The human cost of attacks on medical care in armed conflict

In a number of armed conflicts, medical facilities and workers are attacked and face deliberate interference. Violence against medical personnel, facilities and transports has a devastating impact on the wounded and sick in armed conflicts around the globe:

- Between 1 January and 31 March 2017, the World Health Organization (WHO) recorded 88 attacks against health care in 14 countries and territories, leading to 80 deaths and 81 injuries.ii
- In 2016, the WHO recorded 302 attacks against health care in 20 countries and territories, leading to 372 deaths and 491 injuries.iii
- In 2015, Médecins Sans Frontières (MSF) reported 94 aerial and shelling attacks on 63 MSF-supported facilities, causing the total destruction of 12 facilities, and injuring 81 MSF-supported medical staff.iv
- From 2012 to 2014, the International Committee of the Red Cross recorded 2,398 incidents of violence against health care in 11 countries facing armed conflict or another emergency.v

Such violence results in an immediate loss of life, injury, destruction, and the deprivation of essential healthcare. It also has catastrophic longer-term consequences as medical facilities close and medical workers are forced to flee, depriving entire communities of vital care.

Medical care also suffers less visible impediments, such as legislation criminalizing medical care for certain categories of patients, or arbitrary obstructions to the passage of medical relief.

The protection of medical care under international humanitarian law

All parties to armed conflict – whether States or non-state armed groups – are bound by a strict obligation under international humanitarian law (IHL) to respect and protect medical workers and facilities, as well as the wounded and sick:

- Medical personnel exclusively assigned to medical duties must be respected and protected in all circumstances. They lose their protection if they commit, outside their humanitarian function, acts harmful to the enemy.
- Medical units and transports (such as hospitals, clinics and ambulances) exclusively assigned to medical purposes must be respected and protected in all circumstances. They lose their protection if they are being used, outside their humanitarian function, to commit acts harmful to the enemy.
- The wounded and sick must receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required by their condition. No distinction may be made among them founded on any grounds other than medical ones.
- It is prohibited to attack the wounded and sick, provided they abstain from any hostile act and do not attempt to escape.
- Each party to the conflict must take all possible measures to protect the wounded and sick against ill-treatment and pillage of their personal property.
- It is prohibited to punish a person for performing medical duties compatible with medical ethics or compelling a person engaged in medical activities to perform acts contrary to medical ethics.
Taking action

In 2016, the UN Security Council unanimously adopted Resolution 2286 in response to its deep concern about the acts of violence, attacks and threats against medical care in armed conflict.

As requested in Resolution 2286, and following extensive consultations, the UN Secretary-General shared a number of practical measures that all parties to armed conflict and all States should implement to enhance the protection of medical care in armed conflict.

Together, IHL, Resolution 2286 and the Secretary-General’s recommendations on the protection of medical care in armed conflict form a solid framework for preventing attacks on medical care, enhancing its protection and improving accountability for violations. Collectively, State and non-State parties to armed conflict, other States, and a wide range of organizations have a role to play in ensuring the protection of medical care in armed conflict.

Recommended measures include:

- adhering to relevant international treaties, including the Additional Protocols to the Geneva Conventions, key international human rights treaties, and the Arms Trade Treaty, and reinforcing domestic legislative frameworks;
- ensuring legal protection for medical personnel to act in line with medical ethics;
- adopting, implementing and disseminating precautionary measures throughout the planning and conduct of military operations in order to prevent and minimize the consequences of hostilities on medical care in armed conflict;
- data collection, analysis, and reporting on incidents with an impact on medical care in armed conflict;
- full, prompt, impartial, independent and effective investigations into alleged serious violations against medical care in armed conflict, and prosecution of individuals suspected of committing such violations;
- providing reparations and assistance to victims of attacks against medical care in armed conflict, and restoring essential services, including rebuilding medical facilities, and establishing safe routes and environments for the delivery of medical services.

All parties to armed conflict must comply with the fundamental rules of IHL protecting medical care in armed conflict.

All States should implement the Secretary-General’s recommendations on the protection of medical care.

All States, relevant components of the UN, as well as international, regional and national organisations should raise public awareness of the human cost of attacks on medical care in armed conflict and actively promote the relevant rules of IHL and the Secretary-General’s recommendations.

OCHA is committed to working with all relevant actors to fulfil the Secretary-General’s recommendations and ensure respect for medical care in armed conflict.

Regional psychiatric hospital outside the village of Semenivka, near Sloviansk, Ukraine (OCHA / PAX / Dirk-Jan Visser, June 2015)

Resolution 2286 is available here, the Secretary-General’s recommendations are available here, and OCHA’s web page on protection is here.

---

2 World Health Organization, Attacks on Healthcare Dashboard, 2017 (Quarter 1).