

Yemen: Attacks on Health

January 2019

Summary

Oct – Jan 2019

The murder of Saudi journalist Jamal Khashoggi – a U.S. resident and Washington Post contributor – inside the Saudi consulate in Istanbul, Turkey on October 2, 2018 shocked the international community, causing many western governments to question their relationship with the Saudi government. Motivated by the publicity surrounding the killing, the U.S. Senate voted to end military support for the war in Yemen under the War Powers Act. Peace talks in Sweden on December 13 between the Houthi rebels and the Saudi- and Emirati-backed government forces led to an agreement that includes a ceasefire in the port city of al-Hudaydah and the withdrawal of Yemeni forces from the city and its surroundings. However, both sides have already exchanged recriminations and the fragile agreement is at risk of faltering. The security situation remains volatile across the country, severely limiting access to much-needed humanitarian aid. This instability and a looming famine are accentuating the need for further peace talks and accountability in the implementation of the terms of the current agreement. The Integrated Phase Classification (IPC) Food Security Analysis highlighted the extent of the crisis, with some 63,500 people classified under Phase 5 as persons in catastrophic circumstances and barely able to survive. A further five million people are classified under “emergency” and 10.8 million people under “crisis.” The report shows that without humanitarian food assistance, more than 20 million people – or two thirds of the population – would face severe food insecurity.

This fact sheet draws upon data from the UN Office for the Coordination of Humanitarian Affairs, World Health Organization, UN Children’s Emergency Fund (UNICEF), media, and independent reporting.

What is an “attack” on health care?

PHR defines an attack on health care as an action by a state or non-state party to a conflict that disrupts the indiscriminate delivery of care to all wounded and sick, regardless of combatant status. This includes:

- Attacks on hospitals, health clinics, ambulances, or other facilities via air/ground strikes;
- Shelling or any military activity causing physical damage to facilities or service disruption;
- Killing, kidnapping, or other bodily harm inflicted on health care professionals; and
- Pressure, intimidation, or punishment of personnel for treating all wounded and sick without discrimination.

Attacks on health infrastructure

About 50 percent of hospitals and health facilities in Yemen continue to be out of service or functioning partially. Health care remains inaccessible, with many civilians having to travel long and often dangerous distances to access basic care. From October 2018 to January 2019, PHR verified six attacks on medical facilities:

- October 1: The staff house of Médecins Sans Frontières (MSF) in ad-Dhale governorate, southern Yemen, was targeted with explosives twice in less than a week. Due to these attacks and the unsafe working conditions for the staff, MSF suspended its medical programmes in ad-Dhale governorate until further notice. The closure of activities affects four MSF-supported health facilities: al-Nasr Hospital in ad-Dhale town, al-Salaam primary healthcare centre in Qatabah, Thee Jalal primary healthcare centre in al-Azariq, and Damt primary healthcare centre.
- October 11: Several air and naval raids hit the ad-Durayhimi hospital and the nearby Children and Maternity Hospital in ad-Durayhimi district, causing damage to an ambulance and restricting movement.
- November 7: Houthi militants took over the 22 May Hospital in al-Hudaydah. The gunmen positioned themselves on the rooftop of the hospital, which was filled with medical workers and civilian patients.

This fact sheet is part of a 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.

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Attacks on health infrastructure

continued

- November 12: The Saudi-Emirati coalition carried out a sustained air attack on area surrounding al-Thawra Hospital in al-Hudaydah, causing the facility to be temporarily evacuated.
- November 18: A ground shelling targeted the 22 May Hospital causing severe structural damage.
- December 1: Houthi militias took over The House of Hope Hospital (Dar al-Salam) for mental illness in al-Hudaydah, turning it into a military base, storing weapons inside the hospital, and positioning fighters on the roof.

Health consequences

As winter sets in, more than half a million people are facing the additional threat of freezing temperatures without adequate shelter or fuel for warmth. In addition, almost 20,000 displaced Yemenis will be struggling to survive winter conditions in districts already undermined by famine. The effects of the weather are likely to have severe consequences, as people suffering from malnutrition are less able to cope with extreme temperatures and disease. Limited access to health care as a result of health system and infrastructure destruction further exacerbates the severe health risks faced by Yemenis.

- There have been more than 280,198 suspected cases of cholera in 2018 and 372 associated deaths. Some 32 percent of the reported cholera cases are children under the age of 5. Cholera remains a widespread issue, with reported infections in 22 out of Yemen's 23 governorates.
- Due to extreme food shortages, households across Yemen have been forced to engage in negative coping strategies, such as reducing the number and size of food portions and prioritizing children's food consumption over that of other household members.

Access to humanitarian aid

The United Nations World Food Programme has released disturbing evidence of extreme misappropriation of food relief. Food distribution records are increasingly falsified and food has been removed from designated food distribution centers. Many civilians are being denied access to their rations, either in full or in part. Humanitarian food supplies have increasingly sprung up on the open market for sale for both political and economic gain.

- Restrictions on humanitarian access and freedom of movement continue to be a key challenge.
- In October-November, humanitarian partners encountered blockages on 49 occasions across 22 districts in seven governorates. Organizations face such restrictions in areas under the government of Yemen and de facto authorities.
- More than 30 humanitarian missions were delayed or cancelled after mid-October, when new clearance procedures were issued in Sana'a.

Recommendations

- PHR calls on all stakeholders to fulfill and build on the key components of the Stockholm Agreement in an effort to prevent its collapse, address the ongoing humanitarian catastrophe, and peacefully resolve the conflict in Yemen.
- PHR calls on all parties to the conflict to immediately cease acts of violence against civilian persons and objects in violation of international human rights and international humanitarian law, and to take all possible measures to protect civilians from the impact of hostilities.
- PHR calls on all allies and supporters of the warring parties in Yemen to assume their share of responsibility for the current crisis and work toward ensuring the compliance of the belligerents with international norms.
- PHR calls for the continuing support of efforts to document violations of international laws and principles with justice and accountability squarely in mind. Sustainable peace and stability in Yemen must be built on the firm foundation of a sincere accountability process involving all parties to the conflict.

