member states should cooperate with WHO data collection efforts by collecting and sharing data on attacks on and obstruction of health facilities, transports, health workers, and patients.
- ii. Member states should provide financial support to the WHO and other entities to carry out these activities.

C. Actions by other UN agencies

Other UN agencies should support the WHO's work and make data they possess on incidents of attacks on health care facilities and personnel available to the WHO.

RECOMMENDATIONS

D. Actions by the UN Security Council

The Security Council should request that the Secretary-General report annually on the progress of UN agencies toward systematic collection and dissemination of data on attacks on and interference with health care facilities and personnel, as well as patients, in conflict areas.

5. Monitor situations and seek accountability.

A. Actions by the UN Security Council

- i.** The Security Council should immediately schedule briefings on country situations where health care is under attack, including Afghanistan, Iraq, Nigeria, the OPT, South Sudan, Syria, Yemen, and others identified in this report, and schedule briefings on other situations as they occur in the future. The briefings should include information on investigations and accountability steps the relevant member state has taken.
- ii.** In cases where attacks have taken place and it is apparent that the member state has not conducted an adequate investigation or held identified perpetrators accountable, the Security Council should mandate an international investigation or commissions of inquiry, as recommended by the Secretary-General, and make referrals to the International Criminal Court or other international tribunals as warranted.

B. Actions by the UN Secretary-General on Children and Armed Conflict

- i.** The Secretary-General's annual report on children and armed conflict should list parties responsible for attacks on hospitals, where the UN has documented a pattern of attacks on medical facilities and personnel, in accordance with Security Council Resolution 1998.

C. Actions by the UN High Commissioner for Human Rights

- i.** The High Commissioner should increase field investigations concerning attacks on and interference with health care facilities and personnel; train personnel in such investigations; and where appropriate, engage in technical cooperation with national human rights mechanisms.
- ii.** The High Commissioner should urge countries where health care is under attack to issue a standing invitation to the Special Procedures.

D. Actions by the UN Special Rapporteur on the Right to the Highest Attainable Standard of Health

- i.** The Special Rapporteur should request access to countries where health care facilities or personnel are under attack.
- ii.** The Special Rapporteur should conduct thematic studies on attacks on health care and report findings, conclusions, and recommendations to the Third Committee of the UN General Assembly and/or the Human Rights Council.
- iii.** The Special Rapporteur should communicate directly with member states on alleged attacks on health care.

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>*

INTRODUCTION

This is the fourth annual report by the Safeguarding Health in Conflict Coalition documenting attacks on, interference with, and obstruction of health workers, patients, facilities, and transports during periods of armed conflict and political violence across the world. The Safeguarding Health in Conflict Coalition is a group of more than 30 civil society, health provider, and human rights 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.

In this report, we review events in 23 countries affected by conflict or political volatility in 2016, compared to 19 countries in 2015. The countries we are reporting for the first time are Armenia, Egypt, Ethiopia, Jammu and Kashmir (India), Mozambique, and Niger. Two countries that were included in our 2015 report—Colombia and Thailand—are not included in this report because either there were no reported attacks or sound data were not available.

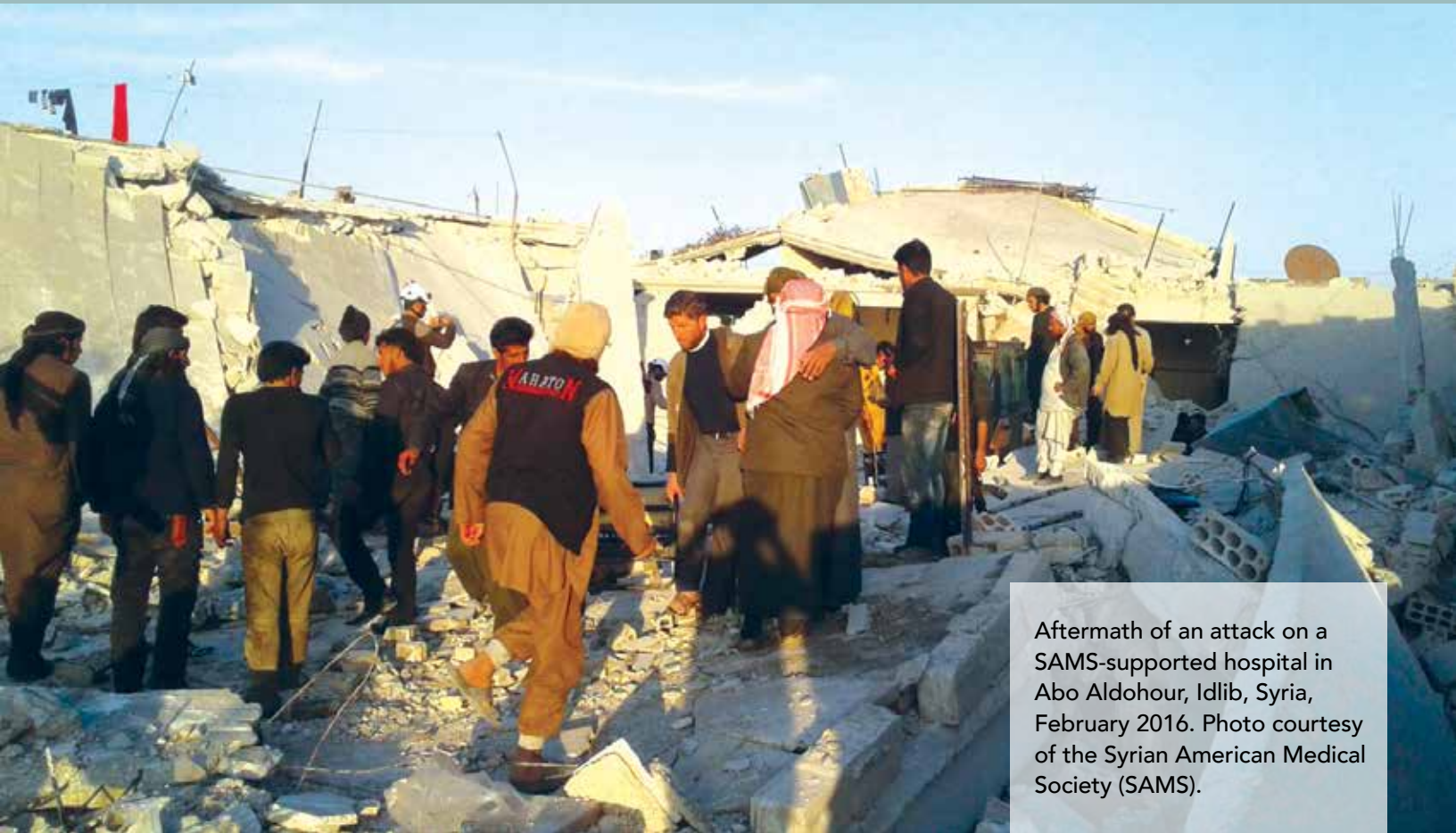
The report is premised on the requirements of international humanitarian law and international human rights law. International humanitarian law mandates protection of and respect for hospitals, ambulances, health personnel, and patients in times of armed conflict. The law forbids not only direct attacks but also requires warring parties to take precautions against harm to medical facilities even when the target is military, including distinguishing between civilian and military objects and taking steps to minimize harm to civilian objects. Even when a medical facility is used for military purposes, and becomes a legitimate target, the attacking party must provide a warning, setting a reasonable time limit for patients and medical staff to escape. Further, the law forbids punishing health workers who provide impartial care to individuals in need, regardless of the patient's affiliation. International human rights law provides similar protections, and also requires governments to ensure that health services are available and accessible to the local population and to protect health workers and facilities from attack in times of conflict or political unrest, and in times of peace.

The information on which the report is based comes from United Nations agencies, research by independent nongovernmental organizations (NGOs), and by the media, with cross-checking of all sources for accuracy and reliability. These sources provide insights into the scope, frequency, and variety of these attacks and the harm they inflict on patients, as well as the doctors, nurses, and other health workers who seek to treat and assist them. The report shows that violence inflicted on health care facilities and personnel, as well as on patients, takes many forms, including the bombing, shelling, and looting of hospitals; the arrest, abduction, and murder of health workers who seek to do nothing other than provide the impartial care they are ethically committed to offer; and the obstruction of patient access to health care.

This report should once again serve as an alarm about the scale and scope of attacks on health care. In many cases, these violations amount to war crimes and crimes against humanity, and collectively they threaten the health, well-being, and the lives of people who may number in the millions. In 2016, these attacks continue to occur with impunity.

As we have noted in past reports, the Safeguarding Health in Conflict Coalition does not seek to quantify the global number of attacks on or interference with health care services or the numbers of health workers and patients killed or injured by violence. This quantification is challenging because data on these attacks are collected in only a few countries, and when data are collected, definitions and methods of collection and reporting vary. That is why we continue to urge the international community to commit to support comprehensive data collection and reporting by the WHO.

Where there is quantification, the true number of incidents is likely severely undercounted. The WHO reported 302 attacks on health services in 2016, resulting in 372 deaths and 491 injuries. The likely reason for the comparatively low WHO numbers is that its report is based solely on



Aftermath of an attack on a SAMS-supported hospital in Abo Aldohour, Idlib, Syria, February 2016. Photo courtesy of the Syrian American Medical Society (SAMS).

individual incident accounts to which the WHO has access and which otherwise meet its methodological criteria. It must be recognized that even other UN agencies, as well as NGOs, do not necessarily share incident reports with the WHO, and often report far higher figures. In Afghanistan, for example, the WHO reported only one incident in 2016, whereas the UN Assistance Mission in Afghanistan (UNAMA) reported over 100. The WHO only noted four attacks in Yemen, three in Iraq, six in South Sudan, and 11 in the OPT, whereas the accounts in this report show many, many more in each of those countries. Thus, the crisis of health care security around the world is far worse than that reported by the WHO.

One of our key recommendations is for the international community to commit to data collection and reporting that would contribute to a better understanding of national and global trends in attacks on or interferences with health care services and facilities.

This report chronicles documented attacks and interferences by country, stating the responsible party and outcomes whenever possible.

Due to insufficient data, this report does not address whether attacks are increasing or decreasing in frequency at the global level. Where information about a particular country from year to year is available, we report increases or decreases in attacks. We note that in Syria, the country where attacks are most well-documented and verified, 2016 was the worst year in the conflict for attacks on health care, including the complete destruction of many hospitals in then-opposition-held areas of Aleppo through repeated bombing by Syrian and Russian forces.

METHODOLOGY

There is still no standardized method for reporting or categorizing information on attacks on health in settings of conflict and insecurity, nor are there uniform definitions as to what constitutes an attack or interference with health care. In most countries, data on incidents of attacks, as well as deaths and injuries to health workers, patients, and families, are also lacking. Some attacks are never reported and others may not be reported comprehensively. Sometimes the information available is insufficient to determine how to categorize the attack and its perpetrator. Verification methods also vary. This makes it difficult to produce a comprehensive report or to understand global trends in the number and types of attacks over time.

Nevertheless, sound sources of information are available. Information for this report comes mainly from NGO and UN agency reports; the latter include those produced by the Office of the High Commissioner for Human Rights (OHCHR), the Secretary-General's Special Representative on Children in Armed Conflict, the Office for the Coordination of Humanitarian Affairs (OCHA), and the WHO. Reliable local and international periodicals, and other sources unique to a particular country, were also consulted. The research team performed Google searches using both general search terms and those applicable to a particular country. Social media platforms were also searched to identify relevant articles that verified attacks. For Afghanistan, the Occupied Palestinian Territory, Syria, and Yemen, the report relies on field research conducted by Coalition members.

In addition, Coalition member Insecurity Insight tracks incidents that affect the delivery of health care as part of the Aid in Danger Security in Numbers Database (SiND). The database is a collaborative project between the NGO Insecurity Insight, which tracks open source reports, and 20 humanitarian agencies that provide direct reports of security incidents; Insecurity Insight codes all reports to a standardized format. For this report, Insecurity Insight identified 317 incidents that affected the delivery of health care in 2016. These 317 incidents include events affecting infrastructure (e.g., damage to or destruction of health facilities; looting or theft of medical supplies and equipment; and damage to, destruction of; or the taking of ambulances) and events affecting health workers (e.g., deaths, injuries, assaults, detentions, or arrests). Also included are incidents where security measures were introduced to protect health workers, infrastructure or programming, threats (including direct threats towards a health worker or health program and perceived threats), as well as incidents where administrative decisions taken by state authorities impeded the delivery of aid.

When possible, we identify the party responsible for the attack and the exact circumstances (including intentionality). In other cases, we state that an attack occurred and the other relevant information we find.

Experts from Human Rights Watch and other Coalition members reviewed country-specific sections of the report. They are listed in the Acknowledgements section.

ATTACKS IN 23 COUNTRIES

ATTACKS ON HEALTH FACILITIES, HEALTH WORKERS, AND PATIENTS, AND INTERFERENCE WITH HEALTH CARE DELIVERY IN 23 COUNTRIES

AFGHANISTAN

***Sections of this chapter are part of a full-length report published in 2017 by Watchlist on Children and Armed Conflict entitled, "Every Clinic is Now on the Frontline" The Impact on Children of Attacks on Health Care in Afghanistan.*

In 2016, ongoing conflict in Afghanistan and continued targeting of medical facilities and personnel by parties to the conflict has further eroded the country's already fragile health system. Between January 1 and December 31, 2016, UNAMA documented 119 conflict-related incidents targeting or impacting medical facilities and personnel.⁴ According to UNAMA, these incidents directly resulted in 23 casualties (10 deaths and 13 injuries).⁵ Ninety-five incidents were attributed to Armed Opposition Groups (AOGs),⁶ including the Taliban and the Islamic State in the Levant-Khorasan Province (ISIS-KP), and 23 incidents were attributed to the Afghan National Security Forces (ANSF), including the Afghan Local Police, Afghan National Army, Afghan National Police, National Directorate of Security, and Afghan Special Forces.⁷

During the same reporting period, data collected from NGOs by the Agency Coordinating Body for Afghan Relief and Development (ACBAR) showed 110 conflict-related incidents that resulted in as many as 46 casualties (21 deaths and 25 injuries).⁸ The differences between ACBAR's figures and those of the UN can be explained by different data collection methods. Of the 110 incidents recorded by ACBAR, only 26 occurred in urban areas (i.e., provincial capitals); the majority of incidents were carried out in rural areas.⁹ The Eastern¹⁰ and Western regions showed the greatest numbers of incidents—30 and 25, respectively.¹¹

While there are officially more than 2,200 medical facilities throughout Afghanistan's 34 provinces,¹² according to the Ministry of Public Health, more than 30% of its population lacks access to health care.¹³ Ongoing conflict in some provinces has further constrained what was already limited access due to road closures, irregular delivery of medical supplies, lack of facilities, and shortages of medical personnel.¹⁴ Attacks on health care during the reporting period have compounded challenges to civilian health already exacerbated by months of escalating armed conflict. Reports from the UN Office for the Coordination

of Humanitarian Affairs (OCHA)¹⁵ and the World Health Organization (WHO)¹⁶ indicate increases in 2016 in the percentage of civilians, particularly children, suffering from malnutrition, water-borne diseases, and vaccine-preventable diseases. Attacks on health care have also contributed to the flight of medical personnel, particularly female staff; the temporary or indefinite suspensions of vaccination programs, as well as humanitarian organizations' operations; and shortages of supplies to treat high volumes of trauma cases, which has sometimes led to reduced quality of care provided to patients.

According to UNAMA, there were 74 incidents of threats and intimidation carried out in 2016.¹⁷ Threats, intimidation, abduction, and harassment of medical personnel and civilians in need of health care comprised the majority of incidents perpetrated by AOGs.¹⁸ For example, on August 11 in Farah province, an AOG member called the director of an NGO-run medical facility, introduced himself as the head of the Islamic Emirate of Afghanistan Health Department, and ordered the director to shut down the operation.¹⁹ The NGO-run facility was subsequently closed.²⁰ ACBAR recorded 27 incidents of the abduction of medical personnel, including at least six incidents in which AOGs were seeking medical personnel to treat wounded members or extend services to areas under AOG influence. For example, on April 20 in Nangarhar province, armed men believed to be members of the Taliban abducted a doctor from a clinic and took him to a neighboring district, where a Taliban commander issued a list of demands to the doctor, including that the clinic should provide more comprehensive health services and extend its operating hours.²¹ Following the meeting, the doctor was then transported back to the clinic; it is unknown whether any of the Taliban commander's demands were met.²² On July 13 in Ghor province, three AOG members broke into an NGO-run clinic and abducted a health worker; the health worker was released the following day, though during his detention was beaten and sustained injuries.²³

There were at least 13 attacks on vaccination programs, including orders issued by AOGs to halt vaccination campaigns, abduction and killing of vaccinators, and destruction of stores of vaccines. For example, on January 26 in Kunar province, an improvised explosive device (IED) was detonated inside the vaccine storeroom of an NGO-run clinic, damaging the vaccine kits.²⁴ On the same day, in another area in Kunar province, AOG members abducted 13 vaccination campaigners, three of whom were shot and killed.²⁵ For all of 2016, at least 16 vaccinators were abducted and ten were killed.²⁶

ATTACKS IN 23 COUNTRIES

Several medical facilities were also damaged by rockets and mortars during fighting by parties to the conflict. For example, on April 20 in Paktya province, AOGs fired several mortar rounds that landed on or around an NGO-run medical facility. No patients or personnel were harmed by the blasts, but the building was damaged and patients were evacuated.²⁷

AOGs stole, damaged, or destroyed at least 11 ambulances during the reporting period. In one incident on January 31 in Balkh province, AOG members set fire to an NGO ambulance marked with the logo of the Ministry of Public Health.²⁸ On November 20 in Ghor province, an AOG commander called an NGO clinic and asked for an ambulance to be sent to assist a patient.²⁹ When the ambulance arrived, AOG members forced the driver out of the vehicle before driving away with it.³⁰

There were also several documented incidents of the looting of medical facilities and destruction of medical supplies. For example, on September 28 in Badghis province, four AOG members broke into an NGO-run clinic and set fire to stocks of medicine and other supplies.³¹ In another incident, on December 3 in Nangarhar province, men believed to be members of ISIL-KP forcibly entered a medical facility that had been delivering nutritional supplements, bound the facility's guards, and set fire to the stock room containing the supplements and other medical supplies.³² The fire destroyed the supplies and damaged the stock room and other parts of the facility.³³ The assailants reportedly told the guards that they were opposed to male employees assessing female patients, as had been the practice at the clinic.³⁴

Military use of medical facilities and threats and intimidation against medical personnel, particularly for allegedly providing medical care to AOGs, constitute the majority of the 23 incidents perpetrated by ANSF. For example, on January 11 in Wardak province, between 60 and 70 Afghan Special Forces troops entered and

searched a medical facility in the capital city, Maidan Shar.³⁵ The troops interrogated medical personnel about persons treated the previous evening and warned them not to provide services to any insurgents.³⁶ On the night of February 17, Afghan Special Forces raided a clinic run by the Swedish Committee for Afghanistan (SCA), also in Wardak province. During the raid, Afghan Special forces assaulted medical staff, removed two patients, one of whom was under 18, and a 15-year-old caregiver from the facility, and summarily executed them outside the clinic. Following the incident, Afghan provincial authorities in Wardak gave statements justifying the raid on the grounds that those killed (including two children) were Taliban and that the raid was carried out because Taliban were being treated at the clinic.³⁷ On May 10, again in Wardak province, Afghan Special Forces entered an NGO-run clinic; following negotiations with the health shura (council), the troops vacated the facility after four days.³⁸ The troops reportedly did not mistreat the clinic's staff members during the occupation;³⁹ however, a staff member was killed during a firefight between the troops occupying the clinic and the Taliban.⁴⁰ There were also some incidents in which medical facilities were occupied by multiple parties to the conflict. In one case, a clinic in Paktya was alternately occupied by an AOG and then by ANSF after ANSF had recaptured the area.⁴¹ During its occupation, the facility was considerably damaged and at least 60% of its medical equipment was looted.⁴²

CASE STUDIES

A Health Worker in Kunduz Describes Being Threatened and Fleeing

“In 2015, I worked as a pharmacist. One night when I was at the clinic, there was a knock on the door. I didn’t open it, but went to the roof to see what was going on. Then someone opened fire on me. I also had a gun on me, so defended myself by opening fire on them as well, but I felt I had to leave the place of my job. I had to flee the area because of the threat I faced from the Taliban. They were always watching. They used to call any time to cure their injured. And I couldn’t say, ‘I can’t cure them because I don’t have the medicine or the equipment or the training.’ The only way is to leave the area, so I did. I left the area and that post, and now work for a private hospital.”

~Watchlist interview with health worker, December 2016

A Vaccinator in Nangarhar Describes Leaving Due to Threats and Insecurity from the Taliban and ISIL-KP

“With the coming of IS [ISIL-KP] insurgents, new problems have arisen. Part of the people support IS, the other part supports the Taliban. Nobody knows who the opposition is. Both parties are against vaccines so they used to send notes not to enter their areas. Once I got caught by the Taliban administering vaccines. They let me go with the warning that if they ever see me giving vaccines in the area again, I will be put to death. But it is my job to save children from getting polio. All over, vaccinators face more problems than any other medical personnel because we have to travel and go inside those villages full of Taliban and IS. And sometimes it goes back and forth. For example, our district has no specified leader. For one month Taliban is there, they rule, they have their own laws. But the next month, IS covers the area and makes us follow their rules. Sometimes the government comes here. I have seen with my own eye in an area of 100 meters there are three kinds of leaders—Taliban, IS, and government. Our clinic was in the middle of the conflict. So even though it is my job, I had to stop, otherwise I thought either the IS or Taliban would kill me.”

~Watchlist interview with vaccinator, December 2016

ARMENIA

On July 17, 2016, gunmen from a radical opposition group attacked a police station in the Erebuni district of Armenia’s capital, Yerevan, killing one officer, wounding six other people, and holding seven hostages, three of whom were freed the following day.⁴³ The group’s members, many of whom were veterans of the war in the disputed Nagorno-Karabakh region, called for the release of Jirair Sefilian, a Nagorno-Karabakh veteran and controversial opposition leader arrested by Armenian authorities in June 2016, as well as for the resignation of Armenian president, Serzh Sargsyan.⁴⁴

A week later, the remaining hostages had been released but the armed men remained at the police station.⁴⁵ On July 27, an ambulance crew was called to treat two gunmen who had been injured after entering the compound, and four health professionals were taken hostage.⁴⁶ Although one doctor was released shortly afterwards, media reports stated that the other three health workers were released only when the hostage crisis ended on July 31, when the gunmen surrendered to police.⁴⁷

The hostage situation triggered a series of protests in Yerevan. At some rallies, the authorities used excessive and disproportional force to disperse protesters. Police beat many detainees, in some cases severely, and did not allow some to get prompt medical care for their injuries.⁴⁸ For example, on July 18, police kicked, punched, and beat a 26-year-old activist, along with two other men, and also spat on him and rubbed his face on their boots to humiliate him. Despite asking for immediate medical attention, the man was held for three hours before being taken to a hospital.⁴⁹ On July 20, police repeatedly beat and kicked a 30-year-old activist in the face, head, back, and torso. Although the man screamed in pain and repeatedly asked for a doctor, police held him for six hours before forcing him to sign documents that he was unable to read due to his injuries, as a condition of allowing him to be seen by ambulance crew. The ambulance took him to a hospital where he was treated for multiple jaw fractures and a concussion.⁵⁰

On July 29, police beat dozens of protestors. In one case, police beat and detained a man while he attended a protest with his teenage daughter. He told Human Rights

ATTACKS IN 23 COUNTRIES

Watch that they only allowed him to receive medical care on the condition that he sign three unspecified documents. The man was treated for a broken nose and received multiple stitches inside his left cheek and the side of his mouth.⁵¹ On the same night, police fired and threw stun grenades into the peaceful crowds, causing first- and second-degree burns and fragmentation wounds on the legs of some protestors. Many people were taken to hospitals for treatment for injuries sustained in the incident as well as for police beatings and hundreds of demonstrators were taken to police stations around the city.⁵² According to a media report, several of those being treated for injuries were forcibly removed from hospitals and taken to police stations.⁵³

CENTRAL AFRICAN REPUBLIC

Combat between the mostly Muslim Séléka rebels and anti-balaka combatants in Central African Republic (CAR) continued in early 2016, though the country held relatively peaceful presidential elections in December 2015 and February 2016.⁵⁴ Violence increased beginning in October 2016 with infighting among Séléka groups, and the civilian population remains in danger as attacks by both sides of the conflict continue.⁵⁵ These attacks are part of the ongoing crisis that began when the Séléka forcefully took control of northern and central regions in November 2012.⁵⁶

The Séléka ousted President François Bozizé in March 2013 and inserted rebel leader Michel Djotodia as president later that year. The anti-balaka emerged to protect communities targeted by the Séléka.⁵⁷ However, the anti-balaka associated all Muslims with the Séléka and began to attack civilians. Additionally, a new armed group, "Return, Reclamation, Rehabilitation," or 3R, entered the scene in late 2015, adding to the violence against civilians in the northwest of the country.⁵⁸ Originally formed to protect the minority Peuhl population from anti-balaka, 3R began to attack villages in the Kouli sub-prefecture in April and May 2016. 3R's spokesman and general secretary purported the attacks were in retaliation for anti-balaka exploits, though the group's self-designated general, Sidiki Abass, denies his group committed human rights abuses.⁵⁹

The CAR was reportedly the most dangerous country for humanitarian aid workers in 2016.⁶⁰ There were 365 incidents in 2016 among NGOs operating in CAR, in which five workers were killed and 34 were injured.⁶¹ Thefts were the most common type of incident affecting workers. For instance, four gunmen ambushed and

stole an MSF vehicle in the northeast town of Ndele, Bamingui-Bangoran prefecture on March 14.⁶² The MSF compound in Bambari, Ouaka prefecture, was looted twice in December.⁶³ In Kaga-Bandoro, in the Nana-Grébizi prefecture, International Rescue Committee, INTERSOS, and SOLIDARITÉS INTERNATIONALE discontinued their services after a series of 15 attacks, in which 15 aid workers were assaulted. The termination of work by the three NGOs reduced assistance to more than 120,000 people.⁶⁴

In May 2016, armed men stopped a distinguishable two-car MSF convoy transporting staff and patients in Kouki, Ouham prefecture. Medicines and personal belongings were stolen from the vehicles and one of the drivers was shot and killed. The head of mission for MSF in CAR, Michelle Chouinard, reported that her staff and patients experienced physical and verbal intimidation throughout the incident. Given safety concerns following the event, MSF operations were temporarily discontinued.⁶⁵ The following month, another MSF convoy carrying medicines and fuel from the capital city Bangui to Bangassou, Mbomou prefecture, was attacked and the head of the convoy was killed.⁶⁶

In October, armed groups looted and attacked the homes, offices, and warehouses of humanitarian organizations in Kaga-Bandoro, Nana-Grébizi pre-fecture in central CAR, killing at least 38 civilians and aid workers and injuring at least 51. OCHA reported that 95% of national humanitarian workers had their homes looted and many homes were also burned.⁶⁷ Several camps for internally displaced persons were also attacked, including the largest camp in Kaga-Bandoro, which was burned,⁶⁸ displacing at least 12,000 people.⁶⁹ Such volatile events cause suspensions or delays in services as organizations move staff and supplies to compensate for losses in space and stock.

Fighting between local factions of two rebel groups, the Popular Front for the Renaissance of the Central African Republic (FPRC) and the Union for Peace in the Central African Republic (UPC), escalated significantly in November despite a substantial UN peacekeeping presence in the

region. Toward the end of the month, the local hospital in Bria became a battle site after the FPRC brought injured members for care. The group took two of the minority Peuhl patients from the hospital and killed them in front of the entrance.⁷⁰ The violence displaced almost a quarter of the town's population.⁷¹ In December, the violence extended to the Ouaka prefecture, where other serious crimes were committed.⁷²

Armed groups restricted humanitarian access and operation by extortion, looting, and threatening security.⁷³ In Kouango and surrounding areas, over 15,000 children and 3,500 women lacked access to health and nutrition services.⁷⁴ In Kouli, the presence of armed groups in the region had cut off humanitarian access to people in the town by the end of September⁷⁵ and all health facilities were closed.⁷⁶

DEMOCRATIC REPUBLIC OF THE CONGO

In 2016, there was a dramatic increase in human rights violations and attacks on humanitarian workers in many parts of the Democratic Republic of Congo, which in turn had a detrimental impact on access to health care for many Congolese. The UN Joint Human Rights Office documented at least 5,190 human rights violations in the country in 2016, a 30% increase from the year prior.⁷⁷ The swell in violations is related to a brutal campaign of political repression against those who opposed extending President Joseph Kabila's incumbency beyond the end of his two-term limit on December 19, 2016, as well as to increased activity of dozens of armed groups and militias, including in areas that had been largely peaceful in previous years.⁷⁸ State agents—particularly the national police—were responsible for almost 64% of all human rights violations documented by the UN, while armed groups were responsible for the remaining 36%.⁷⁹ State agents carried out at least 480 extrajudicial killings, according to the UN.⁸⁰

In eastern Congo, 152 humanitarian security incidents were reported in North and South Kivu provinces alone, including 33 kidnappings of humanitarian workers.⁸¹ Between January and May, four humanitarian workers were killed, six were wounded, and 14 were abducted. This amounted to a 75% increase in attacks on humanitarian workers compared to the same period in 2015, according to the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations. Many humanitarian services were discontinued

or suspended as a result of these attacks.⁸² MSF, for example, was forced to close its health clinics program in Mweso, Masisi territory, North Kivu Province between January 20 and April 15, 2016, following an attack on one of its convoys in December 2015 and the abduction of two MSF staff.⁸³ MSF had operated hospitals and clinics in the area for eight years.⁸⁴

Humanitarian attacks increased in Masisi territory in 2016, particularly between Mweso and Kalembe, a stretch frequently used by humanitarian convoys. In September, members of the Nyatura, a Congolese Hutu militia, kidnapped six Norwegian Refugee Council employees while they were on mission in Kalembe. As in most of the kidnapping cases, the Nyatura fighters demanded ransom.⁸⁵ A lawyer who works with Heal Africa hospital was shot dead by unknown assailants on May 6, 2016 on the Kitchanga-Mweso axis in Masisi.⁸⁶

Humanitarian services in Rutshuru territory in North Kivu Province decreased in 2016 due to the increased insecurity, including kidnappings, killings, and looting.⁸⁷ Armed groups' activities also heightened security concerns. Access to Tongo, an area in Rutshuru with many displaced persons, has been compromised.⁸⁸

In South Kivu Province, 17 of the 46 security incidents against humanitarian workers between January and October were in Fizi territory. After five people were killed during a protest in northern Fizi in October, ten humanitarian organizations suspended their programs, which served approximately 400,000 people in the area.⁸⁹

Further south, the resurgence of a long-standing intercommunal conflict in Tanganyika Province led to a dramatic shrinking of humanitarian space.⁹⁰ According to OCHA, 12 health centers were pillaged and burned during the fighting. In December, OCHA reported that 19 health centers in the province were no longer operational. With cholera and measles affecting large parts of the population in this area, attacks against health centers had particularly devastating consequences.

The conflict in South Sudan also added to the growing security risks. There was concern that it could lead to destabilization in the Doruma region of Dungeni territory in Haut-Uele Province, which has seen renewed activity by alleged members of the Lord's Resistance Army. Most humanitarian services for more than 5,000 refugees have been suspended.⁹¹

ATTACKS IN 23 COUNTRIES

According to Insecurity Insight, health facilities, health workers, and medical supplies were also targeted during attacks across the country by bandits, members of armed groups, or unknown assailants. On October 23, ten criminals overran Minova Reference General Hospital in South Kivu Province and stole mobile phones and US\$40 from a nurse. Military personnel intervened and chased away the assailants.⁹² On November 26, armed assailants stormed Bokudangba Health Center in Dungu town, Haut-Uele Province and stole medical equipment, money, and documents.⁹³ On November 29, suspected members of the Allied Democratic Forces, a Ugandan-led Islamist rebel group, attacked a health center in Kainama town, North Kivu Province, and stole medicine, medical equipment, and mattresses before fleeing.⁹⁴ On December 16 in Beni, North Kivu Province, alleged Allied Democratic Forces fighters simultaneously attacked Nadwi village and Camp Garlic in Kambi ya Miba to raid food, medicine, and ammunition.⁹⁵

EGYPT

In Egypt, a coup led by General Abdel Fattah al-Sisi ousted democratically-elected President Mohamed Morsi in July 2013. On the pretext of national security, Egyptians have since experienced state-sponsored as well as armed group violence, widespread arbitrary arrests and detentions, and torture. In the prevailing culture of impunity, security forces are rarely punished for abuses.

According to media reports, there have been at least 85 attacks on public hospitals reported in the past two years, though there is no information as to how many of these attacks were perpetrated by security forces.⁹⁶ In 2016, police carried out at least six attacks on doctors and medical staff in public hospitals.

According to the Egyptian Medical Syndicate (EMS), police assaulted and detained two doctors at Matariya Teaching Hospital in Cairo on January 28.⁹⁷ The hospital serves around 2,000 patients a day and is one of the largest in the city. A patient dressed in civilian clothing asked one of the doctors to forge a medical report. When the doctor refused, the patient and his companion revealed they were police and threatened the doctor with fabricated charges. The police insulted and threatened the two doctors and a hospital security administrator with firearms, and detained one of the doctors in the hospital's reception room. Nine policemen later arrived at the hospital. They handcuffed and transported the two doctors to Matariya police station, where they prepared a complaint. Police officers

at the station reportedly threatened the doctors with detention if they decided to proceed with their complaint. Media reports stated that as a result of the threat, the two doctors withdrew their complaint.⁹⁸ The attack on the hospital led the EMS to shut down the hospital on January 30.⁹⁹ Four days later, the public prosecutor ordered the hospital to reopen.¹⁰⁰ On January 31, the head of the EMS filed a complaint with the public prosecutor in connection with the attack on the hospital. On February 6, the public prosecutor summoned nine policemen from Matariya police station for interrogation in relation to the attack on the hospital. The officers were later released on bail.¹⁰¹ In response, on February 12, thousands of doctors staged a protest outside the EMS headquarters in Cairo over the lack of legal action against the policemen.¹⁰² On January 16, 2017—almost a year after the attack—an appeals court sentenced nine police officers to six months in prison for assaulting the two Matariya doctors.¹⁰³

The EMS also documented that three gunmen physically assaulted doctors at the gynecology department of Banha Teaching Hospital in Al Qalyubiyah governorate, north of Cairo on February 6. A man claiming to be a police officer initiated the assault when doctors refused to prioritize treatment for his wife over another urgent case. Two doctors sustained concussions from the attack.¹⁰⁴ In a phone interview with the *TenTV* channel on February 7, Hani Mehanny, a member of the EMS, said, "One of the three [attackers] tried to drag a doctor out of the operation room while he was operating on a woman who suffered [internal] bleeding."¹⁰⁵ The Ministry of Interior, responsible for law enforcement in Egypt, denied the involvement of policemen in the attack.¹⁰⁶ In a statement, ministry spokesperson Abu Bakr Abdel Karim said, "A fight took place between a car agency owner and the doctors at the hospital for allegedly not providing adequate medical care for his sick wife." Doctors in the gynecology department stopped working for the day to protest the attack.¹⁰⁷

Following the Matariya hospital incident, on February 16, *Ahram News* reported Egypt's minister of health announcement that surveillance cameras would be installed inside large public hospitals in an attempt to protect doctors from further attacks.¹⁰⁸

However, on March 1, a police officer and a sergeant assaulted a doctor in the Emergency Department of Miri Hospital of the University of Alexandria and broke his arm, according to *Al Bawaba News*. The doctor tried to defend a nurse who was asked, at gunpoint, to prioritize care for the

officer's wife.¹⁰⁹ The following day, Alexandria's prosecution office ordered the detention of the police officer and the sergeant for four days pending investigations.¹¹⁰ An Alexandria court later renewed their detention for 15 days.¹¹¹ There have been no new reports with updates on the case.

In another case documented by the EMS, a police officer assaulted two doctors and two nurses at El Sheikh Zayed Hospital in Cairo on September 2. The officer demanded that doctors sign a decree that would enable him to access free medical services reserved for the unemployed and those not covered by a health insurance plan. When the doctors refused, the officer, along with three of his armed colleagues, insulted and physically assaulted hospital staff, and caused damage to equipment. The hospital reported the incident to the police. On September 10, the Sixth of October Trial Court ordered the detention of the police officer and one of his relatives for four days pending investigations. On September 28, the court ordered a 15-day detention renewal, pending investigations.¹¹² The police officer and the sergeant were later released.

On November 2, a high-ranking retired police officer insulted and physically assaulted a doctor at El-Helal Hospital in Cairo. An orthopedic specialist at the hospital asked the retired officer and four others to clear the area in front of the hospital's intensive care unit—a routine infection control practice. The retired officer insulted the doctor and slapped him in the face. According to *The Huffington Post*, a nearby police station refused to report the incident.¹¹³

The Egyptian media also published reports about a reserve police officer that physically assaulted a doctor at Sharq el Madina Hospital in Alexandria on December 21, after the medical staff refused to provide preferential care for a patient. The police officer was convicted and sentenced to six months' imprisonment for the assault.¹¹⁴

ETHIOPIA

In November 2015, protests across Ethiopia's Oromia region were revived due to the clearing of land for a development project in the small town of Ginchi, west of Addis Ababa.¹¹⁵ The government of Ethiopia had planned to expand the municipal boundary of the country's capital, Addis Ababa. The Addis Ababa Integrated Development Master Plan would have displaced farmers and communities from their land without dialogue or reparation. Though the federal government announced the

cancellation of the plan in January 2016, the protests had grown to object to the government's violent response to the demonstrations and other economic, political, cultural, and social injustices experienced by the Oromo, Ethiopia's largest ethnic group.¹¹⁶

The mostly peaceful protests spread across the Oromia region and into the Amhara region.^{117,118} Federal police and military personnel responded by engaging in arbitrary arrests, detentions, enforced disappearances, undue use of force, reported torture, and peremptory mass killings. Within a year of the first protests, security forces had killed at least 800 people.¹¹⁹

Human Rights Watch reported numerous cases of security officials invading health facilities and ordering health workers to withhold care to protesters, intimidating or arresting health workers who refused orders and continued to provide care, and arresting injured protesters. The organization reported that a clinical nurse who treated protesters injured by police fled a town near Ambo out of fear when he heard that police had returned to his clinic in search of him. The day before, the nurse had been treating three severely injured students in an emergency room when soldiers entered and demanded information on the injured and the treatments they were being given, including the medication they were receiving.

Security forces targeted health workers identified as protesters or protest sympathizers, harassing and arresting them, and interfering with provision of health care. A health worker in East Wollega said he was forced at gunpoint to treat a police officer's minor injuries, while heavily wounded students were neglected. Human Rights Watch reported that at least one student died from his sustained injuries.¹²⁰ Additionally, some health workers refused medical treatment to the wounded. At least one protester said health workers reported the arrests of two colleagues as cause for denying health care.¹²¹

Health workers were also among those arrested without charge. Health workers arrested in East Wollega and West Arsi were accused of encouraging protesters and treating the injured. Some reported that their coworkers went missing after being accused by security forces of participating in protests in 2014 or for refusing to join the Oromo Peoples' Democratic Organization, the governing political party. According to Human Rights Watch, they were suspected to have "disappeared."¹²²

ATTACKS IN 23 COUNTRIES

IRAQ

The 14 years of armed conflict in Iraq that started with the US invasion in 2003 have caused one of the largest and most complex humanitarian crises in the world¹²³ and has had a disastrous effect on the country's health infrastructure and access to health care.¹²⁴ The WHO estimates that there are 8.5 million people in need of health assistance in the country.¹²⁵

In 2016, Iraqi forces, supported by associated armed groups and a US-led coalition, continued to launch several military offensives to take ground from ISIS, including in Fallujah and Mosul. Civilians continue to suffer the most from the conflict, as all parties carry out unlawful bombings, killings, arbitrary detentions or abductions, and other forms of abuse.¹²⁶

Shortages of food, water, medicine, and health services were reported in Hawija district¹²⁷ and as of March 2017, the Office of the United Nations High Commissioner for Human Rights, the UN's refugee agency, estimates that over 250,000 people have been displaced from Mosul city and surrounding areas by the fighting.¹²⁸ According to the WHO, as of January 2017, a maternity and pediatric hospital and three primary health care centers have been destroyed or damaged as a result of the Mosul operation and remain nonfunctional.¹²⁹

In areas it controls, ISIS uses civilian infrastructure, including health facilities, for military purposes. Under international law, if enemy forces are making use of health facilities or other civilian structures, they may be attacked, but parties must not use force that would be excessive in relation to the military objective and must provide a warning to civilians before an attack to minimize harm. Reports confirm ISIS occupied offices in clinics in Qayyarah and Jadah.¹³⁰ Doctors also reported that ISIS had offices in the hospitals where they worked in Mosul: Republican, Ibn Sina, al-Salam, and Mosul General Hospitals.¹³¹ In March, in the ISIS-controlled Kirkuk district of Hawija, according to media reports, the group moved its command centers into hospitals and health clinics, and used civilians as human shields against Iraqi government forces attacks.

In addition, the group reportedly used ambulances to transport ammunition from Mosul.¹³² The WHO reported that ISIS also used ambulances filled with explosives in suicide attacks in November, in the cities of Tikrit and Samarra, which killed at least 21 people and wounded many others.¹³³ According to Human Rights Watch, in the Samah neighborhood of east Mosul, ISIS used an ambulance as a car bomb on November 9, but due to previous attacks in the neighborhood, all residents had left the area.¹³⁴

Iraqi News reported that ISIS detonated some parts of Ramadi General Hospital before the arrival of Iraqi security forces on January 6, 2016. According to reports, ISIS had evacuated the civilians, detaining them in areas outside the hospital.¹³⁵

On March 18 and 19, airstrikes targeted ISIS-held areas in Hawija district, including the Hawija General Hospital, the technical institute, and an ISIS headquarters near Hawija police station, among other areas. Sources claimed that a number of ISIS members were killed in the airstrike, while another source stated that most of the casualties were civilians. The United Nations Assistance Mission for Iraq (UNAMI) and the OHCHR could not verify the responsible party.¹³⁶ ISIS fighters had also been occupying the second floor of Fallujah General Hospital for months¹³⁷ when, on May 24, following Prime Minister Haider al-Abadi's statement that the government would take measures to protect civilians during the operation to retake Fallujah from ISIS, an airstrike hit the hospital without warning, damaging the emergency room.^{138,139}

Other hospitals were also struck by airstrikes and shelling. UNAMI/OHCHR reported that on April 28, shelling by ISIS hit the Haditha General Hospital, wounding six civilians.¹⁴⁰ According to Human Rights Watch, an airstrike targeting ISIS fighters hit a clinic in Hamam al-Alil south of Mosul on October 18 without warning, destroying half of the facility and killing eight civilians, including a nurse. About 50 patients were at the clinic at the time of the strike.¹⁴¹ Both the US-led coalition and the Iraqi military were conducting airstrikes in the battle to retake Mosul from ISIS, but Human Rights Watch, which investigated the incident, was unable to verify who was responsible for the attack.¹⁴² Since July, ISIS has taken over an office at the clinic, which served about 70,000 civilians in the area, and has held meetings there regularly.¹⁴³

On December 7, a "precision airstrike" hit al-Salam hospital in east Mosul city. The US military took responsibility for

the bombing, stating that it deliberately attacked the hospital in an attempt to seize control of it from ISIS, who had for more than a day launched fire on Iraqi forces.¹⁴⁴ In a statement, the United States Central Command declared that it “complies with the Law of Armed Conflict and takes all feasible precautions during the planning and execution of airstrikes to reduce the risk of harm to noncombatants,” reiterating its intention to continue to strike ISIS military targets in support of partners to defeat ISIS in Iraq.¹⁴⁵ The statement did not mention whether civilians had been harmed or whether the coalition issued any effective warning to civilians prior to the attack.¹⁴⁶

ISIS had taken over the administration of al-Salam Hospital in the Wahda neighborhood in eastern Mosul, setting up a consistent presence of about ten fighters since ISIS took control of the city.¹⁴⁷ The hospital became a battleground when Iraqi forces pushed ISIS fighters out of the hospital and seized it, only to retreat the following day after being attacked by six suicide car bombs and heavy fire. Some staff and civilian patients who could not flee took shelter in the basement, and there were no reports on civilian casualties.¹⁴⁸ Coalition warplanes struck a building inside the hospital complex, from which extremists were firing machine guns and rocket-propelled grenades.¹⁴⁹ About 50 ISIS fighters had occupied the al-Khansa Hospital compound in the Al-Sukar neighborhood of Mosul since 2014. On December 23, ISIS evacuated all staff and patients from the hospital, but the fighters remained. A multi-weapon airstrike by Iraqi forces hit the compound a dozen more times in ensuing days.¹⁵⁰

Doctors were threatened, abducted, and killed for refusing to provide care to ISIS members. In March, five women, including a doctor who allegedly refused to medicate ISIS members, were killed by firing squad in al-Ghazlani Camp, in Mosul.¹⁵¹ On April 21, a female doctor was abducted near the clinic where she was employed and killed a few hours later.¹⁵² *Iraqi News* also reported that ISIS executed four doctors in Nineveh in July, allegedly for refusing to provide medical treatment to ISIS members.¹⁵³ ISIS also held doctors from the al-Jamhouri Hospital in Mosul hostage, and threatened to execute them if they escaped.¹⁵⁴ According to Human Rights Watch, the Iraqi government forcibly displaced a nurse for providing medical care at an ISIS hospital. She stated she had continued her work at the local hospital under ISIS because as the only female nurse, she felt it was her duty to provide health care for women. Iraqi forces brought her and her family to the Shahama camp, claiming she was affiliated with ISIS.¹⁵⁵

ISIS militants were also responsible for a severe humanitarian, health, and environmental catastrophe in Qayyarah. When the group retreated from the city, 65 kilometers south of Mosul, in August, they ignited 19 oil wells on the town’s outskirts and, a month later, torched the nearby Mishraq sulfur plant. Qayyarah’s only hospital was severely damaged by fighting and lacked the equipment to adequately diagnose or treat patients in the region suffering from vision and breathing problems, as well as burns.¹⁵⁶ Human Rights Watch also reported that ISIS restricted access to health care and education through discriminatory policies, including by limiting male doctors from touching, seeing, or being alone with female patients.¹⁵⁷

Other incidents include an attack on an ambulance that was transporting a wounded victim, who had been attacked by unidentified gunmen at a home in the eastern city of Baquba, to a hospital on April 28. Unidentified gunmen reportedly stopped the vehicle and killed the man.¹⁵⁸ In December, the UN condemned two separate attacks in eastern Mosul city during emergency assistance operations that killed four aid workers and seven civilians and left dozens injured. It is not clear who was responsible for these attacks.¹⁵⁹

ISRAEL AND THE OCCUPIED PALESTINIAN TERRITORY

The increase in acts of violence that began in the Occupied Palestinian Territory (OPT) in October 2015 continued into 2016. OCHA reported that 109 Palestinians and 13 Israelis were killed during attacks and clashes in the OPT in 2016, primarily in the West Bank and East Jerusalem, by individual attackers and Israeli security forces.¹⁶⁰ Throughout the year, Israeli forces have attacked Palestinian medical personnel, assaulted and obstructed medical transport, denied impartial care to wounded civilians, restricted movement of Palestinian patients seeking medical care in other areas of the OPT and Israel, and denied Palestinian patients access to health facilities in Israel.

ATTACKS AGAINST PALESTINIAN MEDICAL TEAMS AND TRANSPORT

From October 2015 until the end of 2016, the Palestinian Red Crescent Society (PRCS) reported 416 attacks by Israeli forces and Israeli settlers on its teams. The attacks injured 162 emergency medical technicians and volunteers, damaged 108 ambulances, and denied access to care in 146 incidents.¹⁶¹

ATTACKS IN 23 COUNTRIES



Palestinian ambulance windshield damaged by Israeli security forces' shooting.

Photo courtesy of Physicians for Human Rights—Israel.

Since violence increased in October 2015, Physicians for Human Rights-Israel (PHRI) investigated and documented 31 attacks against Palestinian medical teams¹⁶²—19 in late 2015 and 12 in 2016.¹⁶³ The cases include the use of bullets and tear gas on ambulances and medical facilities, removal of injured people from ambulances, and interference with the work of emergency teams.

For example, on January 15, 2016, Israeli security forces fired a black rubber bullet that hit a PRCS ambulance trying to reach people wounded during clashes in Al Khader town, near Bethlehem in the West Bank. The bullet, fired from ten meters away, shattered the ambulance windshield and wounded the left ear of the ambulance driver. On February 19, Israeli security forces blocked a PRCS ambulance from getting to an injured Palestinian protestor in Beit Fajjar town, also near Bethlehem. After the ambulance turned away from the scene, Israeli army and border police forces shot at the bottom of the ambulance with live ammunition, hitting two PRCS volunteers on the scene. The volunteers suffered bruising to the face and chest and were transferred to a clinic. On July 4, during clashes that broke out in Qalandiya refugee camp due to home demolitions, Israeli soldiers threw an unidentified object at a PRCS ambulance and shattered its front windshield. This was despite the fact that PRCS had coordinated with the Israeli army to be granted permission to enter and treat Palestinian protestors wounded during clashes. On May 10, tear gas canisters fired by Israeli authorities entered a Palestinian medical clinic in Hebron. As a result, one nurse and one sanitation worker suffered respiratory injuries.

Lack of Appropriate Investigations

PHRI submitted the 31 cases to the Police Investigations Unit, under the authority of the Ministry of Justice, and the

Military Police Criminal Investigations Division of the Israeli army with a request that relevant authorities investigate them.¹⁶⁴ According to PHRI, Israeli authorities opened investigations into several cases, but closed several of them without sufficient justification. For other cases, Israeli authorities discounted the seriousness of violations and therefore did not pursue investigations but provided no explanation, or they did not respond to complaints at all.¹⁶⁵

Cases Filed in late 2015

In nine of the cases filed in late 2015, PHRI has yet to receive a response. In five cases, Israeli authorities closed the cases stating that the circumstances did not justify opening a criminal investigation and claiming that PHRI did not sufficiently cooperate in promoting the investigation, without providing details. PHRI reports that it offered to provide additional information.

Cases Filed in 2016

Of the cases filed in 2016, nine were closed by the Military Police Investigations Unit on the basis that it only investigates offenses whose minimum punishment is a year. According to PHRI, however, these incidents would likely warrant this minimum punishment, given that lives were put at risk, such as instances of shooting at ambulances. PHRI has appealed in seven of these cases and is awaiting a response. Israeli authorities opened investigations into several of the other cases, and PHRI is waiting for decisions.

Delay of Emergency Medical Care for Palestinians

PHRI documented Israeli security forces denying timely medical treatment, or treatment altogether, for Palestinians accused of taking part in attacks or clashes.¹⁶⁶ In some cases, when Palestinian medical personnel tried to reach people who were wounded, Israeli security forces obstructed or even assaulted them. In one case, five Israeli border officials stopped a Palestinian paramedic from the Civilian Defense Volunteers of al Jalazone refugee camp as he was trying to reach a wounded protestor. The Israeli officials pushed him to the floor and kicked him, causing the paramedic to suffer tears to his leg muscles. Another case in late 2016 involved a wounded Palestinian woman accused of carrying out an attack at the Qalandiya checkpoint, the main checkpoint between the northern West Bank and Jerusalem. Palestinian medical staff noticed that the woman, who was behind the checkpoint gate, was still breathing and moving her body. They asked the

border police personnel several times if they could treat her but were refused and asked to leave the scene. It took an hour before an ambulance from the Israeli Magen David Adom ambulance service arrived, and another 30 minutes before the border police allowed the Israeli medics to treat her.¹⁶⁷

PHRI filed eight complaints of such cases of delay or denial of care as part of the requests for investigation detailed above. At the time of writing this report, PHRI had received no response on four of the cases, and Israeli authorities closed investigations into another three of the cases, asserting that the circumstances did not justify opening a criminal investigation.

RESTRICTED ACCESS TO MEDICAL CARE FOR PALESTINIANS

Although the Palestinian public health system functions as a united system, Israel controls the passage of Palestinian patients (and all residents) among the OPT's three regions—Gaza, the West Bank, and East Jerusalem. Therefore, Palestinian patients who cannot receive necessary medical care in their region—especially those in the West Bank and Gaza, as East Jerusalem hospitals are relatively advanced—require an exit permit from the government of Israel to access care at a health facility in another region in the OPT or Israel. Interference with Palestinian patients' medical care, through the denial of exit permits and consequently the denial of access to health facilities, sharply increased in 2016, as Israel dramatically increased security blocks for Palestinians exiting Gaza.

According to OCHA, the number of applications for Palestinian patients from Gaza to seek medical care primarily in the West Bank and East Jerusalem, and also in Israel, increased in 2016, while the approval rate declined. OCHA documented a 20% increase in the number of applications for exit permits from Gaza through the Erez Crossing in 2016, yet the approval rate fell from 77% in 2015 to 64% in 2016.¹⁶⁸ PHRI intervened to appeal the denials and secure exit permits for approximately 300 patients each year. In 2015, PHRI successfully reversed 67% of denials, but was only able to reverse 27% of denials in 2016. The Israeli authorities have not explained the change in these rates, and PHRI was not able to determine the reason.

Cancer patients, who require ongoing and timely treatment, continue to be among those significantly

affected by restrictions of movement. In 2016, PHRI received 69 requests for help from Palestinian cancer patients in need of medical treatment and 48 requests in 2015. In December 2016, dozens of female cancer patients in Gaza protested against Israel's policy of denying exit permits from Gaza to continue life-saving treatment.

JAMMU AND KASHMIR (INDIA)

Jammu and Kashmir is a state in northern India with long-standing tensions with the government of India.⁷ One of the most militarized regions in the world, Jammu and Kashmir has sustained significant levels of armed insurgency since the partition of the British Indian Empire into India and Pakistan (and later East Pakistan, now known as Bangladesh) in 1947.^{169,170}

Violence in the region peaked in the 1990s when armed groups, many of which were supported by Pakistan, started targeting civilians, particularly Hindus, politicians, and security personnel.¹⁷¹ Over the next two decades, both armed groups and security officials were responsible for serious human rights violations.^{172,173,174,175,176} Indian forces have been accused of torture, arbitrary detentions, extrajudicial killings, and enforced disappearances.^{177,178}

According to Indian media reports, a firefight with Indian security forces in July 2016 resulted in the killing of prominent militant leader Burhan Wani and two other radical fighters from Hizbul-Mujahideen, a leading militant armed group in the Jammu and Kashmir region.¹⁷⁹ This triggered a series of violent protests by Muslim Kashmiris who shared Wani's demands for secession and an end to abuses by government security forces. The clashes killed as many as 93 people and left thousands injured, including protesters, bystanders, and members of security forces.¹⁸¹ In addition, security forces targeted protesters and ambulances alike. Within the first week of the protests, the state health department and government hospitals reported damage to at least 70 ambulances, with additional reports of ambulance drivers and patients being pulled out of the vehicles and beaten at police or military checkpoints.¹⁸⁰ Physicians for Human Rights (PHR) found that Indian authorities employed excessive force and intimidation tactics, not only against protesters, but also against medical personnel attempting to treat the injured.¹⁸¹

According to *Kindle Magazine*, on July 10, police and paramilitary troops terrorized an ambulance on its way to a hospital in Srinagar, carrying a boy who had been shot by police. The attackers broke the windows and

ATTACKS IN 23 COUNTRIES

violently removed and beat the passengers, including medical attendants and the boy's father and uncle. Police then beat the ambulance driver until he was unconscious. The security forces left the injured individuals stranded until someone arrived and rushed the ambulance the rest of the way to the hospital.¹⁸² In a similar incident on July 9 reported by *Greater Kashmir*, security forces attacked protesters at Nehama in Anantnag district and shot Azad Ahmad Thoker, a 44-year-old father of three, in both thighs. Security forces stopped the ambulance transporting him to Srinagar three times, exacerbating his injuries. The attackers broke the glass of the ambulance, beat everyone in it, and even removed the man's drip and blood transfusion. He died within two hours of arriving at the hospital.¹⁸³

Bystanders injured in the conflict were also subjected to checkpoint attacks. In August, according to an opinion piece in TRT World, soldiers shot Aamir Nazir, a 22-year-old student, as he was watching a protest from across a river. Soldiers at a checkpoint then stopped and attacked his ambulance en route to Srinagar Hospital. He sustained significant blood loss from the delay and additional injuries during the attack, and was pronounced dead on arrival at the hospital.¹⁸⁴ Similar, albeit not necessarily fatal, attacks occurred throughout the next month. Nineteen-year-old Muhammad Ashraf told *Al Jazeera* that armed forces fired pellets at him on September 14 while he was walking through paddy fields, despite there being no protests at the time. On his way to the hospital, police stopped him and beat him.¹⁸⁵

The Central Reserve Police Force was also found to have committed human rights violations against health care providers. It must be noted that in the past, violations by security forces have largely enjoyed impunity in Jammu and Kashmir for several reasons, including laws like the Armed Forces Special Powers Act that effectively shield them from accountability for human rights violations.^{186,187,188} Throughout August, reports emerged of doctors and nurses being manhandled and prevented from fulfilling their medical duties.¹⁸⁹ Police stopped and detained 22 medical volunteers and ambulances working at Shri Maharaja Hari Singh Hospital in September, under claims that the volunteer groups had not obtained permission to operate in the area. The volunteers were released on bail later that day after organizational leaders went to the police station with proof of permission for their operations.¹⁹⁰

LIBYA

After the end of the 2011 revolution in Libya, the country held its first democratic national elections in July 2012 for an interim government. In May 2014, after two years of political infighting, a retired general, Khalifa Hiftar, declared war on extremist factions active in eastern Libya.¹⁹¹ Since then, the country has experienced severe instability due to a lack of political consensus, failure to establish a central government, fragmentation of security forces, effective collapse of the judiciary, and rampant impunity for human rights violations. As a result, there are internal armed conflicts occurring in the east and west, pursued by different militia alliances and forces supported by regional and international actors.^{192,193}

The instability has led to a collapse in security, rule of law, economy, and provision of public services.¹⁹⁴ In 2014, the emergence of ISIL in eastern Libya started the conflict in the east, while rival militias from Misrata/Tripoli and Zintan triggered the conflict in the west. In December 2015, through a UN-brokered agreement, some Libyan factions formed the Government of National Accord to govern during a two-year period. Although the Presidency Council moved to Tripoli and took control over some key ministries, the Government of National Accord remained one of three authorities vying for legitimacy and territorial control in Libya.¹⁹⁵ Conflict continues in eastern Libya between the Libyan National Army forces under the command of Khalifa Hiftar, and Islamist militias aligned under the Benghazi Revolutionaries Shura Council. In the west, Tripoli- and Misrata-based militias continue to clash. Although ISIL no longer controls territory in Libya, it remains a threat.

Though heavily dependent on foreign workers, Libya's health system was largely functional before the 2011 conflict.¹⁹⁶ Since then, the public health system has deteriorated, especially after the outbreak of hostilities in July 2014, due to underfunding; lack of access to and closure of health facilities and hospitals; and shortages of staff, functioning equipment, and medicines.¹⁹⁷ Access to lifesaving medical care and essential medicines are the most critical needs of the estimated 1.3 million people requiring humanitarian assistance.¹⁹⁸ A WHO national assessment conducted between May and October 2016 found that only four hospitals, of the 98 assessed, operated above 75% capacity; 27 operated below 25% functionality; and 16 were closed due to conflict-related damage.¹⁹⁹ Four hospitals were closed in Benghazi,

including a psychiatric hospital and the maternity hospital.²⁰⁰ Twelve infants died from preventable bacterial infection in the Sabha Medical Center's neonatal intensive care unit, while another died at the Tripoli Medical Center.²⁰¹ Health workers began leaving the country when the 2011 conflict started.²⁰² More than 80% of foreign nursing staff evacuated in 2014.²⁰³ At the Tripoli Medical Center, the city's main hospital, only 250 nurses remained of the 1,200 who had been working there in 2012.²⁰⁴

In November, it was reported that several hundred civilians under siege in the Ganfouda neighborhood of Benghazi, controlled by Islamist militias including ISIL since 2014, had limited drinking water and no access to medical care, with the exception of one doctor with limited capacities.²⁰⁵ Before Libyan forces retook the city of Sirte from ISIL in December, a resident told Human Rights Watch that the local hospital had no doctors, nurses, or medicine, describing the living situation in the city as "unbearable."²⁰⁶

Various parties to the conflict committed widespread violations of international human rights and humanitarian law, including arbitrary detention, torture, unlawful killings, indiscriminate attacks, enforced disappearances, and the forceful displacement of people.²⁰⁷ Factions continue to indiscriminately shell civilian areas, resulting in damage to infrastructure, mostly in Benghazi, Derna, and Sirte.²⁰⁸

In its *Attacks on Health Care Dashboard* that compiles information on attacks against health facilities, providers, transport, and patients, the WHO registered 20 attacks in Libya in 2016, though no detailed information was provided.^{209,210,211} According to Human Rights Watch, in February, unidentified aircraft dropped two bombs on the Al-Wahda Hospital compound in the Bab Tobruk area of Derna. The bombs hit the kidney and internal medicine wards, as well as the staff dormitory, causing extensive damage and killing a pharmacy staff member, Mastura Ali Mohamed al-Drissi, and her 10-year-old son, Mohamed Jomaa Abdelaziz al-Ghwari, who had both been asleep in the staff residence.²¹²

The UN Support Mission in Libya (UNSMIL), currently based in Tunis, reported the shelling of the Benghazi Medical Center in May.²¹³ The center provided care to more than 500,000 people in Benghazi, and damage to the intensive care unit and other units further reduced the availability of health services in the city. Six hundred patients and health workers were reported to have been in the medical center at the time of the attacks; the WHO did not report any casualties inside the center.²¹⁴ In December,

UNSMIL reported two other attacks that caused further damage to the Benghazi Medical Center. In the first, two IEDs exploded in the hospital, injuring one medical worker. On December 21, another two IEDs exploded, injuring four people. UNSMIL was unable to determine which parties to the conflict were responsible for the attacks.²¹⁵

According to Insecurity Insight's data, a suicide bomber caused extensive damage to a field hospital serving forces fighting ISIL, in Sirte on June 12. The attack reportedly killed three people and wounded seven others.^{216,217} UNSMIL reported that in the same month, unidentified perpetrators targeted medical facilities in Benghazi four times. A car bomb exploded at the entrance of Al-Jalaa Hospital, killing five people and injuring 13, including two children.²¹⁸ Another car bomb exploded outside the hospital on November 21, this time killing two men, two women, and two children and injuring 23 others, including seven children.²¹⁹

UNSMIL also reported that on September 19, an unidentified armed group stormed the intensive care unit of the Zawiyah Teaching Hospital and wounded a patient from another armed group. The lack of security caused hospital management to decide to close the facility.²²⁰ Due to proximity to hostilities, hospital operations in Zawiyah were shut down, following airstrikes that hit the electricity plant in Derna on October 15.²²¹

Health workers were targeted in other incidents. According to UNSMIL, on July 27, the Benghazi Medical Center handed over to relatives the bodies of three male nurses who had reportedly been providing medical support to Libyan National Army forces. They had been taken captive by opposition forces and allegedly executed by groups pledging allegiance to ISIS.²²² On November 1, unidentified gunmen reportedly kidnapped a doctor in the Warshefana district of Tripoli.²²³ On November 8, members of an unidentified armed group physically attacked medical staff in the Abu Salim hospital. On the same day, unidentified attackers set fire to humanitarian supplies of the Red Crescent at their premises in Sabha.²²⁴

MALI

Mali's most recent armed conflict began in 2012, when Tuareg separatists from the National Movement for the Liberation of Azawad launched a bid for autonomy in Mali's north and, almost simultaneously, a military coup undermined the government's response to the threat. The National Movement for the Liberation of Azawad,

ATTACKS IN 23 COUNTRIES

whose forces were joined by several groups allied to Al-Qaeda, quickly routed the Malian army from the north of the country. Partial government control over the north returned after a 2013 French-led intervention to restore the country's territorial integrity and civilian democracy. The UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA)²²⁵ was established in 2013 to foster stability and support a peace process.

Despite a peace agreement signed by some of the parties in June 2015, conflict has continued. Islamist groups—Al-Qaeda in the Islamic Maghreb, Ansar Dine, Al Mourabitoune, Movement for Oneness and Jihad in West Africa and Front de Libération du Macina—have intensified attacks in the north and have been expanding southwards.²²⁶ The failure by all sides to implement the peace accord, combined with the government's declining authority in central Mali and its dependence on international forces in the north, allowed tensions to escalate and terrorist groups to exploit the government's weakness at tackling security issues in the country.²²⁷ In June, the UN Security Council extended MINUSMA's mandate until June 30, 2017, authorizing a more robust civilian protection mandate and increasing force levels.²²⁸

The continuing insecurity in the north and spread of attacks into central Mali has further aggravated the country's decade-long hunger and humanitarian crisis,²²⁹ and has further reduced access to health care in insecure areas of the country. The UN estimates that 4.2 million people in Mali live in areas affected by conflict and 3.7 million people are in need of humanitarian assistance.²³⁰

Insecurity in the northern and central regions of Mali, particularly on the main roads, restricts the movement of people and goods and hinders access to basic services and humanitarian aid.²³¹ Hundreds of acts of banditry have been reported, as well as several incidents involving landmines and IEDs.²³² Human Rights Watch reported there were scores of attacks on humanitarian agencies, the vast majority committed by bandits.²³³ OCHA suspended assistance programs due to repetitive looting of food supplies and increasing cases of vehicle theft, including those used for mobile clinics that provide access to health care in remote areas of Gao and Timbuktu.²³⁴

Armed groups linked to Al-Qaeda and government-supported militia have attacked each other, Malian soldiers, neutral peacekeepers, and, to a lesser extent, aid workers and other civilians.²³⁵ Human Rights Watch reported that attacks by armed forces killed 29 MINUSMA

peacekeepers in 2016.²³⁶ Armed groups linked to Al-Qaeda in the Islamic Maghreb took responsibility for many of the attacks,²³⁷ including a February attack that killed seven peacekeepers from Guinea, and two incidents in May that killed five peacekeepers from Togo and five from Chad.²³⁸

Human Rights Watch reported that on at least six occasions, ambulances and vehicles used by both the Malian government and aid organizations to deliver health care were attacked or robbed near Léré, Gao, Niafouké, Gossi, and Menaka. In four of these incidents, sick passengers, drivers, and health workers were forced out of the vehicles and robbed, and the vehicles were stolen.²³⁹

According to *Studio Tamani*, on April 4, three gunmen stole an ambulance used as transportation for a vaccination campaign from a community health center in Timbuktu.²⁴⁰ According to *Sahel MeMo*, two incidents perpetrated by unknown groups occurred in September. On September 5, gunmen seized an ambulance that belonged to the Niafouké health center between Acharane and Timbuktu, abducting six employees and later releasing them. On September 20, gunmen took an ambulance that belonged to the local health center at Léré, while it was carrying a pregnant woman.²⁴¹ The vehicle was later found and returned to the health center.²⁴²

According to *RFI Afrique*, four ICRC staff members were kidnapped on April 16 near the Abeibara village, as they were returning to their base in Kidal.²⁴³ One was quickly released and the remaining three were freed on April 22.²⁴⁴ Ansar Dine claimed responsibility for the kidnappings.²⁴⁵ According to the *Maghreb and Sahel* blog, on April 29, armed men attacked three NGO workers near Doro, south of Gao; two of the workers were injured during the attack and their supervisor was still missing as of May 1.²⁴⁶

According to *Threat Matrix*, an IED struck an ambulance headed to the site of another IED attack that killed two MINUSMA peacekeepers. The ambulance belonged to the Chadian contingent at the base in Aguelhok.²⁴⁷ This incident was part of a series of attacks targeting UN forces claimed by Ansar Dine.

According to *Newsweek*, on November 6, an armed Islamist group attacked a military convoy in the central region of Mopti. The attack left two Malian civilians and a UN peacekeeper from Togo dead, and injured seven others. Ansar Dine claimed responsibility. Following this attack, unidentified militants raided a Malian military camp in the nearby commune of Gourma-Rharous and stole five army vehicles, including an ambulance.²⁴⁸ On November

21, suspected jihadists attacked a council building in Dilli, a village in the southwest, killing one civilian and stealing two ambulances and one other vehicle.²⁴⁹

MOZAMBIQUE

The 16-year civil war in Mozambique ended with a peace agreement in 1992 between FRELIMO, the liberation party that still governs today, and RENAMO, the rebel group turned opposition. Tensions began escalating again in 2012 and a new peace agreement was signed in 2014.

In 2014, following FRELIMO's win in the elections, RENAMO claimed to have won the majority of votes in six provinces and announced its wish to govern them. Since then, conflict has intensified, with increasing armed attacks by both RENAMO and government forces. Human rights violations also increased in 2016, forcing around 12,000 Mozambicans to flee to neighboring Malawi.²⁵⁰ Violations include summary executions and sexual violence by government security forces, as well as continued attacks on civilians by RENAMO. These attacks include raids on at least two hospitals and two health clinics, as reported by Human Rights Watch and the International Crisis Group.^{251,252,253}

According to Human Rights Watch, armed groups who identified themselves as RENAMO attacked a health clinic and the main hospital in Mopeia, in Zambezia province on July 30; a health clinic in the Maiaca village of Niassa province on July 31; and a district hospital in Morrumbala, also in Zambezia province, on August 12. The gunmen threatened patients and staff, burned patients' medical records, destroyed medical equipment, and stole medical supplies and medicine, including vaccines, syringes, HIV tests and medication, and mosquito nets. According to Human Rights Watch, these attacks "threaten access to health care for tens of thousands of people in remote areas of the country."²⁵⁴ The head of RENAMO in the Mozambique parliament denied that people linked to the party conducted the attacks. However, the RENAMO leader Afonso Dhlakama confirmed that he had given orders to attack some areas of Zambezia province without specifying the targets.

Mozambican authorities also claimed that RENAMO has attacked about a dozen other health clinics since the beginning of 2016, including clinics in Sofala, Manica, and Tete provinces.²⁵⁵ Insecurity Insights' data documented additional attacks on health facilities. On July 14, opposition gunmen raided a total of four health centers

in Manica province, in Maco and Garagua in Mossurize district and in Mussianhalo and Chuala in Barue district. The attacks led to the closure of the four health centers, which directly affected care to about 5,000 people. On July 24, opposition gunmen raided the Muapala Health Center in the northern district of Maúa in Niassa province and stole medicine and surgical equipment.²⁵⁶

MYANMAR

Despite the election of the National League for Democracy in November 2015, the peace process led by State Counsellor Daw Aung San Suu Kyi has done little to suppress the long-standing ethnic conflict within Myanmar.²⁵⁷ In particular, the fighting between the Tatmadaw (the national armed forces) and ethnic armed groups in Kachin, Shan, and Rakhine states intensified over the course of 2016.

On October 1, 2016, the Tatmadaw led an attack on Pang Poi, a territory controlled by the Restoration Council of Shan State. During this attack, the Tatmadaw reportedly ransacked a local drug rehabilitation center, operated by the Restoration Council of Shan State and a local civil society organization. The attack resulted in the displacement of nearly 2,000 civilians, many of whom were left in need of humanitarian help.²⁵⁸

The Tatmadaw regularly blocks the provision of humanitarian supplies and medical assistance from international NGOs and UN agencies to internally displaced persons in nongovernment-controlled zones in Kachin state and northern Shan state. Over 100,000 Kachin remain displaced from the fighting that started in 2011, living in displaced persons camps with limited access to livelihoods, food, medical care, and sufficient shelter, especially during winter months.²⁵⁹ Furthermore, renewed fighting between the Tatmadaw and members of the Northern Alliance in northern Shan state and in ethnic Kokang areas has displaced tens of thousands more into Shan state, and from Kokang across the border into China.²⁶⁰

On October 9, a previously unknown Rohingya insurgent group attacked several border guard outposts in Maungdaw, Buthidaung, and Rathedaung townships in northern Rakhine state, killing nine officers and eight insurgents. The attacks led to a ferocious Tatmadaw and police "clearance operation" to find the insurgents and recover approximately 60 weapons stolen from the border guard camps. The operation resulted in the shooting of fleeing villagers; arbitrary arrest and torture; extrajudicial

ATTACKS IN 23 COUNTRIES

executions of men, women, and children; sexual violence and rape; and widespread looting and arson, with over 1,500 structures destroyed by fire, according to satellite imagery analyses by Human Rights Watch.²⁶¹ As of March 8, 2017, 94,000 persons have been displaced from northern Rakhine state, of which approximately 20,000 were internally displaced in the “clearance operation” areas.²⁶² Many of the vulnerable Rohingya displaced were denied essential health care and basic nutritional needs. Clearance activities forced local health clinics to shut down, and the Tatmadaw moved to block all humanitarian access and assistance to the area. Notably, a World Food Programme-sponsored nutritional aid operation, which had been providing assistance to approximately 152,000 highly vulnerable persons including pregnant women, children under five years of age, and HIV- and tuberculosis-infected individuals, was blocked.^{263,264,265} Indeed, as a direct result of the October 9 attacks, OCHA has seen an increase in persons treated for severe and moderately acute malnutrition in Maungdaw township alone.²⁶⁶

The Office of the President reported that clearance operations ended on February 9, 2017, and that the Tatmadaw had withdrawn, leaving the police in charge.²⁶⁷ While access to provide humanitarian assistance has eased in some areas, OCHA notes that it is “far from what it was before the 9 October attacks.” International aid workers are not permitted into the former conflict areas; in some areas, national staff are not allowed to stay overnight; and humanitarian organizations still cannot resume their protection activities. Journalists and human rights monitors are generally barred from the areas covered in the clearance operation.²⁶⁸

Altogether, over 120,000 Rohingya and Kaman Muslims remain restricted to internally displaced persons (IDP) camps in the areas west of Sittwe, and other parts of central Rakhine state.²⁶⁹ These persons had originally been displaced in the violence of June and October 2012, in which Human Rights Watch determined that ethnic cleansing and crimes against humanity had been committed against them.^{270,271} Given severe restrictions on movement, these displaced persons continue to face limited access to emergency care outside IDP zones for serious health conditions, and must negotiate a slow and expensive process to secure permission to go to hospitals outside the zones.

NIGER

Since 2015, the government of Niger has endured cross-border attacks on its southern regions by the Nigerian Islamist group Boko Haram.²⁷² The conflict first spilled into border regions of Niger in February 2015, when an in-country attack by Boko Haram occurred in Bosso district.²⁷³ The most impacted region is Diffa in southeast Niger, where more than 300,000 displaced persons needed humanitarian aid at the end of 2016.²⁷⁴

On May 2, an unidentified armed group looted an MSF health center in N’Garwa.²⁷⁵ On May 19, 200 members of Boko Haram destroyed an MSF health post during an attack in Yebi, Bosso district. As the only health facility in the area, it served approximately 20,000 people and averaged 400 weekly appointments. At least six people were killed, eight injured,²⁷⁶ and many others went missing.²⁷⁷ The attack also led to the postponement of a recently launched measles campaign.²⁷⁸

On October 7, in Tassara, Tahoua region, 30 to 40 heavily armed men attacked the security post of the Tazalit camp for Malian refugees. No group has claimed responsibility for this attack, which led to the deaths of 22 domestic soldiers and the injuries of five.²⁷⁹ The assailants also burned a UN ambulance and looted supplies from the camp’s health center.²⁸⁰

Ex-Boko Haram militants were responsible for two incidents in November: one attack on a health center in N’Galewa that killed a health worker, and another on a health center in N’Garwa Koura.²⁸¹

NIGERIA

The conflict between the government of Nigeria and Islamist group Boko Haram is in its eighth year, largely affecting the northeastern part of the country, particularly Borno, Adamawa, and Yobe States. Although there were fewer well-documented attacks on health workers and facilities reported in Nigeria in 2016 than in prior years, the violence continued. While government forces recovered some lands from Boko Haram, the group and military counter operations continued to terrorize northeast Nigeria, affecting 26 million people,²⁸² raising the death toll and the numbers of refugees and internally displaced persons. According to OCHA, almost 1.8 million internally displaced persons and another one million returnees are burdening already limited resources; another 187,000 Nigerian refugees are in neighboring Cameroon, Chad, and Niger.²⁸³ Additionally, violent conflicts between nomadic

herdsmen and farming communities contributed to an atmosphere of insecurity across the country.²⁸⁴

According to various news sources, on May 30, Biafra Remembrance Day, members of the pro-Biafra separatist group Indigenous People of Biafra carried out demonstrations in the southeast that degenerated into violent confrontations with security agents.²⁸⁵ According to *Al Jazeera*, the confrontations led to the deaths of at least ten protesters, although campaigners claimed many more.²⁸⁶ Furthermore, media reports alleged that a joint military and police task force led by Major C. O. Ibrahim of the Nigerian Military Police overran Nnewi Teaching Hospital. The task force abducted 12 protestors who had been shot during the demonstration and seven of their relatives, and delivered them to Police Commissioner Hosea Karma, who accused them of threatening national security. The wounded were eventually returned to the hospital, but the Special Anti-Robbery Squad detained their relatives for interrogation.²⁸⁷ Two days later, eight of the injured were arrested again, but their whereabouts were unknown by reporters on June 13.²⁸⁸ A source within the security forces reported that 15 graves were prepared and some were used to bury approximately ten people.²⁸⁹

On July 28, 2016, UNICEF released a statement regarding an attack in Borno State by unknown assailants on a convoy transporting humanitarian workers returning from an aid operation, including staff from UNICEF, the UN Population Fund, and the International Organization for Migration.²⁹⁰ The assailants, who were suspected to be members of Boko Haram, injured two NGO workers.²⁹¹

There were multiple abductions of health workers throughout the year. In January, the Nigerian Medical Association in Rivers State, southern Nigeria, threatened to stop working if two kidnapped doctors—Dr. Isaac Oporum, who had been taken from his home, and Dr. Ibifuro Aprioku, who had been abducted while leaving church with her children²⁹²—were not returned.²⁹³ In March, suspected herdsmen kidnapped four polio vaccination workers for ransom in Chikun Local Government Area, Kaduna State.²⁹⁴ Such attacks jeopardize the progress made toward eliminating the disease in Nigeria. The country's first polio outbreak in two years occurred in Boko Haram-hit Borno State in 2016. In September, eight unknown gunmen kidnapped two nurses from Erama General Hospital in Ogba, Rivers State, after raiding and looting the hospital. The kidnappers demanded five million Naira (approximately US\$16,000) ransom for the nurses'

return. The nurses suffered machete wounds during their abduction. One nurse, Mrs. Nwikina Felicia, managed to escape, but Mr. Awaji-Owa Ntendeng Hebron remained in captivity as of September 29, 2016.²⁹⁵

PAKISTAN

As of 2015, Pakistan had the sixth highest number of attacks against aid workers in the world, though explicit attack counts are not available for 2016 (at the time of the writing of this report).²⁹⁶ An increase in the timely deployment of adequate security for vaccinators during campaigns led to a significant overall reduction of polio cases in 2016 nationwide.²⁹⁷ Despite this, polio vaccination workers remain subjected to attacks of varying degrees of severity. It is worth noting that many of these attacks—primarily orchestrated by militant groups such as the Taliban—happened in areas of endemic wild poliovirus transmission. Pakistan remains one of the two countries in the world with confirmed wild poliovirus cases, the endemic transmission of which primarily prevailed in the Khyber-Peshawar corridor, Karachi, Quetta block, and North Sindh in 2016.²⁹⁸

As in previous years, polio workers were attacked on the job, typically during community-based anti-polio campaigns. On January 13, 2016, a suicide bombing at a polio vaccination center in Quetta, the capital of Balochistan province, killed 15 members of Pakistan's security forces and wounded 23 other people as they gathered for a planned three-day vaccination campaign.²⁹⁹ Two militant groups, Tehreek-e-Taliban Pakistan (TTP) and Jundullah, or Army of God, claimed responsibility.³⁰⁰ On February 17, two gunmen on a motorcycle shot and injured a polio worker in Lahore, where approximately 4,000 vaccinators had been dispatched along with police officers for security. The polio worker was treated for a bullet wound to the leg.³⁰¹

March alone saw a number of attacks on polio workers. On March 16, a group of armed men ambushed and injured an unescorted team of three female polio workers in the Garhi Yasin area of Shikarpur district in Sindh province.³⁰² The three polio workers were members of the Lady Health Workers Association, which was taking part in a four-day polio vaccination drive across Pakistan.³⁰³ Just one day later, on March 17, four assailants on motorcycles opened fire on a female polio worker, again in Shikarpur, North Sindh, injuring her as she returned from a vaccination mission in nearby Korejo village.³⁰⁴ On March 26, gunmen entered the clinic of a health official in the Lwargi area,

ATTACKS IN 23 COUNTRIES

and shot and killed him. The health official had been supervising an anti-polio drive in the area.³⁰⁵

On May 16, a group of unidentified armed men opened fire on a polio vaccination team in the main bazaar of Mastung, in Balochistan.³⁰⁶ While the vaccination team was unhurt, a passerby was killed by a bullet from the attack. In June 2016, in the Karak district of the Khyber Pakhtunkhwa province, a gunman opened fire on campaign workers serving the Shahidan area, suspending the vaccination drive and forcing workers to take shelter in nearby houses.³⁰⁷ In an incident similar to those from March, four motorcyclist gunmen injured another female polio worker in September 2016, in the city of Larkana in North Sindh.³⁰⁸ Also in September, Dr. Zakaullah Kahn, a physician instrumental to an anti-polio vaccination drive in Peshawar, Khyber Pakhtunkhwa province, was gunned down on his way home from evening prayers.³⁰⁹ As of the time of reporting, it remains unclear whether the attack was motivated due to his association with the vaccination campaign.

On October 26, a polio worker in Khyber Agency was killed when the TTP attacked a community vaccination campaign. The coordinator of this attack, Noor Muhammad of the Ababil group (a Khyber Agency-based TTP faction) was later killed in an intelligence-based operation in early November 2016.³¹⁰ Also in November 2016, in Bannu district, Khyber Pakhtunkhwa province, a community resident who refused to accept polio vaccination for his children attacked a polio worker. The worker escaped the attack, and the resident was arrested and charged with murder, terrorism, and hindrance of government work.³¹¹

Law enforcement officials protecting anti-polio campaigns were also targeted. In April 2016, eight gunmen, in two consecutive attacks, killed three police guards and four police officers in Karachi. The seven law enforcement officials were guarding polio vaccination workers, although the Pakistani Taliban, who claimed responsibility for the gunmen, indicated that the attacks were in retaliation to the killing of a Taliban member by Karachi police.³¹²

In addition to attacks targeting anti-polio campaigns, there were three reports of violent attacks against health personnel in Pakistan in 2016. The first occurred in April 2016, when police tortured and beat members of the Young Doctors Association who were protesting in Balochistan. The protest had been organized to demand provision of basic facilities and additional employment for doctors at the Bolan Medical College Hospital and other

government-run hospitals.³¹³ At least eight doctors were injured during the clash, with photos and videos circulated on social media corroborating the incident. In response to the police brutality, young doctors across Balochistan closed down all outpatient departments in the area and boycotted an ongoing polio campaign in the province. The second attack was on a 56-year-old Hindu doctor in the Hasrat Mohani Colony of Karachi, in Sindh province.³¹⁴ The attack, which appeared targeted but the motivation for which was unclear, left the doctor dead from a single gunshot wound to the chest. The third of these attacks was a suicide attack at the entrance of Quetta Civil Hospital in Quetta, which left at least 74 civilians dead and up to 112 wounded. The attack, which occurred on August 8, was organized by the Jamaat-ul-Ahrar, a Pakistani faction of the Taliban, and ISIL.³¹⁵ Though it targeted a group of lawyers and journalists who were mourning a colleague inside the hospital, this bombing was one of the deadliest attacks on a medical facility in the history of the region.³¹⁶

SOMALIA

Somalia has been in conflict for nearly three decades. What started as a civil war in the 1980s in resistance to the Siad Barre regime has become a conflict between Islamist armed group Al-Shabaab and the Somalia National Army, which is supported by the African Union Mission in Somalia—a UN-created peace operation—as well as Kenyan and Ethiopian troops.

Somalia is ranked first in the 2016 fragile states index³¹⁷ and its decades-long humanitarian crisis continues, exacerbated by flooding, drought, and an influx of refugees from Yemen. By the end of 2016, 2.9 million people were in a situation of humanitarian emergency and crisis,³¹⁸ 3.3 million were in food security stress,³¹⁹ 363,000 children under five were malnourished, and the number of internally displaced persons was over 1.1 million.³²⁰ Basic public services such as health care and education are practically nonexistent,³²¹ and 3.3 million people are in immediate need of access to essential health services.³²²

By January 2016, at least ten health facilities were operating under reduced services or had closed due to insufficient funding, and many organizations had withdrawn health workers from high-need areas for lack of funds.³²³ From January 1 to October 9, more than 13,600 cases of acute watery diarrhea/cholera were reported in Somalia.³²⁴ Although the main cause for the resurgence of cholera in the country is not entirely clear, the WHO suggests that violence resulting from political conflict is one contributor to the spread of the disease, as countries experiencing protracted and complex emergencies that result in massive displacement of people have a higher risk of cholera epidemic.³²⁵

By July, OCHA had reported 80 security-related incidents that directly impacted humanitarian assistance. These incidents resulted in the deaths of five, injuries of eight, arrests of ten, abductions of three, and physical assaults of five humanitarian workers. According to Insecurity Insight's data, on January 1 in the capital Mogadishu, several gunmen opened fire on a group of humanitarian workers from a Turkish NGO, as they left a mosque. The attack killed one national staff member and injured four others. Al-Shabaab extremists are suspected of being behind the assault.³²⁶

Insecurity Insight's data also documented attacks that harmed health workers. On March 31, in Mogadishu, unidentified gunmen shot six civilians, including two Turkish hospital workers, their driver, and a security guard.³²⁷ On June 25, in Hodan District, a suicide bomber drove a vehicle laden with explosives into the Ambassador Hotel, which was then stormed by Al-Shabaab fighters. More than 20 people were killed in the attack, including a local doctor from the charity group Concern Worldwide, and more than 50 were injured.³²⁸

The Report of the Secretary-General on children and armed conflict in Somalia verified 40 incidents of attacks on hospitals between 2012 and July 2016, including cases of damage to clinics and health facilities during fighting, looting of supplies and equipment, and military use of hospitals.³²⁹ The UN Security Council's report of the Secretary-General on Somalia noted 13 attacks on schools and hospitals between May and August 2016.³³⁰

According to *All Africa*, in March at a village near the town of Bardere, Al-Shabaab militants abducted three workers of the Red Crescent Society, including the head of the organization's health operation in Gedo.³³¹ In one of the seven cases of attacks on health noted in the UN

Secretary-General's report, crossfire partially destroyed Afmadow hospital when Al-Shabaab attacked a police camp on March 16.³³² In August, as reported by *All Africa*, Al-Shabaab launched mortar shells at densely populated residential areas in Baidoa, a town 250 kilometers west of Mogadishu, hitting a hospital in the area.³³³

Attacks have also been attributed to other parties to the conflict. According to OCHA, after nonstate actors took control of Qandala in October, they closed a health facility and looted medical equipment and supplies.³³⁴ On March 30, unidentified gunmen shot and killed two Turkish and three Somali doctors in a drive-by shooting. The doctors were heading to work at Digfer Hospital in Mogadishu. No group claimed responsibility for the attack, but an Al-Qaeda-linked militant group in Somalia had earlier threatened attacks against Turkish nationals in the country.³³⁵

SOUTH SUDAN

The current civil war in South Sudan began in December 2013, after a political dispute between President Salva Kiir (a Dinka) and Vice President Riek Machar (a Nuer) led to clashes between forces loyal to each. The conflict has since killed tens of thousands of people, displaced more than three million, and plunged the country into humanitarian crisis.³³⁶ Despite a peace agreement signed on August 15, 2015, fighting between the Sudan People's Liberation Army (SPLA) loyal to President Kiir and the SPLA in Opposition (SPLA-IO) loyal to Vice President Machar continued in 2016, often along ethnic lines.³³⁷ In Juba, a series of violent clashes between the SPLA and SPLA-IO forces broke out in July and, according to the UN, hundreds of people were killed and more than 200 were raped.³³⁸

OCHA reported the country's humanitarian crisis worsened in 2016, with 7.5 million people in need of humanitarian assistance and protection and almost 1.9 million people internally displaced by the violence.³³⁹ Approximately 4.8 million people are food insecure and more than one million children under five are acutely malnourished.³⁴⁰ Only 43% of the country's health facilities are functional, and those that remain are burdened by a chronic lack of essential medicines, limited funding, and high operational costs. More than 100 health facilities have closed, and at least 29 have been looted or destroyed since December 2013.³⁴¹

The violence and displacement have greatly increased vulnerability to disease and injury while also hindering people's access to health care.³⁴² Cholera has reached new

ATTACKS IN 23 COUNTRIES

locations along the Nile River, and the number of people suffering traumatic injuries has grown. Children, weak from lack of nutrition and without immunizations, are especially vulnerable; women lack access to skilled birth assistance and services for gender-based violence. People with HIV/AIDS or tuberculosis, especially from the Greater Equatoria region, have been cut off from receiving their life-saving medications.³⁴³ Since the war started, UNICEF has documented 303 attacks on or military uses of schools and hospitals.³⁴⁴

Aid staff have been threatened, detained, harassed, abused, and attacked by the parties to conflict, severely undermining the delivery of assistance to people in need. According to the Assessment Capacities Project (ACAPS), attacks against humanitarian aid workers increased in 2016, with over 640 incidents in the first three quarters of the year.³⁴⁵ Twenty-four humanitarian workers were killed in 2016, compared to 15 in 2015, and at least 53 have been killed since the conflict started.³⁴⁶ Armed attacks on humanitarian workers were mainly reported in the states of Eastern, Central, and Western Equatoria; Lakes; and Western Bahr el Ghazal.³⁴⁷

Health facilities, health workers, and patients have also been affected by the violence. On February 18, armed Dinka men, including SPLA soldiers, forced their way into the UN Protection of Civilians (POC) site in Malakal, Upper Nile state, shot civilians, and burned homes.³⁴⁸ The violent attack killed at least 30 people, including two MSF employees, and injured 123.³⁴⁹ At least one of the MSF employees died while providing aid to wounded civilians.³⁵⁰ About 2,700 protective shelters and humanitarian facilities were burned.³⁵¹ Insecurity Insight's data identified two health centers in the compound that were destroyed.³⁵²

On February 23, fighting broke out in Pibor, Jonglei state between the South Sudanese army and a dissenting force from the former South Sudan Democratic Movement/Army-Cobra outfit.³⁵³ An MSF medical center was caught in the crossfire. One patient, a six-year-old boy, was shot in the stomach and died; 35 other patients were injured. The center was subsequently looted of medical equipment, patient beds, medicines, therapeutic foods, fuel, and even ceiling fans.³⁵⁴ These acts weakened the organization's ability to provide medical aid in Pibor, Lekuangole, and Gumuruk.³⁵⁵

Also in February, Human Rights Watch research into violence in Wau, Western Bahr el Ghazal, found that

government soldiers had on occasion entered the town's hospitals to search for patients with gunshot wounds, whom they accused of being rebels. On February 18, soldiers removed two injured men from hospitals and took them to military detention. Soldiers also assaulted a hospital staff member and harassed others. Following the incidents, hospital workers did not feel secure and refused to spend nights at the hospital.³⁵⁶

Insecurity Insight reported that on February 7, a health worker for an international NGO was shot and killed while traveling in Ulang County, Upper Nile state.³⁵⁷ On May 16, soldiers at a checkpoint in Yei, in Central Equatoria, shot a Slovakian medical doctor and nun in the stomach while she was driving the St. Bakhita Medical Centre's ambulance. She had been returning from rushing a pregnant woman to another health facility for emergency care. Although she was evacuated to Kenya for care, she died four days later from her injuries.³⁵⁸

On July 8, fighting broke out between SPLA and SPLA-IO forces during a cabinet meeting at the presidential compound in Juba. Human Rights Watch documented a series of violent clashes that lasted for four days in different locations around the city. Soldiers fired indiscriminately, hitting densely populated areas or displaced persons' camps inside UN bases. According to the UN, at least 73 civilians were killed during the fighting.³⁵⁹

On July 11, the same day that a ceasefire was reached, a large number of soldiers belonging to contingents of government forces overran a compound housing approximately 50 staff from various international organizations. The soldiers executed a Nuer journalist, raped and gang raped several women, beat and assaulted dozens of staff, and ransacked and looted the entire compound.³⁶⁰

Also on July 11, shelling hit the maternity wing of an International Medical Corps hospital within a POC site in Juba, prompting the staff to move patients in critical condition to another health facility within the UN base. The hospital had already been experiencing shortages of fuel for its ambulance, water, electricity, medical supplies, and clinical staff, and the violence further interrupted the availability of medical services and humanitarian aid to the over 50,000 people living in the POC site.³⁶¹

Despite the July 11 ceasefire, the parties to conflict continued to battle. Insecurity Insight reported additional attacks on health workers and facilities through December.

On September 18 in Yei, Central Equatoria state, armed groups ransacked a health center in the refugee settlement of Lasu; stole medicine, medical supplies, and furniture; and threatened health officials at gunpoint.³⁶² On December 9, also in the Lasu refugee camp, SPLA-IO abducted three health workers, including a clinical officer and a community health worker, during road clashes. The health workers were released and SPLA-IO claimed it had rescued them from an ambush.³⁶³

SUDAN

Armed conflicts continued in Darfur, Southern Kordofan, and Blue Nile states. In all three states, years of conflict have displaced large segments of the population, affecting access to basic services, including health care. According to OCHA, 5.8 million people are in need of humanitarian assistance across Sudan. Of those, 3.9 million are in need of health-related assistance.³⁶⁴

Humanitarian actors have been unable to access opposition-held areas in South Kordofan and Blue Nile since the beginning of the conflicts there in 2011.³⁶⁵ *Radio Dabanga* reported that three United Nations High Commissioner for Refugees employees and four peacekeepers were kidnapped in separate incidences in November. All were eventually released.³⁶⁶

OCHA reported that crisis has impacted all levels of health care, notably in conflict-affected areas. By early 2016, about 36% of primary health care facilities across the country were not fully functional either due to staff shortages or poor physical infrastructure. Only 24% of functional health facilities in the country offered all main service components of the primary health care package.³⁶⁷ In Darfur, because of the support provided by NGOs, 42% of health facilities were functional. However, according to OCHA, by September 2016, 11 of the health units in North, South and West Darfur, Blue Nile, and South Kordofan states were closed due to insufficient funding, and 49 facilities were at risk of closure. These closures affect access to essential primary health care services, as well as immunization services and control of communicable diseases and outbreaks.³⁶⁸ A shortage and inequitable distribution of health workers, as well as acute shortages of medical supplies, exacerbate the situation.³⁶⁹

In January, *Radio Dabanga* reported that the Sudanese Air Force bombed Jebel Marra, Darfur, causing Katerom village to burn down, school wreckages, and many deaths. Kilineej Health Center in Golo, West Darfur was destroyed by the bombardment, increasing the health care shortage in the

region.³⁷⁰ According to OCHA, by October 2016, 160,000-195,000 people were reportedly displaced from the Jebel Marra area since January.³⁷¹

In specific incidents involving health providers, on April 14, gunmen abducted an assistant doctor from a health clinic in Al-Fashir, the capital in North Darfur, according to Insecurity Insight.³⁷² Elsewhere in Sudan, doctors went on strike in response to increasing attacks on doctors by security forces, poor wages and deteriorating services. The strikes began in Wad Madani and Khartoum, spreading to over 136 hospitals.³⁷³ Sudanese doctors and health workers stated that more than 90% of violent attacks on them are perpetrated by police and security agents.³⁷⁴ In addition, Sudan's National Intelligence and Security Service (NISS) detained at least 14 striking doctors and summoned more than 62 for questioning, in October.³⁷⁵

In another case, five student activists from the University of Khartoum were detained without charge after being arrested by the NISS on April 13 at Khartoum Dental Hospital, while they accompanied an injured friend to the hospital. The students were released in June 2016.³⁷⁶

SYRIA

As the Syrian conflict moves into its seventh year, what was already the biggest humanitarian crisis of our time has only grown worse. As of December 2016, the UN estimated that more than half of Syria's prewar population had been displaced—6.3 million people internally and 4.8 million registered as refugees in neighboring countries—while an estimated 13.5 million were in need of humanitarian assistance.³⁷⁷ While 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 Centre for Policy Research estimated the death toll to be 470,000.³⁷⁸

The conflict began as a people's uprising, triggered by the arrest and torture of teenagers for painting anti-government graffiti, and was underpinned by the desire for democratic reforms. Unrest spread and developed sectarian overtones, and the involvement of external players increased its destructive power. While alliances have shifted over the course of the conflict, there are six broad groups of parties to the Syrian conflict: (i) the Syrian government, allied with Iranian and Russian armed forces, Hezbollah, and other local militias; (ii) Syrian opposition groups fighting to overthrow the Syrian government; (iii) extremist Islamist groups like the self-declared ISIS and Al-Qaeda affiliate in Syria, Jabhat Fatah al-Sham (formerly Jabhat al-Nusra); (iv) the US-backed Syrian Democratic

ATTACKS IN 23 COUNTRIES

Forces, made up predominately of fighters from the Kurdish People's Protection Units (YPG), but also Arab and other forces fighting ISIS; (v) the US-led international coalition, fighting ISIS; and (vi) and Turkish forces allied with Syrian armed groups under the banner of Operation Euphrates Shield fighting ISIS, which seeks to maintain border security and contain the territorial expansion of the YPG.

Despite multiple attempts at ceasefires and UN-mediated peace talks, the Syrian conflict continued to be characterized by disregard for the welfare of civilians throughout 2016. 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. While the conflict makes it impossible to properly estimate how many medical professionals are still practicing in Syria, it is well established that the workforce has been dramatically reduced. Those who remain have to practice medicine beyond their expertise.³⁸⁰ For example, according to PHR and the Syrian American Medical Society (SAMS), a veterinarian, a dental student, and a nurse have been the primary source of health care for Madaya—a town of 40,000 people besieged by Syrian government forces since July 2015.³⁸¹

Attacks on Medical Facilities and Transport

Health care facilities were repeatedly targeted and indiscriminately bombed throughout 2016. PHR documented 108 attacks on medical facilities in Syria throughout 2016, and 454 attacks from March 2011 through December 2016. The attacks in 2016 comprised 88 by aerial assault (including at least 11 with barrel bombs and one with cluster munitions), 15 from shelling, one by car bomb, one by ballistic missile, one by raid, and two by unknown weaponry. Syrian government forces and their Russian allies carried out 97 attacks (90%), of which PHR determined Syrian government forces were responsible for 20, Russian forces were responsible for one, and either Syrian government or Russian forces were responsible for 76. In addition, opposition groups carried out seven attacks, ISIS forces carried out two, and two were carried out by unknown forces.³⁸² In 2016, Médecins Sans Frontières (MSF) reported 71 attacks on health structures it was managing or supporting in Syria. Of the 71 attacks, 57 were in Aleppo governorate.³⁸³ Insecurity Insight's monitoring of open sources identified the reported

damage or destruction of 163 medical facilities and 132 ambulances throughout 2016.³⁸⁴

"Double-tap strikes"—where forces bomb an area, wait for health care and rescue personnel to arrive, and then bomb the area again to target those first responders—occurred frequently in 2016, including strikes on hospitals. One particularly notable case occurred on April 27, when either Syrian government or Russian forces bombed the al-Quds Hospital in Aleppo city. Airstrikes first hit surrounding buildings; as casualties were brought into the hospital, it was itself struck twice, putting it out of service. According to MSF, a pediatrician, nurse, and dentist were killed along with 52 others, including patients. There had been five bombardments in Aleppo city earlier that day, so the hospital held scores of wounded.³⁸⁵

Hospitals in besieged eastern Aleppo city were hit particularly hard in 2016, many bombed repeatedly. SAMS documented 73 attacks on health facilities, workers, and transport in Aleppo city from June through December 2016.³⁸⁶ MSF reported 45 attacks on health structures it was managing or supporting in eastern Aleppo city from July through December 2015.³⁸⁷ According to SAMS, M10 hospital—one of the main trauma hospitals in the city—was bombed four times in the ten-day period leading up to October 3, when it was entirely destroyed.³⁸⁸ Similarly, M2 hospital—one of the main surgical hospitals in Aleppo city—reportedly suffered damage in 12 attacks between June and December 2016.³⁸⁹

Despite the escalation of the military assault on eastern Aleppo city in the latter half of 2016, hospitals across the rest of Syria were not spared. In the first week of October, according to MSF, four major referral hospitals in Damascus countryside were hit by aerial bombing and ground shelling. On October 3, missiles hit and significantly damaged the neonatal unit and laboratory in the Rif Damascus Hospital, located in opposition-held and besieged Douma, east of Damascus city. On October 5, three hospitals in opposition-controlled areas were bombed. Qudsaya Hospital was hit directly by artillery shelling, injuring five patients and damaging the hospital. Nearby Hameh Hospital was damaged by a bomb dropped from a helicopter that same evening. Kahn el-Shih Hospital—located approximately 15 miles south—was completely destroyed by bombing and shelling later that night. Two staff and two patients were killed, and 11 more patients were injured.³⁹⁰

Killing of Medical Personnel

Medical personnel were killed throughout 2016, many of them dying in attacks on medical facilities. PHR documented the killings of 91 medical personnel throughout 2016, with a total of 796 deaths from March 2011 through December 2016. The deaths in 2016 comprised two veterinarians, working as *de facto* health personnel, one dentist, and one laboratory technician. Eighty-three died from shelling and bombing, six by shooting, and two by torture. Syrian government forces and their Russian allies were responsible for 68 deaths (75%), of which PHR determined Syrian government forces were responsible for 16 and either Syrian government or Russian forces were responsible for 52. In addition, ISIS forces were responsible for 13 deaths, opposition forces for seven, and unknown forces for three.³⁹¹ Insecurity Insight's monitoring of open sources identified 108 reported deaths of health workers from violence or conflict throughout 2016.³⁹²

Many health workers were killed in targeted attacks on hospitals. On February 15, according to MSF, a series of airstrikes destroyed the MSF-supported hospital in Hamadiya, a small town in Idlib governorate in northern Syria. Approximately 40 minutes later, as first responders were trying to rescue people from the rubble, the hospital was bombed again in a double-tap strike. Twenty-five civilians were killed in the attack, including eight medical personnel. Those injured in the attacks on the MSF hospital were brought to a nearby hospital in Ma'arat al-Nu'man, approximately three miles north, to be treated. After they arrived, that hospital was similarly hit by two airstrikes, approximately ten minutes apart. Three people were killed in that attack, including a nurse.³⁹³ An MSF-commissioned analysis conducted by Forensic Architecture indicates Russian forces were most likely responsible for the attack on the MSF-supported hospital in Hamadiya, while Syrian government forces were most likely responsible for the strikes on the Ma'arat al-Nu'man hospital.³⁹⁴

While Syrian government forces and their Russian allies continue to be responsible for the majority of attacks on health care in Syria, other parties to the conflict have also perpetrated such attacks. On May 23, an ISIS suicide bomber detonated a bomb inside the emergency department of Jableh National Hospital in Latakia governorate in northwest Syria. Dozens were killed in the attack, including ten medical personnel, and the hospital was put out of service for a week.³⁹⁵

Sieges and Blockage of Humanitarian Aid

The Syrian government, their allies on the ground, and opposition and ISIS forces have employed sieges and restricted humanitarian aid to entire civilian populations as a method of warfare.³⁹⁶ Syrian government forces remain the primary perpetrators of siege warfare, and they have increasingly used this tactic throughout the conflict.

The total besieged population reached an all-time high in early November 2016. At that time, OCHA estimated that 974,080 people were living under siege: 846,280 besieged by Syrian government forces; 93,500 by ISIS; 20,000 by opposition forces; and 14,300 by both Syrian government and nonstate armed groups.³⁹⁷ Siege Watch estimated the figures to be higher, reporting that 1,326,175 people were living under siege at the end of October.³⁹⁸

Syrians have suffered enormously under siege, without adequate food, medical aid or care, or other basic necessities. In Madaya, where Syrian government and allied Hezbollah forces have besieged 40,000 people since July 2015, PHR and SAMS documented 86 deaths as a direct result of the siege from July 2015 through May 2016. Sixty-five deaths were caused by malnutrition and starvation, 14 by landmines, six by snipers, and one by a chronic health condition.³⁹⁹ Preventable deaths have continued since then, as health supplies and resources have continued to dwindle while needs increase. On October 27, the town's only remaining medical facility announced it was ceasing all activities due to a lack of supplies. From May through December, Madaya received only two aid deliveries, each containing supplies sufficient for two months.⁴⁰⁰ In November, Save the Children reported that suicide attempts and mental illness among children and young adults in the town was increasing, as desperately needed aid continued to be blocked.⁴⁰¹

Even when aid convoys are allowed into besieged areas, MSF reports that essential lifesaving medical items are missing.⁴⁰² OCHA reported that medical aid was repeatedly removed from or not allowed onto aid convoys throughout 2016. The amount removed or restricted totaled more than 300,000 medical treatments.⁴⁰³

Aid convoys were also targeted in 2016. On September 19, a convoy of 31 trucks delivering aid in Orem al-Kubra in the western Aleppo countryside came under aerial attack. At least 14 aid workers, including the head of the Syrian Arab Red Crescent, were killed in the attack, 15 were injured, and aid sufficient for 78,000 people was destroyed. An investigation by the Independent

ATTACKS IN 23 COUNTRIES

International Commission of Inquiry found that “the attack was meticulously planned and ruthlessly carried out by the Syrian air force to purposefully hinder the delivery of humanitarian aid and target aid workers.”⁴⁰⁴

As the Syrian conflict moves into its seventh year, amid a tenuous ceasefire and renewed plans for UN-mediated peace talks, there is tentative hope for a resolution to the conflict. Without a resolution, it is all but guaranteed that conditions inside Syria will only grow worse.

TURKEY

Years of relative stability in Turkey have given way to a period of high tension. In addition to its decades-long fight against Kurdish militants in the southeast, the country now faces spreading violence by Islamist militants, and in 2016, saw elements of the army attempting a military coup to overthrow the government. Fighting between Turkish government forces and youth militia linked with the Kurdistan Workers’ Party broke out again in mid-2015 in the southeast. In response to Kurdish bids for greater political autonomy, Turkish authorities, seeking to control and cut off access to neighborhoods, launched security operations and imposed around-the-clock curfews 65 times in 22 districts and seven major cities, prohibiting all movement without permission.⁴⁰⁵

As of June 2016, curfews had been lifted in all but two major cities, Şırnak and Nusaybin.⁴⁰⁶ PHR reported that the 11 months of curfews debilitated health care infrastructure and resources, and severely impacted the health system in the region. Access to health care was compromised during curfew periods, resulting in civilian deaths and worsening the consequences of illnesses and injuries.⁴⁰⁷ In Cizre, for example, eight health centers were closed during the 79-day curfew that ended in March, and only five reopened afterwards, as the other three had been destroyed during fighting.⁴⁰⁸ Turkish security forces obstructed access to health care by strategically using state hospitals for military purposes. By doing so, some local residents were left without their last remaining option to seek care, injured militants and enemies were prevented from receiving care, and potential human rights violations were not documented. Patients and health workers were subjected to searches and identity checks, which deterred some local residents from seeking services. Security forces also barred staff from accessing certain areas of hospitals and health centers.⁴⁰⁹ Four health centers in Diyarbakır

closed to be used by security forces.⁴¹⁰ Turkish forces also took over the Cizre state hospital at the outset of the curfew.⁴¹¹

The parties to the conflict in southeast Turkey all bear responsibility for inflicting damage to health centers in all cities that registered armed clashes, as well as for destroying the three health centers in Cizre and two family health centers in Diyarbakır city.⁴¹² In August, one of three bombs blasts exploded close to Mardin State Hospital in Kızıltepe. The attack targeted an army truck, but dozens of civilians were caught in the explosion and five were killed. The police blamed Kurdish separatists for the attack.⁴¹³

Another consequence of the curfews was the flight of health workers, which has left emergency rooms understaffed to treat wounded people. In the southeast, there are cases of health professionals being prosecuted for delivering treatment to the wounded and sick. PHR documented many examples of indiscriminate attacks on emergency health personnel in 2015-16.⁴¹⁴ When not deliberately targeted, security forces prevented ambulance access through checkpoints and blockades, or refused to provide safety and security for the ambulance and emergency response personnel.⁴¹⁵

Both Turkish and opposition forces obstructed access to emergency medical and transport care. From August 2015 to April 2016, the Human Rights Foundation of Turkey documented 76 civilian deaths due to obstacles in accessing medical treatment.⁴¹⁶

During the second curfew imposed on Cizre between mid-December 2015 and March 2016, 130 to 190 people were trapped in three different basements for several weeks. Despite repeated calls for medical assistance to treat people who were reportedly injured, assistance never came. The local government denied the claims that medical assistance had not been provided to those trapped in the basements. All of the trapped people died or remain missing, and it is unknown if they died from injuries, lack of access to food and water, or if they were deliberately executed.⁴¹⁷

UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein urged Turkish authorities to allow independent investigators access to verify the veracity of reports of executions in the Cizre basements and other human rights violations.⁴¹⁸ The Turkish government did not grant the request.⁴¹⁹

On July 15 and 16, a faction of the Turkish military attempted a coup to overthrow Turkish President Recep Tayyip Erdoğan and the Justice and Development Party government. At least 241 police officers and citizens died and up to 2,000 were injured. The government declared a three-month state of emergency (which was later extended twice and may be extended again) and through two emergency decrees, removed safeguards that protected detainees against torture and ill treatment, making it difficult to document such cases.⁴²⁰ One emergency decree extended police detention periods to a maximum of 30 days without judicial review, though in January 2017, this was reduced to seven days with the possibility to extend for another seven days.⁴²¹ Thousands of people have been arbitrarily detained and jailed in the period since the attempted coup and the prison population grew by over 40,000.⁴²²

Following the two emergency decrees, Human Rights Watch reported cases in which the integrity of medical examinations for those in police custody and detention was compromised. Turkish security forces required medical personnel to conduct examinations of detainees in detention centers, breaking from the norm of bringing detainees to hospitals or doctors' offices. In addition, police were frequently present during examinations, an action that undermines medical personnel's independence by making them more susceptible to pressure. The practice also violates the Istanbul Protocol, which demands detainees be seen by medical personnel in private without the presence of police or security forces. Doctors reported having to accept these conditions out of fear for their own security.⁴²³ Detainees were also denied access to their medical reports, and thus were not able to report torture and ill treatment.⁴²⁴ There has been no reported progress in investigating allegations of torture and ill treatment after the attempted coup.

The government's thousands of arbitrary detentions of those who allegedly participated in the coup attempt, and who supported or have links to the Gülen movement, have made medical personnel, and other groups, afraid

to be targeted if they criticize the government. In fact, the Turkish media reported that 29 staff members from the Istanbul Forensic Medicine Institute were detained on July 30. On August 10, media reported the detention of another 63 forensic specialists in Istanbul.⁴²⁵

Turkish authorities arrested Dr. Şebnem Korur Fincancı, president of the Human Rights Foundation of Turkey, and charged her with being involved in terrorist propaganda, after participating in a freedom of expression campaign with a newspaper critical of Turkey's government. In addition, Turkish authorities continue to detain Dr. Serdar Küni, also a representative of the Human Rights Foundation of Turkey, in a prison in Cizre due to accusations of "providing treatment to alleged militants."⁴²⁶

ATTACKS IN 23 COUNTRIES

DR. KÜNI

Dr. Serdar Küni,¹ a member of the Human Rights Foundation of Turkey and former president of the Şırnak medical chamber, was arrested and detained on October 19, 2016 on charges that he provided medical treatment to alleged members of Kurdish armed groups when they clashed with Turkish security forces in 2015 and 2016. The charges against Dr. Küni are part of a wave of arbitrary arrests and prosecutions of health workers throughout Turkey's southeast. At the first hearing in his trial, four prosecution witnesses withdrew their statements incriminating Dr. Küni, saying that had been coerced to sign under torture. Nevertheless, as of March 2017, Dr. Küni remained in custody.



The detention and prosecution of Dr. Küni runs counter to Turkey's obligations under international human rights law to provide effective protection for health workers, including during times of conflict, unrest, or emergency. The imprisonment of Dr. Küni occurred in the context of Turkish government military operations to quell an uprising of youth militias seeking greater Kurdish autonomy. The government imposed dozens of curfews on entire towns and cities, cutting off access to water, food, electricity, and health care, even in emergency situations. In response, some health professionals living in neighborhoods under curfew treated the wounded and sick from their homes, or remained stationed around-the-clock at hospitals.

In a March 13, 2017 hearing at his trial, Dr. Küni stated, "I've worked as a doctor for 12 years in Cizre. I have always treated all people and supported their health. I have never violated medical ethics. I have never discriminated among my patients. I have respected the doctor-patient relationship. I have opposed torture. The indictment against me makes it seem like my health center was a secret place. But it was an open institution of the State."²

¹ PHR. 2017. Turkey Prolongs Unlawful Detention of Physicians Who Treated Patients During Unrest in Southeast. <http://physiciansforhumanrights.org/press/press-releases/turkey-prolongs-unlawful.html> (accessed March 24, 2017).

² PHR. 2017. Justice Denied for Turkey's Doctors. <http://physiciansforhumanrights.org/blog/justice-denied-for-turkeys.html> (accessed March 24, 2017).

UKRAINE

Protests in Ukraine started in November 2013 in Kiev when the government announced it would not sign the Association Agreement with the European Union, which led to the ousting of President Viktor Yanukovich in February 2014. Following his ousting, Russian forces occupied the Crimean Peninsula and new presidential elections were announced for May. In March, groups of armed militants calling themselves "self-defense units" occupied administrative buildings in several cities in eastern Ukraine, particularly in Donetsk and Luhansk. By April 2014, allied with and supported by Russia, these separatist groups proclaimed the Donetsk People's Republic and Luhansk People's Republic. An armed conflict began when Ukrainian authorities launched an "anti-terrorist operation" in the regions. Agreements to stop the fighting did not hold, and hostilities remain. Intense fighting has led to the collapse of law and order in rebel-controlled areas, and in November 2014, the government of Ukraine withdrew social services support, including funding for hospitals, in rebel-controlled areas.⁴²⁷

From the beginning of the conflict to February 15, 2017, the OHCHR estimates that 23,246 people have been injured and 9,900 people killed among Ukrainian armed forces, civilians, and members of the armed rebel groups.⁴²⁸ More than 2,000 of the fatalities were civilians.⁴²⁹ Currently 4.4 million people are affected by the conflict and an estimated 3.8 million are in need of humanitarian assistance.⁴³⁰ A lack of access to quality health services affects approximately 2.2 million people.⁴³¹ Access to health care for one-third of households in the conflict area is impeded, and every second family reports having one or more family members suffering from a chronic illness.⁴³²

Humanitarian assistance has been reduced after the Donetsk People's Republic and Luhansk People's Republic denied the majority of humanitarian actors to access territories under their control, particularly those conducting protection activities.⁴³³ Human Rights Watch reported that in November, Donetsk People's Republic officials revoked the accreditation of the aid group People in Need, one of the two remaining groups that were still operating in separatist-held areas. Officials ordered international staff to leave and took over People in Need's warehouse stocked with humanitarian supplies.⁴³⁴ The ICRC is now the only humanitarian organization allowed to operate in the separatist-held Donetsk and Luhansk regions.

Despite the 2015 Minsk II Agreements that called for a ceasefire and withdrawal of heavy weapons by all parties to the conflict, the situation remained tense in 2016, with civilians being continually subjected to abuses.⁴³⁵ A 500-kilometer “contact line” divides Ukrainian and separatist-controlled territories, and people wishing to cross the line have to go through crossing points.⁴³⁶ The contact line was established in the Minsk Agreements to create a security zone and called for the withdrawal of all heavy weapons by both sides, by equal distances.⁴³⁷ There are five official crossing points along its stretch. There is an ongoing risk to the life, safety, and security of civilians that live along it and to the people crossing through checkpoints, as well as a restriction of movement of both people and goods.⁴³⁸ Since June 2015, a government ban on commercial trade and importation of food and medicines across the contact line remains a serious constraint to alleviating the humanitarian crisis.⁴³⁹ As of March 2017, the Ukrainian government announced the suspension of all commercial traffic over the contact lines into separatist-held areas.⁴⁴⁰

According to OCHA, 700,000 people travel across the contact line every month and waiting periods at the busiest and often most unsafe checkpoints can sometimes exceed 20 hours.⁴⁴¹ The OHCHR reported wait times of up to 36 hours.⁴⁴² According to the OHCHR, approximately 80% of nurses of one of the major hospitals in Donetsk City live in rural areas that are across or near the contact line and are no longer able to get to work.⁴⁴³ Ambulance services are unavailable in close radius to the contact line and between May and August 2016, three civilians died at checkpoints due to delayed emergency medical assistance.⁴⁴⁴ On May 25, a man died of a heart attack while waiting for passage. On June 13, an 82-year-old woman died of an epileptic attack at the pedestrian crossing of Stanytsia Luhanska.⁴⁴⁵ On July 7, a 62-year-old man died at the Zaitsevo checkpoint because professional medical help was unavailable.⁴⁴⁶

Also according to the OHCHR, those living in nongovernment-controlled areas—and even in certain government-controlled areas west of the contact line—face significant difficulties in accessing health care, as medical facilities and first aid are particularly limited along the contact line.⁴⁴⁷ For example, in the Donetsk People’s Republic-controlled village of Olenivka, close

to a checkpoint, the only ambulance was relocated ten kilometers away to Dokuchaivsk, hindering people’s access to first aid.⁴⁴⁸ Medical facilities in armed group-controlled areas depend largely on humanitarian aid, and restricted access to medical supplies in Donetsk has compromised the treatment of some groups of patients. For example, a man recently diagnosed with diabetes was unable to receive insulin in two Donetsk hospitals and had to cross the contact line into the territory controlled by the Ukrainian government to purchase medication.⁴⁴⁹

The state of medical equipment and shortages of medical personnel and medicines further affect access to quality health services. In armed group-controlled Sakhanka village, in Donetsk, 700 people have been without medical care or assistance, as the village’s only doctor left at the outbreak of the armed conflict in 2014, and a nurse resigned in early July 2016.⁴⁵⁰ Remaining doctors in rural areas and the outskirts of towns routinely receive 50-70 patients per day and were overstretched due to the shortage of medical personnel.⁴⁵¹ The number of surgeries decreased by half due to lack of equipment compared to the level prior to the conflict, and 85% of diagnosis equipment was out of order from lack of maintenance.⁴⁵²

In areas controlled by armed groups, medication was largely unavailable and unaffordable. While private pharmacies offered a variety of basic medication, patients were mostly unable to afford them due to limited financial resources and high prices.⁴⁵³ In addition, a Ukrainian government decree from 2014 on the relocation of all public institutions in Donetsk and Luhansk regions—an attempt to stabilize the situation—halted the supply of lifesaving medication to hospitals in the regions.⁴⁵⁴ The health care system survived because humanitarian assistance provided basic medical care.⁴⁵⁵ In its report covering the period of February to May, the OHCHR documented a lack of HIV tests, diagnosis, and antiretroviral treatment for new patients, as well as a lack of tuberculosis and oncological treatment.⁴⁵⁶ Lifesaving oncological medication that had been delivered by humanitarian aid ran out in territories controlled by armed groups in February, and radiotherapy was no longer being provided.⁴⁵⁷ Supplies of insulin are not enough to attend to the 15,000 people living in the Donetsk People’s Republic and 7,000 in the Luhansk People’s Republic who need it daily.⁴⁵⁸

ATTACKS IN 23 COUNTRIES



A destroyed Health Center in Hajjah, Yemen.

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Both government forces and armed groups used civilian structures, such as health facilities, for military purposes, forcing local residents to travel to nearby towns to access medical services.⁴⁵⁹ According to the OHCHR, that was the case in Donetsk People's Republic-controlled Zaitseve, in the immediate vicinity of the contact line, where separatist armed groups were positioned in the local hospital. Residents could only access first aid services 18 kilometers away in a polyclinic in Mykytivka, and be hospitalized 20 kilometers away in Horlivka hospital.⁴⁶⁰ The OHCHR also reported that a woman died because the ambulance could not come to her assistance from the hospital.⁴⁶¹ The sole polyclinic in the Petrovskiyi district of Donetsk City has also been used by separatist armed groups.⁴⁶²

Hostilities between the parties to conflict have also endangered medical personnel evacuating the wounded, as well as damaged medical facilities. On March 16, a shell hit an unmarked vehicle of a female medical first responder with the Luhansk People's Republic in Kalynove, and injured her.⁴⁶³ Hospitals have been frequently hit by artillery fire. On June 24, according to the OHCHR, the children's ward of a polyclinic in Donetsk City was shelled, which broke windows and damaged doors and the heating system. Hospital No. 21 in the Kuibyshevskii district of

Donetsk City was attacked for two hours by mortar and automatic rifle fire on July 23, while 60 patients were being treated. There was severe damage to two patient rooms and to the surgical ward, seriously affecting the hospital's capacity.⁴⁶⁴ In total, more than 152 hospitals were shelled during the conflict, including 30 that have had to cease or reduce operations because of damage.⁴⁶⁵ Sixty-seven medical facilities in the areas controlled by armed groups remain damaged as the result of hostilities between Ukrainian armed forces and separatist groups.⁴⁶⁶

YEMEN

***Sections of this chapter are part of a full-length report published in 2017 by Watchlist on Children and Armed Conflict entitled, "Every Day Things are Getting Worse:" The Impact on Children of Attacks on Health Care in Yemen.*

The two-year-old conflict in Yemen between the Houthis, an armed group also known as Ansar Allah, and their allies on one side, and Yemeni government forces and the Saudi Arabia-led Coalition on the other has led to the near total collapse of the country's already fragile health care system. According to OCHA, as of January 2017, only 45% of medical facilities are functioning across the country and even these face severe shortages of medicine, equipment,

and staff.⁴⁶⁷ Only two out of every five functioning facilities can diagnose and treat malaria and other infectious diseases, or provide injury care and basic laboratory services.⁴⁶⁸ Malaria and other infectious diseases (e.g., dengue fever) are widespread throughout Yemen's 22 governorates and thousands of suspected cases are consistently reported each week.⁴⁶⁹

As of February 2017, OCHA reported that 18.8 million Yemenis were in need of humanitarian aid⁴⁷⁰—69% of Yemen's total population of at least 27.4 million people⁴⁷¹—and that almost 15 million Yemenis lacked access to adequate health care.⁴⁷² Many medical facilities have been indirectly damaged and medical personnel injured or killed indirectly during the conflict; however, parties to the conflict have also directly targeted facilities and personnel. Moreover, even where it is not possible to determine whether a hospital was directly targeted, it appears clear that parties to the conflict did not take precautions required by international law to avoid hitting health facilities.⁴⁷³ In Yemen, no figures for 2016 alone are available, but UNICEF verified 93 attacks on hospitals from March 2015 – December 2016.⁴⁷⁴

MSF and other humanitarian organizations have systematically shared the Global Positioning System (GPS) coordinates of the hospitals in which they work with parties to the conflict, in order to prevent unintended strikes, particularly through aerial bombardment. Yet, medical facilities have been repeatedly hit by Saudi Arabia-led Coalition airstrikes. The Houthis and their allies, as well as Yemeni government forces and other armed groups backed by the Saudi Arabia-led Coalition, have also destroyed ambulances and threatened, intimidated, and abducted medical personnel.⁴⁷⁵

In several governorates, aerial attacks have struck medical facilities. For example, in Saada governorate, on January 10, 2016, a projectile struck the MSF-supported Shiara hospital,⁴⁷⁶ which served approximately 120,000 people in Saada's Razeh district,⁴⁷⁷ killing six people and wounding 11.⁴⁷⁸ MSF said it could not confirm the attack's origin, but its staff had seen planes overhead at the time of the attack.⁴⁷⁹ Shiara hospital had been set up as an advanced stabilization point,⁴⁸⁰ or de facto emergency room⁴⁸¹ near the border with Saudi Arabia to provide access to health care for patients who would otherwise need to travel four to five hours along insecure roads to receive.⁴⁸² The attack destroyed several units,⁴⁸³ however, the hospital has continued to function at a limited capacity.⁴⁸⁴ At the time of the attack, the hospital had

been undergoing reconstruction after sustaining major damage from another attack in September 2015.⁴⁸⁵ The newly reconstructed maternity ward, lab, and emergency room were again completely destroyed.⁴⁸⁶ According to an MSF doctor, since MSF had begun supporting the hospital in November 2015,⁴⁸⁷ staff had continuously treated a large number of severely wounded people.⁴⁸⁸ On March 1, 2016, Shiara hospital was further damaged when shrapnel entered the building from two airstrikes that hit within 20 meters of the facility.⁴⁸⁹

On January 5, the coalition bombed the Al Noor Center for Care and Rehabilitation of the Blind in the city of Sanaa,⁴⁹⁰ which the Houthis had endangered by deploying their forces in the compound.⁴⁹¹ On April 3, 2016, a shell landed in the yard of the general hospital in the Ma'rib district in Ma'rib governorate.⁴⁹² The attack killed four people, including one doctor, and injured 13.⁴⁹³ At the time of the attack, 190 out of 200 hospital beds were occupied.⁴⁹⁴

Ambulances have also been damaged or destroyed by parties to the conflict. On January 21, three coalition airstrikes in Dhayan town in Saada governorate wounded at least 24 people,⁴⁹⁵ including civilian first responders.⁴⁹⁶ The third strike hit an MSF ambulance that supported Al-Gamhouri Hospital, killing the driver.⁴⁹⁷

Repeated coalition attacks on hospitals, including multiple attacks on the same site, have deterred some individuals from seeking treatment at medical facilities. For example, after the Saudi Arabia-led Coalition bombed a corridor between the main gate and main buildings of Shiara hospital in Saada governorate on January 24,⁴⁹⁸ two people injured during the attack refused to be brought into the hospital, fearful the coalition would strike the hospital again.⁴⁹⁹ As a result, both had to be transported to another hospital more than five hours away before being stabilized. One died en route.⁵⁰⁰ The hospital reported that pregnant women gave birth in caves rather than risk coming to the hospital during the week following the attack.⁵⁰¹ More than one week after the attack, there had been no deliveries in the maternity ward, according to MSF.⁵⁰²

Humanitarian organizations have temporarily or indefinitely suspended their operations following attacks on their facilities. After the coalition bombed the

ATTACKS IN 23 COUNTRIES

MSF-supported Abs hospital in Hajjah governorate on August 15,⁵⁰³ MSF withdrew its staff, including several obstetricians, pediatricians, surgeons, and emergency room specialists from two hospitals (including Abs) in Hajjah governorate and four hospitals in neighboring Saada governorate.⁵⁰⁴ The bombing killed 19 people and injured 24.⁵⁰⁵ MSF reported that at the time of the attack, 23 patients were undergoing surgery and more than 25 children were being cared for in the pediatric unit, including 13 newborns.⁵⁰⁶ According to MSF, two patients died while being transferred to Al Jamhuri hospital.⁵⁰⁷

Medical personnel have also been threatened, intimidated, and abducted. According to a November 2016 report by Amnesty International, at least three hospitals in Taiz governorate were shut down after anti-Houthi forces, including local fighters and military forces backed by the coalition, threatened staff.⁵⁰⁸ On November 21, anti-Houthi forces raided and shut down Al-Thawra Modern General Hospital (hereafter al-Thawra), apparently as retribution for treating three injured Houthi fighters, according to Amnesty International.⁵⁰⁹

An administrative worker at al-Thawra told Amnesty International, “Hundreds of times [anti-Houthi fighters] threatened us and interfered with the hospital’s administration and our decision-making. When we stand up to them, they threaten us with being killed.”⁵¹⁰ Staff at al-Thawra also told Amnesty International that anti-Houthi fighters had set up defensive positions around the hospital, including by parking tanks around the hospital compound.⁵¹¹ According to the staff members interviewed, this has put hospital buildings, staff, and patients at serious risk of attack from Houthi forces.⁵¹² In the first three months of 2016 (precise date unknown), anti-Houthi fighters abducted two medical personnel from al-Thawra and held them for two days for unknown reasons.⁵¹³

A Doctor Describes Treating Children at Al-Sabeen Hospital in Sanaa Governorate

“There are a lot of cases arriving to us from many other governorates because there aren’t close hospitals for them. For example, there is a case that came from Lahj governorate (approximately 250 miles away); he needed oxygen only, just oxygen—but that’s due to the lack of basics for the emergency room that he couldn’t even get oxygen anywhere in Lahj. There are cases from other governorates because the lack of blood in the hospitals and lack of medicines. But it’s the cases of malnutrition we have seen, also coming to us from all around the country, where children are suffering the most.”

~Watchlist interview with doctor, January 2017

A Pediatrician Discusses Shortages of Supplies at a Hospital in the City of Hodeidah

“We have a lot of problems in the hospital and a big shortage of everything. We are seeing conditions we have never seen before, like infection cases. They spread a lot because it is very difficult to isolate the contagious cases. There is a big shortage of specialists and doctors, a shortage of fuel. But not a shortage of people. We are struggling with all of the overcrowding—people coming in from war zones near the city and other governorates.”

~Watchlist interview with pediatrician, January 2017

LACK OF ACCOUNTABILITY

ACCOUNTABILITY FOR ATTACKS ON HOSPITALS AND HEALTH WORKERS

Hospitals and health workers play a particularly important role in conflict zones. They serve populations that are not just at high risk of health harm from the conflict itself, but are often also at higher risk of various health problems due to dire living conditions; poor access to food, water, and sanitation; and breakdowns or disruptions of preventive, curative, and chronic health care services. Preventing attacks on the health care system, including via appropriate accountability measures, need to be a priority.

The 2016 UN Security Council resolution on medical facilities and health workers in conflict urged member states to “conduct, in an independent manner, full, prompt, impartial and effective investigations...and, where appropriate, take action against those responsible...”⁵¹⁴ The resolution warned that the “prevailing impunity” for attacks on hospitals and health workers in conflict could lead to “recurrence of these acts.”⁵¹⁵

As the Security Council resolution indicates, accountability—notably impartial investigations, prompt disciplinary measures, and fair prosecutions—is an essential element of any strategy to end the widespread violations of the protection of health services in conflict. It is critical as a deterrent against the intentional targeting of health facilities. But even in cases where miscommunications or other mistakes lead to attacks on or damage to hospitals, investigations are necessary to determine how those errors occurred and to take corrective action to ensure they are avoided in the future. Under international humanitarian law, moreover, governments have a legal obligation to investigate any incident that may have been a war crime.⁵¹⁶

To assess what steps countries have taken to end impunity, as now mandated by the Security Council, Human Rights Watch undertook a review of 25 incidents from ten countries—Afghanistan, Central African Republic, Iraq, Israel/OPT, Libya, South Sudan, Sudan, Syria, Ukraine, and Yemen—in which hospitals or health workers were attacked between 2013 and 2016 (see full list in the Table on page 58). The essay focuses on incidents for which Human Rights Watch was able to identify potential perpetrators. For each incident, information was collected through open source searches and key informant interviews about the circumstances of the incident itself, the response of relevant governments or non-state actors, and potential investigations that were conducted.

In these incidents, at least 232 people were reportedly killed, including 41 health workers, and more than 180 injured, 33 of whom were health workers. Many of these attacks also had a profound impact on the availability of health services for the people that these facilities served. For example, attacks led to the permanent closure or destruction of six hospitals, the suspension of all services for weeks and sometimes months at ten other facilities, and a temporary reduction in services at one other.

All of the attacks occurred in the context of an armed conflict and were thus subject to international humanitarian law. The analysis suggests that 16 of these incidents may have constituted war crimes, either because they were intentional attacks on protected health facilities or because there is evidence of criminal recklessness. In the remaining cases, there was insufficient information to make that determination.

In five of the 25 incidents—an attack on the Kunduz hospital in Afghanistan, three attacks on hospitals in Yemen, and one attack in the Gaza Strip—the governments whose forces engaged in the attack—the United States, Saudi, and Israeli governments, respectively—conducted some form of investigation and made public at least some findings. Significant public attention for these incidents probably contributed to these investigations being carried out.

Given the pervasive impunity for violations of international humanitarian law in most conflicts, the fact that governments conducted these investigations may be seen as encouraging. Yet, a review of publicly available information about these investigations suggests that each was flawed, leaving critical questions unaddressed, or that authorities failed to draw appropriate conclusions from their findings.

Indeed, although Human Rights Watch found that all 25 of these attacks were either intentional or the result of gross errors, not a single individual has faced criminal proceedings under domestic law in relation to any of them.

In only one case—the attack on the trauma center in Kunduz, Afghanistan—were servicemen known to have faced disciplinary measures. In that case, the US government also publicly apologized and made changes to policies to prevent similar incidents in the future.^{517,518}

LACK OF ACCOUNTABILITY

In three of the remaining 20 cases, authorities reportedly initiated investigations but have either failed to present any findings or have not conducted any investigation whatsoever. In most of the other 17 cases, governments simply ignored the incidents, denied responsibility, or blamed other parties to the conflict without initiating any investigation. Governments that ignored, denied, or justified attacks on health facilities their military forces may have been involved in include Afghanistan, Iraq, Israel, Libya, Russia, Saudi Arabia, Sudan, Syria, Ukraine, and the United States. While the UN Security Council resolution calls for referral of such cases to international justice mechanisms by the international community when domestic systems fail to respond, no such referrals have occurred so far. In the case of Syria, the UN General Assembly's newly established mechanism to investigate and preserve evidence of violations of international humanitarian law may collect information on attacks on hospitals in that country for potential use in later criminal prosecutions.

Some of the incidents involved non-state armed groups. In these cases, achieving accountability is particularly complex, as state justice systems may not be functional or may be unable to investigate and prosecute potential violations by rebel groups. This review suggests that no domestic investigations have been conducted into any such case in Syria, Central African Republic, and South Sudan, even though some of the most egregious attacks occurred in these countries. In some of these cases, UN-affiliated commissions have investigated incidents, but they do not have jurisdiction to hold perpetrators accountable. In many instances, it appears that the only possible option for accountability rests with international justice mechanisms, such as the International Criminal Court, but so far no such cases have been taken up.

Selected Case Studies

The eight case studies below illustrate failures of accountability in attacks on hospitals and health workers. The selected cases reflect the variety of responses to these incidents, including denying responsibility or simply ignoring attacks, stalled and flawed investigations, and situations where no functioning justice system exists.

Responsibility denied: February 15, 2016 attack on al-Hamadiya and National Hospital in Ma'aret al-Nu'man in Idlib, Syria

On February 15, 2016, two of the largest hospitals serving Ma'aret al-Nu'man city were hit in at least four separate airstrikes within a period of three hours, starting at around 9:00 a.m.^{519,520,521} Two strikes in quick succession hit al-Hamadiya Hospital, destroying the four-story building, killing at least nine medical personnel and 16 patients and caretakers, and injuring another 11 people.⁵²² Following the attack on the hospital in al-Hamadiya, emergency medical personnel began transporting the wounded to Ma'aret al-Nu'man National Hospital, located six kilometers north in Ma'aret al-Nu'man city.

At around 11:00 a.m., just two hours after the airstrikes on the hospital in al-Hamadiya began, (SAMS and the Idlib Health Directorate reported that the Idlib National Hospital had been struck by two munitions.⁵²³ According to SAMS, which supports the facility, the first munition hit about three meters from the hospital.^{524,525} Ten minutes later, another munition fell close to the hospital's entrance, where the wounded from the al-Hamadiya hospital were being shuttled in.⁵²⁶ The attack damaged the hospital's generator room and killed at least four people, including two nurses in training, according to SAMS.⁵²⁷ Hospital administrators informed Human Rights Watch that the facility did not receive advance warning of the attacks.⁵²⁸

As both facilities had been attacked from the air, it is likely that Syrian or Russian air forces were responsible for the attacks. A detailed analysis by Forensic Architecture suggests that the attack on the first hospital was carried out by the Russian Air Force and the second by the Syrians.⁵²⁹ Yet, the Russian and Syrian governments immediately denied responsibility. On February 16, 2016, President Vladimir Putin's press secretary, Dmitry Peskov, rejected claims made by MSF, which supported al-Hamadiya Hospital, that either the Russian Air Force or the Syrian Arab Air Force were responsible for the attack on the hospital in Ma'aret al-Nu'man, calling the allegation "unacceptable."⁵³⁰ Similarly, in a statement to the UN press corps, Ambassador Bashar Jaafari, the Syrian ambassador to the UN, denied Russian responsibility for the attack and claimed that the Syrian government possessed information that it was the US-led alliance that struck a hospital in Syria on February 15, 2016.⁵³¹ Colonel John Dorrian, US Air Force spokesman for Operation Inherent Resolve, denied these allegations in a tweet.⁵³²

The Russian government has not responded to a February 20, 2017 Human Rights Watch letter inquiring whether it had conducted an investigation into these incidents.

Attack ignored: October 18, 2016 attack on Hammam al-Alil Health Clinic in Iraq

On October 18, 2016, an airstrike destroyed half a clinic in the village of Hammam al-Alil, Iraq, killing eight people, including a 72-year-old man who had taken his two grandsons to the clinic for polio vaccination. Health workers reported that there were around 50 people at the clinic at the time of the attack. The facility was the main health care facility in the area, servicing a population of about 70,000 people. The strike destroyed the radiation department, vaccination division, and human resources and administrative departments.

A health worker told Human Rights Watch that when ISIS took control of the town, fighters took over an office at the hospital in one of the treatment wards. Health workers said that three ISIS fighters, including the transportation minister, were killed in the attack.

ISIS' military use of the hospital violated international humanitarian law. But while the presence of ISIS fighters in the hospital made it a military objective, and thus a possible legitimate target of attack, international humanitarian law requires that attacks on medical facilities only be carried out after a warning has been given, and setting a reasonable time limit after the warning has gone unheeded.⁵³³ In this case, health workers told Human Rights Watch that no warning had been issued. Moreover, attacks on military objectives must not be disproportionate: the expected harm to civilians and civilian property cannot be greater than the anticipated military gain from the attack. This incident raises serious questions about whether it met the proportionality requirement.⁵³⁴ Yet, neither the Iraqi government nor US-led coalition forces have publicly responded to this attack or committed to investigating it as a possible violation of international humanitarian law.

Investigation delayed: July 24, 2014 attack on Shuhada' al-Aqsa Hospital in Gaza

On July 21, 2014 at around 2:40 p.m., Israeli tanks repeatedly fired during a two-hour period on the Shuhada' al-Aqsa Hospital in Gaza while patients and staff were inside.^{535,536} Apart from patients, PHRI reported that residents of two refugee camps near the hospital that had come under attack earlier that day had sought shelter in

the facility.⁵³⁷ The attacks resulted in three or four civilian deaths and around 40 people injured, including medical staff and patients.^{538,539,540} According to an investigation by OHCHR, the facility was not given advance warning prior to the attack.⁵⁴¹

Established in 2001, Shuhada' al-Aqsa Hospital was the only major hospital in the central district of the Gaza Strip, a district that in 2013 had a population of 260,000.⁵⁴²

In 2011, the most recent year for which data are available, the hospital's emergency department had over 90,000 patient visits, and its surgical department admitted 4,521 patients.^{543,544} The surgical and intensive care units, as well as two ambulances, sustained damage.⁵⁴⁵

An Israel Defense Forces (IDF) spokesperson told the media that initial investigations into the incident found "that a cache of antitank missiles was stored in the immediate vicinity of the Shuhada al-Aqsa Hospital."⁵⁴⁶ In response to multiple queries from Israeli and Palestinian human rights groups, the Israeli Military Advocate General responded in June 2016, stating that the General Staff Mechanism for Fact-Finding Assessments, the body charged with investigating potential violations carried out by the IDF, was still reviewing the case and had solicited any additional details or photos. Two and a half years after the war, it remains unclear whether any investigation has been conducted.

The Military Advocate General has not responded to a February 21, 2017 Human Rights Watch letter seeking more information about its investigation into this incident.

Investigation delayed: February 17-18, 2016 attack on clinic in Tangi Saidan, Wardak province, Afghanistan

On the nights of February 17 to 18, 2016, a group of soldiers, reported to be Afghan Security Forces supported by international troops, descended from helicopters; climbed over the compound walls of a medical clinic in Tangi Saidan, Wardak province; and forced their way into the building.^{547,548} The soldiers handcuffed staff members and made them lie down on the floor, then searched the ten-bed facility for Taliban fighters.⁵⁴⁹ The soldiers took two patients and a young boy from the

LACK OF ACCOUNTABILITY

clinic and shot them dead outside the clinic's grounds.⁵⁵⁰ The Swedish Committee for Afghanistan (SCA), which supports the clinic, reported that staff had observed at least two soldiers wearing foreign uniforms and speaking a language that sounded like English.⁵⁵¹

On February 25, Resolute Support, the NATO operation in Afghanistan, said its Joint Casualty Assessment Team had begun "a preliminary probe to determine if the allegations concerning civilian victims are credible."⁵⁵² Since then, NATO spokespeople have made various statements, claiming that its investigation had found "absolutely no evidence to support that allegation," without specifying which allegation they were referring to; declining to say whether international military forces were present at the raid; and claiming not to have access to the health workers who witnessed the incident.⁵⁵³ SCA said it had "been in contact with NATO and agreed upon a procedure to take testimony from SCA staff."⁵⁵⁴ To date, NATO has not released any findings or conclusions from its investigation.

Reports published in the week after the raid indicated that the Afghan government opened an investigation into the incident concerning the conduct of its forces, but no findings have been released publicly.^{555,556}

Investigation Delayed: June 3, 2014 Attack on Railway Hospital in Liman, Ukraine

On June 3, 2014, nine mortar shells hit the Liman City Hospital (popularly known as the Railway Hospital) in Liman, seriously damaging the facility's pharmacy and general therapy, surgery, and gynecology wings. Health workers told Human Rights Watch that the hospital's only surgeon was hit in the head by a shell fragment and died several days later. The hospital's chief doctor said that he believed that Ukrainian government forces, which at the time were fighting for control over the area against Russia-backed rebel forces, fired the mortars.

The hospital had 90 beds and was used primarily by railway workers. Approximately 80 patients were inside the facility at the time of the attack, though none were injured.⁵⁵⁷

Human Rights Watch believes that the hospital may have been intentionally targeted, as it suffered far greater damage from shelling than the surrounding area. Moreover, medical personnel told Human Rights Watch

that soldiers from the Ukrainian military arrived at the hospital on June 4, the day after the attack, and asked to be shown through its wards, referring to the hospital as an "insurgent hospital." Another group of soldiers searched the hospital a second time on June 9.

A day after the attack, the Ukrainian National Guard denied any involvement, saying its forces had not been in Liman that day.⁵⁵⁸ The hospital's chief doctor told Human Rights Watch that he had promptly filed a complaint with the district prosecutor's office and had submitted all shell fragments to prosecutors. He said that the prosecutor's office also recorded his testimony and examined the hospital grounds. The district prosecutor, however, has not published any findings of the investigation; indeed, it remains unclear whether a formal investigation was ever opened.⁵⁵⁹

The Ukrainian government has not responded to a February 2, 2017 Human Rights Watch request for information about any possible investigation into the incident.

Flawed Investigation and Inadequate Response: August 15, 2016 Attack on Abs Hospital in Abs, Hajjah, Yemen

On August 15, 2016, Saudi-led coalition forces carried out an airstrike that hit a vehicle parked between the emergency and triage areas of Abs Hospital, a facility supported by MSF. MSF reported that the attack severely damaged the hospital's emergency department and left 19 dead, including one of the hospital's staff members, and 24 wounded, including 11 staff members.⁵⁶⁰

According to MSF, the hospital had been the only one functioning in the western part of Hajjah governorate, and had been a lifeline to the 300,000 internally displaced persons living in the region. In the year prior to the attack, the facility's 14-bed emergency room had handled over 12,000 outpatient visits, and hospital staff had helped 1,631 women deliver babies.⁵⁶¹ Following the attack, the facility was out of service for over a week. It partially resumed services about ten days later.⁵⁶²

After the incident generated headlines, the Joint Incidents Assessment Team (JIAT), a body set up by the Saudi-led coalition to investigate potential violations of international humanitarian law committed by coalition forces in Yemen,

opened an investigation into the incident. On December 6, 2016, Saudi state media made some of the investigation's findings public. The media reported that JIAT had concluded that the coalition had targeted a vehicle it considered to be a "legitimate military target" and that the damage to the hospital building was unintentional.⁵⁶³

Key findings of the JIAT investigation, as reported by the media, directly contradict MSF's account and visual documentation of the attack, and raise concerns about the investigation's thoroughness.

For example:

- JIAT claimed that the building "had no signs of being a hospital before the bombing," whereas MSF says that it had repeatedly provided the coalition with GPS coordinates of the facility, including on August 10, 2016, just five days before the incident.⁵⁶⁴ MSF's internal investigation's report also included photos that show the MSF logo clearly painted on two roofs, which also appeared in videos posted by local media soon after the attack that Human Rights Watch reviewed.^{565,566}
- JIAT concluded that seven people were killed in the attack; MSF put the number at 19 and video footage and photos of the site suggest a higher death toll than seven.^{567,568,569}

Moreover, the JIAT investigation did not address whether the attack on Abs Hospital violated international humanitarian law and did not recommend a criminal investigation. It did recommend that the coalition apologize for the error, compensate those affected, and that the incident should be "further investigated" without clarifying by whom or for what purpose.⁵⁷⁰ To date, the Saudi government has neither provided compensation for those harmed nor offered a public apology.

Partial Accountability: October 3, 2015 Attack on Trauma Center in Kunduz, Afghanistan

On October 3, 2015, the US Air Force carried out an aerial attack on an MSF hospital in Kunduz, Afghanistan. The attack killed 42 people, including 14 MSF staff members, and injured dozens more.⁵⁷¹ It destroyed much of the hospital's vital facilities, including the intensive care unit, operating theaters, and emergency room.⁵⁷²

The hospital was the province's most advanced medical facility and was the only one of its kind in northeastern Afghanistan.⁵⁷³ Before it opened in 2011, severely injured patients had to travel to Kabul or Pakistan for treatment.⁵⁷⁴ Since 2011, it had conducted more than 15,000 surgeries and had more than 68,000 patient visits in its emergency room.⁵⁷⁵

On the same day as the incident, the US government confirmed that its military had carried out the attack and promised to investigate. In November 2015, the US Department of Defense released a summary of its investigation, which concluded that the attack was the result of a combination of human errors, equipment failure, and miscommunication. A redacted investigation report was published in April 2016 and found that US forces committed several serious violations, including launching an attack that was unlawfully disproportionate to the expected military gain, as well as failing to distinguish between combatants and civilians. The report ultimately concluded that the attack did not constitute a war crime because forces had not intentionally targeted the medical facility.

However, the report also shows overwhelming evidence of recklessness on the part of US forces, which could indeed amount to a war crime. For instance, the ground commander had authorized the strikes on the basis of a single source, despite being "9 km from the [facility]" and not having a visual "line of sight." None of the commanders used "resources available...that would have confirmed" that the attacked location was a medical facility and not the intended target, a grouping of Taliban attackers. Moreover, commanders allowed the aircrew to continue shooting at the hospital for an additional eight minutes, even after MSF alerted commanders that they were attacking a hospital.^{576,577}

The US government apologized for the attack and made significant changes to military operating procedures to prevent a similar attack in the future. Some personnel faced unspecified administrative punishments; however, it remains unclear whether or not criminal action was

LACK OF ACCOUNTABILITY

recommended, as many recommendations in the final investigation were redacted.⁵⁷⁸

Furthermore, the government of Afghanistan's investigation into the role of Afghan troops in the incident was never completed. While Afghan forces played a crucial role in supplying the US airship first with GPS coordinates of the original target and later with a physical description of the hospital's compound, the Afghan government has yet to determine whether troops knowingly provided their US allies with a description of the hospital, rather than the intended target.⁵⁷⁹ Moreover, Afghan officials have repeatedly claimed the hospital compound was being used for military purposes, stating the day after the attack, for example, that the Taliban had taken control of the compound prior to the airstrike.⁵⁸⁰

On October 10, 2015, Afghan President Ashraf Ghani said he had appointed investigators to look into the Taliban's capture of Kunduz and the US airstrike on the hospital.⁵⁸¹ However, the final report never mentioned the airstrike.⁵⁸²

Role for International Justice Mechanisms:

December 5, 2013 Raid on Hôpital de l'Amitié in Bangui, Central African Republic

At 6:00 a.m. on December 5, 2013, a group of anti-balaka fighters brought several injured persons to Hôpital de l'Amitié (Amitié Hospital) in Bangui, the capital of CAR. A few hours later, fighters from the rival Séléka militia arrived at the hospital and searched it for anti-balaka fighters. They took between eight and 20 young men—the exact number remains in dispute—out of the hospital at gunpoint and shot them.⁵⁸³

On December 8, President Michel Djotodia, the leader of the Séléka militia at the time, acknowledged the killings but denied responsibility: "I control my men. The men I can't control are not my men."⁵⁸⁴

Hôpital de l'Amitié is one of four hospitals in Bangui. After the attack, it was closed until January 2014, when Save the Children helped to reopen it.

Since the CAR descended into political and communal violence in 2013, the country's government has struggled to maintain control. The domestic justice system has essentially become defunct, with no capacity to investigate or prosecute the large numbers of serious crimes the

different militias have committed. To date, the killings of patients of Hôpital de l'Amitié have not been investigated.

Since September 2014, the office of the prosecutor of the International Criminal Court (ICC) has been investigating the situation in CAR, focusing on alleged crimes in the country since August 2012, the second investigation by the ICC into crimes committed in the country. In June 2015, CAR's then transitional president promulgated a law to establish a Special Criminal Court, consisting of national and international staff, to investigate the gravest crimes committed in the country since 2003, including war crimes and crimes against humanity. In February 2017, a prosecutor was named to the court. It remains unclear whether the special court will investigate the attack on Hôpital de l'Amitié and other attacks on health facilities and prosecute those found responsible.

APPENDIX TO LACK OF ACCOUNTABILITY

COUNTRY	HEALTH FACILITY NAME, DATE OF INCIDENT	SUMMARY	# REPORTED KILLED/ # REPORTED INJURED	IMPACT ON FACILITY	RESPONSES BY PARTIES TO CONFLICT AND HUMAN RIGHTS WATCH'S CONCERNS
COMPLETED BUT FLAWED INVESTIGATIONS					
Afghanistan	Kunduz Trauma Center October 3, 2015	US forces fired on the Kunduz Trauma Center, the only facility of its kind in northeast Afghanistan. MSF closed the hospital after the attack, and reports that thousands of people are now left without access to medical care. <i>Perpetrator: US forces</i>	42 (14 staff) / 37 (13 staff)	Permanently closed	See text.
OPT, Gaza	al-Wafa Rehabilitation Hospital July 11-23, 2014	The IDF attacked al-Wafa Hospital on July 11, 15, 17, and 23, ultimately destroying the hospital on July 23 after it was evacuated. Located in the Shuja'iya neighborhood of Gaza City, the facility was the only public hospital for people with disabilities in the Gaza Strip. <i>Perpetrator: IDF</i>	0 / 0	Destroyed	Israeli authorities took responsibility for and investigated the attacks. The Military Advocate General (MAG) published a summary of its investigation, which found that Hamas used the compound for a variety of military purposes, justifying the intentional attacks on the facility. However, the investigation omits crucial details and did not find the July 23 attack to violate international law, when Human Rights Watch found that the attack may have been disproportionate. The MAG has not responded to a Human Rights Watch letter raising its concerns about the MAG investigation.
Yemen	MSF mobile clinic December 2, 2015	Saudi-led coalition forces carried out an airstrike close to an MSF mobile clinic in the al-Houban neighborhood, Taiz city, despite MSF giving its coordinates to the coalition. <i>Perpetrator: Saudi-led coalition forces</i>	1 / 8 (1 staff)	Closed	JIAI investigated this incident and found that coalition forces were responsible for the attack and that the strike targeted a "high-value military target," did not result in "human harm," and thus did not violate international law. However, MSF reported that there was no obvious military activity in the area and that eight people were in fact injured in the bombing, and Human Rights Watch is concerned that coalition forces may not have taken appropriate precautions to avoid harm to civilians since MSF repeatedly notified the coalition of the clinic's GPS coordinates, and a Saudi official said that coalition forces would not launch strikes near the clinic.
Yemen	Haydan Hw	Saudi-led coalition forces dropped six bombs on Haydan Hospital, the only medical facility in Haydan town, Saada governorate. <i>Perpetrator: Saudi-led coalition forces</i>	0 / 3 (1 staff)	Permanently closed; emergency room, outpatient and inpatient departments, lab, and maternity ward destroyed	Saudi authorities initially denied responsibility for this attack. A later JIAI investigation found that coalition forces intentionally targeted the hospital because it was used by Houthis as a "military shelter." JIAI claimed that the bombing did not result in any "human harm," but coalition forces should have warned MSF prior to carrying out the attack. Human Rights Watch found no evidence that the hospital was being used for military purposes and believes that the destruction of this facility caused lasting harm to civilians, hampering their access to vital health services. Human Rights Watch is concerned that coalition forces did not take the necessary precautions to avoid harm to civilians.

APPENDIX TO LACK OF ACCOUNTABILITY

COUNTRY	HEALTH FACILITY NAME, DATE OF INCIDENT	SUMMARY	# REPORTED KILLED/ # REPORTED INJURED	IMPACT ON FACILITY	RESPONSES BY PARTIES TO CONFLICT AND HUMAN RIGHTS WATCH'S CONCERNS
Yemen	Abs Hospital August 15, 2016	Saudi-led coalition forces targeted a vehicle parked inside Abs Hospital, the only hospital in west Hajjah governorate. <i>Perpetrator: Saudi-led coalition forces</i>	19 (1 staff) / 24 (11 staff)	Closed for ten days, services partially restored; ER, medical supplies damaged	See text.
INVESTIGATIONS INITATED WITH NO FOLLOW THROUGH					
Afghanistan	Swedish Committee for Afghanistan Hospital February 17-18, 2016	Soldiers, reportedly Afghan Special Forces, raided the only comprehensive care facility in Tangi Saidan, Wardak province and executed two patients and a 15-year-old caregiver. <i>Perpetrator: Afghan police or security forces</i>	3 / 0	None	See text.
OPT, Gaza	Shuhada' al-Aqsa Hospital July 21, 2014	IDF shelled Shuhada' al-Aqsa Hospital, the only hospital in the central district of the Gaza Strip. <i>Perpetrator: IDF</i>	3 / 40	Surgical ward, hospital vehicles, and ICU severely damaged	See text.
Ukraine	Liman City Hospital June 13, 2014	Nine shells struck Liman City Hospital, one of two hospitals in Liman city, Donetsk region. A group of Ukrainian soldiers later searched the facility, referring to the hospital as an "insurgent hospital." <i>Suspected perpetrator: Ukrainian forces</i>	1 staff / 0	Serious damage to structure, surgery wing, gynecology wing, and pharmacy	See text.
INCIDENTS IGNORED OR DENIED					
Iraq	Hammam al-Alil Clinic October 18, 2016	An airstrike hit the main health facility in Hammam al-Alil town, destroying half of the clinic. ISIS had an office at the clinic, and three ISIS fighters were killed. <i>Suspected perpetrator: US-led coalition forces or Iraqi forces</i>	8 / 2	Closed, moved to another building; half of clinic destroyed	See text.
Sudan	Mother of Mercy Hospital May 1-2, 2014	Airstrikes hit the Mother of Mercy Hospital's grounds twice on May 1 and once on May 2, together injuring three people. The Mother of Mercy Hospital is one of the only functioning hospitals in the Nuba mountains region. <i>Suspected perpetrator: Sudanese air force</i>	0 / 3	Windows, doors, roofs, and fence damaged	In an interview with the Public Broadcasting Service, the Sudanese charges d'affairs in the US denied that the Sudanese Air Force targets medical facilities, saying, "We are not targeting at all any facility for MSF. And if [they are being destroyed], that's because they're part of rebel camps. But we're not targeting aid workers." He also said that MSF was operating illegally in Sudan.
Sudan	Farandella Hospital June 17, 2014	Two bombs hit the Farandella Hospital, in Farandella, South Kordofan, causing severe damage to parts of the facility. <i>Suspected perpetrator: Sudanese air force</i>	0 / 1 staff	Emergency room, a dressing room, hospital kitchen, and pharmacy destroyed	After the first of these two attacks, a Sudanese military official told Agence France-Presse that no military aircraft had been used in the area: "We did not attack any hospital there because our target does not concern civilians." According to SPLA, between May 18 and June 13, Sudanese forces bombed and shelled ten villages in South Kordofan.

COUNTRY	HEALTH FACILITY NAME, DATE OF INCIDENT	SUMMARY	# REPORTED KILLED/ # REPORTED INJURED	IMPACT ON FACILITY	RESPONSES BY PARTIES TO CONFLICT AND HUMAN RIGHTS WATCH'S CONCERNS
Syria	Second Field Hospital October 2, 2015	At least one airstrike struck the Second Field Hospital, in al-Latamneh village, Hama governorate. <i>Suspected perpetrator: Russian forces or Syrian forces</i>	0 / 3 (2 staff)	Temporarily closed; some structural damage; generator, ambulance, and medical supplies damaged	The Russian Ministry of Defense (MoD) reported that the Russian Air Force attacked a military target in al-Latamneh on October 2. The next day, the MoD published a video purportedly showing the bombing of an underground command post in Raqqa. However, Human Rights Watch investigations indicate that the video was actually recorded over a location in al-Latamneh consistent with documentation of the hospital reviewed by Human Rights Watch. Later, the MoD denied the existence of any medical facility in the town. Russian authorities have not responded to a Human Rights Watch letter raising its concerns about the incident.
Syria	Jableh National Hospital May 23, 2016	As casualties from earlier explosions in Jableh and Tartous were brought to Jableh National Hospital, a suicide bomber blew himself up at the emergency department's entrance. <i>Perpetrator: ISIS</i>	43 (10 staff) / 35	Closed for one week; ER, operating department severely damaged	ISIS claimed responsibility on social media for this attack. An August 2016 report by the Independent International Commission of Inquiry on the Syrian Arab Republic mentioned the attack, but did not fully document the incident. No other investigative body appears to have conducted an inquiry into the incident.
Syria	al-Sakhour Medical Center September 28, October 1, 3, and 14, 2016	Multiple airstrikes struck al-Sakhour Medical Center in eastern Aleppo city, on September 28 and October 1, 3, and 14, with no warning. Two of the strikes involved cluster munitions. <i>Suspected perpetrator: Russian forces or Syrian forces</i>	5 / 14 (4 staff)	Closed temporarily; Surgical ward, ICU, lab, patients' wing, and medical equipment damaged	In a press conference, a Russian military official denied Russia's responsibility for the attack by presenting before and after satellite images of the medical center and claiming that there were no differences between the two images. However, several sets of satellite imagery analyzed by Human Rights Watch clearly show that the medical center sustained significant damage, consistent with being hit by airstrikes between September 30 and October 10. Russian authorities have not responded to a Human Rights Watch letter raising its concerns about the incident.
Syria	al-Mustaqbal Hospital February 5, 2016	At least one airstrike struck the compound of al-Mustaqbal Hospital, the only health facility in al-Ghariya al-Gharbiya town, Dara'a governorate. <i>Suspected perpetrator: Russian forces or Syrian forces</i>	0 / 0	Temporarily closed; operating rooms, emergency wing, and supplies severely damaged	Neither Syrian nor Russian authorities have commented specifically on this incident, but the Russian MoD reported that the Russian Air Force launched an airstrike on al-Ghariya al-Gharbiya between February 4 and 11. Russian authorities have not responded to a Human Rights Watch letter raising its concerns about the incident.
Syria	al-Hamadiya Hospital February 15, 2016	Two airstrikes hit and destroyed al-Hamadiya Hospital, one of two hospitals in Ma'aret al-Nu'man city in southern Idlib governorate. <i>Suspected perpetrator: Russian forces or Syrian forces</i>	25 (9 staff) / 11	Destroyed	See text.
Syria	Ma'aret al-Nu'man National Hospital February 15, 2016	The National Hospital in Ma'aret al-Nu'man city, Idlib governorate was struck twice as the wounded from the earlier attack on al-Hamadiya Hospital were being shuttled in. <i>Suspected perpetrator: Russian forces or Syrian forces</i>	4 (2 staff) / 0	Temporarily closed; generator room damaged and oxygen supply cut off	See text.

APPENDIX TO LACK OF ACCOUNTABILITY

COUNTRY	HEALTH FACILITY NAME, DATE OF INCIDENT	SUMMARY	# REPORTED KILLED/ # REPORTED INJURED	IMPACT ON FACILITY	RESPONSES BY PARTIES TO CONFLICT AND HUMAN RIGHTS WATCH'S CONCERNS
Syria	al-Dabit Hospital May 3, 2016	A shell struck the fuel tank of a military vehicle, causing it to explode next to al-Dabit Hospital in government-controlled, western Aleppo city. <i>Perpetrator: Unknown Syrian armed group</i>	19 killed in area / Unknown	Front of hospital collapsed, windows damaged	Multiple reports published immediately after the attack by media outlets sympathetic to the Syrian opposition claimed that no armed opposition group could have perpetrated this attack due to their positioning and military capabilities.
Ukraine	Novosvitlivka Hospital August 13, 2014	The Ukrainian army put military vehicles beside Novosvitlivka Hospital in Luhansk region and set up firing positions. Rebel forces then shelled the hospital repeatedly. <i>Perpetrator: Ukrainian and rebel forces</i>	Unknown / Unknown	Permanently closed; hospital severely damaged	Neither rebel forces nor officials from the Ukrainian government have commented publicly on this attack. Ukrainian authorities have not responded to a Human Rights Watch letter asking whether they have investigated this incident.
NO CAPACITY FOR INVESTATIONS AT LOCAL LEVEL					
Central African Republic	Hôpital de l'Amitié December 5, 2013	A group of Séléka fighters searched the hospital for injured anti-balaka fighters, stole medical supplies, and shot at least eight men outside the hospital. <i>Perpetrator: Séléka</i>	8 / Unknown	Closed for one month	See text.
Central African Republic	MSF-supported Health Center April 26, 2014	Séléka surrounded the MSF-supported health center in Boguila in what appeared to be an armed robbery of the facility. <i>Perpetrator: Séléka</i>	16 (3 staff) / Unknown	Temporarily reduced services	Mohamed Moussa Dhaffane, a one-time rebel general, denied Séléka involvement in the attack. The Commission of Inquiry on CAR documented this attack in its December 2014 report.
South Sudan	Malakal Teaching Hospital February 17-22, 2014	Staff evacuated the hospital due to violence on February 17, returning on February 22 to find stranded patients who reported that armed men beat and robbed patients; stole vehicles, equipment, and medicines; and burned part of the facility. <i>Perpetrator: White Army</i>	14 / Unknown	Closed until late 2014; therapeutic feeding center damaged	The UN Mission in South Sudan documented this attack in its May 2014 report, "Conflict in South Sudan: a Human Rights Report."
South Sudan	Leer Hospital February 17, 2014	Violence forced staff to evacuate Leer hospital, the only secondary health facility in the area, in late January, returning on February 14, 2014 to find it destroyed, its supplies looted, and armed men occupying the compound. <i>Suspected perpetrator: SPLA-North</i>	Unknown / Unknown	Destroyed	On February 26, SPLA spokesman Philip Aguer denied SPLA involvement. In January 2014, the South Sudanese government created an eight-person Human Rights Abuses Investigation Committee to inquire into the killing of innocent civilians, but the committee's report has not been made public.
South Sudan	Bentiu State Hospital April 15, 2014	Armed fighters surrounded Bentiu State Hospital, the only functioning primary health care facility in Bentiu. They looted the facility of medical supplies and gathered a group of 20-40 men outside, accused them of supporting the SPLA, demanded their valuables, and shot them. <i>Suspected perpetrator: SPLA-IO</i>	19 / Unknown	Hospital looted and vandalized	Riek Machar, commander of SPLA-IO, denied that SPLA-IO was behind the attack and claimed that "government forces and their allies committed these heinous crimes while retreating." The UN Mission in South Sudan documented this case in its report "Attacks on Civilians in Bentiu & Bor, April 2014."
Libya	al-Wahda Hospital February 7, 2016	Two bombs struck the al-Wahda Hospital in Derna city. <i>Perpetrator: Unknown 2</i>	(1 staff) / Unknown	Kidney section, internal medicine section, and dormitory damaged	Several officials of the Libyan National Army and the Tobruk-based Libyan government have denied responsibility for this attack. No international investigative mechanism has documented this incident.

ACKNOWLEDGMENTS

This report was coordinated and overseen by Leonard Rubenstein of the Center for Public Health and Human Rights of the Johns Hopkins Bloomberg School of Public Health and Carol Bales of IntraHealth International. The Center and IntraHealth share the secretariat for the Safeguarding Health in Conflict Coalition.

The report was edited by Leonard Rubenstein, Carol Bales, and Wendy Spitzer, an IntraHealth consultant, with support from an IntraHealth team including Cecilia Amaral, Laura Hoemeke, Corinne Mahoney, and Meredith Sparks.

The executive summary was written by Leonard Rubenstein and Nora Hellman, a graduate student at the Johns Hopkins Bloomberg School of Public Health.

The essay on accountability was researched and written by Diederik Lohman, Matthew Parsons, and Courtney Tran of Human Rights Watch, a member of the Safeguarding Health in Conflict Coalition.

Five country-specific sections were written by members of the Coalition that have engaged in field research on attacks on health in those countries:

- The Afghanistan section was written by Christine Monaghan of Watchlist on Children and Armed Conflict and Mathilde Vu of the Agency Coordinating Body for Afghan Relief and Development (ACBAR).
- The Egypt section was written by Jaafar Fakhri of Defenders for Medical Impartiality.
- The Israel and Occupied Palestinian Territory section was written by Dana Moss and Arel Jarus-Hakak of Physicians for Human Rights–Israel.
- The Syria section was written by Elise Baker and Mary Lowth of Physicians for Human Rights.
- The Yemen section was written by Christine Monaghan of Watchlist on Children and Armed Conflict.

Other country-specific sections of the report were written by members of the Coalition that conducted research according to the methodology for this report:

- The Armenia, Iraq, Libya, Mali, Mozambique, Somalia, Turkey, and Ukraine sections were researched and written by Cecilia Amaral of IntraHealth International.

- The CAR, the DRC, Ethiopia, Niger, Nigeria, South Sudan, and Sudan sections were researched and written by Marie Cole, a graduate student at the Johns Hopkins Bloomberg School of Public Health.
- The Jammu and Kashmir (India), Myanmar, and Pakistan 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.

Matthew Parsons of Human Rights Watch coordinated review of 21 country sections by Human Rights Watch's country researchers. They include: Laetitia Bader, Kristine Beckerle, Jane Buchanan, Corinne Dufka, Lama Fakhri, Meenakshi Ganguly, Eric Goldstein, Patricia Gossman, Jehanne Henry, Felix Horne, Zenaida Machado, Lewis Mudge, Michael Page, Phil Robertson, Hanan Salah, Mausi Segun, Emma Sinclair-Webb, Joe Stork, and Belkis Wille.

The Syria section was reviewed by Natasha Kieval of Coalition member Syrian American Medical Society.

The Turkey section was reviewed by Christine Mehta, a researcher for Coalition member Physicians for Human Rights.

Insecurity Insight provided incidents collected during 2016 from the Aid in Danger Security in Numbers Database (SiND). Data collection is carried out by Helen Buck and James Naudi. The database is managed by Christina Wille and Larissa Fast.

The Executive Summary, Conclusion, and Recommendations sections were reviewed by Cecilia Amaral, Elise Baker, Helen Buck, Marie Cole, Jaafar Fakhri, Laura Hoemeke, Sandra Hsu Hnin Mon, Matthew Parsons, Dana Moss, Susannah Sirkin of Physicians for Human Rights, and Christina Wille.

Additional support was provided by Laura Hoemeke of IntraHealth International.

This report was designed by Kristen Lewis, an IntraHealth consultant.

Financial support for this report was provided by the Oak Foundation and private donors.

The entire content of this report does not necessarily reflect the view of all members of the Coalition.

NOTES

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¹⁰ For the Eastern region, ACBAR notes that its records do not include incidents from southern districts in Nangarhar province. Since 2015, this area has been heavily contested by ISIS-KP, the Taliban, and ANSF, and many medical facilities closed when the area became a front line in the conflict. As such, it has not been possible to reliably obtain and verify information on attacks.

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