



Libya: Health-Care under Attack

22 May 2018

Introduction

This briefing is published jointly by the United Nations Support Mission in Libya (UNSMIL)¹ and the Office of the United Nations High Commissioner for Human Rights (OHCHR),² ahead of the United Nations Security Council's debate on protection of civilians in armed conflict scheduled for 22 May 2018.³ The briefing covers the period from 1 May 2017 to 1 May 2018 and highlights the vulnerability of health services and facilities in Libya to attacks, interference and disruption by armed groups.

The briefing shows how the persistence of violence continues to have a negative impact on the delivery of health care in Libya. Hospitals and other medical facilities have been caught in crossfire in fighting between armed groups, leading to deaths, structural damage and temporary closures. Medical facilities have been looted. Armed groups, including those formally integrated into Ministries, have subjected health care providers to physical and verbal assaults, threats, intimidation, and unlawful deprivation of liberty, contributing to the exodus of health care professionals. Access to essential health services has been further impeded by insecurity, delays at checkpoints and road closures. This situation has deprived the wounded and sick of the right to the highest attainable standard of health, compounded the suffering of civilians and further undermined Libya's already fragile and under-resourced health system.

Findings in this briefing are primarily based on accounts and information gathered by UNSMIL's Human Rights, Transitional Justice, and Rule of Law Division from a range of sources, including health care providers and other staff of health care facilities, former patients, humanitarian workers, human rights defenders and journalists. Some sources were subjected to, or feared threats,

¹ UNSMIL's mandate, most recently extended by the United Nations Security Council on 14 September 2017 (resolution 2376 of 2017), includes the undertaking of "human rights monitoring and reporting", as well as "support to key institutions".

² The Director of the Human Rights, Transitional Justice and Rule of Law Division of United Nations Support Mission in Libya is the representative of the Office of the United Nations High Commissioner for Human Rights in Libya.

³ The upcoming debate is set to highlight attacks on medical facilities and personnel during conflict since the adoption of United Nations Security Council resolution 2286 (2016) of 3 May 2016 on the protection of civilians in armed conflict, which recognized the alarming increase of attacks on medical facilities and personnel in conflict zones globally.

intimidation, and reprisals, and their names and other identifying information have not been included in this briefing.

UNSMIL/OHCHR recorded 36 attacks on medical facilities, personnel or patients in the period under review but the actual number of attacks is believed to be significantly higher. In some cases, fear of reprisals and the security situation hampered the gathering and corroboration of information by UNSMIL/OHCHR.

Under international humanitarian law, which applies to situations of armed conflict, hospitals and other medical facilities, medical transports and health care providers exclusively assigned to medical purpose or duties must be respected and protected in all circumstances, and attacks targeting them are prohibited.⁴ Parties to the conflict must not hinder medical personnel in the performance of their duties, and must not compel them to carry out acts contrary to medical ethics or give priority to any patient except on medical grounds.⁵ Parties to a conflict are prohibited from impairing access to medical treatment. The wounded and sick, including injured fighters, must not be denied medical care, and must be protected from ill-treatment and pillage.⁶ In the conduct of military operations, all feasible precautions must be taken to avoid, and in any event to minimize, incidental loss of civilian life, injury to civilians and damage to civilian objects, including medical facilities and personnel.⁷

International human rights law also stipulates that everyone has the right to the highest attainable standard of physical and mental health without discrimination.⁸ States are under the non-derogable obligation not to subject any individuals under their jurisdiction or control to arbitrary deprivation of life, and they must respect, protect and fulfil the right to health of affected populations.⁹

Intentionally directing attacks against medical facilities and personnel may furthermore constitute a war crime incurring individual criminal responsibility under the Rome Statute of the International Criminal Court.¹⁰

Some of the acts described in this briefing, including the taking of hostages and the willful killing or the harming of wounded and sick people, may constitute war crimes.

⁴ Health care facilities and personnel may lose their protected status if they are used to commit “acts harmful to the enemy.” However, the protection ceases only after a warning has been given setting a reasonable time limit for such use (“acts harmful to the enemy”) to cease and only if this warning has remained unheeded. In no way can providing medical assistance to sick and wounded fighters be construed as “harmful acts”.

⁵ https://ihl-databases.icrc.org/customary-ihl/eng/docs/v2_rul_rule25 and <https://www.icrc.org/eng/assets/files/2012/health-care-law-factsheet-icrc-eng.pdf>

⁶ https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule111

⁷ https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule15

⁸ http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E/C.12/2000/4&Lang=en

⁹ <http://www.ohchr.org/Documents/Publications/Chapter05-MHRM.pdf>, p8-9.

¹⁰ The Rome Statute of the International Criminal Court, article 8 e) (ii). https://www.icc-cpi.int/nr/rdonlyres/ea9aef7-5752-4f84-be94-0a655eb30e16/0/rome_statute_english.pdf

Securing Hospitals

Attacks against health care in Libya have been taking place against the backdrop of sporadic fighting, political and institutional divisions,¹¹ the proliferation of weapons, the breakdown of the rule of law, and control exercised by armed groups over territory and key installations, including hospitals.

Health care providers and other hospital personnel interviewed by UNSMIL/OHCHR explained that while police were officially in charge of guarding most hospitals, they were largely powerless to prevent armed groups from entering hospital premises with weapons and interfering with the provision of medical care. In some hospitals, including in Tripoli, armed groups have been directly in control of security and, by extension, control access and exert undue influence on hospital staff.

Attacks on hospitals and other health care facilities

Hospitals and other health care facilities in Libya have been bombed, shelled and hit by stray bullets during armed violence. Parties to the conflict have routinely failed to take all feasible precautions to distinguish between legitimate military objectives and civilians and civilian objects. They have used indiscriminate fire and weapons with wide area effects (including unguided indirect fire weapons such as mortars) in densely populated areas, including in proximity to medical facilities. Parties to the conflict routinely failed to take all feasible precautions to avoid, or in any event minimize, incidental loss of civilian life, injury to civilians and damage to civilian objects, including medical facilities and personnel. Such attacks have led to civilian casualties, material damage and temporary closures of medical facilities.

For instance, in the context of armed clashes in the southwestern city of Sabha between Awlad Sleiman and Tabu tribal armed groups and their allies, the Sabha Medical Centre, the largest and best equipped hospital in the region, was shelled or hit by stray bullets on at least 15 occasions between 6 February 2018 and 1 May 2018. The hospital is located in the area of Qurda, about three kilometres away from the base of the 6th Brigade armed group (mainly composed of fighters from the Awlad Sleiman tribe), which exposes it to crossfire between armed groups, when they use unguided weapons including mortars in densely populated areas.

Patients and staff were injured as a result the surrounding fighting and services in the hospital disrupted. For example, on 6 February, a 60-year-old patient was injured in her hand when stray bullets hit the internal medicine wing where she was receiving treatment. On 12 February, a 35-year-old woman sustained injuries to her legs from stray bullets while in the pediatric wing. On 24 February, a minibus carrying medical personnel to the Sabha Medical Centre came under fire near the hospital, and a female nurse consequently sustained a minor injury to one leg. The violence in February led to the temporary evacuation of patients and staff from several hospital wings, as well

¹¹ The Tripoli-based internationally recognized Government of National Accord, established following the signing of the Libyan Political Agreement in December 2015, continues to struggle to assert control over the country. Most of eastern Libya is under the control of the Libyan National Army, a military coalition composed of career soldiers and voluntary recruits, and supported by several armed groups established along geographical, tribal and ideological lines. The Libyan National Army is supported by the “Interim Government” under “Prime Minister” Abdallah al-Thinni, based in the eastern city of al-Baida.

as staff shortages since it was not safe for the hospital personnel to report to work, further impacting the already strained health services in the city.

The University Hospital in Sabratha, about 75 kilometres west of Tripoli, was also affected by fighting between local armed groups, which ignited on 17 September 2017 and lasted some three weeks. The hospital was hit twice by shells, likely to have been mortar, on 19 and 21 September 2017, causing damage to the emergency and surgery units and preventing their operations. Hospital staff, including those accommodated at the hospital housing, were evacuated.

Intermittent fighting between local armed groups in the city of al-Zawiya, some 45 kilometres from Tripoli, also caused temporary disruptions to health services in the city. Zawiya's main public hospital is located in the centre of the city, and both the Henish and the Khadrawi armed groups have bases located just metres away from the hospital. During fighting, both parties fired recklessly around the hospital, using machine guns and anti-aircraft weapons. In some instances, they also reportedly used mortars. In 2017, al-Zawiya's main public hospital was closed three times due to armed clashes in the vicinity. On the three occasions, patients were evacuated. Following fighting on 3 June, the hospital remained closed for several days.

In May 2017, fighting, including with artillery and mortars, affected medical facilities in several neighbourhoods in southern Tripoli. The fighting was between armed groups that have been integrated into Ministries, including the Tripoli Revolutionary Brigade and the Central Security Abu Salim armed group, on the one hand, and the Soumoud armed group, the al-Burki armed group and allies on the other. On 26 May, the Safaa Hospital in the al-Hadba al-Khadra neighbourhood was hit by unidentified projectiles that caused material damage. Patients were evacuated to the Red Crescent Clinic in central Tripoli.

Other documented attacks on health facilities included the shelling of the diabetes clinic in the eastern city of Benghazi, on 3 July 2017, which led to material damage, as well as firing at the gates of the hospital in Awbari, in southwestern Libya, on 24 October 2017. The perpetrators of both acts have not been identified. On 30 November 2017, an unidentified armed group attacked a building adjacent to the Central Misrata Hospital, damaging the windows and front door of the emergency ward.

UNSMIL/OHCHR also documented incidents of armed groups engaging in gunfights inside hospital grounds, leading to casualties, material damage, panic among patients and hospital personnel, and the temporary suspension of health services.

The Jalaa Hospital in Benghazi¹² has been the site of frequent attacks and clashes between armed groups. For instance, a gunfight between armed men broke out on hospital grounds and lasted several hours on 17 November 2017. A hospital employee present at the intensive care unit during the clashes told UNSMIL: *"They [armed men] had an argument with a patient [from another armed group]. Suddenly, one pulled out a gun and the other a hand grenade... There was a general panic... The doctors and nurses fled, but some patients were not mobile. The fight spread to corridors in the hospital, with shooting with AK-47s. There was some minor damage, like bullet holes, to the hospital, but, thanks god, no casualties among staff or patients."*

¹² The Jalaa Hospital is one of the two largest public hospitals in Benghazi and is considered to have the best equipped emergency department.

In another incident documented by UNSMIL/OHCHR in Benghazi, an armed man reportedly affiliated to the self-styled Libya National Army, in control of most of eastern Libya,¹³ opened fire at the main entrance of the Benghazi Medical Center¹⁴ on 22 January 2018, injuring two hospital employees.

Looting and confiscation of medical supplies, equipment and vehicles

Armed groups have looted medical equipment and supplies, further draining an under-resourced health care system and further limiting civilians' access to quality care. In some cases, the motive appeared to have been the diversion of medical supplies to injured fighters at field hospitals near frontlines, while in other cases motives appeared purely financial. In some cases, such acts amounted to pillage, which is prohibited under international humanitarian law.¹⁵

For instance, on 24 August 2017, an air-conditioner was robbed from a medical centre in Qubayba, west of Sirte, by unidentified perpetrators. On 7 November 2017, Zintan-based armed groups reportedly stole equipment and medicines from a clinic in al-Aziziya, which was used as a field hospital during fighting in the area of Warshafana.

An employee at al-Zawiya's main public hospital told UNSMIL: *“Armed men regularly steal items from the hospital. An ambulance and a van used to transport medicine and medical supplies were stolen by an individual affiliated to a powerful armed group, and until now the hospital has not been able to secure their return or replacement. Even hospital beds were carried out from the hospital. Sometimes, injured fighters insist on taking their hospital beds back to their homes after they are discharged. Nobody has the power to stop them.”*

A health care provider, who worked at al-Jalaa hospital in Benghazi, highlighted a similar pattern: *“It is common for armed men to just take medical supplies and equipment. They say they need to use them in field hospitals. However, items are never returned after the fighting ends.”*

According to local officials and hospital staff interviewed in March 2018, the Derna hospital has not been able to restore or replace three ambulances confiscated by armed men affiliated with the Libyan National Army since 2016, despite repeated requests to the Ministry of Health and other relevant officials.

Violence against health-care personnel

Contrary to the prohibition of attacks against health care workers exclusively engaged in medical tasks, armed groups, including those affiliated to the State, have targeted health care providers in Libya with physical and verbal assaults, threats and intimidation.

The personnel of the al-Jalaa Hospital, in Benghazi, experienced multiple attacks. For example, on 6 September 2017, a medical professional working at the hospital was stabbed by an alleged Libyan National Army affiliate. The motive of the attack was unclear. On 9 December, a group of

¹³ See footnote 11 for further details.

¹⁴ The Benghazi Medical Centre, also known as ‘1200’, in reference to the number of beds it hosts, is one of the two largest functional public hospitals in Benghazi.

¹⁵ See https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule52

armed men in civilian clothes intimidated two women nurses working in the surgical department. The frequency of such attacks in a climate of impunity. This prompted the Director of the Jalaa Hospital to address a letter to security services in Benghazi on 15 December, urging their intervention to secure and protect the hospital in light of “repeated attacks” on health care providers by armed men “constantly present in the hospital’s corridors.” Despite the plea, threats against medical personnel continued, albeit less frequently. For instance, on 13 January 2018, a group of armed men entered an operating theatre in al-Jalaa Hospital, searching for a patient reportedly admitted for treatment. They threatened a doctor at gunpoint, urging him to reveal the patient’s whereabouts before leaving the hospital.

At times, doctors and other hospital staff are exposed to insults, threats and beatings by fighters seeking preferential treatment for injured members of their armed groups and their relatives.

An employee at al-Zawiya’s main hospital recounted an incident he witnessed in early 2018: *“This happened in the corridor between the pediatric ward and the women’s health ward. An armed man was pressuring a doctor to immediately take care of his relative. The doctor tried to explain that there were other more urgent cases... The fighter took out his gun and fired a bullet.”* He recounted another incident when fighters brought to the hospital a member of their brigade who was fatally wounded to the head. They threatened the medical personnel on duty to treat him even though other casualties with a chance of survival were being admitted to the emergency department. They reportedly warned: *“if he dies, you die.”*

Such interferences, forcing medical personnel to give priority to members of armed groups and other patients have been documented at other hospitals in Libya. A health care provider at the Benghazi Medical Center recounted: *“This happened in the ICU [intensive care unit, in 2017]. There was a terminally ill patient whose chart said ‘do not resuscitate’. Her son, a fighter with the army [Libyan National Army], together with another fighter, made the doctor on duty resuscitate her while holding a gun to her head. There were other patients needing medical assistance, but nothing could be done... This is almost a daily occurrence, armed men always pressure medical staff to give preferential treatment to their relatives.”*

Most documented instances of attacks and threats of attack by armed groups against medical personnel related to the speed and quality of care provided to their members or relatives. Yet, UNSMIL/OHCHR also documented violence perpetrated against medical staff due to personal disputes. For instance, in June 2017, two members of a powerful armed group in Tripoli, nominally affiliated to the Ministry of Interior of the Government of National Accord, physically assaulted a female health care provider in front of a Tripoli clinic, reportedly after she had a dispute with another hospital employee with links to the armed group. The two armed group members punched the health care provider in the face and beat her on the head, left arm and left thigh. UNSMIL examined a medical report corroborating her account. According to her testimony, the clinic employees did not dare interfering to protect her, fearing reprisals from the armed group. Since the incident, the health-care provider has not returned to work at the clinic.

Exodus of health care providers

Violence against medical facilities and health care providers has contributed to the exodus of qualified medical staff, particularly foreign doctors and nurses, further affecting the quality of available health care in Libya.

The few foreign medical professionals, who remain in Libya, face challenges due to the lack of liquidity in Libyan banks, and most have not been able to transfer their salaries to their home countries for over two years. For instance, an Indian nurse, who has worked in Libyan hospitals for ten years, has not been able to withdraw his salary for the last two years. He lived through armed clashes in the vicinity of Sabratha hospital in September-October 2017 (see above) and had to be evacuated from the hospital housing due to the violence. He no longer feels safe in Libya, but is unwilling to go home empty-handed having worked for two years in a difficult security environment without remuneration. The director of a major hospital in eastern Libya confirmed the departure of most foreign doctors and nurses due to the lack of access to their salaries for over two years, highlighting the negative consequences on the quality of health care provision. Awbari Hospital, which, before the 2011 armed conflict, largely depended on foreign medical staff, also saw a critical decline in medical staff levels, as foreign employees left due to the general deterioration of the security situation in the country. Several hospital administrators and medical staff in different areas of Libya blamed the poor quality of care and resource shortages for most security incidents at hospitals, as frustrated patients and often their armed relatives direct their anger about substandard medical treatment at staff.

Unlawful deprivation of liberty of health care workers

Health care workers have been subjected to arbitrary detention, hostage-taking and other unlawful deprivation of liberty, sometimes for providing medical care to individuals perceived as enemy fighters or other opponents, in other cases for their alleged opposition to or criticism of armed groups.

During the reporting period, several medical professionals from Derna's Wehda Hospital, the only functioning public hospital in the city, have been arbitrarily detained or otherwise unlawfully deprived of their liberty. As at beginning of May 2018 two of these health care professionals remained held incommunicado at the Gernada detention facility, after being stopped on separate occasions, between 21 September and 5 October 2017, at checkpoints controlled by armed groups affiliated to the Libyan National Army. According to information available to UNSMIL/OHCHR, these two individuals have not been brought before a judicial body. The exact reasons behind their detention remain unclear, amid concerns by UNSMIL/OHCHR that they may be held solely for their perceived insufficient support for the Libyan National Army.

The Derna Mujahedeen Shura Council, an armed group engaged in sporadic fighting with the Libyan National Army on the outskirts of Derna, also unlawfully deprived of liberty a surgeon from the Wehda Hospital on 7 January 2018, allegedly for accepting an appointment from the rival

“Interim Government.”¹⁶ The doctor was freed without any judicial process¹⁷ on 11 January 2018, and was able to resume his functions at the hospital.

On 1 May 2017, a group of armed men in civilian clothes belonging to an armed group affiliated to the Ministry of Interior of the Government of National Accord apprehended a medical professional in front of the Tripoli clinic. Reportedly, he was apprehended in relation to a complaint by one of his former patients – a relative of a man affiliated to the armed group. The surgeon was held hostage at the armed group’s base in Tripoli for five days in a small cell and beaten. He was released after his family paid a ransom. The medical professional told UNSMIL that he continued to feel unsafe in performing his duties given the power exercised by armed groups in Tripoli in a climate of impunity and the lack of protection provided to medical personnel against violence by some patients and their relatives. He added that two of his Tripoli-based colleagues were exposed to similar hostage-taking for ransom in 2017 following disputes with patients. Hostage-taking is considered a war crime.

In a statement issued on 21 December 2017, the World Health Organization condemned the kidnapping of a surgeon by an unknown group at the Sabha Medical Centre, in November 2017, highlighting the increase of such incidents in recent months in Sabha.¹⁸ In protest at the lack of security afforded to health-care providers, staff suspended all non-essential health services at the Sabha Medical Centre for some 10 days between 18 and 28 November.

Hampered access to essential health care facilities

The conflict has seriously affected the population’s ability to rapidly access adequate medical treatment due to delays at checkpoints, road closures and security concerns. Active fighting near hospitals and health care facilities have also prevented safe access by the sick and wounded, medical personnel and ambulances or other vehicles carrying medical supplies.

For instance, the continued military encirclement by the Libyan National Army of Derna and movement restrictions on people attempting to enter or leave the city have had negative consequences on access to health services. Patients reported delays in passing through checkpoints and, in some cases, were denied passage altogether. For instance, on 18 February 2018, a woman in labour and her unborn child died on their way to the Wehda hospital, after armed men affiliated with the Libyan National Army at the Kirsa checkpoint, west of Derna, delayed their passage. Such acts are in breach of the obligation of parties to the conflict under international humanitarian law to ensure that adequate medical care is provided to the wounded and sick as far as practicable and with the least possible delay.

¹⁶ See footnote 11.

¹⁷ Prosecution offices and courts have been suspended in Derna since the so-called Islamic State took over the city in late 2014. Court functions have not resumed there since the group’s ousting from the city centre in June 2015.

¹⁸ World Health Organization, “Rising health worker abductions in Libya threaten fragile health system”, 21 December 2017, available at: <http://www.emro.who.int/lby/libya-news/rising-health-worker-abductions-in-libya-threaten-fragile-health-system.html>

Between July and October 2017, severe delays in allowing medical supplies and other humanitarian assistance to enter Derna were recorded. Since then, some medical supplies have been delivered to Derna through the Martouba checkpoint, east of the city, following lengthy procedures, including extensive paperwork and authorization from intelligence bodies affiliated to the Libyan National Army. However, the delivery of medical equipment has been delayed.

In the southeastern city of Kufra, members of the Tabu community have been suffering from inadequate access to essential medical services, as the main public hospital and major clinics in the city are located in areas under the control of the rival Zway tribe.¹⁹ According to local activists and medical sources, Tabu men in particular refrain from seeking medical assistance in Zway neighbourhoods, fearing revenge attacks. Similarly, the Tabu population of Sabha, in particular men, reportedly avoid the Sabha Medical Centre based on well-founded²⁰ fears of attacks by rival armed groups, particularly during times of armed hostilities, when emergency health care services are most needed. As a result, members of the Tabu community from Kufra and Sabha seek treatment in smaller and poorly equipped clinics and available field hospitals, or travel long distances to other cities.

Attacks on the wounded and sick

Under international humanitarian law, the rights of the wounded and sick must be respected in all circumstances. It is a war crime to willfully kill or cause great suffering or serious injury to their bodies or health.²¹

On 24 April 2018, armed men forcibly removed a Tabu patient from the intensive care unit of the Sabha Medical Centre. The man was in recovery after undergoing surgery for gunshot injuries to his chest and abdomen, reportedly sustained earlier that day in an armed robbery in the Tayouri neighbourhood. As at May 2018, the man's fate and whereabouts remain unknown. While the identity of the perpetrators remain unconfirmed, it is suspected that fighters affiliated with the Awlad Sliman tribal armed groups may have been responsible. At the time of the incident, the hospital was guarded by members of armed groups affiliated to Awlad Sliman, and it was unlikely that rival fighters could enter the premises with weapons.

Similar patterns of violence against wounded and sick people have been documented prior to the reporting period.²²

¹⁹ Since the outbreak of armed hostilities between the Tabu and Zway tribes in 2012, and the subsequent establishment of a “division line” separating the two communities, members of each community do not venture into the other's territory.

²⁰ See section on “attacks on the wounded and sick” that describes, for example, a Tabu patient being forcibly removed from the Sabha Medical Centre.

²¹ See for example International Committee of the Red Cross, Rule 156 Definition of War Crimes, available at https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule156

²² For instance, on 21 April 2017, members of the al-Kani armed group reportedly summarily executed an injured man, while he was receiving treatment at the main hospital in Tarhouna, some 65 kilometres southeast of Tripoli. The al-Kani armed group had reportedly shot him and several members of his family on 17 April. On 31 January 2017, an injured man was shot dead while receiving treatment at a clinic in the Gasr Benghazi area of Tripoli. The perpetrators were reportedly members of a rival armed group.

Conclusion and recommendations

Health care providers across the country reported to UNSMIL/OHCHR they had repeatedly raised concerns regarding attacks on medical facilities and personnel, urging relevant officials from the Ministry of Health, the Office of the Prosecutor General, security and military bodies, and municipal councils to put in place measures to ensure their protection from violence. Little appears to have been done to investigate and prosecute attacks against medical facilities and personnel and to prevent their repetition.

More broadly, there is an urgent need to ensure timely access to the highest attainable standard of health care for all individuals in Libya, including conflict-affected populations. In line with United Nations Security Council resolution 2286 (2016) on the protection of civilians in armed conflict,²³ which highlights the alarming increase of attacks on medical facilities and personnel in conflict zones globally, UNSMIL/OHCHR makes the following recommendations to:

Parties to the conflict:

- Take all necessary precautions in the planning and conducting of military operations to avoid, and in any event to minimize, the impact of hostilities on civilians and civilian objects, including medical care facilities and workers;
- Commanders of armed groups should unequivocally condemn violence against health care facilities and workers, and instruct their subordinates to desist from attacking or threatening or interfering with the work of health-care providers.
- Respect and protect all health care providers engaged exclusively in medical duties, their transport and equipment, as well as hospitals and medical facilities.
- Facilitate safe and unimpeded passage to medical personnel seeking to reach people in need.
- Facilitate safe and unimpeded passage to the sick and wounded and others in need who are seeking access to medical care.
- The Government of National Accord, affiliated armed groups and armed groups exercising government-like functions should respect and protect the right to health of persons living in areas under their control, including by refraining from raising any obstacles to the exercise of this right.

The Government of National Accord:

- Develop and implement effective measures to prevent and address acts of violence, attacks and threats against health care providers exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities.
- Respect, protect and fulfill the right to health of all individuals in territory under its jurisdiction without distinction or discrimination.
- Unequivocally condemn all acts of violence against health care facilities and workers.

²³ The United National Security Council resolution 2286 (2016) of 3 May is available at: <http://unscr.com/en/resolutions/2286>

The Office of the Prosecutor General:

- Conduct independent, impartial and thorough investigations into attacks against medical facilities and personnel, and bring those responsible to justice in proceedings meeting international standards of fair trial.

All State and non-State entities that deprive persons of liberty:

- Immediately and unconditionally release all health care providers arbitrarily deprived of their liberty, including those held on the basis of the performance of their duties or on account of their alleged political affiliation.

The international community:

- Provide technical and other support to the Government of National Accord in developing and implementing measures to prevent and address acts of violence and threats against medical personnel, facilities and transports.
- Engage all parties to the conflict, privately and publicly, to comply with international humanitarian law and international human rights law, and specifically to respect and protect all health care providers engaged exclusively in medical duties, their transport and equipment, as well as hospitals and medical facilities.