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The Right To Health In Conflict Zones; Challenges and International Legal Obligation

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INTRODUCTION

Human rights are codified in international legal frameworks, such as the International Covenant on Economic, Social and Cultural Rights. States are legally mandated to safeguard and actualize these rights, and embracing a human rights-based framework for health is essential for fulfilling these obligations.

The entitlement to the best possible degree of physical and mental health is codified in various international legal frameworks, notably the International Covenant on Economic, Social and Cultural Rights. This encompasses liberties and rights, including the authority to govern one's health and body, and to exist without intrusion. Entitlements encompass the right to access quality healthcare services without discrimination.

A human rights-based strategy obliges nations to establish health systems that are compliant with rights, effective, gender-transformative, integrated, and responsible, while also executing public health policies that enhance fundamental health determinants, such as access to water and sanitation. This entails ensuring that legislation, health policies, and initiatives uphold and promote the realization of human rights. Studies indicate that proactive compliance with human rights responsibilities enhances substantive equality and fosters resilience to shocks in nations.[1]

RIGHT TO HEALTH AS A FUNDAMENTAL RIGHT

Fundamental human rights principles and the legal framework are crucial for a health strategy grounded in human rights. This encompasses non-discrimination and equality, necessitating the prioritization of the needs of the most disadvantaged to attain equity. Addressing prejudice necessitates consideration of intersecting and overlapping characteristics, including gender, race, ethnicity, disability, sexual orientation, gender identity, and socioeconomic status. Participation necessitates the empowerment of healthcare consumers, communities, and civil society to actively engage in the planning, decision-making, and implementation processes for health throughout the program cycle and at all system levels.

Accountability constitutes a vital component of a human rights-based strategy. Countries must have accessible and effective accountability procedures, encompassing administrative and judicial remedies as well as oversight by additional institutions. The United Nations human rights institutions, especially the Committee on Economic, Social and Cultural Rights, are essential in assessing nations' adherence to their health-related human rights commitments.

Progressive realization and international collaboration are crucial for fulfilling human rights duties. Countries are constitutionally mandated to utilize all available resources to formulate and execute rights-based legislation, policies, and initiatives, while those capable of assisting are obligated to collaborate with those possessing limited resources.

The right to health is a fundamental human right comprising four essential components: availability, accessibility, acceptability, and quality.[2] Availability denotes the presence of operational health facilities, goods, and services for all, whereas accessibility mandates that these health facilities, goods, and services be reachable by everyone. Acceptability entails adherence to medical ethics, cultural appropriateness, and gender sensitivity, necessitating that health facilities, goods, services, and initiatives be centered on individuals and accommodate varied

[1] For details pertaining to Human Rights available at HRandGenderEqualityinHealthSectorStrategies.pdf (ohchr.org) accessed on 15 August,2024.

[2] For details pertaining to fundamentals of human rights available at < https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health> accessed on15 august 2024

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demographic groupings.

Quality encompasses the fundamental determinants of health, including safe drinking water and sanitation, and necessitates that health facilities, products, and services are scientifically and medically validated. Quality is an essential element of universal health coverage (UHC), characterized by safety, efficacy, patient-centeredness, timeliness, equity, integration, and efficiency.

The right to health encompasses the entitlement to bodily autonomy, freedom from torture, access to a healthy environment, and the right to information. It relies on the actualisation of other human rights, including equality, access to potable water, nutrition, and healthcare. Medical insurance, which encompasses healthcare bills, is a fundamental instrument for individuals to exercise their right to health.[3]

India has implemented measures to guarantee the right to health for its population, with courts affording it legal acknowledgment as a fundamental right. The government has implemented policies that uphold the right, designated a portion of the budget for the necessary support system, and established ministries focused on public health.

HOW CONFLICT ZONES DISRUPT HEALTHCARE SYSTEM

Providing healthcare in conflict zones is difficult due to the dangers of warfare exacerbating existing situations of material deprivation that worsen health outcomes. Addressing the needs and vulnerabilities of refugees, safeguarding clinicians' safety, and equitably distributing limited resources are among the most compelling, significant, and intricate issues that must be managed in real-time. The hazards of injury to children and the elderly are more severe in combat zones where carers are deceased, critically injured, or engaged in life-threatening situations.

Armed conflicts, internal disturbances, and various forms of unrest engender a pervasive condition of insecurity that frequently renders the maintenance of a minimum effective health system practically unattainable. Healthcare institutions are devastated, plundered, compelled to shut down, patients may face assault or theft, and healthcare professionals may be endangered or abducted. Legislation may be established to criminalise or limit medical care for individuals opposing the state, while ambulances often experience delays or are subjected to attacks and hijackings, so undermining the efficacy of referral systems.[4]

The right to health in conflict zones has increasingly garnered attention, prompting demands for non-state actors to be held accountable for assaults on healthcare personnel using established human rights frameworks. The Geneva Conventions and international humanitarian law explicitly classify assaults on healthcare personnel and patients as violations of international law;[5] nonetheless, these provisions are frequently disregarded or inadequately incorporated into national legislation in the nations where such acts transpire. International organisations have enacted decisions aimed at reinforcing these procedures, like the 2011 United Nations Security Council resolution 1998, which designated hospitals as prohibited zones for armed groups and military operations and permitted public disclosure of the parties responsible for assaults on them. Civil society groups, like the Safeguarding Health in Conflict Coalition, have called for monitoring, reporting, and accountability regarding these attacks, while also addressing the issue in political and intellectual spheres.[6]

Nevertheless, more measures are necessary to tackle the obstacles encountered by humanitarian organizations functioning in dangerous environments. Publicly disclosing attacks exposes individuals to retaliation, fortifying hospitals contradicts the imperative of accessibility and community perception, equipping humanitarian organizations obscures the distinction between militarization and the neutrality of aid, and abstaining from operations in conflict zones deprives the most vulnerable populations of essential health services. The

[3]For details pertaining to right to health available at <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdffor> accessed on 15 August 2024

[4] R.J. Haar, R. Read, (*et al.*)"Violence against healthcare in conflict: a systematic review of the literature and agenda for future research."*Conflict and Health*vol. 15 (2021).

[5] For details pertaining to Geneva convention available at <https://www.icrc.org/en/geneva-conventions-and-law> accessed on 16 August 2024

[6]*Ibid*

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"responsibility to protect" (R2P) notion has received significant attention in the past decade due to the absence of automatic or consistent intervention by foreign military forces and the reluctance of numerous humanitarian organizations to endorse R2P. [7]

A thorough knowledge of the nature and causes of violent incidents directed against healthcare personnel is essential to contextualize their effects more effectively. Systematic operational research is required to elucidate the effects of violent events on patients, healthcare professionals, and health systems, in order to gain a clearer understanding of the occurrences and the treatments employed to alleviate these impacts, both effectively and ineffectively. The medical community must urge countries to seek international justice and hold accountable those responsible for war crimes against medical personnel, in alignment with the Legal Framework on the Right to Health.

LEGAL FRAMEWORK

The right to health in conflict zones is a fundamental human right acknowledged in numerous international legal frameworks. Nonetheless, guaranteeing this right poses distinct obstacles. The legal framework governing the right to health in these regions is a complex interaction between international humanitarian law, international human rights law, and the local laws of the impacted states.

International humanitarian law (IHL) primarily seeks to mitigate the impact of armed conflict on individuals and assets.[8] Significant treaties encompass the Geneva Conventions of 1949 and their Additional Protocols, which delineate explicit rules concerning health care in battle zones. These conventions require the humane treatment of injured and ill soldiers, shipwrecked individuals, prisoners of war, and civilians.

International human rights law persists in applicability throughout armed situations, guaranteeing that persons retain their rights to the maximum extent feasible. Article 12 of the ICESCR acknowledges the right of all individuals to acquire the highest possible quality of physical and mental health. States parties are required to implement measures to guarantee access to health services, even during periods of conflict.[9]

Numerous international organizations are instrumental in safeguarding the right to health in war areas. The World Health Organization (WHO) coordinates global health initiatives, offers technical support, and guarantees the delivery of health services to individuals in conflict areas. The International Committee of the Red Cross (ICRC) plays a crucial role in delivering medical aid, enforcing adherence to International Humanitarian Law (IHL), and safeguarding healthcare facilities and workers.

Complex challenges in actualizing the right to health in conflict zones encompass physical and infrastructural impediments, including the devastation of health facilities, displacement and accessibility issues, socio-economic difficulties, malnutrition and disease prevalence, political and logistical hindrances, psychological and social repercussions, and the disintegration of social structures. [10]

The legal framework governing the right to health in conflict zones is intricate, encompassing international humanitarian law, international human rights law, and the domestic legislation of the impacted governments. The World Health Organization (WHO) coordinates global health initiatives, offers technical support, and ensures health services are accessible in crisis areas.

In summary, the right to health in conflict zones is a complex and varied issue necessitating a comprehensive

[7] For details pertaining to Right to protect available at <https://www.globalr2p.org/publications/summary-2024-report> /accessed on 16 August 2024

[8]For details pertaining to International humanitarian law <https://casebook.icrc.org/a_to_z/glossary/fundamental-principles-ihl>accessed on 8 August 2024

[9] Derek Jinks' 26 International Human Rights Law in times of Armed conflict', Pages 656-674 available at <https://academic.oup.com/edited-volume/43487/chapter-abstract/363759980?redirectedFrom=fulltext> accessed on 25 August 2024

[10]C.Y. Lin, K. Meagher, (*et al.*)"The challenges of international collaboration in conflict and health research: experience from the Research for Health in Conflict-Middle East and North Africa (R4HC-MENA) partnership". *Conflict and Health*, vol. 17(2023).

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strategy that addresses the distinct challenges encountered by individuals, states, and international organizations.

CHALLENGES IN CURRENT GLOBAL CONTEXT

Geneva Conventions and the International Covenant on Economic, Social and Cultural Rights (ICESCR). The implementation of fundamental rights in conflict zones continues to pose considerable difficulty. Transgressions of international humanitarian law, including assaults on medical establishments and workers, frequently remain unpunished, fostering a culture of impunity and obstructing initiatives to safeguard and advance health rights.[11]

International organisations, such as the United Nations and the World Health Organization, are instrumental in promoting and safeguarding the right to health in conflict areas. Nonetheless, their endeavors are frequently obstructed by political limitations, insufficient money, and practical obstacles. Enhancinginternational accountability procedures and securing sufficient funding are crucial for improving the efficacy of these organizations in crisis situations.

The inviolability of medical establishments and healthcare personnel in conflict areas is a norm that has been codified in international law for decades. Recent incidents, such the catastrophic attack on the Al-Ahli Arab Hospital in Gaza and the critical conditions at Al-Shifa, Gaza's largest hospital, highlight that this fundamental principle of international humanitarian law is under threat.[12]

The Geneva Conventions, instituted following the unprecedented atrocities of World War II, serve as the cornerstone of wartime conduct. Article 18 of the First Geneva Convention unequivocally stipulates those civilian hospitals "shall under no circumstances be subject to attack." Article 20 stipulates that healthcare professionals shall be protected from injury. These conventions were not just aimed at advocating for honorable warfare; they were a call for humanity amidst chaos. [13]

Nonetheless, worldwide, from Gaza to Ukraine, Sudan to Myanmar, these norms are consistently violated by state actors with evident impunity. Over the preceding month, around 135 assaults against Gaza's medical facilities were registered, whereas more than 1100 similar assaults were recorded subsequent to Russia's invasion of Ukraine. [14]The data indicate a trend of unchecked violence in hospital areas, surpassing military strategies and reflecting a dangerous mentality that regards the sanctity of life and international legal principles as expendable.

The UN Security Council's unanimous decision for the safeguarding of healthcare personnel and facilities in armed conflict provided only a temporary respite. Nonetheless, despite the unequivocal mandates of the Geneva Conventions and the prevailing agreement that targeting medical facilities is reprehensible, a significant lack of accountability persists. To mitigate this rising hostility, international institutions, especially the ICC, must forcefully pursue offenders. If the core of our collective humanity does not inspire protective actions, then severe legal consequences should suffice.

Human rights are codified in international legal frameworks, such as the International Covenant on Economic, Social and Cultural Rights. States are legally mandated to safeguard and actualise these rights, and implementing a human rights-based framework in healthcare is essential for fulfilling these obligations.

The entitlement to the best possible degree of physical and mental health is codified in various international legal frameworks, notably the International Covenant on Economic, Social and Cultural Rights. This encompasses liberties and rights, including the authority to govern one's health and body, and to exist without intrusion.

[11]R.J. Haar, R. Read (*et al.*)"Violence Against Healthcare in Conflict: A Systematic Review of The Literature and Agenda for Future Research". *Conflict and Health*, vol. 15 (2021).

[12] WHO statement on attack on Al Ahli Arab Hospital and reported large-scale casualties 17 Qctober 2023

[13] Geneva Convention Relative to the Protection of Civilian Persons in the time of War <https://www.ohchr.org/en/instruments-mechanisms/instruments/geneva-convention-relative-protection-civilian-persons-time-war>accessed on 3 September 2024.

[14]For Details Pertaining to Gaza medical facilities and Assault <https://www.aljazeera.co/news/longform/2023/11/9/israel-attacks-on-gaza-weapons-and-scale-of-destruction>accessed on 5 September 2024.

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Entitlements encompass the right to access quality healthcare services without discrimination. [15]
A human rights-based approach obliges nations to establish rights-compliant, efficient, gender-transformative, integrated, and accountable health systems, as well as to execute additional public health initiatives that enhance fundamental health determinants, such as access to water and sanitation. This entails guaranteeing that legislation and health policies and programs uphold and promote the fulfillment of human rights. Studies indicate that proactive strategies to adhere to human rights commitments enhance substantive equality and foster resilience to disruptions.
Core human rights principles and the legal framework are vital for a health strategy grounded in human rights. This encompasses non-discrimination and equality, necessitating the prioritisation of the needs of the most disadvantaged to attain equity. Confronting prejudice necessitates consideration of the interconnected and overlapping dimensions of discrimination, including gender, race, ethnicity, disability, sexual orientation, gender identity, and socioeconomic status. [16]Participation necessitates the empowerment of health service users, communities, and civil society to engage in the planning, decision-making, and implementation processes for health throughout the program cycle and at all system levels.

CASE STUDY

The recent siege of a hospital in Sudan exemplifies the ethical quandary of forsaking patients to whom medical professionals have pledged their care.[17] Medical facilities frequently become embroiled in battle, with the UN Security Council's unanimous decision for the safeguarding of healthcare personnel and establishments in armed conflict providing only a temporary respite. Notwithstanding the unequivocal mandates of the Geneva Conventions and the prevailing agreement that targeting medical facilities is reprehensible, a significant lack of accountability persists. The International Criminal Court (ICC) has yet to issue an indictment for such a strike, conveying a disquieting message that there is no genuine commitment to halt these actions.
The conduct of certain regimes, notably Russia, in conflicts over the past decade indicates a wartime mentality that neglects civilian lives. The concerning normalisation of targeting civilian infrastructure, such as refugee camps and ambulances, as a means of warfare requires immediate attention. In an era where the principles of warfare are being redefined and nations appear increasingly willing to disregard the agreements they endorsed; the international community must unite to reaffirm the integrity of medical institutions in conflict zones.
The Syrian conflict has led to the fatalities of 470,000 individuals and 1.9 million injuries, representing a substantial rise from earlier reports. More than fifty percent of Syria's populace has been displaced, with 4.6 million refugees primarily in Jordan, Lebanon, and Turkey, alongside 900,000 asylum claims submitted by Syrians in Europe since 2011. Life expectancy declined from 70 in 2010 to 55 in 2015, with 70,000 fatalities attributed to insufficient healthcare services and medications, particularly for chronic illnesses.[18]
The World Health Organisation indicates that 57% of Syria's public hospitals have sustained damage, and 37% are non-operational. The pharmaceutical sector has been severely impacted, with more than 15,000 of Syria's approximately 30,000 medical doctors emigrating from the nation. The Syrian government has faced criticism from all factions, with anti-terrorism legislation enacted on 2 July 2012 effectively criminalising medical assistance to the opposition. Numerous physicians have been slain, with 139 fatalities explicitly linked to torture or execution.[19]

[15]Details pertaining to Human Rights <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health> accessed on 4 September 2024
[16] Paul Hunt, "Interpreting the International Right to Health in a Human Rights-Based Approach to Health", *Health and Human Rights Journal,* vol. 18 (2016), pp. 109-130
[17]Rawa Badri and Iyas Dawood, "The implications of the Sudan war on healthcare workers and facilities: a health system tragedy." *Conflict and Health,* vol18 (2024).
[18] 2021 Humanitarian Needs Overview: Syrian Arab Republic, available at <2021 Humanitarian Needs Overview: Syrian Arab Republic | United Nations in Syrian Arab Republic>accessed on 24 august 2024
[19] M.H.D.B.A. lhaffar and Sandor Janos, "Public health consequences after ten years of the Syrian crisis: a literature review". *Globalization and Health*, vol. 17 (2021).

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The situation for physicians in regions dominated or disputed by ISIS is becoming hazardous, with female doctors being expelled or subjected to worse fates, while male doctors are barred from treating female patients and vice versa. The abduction of medical staff, whether Syrian or elsewhere, is a persistent threat. In regions not governed by either the state or ISIS, conditions have deteriorated since the onset of the Russian air operation. The number of bombings targeting medical facilities increased, with 12 sites struck in October 2015 alone.[20]

The magnitude of the systematic obliteration of medical institutions in Syria necessitates a more acute and targeted reaction. Achieving an accord that allows hospitals to designate themselves as operating in battle zones under the Geneva Convention and get protection would represent a significant advancement. Subsequently, consensus must be attained to extend assistance to all medical establishments nationwide, encompassing those in government-controlled regions that encounter various difficulties. If this presents an insurmountable obstacle for the parties, what is the purpose of engaging in dialogue?

Yemen is experiencing the most severe humanitarian catastrophe globally for the second consecutive year, as reported by the International Rescue Committee (IRC). The nation has been engaged in a severe civil conflict since 2015, leading to 100,000 fatalities, 3.65 million displaced individuals, a significant cholera epidemic, and pervasive famine.[21] The relentless aerial bombardments conducted by a Saudi Arabia-led coalition have ravaged the nation's infrastructure, affecting hospitals, schools, and water supply systems. According to the IRC's yearly report, about 24 million Yemenis require humanitarian aid.[22]

The IRC Watchlist identifies the ten most severe humanitarian crises globally to concentrate aid initiatives. This year's list emphasises the enduring nature of humanitarian disasters and stresses the necessity of uniting to urgently address the fundamental causes of humanitarian crises[23]. The Democratic Republic of Congo, with 15.9 million individuals need humanitarian assistance and currently facing an Ebola outbreak, is listed second on the Watchlist. The Syrian civil conflict persists, securing the country the third position on the list. Nigeria, which has the highest population of individuals living in extreme poverty, ranks fourth in terms of ongoing conflicts that displace and devastate communities. The fifth-worst crisis is occurring in Venezuela, where a profound economic downturn has severely impeded access to food, water, healthcare, education, and other essential services[24].

The complete Watchlist comprises 20 nations, which account for 10% of the global population yet 80% of those need humanitarian assistance. David Miliband, leader of the IRC, emphasised in a statement that it is imperative not to forsake these nations during their time of greatest need and that governments globally must increase funding for these impending crises to prevent more loss of life and escalating humanitarian costs.[25]

Establishing peace in vulnerable and conflict-ridden environments via health is vital. Conflicts frequently result in the disruption of health systems, the collapse of critical medical supply networks, the disintegration of social and economic structures, the emigration of healthcare professionals, and increases in both diseases and famine. Health can foster peace by serving as a neutral foundation for uniting opposing factions in pursuit of a common health project, such as child vaccination or the treatment of the injured.

The World Health Organisation (WHO) is formulating a novel health and peace initiative aimed at enhancing its technical capabilities, legitimacy, relationships, and convening authority in the health sector to devise innovative strategies for addressing conflict determinants, bolstering resilience to violence, and empowering individuals to establish and restore peaceful interactions.

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[20] Destruction, Obstruction, and Inaction: The Makings of a Health Crisis in Northern Syria, available at <https://phr.org/our-work/resources/syria-health-disparities/> accessed on 26 August 2024

[21]For details pertaining to Yemen crises https://www.hrw.org/world-report/2023/country-chapters/yemen accessed on 27 August 2024

[22]For details pertaining to Yemen crises <https://www.hrw.org/world-report/2024/country-chapters/yemen> accessed on 27 August 2024

[23]For details pertaining to humanitarian crisis <https://www.rescue.org/eu/report/2024-emergency-watchlist> accessed on 27 August 2024

[24]For details pertaining to Countries in crises <https://reliefweb.int/report/world/global-humanitarian-overview-2024-enarfres>Accessed on 28 August 2024

[25]D.Miliband " David Miliband on fixing the broken global aid system" *The Economist,* 15 December 2021

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The Secretary-General of the United Nations (UN) informed the Security Council of the catastrophic effects of deliberate assaults on healthcare facilities in 11 nations. ICRC President Peter Maurer documented 2,400 similar assaults during the past three years, leading to hundreds of thousands losing access to healthcare and undermining decades-long initiatives to decrease child mortality, enhance maternal health, and combat disease. He underscored the significance of adhering to the laws of war and the fundamental humanitarian principles established in the Geneva Conventions. [26]

Doctors Without Borders (MSF) President Joanne Liu characterised the conditions in several of the globe's most violent wars, including 300 airstrikes on Aleppo, Syria, within the past ten days. In Afghanistan, the Central African Republic, South Sudan, Syria, Ukraine, and Yemen, hospitals were systematically bombed, raided, robbed, or incinerated, while medical personnel faced threats and patients were shot in their beds. [27]The Security Council was tasked with preserving peace and security; however, four of its five permanent members had affiliations with coalitions implicated in assaults on healthcare facilities in the past year.

Certain Council members characterised these assaults as war crimes, whereas others called for independent enquiries into particular occurrences. The Malaysian representative noted that Israeli strikes had targeted hospitals in Gaza, resulting in the deaths of thousands of civilians and that a Médecins Sans Frontières hospital in Afghanistan had been assaulted by the United States military.[28] The United States representative expressed remorse about the air strikes on the MSF hospital and extended condolences, highlighting that over a dozen military personnel had been reprimanded for the mistakes that resulted in the incident.

The Venezuelan ambassador underscored the necessity for unbiased enquiries into war crimes, ensuring accountability for offenders and addressing the use of remote weaponry and drones.[29] The representative of the Russian Federation emphasised that the Council urged all relevant parties to implement appropriate steps for safety while highlighting the significance of adhering to truthful information and respecting state sovereignty.

Delegates from Japan, New Zealand, Spain, Uruguay, the United Kingdom, Angola, Ukraine, France, Senegal, China, and Egypt also addressed the summit. The International Peace Institute (IPI) encourages the examination of diverse viewpoints to foster an informed discourse on essential policies and matters in international relations. [30]

Healthcare assaults in armed conflict scenarios have been documented at concerning rates over the last twenty years. The UN Security Council has adopted Resolution 2286 to tackle this issue, which calls upon states to gather statistics on assaults against medical staff, transportation, and facilities. [31]This data is crucial for comprehending the magnitude and extent of the issue, safeguarding health services and personnel, prioritising resources for the most affected, preventing future assaults, and ensuring accountability for perpetrators.

A scoping review of existing data-collection systems and a comparative analysis of the two predominant global systems regarding attacks on healthcare—the World Health Organization's (WHO) Surveillance System for Attacks on Health Care (SSA) and the database developed by the Safeguarding Health in Conflict Coalition (SHCC), in collaboration with Insecurity Insight (II)—exposes deficiencies in coordination, stakeholder

[26]For details pertaining to secretary general address <https://www.un.org/sg/en/content/sg/speeches/2021-09-21/address-the-76th-session-of-general-assembly>accessed on 28 August 2024

[27]For details Pertaining to the statement of President Joanne Liu https://www.forbes.com/sites/karlmoore/2022/05/20/former-president-of-doctors-without-borders-dr-joanne-liu-on-future-pandemics-and-working-the-frontline-in-ukraine/ accessed on 28 August 2024

[28]For details pertaining to Israli attack on Gaza hospital <https://www.nytimes.com/live/2024/06/07/world/israel-gaza-war-hamas> accessed on 1 September 2024

[29]For details pertaining to Venezueala <https://www.amnesty.org/en/latest/news/2024/04/venezuela-civil-society-dissident-voices-face-incessant-escalation-persecution/> accessed on 4 Septmber 2024

[30]For details pertaining to Security Council resolution 2286 <https://press.un.org/en/2016/sc12347.doc.htm> accessed on 4 September 2024

[31]*Ibid*

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involvement, and the accessibility of pertinent data.[32] Both databases encounter difficulties in data collection and verification through field-level reporting, although SHCC/II further employs open-source data. The systems exhibit variability in geographic comprehensiveness, encompassing many countries and presenting information that frequently diverges in depth, complicating data comparison.

Various systems and stakeholders, encompassing governments and civil society organisations, must collaborate to address deficiencies in data collection and quality, geographical coverage, public accessibility of information, and identification of perpetrators. The WHO plays a pivotal role and must enhance the SSA to attain these objectives. To enhance the implementation of Resolution 2286, WHO, other UN entities, UN member states, and NGOs should contemplate the following recommendations:

The World Health Assembly ought to pass a resolution urging the WHO to tackle significant issues regarding the structure and functioning of the SSA; 2. The WHO should enhance the technical quality and presentation of data within the SSA and remain receptive to diverse data-collection methodologies; 3. Other UN agencies, governments, and civil society organisations must undertake measures to enhance the collection and dissemination of data concerning assaults on healthcare to bolster protection, prevention, and accountability; and 4. Governments, NGOs, and other stakeholders should augment the funding and capabilities of current data-collection initiatives.

Data collection caters to various parties and objectives, and no ideal system exists for its acquisition. All parties concurred on the paramount significance of data collection, analysis, and dissemination. This data is crucial on a worldwide scale for comprehending the magnitude and extent of the issue, examining the dynamics and contexts of attacks, identifying patterns about their timing and locations, and determining the apparent targets.

CONCLUSION

The right to health in the current period of the armed conflict is limited legally and forcibly for those who stay in the rear by the state on whose territory the armed conflict continues. It is illegal when one of the parties to the conflict violates IHL norms. Despite the normative means of ensuring and protecting the right to health and a wide range of institutional protections established by the parties to the armed conflict – Ukraine and the Russian Federation – the existing system is unable to protect the right of civilians to health. First of all, this is due to the Russian Federation's violation of the established IHL rules. At the same time, the lack of a quick and effective protection mechanism leads to the fact that civilians, and sometimes medical workers, increasingly feel defenceless against aggressors. Therefore, it seems that the world community should review the existing approaches and establish more effective means of protecting human rights, including the right to health.

[32] Peters, M.D.J., Marnie, C., Colquhoun, H. et al. Scoping reviews: reinforcing and advancing the methodology and application. Syst Rev 10, 263 (2021). Available at <https://doi.org/10.1186/s13643-021-01821-3> accessed on 23 August 2024.