MONITORING VIOLENCE AGAINST HEALTH CARE (MVH)

ANNUAL REPORT 2017
SUMMARY

Attacks on health care are one of the major reasons affecting health service delivery in Syria. Under the leadership of WHO, the Health Cluster is tracking the impact of attacks on the health care providers and service delivery infrastructures.

During 2017, Health Cluster Turkey Hub has received 382 alerts on violence against health care, from various internal health cluster partners and external verifiers including international humanitarian agencies. Out of these alerts there are 192 incidents. Generally, the annual report showed a decrease of 42% incidents as compared to the last year.

Out of the total 192 incidents, there were 112 verified incidents on 73 health facilities and 69 ambulances, that resulted in the killing of at least 73 people including 28 health workers and 10 patients, and wounding at least 149 people including 46 health workers, 4 patients and 99 others.

Hospitals were the most affected in 2017, followed by primary health care centers and ambulatory systems.

Idelb governorate had the highest number of reported incidents with 40 incidents, followed by 17 incidents in Hama, 16 in Rural Damascus and 15 in Dar’a. As compared to 2016, when Aleppo had the highest number of reported incidents with 89 incidents, followed by Idleb with 32 incidents, Hama and Dar’a governorate.
SECTION A: GOVERNORATE DEMOGRAPHICS

ATTACK: DEMOGRAPHIC DISTRIBUTION

Maps below show demographic distribution per governorate for the year 2016 and 2017. Apparently Idleb, Hama, Rural Damascus and Dar’a, respectively had the highest reported incidents in 2017 as compared to Aleppo, Idleb and Hama in 2016.
NUMBER OF INCIDENTS PER GOVERNORATE

Charts below compare 2016 vs 2017 the number of verified incident per governorate

PERCENTAGE OF INCIDENTS PER GOVERNORATE

2016

2017
FREQUENCY OF ATTACK: PER MONTH

The ceasefire in January 2017 did not completely stop the attacks on health care in Syria, every month a dramatic increase on attacks was witnessed reaching its peak in April 2017 with more than 20 attacks, followed by a decrease in number of attacks against health care from May to August with a surge in September and December.

*No incident was verified in March 2016, ceasefire was in place.

SECTION B: IMPACT ON HUMAN (deaths and injuries)

The impact of incidents on human was more in 2016 as a whole, while more medical staff were impacted in 2017 as compared to 2016.

PEOPLE KILLED

2017

73
Estimated number of KILLED
2016

241
Estimated number of KILLED

PEOPLE INJURED

2017

149
Estimated number of INJURED
SECTION C: IMPACT ON HEALTH SERVICE DELIVERY

MODALITY
Hospitals were the most affected in both time periods with 54 incidents in 2017 and 91 in 2016, followed by PHCs. The incidents against ambulatory system showed an upward trend in 2017.

EXTENT OF DAMAGE ON FACILITY INFRASTRUCTURE

15% of the attacked facilities closed permanently in 2016 and 2017, and 56% were temporarily closed in 2017 compared to 63% in 2016.
Recurrence of attacks on the same facilities

There is a decrease on the occurrence of multiple attacks on the same facility in 2017 as compared to the same period in 2016. However, in 2017 one hospital in Hama attacked six times, others two hospitals in Hama and Idleb targeted four times.
IMPACTED MEDICAL VEHICLES

The chart below show comparison between the two years in terms of number of impacted ambulances.

IMPACTED FACILITY HAVE SURGICAL CAPACITY

More than half of the targeted facilities have surgical capacity.

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