



UNDER ATTACK

VIOLENCE AGAINST HEALTH WORKERS,
PATIENTS AND FACILITIES

SAFEGUARDING
HEALTH
IN CONFLICT

HUMAN
RIGHTS
WATCH

(front cover) A Syrian youth walks past a destroyed ambulance in the Saif al-Dawla district of the war-torn northern city of Aleppo on January 12, 2013.

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OVERVIEW OF RECENT ATTACKS ON HEALTH CARE

UKRAINE

January 2014: Police in Kiev raid a Red Cross clinic. Paramedics and medical volunteers are fired upon while trying to evacuate wounded individuals.

TURKEY

May – June 2013: Makeshift clinics and medical personnel targeted by government for providing care to protesters.

April 2014: Doctors tried on criminal charges of assisting criminals, damaging a place of worship, and insulting religious sentiments for providing medical assistance in a mosque to protesters who had sheltered there.

MALI

April 2012: Health facilities in Gao ransacked and looted by rebels.

NIGERIA

February 2013: 9 polio vaccinators shot dead in Kano.

March 2014: Three polio workers in Bauchi State abducted.

COLOMBIA

January - March 2013: 27 incidents of attacks on facilities and vehicles, threats against staff, and looting of medical supplies recorded by ICRC.

CENTRAL AFRICAN REPUBLIC

September 2013: Health facilities and medical organizations near Bossangoa systematically targeted by Seleka forces.

April 2014: 16 civilians, including 3 MSF staff members, killed during an armed robbery in the northern town of Boguila.

DEMOCRATIC REPUBLIC OF CONGO

August 2013: Targeted attack on a medical facility in the town of Pinga.



EGYPT

August 2013: Government forces obstructed the access of ambulances and failed to provide safe exits for severely injured protesters during the dispersal of the Raba'a Al-Adawiya sit-in, in which at least 600 protesters were killed.

SYRIA

2011-2014: Dozens of facilities damaged or destroyed or transformed for military use; hundreds of health workers and patients detained, tortured, and killed; ambulances deliberately attacked and obstructed.

CHINA

October 2013: Repeated attacks against medical staff; three doctors stabbed, including one to death.

ISRAEL/PALESTINE

April 2013: A Palestinian volunteer paramedic arrested and detained for attending to an injured protester.

YEMEN

2010-2013: 45 incidents of attacks on health services noted by MSF.

AFGHANISTAN

April 2014: In Dozens of killings, assaults and abductions against health workers, occupation of health facilities, use of health facilities as election polls.

PAKISTAN

December 2012 – April 2014: More than 60 polio vaccination team members and people guarding them killed.

SOMALIA

August 2013: Médecins Sans Frontières (MSF) ended its 22-year operation after repeated attacks..

December 2013: 4 doctors killed in a targeted attack.

SOUTH SUDAN

January – April 2014: Patients and people seeking sanctuary in hospitals attacked and in some cases killed in their beds in Bor, Bentiu and Malakal towns. Hospitals and clinics looted and set on fire.

KENYA

June 2013: Health workers threatened and accused of supporting rival groups.

BAHRAIN

January 2013: Physicians and nurses dismissed from their government positions, arrested, and jailed for providing assistance to protesters.





INTRODUCTION

Over the past few years, the frequency and severity of attacks on health workers, patients, hospitals and clinics throughout the world have increased. In Pakistan and Nigeria, more than 70 polio vaccination workers have been killed. In Bahrain and Turkey, health workers have been arrested for providing care to individuals protesting government policies. In Syria, hundreds of patients and health workers have been arbitrarily arrested, killed and tortured, and hospitals and health clinics have been targeted and bombed. In 2012 and 2013 alone, the International Committee of the Red Cross identified 1,809 specific incidents in 23 countries in which violence was used against patients, health workers, ambulances or medical facilities.

A health worker (R) vaccinates a child at a public health center in Kano, northern Nigeria, on February 13, 2013. Gunmen attacked two polio vaccination clinics in the northern city of Kano on February 8, killing at least 10 people, after Wazobia FM broadcast a story about claims of forced vaccinations.

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In compliance with international humanitarian law, parties to an armed conflict must ensure the respect and protection of patients as well as health workers, facilities and transportation. It is also an obligation under human rights law for governments to ensure access, without discrimination, to primary health care.

The United Nations Special Rapporteur's groundbreaking October 2013 report on the right to the highest attainable standard of health stressed the need to hold countries accountable for interference with the health care system and attacks on medical personnel and facilities. The report emphasized the importance of better monitoring and data collection on attacks, as well as prosecution of those responsible.

Although much remains to be done, some steps have been taken to address this issue in the past two years. The World Health Assembly passed a resolution calling for increased reporting of attacks on health care in conflict settings by the World Health Organization. The UN

Security Council expanded the mandate of the Secretary-General's special representative on children in armed conflict to include reporting of attacks on medical facilities and personnel. The International Committee of the Red Cross, Médecins Sans Frontières, and the Safeguarding Health in Conflict Coalition have all recently launched campaigns highlighting attacks on health workers and facilities.

This report describes recent examples of attacks on health in order to raise attention to this issue among the global health community, the human rights community, and those responsible for the attacks. The escalating level of attacks targeted against health care must be recognized as a critical human rights issue. Global and national human rights institutions should take action to ensure that practical steps are taken to protect health workers and facilities, and protect access to health care for all who need it.

Leonard Rubenstein

CHAIR OF THE SAFEGUARDING HEALTH
IN CONFLICT COALITION:

“When health workers and hospitals are attacked, people are prevented from receiving medical care, individuals are afraid to seek treatment, and trained professionals flee areas where they are urgently needed.”

Joe Amon

DIRECTOR, HEALTH & HUMAN RIGHTS,
HUMAN RIGHTS WATCH:

“Attacks against health workers and facilities undermine often already fragile health systems. Human rights and international humanitarian law are clear that these attacks interfere with fundamental protections of the right to health.”

URGENT ACTIONS NEEDED

GLOBAL HEALTH COMMUNITY:

- Promote understanding of the human rights protections for health workers and services.
- Establish data collection mechanisms, as required by the World Health Assembly in 2012.
- Expand research on the causes of and effective responses to attacks and interference with health care.
- Promote practical measures to protect health workers and patients from attack.

NATIONAL AND INTERNATIONAL HUMAN RIGHTS INSTITUTIONS:

- Expand existing monitoring mechanisms to include attacks on health care, including through implementation of Security Council Resolution 1998 (2012) relating to protection of health of children in armed conflict, and through the Office of the High Commissioner for Human Rights.
- Define states' human rights obligations to prevent attacks on health and protect patients, workers and facilities.
- Ensure accountability at the international and national levels, engaging civil society in the process.

STATES:

- Provide safe and secure access to health services for all, including in situations of conflict and civil unrest.
- Implement security and protection strategies to prevent and minimize violence against health workers, facilities and patient transport.
- Increase the capacity of the Ministry of Health and health workers to report attacks and advocate for safe health care.
- Strengthen accountability for attacks on health the national level and incorporate protections for access to health care and health workers in national law.

POLIO VACCINATION CAMPAIGN WORKERS KILLED

Nigeria and Pakistan

More than 60 polio vaccine team members and individuals guarding them have been killed in Pakistan since December 2012.¹ One of the most recent attacks, in late April 2014, resulted in two women being killed and two children injured when unidentified men hurled a hand grenade into the house of a polio vaccine worker.²

In Nigeria, nine vaccination workers were shot in a targeted anti-polio vaccination attack in the city of Kano in February 2013,³ and medical personnel have been kidnapped, either for ransom or to treat wounded Boko Haram fighters, while pharmacies have been targets of armed robberies and looting.⁴ In addition, Boko Haram militants have been responsible for persistent attacks forcing the closure of dozens of clinics and the flight of doctors, forcing residents to seek medical attention across the border in Cameroon.⁵

While polio has been almost fully eradicated worldwide, the disease remains endemic in Nigeria, Pakistan and Afghanistan,⁶ where attacks on health workers or interference with their work have interrupted vaccination efforts and facilitated transmission.⁷

Dr. Mirzali Azhar

GENERAL SECRETARY OF THE PAKISTAN
MEDICAL SOCIETY:

“We need the Human Rights Council to act now to enable workers to best serve their patients. In the current environment, health workers in Pakistan are neither welcome nor safe.”



Rukhsana Bibi cries while sitting next to the body of her daughter Madiha, a worker of an anti-polio drive campaign, in an ambulance outside Jinnah.

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EMERGENCY CARE OUTLAWED

Turkey

In May – June 2013, the Turkish government responded to largely peaceful protests in Istanbul and other cities with excessive use of tear gas, water cannons and rubber bullets, seriously injuring demonstrators.⁸ Police also detained physicians and targeted medical facilities and personnel that provided care to injured protesters.⁹ In January 2014, Turkey introduced a new law that prohibits doctors from providing “unauthorized” emergency medical care.

During the protests, Turkish authorities demanded that health workers report the names of injured protesters and medical personnel providing care to the wounded. Turkish police reportedly beat and detained dozens of health workers for providing emergency care,¹⁰ despite obligations to provide care based upon medical ethics, and the current Turkish Penal Code, which makes it a crime for medical personnel to neglect to provide medical care to those in need.

On April 12, 2014, the trial began of two doctors who offered medical assistance to protesters injured in May 2013. The physicians are charged with assisting people who committed criminal acts (the protesters who joined an unauthorized demonstration) and damaging a place of worship because they treated injured demonstrators in a mosque. They face sentences of up to six years in prison.¹¹

Dr. Bayazit İlhan

GENERAL SECRETARY,
TURKISH MEDICAL ASSOCIATION:

“Laws and policies introduced in Turkey one after another in recent years violate the principles of neutrality in health services, right to health and privacy of personal health data.”





An injured demonstrator is treated at a makeshift clinic before Turkish authorities outlawed unauthorized medical treatment to protestors. On April 12, 2014, the trial began of two doctors who provided medical assistance to injured demonstrators.
© Ed Ou/Reportage by Getty Images

HEALTH WORKERS ARRESTED, IMPRISONED

Bahrain

In February and March 2011, hundreds of Bahraini protesters were injured, detained, and tortured by state authorities. Doctors who sought to provide care to the wounded protesters were targeted and arrested by the authorities.¹²

Heavily armed security forces were sent into hospitals where they beat, tortured, and interrogated already wounded protesters and the personnel treating them. Tanks were positioned in front of hospitals and doctors were arrested and abducted from their homes.¹³ Forty-eight health workers were detained; some reported being tortured, and many were convicted on charges that included incitement to overthrow the government and supplying protesters with weapons.¹⁴ As of January 2014 two nurses and one doctor remain imprisoned and the government has prevented many doctors and nurses – typically Shia Muslim – from working in government hospitals.¹⁵

Rula Al-Saffar

PRESIDENT OF THE BAHRAIN
NURSING SOCIETY:

“The deliberate and systematic attacks on health workers and facilities by Bahraini security forces not only harmed medical professionals, but the people of Bahrain. Governments should respect the proper functions of health systems so that we can provide care for all those in need, no matter their political affiliation.”





Rola al-Safar, a nurse, holds a placard with pictures of doctors in prison, while participating in an anti-government protest organized by Bahrain's main opposition group Al Wefaq, in the village of Sitra, south of Manama, June 28, 2013.
© 2013 Reuters/Hamad I Mohammed





The aftermath of a massacre on April 15, 2014 in Bentiu, South Sudan that killed 200 civilians, including men, women and children sheltering in a hospital.

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HEALTH WORKERS AND FACILITIES ATTACKED

South Sudan

Conflict across South Sudan, starting in December 15, 2013, has seen widespread attacks on civilians, including in hospitals, and massive destruction of dozens of hospitals and clinics.

Terrifying attacks on hospitals have taken place at the hands of opposition forces. On April 15, 2014, opposition forces attacked and killed men, women and children sheltering in a hospital in the town of Bentiu, Unity State. On February 22, 2014, aid workers from Médecins Sans Frontières (MSF) found 14 bodies in Malakal Hospital, Upper Nile State, including some patients shot in their beds.¹⁶ Parts of the hospital had been burned down. At least two clinics in Malakal were also destroyed. Immediately after opposition forces left Bor town, Jonglei State in January 2014, government authorities and journalists found a woman shot in a bed and 12 other decomposing bodies in Bor Hospital. Opposition forces also destroyed, usually by burning, most of the 26 health clinics in Bor town. Numerous other medical facilities in Jonglei, Unity and Upper Nile states have also been destroyed or looted.

Government forces have also attacked medical facilities, burning much of Leer Hospital on February 1, 2014 when they retook the town in southern Unity State. In Canal village in Jonglei, the compound of the Nile Hope aid agency was shelled by attacking government forces' tanks in January. In at least two cases, government forces have refused to allow patients to fly on emergency medical flights.

Fear of ethnic targeting has led patients in need of specialized care to refuse transfers, and hundreds of thousands of people to flee their homes to regions with almost a total lack of health care.

Attacks on health facilities also took place during a smaller rebellion and brutal counterinsurgency by government forces in Jonglei State in late 2012 and 2013. Several NGO and government clinics were destroyed and looted by both rebels and government forces, and Boma Hospital was mostly destroyed by government troops during the conflict.



Patients wait for treatment at a hospital in Bangui, Central African Republic, where more than 40% of hospitals have been damaged by fighting and 80% of medical staff have fled. Sunday, Dec. 8, 2013.

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Central African Republic

Civil unrest in the Central African Republic that began in December 2012 culminated in March 2013 with Seleka rebels seizing control of the capital Bangui in a military coup. Subsequent violence and abuses against civilians contributed to the emergence in September 2013 of anti-balaka militias who began to organize revenge attacks.¹⁷ In the past 12 months, thousands have been killed and more than 935,000 people have been displaced.¹⁸

Amidst the violence, health workers, patients, and facilities have been targeted and subject to attacks. Seleka forces have systematically looted and destroyed medical centers and pharmacies around Bossangoa, affecting health care in the entire area.¹⁹ At least eight aid workers have been killed since September 2013; executions and heavy fighting were reported to take place in and around hospitals.²⁰ Violence also caused entire populations to flee their villages and take shelter in the bush or in makeshift displaced camps, where sanitary conditions and the absence of health care have caused many civilian deaths.²¹ As recently as April 26, 2014, 16 civilians,

including three staff members, were killed during an armed robbery on MSF grounds in the northern town of Boguila. MSF reported that some gunmen robbed their offices, while others open fired into the meeting, killing and wounding participants.²²

Nationwide, as of December 2013, 80 percent of medical personnel have fled their posts.²³ Forty-two percent of health facilities in the country have been damaged and 50 percent have been looted.²⁴



Security personnel patrol the streets following a suicide and gun attack on a Red Cross office in Jalalabad, killing at least one guard, on May 29, 2013.

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Afghanistan

In the past year, dozens of violent attacks including killings, assaults and abductions have been reported against health workers and facilities in Afghanistan, and the country was identified as one of the most dangerous places for aid workers in 2013.²⁵ In April 2014, an American physician was killed by a policeman at Cure Hospital in Kabul.²⁶

Recent attacks on health workers and patients include: in Laghman Province, an ambulance was attacked in the middle of a medical evacuation, killing a civilian and injuring two patients; in the Awar area, a health worker was abducted on his way to supervise a vaccination project;²⁷ in Nangarhar Province, combatants occupied health facilities, using them for military purposes.²⁸ Medical care for women has been specifically affected, resulting from a shortage of qualified female health workers.²⁹ The International Committee of Red Cross was forced to suspend its operations after a deadly attack on its offices in Jalalabad in July 2013, leaving thousands in need for emergency assistance.³⁰ It has been estimated that health workers are unable to access at least 58 districts within the country.³¹

Justine Piquemal

DIRECTOR OF AGENCY COORDINATING
BODY FOR AFGHAN RELIEF & DEVELOPMENT
(ACBAR):

***“In these conflict zones, military activities prevent patients from accessing health facilities: it’s either too dangerous or too far for the sick and wounded to travel. The greatest impact is felt by the most vulnerable people of Afghanistan: women, children, people with disabilities and the elderly, who cannot go alone to health facilities.*”**

HEALTH SYSTEMS DESTROYED

Syria

The September 2013 report by the UN-mandated Independent International Commission on the Syrian Arab Republic stated that Syrian health workers and facilities have been deliberately and systematically targeted and that government forces have obstructed care and attacked medical facilities and personnel to punish civilians and undermine support for the opposition. Hundreds of patients have been detained, tortured and killed.³²

In a subsequent report, released in February 2014, the Commission detailed continued attacks on health workers, ambulances and facilities by both government and opposition forces, including shelling of hospitals, sniper attacks against health workers and detention and torture of medical personnel. The Commission also found that government forces deny medical care to those from opposition-controlled and affiliated areas as a matter of policy. The report states that the policy is “implemented through attacks on medical units, by endangering hos-

pitals, targeting medical personnel, and interfering with patients receiving treatment” and that individuals needing care languish at checkpoints unable to reach medical treatment and come under renewed attack in hospitals, while doctors providing impartial aid are arrested and targeted.³³

According to the World Health Organization, over 60 percent of public hospitals across the country have been affected, 392 health centers are out of service and over 40 percent of the registered public ambulances in the country have been stolen or destroyed.³⁴ More than 15,000 physicians have fled the country.³⁵ In Aleppo, once the country’s most populous city, few doctors remain. In October 2013, the WHO reported the first polio outbreak in Syria in 14 years,³⁶ and in February 2014, the UN Security Council unanimously approved a resolution demanding increased humanitarian access to Syria and calling for the demilitarization of medical facilities.

Dr. Zaher Sahloul

PRESIDENT OF THE SYRIAN AMERICAN
MEDICAL SOCIETY:

“What we are witnessing in Syria during the past 31 months is frequent, systematic and deliberate attacks on medical professionals by the government. Doctors are harassed, detained, tortured and killed just because they are discharging their humanitarian and professional duties. The perpetrators should be held accountable in a court of law.”

OTHER RECENT ATTACKS

DEMOCRATIC REPUBLIC OF THE CONGO

In October 2012, Dr. Denis Mukwege, a pioneering doctor and activist fighting against sexual violence, was the target of an apparent assassination attempt that killed his bodyguard. The same year, Amnesty International reported that humanitarian workers were attacked almost on a weekly basis in the North and South Kivu provinces.³⁷ In 2013, a targeted attack was reported against a Médecins Sans Frontières (MSF) medical facility, resulting in the death of a patient's baby. The organization was forced to suspend its activities in the city of Pinga.³⁸

MALI

The World Health Organization reported that as a consequence of the 2012–2013 conflict, only 10 percent of the health structures in the North were functional as of January 2013. During their 2012 seizure of the northern regions of Gao, Kidal and Timbuktu, Tuareg separatists and, to a much lesser extent, Islamist armed groups ransacked and pillaged health facilities, taking medicine and medical equipment, as well as furniture and supplies.³⁹ In March 2012, several patients in local government hospitals were forcibly removed from their beds and left on the floor after rebels stole their mattresses. Four patients in Gao, including elderly patients on oxygen, died after terrified staff fled.⁴⁰ Many qualified health staff fled, and humanitarian organizations were unable to function fully for months.⁴¹ In the South, medical services were overwhelmed by populations seeking refuge.⁴² The breakdown in the health system facilitated outbreaks of cholera, malaria and measles.⁴³ In February 2014, five local aid workers working with the International Committee of the Red Cross were kidnapped by an Islamist armed group.

YEMEN

Forty-five incidents of attacks on health services or staff have been documented by MSF from 2010 to 2013.⁴⁴ Since January 16, 2014, the UN High Commissioner for Human Rights has documented a series of eight attacks wherein four hospitals and clinics as well as an institution for people with disabilities were shelled.⁴⁵

EGYPT

During the dispersal of antigovernment protests in August 2013, government officials obstructed ambulance access to the Raba'a Al-Adawiya square and prevented seriously injured protesters from exiting the square in order to receive urgent medical attention, in some cases for over 12 hours. Security forces also directly targeted makeshift clinics and the Raba'a Al-Adawiya Medical Center with tear gas, live ammunition, and heavy weaponry, seriously damaging facilities and inhibiting volunteer health workers from providing basic treatment to injured protesters.⁴⁶

SOMALIA

On August 14, 2013, MSF ended its 22-year operation in Somalia, citing ongoing attacks by armed groups and civilian leaders on health workers as the reason. Before its departure, MSF had treated 50,000 people per month and the World Health Organization estimates that 1.5 million people may now lack access to health care.⁴⁷

COLOMBIA

Ongoing conflict in Colombia has severely impacted health care. The International Committee of the Red Cross recorded 27 incidents in 2013 and 57 in 2012, including attacks on facilities and vehicles, threats against staff and looting of medical supplies.⁴⁸ In the Narino region, landmines deter health workers from accessing the area.⁴⁹ In the lower Caguan region in 2007, Cartagena del Chaira Hospital suspended its activities after it came under serious attacks, leaving entire villages without health care.⁵⁰

BURMA

Throughout the six-decades-long armed conflicts that took place in Burma's ethnic minority areas, the Burmese army has targeted patients and health workers affiliated (or thought to be affiliated) with armed ethnic groups. It confiscated medical supplies, prevented patients from travelling to clinics to seek care, denied health workers free passage to deliver care and has at times directly targeted clinics and health professionals connected to armed ethnic groups. In 2014, at the behest of the Burmese government, MSF was forced to cease its humanitarian operations in Arakan State, leaving 850 people without antiretroviral treatment for HIV, and an estimated 30,000 without tuberculosis care.⁵¹

APPENDIX

In November 2013, experts from the fields of humanitarian practice, human rights, human security, academic research, government, and philanthropy, along with UN representatives and leaders from health professional associations, met in Bellagio, Italy, to address the problem of attacks on and interference with health care. The meeting included participants from Human Rights Watch and the Safeguarding Health in Conflict Coalition. A Call to Action was released following the meeting and is reproduced on the following page.

Dr. Deborah D. Ascheim

CHAIR OF THE BOARD,
PHYSICIANS FOR HUMAN RIGHTS:

“Health care workers can only care for others if the international community protects them from arrest, persecution, intimidation and assault.”

CALL TO ACTION

Bellagio Conference on Protection of Health Workers, Patients and Facilities in Times of Violence

Bellagio, Italy

International humanitarian and human rights law recognizes the obligation and/or the responsibility of governments and non-state actors to respect and protect health workers, facilities, medical transports, and the people they serve. Violations undermine the human security and health of conflict-affected populations, disrupt health systems and undermine equitable access to health care, resulting in avoidable loss of life and human suffering. We, the assembled, believe urgent action is needed to address the problem and call upon the international community to advance the security of health, particularly in situations of armed conflict and internal disturbances, through the following actions:

1. *States and armed groups* at all times, including during armed conflicts and internal disturbances, respect health care workers, facilities, transports, and services, and persons seeking care, by not attacking, interfering with, threatening or obstructing them; refrain from punishing health workers for providing treatment to individuals in need of medical care on account of the patient's ethnic, religious, national, political or military affiliation or other non-medical considerations; and ensure availability of safe and secure access to and equitable distribution of quality health care.
2. *States* train their military, police forces and other law enforcement agents to adhere to legal standards and assure protection of health services, health workers and people seeking care; *armed groups* similarly raise awareness among their forces to comply with their international obligations to respect health care workers, facilities, transport, and services, and persons seeking care.
3. *States, with the support of the UN*, take action to stop attacks and hold perpetrators to account in national and, where appropriate, international courts and/or special tribunals.
4. *States* make explicit in national law the respect for and protection of the delivery of health care and health workers in times of armed conflict and internal disturbances, and reaffirm and reinforce these norms through the UN General Assembly, the Security Council and the Human Rights Council.

5. *States*, through Ministries of Health and other relevant agencies and UN bodies, establish, strengthen and provide resources for systematic monitoring and reporting of attacks on health workers, facilities and transports, and individuals seeking care; and support the implementation of ongoing initiatives by the UN Special Representative for Children and Armed Conflict and the World Health Organization designed to collect and disseminate data on attacks on health services and encourage field-based reporting by the High Commissioner for Human Rights.

6. *States, through the UN*, engage in processes such as Universal Periodic Review, treaty body review and mechanisms for the protection of civilians and children affected by conflict to promote compliance with international law and accountability for perpetrators.

7. *States, relevant UN entities, NGOs and professional health organizations and ministries of health* promote, disseminate and implement recommendations of the International Committee of the Red Cross Health Care in Danger project to increase security of health care services and health workers in the field.

8. *Health professional organizations* at the national and global level promote universally accepted standards of professional conduct among health workers in armed conflict and internal disturbances, including training health workers on human rights and medical ethics and advocating for protection and security of health services and health workers.

9. *States, WHO and the Global Health Workforce Alliance* as part of the UN post-2015 development agenda process incorporate strategies to address the problem of interference with health care and attacks of health workers in the human resources for health agenda and related initiatives.

10. *Civil society actors* actively engage States and relevant international organizations to advance protection of health care in armed conflict and internal disturbances.

11. *States and donors* support civil society engagement through capacity building, technical assistance and funding.

12. *States and other research funding bodies sponsor and researchers and practitioners* conduct in-depth studies on the nature of violations, the perpetrators, as well as the consequences of lack of protection of health care functions on the health and development of the population.

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Donald Bahati, a nurse in the Democratic Republic of the Congo whose clinic had been attacked holds a child.

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Donald Bahati

NURSE:

“Last month our clinic was raided and I was tortured. I was scared, anxious but also angry: we are trying to save lives and they are trying to kill us.”

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