

AFGHANISTAN

PROTECTION OF CIVILIANS IN ARMED CONFLICT

SPECIAL REPORT: ATTACKS ON HEALTHCARE DURING THE COVID-19 PANDEMIC



UNAMA

UNITED NATIONS ASSISTANCE MISSION IN AFGHANISTAN

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I. OVERVIEW

The range and scale of deliberate attacks on healthcare in Afghanistan at a time when the country was confronted by the coronavirus disease (COVID-19) pandemic is of grave concern to the United Nations Assistance Mission in Afghanistan (UNAMA). When an urgent humanitarian response was required to protect the lives of all individuals in Afghanistan, both Anti-Government Elements and Pro-Government Forces¹ were responsible for incidents that significantly undermined healthcare delivery.

This Special Report prepared by UNAMA² presents the findings of monitoring conducted by the UNAMA Human Rights Service with regard to all incidents of the armed conflict affecting healthcare facilities and protected personnel from 11 March 2020, the date on which the World Health Organization (WHO) declared the outbreak of COVID-19 a global pandemic, to 23 May 2020, the end of Ramadan and start of a three-day ceasefire between the Taliban and the Government of Afghanistan over Eid-al-Fitr.

During the period under review, fighting by the Taliban and Afghan national security forces continued to cause civilian harm, disappointing expectations that the 'Reduction in Violence' in the week

leading up to the signing of the 29 February United States-Taliban Agreement would be sustained. UNAMA documented an uptick in violence in March after the signing of the agreement and has seen this trend continue throughout April and into May. Appeals for a ceasefire or for a humanitarian pause were rejected by the Taliban and on the evening of 12 May, after a particularly violent week including the attack on a maternity ward of a hospital in Kabul, the President ordered the Afghan national security forces to shift from an 'active defensive posture' to an 'offensive posture' against the Taliban.

In the context of the ongoing fighting, UNAMA documented 15 incidents affecting healthcare provision during the period under review, where 12 were deliberate attacks and the remaining three incidents involved incidental harm to healthcare caused by ongoing fighting. The majority of these healthcare-related incidents – eight of the targeted attacks and two of the incidents with incidental harm – were attributed to the Taliban. The Afghan national security forces were responsible for three targeted attacks against healthcare. One incident of incidental harm to healthcare occurred in the context of clash-

Attacks on healthcare occurred during the COVID-19 pandemic, when all resources should be focused on the health response.

es between Afghan national security forces and the Taliban. The most horrendous attack, on a maternity ward in a Kabul hospital, remains unattributed to a specific party to the conflict and the Taliban immediately denied responsibility.

This special report documents the harm to healthcare workers, damage to healthcare facilities, and other ways in which parties to the conflict have interfered with necessary healthcare services during the COVID-19 pandemic in Afghanistan, both as a result of targeted attacks as well as from ongoing fighting. UNAMA previously raised concerns about such incidents in its first quarter protection of civilians report.³ Since then, the situation has deteriorated: the Taliban continued abducting healthcare workers and attacked a pharmacy; the Afghan national security forces carried out deliberate acts of violence and intimidation affecting a healthcare facility, workers and the delivery of medical supplies; and unknown gunmen perpetrated an abhorrent attack on a maternity ward in a hospital in Kabul, resulting in dozens of civilian casualties.⁴

This report underscores that the harm caused by attacks on healthcare, particularly during a health

UNAMA urges the parties to the conflict to heed the UN Secretary-General's call for a global ceasefire so all attention and resources can be directed towards fighting the pandemic.

pandemic, extends well beyond the direct victims of those incidents. Also, during times of conflict, the people of Afghanistan have the right to the highest attainable standard of physical and mental health under international human rights law. The enjoyment of such a right is severely compromised by the incidents described in this report. The report emphasizes that deliberate acts of violence against healthcare facilities, including hospitals, and related personnel are prohibited under international humanitarian law and constitute war crimes. Such attacks also constitute one of the six grave violations against children in armed conflict, which is a trigger for listing in the annexes of the Secretary-General's annual reports on children and armed conflict. Carrying out targeted attacks on healthcare during the COVID-19 pandemic, a time when health resources are already stretched and of critical importance to the civilian population, is particularly reprehensible.

UNAMA, therefore, condemns all deliberate attacks, threats, abductions and other intentional acts against healthcare facilities and workers, as outlined in this report. UNAMA urges the parties to the conflict to heed the United Nations Secretary-General's call for a global ceasefire⁵ so all attention and resources can be directed towards fighting the pandemic. In a situation in which the entire population in Afghanistan is at risk from COVID-19, there can be no greater priority than ensuring that health services can continue to operate without interference, interruption, and with sufficient resources.

II. CONTEXTUAL BACKGROUND

On 11 March 2020, the World Health Organization declared the outbreak of COVID-19 a global pandemic.⁶ Afghanistan’s Ministry of Public Health confirmed the first recorded case of COVID-19 in the country on 24 February 2020 in Herat province. In response to the outbreak, the Government of Afghanistan developed a response plan for the health sector and established a High-Level Emergency Coordination Committee with various technical working groups. The Government took a series of measures to try to prevent the spread of the disease, including closing schools on 14 March and instituting movement restrictions in Herat province on 25 March, followed by partial lockdowns in other parts of Afghanistan, including Kabul city on 28 March.⁷ Humanitarian actors predicted in late March 2020 that Afghanistan was “likely to be significantly affected” by COVID-19 “due to its weak healthcare system and limited capacity to deal with major disease outbreaks”, with its close proximity to Iran – identified as a global hotspot for the virus at that time – heightening the risk.⁸

By the end of the period under review, on 24 May, the Ministry of Public Health of Afghanistan had documented 10,582 confirmed cases of COVID-19, including 218 deaths, with the real number of cases expected to be higher.⁹ At the time of the drafting of

this report, cases are still increasing and have been reported across all of the provinces of Afghanistan. The pandemic has led to an unprecedented health, social and economic crisis in Afghanistan given the already pre-existing challenges of a fragile health system, the population’s limited access to water and sanitation, high rates of malnutrition and the ongoing armed conflict.¹⁰ As a result of COVID-19, the United Nations estimates a significant increase in the number of people in need of humanitarian assistance – now 14 million people (more than a third of the population), up from 9.4 million at the start of 2020.¹¹

The Taliban made public statements on 16 and 18 March indicating that they would work with international organizations in combatting COVID-19, and would facilitate the movement of medical equipment, medicine and aid to areas under their control. On 2 April, a Taliban spokesperson stated that if COVID-19 occurred in an area under their control,¹² the Taliban would refrain from fighting in that specific area so health professionals could deliver necessary services.¹³

The COVID-19 pandemic has led to an unprecedented health, social and economic crisis in Afghanistan.

UNAMA expressed concern about rising civilian casualties during the first quarter of 2020, highlighting the uptick in violence in March after the signing of the United States (US)-Taliban agreement on 29 February. This trend continued throughout the period under review. Expectations that the 'Reduction in Violence' in the week leading up to the signing of the US-Taliban Agreement would be extended were disappointed.

The United Nations,¹⁴ the European Union,¹⁵ the Organisation of Islamic Cooperation¹⁶ and a number of Member States have made repeated calls for a ceasefire in Afghanistan to focus on an adequate humanitarian response to the virus. The Taliban rejected these calls, including for a ceasefire to address the humanitarian situation due to COVID-19. They reiterated their position that no discussion of a permanent ceasefire would be considered until the start of intra-Afghan negotiations and insisted on the implementation of their interpretation of the US-Taliban agreement, in particular the release of up to 5,000 prisoners.

On 12 May, after a particularly violent week, President Ashraf Ghani ordered the Afghan national security forces to shift from an 'active defensive posture' to an 'offensive posture', citing in a televised public speech the Taliban's refusal to reduce violence and agree to a ceasefire. With the exception of the 24-26 May three-day ceasefire between the Taliban and Afghan national security forces, during

which time UNAMA documented a notable reduction in violence,¹⁷ harm to civilians from the ongoing fighting has continued.

The continuation of the armed conflict directly affects the provision of healthcare in Afghanistan, including but not limited to harm to health personnel, damage to health infrastructure and access constraints that limit services to populations in need. More broadly, the armed conflict has also increased the general vulnerability of the Afghan population to the risks of COVID-19. Many individuals who are internally displaced due to the fighting are at particular risk of contracting COVID-19 as they are often forced to live in overcrowded conditions, in close proximity to others, with inadequate access to water and sanitation services.

The week before Eid, daily security incidents from all sources ranged between 75 and 91 per day, only to drop markedly between 21 and 26 May ranging from 17 to 36 incidents.

The continuation of the armed conflict directly affects the provision of healthcare in Afghanistan, limiting services to populations in need.

III. METHODOLOGY

This report is based on information gathered by the UNAMA Human Rights Service and is grounded in principles of international human rights law and international humanitarian law, and its methodology is based on best practices, advice and guidance of the Office of the United Nations High Commissioner for Human Rights. The incidents are verified according to UNAMA methodology, which requires a minimum of three different and independent source types. UNAMA collected information from a wide range of sources, including documentary evidence and human sources, such as victims, witnesses, victim lists from hospitals and health clinics; government and security officials at the district, provincial and national levels; as well as community elders, civil society activists, and journalists. UNAMA does review public statements made by the Government of

Afghanistan as well as by the Taliban, news reports and social media accounts, but does not consider these as sources under its methodology. UNAMA also obtained information from other members of the Country Task Force on Monitoring and Reporting,¹⁸ including other United Nations entities.

Prior to publication of this report, UNAMA provided the Afghanistan national security forces and the Taliban with detailed information of each incident attributed to each of them. UNAMA shares information to ensure the accuracy of verification efforts for both UNAMA and the party involved, and to facilitate broader cooperation on efforts to prevent and mitigate civilian harm. UNAMA continues to invite the parties to initiate their own investigations and share the results with UNAMA and the broader public.

IV. LEGAL FRAMEWORK

Under international humanitarian law, parties to a conflict have the obligation to respect the principles of distinction, precaution and proportionality in the conduct of hostilities, including when planning military operations. International human rights law also forms part of the relevant legal framework. States must respect their obligations under international human rights law with respect to individuals within

their territory or subject to their jurisdiction; non-state actors that have effective control of a territory and exercise government-like functions must respect human rights norms as well.

The principle of distinction states that parties to the conflict must, at all times, distinguish between civilians and combatants. Attacks may only be directed against combatants and military objectives and must

not be directed against civilians or civilian objects.¹⁹ Direct attacks against civilians or civilian objects are prohibited by international humanitarian law and may amount to war crimes.²⁰

Attacks that may be expected to cause incidental loss of civilian life and injury to civilians, and which would be excessive in relation to the concrete and military advantage anticipated, are prohibited under international humanitarian law and may amount to war crimes.²¹ Each party to the conflict must take all feasible precautions when choosing means and methods of warfare, with a view to avoiding and at the very least minimizing incidental loss of civilian life, injury to civilians and damage to civilian objects.²²

International humanitarian law states that the sick and wounded must receive the medical care that their injuries require, and parties to the conflict have the obligation to take all possible measures to protect them against ill-treatment;²³ this protection includes members of a party to the conflict who are rendered defenseless due to wounds or sickness, making them “*hors de combat*.” So long as they refrain from any act of hostility and do not attempt to escape, those fighters must be given all feasible medical attention. Attacking persons that are *hors de combat* amounts to a war crime under international humanitarian law.²⁴

Medical personnel and facilities are explicitly afforded special protections under international humanitarian law.

As primary providers of medical care and assistance to the civilian population, medical personnel and facilities are explicitly afforded special protections under international humanitarian law.²⁵ Medical personnel, units and transports shall be respected and protected, and personnel shall be granted all available help in the performance of their duties.²⁶ International humanitarian law also protects equipment and supplies used for medical purposes.²⁷ Parties to the conflict using healthcare facilities for military purposes, including by taking shelter inside, may cause such facilities to lose their protection from attack, placing them at risk.²⁸ In certain circumstances, in particular when done in order to compel a third party to do or abstain from an act, abduction of medical workers can qualify as hostage-taking, which may amount to a war crime.²⁹ International human rights law additionally prohibits abduction on the basis that these actions constitute arbitrary deprivation of liberty.³⁰

Under international human rights law, all human rights remain applicable – and are to be respected and protected – in times of peace and conflict, including the right of individuals to the highest attainable standard of physical and mental health.³¹

V. DELIBERATE ATTACKS AGAINST HEALTHCARE³²

From 11 March to 23 May 2020, UNAMA documented 12 incidents in which parties to the conflict carried out deliberate acts of violence or interference with healthcare workers or facilities, disturbing critical healthcare provision during the COVID-19 pandemic.

The majority of these deliberate attacks were carried out by the Taliban. UNAMA attributed eight incidents to the Taliban, mostly consisting of abductions of health workers, as well as an attack against a pharmacy. Three incidents were attributed to Afghan national security forces, which consisted of an airstrike against a healthcare facility, intimidation against healthcare workers, and looting of medical supplies. For an abhorrent attack against a hospital in Kabul, the responsible party remains unknown.

i. The Taliban

Abductions of healthcare workers

Over the course of the period under review, the Taliban abducted 23 healthcare workers in seven separate incidents across six provinces and regions of Afghanistan.³³ The healthcare workers were held on average for 12 days, with the longest abduction lasting for 26 days.³⁴

In some cases of abduction of healthcare workers by the Taliban, the motivation was unclear; in others, the abductions were reportedly carried out in an attempt to pressure the healthcare workers, or the organizations for whom they worked, to provide better services to the community and pay the salaries of the healthcare workers, which were allegedly pending. For example, on 22 March in Kunar province, Chapadara district, a group of Taliban members abducted five NGO healthcare workers carrying out government-mandated services. The Taliban reportedly accused them of failing to adequately serve the local population; they were released after two days following mediation by tribal elders. On 20 April, also in Kunar province, Marawara district, Taliban members abducted two male healthcare workers employed by a different NGO, reportedly based on the accusation that the NGO was not providing necessary equipment and personnel for a trauma centre in the district; they were held for 19 days. On 12 May in Takhar province, Khwaja Ghar district, Taliban members abducted three healthcare workers from an organisation accused of failing to pay the salaries of their workers.

Abducting healthcare workers – removing them from their official duties under duress – is not justifiable under any circumstances and ultimately has a

negative impact on healthcare delivery. Not only does it constitute an arbitrary deprivation of their liberty under international human rights law, but it subsequently deprives individuals in Afghanistan of important health services, rendered increasingly scarce during the pandemic. In addition, the abduction of healthcare workers may lead to increased access constraints, through enhanced security procedures and by deterring healthcare workers from travelling in certain areas. In cases where the Taliban tried to compel an organisation to act or refrain from acting as an explicit or implicit condition for the safety or the release of such person or persons, this may amount to hostage-taking, which is a war crime and a grave breach of international humanitarian law. UNAMA urges the Taliban to immediately stop abducting civilians, including healthcare workers, and to instruct its fighters to resolve disputes with individuals operating in its territory in ways that comply with international human rights law and international humanitarian law.

Deliberate attack against a pharmacy

On 21 April 2020 in Nangarhar province, Khogyani district, a remote-controlled improvised explosive device (IED) planted by the Taliban detonated inside a privately-owned pharmacy, wounding eight male civilians including a 13-year-old boy and a doctor from the district hospital. The Taliban had reportedly been threatening one of the pharmacy's owners to pay the group a certain amount

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of money or be subject to an attack. In addition to the civilian casualties and harm to a healthcare worker, the pharmacy reportedly lost tens of thousands of dollars of medicine.

UNAMA is deeply concerned by this deliberate attack against a pharmacy, which is protected as a medical unit under international humanitarian law, and the resulting harm to civilians, including a healthcare worker. UNAMA reminds the Taliban that deliberate attacks against civilians and civilian objects are serious violations of international humanitarian law that amount to war crimes. UNAMA is also concerned about the reported threats to the pharmacy owner, which interfere with the provision of important healthcare services to the Afghan population. Healthcare workers and service providers must be able to conduct their work without fear of attack.

ii. Afghan national security forces

Airstrike on wounded Taliban outside a healthcare facility

During the period under review, UNAMA documented a deliberate airstrike by the Afghan Air Force on wounded Taliban members at a healthcare facility in the northeastern region, signifying a blatant disregard for international humanitarian law.

On 19 May, in Kunduz province, Chahardara district, an Afghan Air Force plane conducted an airstrike targeting wounded Taliban members in a vehicle just outside of a health clinic where other Taliban members were being treated. In addition to killing and injuring the Taliban members accompanying their injured, the airstrike killed at least two male civilians standing outside the clinic: the driver of the clinic's ambulance and someone who was at the clinic to donate blood. Two health workers of the clinic were also slightly wounded but did not require medical treatment beyond first aid. Three rooms of the clinic, including the emergency room and the guard room, as well as some walls of the clinic, were severely damaged. Many of the clinic's windows and its ambulance were damaged. According to sources, including members of the Afghan national security forces, the airstrike was intentionally targeting wounded fighters (*hors de combat*) of the Taliban being brought to the clinic. Health services did not resume until 2 June.

Intentionally targeting a vehicle transporting wounded fighters constitutes an attack on a medical transport, which is prohibited under international law.

UNAMA is deeply concerned by this incident, not only for its impact on the healthcare facility and workers, but also because it appears to involve intentional targeting of wounded fighters who were *hors de combat*, who merit specific protection from harm and were seeking medical care. Deliberately targeting persons *hors de combat* is a war crime under international humanitarian law. With the airstrike taking place on the premises of a health clinic in close proximity to healthcare workers and patients, this incident raises serious questions as to the Afghan Air Force's respect for the need to take all feasible precautions to avoid harm to civilians and civilian objects. Furthermore, intentionally targeting a vehicle transporting wounded fighters to a medical facility constitutes an attack on a medical transport, which is prohibited under international humanitarian law. Everyone has the right to access healthcare without discrimination, including Taliban fighters. UNAMA urges the Government of Afghanistan to conduct a thorough investigation into this incident, take accountability measures where relevant, and engage in robust 'lessons learned' exercises, with clear recommendations on how to prevent such harm from happening in the future.

Threats to healthcare workers and looting of medical supplies

UNAMA documented two incidents during the period under review attributed to the Afghan national security forces in which they intentionally interfered with healthcare services through threats and the looting of medical supplies.

On 26 April, in Nangarhar province, Khogyani district, Afghan National Border Force (ANBF) soldiers arrived at the Khogyani public hospital with wounded soldiers while shooting in the air. Doctors provided treatment to the injured ANBF soldiers who were hurt in a Humvee accident, but when ANBF demanded that the doctors wash the dead body of a killed ANBF soldier, they refused as it was not part of their regular medical duties. In response, the ANBF threatened to shoot the doctors. The district governor of Khogyani reportedly verbally re-

primanded the local ANBF commander, but UNAMA is not aware of any further accountability measures that were taken.

On the same day in Balkh province, Zari district, at a check-post, the Afghan National Army (ANA) stopped two commercial trucks and looted their medical supplies they were transporting for a local NGO, intended for a clinic in Zari district centre. The ANA accused the NGO of supporting the Taliban with medical supplies.

UNAMA emphasises that deliberate threats to healthcare personnel and the looting of supplies interferes with the provision of important services, and therefore compromises the right of all people of Afghanistan to the highest attainable standard of health.

Attack against maternity ward in a Kabul hospital by unknown gunmen and the need for an effective investigation

The deadliest attack against healthcare that occurred during the period under review was carried out by undetermined Anti-Government Elements on 12 May, targeting civilians in a maternity ward of a Kabul hospital. On that morning, allegedly, three attackers wearing Afghan national security forces uniforms and armed

with AK-47s and hand grenades, attacked in the Dasht-e-Barchi area of Kabul. After shooting and killing a security guard at the hospital entrance, they entered the hospital and headed directly to the maternity ward, moving systematically from room to room. There were 28 women in the ward at the time. The attackers fired

on patients and threw hand grenades. As a result of the attack, 24 people were killed, including 19 women and three children,³⁵ and 23 more were injured, including 12 women, two children and one newborn. A female healthcare worker was amongst those killed in the attack. The Afghan National Police's Crisis Response Unit evacuated more than 90 people from the hospital, preventing the civilian casualty toll from rising even higher.

According to Médecins Sans Frontiers (MSF), who operated the maternity ward, amongst the killed were 15 mothers, five of whom were in labour at the time of the attack. On Twitter the same day of the attack, the Taliban denied responsibility.³⁶ No group has since claimed responsibility for the incident. The Government established a high-level delegation to investigate the incident, who visited the scene and met with eyewitnesses and some relatives of victims. In a statement published on 3 June, MSF noted that they had not been approached in relation to the investigation into the incident, raising questions as to the robustness of the investigation efforts.³⁷ On 15 June, the organization announced its decision to end activities and withdraw from Dasht-e-Barchi hospital, where it had operated

since 2014. MSF noted that the attack had resulted in the deprivation of women and babies of essential medical care.³⁸

UNAMA is deeply disturbed by the senseless violence perpetrated by the gunmen in this incident against members of society – pregnant women, women who had just given birth, and newborn babies – who should be protected the most from armed conflict. The hospital and medical personnel within are primary providers of healthcare and assistance to the civilian population, and as such are explicitly afforded special protections under international humanitarian law. This deliberate attack on healthcare services and civilian patients is a blatant violation of international law and may amount to a war crime. The responsible party behind this attack remains unknown, highlighting the urgent need for an effective, thorough and transparent investigation.

UNAMA encourages the Government of Afghanistan to complete its investigation, publish its findings, and take steps to ensure that the victims and their families, particularly the newborn babies who lost their mothers, are provided with appropriate relief.

IV. OTHER INCIDENTS OF ONGOING VIOLENCE IMPACTING HEALTHCARE

In addition to deliberate attacks on healthcare, healthcare facilities and workers continued to be impacted by generalized violence from the armed conflict, resulting in damage to healthcare facilities, harm to civilians and healthcare workers, and threats to medical transports. UNAMA documented three such incidents during the period under review.

In the first incident, a hospital was damaged given its close proximity to armed clashes. On 24 March, in Takhar province, Dasht-e-Qala district, fighting between the Taliban and Afghan national security forces broke out near a hospital, with both parties using indirect fire. A rocket fired by the Taliban killed a 14-year-old boy and injured three other civilians, including two boys; a mortar round fired by one of the parties landed on the hospital causing tens of thousands of dollars in damage.

The other two incidents resulted from Taliban attacks on Afghan national security forces. On 16 May, in Kabul province, Paghman district, the Taliban attacked an Afghan National Police checkpoint with small arms fire. At the same time, an ambulance with a police escort was driving past. A bullet fired by the Taliban struck the driver of the escort, injuring him, and threatening the safety of the medical convoy as it proceeded to its destination. That

UNAMA remains concerned about the impact of generalized violence on the healthcare sector and reminds parties to the conflict of their responsibility to take all feasible precautions to ensure that medical facilities and personnel are protected from attack

same evening in Farah province, Qala-i-Kah district, the Taliban attacked an Afghan National Police checkpoint, which resulted in an armed clash that lasted almost four hours. During the fight, the Taliban fired rocket-propelled grenades towards the Afghan National Police, which hit an NGO-operated health clinic, located approximately 80 to 100 meters away from the checkpoint. A healthcare worker at the facility, the clinic's cook, and a female patient sustained injuries. In addition, three rooms, the surrounding wall of the clinic, most of the windows and doors were damaged. During the engagement, the Taliban entered the health clinic for shelter, jeopardizing the health and safety of all other patients and healthcare workers in the facility.

UNAMA remains concerned about the impact of generalized violence on the healthcare sector. UNAMA reminds parties to the conflict of their responsibility under international humanitarian law to take all feasible precautions to ensure that medical facilities and personnel are protected from attack, and urges the parties to cease the use of indirect fire in civilian-populated areas, particularly in the vicinity

of healthcare facilities. Parties to the conflict must also refrain from the military use of medical facilities, including for able-bodied fighters to take shelter, as this could lead to the loss of protection of the health facility and put health personnel and the health facility at risk.

VII. RECOMMENDATIONS

UNAMA is gravely concerned that after repeated calls for a general ceasefire or humanitarian pause, the Taliban and the Afghan national security forces have continued fighting – and in the weeks before the Eid ceasefire, increased their operational tempo. Despite a reduction in violence and resulting reduced harm to civilians around Eid, the fighting has subsequently resumed, and at a time when cases of COVID-19 in Afghanistan are increasing.

During the pandemic, UNAMA has documented deliberate attacks on healthcare through an IED attack, abductions and acts of intimidation, an airstrike, and a mass-shooting. UNAMA condemns these unjustifiable attacks, made particularly egregious during a global pandemic when the entire population is facing a multifaceted crisis from COVID-19. The ongoing fighting also continues to

harm healthcare services, demonstrating the failure of parties to uphold their obligation to protect healthcare facilities and personnel from attack. These incidents have caused the further erosion of Afghanistan’s already fragile healthcare services, at a time when all efforts should be focused on increasing capacity, efficiency and support of the healthcare system in Afghanistan, particularly when the demands are increasing.

It is of utmost importance for the protection of the civilian population that the Taliban and the Government of Afghanistan stop the fighting now. At minimum, UNAMA urges the parties to the conflict to urgently act upon the following recommendations to prevent further harm being caused to the people of Afghanistan, from both the conflict and the impact of COVID-19:

The Taliban

- Immediately cease abductions and intimidation of civilians, especially healthcare workers, including staff of governmental and non-governmental organizations; instruct Taliban members to resolve disputes with individuals operating in its territory in ways that comply with international law; and ensure such instruction is communicated by the Military Commission, with the support of the Commission for the Prevention of Civilian Casualties and Complaints;
- Investigate all incidents of abductions of healthcare workers carried out by Taliban members, take accountability measures where required, and publicly report on findings through the work of the Commission for the Prevention of Civilian Casualties and Complaints;
- Immediately cease deliberate attacks against civilian objects, particularly healthcare facilities;
- Cease military use of healthcare facilities;
- Cease the practice of firing mortars, rockets, and grenades in civilian-populated areas, particularly in areas in the vicinity of healthcare facilities, and avoid engaging in hostilities while in the vicinity of, or inside, civilian property.

The Government of Afghanistan

- Immediately cease deliberate attacks on persons *hors de combat* and medical transports, including when in close proximity to healthcare facilities, which has a detrimental impact on healthcare provision more broadly;
- Immediately conduct a comprehensive review of target verification procedures and precautionary measures employed before carrying out airstrikes, with a view to identifying gaps and implementing recommended changes;
- Investigate all incidents of deliberate acts of intimidation against healthcare workers and interference with medical supplies – including incidents attributed to the Afghan national security forces, take accountability measures where required, and publicly report on findings;
- Cease the practice of firing mortars, rockets, and grenades in civilian-populated areas, particularly in areas in the vicinity of healthcare facilities, and avoid establishing checkpoints or engaging in hostilities in the vicinity of civilian property.

Resolute Support

- Maintain its “train, advise, assist” role with the Afghan national security forces to support and improve their compliance with international humanitarian law and prevent civilian casualties.

VIII. ENDNOTES

1. For the period under review in this report (11 March—23 May 2020), no incidents impacting healthcare were attributed to international military forces. All incidents attributed to Pro-Government Forces in this report were carried out by the Afghan national security forces.
2. This report was prepared by the Human Rights Service of UNAMA pursuant to the UNAMA mandate under United Nations Security Council Resolution 2489 (2019) “to monitor the situation of civilians, to coordinate efforts to ensure their protection, [...] to promote accountability, [...] and to assist in the full implementation of the fundamental freedoms and human rights provisions of the Afghan Constitution and international treaties to which Afghanistan is a State party, in particular those regarding the full enjoyment by women of their human rights.” UNAMA undertakes a range of activities aimed at minimizing the impact of the armed conflict on civilians, including children. These activities include independent and impartial monitoring and fact-finding concerning incidents involving loss of life or injury to civilians, advocacy with all parties to the conflict, and initiatives to promote compliance with international humanitarian and human rights law, as well as the laws and Constitution of Afghanistan.
3. UNAMA, Protection of Civilians in Armed Conflict: Q1 Report, (27 April 2020), available online at <https://unama.unmissions.org/protection-of-civilians-reports>.
4. Updated civilian casualty figures and trends will be published in the UNAMA Protection of Civilians midyear report (expected to be released in July 2020).
5. See <https://www.un.org/press/en/2020/sgsm20018.doc.htm>.
6. See <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.
7. See <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-daily-brief-covid-19-no-20-27-march-2020>
8. See the COVID-19 Multi-Sector Humanitarian Country Plan: Afghanistan (24 March 2020), https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/covid-19_multi-sector_country_plan_afghanistan_final.pdf

9. See <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-daily-brief-covid-19-no-47-24-may-2020>
10. See <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-daily-brief-covid-19-no-49-31-may-2020> and <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-daily-brief-covid-19-no-31-9-april-2020>.
11. See <https://www.humanitarianresponse.info/en/operations/afghanistan/document/afghanistan-humanitarian-response-plan-2018-2021-june-2020-revision>.
12. See statements of the Taliban on Twitter ((<https://twitter.com/suhailshaheen1/status/1239594471576256512?s=20>) and on the Taliban website (<http://alemarahenglish.com/?p=33722>).
13. See https://twitter.com/Zabehulah_M33/status/1245559799649099777?s=20
14. See <https://www.un.org/press/en/2020/sgsm20018.doc.htm>; <https://new-york-un.diplo.de/un-en/news-corner/200331-unsc-unama/2329976> (The members of the United Nations Security Council “urged all Afghan parties to heed the Secretary-General’s call for a ceasefire, to reduce violence and to ensure access of humanitarian aid throughout the country is not unduly hindered”).
15. See https://eeas.europa.eu/delegations/afghanistan/77224/press-release-eu-heads-missions-humanitarian-ceasefire_en.
16. See https://www.oic-oci.org/topic/?t_id=23302&t_ref=13970&lan=en
17. The week before Eid, daily security incidents from all sources ranged between 75 and 91 per day, only to drop markedly between 21 and 26 May ranging from 17 to 36 incidents.
18. The Country Task Force for Monitoring and Reporting is the main coordinating structure at the country level for the monitoring and reporting mechanism (MRM) on grave violations against children in situations of armed conflict, established by UN Security Council Resolution 1612 (2005). The Task Force is composed of all relevant UN entities, as well as international and national non-governmental organizations and the Afghanistan Independent Human Rights Commission, and in Afghanistan is co-chaired by UNAMA and UNICEF. Per UN Security Council Resolution 1998, attacks on schools and hospitals, and protected persons, constitute one of the six grave violations against children in armed conflict.
19. 1977 Additional Protocol II to the Geneva Conventions, Article 13(2); ICRC Customary International Humanitarian Law Study, Rules 1 and 7.

20. ICRC Customary International Humanitarian Law Study, Rules 1 and 7; Rome Statute of the International Criminal Court, Article 8(2)(e)(i).
21. ICRC Customary International Humanitarian Law Study, Rules 14 and 156.
22. See Rule 15, ICRC Customary International Law Study and Article 13, Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977.
23. Common Article 3 to the Geneva Conventions of 12 August 1949 (“Common Article 3”); Additional Protocol II, Articles 4(2), 7, 13; ICRC, Customary International Humanitarian Law Study, Rules 1, 6 and 7. Medical staff, medical units and medical transports, whether military or civilian, assigned exclusively to medical duties by parties to the conflict are also protected from attack by international humanitarian law. See Common Article 3; Additional Protocol II, Article 9(1); ICRC Customary International Humanitarian Law Study, Rules 25, 28 and 29. See also Rome Statute of the International Criminal Court (“Rome Statute”), Articles 8(2) (c), (e)(i), (e)(ii).
24. Additional Protocol II, Article 11; ICRC, Customary international law study, Rules 25, 28.
25. Medical facilities or “units” include hospitals, clinics, and pharmacies; medical transports expressly used for conveying the sick and injured are protected. See Additional Protocol II, Articles 11(1), ICRC, Customary International Law Study, Rules 28, 29.
26. Additional Protocol II, Articles 9-11; ICRC Customary international Law Study, Rules 25, 28, 29.
27. Additional Protocol II, Article 11; ICRC Customary international law study, Rules 25, 28.
28. See Additional Protocol II, Article 11(2); ICRC, Customary international law study, Rule 28.
29. “Hostage-taking” is defined by international convention as “the seizure or detention of a person (the hostage), combined with threatening to kill, to injure or to continue to detain the hostage, in order to compel a third party to do or to abstain from doing any act as an explicit or implicit condition for the release of the hostage.” International Convention against the Taking of Hostages, Article 1 (*ibid.*, § 2052). See also ICC Statute, Article 8(2)(c)(iii) (*ibid.*, § 2054); Geneva Conventions, common Article 3 (cited in Vol. II, Ch. 32, § 2046).
30. ICCPR, Article 9.

31. See Universal Declaration of Human Rights (1949), Article 25; ICESCR Article 12.
32. These include any incident of the armed conflict carried out by the parties that directly target an aspect of the healthcare system, such as a targeted attack on a hospital, an abduction of a healthcare worker, or an act of intimidation.
33. UNAMA documented Taliban abductions of healthcare workers in central region (Wardak province), eastern region (Kunar province), southeastern region (Ghazni province), north-eastern region (Takhar province), northern region (Faryab province), and western region (Farah province).
34. At the time of writing, all healthcare workers had been released by the Taliban, the majority of whom were released after mediation by tribal elders
35. Of the 24 people killed in this attack, 23 were civilian. A female ANA sergeant who had come to the health facility to deliver her baby was among the victims who were shot and killed; she is not included in the civilian casualty count due to her status with the Afghan national security forces.
36. See https://twitter.com/Zabehulah_M33/status/1260104288119988225
37. See <https://www.msf.org/fifteen-mothers-confirmed-killed-kabul-maternity-attack-afghanistan>.
38. See <https://www.doctorswithoutborders.org/what-we-do/news-stories/news/afghanistan-msf-withdraws-dasht-e-barchi-hospital-following-attack>.