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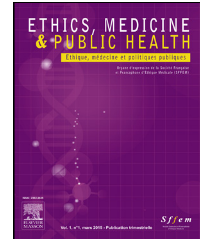

LEARNING FROM PRACTICE

Violence against health care system in areas of conflict: Unveiling the crisis globally

KEYWORDS
Attack;
Health care;
Threat

Dear Editor,

Health care system plays a pivotal role in providing relief in areas of conflict. But is health care itself safe? The World Health Organization (WHO) defines an attack as ''any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access and delivery of curative and/or preventive health services'' [1]. This includes any attack on healthcare workers (HCWs), health facilities, transport and patients.

According to the Safeguarding Health in Conflict Coalition (SHCC), there were 4,094 reported attacks and threats against health care in areas of conflict from 2016 through 2020. The report stated that 1,524 HCWs were injured, 681 were killed, and 401 were kidnapped. Moreover, 978 incidents were reported where health facilities were either destroyed or damaged [2].

Many countries have reported violence against health care in their conflict zones. In the last two decades, attacks have been reported in conflict zones of Iraq, Palestine, Kashmir, Somalia, Syria, Nigeria, Uganda, Pakistan, Myanmar, and Afghanistan [3].

As health care has been challenged worldwide due to the COVID-19 pandemic, violent attacks on health care have continued. In the Palestinian territory, 61 incidents have been reported by the SHCC in 2020 where either HCWs were injured or arrested or health facilities were damaged. 2 In the recent reports, Dr. Ayman Abu Alouf, the head of COVID-19 team, and Dr. Moeen Al-Aloul were killed [4]. Moreover, Gaza's only Coronavirus test processing laboratory was attacked by an airstrike [4,5]. Similarly, Al-Shifaa Hospital in Afrin, Syria was attacked on 14th June 2021, destroying the health care facility and killing 18 civilians, including patients and staff. The same facility has been attacked thrice since 2019 [6]. Health care facilities in zones with active conflict face a dual challenge of dealing not only with the unprecedented burden created by the COVID-19 pandemic, but also dealing with victims of the ongoing conflict.

Yemen has been called the world's worst humanitarian crisis by the United Nations (UN). Attacks on health care facilities and a lack of essential staff and supplies has shaken Yemen's health care system. This weak health care system is one of the main causes of the largest documented cholera epidemic in history [7]. Moreover, the violence against health care in Yemen also increased in 2020 [2]. Yemen's already shaken health care system now faces the deadly COVID-19 pandemic, a severe cholera epidemic, and increased violence amidst a conflict.

As the conflict in Afghanistan is growing, there have been many attacks on health care. For example, according to the monthly report by Safeguarding Health in Conflict Coalition, in June 2021, a minivan was bombed in front of Muhammad Ali Jinnah hospital in Kabul, two doctors were killed, one in Kabul and one in Farah city, five polio workers were killed, and at least four were injured in coordinated attacks. In addition, a rocket was fired at a hospital, causing extensive damage and loss of important supplies, including COVID-19 vaccines. All these attacks happened in just one month, showing the criticality of the current situation [8].

These attacks have had a devastating impact on health care. According to a recent study by the doctors at the Humanitarian and Conflict Response Institute, attacks on health care have led to suspension, closure, and relocation of health care facilities; loss of HCWs; and a lack of medical supplies. This has reduced the functioning capacity of health care facilities and strained the workforce leading to HCWs working longer hours and sleeping overnight at the workplace.

The report also states that on various occasions the demand increased so much due to conflict that the already burdened health care facilities had to triage patients according to their condition. This triage meant that many patients were not able to receive proper treatment while many were discharged early to create space for those in need. Moreover, conflict zones faced difficulty in treating patients with chronic diseases and managing outbreaks of vaccine-preventable infectious diseases like polio and measles [9].

Conflict also takes a toll on the mental wellbeing of HCWs [9,10]. A study done on the impact of Yemen conflict on HCWs described that frequent attacks on HCW's homes and health care facilities, news of dying coworkers, inability to medically help one's own families, lack of resources, and long working hours not only generate feelings of terror, anxiety, and distress among HCWs, but also affect their sense

of self-efficacy [10]. Moreover, there was an increase in the prevalence of post-traumatic stress disorder (PTSD) among HCWs in zones of conflict [9].

Effects of a conflict are felt long after the conflict is over. One study conducted on human resource management in post-conflict health care systems explains that the suffering of HCWs during conflict leads to migration of (HCWs) to other areas and creates an imbalance between skills offered and skills needed. It also states that underqualified workers who are recruited during conflict continue to work after the conflict is over [11].

There are many motives and reasons behind such attacks like building an image that the government is not concerned for its people, creating fear among people, and ending any hope of rebuilding in the affected area [3]. Whatever be the reason behind these attacks, it causes absolute havoc.

The solution to this problem lies in implementation of the 4th Geneva convention with its additional protocols which protects health care in times of conflict. The first step towards solving the problem is to understand it. WHO has formed a standardized surveillance system for attacks on health care (SSA), for collection and dissemination of data on attacks and in order to better understand the extent and nature of attacks and to determine the effectiveness of best practices against such attacks [1]. The UN has to play its part by implementing the recommendations of SHCC; e.g. reviewing and revising military doctrine and training and assessing the sale of arms to countries committing attacks against health care [2]. Ceasefire is needed, especially in the current testing times of COVID-19. There is also an immediate need to provide uninterrupted supply of COVID-19 vaccines and other important medical resources to areas in conflict. We need a combination of improved reporting of data and effective measures against attacks to end the suffering of health care in conflict zones. Medical professionals swear the Hippocratic Oath to save lives. It is time the society swears to save theirs.

Author's contributions

I.U, M.H.Y, and M.J.T conceived the idea, M.H.Y, A.J, and Z.Y retrieved the data, did write up of letter, and finally, Z.Y, M.J.T, and I.U reviewed and provided inputs. All authors approved the final version of the manuscript.

Disclosure of interest

The authors declare that they have no competing interest.

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Muhammad Hamza Yousuf [a], Abdul Jabbar [b,*], Irfan Ullah [c], Muhammad Junaid Tahir [d], Zohaib Yousaf [e]

[a] *Dow University of Health Sciences, Karachi, Pakistan*

[b] *Department of Clinical Medicine, Faculty of Veterinary Science, University of Veterinary and Animal Sciences, 54600, Lahore Punjab, Pakistan*

[c] *Kabir Medical College, Gandhara University, Peshawar, Pakistan*

[d] *Lahore General Hospital, 54000 Lahore, Pakistan*

[e] *Hamad Medical Corporation, Doha, Qatar*

* Corresponding author.

E-mail addresses: hamzayousuf529@gmail.com (M.H. Yousuf), vet.drabduljabbar@gmail.com (A. Jabbar), irfanullahecp2@gmail.com (I. Ullah), junaid262626@gmail.com (M.J. Tahir), zohaib.yousaf@gmail.com (Z. Yousaf)

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