



Health and care workers

WMA contribution to the report of the Special Rapporteur on the right to health to the 80th session of the General Assembly (October 2025)

1. The [World Medical Association](#) (WMA) is the global federation of Medical Associations representing millions of physicians worldwide. It aims to ensure the independence of physicians and the highest possible standards of ethical behavior and care by physicians toward all people. The WMA provides ethical guidance covering a wide range of subjects, including health-related human rights, in order to promote and defend the basic rights of patients and physicians.
2. We circulated the Special Rapporteur's call for submissions to WMA members and partners. The comments received are reflected in our contribution below. Country-specific contributions from our member medical associations are presented in the annex.
3. We thank the Special Rapporteur for the opportunity to provide our inputs on the [situation of health and care workers and their ability to enjoy and support the realization of the right to health and related human rights](#). This is a particularly timely issue, with the global health sector facing unprecedented budget cuts and an alarming workforce shortage, adding to the stress and poor working conditions suffered by too many health professionals. The most vulnerable populations are those paying the highest price with limited or no access to health care. Global health is threatened, even less so in a world affected by the spread and escalation of conflicts.

Ethical principles of health care and the human right to health

4. Since its foundation, the WMA has adopted important global ethical standards: the [WMA Declaration of Geneva](#), known as the “modern Hippocratic Oath”, should be read in parallel with the more specific and detailed policies of the WMA, especially the [International Code of Medical Ethics](#). These ethical principles of health care are the core standards and values that guide physicians in their practice. They are inseparable from the human right to health, and essential to guarantee high-quality healthcare that respects patients' rights and dignity. Although the principles themselves are often timeless, it is necessary to consider adapting them to new areas (in the field of medical technology for example) and specific situations.
5. In conflict settings, health personnel must navigate resource shortages, security risks, violence, unequal access to care, coordination challenges and psychological impacts. In these unstable contexts, they are likely to face ethical dilemmas. Physicians may for example experience personal conflict due to their dedication to an organisation, ideology or country, which rarely impacts their work during peacetime. In such situations, maintaining medical neutrality¹ and treating friends and enemies alike may be challenging.

¹ Medical neutrality implies for physicians the duty to “*practice medicine fairly and justly and provide care based on the patient’s health needs without bias or engaging in discriminatory conduct on the basis of age, disease or disability*,”

6. Likewise, when they fulfil their ethical obligations to document and denounce acts of torture and other cruel, inhuman or degrading treatment, physicians may be exposed to a conflict of loyalties or reprisals and therefore need support and protection².
7. The WMA has developed a series of policies to meet the particular challenges of conflict situations and protect health care³. The “[Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies](#)” endorsed by civilian and military healthcare organisations, including the WMA, offers another important ethical framework.

The persistence of violence against health personnel and facilities and its adverse impact on health and other human rights

8. During the last decade, violence against health care, in conflict areas but also in civil contexts, has increased alarmingly in all regions of the world. Parties in conflict violate humanitarian law and attack health personnel and facilities - or abuse signs of protection by storing weapons or troops in hospitals or using ambulances for combat purposes.
9. With the covid-19 pandemic, this phenomenon has expanded dramatically. Our medical associations reported many incidents: threats, insults, stigmatisation from communities and States. In some countries, physicians were victims of reprisals for denouncing undignified working conditions, the lack of medical equipment, or for criticizing the management of the health crisis of their governments. The Covid-19 pandemic amplified an already well-established trend that has continued ever since.

The costs of violence

10. Violence against health care has devastating immediate effect, not only on the individuals directly involved, but on the entire healthcare system and its delivery. In situation of armed conflicts, violence damages critical infrastructure, housing, potable-water supplies and sewerage. It also leads to environmental degradation and adverse health consequences including malnutrition, and infectious or waterborne diseases, such as cholera and typhoid. Likewise, in context of peace, violence has destructive social impacts, affecting healthcare systems and undermining the quality of the working environment, ultimately impacting the quality of patient care.

Stop impunity

11. In May 2016, the Security Council adopted the [Resolution 2286](#) condemning attacks against health care in conflict situations⁴. The resolution demands an end to impunity for those

creed, ethnic origin, gender, nationality, political affiliation, race, culture, sexual orientation, social standing, or any other factor”, para. 2 of the [WMA International Code of Medical Ethics](#)).

² [WMA Declaration of Tokyo - Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment](#) ; [WMA Declaration of Hamburg concerning Support for Medical Doctors Refusing to Participate in, or to Condone, the Use of Torture and Other Cruel, Inhuman or Degrading Treatment](#)

³ [WMA Declaration on the Protection and Integrity of Medical Personnel in Armed Conflicts and Other Situations of Violence](#) ; [WMA Statement in Times of Armed Conflict and Other Situations of Violence](#)

⁴ [A strong resolve to end violence against health care](#), Open letter to UN Member States from Humanitarian, health organisations, partners of the ICRC Health Care in Danger initiative

responsible and respect for international law on the part of all parties to armed conflict. Since the resolution was adopted, health and humanitarian organisations have consistently called for its full implementation. States must urgently assess the magnitude and gravity of this scourge which undermines the integrity and safety of health personnel as well as the fundamental human right to health for people in all regions of the world.

Data on violence against healthcare

- [Epidemic of violence, Violence Against Health Care in Conflict 2024](#), Safeguarding Health in Conflict Coalition & Insecurity Insight
- [Attacked and Threatened: Health Care at Risk](#) - Interactive global mapping of attacks against health care (Insecurity Insight)
- [WHO Surveillance System for Attacks on Health Care](#) (SSA)
- [Health Care in Danger initiative](#) (HCiD), initiative of the International Red Cross and Red Crescent Movement
- [Violence against health care: Current practices to prevent, reduce or mitigate violence against health care](#) (July 2022), a joint survey by the International Council of Nurses (ICN), the International Committee of the Red Cross (ICRC), the International Hospital Federation (IHF) and the World Medical Association (WMA).

The primary role of health professionals to provide competent, timely, and compassionate care in accordance with ethical principles of their profession.

12. While healthcare is a prerequisite for peace and security, we strongly emphasise that the primary role of healthcare personnel is, and must remain, to provide care, to the exclusion of any other function or role. The involvement of health personnel in peace-building initiatives, for instance, may expose them to potential threats, reprisals, or other forms of aggression, as their actions could be perceived as biased.
13. Therefore, in order to guarantee medical neutrality, safe working conditions and access to healthcare for all those who need it, it is fundamental that, in the exercise of their profession, health personnel should be able to devote themselves strictly to the health and well-being of their patients, without any other consideration such as the promotion of peace, security or development.

Conclusions

14. The enjoyment of the human right to health is intrinsically linked to the situation of health personnel: They must have access to a safe environment and adequate working conditions to treat their patients whatever their role in the conflict, and to carry out their duties freely, independently and in accordance with the ethical principles of their profession, without fear of sanctions or intimidation.

To that end, the WMA calls for:

- The firm and unconditional commitment of States to guarantee health professionals full respect for the ethical principles of health care in all circumstances, in particular by introducing

enhanced legal protection for physicians and other health professionals, along the lines of what already exists in many countries for law enforcement officers in the event of attack.

- The implementation by States of robust regulations to ensure that, in the event of conflicts, national legislation reflects their international obligations to protect access to and the provision of health care, respect the protective emblems and guarantee that health personnel and facilities are never misused for military purposes or the target of attacks.
- Accountability mechanism to ensure that all attacks against health care are properly investigated and perpetrators brought to justice, in accordance with [UN Security Council Resolution 2286](#).
- A systematic reporting and documentation of violence against health care as this is indispensable for the development of effective strategies to protect health care.
- Educational courses for health professionals on their rights and the legal protections available to them in their country and internationally, to help them assess the risks involved in documenting human rights violations.
- Awareness campaigns to ensure that respect for ethical principles is fully understood and accepted by communities and all parties in conflicts.

30.05.2025

⇒ *See next page the **annex** including the country-specific contributions from medical associations, members of the WMA*

ANNEX

Country-specific contributions from Constituent Members of the WMA

Question 1: In your opinion/experience, has the understanding of health and care workers as defenders and protectors of the right to health evolved? Please provide examples in clinical level, health systems and underlying determinants of health.

American Medical Association:

The medical profession has long subscribed to ethical principles, which establish it as a defender and protector of healthcare. For example, the [American Medical Association \(AMA\) Principles of Medical Ethics](#) states physicians shall “support access to medical care for all people,” “provide competent medical care with compassion and respect for human dignity and rights,” and “recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.” While the principles themselves are often timeless, physicians continue to apply them to new situations. For example, as augmented intelligence (AI) is increasingly deployed at the clinical and health systems levels and even to understand underlying health determinants, the AMA and its physician members are working to ensure it is done so in a responsible, ethical, and transparent manner that helps secure the right to health, rather than undermine it.

Kenyan Medical Association:

Health and care workers in Kenya are increasingly recognised as critical defenders of the right to health. During the COVID-19 pandemic, Kenyan healthcare workers vocally advocated for adequate personal protective equipment (PPE), staffing, and better working conditions. Their collective advocacy highlighted systemic issues and pressured authorities to uphold public health standards despite facing intimidation⁵.

This active defense of healthcare rights represents a shift from passive caregiving to proactive advocacy. Kenyan medical professionals routinely challenge policies detrimental to patient well-being, aligning medical ethics closely with human rights principles. Thus, safeguarding HCWs has become pivotal in protecting public health rights.

Policy Recommendations:

- Formally recognise health workers as human-rights defenders within national policies.
- Establish clear legal protections enabling healthcare workers to safely advocate for patient rights.

Norway Medical Association:

Norway provides good access to necessary health care for most inhabitants. The right to health is however graded when it comes to undocumented migrants. Adult, undocumented migrants who are not pregnant, or suffer from psychiatric illness, only have right to health care that is absolutely necessary and “that cannot wait”. In debates in recent years, certain politicians have argued for a ban on providing health care to undocumented migrants, and that health care providers should have a duty to report such migrants to the police.

⁵ Human Rights Watch (HRW). Kenya’s Deadly Neglect of Health Workers’ Concerns. The Star. 3 Feb 2022

Question 2: *Please share examples of challenges, reprisals and/or acts committed against health and care workers related to their work defending the right to health and related rights (e.g. attacks, targeting of health and care workers, their families, colleagues, or institutions, detention, other means of pressure).*

American Medical Association:

The overarching challenge against health professionals is the rising prevalence of violence against them and its disproportionate impact on those professionals. In the United States (U.S.) between 2011 and 2018, violent attacks against medical professionals grew by 67% with health professionals five times more likely to experience workplace violence than workers in all industries, [according to the U.S. Bureau of Labor Statistics](#). Health professionals in the U.S. were also about 50% more likely than other community members to have been harassed, bullied or hurt as a [result of the COVID-19 pandemic](#).

Kenyan Medical Association:

Kenyan health workers face severe reprisals, threats, and systemic barriers due to their advocacy and frontline roles:

Government Intimidation and Reprisals

During the COVID-19 crisis, Kenyan authorities fired and blacklisted health professionals protesting inadequate PPE and staffing shortages, effectively silencing critical voices⁶. Earlier, in February 2017, seven leaders of the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) were jailed for contempt of court after leading a nationwide strike demanding implementation of a delayed collective bargaining agreement. Their imprisonment exemplified state reprisal against healthcare advocacy, drawing widespread condemnation from human rights organisations⁷. In January 2025, retired nurse and patient-rights activist Grace Njoki Mulei, aged 61, was arrested at Ladnan Hospital in Nairobi while seeking emergency medical care. Mulei, who has underlying chronic illnesses, had previously protested inefficiencies within Kenya's Social Health Authority (SHA). Amnesty International Kenya condemned her arrest as violating constitutional rights to health, free expression, and due process, calling for charges to be dropped and for protections enabling patients to advocate for improved healthcare services safely.

Violence from Terrorism

Health workers in Kenya's northeastern region have faced attacks from extremist groups. In 2022, Al-Shabaab militants abducted healthcare workers from an ambulance in Mandera County⁸. In 2023, an improvised explosive device (IED) attack by the same terrorist group in Garissa killed four health officials during a tuberculosis outreach mission⁹. Such targeted violence severely disrupts healthcare delivery and instils fear among healthcare personnel.

Workplace and Community Violence

A 2025 national survey indicated that 50% of Kenyan healthcare workers experienced workplace

⁶ Human Rights Watch (HRW). Kenya's Deadly Neglect of Health Workers' Concerns. The Star. 3 Feb 2022

⁷ The Star (Kenya). Doctors' union officials jailed for contempt. 13 Feb 2017

⁸ Mohammed A, Ng'ang'a J. Suspected Al-Shabaab attackers abduct four in Kenya, including paramedics – police. Reuters. 2 Nov 2022

⁹ The Star (Kenya). Doctors' union officials jailed for contempt. 13 Feb 2017

violence, primarily verbal abuse from patients or their relatives. About 80% perceived an increase in such incidents post-COVID-19¹⁰. Additionally, an incident in Kisii County in 2023 saw hospital staff violently attacked by a community mob, leading to hospital closures and demands for improved security measures¹¹.

Critical Case Study: Dr. Stephen Mogusu

In December 2020, Dr. Stephen Mogusu tragically died of COVID-19 complications after reportedly lacking adequate PPE and treatment options. His death spotlighted systemic neglect and sparked national outrage, underlining severe shortcomings in healthcare workers' protection during pandemics¹².

Policy Recommendations:

- Establish accountability mechanisms for violence against health workers.
- Repeal punitive and coercive policies against health advocacy, ensuring a safe environment for healthcare rights defenders.

Norway Medical Association:

Whereas such events are very rare in Norway, we note with concern the many and growing number of examples internationally. In both Poland and the US abortion providers are attacked and prosecuted. Furthermore, the recent pandemic demonstrated a global trend of harassing physicians on issues such as vaccines and infection control measures. The well-documented killing of Palestinian ambulance workers on the 23rd of March in Gaza is another example. We are also informed about reprisals against health care providers who speak up for human rights in for example Turkey¹³.

Question 3: What role do health and care workers play in advancing peace, security and development? Please provide examples and good practices at the local, national, regional and international level.

American Medical Association:

Health and care workers, including physicians, are uniquely positioned advocates on security issues. For example in 2016, the [AMA declared gun violence a public health crisis](#) and continues to serve as an ally for victims and impacted physicians. Last summer, the AMA joined the Texas Medical Association, the American Academy of Family Physicians and other physician and health care groups in [filing an amicus brief](#) supporting the government's position in the [Bondi v. VanDerStok](#) case before the U.S. Supreme Court, seeking to keep untraceable firearms out of the hands of those legally prohibited from owning them due to criminal history or other factors. On March 26 of this year, [the U.S. Supreme Court decision upheld the authority of the U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives in the regulation of these "ghost guns."](#)

¹⁰ Kariuki JK, Aluga MA, Muthoni L, et al. Violence against healthcare workers in Kenya: a sub-analysis of the global ViSHWAS study. BMC Public Health. 2025;25(1):123.

¹¹ Volka J. Talks underway to reopen Nduru Level 4 hospital. Kenya News Agency. 20 Apr 2023

¹² Kenya News Agency. Outrage as doctor dies of COVID-19 without salary and insurance. 7 Dec 2020

¹³ [WMA Council Resolution on the use of riot control agents and human rights violations against protesters in Turkey](#), April 2025

Kenyan Medical Association:

Kenyan healthcare workers significantly contribute to societal stability, peace, and development:

Fostering Peace and Trust - By offering impartial care, healthcare workers bridge divides in tense community settings, thereby fostering trust and social cohesion. Their role in conflict-prone regions, delivering essential healthcare services amidst insecurity, mitigates tensions and promotes humanitarian dialogue¹⁴.

Promoting Public Health and Security - HCWs' tireless efforts in disease prevention and control campaigns in remote and conflict-affected areas have maintained essential health services, preventing societal collapse due to unchecked diseases. Their dedication to tackling communicable diseases such as tuberculosis enhances national security by reducing vulnerabilities to widespread epidemics.

Advocating for Equitable Health Systems - Kenyan health professionals actively advocate for equitable and transparent health systems, contributing significantly to sustainable national development and good governance. Their persistent calls for adequate resources, fair remuneration, and policy reforms align closely with broader developmental and social justice goals.

Policy Recommendations:

- Integrate healthcare workers into community peacebuilding initiatives.
- Invest robustly in healthcare infrastructure and personnel as a strategic approach to national stability and sustained development.

Norway Medical Association:

Health care is a condition for peace. When the health care facilities and systems are decimated, as in Gaza, or other war zones, the rebuilding is much more difficult, if at all possible. The foundations for a stable society must include health care – which is why it is imperative that the Geneva conventions are upheld and that medical neutrality is protected as a fundamental principle.

¹⁴ The Star (Kenya). 4 killed, 2 injured as bomb hits vehicle along Dadaab-Garissa road. 15 Dec 2023.