



YEMEN

**HEALTHCARE UNDER
SIEGE IN TAIZ**

YEMEN: HEALTHCARE UNDER SIEGE IN TAIZ

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CREDITS

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The family of Fakhira carries over her body to a local cemetery, after her house was hit by shelling on July 24, 2015 in Taiz, Yemen.

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INTRODUCTION

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After almost two years of continuous fighting, the medical-humanitarian situation in Taiz, Yemen's third most populous city, is extremely dire and only seems likely to further deteriorate. Shelling, airstrikes, crossfire, landmines and snipers are consistently injuring, maiming and killing local residents, while access to lifesaving healthcare has become increasingly limited.

Since the conflict escalated in March 2015 when Ansar Allah (Houthi) forces allied with former President Ali Abdullah Saleh ousted President Abed-Rabbo Mansour Hadi's government in Sanaa and continued advancing south, the Saudi-led coalition started its aerial campaign in Hadi's support. Médecins Sans Frontières/Doctors Without Borders (MSF) has treated over 55,000 war-wounded in Yemen to date, with over 10,700 of them coming from Taiz.

There has never been more than a feeble lull in fighting in Taiz since the war reached the city. Even during periods of peace negotiations and ceasefires, the level of violence continued or even increased. The direct and deadly impact on the population is as obvious as it is appalling. An unacceptably high proportion of the war-wounded are women and children.

The city, once Yemen's cultural hub surrounded by tall mountains and hills, has shrunk to a third of its pre-war population size. Yet it is still a densely populated urban warzone where 200,000 people live amidst constant heavy artillery shelling, daily airstrikes and armed clashes. The so-called Resistance – a myriad of different groups united not in their loyalty to Saudi-backed President Abed-Rabbo Mansour Hadi but in their opposition to the Ansar Allah (Houthi)

and former President Ali Abdullah Saleh-allied forces – hold the city centre surrounded by Houthi/Saleh forces. Streets in the city centre now known as the 'enclave' are controlled by different armed groups who frequently clash among themselves. Shells are launched into and out of the city centre while the movement of people and goods in and out is severely restricted and tightly controlled.

None of the warring parties in Taiz show any respect for the protection of civilians. Our patients and their caregivers, on both sides of the frontlines around the city, have reported being injured by shelling while preparing lunch at home, wounded by airstrikes while walking to their fields, shot at by snipers while walking the streets outside their houses, and maimed by landmines while herding their livestock.

Medical services have also been caught up in the violence. Hospitals have been repeatedly hit by shelling and gunfire, one clinic has been hit by an airstrike, and ambulances have been shot at, confiscated or intruded in by armed men. Medical personnel have been shot at on their way to work, harassed, detained, threatened and forced to work at gunpoint. Many health workers take great personal risks working in Taiz, and many fear for their lives while at work.

This report focuses on the direct impact of the war on the population of Taiz, the collapse of the health services in the divided city and the human suffering of the war on the population as observed by MSF teams in Taiz. The report also highlights the serious lack of respect for the neutral and protected status of the medical mission. MSF is working on both sides of the frontlines in Taiz, running a trauma centre for war-wounded and other injured as well as a mother and child hospital in Al-Houban neighbourhood. It also supports departments in four hospitals inside the city centre, at Al Thawra, Al Jomhori, Yemeni Swedish and Al Rawda hospitals - two of them for emergency treatment of the wounded and the others supporting maternal and pediatric healthcare.



The family of Fakhira prepares her body for burial after her house was hit by shelling on July 24, 2015 in Taiz, Yemen.

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The family of Fakhira carries over her body to a local cemetery on July 24, 2015 in Taiz, Yemen.

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The family of Fakhira prays over her body in a local mosque on July 24, 2015 in Taiz, Yemen.

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The son of Fakhira mourns as his family buries his mother in a local cemetery on July 24, 2015 in Taiz, Yemen.

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**INDISCRIMINATELY
MAIMING AND KILLING
CHILDREN AND OTHER
CIVILIANS**

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“On Wednesday 23 November, we received many severely injured or dead due to shelling into the city. Amjed, 17 years old, was killed by shrapnel, which cut his abdomen open so his intestines came out. Mohammed, six years old, was killed by a gunshot in the chest near to the heart. Salah, 18 years old, was killed by shrapnel in Almaatebyah neighborhood, and Ahmed, 16 years old, was killed by shrapnel in Aldomainah area.”

Doctor in the Emergency Room (ER), Taiz City Centre, 26 November 2016.

Since May 2015, MSF-run and -supported facilities in Taiz city have treated over 10,700 patients suffering from violence-related injuries. Doctors and nurses see open gashes and cuts made by fragments from shells or other explosives, bones that are broken – often open fractures – by bullets, severe burns caused by explosions from airstrikes or shelling, and limbs completely torn off after mine blasts. Some patients are already beyond help when they arrive, with excessive bleeding or immediate and irreparable head injuries or damage to vital organs.

During the twenty months of medical work in Taiz, MSF has seen a consistently high number of war-wounded, as activities have been scaled up, and as fighting has shown no sign of pausing, even during the announced country-wide ceasefires. For October, November and December 2016, a total of 1,752 patients have been treated. Many of the victims seen are not engaged in fighting – they are civilians. Over the past three months, 24% of patients with violence-related injuries were children (319) and women over 18 years old (107).

Such direct and serious harm to civilians has become the rule, rather than the exception. The different parties to the conflict in Taiz are failing to meet their obligation to protect civilians. Every week, MSF managed- and -supported health facilities receive civilian victims of war. The following are only some of the many grave examples:

Following heavy clashes on 18 August, an MSF-supported hospital in Taiz city centre received six children, the youngest of whom was only three months old, and four women. Four of the children and one woman were from the same family, whose house had been hit by shelling.

“We were at home preparing lunch when it happened. My eldest daughter, who is 20 years old, was going to go outside to get some food, and I was just about to breastfeed my three-month-old. My eldest son – he’s 18, my 11-year-old daughter and my 10-year-old son were waiting in the living room. The eldest son was sitting closest to the door. Our house was hit by shelling – the rocket entered our house through one of the windows next to the door. There was a big blast. My eldest son was bleeding badly from his head, the 11-year-old had injuries on her face and the 10-year-old on his arm, his leg and his shoulder, while my eldest daughter was wounded on her left hand. I broke my left arm and also had some wounds on my left leg. My husband borrowed our neighbours’ car to get us all to the nearest hospital. From there, I was sent here for surgery. Even before they told me, I felt that my eldest son had passed away. I never got to say goodbye.”

Woman, 42 year old, in-patient department, Al-Thawra hospital, 19 August 2016.

In late September, the MSF trauma centre in Al Houban neighbourhood received four wounded children between the ages of eight and 18, all suffering from injuries caused by shrapnel. Two of them had to be referred to the MSF-supported hospital in Al-Qaida, Ibb for surgery. One of our doctors recalls that day: “There had been an exchange of shelling that morning. The wounded came in around 11am. The eight-year-old was badly wounded, he had an open wound in his head and multiple small wounds all over his

body, arms, legs ... We had to refer him. He came back here a week ago to change the dressings. He is doing fine now.” – MSF doctor, Al-Houban Trauma Centre, 27 October 2016.

On 29 September 2016, the MSF trauma centre in Al-Houban received four war-wounded women and one child. Two of the women and the child were injured by a bomb blast, while the other two had gunshot wounds. On 29 October, following shelling and airstrikes in different locations of Taiz, MSF received five children and five women suffering from various blast injuries including burns, open wounds and fractures. Patients from one of the locations hit by an airstrike said they had been on their way to their fields to harvest their crops when they were injured.

On 17 November, on the first day of a newly announced ceasefire, MSF-managed and –supported hospitals on both sides of the frontlines received a total of 76 wounded and 21 dead after heavy clashes, including shelling and airstrikes. Ibrahim, an MSF staff member working at the trauma centre in Al-Houban, off-duty at the time, was one of several killed when a shell hit a local market. Thirteen of the war-wounded were children under 18, and two of them were under five years old.

Gunshot wounds from sniper fire are also common among civilians. Judging from where the bullet hit the victim, many appear to have been shot at directly and deliberately.

“A 30-year-old woman was brought here by her brother. She had been walking in the street and was shot from above. The entry wound was in her neck and the exit wound in her back, lower down. We stabilised her and referred her to the MSF-supported hospital in Ibb.”

MSF doctor, Al-Houban, 27 October 2016.

“Today we received a six-year-old boy, Zaidan, who was shot in the hip by a sniper in the city centre, near the old airport. [...] It was very quiet in that area today, no heavy clashes like before.”

ER Supervisor, Taiz city centre, 19 November 2016.

Many civilians have also been injured or killed after stepping on or driving over mines. Many people hurt by mines are killed on the spot or die before they reach the hospital.

“Yesterday we received the body of a young boy, nine-years-old, maimed by a landmine. His family said he was in the hills herding their sheep when he stepped on it. His body arrived in pieces. Both his legs were separated from the torso by the blast. He must have been killed instantly.”

Supervisor, Taiz city centre, 14 November 2016.

Several MSF staff members have lost relatives and friends. An MSF midwife lost five family members when a missile hit the family home as they celebrated her uncle’s wedding in September 2016. “It was after lunch and all the women were on the third floor. I was washing dishes in another building. Everything was very calm but then suddenly a mortar hit the house. It killed my aunt, my grandmother, my uncle’s wife and two of my cousins. My aunts’ two-month-old baby was also in that room but he survived.”

“A friend of mine – an ear, nose and throat doctor working at a private hospital – had to leave his house because there was so much shelling in his neighbourhood. When he ran out into the street, he was hit by a bullet that passed through his stomach. He was taken to a hospital where he passed away. A laboratory technician I know died when a mortar hit his house while he was sleeping. A dentist friend of mine also died after shelling. Everyone is afraid, but what can we do? We need to continue working.”

MSF doctor and supervisor, MSF Mother and Child hospital, 19 October 2016.

ACCESS TO HEALTH CARE IN TAIZ, YEMEN

Access to healthcare remains very limited, with only a few functioning health facilities in Taiz. Access in and out of the city remains restricted and dangerous for both patients and humanitarian actors.

Barriers to access



Hospitals on the frontlines

MSF is running lifesaving medical activities on **BOTH SIDES** of the frontlines in Taiz, where most health facilities are closed or Partially functioning.



In Al Houban neighbourhood, MSF runs a Mother and Child hospital, and a trauma centre.



In the city centre, MSF supports four different hospitals.

In 2016
MSF ambulance movements



2263

CONTINUED FIGHTING IN TAIZ, YEMEN

The situation in Taiz, remains critical, with some of the heaviest ongoing fighting in the country. Ground fighting and airstrikes intensified in August 2016, further worsening the situation of people residing there.

War-Wounded

MSF-run and -supported hospitals in Taiz have treated more than 10,706 War-wounded since January

10,706



1,088
In November 2016 alone

In one day, on 17 November,

113
war-wounded were treated in MSF supported hospitals.

Injuries caused by



Injured minors

Minors caught in the conflict

130

wounded from July 2016 - December 2016

Insufficient supplies

Hospitals lack



to treat the wounded and the sick

Yusuf, 2, lies on a hospital bed in Taiz, Yemen, receiving emergency care for shrapnel wounds to his neck. MSF and Yemeni medical teams are providing emergency treatment to people wounded in the 02 December 2015 Saudi-led Coalition airstrikes that targeted the MSF clinic.



International Humanitarian Law (IHL) obliges military commanders to make a clear distinction between combatants and civilians, and between military and civilian targets. When preparing and carrying out attacks, commanders are obliged to take precautionary measures to limit their possible detrimental effects, to ensure that they are not indiscriminate and that the incidental harm on civilians is proportionate to the concrete and direct military advantage anticipated. In Taiz however, all warring parties are failing to uphold these principles, as the indiscriminate shelling into densely populated areas and the snipers' targeting of people who cannot be mistaken for combatants clearly demonstrates.

LIFE-SAVING CARE – THE DILEMMA OF WAR-WOUNDED IN TAIZ

“Our patients face great difficulties in accessing healthcare. They put their lives at risks when they travel to the hospitals. Sometimes patients have been killed or die of their injuries on their way here.”

ER nurse, Taiz city centre, 22 October 2016.

“People needing care have only two options: Stay in their houses and bleed to death, or take the risk and come to the hospital to save their lives. They don't feel safe.”

ER supervisor, Taiz City Centre, 22 October 2016.



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Reaching life-saving emergency healthcare in Taiz is complicated and dangerous, and the danger is heightened by the fact that the warring parties are showing inadequate respect for the protection of civilians. Lives are lost not only because of the drastic reduction in functioning facilities but because the fighting directly compromises access to healthcare. The wounded are dying because they cannot reach hospitals in time. Access to care is compromised by active frontlines, checkpoints and, in some areas, mines. The wounded and sick are afraid to move, fearing getting caught in crossfire, being directly targeted by snipers or heavier weaponry, or driving over a mine. Traveling at night is considered extremely dangerous, and the wounded sometimes wait for daybreak even if in urgent need of care. Finding suitable transportation can also be a challenge. Given a lack of ambulances, transportation costs are high and drivers are reluctant to move.

"Another woman was brought here by her husband. She had been shot in the thigh. She came 12 hours after she was shot. Her husband was not there when it happened and they could not get an ambulance. They had wrapped her leg and waited. Luckily she did not bleed much but she was unconscious when she arrived. We stabilized her and transported her to the MSF-supported surgical hospital in Al-Qaida town, 30 minutes from here."

MSF doctor, Trauma Centre, 27 October 2016.

"It is difficult for the injured to find an ambulance, and most of the patients are not transported in a proper way. Some of the patients were held in their arms and legs and taken to the hospital on motorcycles. Some of injuries are simple, but due to the way they are taken here, they arrive to the hospital with complications in the back-bone and the neck."

ER doctor, Taiz City Centre, 26 November 2016.

Reaching the few hospitals still functioning not only entails long, costly and dangerous travel, but the cost of treatment is often prohibitively expensive. While MSF-supported and managed hospitals do not charge for treatment, they cannot alone meet the massive needs of a population deliberately targeted in this relentless war.

NO RESPECT FOR THE PROTECTED AND NEUTRAL STATUS OF HOSPITALS

“Do I feel safe working in the hospital? I never feel safe, not even one per cent. There is no respect for health facilities. Our hospital has been targeted and shelled many times; they shelled the roofs of the hospital, the fuel tank, the maternity department, and the western section of the hospital. The shelling is causing a lot of distress, both among the staff and the patients.”

ER supervisor, Taiz city centre, 22 October 2016.

Providing medical care in Taiz is complicated and dangerous. Medical personnel on both sides of the frontlines are taking great personal risks to carry out their work. Getting to and from work and working at the hospitals can be unsafe. Over the last 20 months, shelling and gunfire has killed and injured several medical staff both within and outside of hospitals. In October 2015, Houthi/Saleh shelling damaged the ER at Al Thawra hospital in the city centre, injuring nine health workers. In December 2015, Saudi-led Coalition airstrikes hit a MSF clinic in a residential neighbourhood in Al-Houban, killing one person and injuring eight others, including an MSF health educator and an MSF guard.

Armed actors demonstrate little respect for the protected, neutral space of health facilities. In addition to shelling, airstrikes and gunfire in close proximity to or even directly aimed at hospitals, armed groups have positioned military weaponry immediately next to functioning hospitals, while the presence of fighters directly outside or inside hospital compounds dramatically increases the risk of incoming fire.

“The hospital was occupied by militants for some time. It was used as a military base. Departments and equipment were destroyed.”

ER nurse, Taiz city centre, 22 October 2016.

“There were several snipers in a tall building next to the hospital. They kept shooting at caretakers inside the hospital. They also shot at medical staff. One of our doctors was shot in the shoulder.”

ER supervisor, Taiz city centre, 22 October 2016.

MSF regularly witnesses armed intrusions as well as threats and harassment of medical staff by military personnel and other armed men in the facilities we manage or support. Soldiers frequently barge into ERs with their wounded comrades, demonstrating little respect for triage rationales or limitations of medical care. In October 2016, a surgeon in an MSF-supported hospital in Taiz city centre was forced to operate at gunpoint. Members of the medical staff have also been detained and intimidated. In November 2015, a medical technician was stopped at a checkpoint and detained for around a month when soldiers found his hospital ID card. He was released only after relatives paid bail. Other medical personnel, including the director of a specialised centre, have been detained for shorter periods of time, on at least one occasion along with medical supply.

RESPECT FOR INTERNATIONAL HUMANITARIAN LAW (IHL) IN YEMEN

Protection of civilians

The parties to the conflict must at all times distinguish between civilians and combatants. Attacks must not be directed against civilians.



Access to humanitarian assistance

All parties to the conflict must allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need.



Access to healthcare

The wounded and sick must be able to receive unhindered access to medical care.



Medical facilities, personnel, patients and ambulances must be respected and protected in all circumstances.



IMPACT OF WAR ON HEALTH IN TAIZ, YEMEN

The conflict has an indirect impact on several health issues, like mother and child health. MSF is treating malnourished patients and many pregnant women and newborns are coming very late to the MSF Mother and Child hospital (MCH) in Al Houban, Taiz.

Mother & Child Hospital

Malnutrition



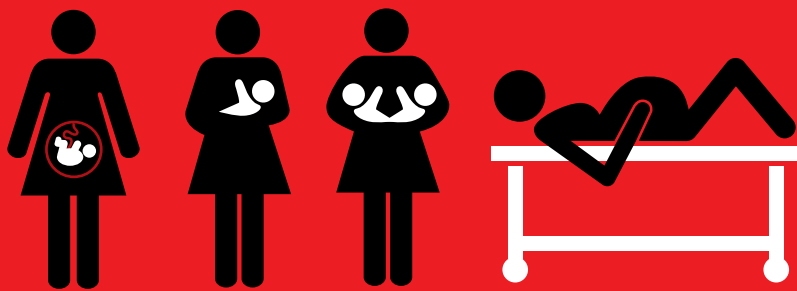
Patients treated



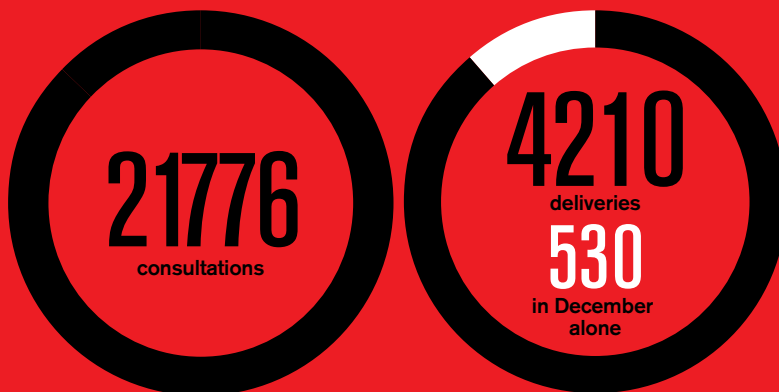
January 2016 – December 2016

2106 admitted for malnutrition treatment at the ATFC.

Maternal and child health



Patients treated



January 2016 – December 2016

21776 prenatal consultations.

January 2016 – December 2016

4210 deliveries. In December 530 deliveries took place in the MCH.

An overview of Taiz during an airstrike. The situation in Taiz is extremely tense, with fighting continuing between different armed groups.



“

Our street in the city was surrounded by militias. There was fighting with tanks and heavy weapons. There was a lot of shelling and gunfire. We faced death. We didn't have time to take anything, just some clothes and some important papers.

”

“I don't feel safe. At the moment there is shelling targeting a neighborhood very close to the hospital. Moreover, there is a lack of security when we receive a war-wounded patient and we don't have the capacity to do surgical operations. We are afraid of the reactions from the gunmen and caregivers.”

ER medical staff, Taiz city centre, 26 November 2016.

“The hospital has been targeted directly since the beginning of the war, so we are suffering from fear and panic. We don't feel safe as long as the hospital is subjected to shelling. Three weeks ago, the roof of the staff building inside the hospital compound was hit by a mortar. There have also been several gunmen entering, but so far we have been able to manage their anger and solve those situations.”

ER supervisor, Taiz city centre, 22 October 2016

Clearly marked ambulances have also been attacked, forcefully taken or intruded into by armed men. In the early stages of the fighting in Taiz in April 2015, medical staff told MSF that armed men attacked an ambulance while the medical personnel

were on their way to collect wounded. A nurse was killed and the driver was injured. In June 2015, an ambulance was shot at while it was collecting wounded and dead, with the ambulance damaged to the extent that it was unusable. Ambulances have also on several occasions been taken and used by armed men. Most recently, in July 2016, armed men forced their way into the compound of an MSF-supported hospital in the city centre and took the ambulance. In October 2016, an armed man entered an MSF ambulance in al-Houban neighbourhood by force and fired shots in the air from the ambulance window before being convinced to leave the vehicle. In October 2016, an ambulance drove over a mine, killing two people injuring three. Ambulances are mostly allowed to pass checkpoints, but have on some occasions been stopped. In May 2016, an ambulance carrying a patient in critical condition was held at a checkpoint for more than one hour.

Getting to and from the hospitals can be as dangerous for medical personnel as it is for patients. Sniper fire, shelling, airstrikes and crossfire are risks medical workers face every day. Moving around the city or crossing frontlines is complicated and can be very dangerous.

"I was on my way to work one morning, two weeks ago. To get here I walk 20 minutes and then I take a bus. I was walking down a street when I heard a gunshot. Then there was a second shot, which passed my head and hit the wall right behind me, so bits of concrete flew into my face. I was very scared because I knew that if I was hit then, with the sniper there, no one could reach me, pick me up and take me to the hospital. When I came to work, I was still very shaken. Now, I have changed the streets I take to get here. The snipers shoot at everything that moves. They even shoot the dogs."

MSF health educator, Al-Houban, 19 October 2016.

In some hospitals, personnel have at times both lived and worked for prolonged periods in the hospital building, only exiting if absolutely necessary. Many staff members are displaced themselves, and have chosen to stay closer to the hospital they work in to have easier and safer access. Many medical workers living inside the city centre now live in the hospitals permanently and rarely get to see their families.

"I was living in the hospital two months ago and the hospital was shelled and targeted with mortars many times. All windows were broken as a result of shelling and my colleagues and I were jumping from our beds in fear."

ER Nurse, Taiz city centre, 22 October 2016.

"Our street in the city was surrounded by militias. There was fighting with tanks and heavy weapons. There was a lot of shelling and gunfire. We faced death. We didn't have time to take anything, just some clothes and some important papers. My two brothers, sister, parents and I all fled together. We first stayed at my uncle's place for one and a half months, but then there were clashes in that area too. So we moved to our grandparents in the countryside. We stayed there nine months and then I got a job here with MSF. Now my parents and I are living close to the hospital, with some friends. My brothers are in Sanaa."

MSF doctor, Mother and Child Hospital, 25 October 2016.

In mid-November, several MSF staff members were not able to reach the Mother and Child Hospital for almost a week due to heavy fighting close to the facility.

PROTECTION OF CIVILIANS AND THE MEDICAL MISSION

In situations of conflict, humanitarian law grants a special status and specific protection to medical services – medical units, transportation and personnel. Medical units – hospitals, clinics, pharmacies, laboratories, and other medical centres – are protected under humanitarian law from destruction, attacks, and requisitions. Civilian hospitals that are organised to provide care for the wounded, the sick, the infirm, and maternity cases may in no circumstances be the object of attacks. They must be respected and protected, at all times, by the parties to the conflict. Medical transportation – the means of transportation of medical personnel, wounded or sick, and medical supplies – must be respected and protected, and may not be attacked. Medical personnel must have access to any place where their services are essential to collect and care for the wounded and sick. These humanitarian laws are based on the agreed notion that civilians and wounded and sick combatants are not part of the conflict and must as such be protected. As such these laws protect the most vulnerable (sick and wounded) and the medical personnel taking care of them.

A multitude of provisions aim to protect members of medical personnel in the exercise of their functions. They must be respected and protected at all times, in all circumstances, and no one may require that they give priority to any one or group of persons, except on medical grounds. Members of medical personnel may not be punished for activities carried out, no matter what the circumstances may have been and regardless of the person benefiting from their actions, as long as these were compatible with medical ethics. No one may ever be harassed for having collected and given care to wounded or sick persons.

Medical personnel may not be compelled to carry out acts contrary to the rules of medical ethics or to breach doctor–patient privileged confidentiality.





**HEALTHCARE IN TAIZ:
COLLATERAL DAMAGE
OF THE WAR?**

3

“We couldn't travel at night because of the snipers, so we left at five this morning. Malia was in pain, maybe already in labour, and we decided we had to go. We paid 20,000 Rials (US\$80) to the driver of a 4x4 vehicle to take us to the nearest city. We borrowed money from some of our neighbours to pay for it. There are a lot of landmines around our village, so we couldn't take the main road. We had to take the unpaved roads, which took twice as long – one hour instead of 30 minutes. When we arrived, we tried two private clinics and one private hospital, but none agreed to see her. Then we went to a public hospital, where they gave her some injections. When she lost consciousness, they said she had to go to the MSF hospital. We came here in the public hospital's ambulance, but we had to pay 10,000 Rials (US\$40) for it.”

When Malia arrived at MSF's Mother and Child hospital in Taiz that day in October 2016, she was in a coma. She was suffering from eclampsia, a serious condition which can affect pregnant women, and had had a seizure. Both Malia and her unborn baby could have died. But they arrived just in time. Malia had a vacuum-assisted delivery, and both mother and child survived. Malia's uncle shared her story with MSF.

Malia's story shows some of the barriers pregnant women and the sick and injured face when they urgently need to see a doctor. All too often, the result is that they do not arrive at health facilities until the very last minute – and sometimes when it is already too late.

“The only patients who come to our emergency room at night are dreadfully ill. People say that car headlights can attract sniper fire or other attacks, and that the risks of being caught in crossfire increases, so they normally avoid moving after dark.”

Paediatric doctor, MSF Mother and Child hospital, Taiz, 21 October 2016

Many people have no functioning or affordable health facilities near their homes. In order to reach a hospital safely, avoiding active frontlines and landmines, the sick and wounded may be forced to take long detours, extending their journey time by several hours. Private cars – even those carrying a sick person or pregnant woman – often need to wait in line at the numerous checkpoints set up on the roads, causing further – potentially life threatening – delays.

Twenty months since fighting started in Taiz, the city's health services have largely collapsed – the result of physical damage to hospitals and of shortages of staff and medical supplies. At the same time, people's living conditions have deteriorated and the price of essentials, including food and water, has soared. This has had a major effect on the city's residents, particularly the most vulnerable, such as pregnant women, young children and people with chronic diseases. This report describes the collapse of health services in Taiz and its consequences on its population, as witnessed by MSF teams providing healthcare on both sides of the frontlines.

MSF IN TAIZ

In Taiz, MSF teams provide medical care to people injured by violence, and mother and child healthcare on both sides of the frontlines.

In Al Houban neighbourhood, near the city centre, MSF has been running a trauma centre for war-wounded and other injured and responds with ambulances to mass casualty incidents in the immediate area and beyond.

In the city centre, MSF supports the emergency rooms of Al Thawra and Al Rawda hospitals for emergency treatment of the wounded.

MSF's Mother and Child hospital in Al Houban has been, since November 2015, providing free healthcare to pregnant women and children under five, as well as emergency care to children under the age of ten. The 108-bed hospital is the only facility in the area providing free healthcare to these groups of patients. Patient numbers are rising, with more than 400 deliveries a month in October, increasing to 530 deliveries in December. Many patients are now coming from well beyond the immediate area.

In Taiz city centre, MSF has been supporting the 30-bed maternity unit of Al Jomhori hospital since March 2016, and paediatric and neonatal services in the Yemeni Swedish hospital since May 2016. MSF also organises referrals between hospitals in the city centre, and between its Mother and Child hospital and hospitals in Ibb.

MSF outreach teams working in areas on both sides of the frontlines are involved in monitoring potential disease outbreaks, active case finding, tracing patients who default from their treatment, health promotion, responding to emergencies and referring people for hospital treatment. MSF also provides ad hoc donations of drugs and medical supplies to a number of health centres and hospitals.

In 2016, teams at MSF's Mother and Child hospital and at the MSF-supported maternal departments in Taiz assisted more than 5,300 births. MSF teams in Taiz provided more than 31,900 antenatal consultations throughout the year, and over 2,600 postnatal consultations. Since the conflict erupted in Taiz almost two years ago, MSF has helped treat over 10,700 war wounded patients. independently assessed needs.





DESTROYING HEALTHCARE

“Most of the other health facilities have closed, so we are facing increasing pressure and have a lot of work. We receive many patients, as we provide free services, and we are pushing our capacity to the limit. We do not have enough space: there are shortages of beds in the inpatient department, the emergency room, the emergency surgery ward and the internal medicine ward. We lack specialist medical staff, and there are not enough surgeons to carry out operations and follow up on the patients. Our hospital has not received funding since the beginning of the war, and we lack oxygen, antibiotics and many other things. We are frustrated and depressed because we cannot save our patients’ lives and we watch them die in front of our eyes.”

Emergency room supervisor, Ministry of Health hospital, Taiz city, 22 October 2016.

People’s lives are being lost not only because of the constant shelling, indiscriminate airstrikes and gunfire, but also because there are simply not enough functioning medical facilities to meet their needs. Taiz’s population’s economic situation and health profile are significantly worse than when war engulfed the city in April 2015. Today, there are no public hospitals in Taiz city and its surroundings that are fully open and functioning. Four of the five public hospitals are partially open, but none are able to provide the same level of services as before the conflict. Of the 31 private hospitals in the area, 15 are closed and five are only partly open, offering specialised services with limited capacity.

The few health facilities still open are mostly small private ones, and the cost of treatment puts them out of reach to many. Most people have lost their jobs, and prices have increased tremendously over the past 22 months of fighting. Higher fuel prices have also raised transport costs and many people living in rural areas can ill afford the cost of getting to hospital. Many patients report having to borrow money from



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Our patients face great difficulties in accessing healthcare. They put their lives at risks when they travel to the hospitals. Sometimes patients have been killed or die of their injuries on their way here.

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family, friends and neighbours or to sell their belongings to cover hospital expenses and transport costs.

Before the current war, a major part of the health services in Taiz was provided by private health facilities. The remainder was covered by public health facilities, and while these charged fees for their services and for medication, they were generally affordable for most people. Similarly, while people living in rural areas had to travel relatively long distances to access healthcare, transport was available and affordable. The large public hospitals – Al Jomhori, Al Thawra and Yemeni Swedish, all located in Taiz city centre – were used by people



A child patient and her mother with a nurse in MSF mother and child hospital in Al-Hoban area. The family was internally displaced because of the intensive fighting in Taiz.

from across the whole governorate. For specialised paediatric care, patients also came from neighbouring governorates to the Yemeni Swedish hospital, regarded as the best paediatric hospital in the region.

Since the war started, however, there have been active frontlines around and in Taiz city. As a result, access to all these hospitals has been effectively blocked for people living outside the city centre. For those inside, crossing the frontlines to get out of the city centre is extremely difficult, preventing patients in need of specialised care from being referred to hospitals in other governorates.

“Twelve days ago, we received a one-month-old girl, Barra, in a very bad condition. She had problems breathing and saliva was running from her mouth. We examined her and found out that she was suffering from a heart disease. She needs specialised surgery that we cannot do here. It is only available in Sana'a. But, because of the clashes along the frontlines around the city, we cannot get her there. So now she and her mother are here in the hospital, only waiting and praying.”

Emergency room supervisor, Yemeni Swedish Hospital, 15 November 2016

Shelling, gunfire and airstrikes have severely damaged hospitals and stopped them from functioning fully. In some hospitals, the damage is so extensive that rooms or entire floors are closed. In one hospital, the orthopaedic ward was left so damaged by shelling that it is unusable. In another, only the first floor and three rooms on the second floor are still usable, while the third is out of action entirely due to shelling damage. Vital hospital infrastructure, such as water tanks, water pipes, ventilators and fuel tanks, has also been hit and damaged, as well as specialised lifesaving equipment such as incubators, monitors and dialysis machines. As hospitals close down and the security situation shows no sign of improving, most of the health staff able to flee have done so. Some have left the country, while others have left to work in relatively safer governorates.

"I remember when I was working in hospital in the city centre, there were so many gunshots and shelling that it became normal to us. Once, a bullet hit the glass of one of the incubators in the neonatal department, next to a nurse who had just fed the newborn in it. The bullet landed right next to the baby."

Nurse, previously working in Taiz city centre, 22 October 2016

Parties to the conflict are destroying Taiz's health system through airstrikes, shelling and by compromising the protected and neutral status of medical facilities. At the same time, they are strangling it by actively preventing medical supplies from getting through, and by failing to prioritise paying the salaries of medical staff. More than one million civil servants nationwide, including public health staff, have received no wages since August 2016, often depriving whole extended families of their only remaining source of income, and further contributing to the decline of healthcare provision.

For the few medical staff who remain in Taiz governorate, some have taken jobs in private hospitals, where at least they will be paid, while others have opened their own private clinics in areas less affected by the fighting. Some work in private hospitals, to receive a salary, while also working unpaid shifts at public hospitals. There is a particularly acute lack of specialist

medical staff, as the majority left Taiz early on in the conflict. Even before the war, most specialists worked in private hospitals, where the pay was significantly higher.

"The medical situation is very bad – it's worse than you can imagine. We lack medical and technical staff, medical equipment, basic drugs for children of all ages, hygiene materials, spare parts for incubators, fuel for generators, and ambulances. There is also a shortage of clean water."

Emergency room nurse, Taiz city centre, 22 October 2016

In Taiz city, MSF employs more than 375 Yemeni staff and pays incentives to almost 200 Ministry of Health staff, but on its own it cannot meet the growing medical needs of people surviving in a violent and difficult environment.

OBSTACLES TO HEALTHCARE PROVISION

Hospitals in Taiz are desperately in need of supplies, but getting deliveries to them is very difficult. The facilitation of moving humanitarian supplies from Sana'a to Taiz city centre is extremely limited by the Houthi authorities, causing major delays for humanitarian operations. On several occasions, humanitarian and medical aid has been denied or delayed from entering both the city centre and surrounding areas.

Hospitals lack essential medicines and basic supplies such as oxygen and fuel for generators. Fuel and oxygen are usually available on the local market, but hospitals rarely can afford to buy them.

"There is a lack of medical supplies in general, but specifically we lack drugs for the intensive care unit, anaesthetic drugs, intravenous fluids and some laboratory solutions. We also lack oxygen and fuel to run equipment in the intensive care unit, the lab and the operating theatre. Of course, this affects the quality of the care we can provide patients and can lead to complications."

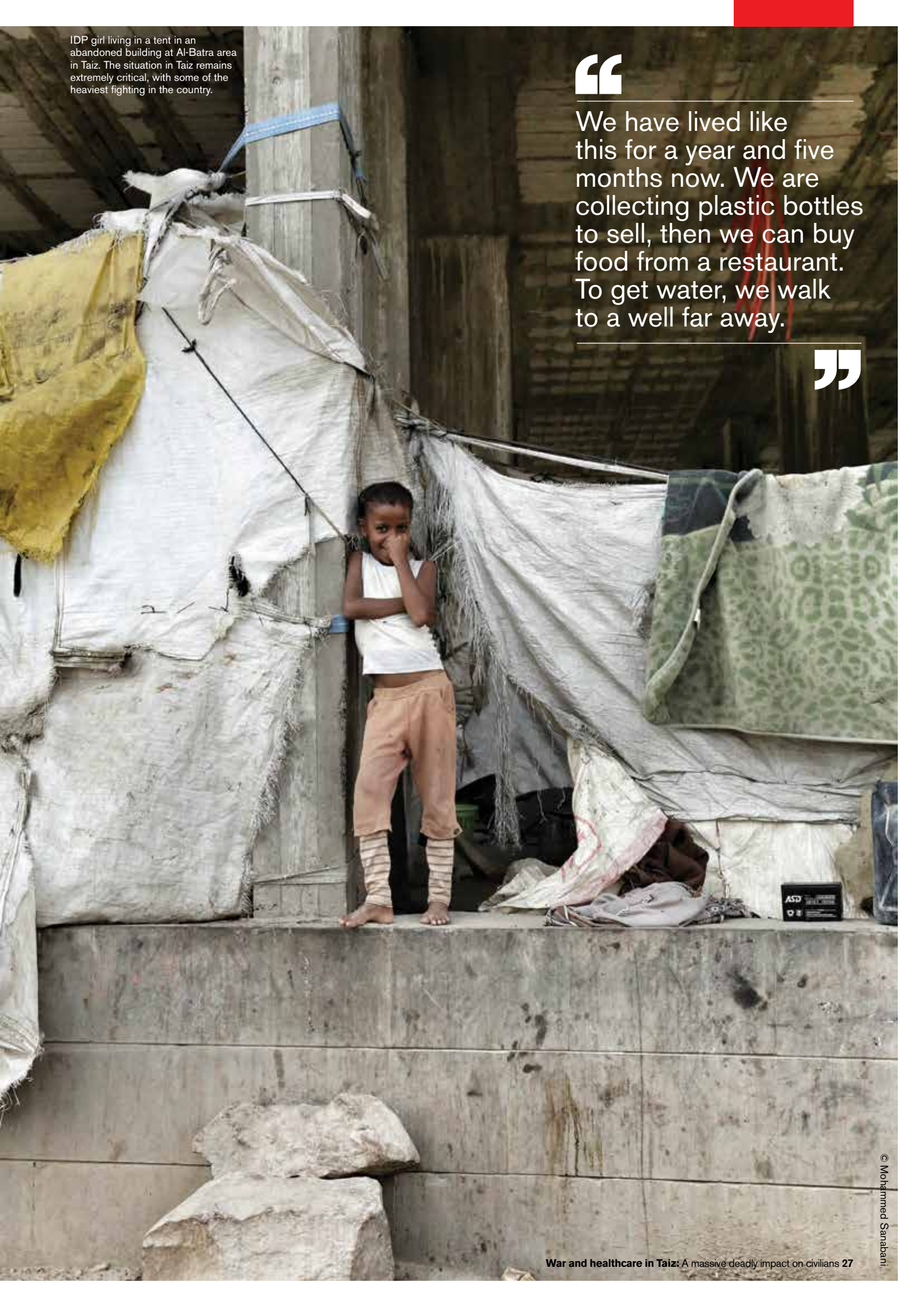
Medical supervisor, hospital in Taiz city centre, 22 October 2016

IDP girl living in a tent in an abandoned building at Al-Batra area in Taiz. The situation in Taiz remains extremely critical, with some of the heaviest fighting in the country.

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We have lived like this for a year and five months now. We are collecting plastic bottles to sell, then we can buy food from a restaurant. To get water, we walk to a well far away.

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Rizak Ali, an 11 years old child, was one of three other kids from the same family who were injured after a rocket hit their house. Two rockets destroyed their home in Taiz, killed their mother, their father is still missing.

The country in general is suffering from a lack of availability of food, fuel, medical supplies and other goods. Cumbersome and lengthy clearance procedures imposed by the Saudi-led Coalition mean that bringing in supplies is an expensive and lengthy process, while airstrikes on ports have destroyed infrastructure, further slowing down the process. It can take four to six weeks for goods to enter the ports. The complexity of the process, the insecurity of the environment and the cost of importing supplies are simply too much for many humanitarian and commercial organisations wishing to bring goods into the country. Once a lifeline to many Yemenis, the possibility for patients to fly abroad to seek specialised healthcare has become even more challenging as all commercial flights out of Sanaa are now blocked by the coalition, and only a few flights per week are able to fly out of Aden.

A MATTER OF LIFE AND DEATH

For pregnant women, mothers and children in particular, accessing affordable, high-quality healthcare is difficult, especially basic healthcare. Many of the patients the MSF teams see have conditions that could have been prevented had they received proper basic healthcare; in its absence, their conditions have become urgent and complicated, like Malia's.

"We continue to receive a variety of complicated cases in maternity – many referred from private hospitals or clinics or after having experienced complications because of oxytocin [a medication used to start labour and stop bleeding after delivery] at home with a private doctor or midwife. We had 166 'complicated' deliveries this month, with a high proportion of women with previous caesarean sections who successfully achieved normal delivery."

MSF medical team leader in Taiz, October 2016

In addition to complications from oxytocin use, common complications during pregnancy and delivery include obstruction of labour, prolonged labour, pre-eclampsia and eclampsia (high blood pressure with the risk of developing seizures or failure of the liver or kidneys), rupture of uterus and post-partum bleeding. Most of these can be easily prevented and will not become life-threatening if the woman receives proper care during pregnancy and is able to reach a hospital that provides high-quality care in time for the delivery.

Hospitals are also receiving high numbers of new-born babies with a low birthweight or who were born prematurely outside the hospital, either at home or at small private clinics. Many of the new-borns arrive in a critical state, suffering from hypothermia, birth asphyxia (a lack of oxygen to the brain and other vital organs which can cause permanent damage and death), sepsis (a bacterial infection often caused by giving birth in unhygienic conditions, which

can also be fatal), and congenital abnormalities such as congenital heart disease. Some new-borns are brought to hospital too late and cannot be saved.

“There was heavy fighting from 5 pm yesterday – a lot of shelling and gunshots. The house of one of our neighbours was hit during the night. My daughter and I walked for three hours through the mountains because the road was blocked by the fighting. Then we took a bus. My daughter gave birth at the house of a female doctor, and the doctor told us we needed to get the baby to a hospital. A villager took the baby and me to a private hospital in his 4x4 vehicle, but they couldn’t help there. Then we carried on towards here, but by the time we finally arrived, it was already too late.”

Grandmother of a new-born baby who died of asphyxia, MSF’s Mother and Child hospital in Taiz, 26 October 2016

People with chronic diseases, such as hypertension, diabetes, cardiac diseases and epilepsy, are also at risk by being unable to get the treatment they need. Many of the specialised treatments are only available in the city centre, and with frontlines in place around the city, it is difficult – if not impossible – for patients living or displaced to areas beyond the city to reach these services. Many health facilities have also run out of medications to treat chronic diseases.

Patients often arrive at hospitals when their condition is already acute. Hospital staff see many patients with urgent conditions which could have been prevented with appropriate care, for example children with epilepsy suffering seizures, children with sickle cell disease (a group of inherited blood disorders) suffering strokes and acute crises, and children with diabetes being brought to the emergency room in a coma.

“The medical situation is tragic. Healthcare has collapsed. The media puts a spotlight on surgery for the war-wounded, but ignores the stories

of patients with diseases such as diabetes, hypertension, cardiac diseases, renal failure and epilepsy. These patients are suffering a lot because they can’t get medicines – because there are none available, or because they can’t afford them.”

Medical supervisor, hospital in Taiz city centre, 22 October 2016

Patients with sickle cell disease and other types of anaemia need regular blood transfusions, but the only specialised public clinic in the governorate where these are available is in Taiz city centre. The clinic remains open but has had to reduce its opening hours and has run out of vital reagents. For these patients, having no access to regular follow-up care increases the risk of strokes and in the worst cases can be fatal.

Since the dialysis centre at the public Military Hospital – which used to provide free dialysis treatment to all patients with renal failure – burned down during fighting in the area in mid-November 2016, just two hospitals offer dialysis treatment, one of which is supported by MSF. Both are in Taiz city centre, so are difficult and dangerous to access for patients who live on the other side of the frontline. The dialysis centres lack vital supplies including medications, water and fuel to run the equipment. Patients unable to reach the centres, or for whom the centres cannot provide regular treatment, have no chance of survival.

“The patients who visit the hospital regularly are dialysis patients as they come twice every week. As these patients come from distant areas, some of them ask us to stay in the hospital because they are very poor and cannot afford transport fees.”

Emergency room supervisor, hospital in Taiz city centre, 22 October 2016.

People with medical conditions that require long-term or lifelong treatment face numerous problems when care is not available. People living with HIV, for example, need antiretroviral (ARV) drugs to stay alive. Due to insecurity,

IDP woman living in a tent
in Al-Batra area in Taiz.

the only centre providing ARV treatment in Taiz city centre had to move from one hospital to another in January 2016, before being forced to close completely in October 2016.

The cancer treatment centre in Taiz city centre remains open, but is struggling to provide services at the level needed, due to a lack of essential supplies such as medications and laboratory reagents. The tuberculosis centre was forced to move from its spacious building to one of the hospitals, where it can only provide limited services.

It can be difficult to get even simple medical treatment on a regular basis. Raad, aged two and a half, has Leishmaniasis – a disease carried by a parasite, which can be potentially fatal. He needs an injection every day for 30 days, but it is too time-consuming and expensive to travel there and back each day, so he is staying in MSF's paediatric ward for the duration of the treatment.

"Raad was very sick, and we took him to a private hospital. They found that his spleen was too large, and gave him some medication, but he didn't get better. We spent almost two months at home, and then we heard about this hospital and I brought him here. We paid 15,000 Rials (US\$60) for the transport here. It took 4.5 hours in total. We borrowed money from some relatives and neighbours for it. It is too far and too costly for us to go back and forth each day, so I am happy we could stay here. The hospital staff have been very nice to us."

Grandmother of Raad, being treated for Leishmaniasis at MSF's mother and child hospital in Taiz, 25 October 2016.



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We fled the city centre shortly after the war started there. We eat leftovers from a nearby restaurant, and sometimes we cook on a fire of cardboard and plastic.

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PUBLIC HEALTH SPIRALLING DOWN

A crippled health system, combined with increasingly harsh living conditions, has prompted a decline in people's health, with particularly acute consequences for vulnerable groups with low immunity such as pregnant women, new-born babies and young children. Most families now live with little or no electricity and insufficient food and water.



Many have been forced to flee their homes to escape the fighting, and now live in makeshift settlements in tents made from plastic sheeting, without adequate sanitation and without such essentials as mattresses, blankets or cooking equipment. Others are sheltering in overcrowded apartments or in empty school buildings. For most people, healthcare is prohibitively expensive, and people turn to it only as a last resort, when they are very sick and it may already be too late.

"We have been living here, in these tents we set up ourselves, for one year and eight months now. We fled the city centre shortly after the war started there. We eat leftovers from a nearby restaurant, and sometimes we cook on a fire of cardboard and plastic. We women walk to a factory nearby to get water. The only assistance we have received, apart from the health checks by the MSF team, was some soap, six months ago."

Displaced woman in Al Houban area of Taiz, 24 October 2016.

Many of the patients who come for consultations in the hospitals we manage or support have upper and lower respiratory tract infections, acute watery diarrhoea, intestinal parasites, skin diseases and viral infections – all of which are common in unhygienic, cramped living conditions. Since January 2016, the staff in our Mother and Child hospital in Taiz have provided close to 49,500 outpatient consultations, many of them for people displaced from their homes by the fighting.

“Most of our patients are between six months and two years old, and we see a lot of difficult, complicated cases. Sometimes they arrive in a coma, from sepsis, malaria or meningitis – diseases which would have been easily treatable if they came at an early stage. Especially if they live far away, they often come in very late.”

Paediatric doctor at MSF’s Mother and Child hospital in Taiz,
25 October 2016

“We received a three-year-old boy, Anas, who was suffering from meningitis. He arrived in a coma. Before he was brought here, he had waited at home for a week, and then been twice to a hospital in Turbah, where they couldn’t do anything. After Turbah, his family took him all the way to Aden, with no luck there either. They couldn’t get here – initially because they couldn’t cross the frontline, and then, after the frontline shifted, because the road was mined. Only after most of the mines had been cleared could they get here. Anas is still in a coma. We are keeping him on oxygen and feeding him through a tube.”

Staff member at Yemeni Swedish Hospital, 15 November 2016.

With little to no income and soaring food prices, families are forced to cut down on their food intake, skipping meals or going without the most expensive food items, such as meat, fish and even vegetables and rice. At MSF’s Mother and Child hospital, all children arriving at the outpatient department are screened for malnutrition. From January to November 2016, 3% were found to have severe acute malnutrition, while the global acute malnutrition rate was 9%. MSF’s outreach teams are also carrying out malnutrition screenings at people’s homes by measuring their mid-upper arm circumference (MUAC) for children up to 5 years of age. In neighbourhoods outside the city centre, 0.3% were severely malnourished and 1.2% moderately malnourished while outreach teams visiting city centre neighbourhoods found that 3% of those screened were severely malnourished and 11% were moderately malnourished.

Munther, aged 23, brought his two-year-old daughter, Zeinab, to an MSF outpatient therapeutic feeding centre for the third time in mid-October.

“Zeinab was very weak and had a fever and stomach pains. She was crying all night and didn’t sleep at all. I think she is malnourished because she doesn’t eat enough. We eat three times a day now, but only bread, yoghurt and tea. I have no work, so we have no money to buy anything else. The price of 40 kg of flour has increased from 3,000-4,000 Rials (US\$12-16) before the war to 5,000-6,000 Rials (US\$20-24) now.”

Munther, father of Zeinab, who is being treated for moderate acute malnutrition, October 2016.

In 2016, staff at the two MSF-managed and supported therapeutic feeding centres in Taiz treated more than 2,270 people with moderate acute malnutrition as outpatients, and admitted 390 with severe acute malnutrition for inpatient care. Patients sometimes experience difficulties reaching the outpatient feeding centres regularly, which can jeopardise the treatment of acute malnutrition. In Taiz city centre, MSF

provides transport to the hospital for a number of particularly vulnerable patients every week. At MSF's Mother and Child hospital, last year MSF teams treated over 420 pregnant women and 1,700 children under five years old for severe or moderate malnutrition.

Aisha, aged 20, who fled the city centre with her three children some months after the war came to Taiz, was one of many displaced parents bringing their children to the feeding centre in October. Her youngest child, Mouniat, who is six months old, is receiving outpatient treatment for moderate acute malnutrition.

"For four days, Mouniat had a high fever and diarrhoea. First I took her to the public hospital close to us. They gave us some syrups, but that didn't help much. So then we came here. Before the war, we were living in a small house in the city. But there were a lot of clashes and gunfire. Two of my cousins and my niece's husband were killed. Now, we are living in tents we have built with branches and plants. We have lived like this for a year and five months now. We are collecting plastic bottles to sell, then we can buy food from a restaurant. To get water, we walk to a well far away. I leave at 7 am and I am back at midday."

Aisha, mother of Mouniat, who is receiving malnutrition treatment at MSF's Mother and Child hospital in Taiz, October 2016.

For many malnourished children, a lack of consistent breastfeeding during their first few months of life is an important contributing factor, sometimes aggravated by the mother herself being sick and/or malnourished.

Adeeba, aged 45, returned to MSF's Mother and Child hospital in Taiz only a week after giving birth to her twins, Abdulateef and Altaf. All three were very weak. Adeeba was given nutritional treatment and both twins were admitted to

the therapeutic feeding programme, first as outpatients and then for inpatient treatment for severe acute malnutrition.

"My twins were born here in the hospital, and they were fine, so we went back home. At home, they started suffering from diarrhoea and vomiting. I gave them sheep's milk because I couldn't breastfeed them enough. Our life is miserable. My husband does not earn enough money, so we eat only bread and porridge and drink tea. No rice, no chicken. We stayed at the house for a week, and then I brought the twins to the hospital and they were admitted to the outpatient malnutrition programme. We were supposed to go once a week, but the next week we couldn't make it, because we didn't have fuel for my husband's car. When we came back two weeks later, the twins were admitted as inpatients because of their worsened condition."

Adeeba, mother of twins Abdulateef and Altaf, who are receiving malnutrition treatment at MSF's Mother and Child hospital in Taiz, October 2016.

Suffering from another illness – known as a co-morbidity – is another important contributing factor to severe acute malnutrition. At inpatient therapeutic feeding centres in Taiz, most of the patients have other illnesses, including cerebral palsy, heart diseases or other congenital syndromes. Malnourished children with co-morbidities often respond poorly to nutritional treatment, resulting in an increased length of stay in hospital and higher mortality rates. The large numbers of severely malnourished patients with co-morbidities shows how malnutrition is not only related to a lack of food, but also to a lack of access to affordable, quality healthcare.

CONCLUSION

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The civilian population is paying an extremely high price in this conflict: the large number of civilian war-wounded is tragic and unacceptable. The general population is not only caught in the crossfire, but is frequently indiscriminately targeted.

There is a consistent pattern of injuring and killing of civilians by all belligerents in the Yemeni conflict. These children, women and men are victims of negligence or blatant disregard for the protection granted to them under International Humanitarian Law (IHL).

Warring parties regularly demonstrate a clear lack of respect for the protected and neutral status of medical services. Hospitals have been frequently hit and severely damaged; health workers have been injured and killed and are frequently threatened and harassed by armed men. The practice of the warring parties has forced many medical staff to flee, with those remaining continuing to work fearing for their lives. Getting medical supply to the hospitals is difficult and complicated. The resulting lack of functioning infrastructure, qualified staff and essential supply is critically hampering access to healthcare for the wounded and sick, which is already compromised by insecurity due to the fighting.

In Taiz, as in many other areas of Yemen heavily affected by the war, most health facilities have shut down or are partially functioning, and the few remaining services struggle to cover the large-scale, urgent needs. The few functioning hospitals lack staff, medications and basic supplies such as fuel and oxygen. The staff who remain often work around the clock in very difficult and insecure conditions. Salaries of public health workers have not been paid for months. The fighting shows no sign of stopping, and the already critical health situation appears to be deteriorating further.

The lack of access to affordable, quality basic healthcare, specialised care for mothers and children, and treatment for chronic diseases is having serious – and often fatal –

consequences. In addition, the poor living conditions of many displaced families, the destructive effects of the war on the local economy, and the shortages of essential commodities are having extremely negative effects on public health, particularly for vulnerable groups such as pregnant women and children under five. Malnutrition is one of several serious health concerns for the children of Taiz, also worsened by the lack of access to healthcare. All of these indirect medical consequences of the war should not be overlooked.

Even war has rules. The ongoing fighting in Taiz is intense, and much of it is happening in an urban setting. However, disproportionate harm to women, children and other civilians can and must be avoided. Hospitals and health workers must be protected. Neither patients nor medical staff should have to fear for their lives when attempting to reach hospitals or getting medical care.

MSF is urgently asking all parties to the conflict in Taiz to respect IHL: ensure the protection and neutrality of medical structures and personnel, allow the wounded and sick to safely access to healthcare and facilitate the delivery of medical and humanitarian aid.

Reverse the collapse of healthcare. Taiz is a grim example of the urgent need for more medical aid, particularly basic healthcare. Public hospitals and health centres need regular support, which must be properly monitored and reported on. Humanitarian aid needs to be scaled up, and needs to reach the most vulnerable groups, such as displaced people living in makeshift settlements and people in areas heavily impacted by the fighting. All parties to the conflict must facilitate access to healthcare for pregnant women and the sick and wounded.

The issues highlighted above are not unique to Taiz. Across the ten governorates in Yemen where MSF works, our teams witness the same issues: Yemenis are victims of both the direct and indirect consequences of this deadly and destructive war; access to quality, affordable healthcare is severely compromised; and after almost two years of war, humanitarian and medical aid is still failing to meet people's most basic needs.

