ATTACKS ON HEALTH CARE

Surveillance System for Attacks on Health Care (SSA)

METHODOLOGY
VERSION 1.0

World Health
Organization

December 2018
WHO/WHE/EMO/2019.2/BRO

Surveillance system for attacks in health care (SSA): methology

ISBN 978-92-4-151520-7

Suggested citation. Surveillance system for attacks in health care (SSA): methology. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Switzerland

CONTENTS

BACKGROUND

1. Context

Health care, including medical personnel, health facilities, transport, and patients, is under attack in different parts of the world. Such attacks deprive people of urgently needed care, put the lives of health care providers at risk, undermine health systems and long term public health goals, and contribute to the deterioration in the health and well-being of affected populations. These attacks represent a gross violation of human rights for both health care workers and patients, affecting the rights to life, liberty, and health. The right to equitable access of health care outlined in the International Covenant on Economic, Social Cultural Rights has been signed and ratified by 164 countries, and the right to health is enshrined in the WHO constitution. Attacks are not only morally indefensible, but are a distinct breach of this international treaty that member parties are expected to uphold. Data suggests that many attacks take place in fragile states and complex emergencies where populations already face health and security inequities. An analysis of the Surveillance System for Attacks on Health Care (SSA) data in the first three quarters of 2018 found that reported attacks increased in the occupied Palestinian territory and Syrian Arab Republic in specific locations where unrest or conflict intensified, demonstrating that access to health care is at greater risk during periods where it may be needed most by the local population.

In 2015, the World Health Organization established the Attacks on Health Care (AHC) initiative. This initiative is a priority of WHO's Health Emergencies Programme.

The vision of the initiative is that essential life-saving health services must be provided to emergency-affected populations unhindered by any form of violence or obstruction.

The Surveillance System for Attacks on Health Care (SSA) is one of the outputs of this initiative. The body of evidence produced by the surveillance system will help to complement two outputs of the initiative: support advocacy against attacks on health care and provide evidence on the effectiveness of best practices to minimize attacks and mitigate the consequences of attacks.

2. Rationale

Data on attacks on health care have not been systematically collected in a single repository, or made widely available to relevant stakeholders. To understand the extent and nature of the issue, and its impact on public health, a single, standardized surveillance system is needed. A system that is comprehensive and utilizes the same methodology across countries – with context-specific adaptations, as appropriate - will help to address the incomplete documentation of attacks. Such information can inform national and global advocacy efforts and risk reduction interventions to prevent attacks and mitigate their consequences to public health, particularly among the world's most vulnerable populations—those facing public health crises from a wide range of hazards including infectious diseases, conflict, natural events, and terrorism.

WHO has the mandate to develop a surveillance system to document attacks on health care in emergency settings. In 2012, the World Health Assembly adopted Resolution WHA65.20, which calls on WHO's Director General to "provide leadership at the global level in developing methods for systematic collection and dissemination of data on attacks on health facilities, health workers, health transports, and patients in complex humanitarian emergencies, in coordination with other relevant UN bodies, other relevant actors, and intergovernmental and non-governmental organizations."
Ideally, tracking and reporting on attacks on health care is an established part of health information collection that is undertaken and overseen by local health authorities. Recognizing that many attacks occur in fragile states or places facing complex emergencies, this monitoring may not be a routine

activity. There are likely to be many competing priorities for the relevant governments, and maintaining a highly sensitive system that captures all attacks will not take precedence. Additionally, attacks against health care can be ethnically and politically charged events.

Through the SSA, WHO aims to create a comprehensive, globally inclusive, and independent monitoring mechanism. Due to the multifaceted nature of attacks, an autonomous mechanism is best fit to collect data that is accurate and free of bias. The credibility of data that contains sensitive information is much more robust when collected independently. Where possible and appropriate, local authorities will be invited to submit information about attacks to the WCO, but the SSA is not contingent on governments' participation The WHO leadership role mandated by Resolution WHA 65.20 ensures that the circumstances surrounding the event do not lead to biased or inaccurate information, and that the intended outcomes defined by the AHC initiative are achieved.

An effective surveillance system depends on close inter-agency work. A surveillance system is only as strong as the number of willing and consistent reporters. WHO works directly with partners on the ground to ensure that there is a wide and inclusive range of reporting contributors, and encourages partner organizations to inform other key actors in the area about the system and how to submit a report. These partnerships support a system that has a high sensitivity of reported attacks that are made publicly available in a timely manner.

On the global level WHO regularly communicates with partner organizations and authorities on the findings and encourages organizations to utilize the SSA as a tool for their own monitoring and advocacy efforts. WHO also relies on inter/agency communication for any reports of attacks faced by partners to share with relevant country offices to open or bolster an attack report.

This document describes the methodology behind the SSA in detail.

3. Purpose

The purpose of the WHO Surveillance System for Attacks on Health Care (SSA) is to systematically collect and make available data on attacks on health care, and their immediate impact on health care in countries facing emergencies.

4. Objectives

The objectives of the SSA are the following:

- Collect, consolidate, and openly and regularly share reliable data on attacks on health care;
- Better understand the extent and nature of the problem of attacks on health care and the consequences for health care delivery and public health;
- Produce regular reports with consolidated data and trend analysis;
- Provide the evidence base from which to implement advocacy to stop attacks on health care; and
- Identify global and context-specific trends and patterns of violence to inform and implement risk reduction and resilience measures so that health care is protected and health services are available.

5. Guiding principles

The guiding principles of the SSA are the following:

- **High sensitivity**: The SSA contributors, including WHO and partner staff, are encouraged to share information about any and all attacks on health care for inclusion in the database;
- **Accuracy of data:** Data entered in the database and available for public viewing will be associated with a level of certainty, according to the SSA's verification method;
- **Transparency:** The SSA's purpose, objectives, definitions, and use will be stated openly and publicly;
- **Standardization:** The data that are collected and the process of verification within the SSA are standardized, since standardization allows for comparability of data across countries, and simplifies implementation in new settings;
- **Data sharing:** The SSA will follow WHO's mandate to inform and promote the field of health through the collection, analysis, publication and dissemination of attacks on health care data;
- **Timeliness:** Data collection and making data publicly available should occur as soon as possible after the notification of an attack;
- **Reliability:** A standardized data collection template and verification method have been built into the system to maintain data reliability;
- **Safety:** The personal information of sources and victims will be protected through publishing guidelines and data encryption processes;
- **Lawful and fair collection:** Personal identifying information will not be collected about victims of an attack, and contributors are given the option to report anonymously;
- **Confidentiality:** Confidentiality of personal data of both victims and sources will be respected and applied at all stages of data collection and sharing. Contributor personal information will not be shared publicly;
- **Data Security:** Personal data of sources will be kept secure and will be protected through appropriate measures against unauthorized modification, tampering, unlawful destruction, accidental loss, improper disclosure or undue transfer; and
- **Ownership of personal data:** Raw data sent by contributors is owned by these individuals. WHO assumes ownership of data that is cleaned, consolidated and aggregated.
- **Simplicity:** The online platform and corresponding reporting mechanisms have been developed to be straightforward, clear, and easy to use by contributors and focal points in country offices
- **Flexibility:** Issues that are identified with the workflow or online platform will be addressed and adapted accordingly