

## The Right to Health - Violence Against Health Care

### Access to safe health care at risk

**The health sector of South Sudan has remained heavily dependent on humanitarian aid since independence, which can endanger the sustainability of essential health services in country.** For example, as of today, the Health Cluster reports that 220 Primary Health Care Units (PHCUs) had to close down due to the cuts in Health Pooled Fund. This is compounded by flooding partially damaging or cutting off access to some 50 health facilities in country at present.<sup>1</sup>

**Attacks on humanitarian workers and violent incidents affecting health facilities and medical staff continue to be reported.** The country remains engulfed in conflict and violence, with clashes currently taking place in nine states. According to a recent report by MSF, some of the most extreme violence occurred in places of refuge and sanctuary, including the state hospitals of Bor, Malakal and Bentiu, where patients and people seeking shelter were killed in a series of brutal attacks.<sup>2</sup>

As of 2011 to date, there have been 193 reported incidents of violence or threats of violence against health care. These incidents resulted in at least 26 damaged health facilities, 73 health workers killed, 52 health workers kidnapped, and 57 health workers injured.<sup>3</sup> Since the start of 2022 alone, there have been 31 reported incidents of violence or threat of violence against health care; every state of South Sudan has experienced at least one violent attack against health care services.<sup>4</sup> Health workers have been arrested, threatened, and injured. Ambulances and health facilities damaged, warehouses looted, and patients attacked while seeking health services. In a most recently reported attack, on 19 September 2022, a WHO polio field surveillance officer was shot dead at a health facility in Bentiu city.<sup>5</sup> Frontline health workers surveyed in August identified three main causes of this violence: socio-economic reasons, social norms causing tensions around the provision of certain specialised health services such as family planning, and localised conflict dynamics whereby attacks on health services are methods to instil fear and cut off essential services.<sup>6</sup>

### Key Protection Risks

**1. Violence against health care affects the population's health and wellbeing in the long term:** The impact of attacks on health staff and communities is immediate and perpetual. During the first 9 months of 2022, at least 5 health workers were killed<sup>7</sup>. As a result of such violence, health facilities are often forced to close or significantly reduce services. Patients avoid seeking services out of fear or are forced to travel long distances through insecure areas to find alternative health services. Health workers report that after 75% of these incidents, communities' ability to access life-saving care is impacted even weeks after the attack. The impact of incidents on nutrition services is similarly worrying in half of the incidents reported, nutrition services were reduced or halted.<sup>8</sup>

**2. Marginalized groups are hit hardest:** Crisis affects people differently depending on age, gender, or specific need, and exacerbate inequalities. The economic impact of public health emergencies may force families to take their children out of school to work. In addition, children are at risk of being separated from their

<sup>1</sup> OCHA & ICCG, South Sudan Situation Report 1, 31 October 2022 [South Sudan: Flooding Situation Report No. 1 \(As of 31 October 2022\) - South Sudan | ReliefWeb](#)

<sup>2</sup> Médecins Sans Frontières (MSF) report, South Sudan at 10: an MSF record of the consequences of violence: <https://reliefweb.int/report/south-sudan/south-sudan-10-msf-record-consequences-violence>

<sup>3</sup> According to data collected by Insecurity Insight, on behalf of the Safeguarding Health in Conflict Coalition, available at: <https://map.insecurityinsight.org/health>

<sup>4</sup> WHO Surveillance System for Attacks on Health Care (SSA) <https://extranet.who.int/ssa/Index.aspx> and Insecurity Insight, Health Care at Risk Map <https://map.insecurityinsight.org/health>

<sup>5</sup> WHO 21 September 2022, <https://reliefweb.int/report/south-sudan/who-field-officer-killed-south-sudan>

<sup>6</sup> Ibid

<sup>7</sup> Ibid

<sup>8</sup> Joint Health Worker Survey (MedAir, ChildrenAid South Sudan, IHO, IRC, TRI-SS and UNH), Protection of health care in South Sudan, September 2022. <https://www.rescue.org/report/joint-health-staff-survey-protection-health-care-south-sudan>

caregiver(s) during public health crises, as their caregiver(s) may die, or become unavailable for other reasons. Women and girls are at risk of gender-based violence (GBV) and sexual violence, including rape, when they leave their homes<sup>9</sup>, compelled to walk for long distances in search for health services because the health facility in their area has been targeted. Lack/limited access to health facility impacts GBV survivor's access to health services to minimize the prevalence and impact of GBV.

**3. Violence impacts health system resilience:** South Sudan's health sector remains underfunded and is unable to respond to increasing health needs and the same time cope with public health crisis (COVID) and prepare for new ones (Ebola). In part due to these limitations, there are limited health facilities in South Sudan, with many counties only having one health facility. When these facilities are then targeted and their supplies looted, there are no alternatives in the area and easy to access. Hard-to-reach areas are further impacted due to access limitations exacerbating risks especially for older people and persons with disability that may stay or are compelled to stay behind when others flee. Violence against health care therefore undermines the resilience of the fragile health system further.

**4. Violations of International Humanitarian Law (IHL):** Attacks on health care take place despite the special protection offered under IHL, protecting health care workers and health facilities, the wounded and the sick. Attacks on health facilities and the people that work in them or are seeking shelter in them is a direct breach of IHL. This year marks 6 years since the UN Security Council unanimously adopted Resolution 2286, which calls on States to take actions to prevent attacks on health care and for an end to the impunity for those responsible. Despite this global condemnation of such attacks, in South Sudan, the population remains exposed to a continuing upward trend of attacks against health care and continuing failure to hold those responsible to account.

### Recommended Follow Up Actions

In August and September 2022, over 150 frontline health workers, health, security, and protection experts were asked to prioritise interventions required to reduce violence against health care and their impact on communities. They identified the following priorities:

#### To Government

- To address impunity, ensure perpetrators of violence against health care are held accountable for their actions. Any accountability mechanism implemented as part of the transitional justice process is to include violence against health care within its scope.
- Prioritise health care spending. Protection of health care should be systematically integrated within the portfolio of the Ministry of Health.
- Strengthen the existing legal framework in place to protect health staff, including by granting special legal protection to health workers and criminalising such violence. Countries who have adopted such frameworks, such as Nigeria and Colombia, can serve as an example. The legal framework is to be accompanied by a practical enforcement strategy.
- Initiate dialogue with concerned stakeholders, including those responsible for attacks, to promote respect for health care and humanitarian assistance. Develop and implement a national level community awareness and sensitization strategy, preferably led by communities themselves, to ensure understanding that professionals can and should be able to work in any part of South Sudan, regardless of their background.

#### To donors

- Increase funding of the Humanitarian Response Plan for South Sudan, ensuring sufficient funding is available to meet identified health and protection needs and provide needed and joined up quality care.

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<sup>9</sup> OHCHR in South Sudan report on Human Rights Situations that require the attention of the council – Conflict-related sexual violence against women and girls in South Sudan. Available at: [https://www.ohchr.org/sites/default/files/2022-03/A\\_HRC\\_49\\_CRP\\_4.pdf](https://www.ohchr.org/sites/default/files/2022-03/A_HRC_49_CRP_4.pdf)

- Most health care workers present symptoms of distress after experiencing an incident<sup>10</sup>, and should be supported with mental health and psychosocial support services through dedicated services for health care providers (in addition to community level MHPSS), which need funding.
- Prioritise measures to ensure health services can be provided and accessed safely. This includes allocating sufficient resources for security management, risk analysis and protective measures.

**To humanitarians and other actors coordinating and providing health services**

- Ensure a community awareness and sensitization strategy is in place, paying particular attention to community acceptance during the recruitment of staff from other parts of the country and raising awareness on specific services, such as family planning.
- Build context specific safety, humanitarian access and negotiation skills among health staff to protect and promote health service provision. Develop and implement these initiatives jointly with other actors to expand reach, impact and reduce resources required.
- Ensure basic security measures for all health facilities<sup>11</sup> and programs. Many security incidents occur while travelling to and from work. To reduce risks during this movement, develop a regional or area-based safe transport plan.
- Ensure recruitment policies and practices are conflict sensitive, transparent, and systematized, including mandatory provision of personnel safety and security training tailored to the context prior to deployment of health workers.
- Prioritise violence against health care in joint Health and Protection Cluster analysis, advocacy, and response coordination efforts, including as part of the joint health and protection operational framework roll-out.

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<sup>10</sup> Ibid

<sup>11</sup> See for instance the ICRC Security Survey for Health Facilities tool for a comprehensive list of required security measures <https://healthcareindanger.org/security-survey-for-health-facilities-tool/>