

Healthcare Workers Under Attack

Giuseppe Strano

Editorial

In this period full of war images in all the media, we realized that we are under attack too.

All over the world people see us as who save the lives of others, but now we need protection themselves.

The impact of attacks on health care¹ in Fragile, Conflict-affected and Vulnerable (FCV) settings² goes well beyond endangering health providers. Reduced capacity, interrupted services and loss of health care resources deprive vulnerable populations of urgently needed care, undermine health systems and jeopardize long-term public health goals.

As the world struggles with the COVID-19 pandemic, protecting health care where health systems are the most vulnerable has become more important than ever. Ensuring the right to access health care for everyone, everywhere is not only at the core of WHO's commitment to achieve better health but also a stepping stone to a

reaching the Sustainable Development Goals or SDGs.

At least 415 attacks against health workers and facilities have been carried out since last year's coup in Myanmar, according to a report published recently. It has become one of the most dangerous places on Earth for medics, with half of all such global attacks in the first six months of last year. The war in Ethiopia's Tigray region has seen the large-scale destruction of facilities. With the crisis deepening in Sudan, last month the UN reported 15 healthcare attacks since November.



It is over a century and a half since the agreement of the first Geneva convention, an international prohibition on attacking

the sick and wounded, assaulting or punishing those who offer them healthcare, and inflicting violence on hospitals and ambulances. Those protections have since been broadened and strengthened repeatedly.



Campaigning by civil society and the medical community has had a measurable impact at times. Some governments have made improvements. In 2018, the World Health Organization introduced a system for monitoring and reporting attacks, though it has not proved as effective as anticipated. The International Committee of the Red Cross has brought together military representatives, armed groups, experts and healthcare workers to discuss pragmatic measures such as running checkpoints in a way that does not unduly interfere with medical care.

Here, the analysis of publicly available data collected via WHO's Surveillance System for Attacks on Health Care (SSA)

from 2018 to 2020 presents a global overview of attacks on health care, the resources that they affected and their immediate impact on health workers and patients.

The results demonstrate that attacks on health care are highly context-dependent. The occurrence, nature and dynamics of attacks are closely related to changes in the operational context of the local health response. Such changes may include the emergence of new crises, intensification of conflicts, ceasefires or the deterioration of community acceptance.



In addition, changes in the operational contexts of individual FCV countries or territories where attacks are more prevalent play an important role in driving global-level patterns of attacks on health care. For this reason, it should be noted that the results of this analysis are not representative of country-level trends and only provide a global overview of all verified incidents reported through the

SSA. However, this analysis can be replicated at country-level using the SSA dashboard's data export function.

We know what needs to be done. In 2016, the then UN secretary general, Ban Ki-moon, sent a detailed and lengthy set of recommendations for tackling the issue to the security council. Members took the opportunity to trade recriminations, but no action resulted. Even countries that pledged support failed to follow through, for example, by ensuring that domestic laws incorporate the Geneva conventions.

The ongoing attacks it faces show how desperately sustained effort is needed. Protecting healthcare is necessary essential for everyone.

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