

Yemen: Attacks on Health

February 2018

Physicians for Human Rights

Summary

Oct 2017-Jan 2018

The Yemeni internal conflict, raging for almost three years, has generated the worst humanitarian crisis in the world. By end 2017, an estimated 50 percent of health care infrastructure had reportedly been destroyed by airstrikes and artillery attacks, and the remaining clinics and hospitals operate with dwindling supplies and personnel that in many cases have not been paid for years. In late 2017, the situation was further exacerbated by a blockade on humanitarian and commercial traffic into the port of Hodaydah. The port was later opened, first for humanitarian access, and later for full commercial access. Humanitarian groups note that a main obstacle to distributing aid is restriction of movement within the country. A key problem is lack of fuel, most of which is imported and which is essential, among other things, to run pumps to ensure clean water. In Jan 2018, the Saudi coalition – one of the parties to the conflict – pledged financial and logistical support for the distribution of aid, but humanitarian groups fear the resulting politicization of aid. The health situation is dire. While cholera infection rates are going down, by end 2017, there were over a million suspected cases. Meanwhile, the lack of clean water and the inability to distribute vaccines has led to the spread of diphtheria. A reported 8.4 million people are on the brink of starvation.

Attacks on Health Infrastructure

Early in the conflict, intense airstrikes reportedly hit several hospitals, with UNICEF noting that 39 hospitals were hit in the first seven months of the conflict. As of Oct 31, 2017, UNICEF estimated that 106 Yemeni health facilities had been attacked since the start of the conflict. At the end of 2017, the International Rescue Committee and the UN Office for the Coordination of Humanitarian Affairs (OCHA) reported that 50 percent of health care infrastructure had been destroyed. The World Health Organization (WHO) estimates there are no doctors left in 49 of Yemen's 276 districts, and that 1,900 out of 3,507 health facilities in Yemen are shut down, or only partially functioning. Médecins Sans Frontières has reported several airstrikes on its hospitals in 2017, most recently a Dec 4, 2017 airstrike on al-Gamhouri hospital in Hajjah city. Between Oct 2017 and Jan 2018, PHR received reports of 10 attacks on hospitals, of which we were able to independently confirm four with field sources so far:

- On Oct 5, 2017, Ibnn Sinaa Hospital was hit by two airstrikes, damaging the medical equipment.
 - On Dec 11 and 25, al-Heis Hospital was hit by separate airstrikes. The extent of the damage has not been confirmed.
 - In mid-Oct 2017, al-Thawra Hospital was hit by artillery shells, causing material damage. In mid-Dec 2017, the same hospital was invaded by combatants who threatened to kill patients and personnel.
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This fact sheet is part of a Physicians for Human Rights (PHR) series designed to consolidate information about attacks on health care infrastructure, the blocking of humanitarian aid, and the health consequences of the ongoing conflict in Yemen. PHR researchers use a mixture of publicly available information and field sources to summarize the latest information about attacks, aid, and health indicators. For sources, please visit our online version. Where PHR corroborates attacks independently, we use a "reasonable belief" evidentiary standard.

By the end of 2017, 50 percent of health care infrastructure had been destroyed.

Health Consequences

- On Dec 24, 2017, UN OCHA reported that 8.4 million people were on the edge of starvation.
- The cholera epidemic infection rate decreased over 2017. By the end of 2017, there were over one million (1,019,044) suspected cases and 2,237 associated deaths.
- In late 2017 and into 2018, an increasing number of diphtheria cases were reported, especially in Ibb governorate, but cases reported in 15 of 20 governorates. The outbreak appears to be spreading quickly due to low vaccination rates and poor access to medical care.
- Access to clean water requires fuel to operate pumps. The blockade on imports and aid has led to soaring fuel prices and fuel shortage.

Access to Humanitarian Aid

On Nov 6, 2017, the Saudi-led coalition announced the closing of all ports, severely limiting access of food and fuel imports, as well as aid. After 10 days, some ports were reopened in southern Yemen, but northern Yemen remained inaccessible until Nov 25. The blockade is lifted for 30 days at a time, making access uncertain. This is particularly worrisome because Yemen imports 90 percent of basic necessities such as food, fuel, and medicines. In Jan 2018, the Saudi-led coalition announced an initiative to increase logistical access to aid, including land "corridors" for aid delivery and infrastructure support for ports and airports. Humanitarian groups note that the main obstacles to distributing aid is restriction of movement as well as time restrictions for loading and unloading aid at airports. Groups on the ground and humanitarian organizations report the following:

- As of Dec 2017, 16.4 million people lack access to adequate health care. Another 17.8 million are food insecure, with eight million at immediate risk of starvation.
- By end 2017, OCHA estimated that only one third of the needed medical supplies was entering the country.
- In Nov 2017, critical supplies to treat the spread of cholera, including vaccines, remained in Djibouti, blocked from entering the country by the Saudi-led coalition blockade on all ports of entry into Yemen.
- Half of movement restrictions within Yemen have been reported in the conflict-affected governorates of Al Hudaydah, Hajjah, Sa'ada, Sana'a, and Ta'izz.

Recommendations

- The UN Security Council must:
 - Condemn all violations of humanitarian and human rights law;
 - Call on all parties to establish safe routes for aid delivery and allow free passage and immediate distribution of humanitarian assistance to civilians in need through the most direct routes.
 - Ensure accountability for violations of international humanitarian law and call on parties to adhere to their legal obligations to prevent attacks against civilians and civilian objects; and
 - Prioritize the health and survival needs of the civilian population.
- The Group of Imminent International and Regional Experts on Yemen, created by Human Rights Council resolution A/HRC/RES/36/31, should evaluate the impact on the right to health of the conflict in Yemen in their Sep 2018 report to the Council.
- All countries providing arms to any party to the conflict should ensure their arms are not used to attack civilian objects, including hospitals and other health infrastructure.



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