



# **ATTACKS ON HEALTH CARE INITIATIVE 2019 - 2022**



**World Health  
Organization**

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## MINIMIZING DISRUPTIONS TO HEALTH CARE DELIVERY RESULTING FROM ATTACKS DURING EMERGENCIES

Title of Initiative	<b>Attacks on Health Care</b>
Vision	Essential life-saving health services are provided to emergency-affected populations unhindered by any form of violence or obstruction
Country Focus	All countries vulnerable to emergencies, and particularly those facing emergencies
Beneficiaries	Emergency-affected populations in need of health care, and health care workers
Start date	<b>1 January 2019</b>
End date	<b>31 December 2022</b>
Organization	World Health Organization (WHO)
Outcome	Minimized disruptions to health care delivery resulting from attacks during emergencies
Outputs	Output 1: EVIDENCE (Body of evidence and global trends) Output 2: ADVOCACY (Commitment to action and momentum for change) Output 3: ACTION (Best practices promoted and applied)
Amount requested	<b>US\$ 12 781 091</b>



# 1 CONTEXT

## Health care is under attack.

In the first three quarters of 2018, the Surveillance System for Attacks on Health Care (SSA) documented 134 attacks on health care in Syrian Arab Republic, causing 97 deaths including 108 attacks that affected health facilities, further weakening a health system burdened by seven years of conflict. Over the same period, the SSA reported 298 attacks causing 424 health personnel injuries in the occupied Palestinian territories. During the Ebola outbreak in West Africa, community fear and inadequate community sensitization measures led to attacks against health care workers and facilities causing the deaths of eight health care workers. These incidents are only a snapshot of the attacks reported in 2018 across many different countries and contexts.

Such attacks deprive people of urgently needed care, endanger health care providers, undermine health systems and long term public health goals, and contribute to the deterioration in the health and wellbeing of affected populations.

For every health care professional who dies or flees, for every hospital that is destroyed, scores of people are denied health care. Each medical professional takes years of education and professional development—usually borne by the national budget—and supported by a family. Each hospital that is destroyed is a significant economic loss to the country.

Collective efforts are required from WHO, Member States, and partners within and beyond the health sector to put an end to attacks on health care. We need to better understand the extent and nature of the problem and its impact on health service delivery and public health; we need to build momentum for real change, zero-tolerance and respect for International Humanitarian Law, Duty of Care, and the Right to Health; and we need to promote best practice to reduce the likelihood of attacks and to strengthen the resilience of health systems that are struck by violence.

In January 2017, WHO rolled out a four year project to formalize and strengthen its efforts to minimize disruptions to health care due to violence, and intensify its collaboration with Member States and partners that have been key in moving this issue to center stage, in particular the International Committee of the Red Cross and Red Crescent through its Health Care in Danger (HCID) initiative and its “Community of Concern”, and Médecins Sans Frontiers through its #NotATarget project.


Since the roll out, the Attacks on Health Care initiative has been instrumental in raising the issue further. This document outlines the second phase of the Attacks on Health Care initiative, to reflect the lessons learned from the first three years of implementation, and provide the next steps to turn the project into an initiative for sustained delivery by WHO and partners to address the issue and raise a collective voice towards preventing attacks and protecting health care globally.

## Background

WHO’s Director General has been an outspoken advocate for the right to health and has made numerous statements to highlight WHO’s concern with the frequency of attacks on health care and their impact on health workers and health service delivery.

Resolutions of the World Health Assembly reinforce WHO’s strong position against violence in health care settings, including Resolution 46.39 in 1993, 55.13 in 2002, 64.10 in 2011, and 65.20 in 2012.


In 2012, the World Health Assembly called on WHO’s Director-General to provide global leadership in the development of methods for systematic collection and dissemination of data on attacks on health facilities, health workers, health vehicles and patients in complex humanitarian emergencies, in coordination with other relevant United Nations bodies, other relevant actors, and intergovernmental and nongovernmental organizations.



Also in 2012, the International Committee of the Red Cross and Red Crescent launched its Health Care in Danger (HCID) initiative and Médecins Sans Frontiers began its Medical Care Under Fire (MCUF) project.

In 2013, WHO convened the first of a series of expert consultations to develop a methodology and tools to facilitate data collection, analysis and reporting. The methodology and tools were tested in three locations from March 2015 to March 2016; these tests and the independent evaluation that followed provided the basis for finalizing and gaining WHO endorsement on a final data collection and verification method.

In May 2015 at the 68th World Health Assembly, the Director-General stood together with the Emergency Relief Coordinator, the President of the ICRC and concerned Member States to urge for collective action to stop attacks on health care.



In 2015, WHO recognized that the magnitude of this problem requires greater leveraging of WHO's global leadership and outreach, including as Health Cluster Lead Agency; its expertise in setting norms and making available authoritative information; its convening power; and the commitment of WHO Member States and partners to implement best practice to reduce attacks and mitigate their consequences to health service delivery. Therefore, in August 2015, WHO established a staff position in its emergency department dedicated to work on this important issue in collaboration with concerned internal and external actors.


In May 2016 at the 69th World Health Assembly, the Director-General again stood together with Member States, the President of the ICRC and the International President of Médecins Sans Frontiers to call for collective action to stop attacks on health care.

Also in May 2016, the United Nations' Security Council unanimously adopted Resolution 2286—sending a strong message around the world that health care must be protected during conflict. WHO supported this Resolution and commended the countries, including Canada and Switzerland, and the organizations, most notably MSF and ICRC, that tirelessly championed this Resolution.

A group of Geneva based diplomatic missions, led by Canada and Switzerland, entitled the "Friends of 2286" was created and meets on a regular basis in Geneva. WHO is an active member of the group, where WHO's work on the data and research are shared and used for further advocacy on the topic.

In July 2016, WHO launched its WHO Health Emergencies Programme (WHE) with attacks on health care as a priority issue. In October 2016, the WHE Directors from headquarters and the six regional offices gathered with the WHO representatives of the 17 countries with the largest emergency-affected populations—marking the first three-level WHE meeting since its establishment. Demonstrating the importance of the issue of attacks on health care, one of the three days of this meeting was dedicated to the way forward with concrete decisions on data collection, advocacy and the identification and promotion of best practice to reduce risk of attacks and strengthen resilience and care for victims after attacks.

In December 2017, WHO launched the Surveillance System on Attacks on Health Care (SSA) which aims to collect data of attacks on health care, to generate a body of evidence that will support advocacy and preventive measures. The system allows for direct input of information on attacks by partners into a confidential data collection system that will be collated to generate an amalgamated view of attacks on health care globally. The system went live on 1 January 2018. The information can be accessed at: <http://ssa.who.int>.



In May 2018, Member States of WHO again reinforced the message on the need to protect health care from attacks through a side event at the World Health Assembly. A Call to Action from Member States released in the UN General Assembly in September 2018 requests WHO and partners to continue collecting evidence of attacks and research the impact of attacks on health care. The call identifies attacks on health care as one of the main impediments to achieving universal health care, and calls on all to work towards protecting health care and preventing attacks on health care.

## 2 OUTCOME AND OUTPUTS

The vision of this initiative is that essential life-saving health services are provided to emergency-affected populations unhindered by any form of violence or obstruction. Universal Health Coverage cannot be achieved if health facilities are systematically destroyed and health care workers attacked.

Ultimately, WHO seeks to ensure that:

- health workers everywhere can provide health care in a safe and protected environment;
- health workers are protected, resilient, equipped with knowledge and resources;
- parties to conflict understand and uphold their responsibilities under International Humanitarian Law
- health care delivery is not disrupted by attacks; and
- all forms of violence against health care stop.

The expected outcome of this initiative is minimized disruptions to health care delivery resulting from attacks during emergencies. This will be delivered through three **outputs**:

**1** First, the initiative will continue to develop a body of evidence to better understand the extent and nature of the problem and its consequences to health care delivery;

**2** Second, the initiative will increase commitment to action through strong advocacy for an end to attacks on health care, ensuring the right to health of all, the sanctity of health care in all circumstances, the delivery of health care unhindered by violence, and the application of International Humanitarian Law;

**3** And third, the initiative will develop and promote the implementation of best practices for the prevention of attacks and the mitigation of their consequences to health service delivery, particularly through the actions of WHO's country offices, Member States and other health actors in countries facing emergencies.

Here below is an explanation of each output and the activities and approaches that will lead to its achievement.

### Output 1: EVIDENCE (Body of evidence and global trends)

The open source data that WHO has consolidated since 2014 to date shed light on the severity and extent of the problem and show that in some of the world's most tragic emergency settings—where health care is needed most—health care workers and facilities are themselves subject to, in some cases extreme, violence.

Reliable quantitative and qualitative information is needed to better understand the extent and nature of the problem. Only with a comprehensive understanding of the issue and its impact on health service delivery



can we move forward to advocate effectively to stop attacks and identify global as well as context-specific best practice to reduce their occurrence and impact and strengthen the health sector's resilience to such attacks.

The data that is available make clear that a more standardized approach is needed for gathering information on attacks on health care and their consequences to health service delivery. This approach should include standard definitions for attacks on health care, for health care workers and for health care facilities. Also necessary are agreed classifications for object types and attack types. Standardization would allow for improved aggregation, comparative analysis, trend analysis and a more comprehensive evidence base. A more complete set of data would in turn lead to more effective and targeted advocacy to stop attacks, and concrete actions to reduce the risk and impact of attacks during emergencies. Building a body of evidence and global trends is the **first output** of this initiative.

In December 2017, WHO rolled out the Surveillance System for Attacks on Health Care (SSA), an online based tool that is easily accessible and is a user-friendly global repository allowing for data collection using WHO's methodology and tool. This allows for collection, consolidation and analysis of information on attacks on health care and their impact on health service delivery and the health of the population in general.

country-level partners involved in data collection and reporting to encourage harmonized approaches and to collaborate on data collection and research on the health impact of such attacks.

To achieve this objective, WHO will complete the following activities:

1. Apply the data collection methodology and tools in all countries and territories with emergencies using the SSA;
2. Collect and analyse available data;
3. Manage the SSA web system and the attacks on health care webpage, including a global repository of related information;
4. Develop and disseminate quarterly dashboards on attacks;
5. Develop and disseminate annual reports on the nature and extent of the problem, its consequences to health service delivery, and global trends.

The activities will be implemented using the following approaches:

1. Systematic collection of information using the WHO Surveillance System for Attacks on Health Care (SSA) tool
2. Conduct country missions and regional workshops to train WHO staff and partners on how to collect and use data on attacks using the SSA

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