Targeting health care in conflict: the need to end impunity

On the morning of May 26, a Russian missile destroyed Dnipropetrovsk City Hospital No 14 in Dnipro, Ukraine, killing at least two people and injuring more than 30. Later that same day, the BBC reported that attacks on medical facilities and staff in Sudan might constitute war crimes. As described in a World Report, such attacks continue in Sudan, including most recently the looting and occupation of centres run by Médecins Sans Frontières, denying Sudanese civilians much needed medical care. From the deliberate targeting of hospitals in Syria and the destruction of the health system in Yemen, to the arrest and abduction of doctors in Myanmar and the persecution of health workers and violations of medical neutrality in Iran, the sanctity of the Red Cross and Red Crescent appears to be at a new low. The uncomfortable truth is that attacks against health facilities and staff in conflicts can be committed largely with legal impunity.

Aside from the direct deaths and injuries, such attacks deprive people of health services when they most need them. Many patients die when prevented from crossing military checkpoints; others might be too fearful to visit health centres because of the threat of violence. The Geneva Conventions and their Additional Protocols have been the basis for international humanitarian law for 150 years and contain provisions designed to protect health care in conflict zones. They prohibit attacks on hospitals and ambulances, require protection for sick and wounded combatants and civilians, mandate the free passage of medical equipment, and forbid punishment of health workers for providing care. But given the difficulties of enforcement, there seems little prospect of holding perpetrators to account.

Prosecutions in the International Criminal Court (ICC) are slow, on the rare occasions that the accused can be brought before the court at all (a warrant for Vladimir Putin's arrest was issued in March, but the prospect of him appearing at The Hague seems unlikely). Referrals to the ICC via the UN Security Council are hamstrung by veto powers—China and Russia used their veto to prevent Syria from being referred to the ICC in 2014. Putin might for now be a pariah, but the memories of the international community can be short. President Bashar al-Assad—responsible for numerous attacks on health facilities in Syria—was welcomed at an Arab League summit in Jeddah in May, 12 years after being expelled. UN resolution 2286, adopted unanimously by the Security Council in 2016, condemned attacks on medical personnel and called for renewed respect for international law. Events since have shown such resolutions to be toothless.

Improvements in monitoring mean that the scale of the problem can no longer be denied. In their most recent report published on May 25, the Safeguarding Health in Conflict Coalition and Insecurity Insight document more than 1900 incidents of violence against health care in war and situations of political unrest in 2022, a 45% increase compared with 2021 and the highest number since they began collating data 10 years ago. 704 health facilities were destroyed, 232 health workers were killed, and almost 600 were kidnapped or arrested. WHO's flagship Surveillance System for Attacks on Health Care was launched in 2017 to systematically collect evidence of attacks on health care, but weaknesses in its reporting have led to criticisms, particularly over its patchy coverage. Despite reputable documentation of violence against health facilities in the conflict in Tigray, the system contains no record of any incidents in Ethiopia. Such shortcomings from the world's leading health organisation can make it harder to apply political and diplomatic pressure on aggressive parties—for example, through halting arms sales.

What can be done? Practical measures can prevent poor decision making on the ground, such as training the military in the rules of war. But successful criminal prosecutions must be brought against those who commit war crimes, and the status quo is clearly not working. There is hope that the collective outrage over Russia's actions in Ukraine will prompt renewed efforts to deliver justice. France has proposed that the Security Council should refrain from using its veto for mass atrocities, as determined by an independent panel. The Ljubljana-Hague Convention to strengthen international legal cooperation in cases of genocide, crimes against humanity, and war crimes was adopted on May 26. These are positive steps. Together the global community needs somehow to find more robust ways to enforce international humanitarian law and bring to justice those who direct attacks against health in conflict. ■ *The Lancet*

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