One attack on a health worker is one too many

After 6 years of conflict, the war in Syria is currently the largest humanitarian and refugee crisis. Over 250,000 Syrians have been killed, millions are displaced or living in besieged areas, and 5 million have become refugees.

In his first statement on becoming the UN Secretary General, António Guterres seemed to have this situation in mind in his plea for peace: “How can we help the millions of people caught up in conflict, suffering massively in wars with no end in sight? Civilians are pounded with deadly force. Women, children and men are killed and injured, forced from their homes, dispossessed and destitute. Even hospitals and aid convoys are targeted. No one wins these wars; everyone loses.”

The UN Security Council adopted resolution 2286 in May, 2016, asserting that attacks on health workers and health-care settings “may exacerbate ongoing armed conflicts and undermine the efforts of the Security Council to maintain international peace and security.” By health-care settings, we refer broadly to health-care infrastructure, transport, and supplies, and those seeking care. In December, 2016, the UN General Assembly adopted a resolution recognising that investment in health workers “essentially constitutes the first line of defence against international health crises” and called on Member States to develop more effective preventative measures for the protection of health workers.

Attacks on health workers and health-care settings are a concern worldwide. WHO consolidated reports from publicly available sources of 594 attacks on health-care settings in 19 countries facing emergencies between January, 2014, and December, 2015; these attacks resulted in 959 deaths and 1561 injuries. In 2016, WHO consolidated reports of 302 attacks in 20 countries facing emergencies; 69% of these attacks were reported in Syria.

In The Lancet, the preliminary report from the The Lancet–American University of Beirut Commission on Syria: Health in Conflict draws attention to the attacks on health workers in Syria. In November, 2016, hospital destruction in eastern Aleppo deprived 250,000 people of access to health care. By December, 2016, 46% of hospitals in the country were reported to be damaged, 26% of assessed hospitals were not functioning, and 30% were only partly functioning.

Data, reports, and evidence on the impact of attacks on health workers and health-care settings must be strengthened worldwide to better inform effective interventions. The 5 year action plan mandated by the High-Level Commission on Health Employment and Economic Growth to support implementation of WHO’s Global strategy on human resources for health proposes to strengthen advocacy; gather best practices on the protection of health workers; and improve data collection tools, methods, and reporting on attacks and their public health consequences, and will be considered by the 70th World Health Assembly.

Even one attack on health care is too many. Consistent data collection, advocacy with zero tolerance, and the promotion of concrete measures to prevent attacks are priority actions. Substantial health needs continue to be unmet and resources to support and strengthen the health workforce and health system in complex emergencies are stretched to the limit. WHO looks forward to working with all stakeholders to accelerate progress.
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We declare no competing interests.

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