Instituto de Estudios sobre Conflictos y Acción Humanitaria
.iecah.
Médicos Sin Fronteras
MEDICOS SIN FRONTERAS

TIGRAY, THE UNENDING WOUND: AN EXAMPLE OF IMPUNITY IN THE FACE OF ATTACKS ON THE MEDICAL MISSION

PHOTO:

Like many others, the Sebeya health Sebeya health center in eastern Tigray was looted. This photograph was taken in February 2021.

Raquel González Juárez
Coordinator of Médecins Sans Frontières Spain (MSF-E)

October 2022

TIGRAY, THE UNENDING WOUND: AN EXAMPLE OF IMPUNITY IN THE FACE OF ATTACKS ON THE MEDICAL MISSION

1
INTRODUCTION

This article aims to outline the risks to which medical humanitarian action in conflict zones, in particular Médecins Sans Frontières (MSF), is exposed. Tigray is a painful and open example of the risks we face. On 24 June 2021, three humanitarian workers were killed on a road about 50 minutes from Abi Adi, the base of operations of one of Médecins Sans Frontières' teams in the region, while on their way to assess medical needs in a nearby village. Attacks on the medical mission and other purely civilian facilities, such as schools, kindergartens or markets, have become a widespread trend in some contexts, which, in most cases, remain frozen in a limbo of absolute impunity. This is a very worrying trend in the medical-humanitarian context, because without minimum conditions of security and respect for medical-humanitarian action by all actors involved in the conflict, the humanitarian space is greatly reduced, leaving populations without any relief. The lack of accountability of those who intentionally inflict pain and suffering, coupled with the powerlessness of the population due to the difficulties of access to them, is a wound that will not heal. This article pivots on both concepts to approach the still unsolved murders of our colleagues, with a more global look at the limitations of medical humanitarian practice and the need to protect the medical mission in conflict zones.

In Tigray, MSF witnessed how indiscriminate attacks on defenceless people became common practice

2
THE CONFLICT IN TIGRAY AND ITS IMPACT ON THE POPULATION

The armed conflict began in November 2020 and has had a devastating impact on the estimated 5.6 million civilian population of Tigray[1], and surrounding regions. The MSF teams deployed since late 2020 in the region witnessed how the violence suffered by its inhabitants was bloody and how indiscriminate attacks on defenseless people became a regular occurrence, amidst utter helplessness. We could feel the constant terror of the people, who were afraid to leave their shelters, to cultivate their fields, to go to the market or to fetch food and water. Hospitals and health centres were directly hit by the violence: many were looted, vandalised and destroyed in a series of deliberate and widespread attacks aimed at putting the medical mission out of action. Of the 106 health facilities visited by our teams between mid-December 2020 and early March 2021, only 13% were functioning normally[2]. Thousands of civilians are estimated to have been killed and three million

1 ReliefWeb, Ethiopia: Tigray Region Humanitarian Update - Situation Report No. 1, 7 November 2020. https://reliefweb.int/report/ethiopia/ethiopia-tigray-region-humanitarian-update-situation-report-no-1-7-november-2020.
2 Médecins Sans Frontières, "Ethiopia: We denounce deliberate and ongoing attacks on medical facilities in Tigray", 16 March 2021. https://www.msf.es/actualidad/etiopia/etiopia-denunciamos-ataques-deliberados-y-continuos-las-instalaciones-medicas.

people displaced by the conflict, 1.8 million in the Tigray region[3]. A once rich and developed region, with livestock, industry, universities, and advanced health care, had been transformed into one of the world's biggest humanitarian crises.

MSF experienced a progressive loss of access in the region, which can be seen as commencing from the beginning of the conflict. In the early stages of the conflict, we found the space necessary to be able to carry out a large-scale intervention; it was a huge operational effort and required arduous negotiations at national, regional and local levels to obtain the clear consent of all parties. Within this framework, we were able to provide a response that matched the needs, and to expand our activities.

Only a month after the violence began, MSF managed to enter the Tigrayan capital, Mekele, with a first team. Since then, the hub between the towns of Mekele, Adrigat and Axum became our centre of operations and we were able to expand activities in other areas of central, southern and north-western Tigray; we added medical care for thousands of displaced people on the border of the Amhara region and refugees in Sudan. From early 2021, we initiated mobile clinics to reach rural and more isolated areas where the health system was not functioning. Between December 2020 and June 2021, the organisation's teams in Axum, Adigrat and Abi Adi alone conducted more than 30 000 outpatient consultations, provided more than 20 000 routine vaccinations, performed more than 900 surgeries and treated more than 750 people injured by intentional violence.

In 2021, there was a sharp escalation of damaging public rhetoric attacking humanitarian organisations

During those months, despite explicit authorisation to intervene by all parties to the conflict, we experienced recurrent blockages to humanitarian aid deliveries[4]. In 2021 we saw a sharp escalation of damaging public rhetoric attacking humanitarian organisations, both at the federal and regional levels. At the federal level, during May and June, senior government representatives made public accusations against humanitarian organisations, including statements that NGOs had smuggled weapons to the Tigray Forces (TF) and hidden fighters in their vehicles[5]. In Abi Adi, these allegations contributed to a climate of mistrust towards the few international humanitarian organisations working in the area.

In the days leading up to the killings of the MSF staff on 24 June 2021, there were frequent clashes between the Ethiopian National Defence Forces (ENDF), along with their allies, and the Tigray Forces (TF) in different areas in and around Abi Adi. The TF took

3 ReliefWeb, Northern Ethiopia Protection Analysis Update, 6 May 2022. https://reliefweb.int/attachments/2c7acb1d-6b87-4ca6-9f1d-244f80828322/protection-analysis-update_northern-ethiopia-response_-final-6-may-2022-2.pdf.
4 As of 19 October 2022, aid deliveries in Tigray had been suspended for more than seven weeks, and assistance to Amhara and Afar was also interrupted. UN News, "Tigray conflict is a health crisis for 6 million people, and "the world is not paying attention"", 19 October 2022. https://news.un.org/en/story/2022/10/1129697.
5 On 12 June, Deputy Prime Minister and Foreign Minister Demeke Mekonnen stated that the government had "credible evidence indicating that some actors have tried to smuggle weapons to arm the terrorist cell, passing them off as humanitarian aid". "Deputy Prime Minister and Foreign Minister of Ethiopia, H.E. Demeke Mekonnen's message on undue pressures on Ethiopia regarding the situation in the Tigray Region", 12 June 2021. https://www.facebook.com/watch/?v=3565358157022671.

control of Abi Adi on 22 June[6]. Following the loss of their control of the town, FNDE troops withdrew from Abi Adi during 21-22 June as part of a phased withdrawal from the province. Subsequently, on 28 June, they left the Tigray region, followed by the implementation of tight regional border control measures, which have been in place ever since, severely affecting the provision of medical and humanitarian aid to the people of Tigray. The MSF team was killed on the route used by FNDE troops to withdraw from Abi Adi.

Following the killings, MSF-Spain took the painful but necessary decision to suspend activities in central and eastern Tigray and evacuated teams in the days that followed. The Belgian and Dutch sections of the organisation continued to work amidst increasing difficulties, including the impossibility of adequate supplies and limited access to certain villages.

Also, as part of this strategy to erode the humanitarian response, on 30 July 2021 the Ethiopian Agency for Civil Society Organisations (ACSO) ordered the closure of MSF activities in western and north-western Tigray region for three months, in addition to the Ethiopian regions of Amhara and Gambella and the Somali Region. At that time, medical and humanitarian services continued to be provided in Addis Ababa, Guji (Oromia), south-eastern Tigray, and the Southern Nations, Nationalities and Peoples Region (SNNPR).

Sanitation facilities are continually dragged onto the battlefield

3

SAFEGUARDING THE MEDICAL MISSION IN CONFLICT AND PREVENTING ATTACKS IS A KEY PRIORITY.

The attacks on medical facilities and health personnel, whether deliberate or indiscriminate, take place against a backdrop of widespread violence and atrocities committed against civilians in armed conflicts. They deprive populations of health services, often when they need them most. In 2022 alone, MSF has experienced incidents in Cameroon[7], Sudan[8], Ukraine[9], Democratic Republic of Congo[10], South Sudan[11] or Central African Republic[12].

6 Reuters, "Grim Aftermath of Ethiopian battle offers rare clues of brutal war", 27 July 2021. https://widerimage.reuters.com/story/grim-aftermath-of-ethiopian-battle-offers-rare-clues-of-brutal-war

7 Médecins Sans Frontières, "Médecins Sans Frontières condemns attack on Mamfe hospital in South West region", 9 January 2022 (https://www.msf.org/msf-condemns-attack-mamfe-hospital-southwest-cameroon). "Four months on, nightmare continues for Médecins Sans Frontières workers detained in south-west Cameroon", 28 April

8 Médecins Sans Frontières, "Violent attacks leave tens of thousands without access to health care in West Darfur", 29 April 2022. https://www.msf.org/violent-attacks-leave-tens-thousands-without-access-healthcare-sudan.

9 Médecins Sans Frontières, "Areas near hospitals and houses bombed in Mykolaiv", 29 April 2022. https://www.msf.org/msf-team-witnesses-hospital-bombing-mykolaiv.

10 Médecins Sans Frontières, "Violence and impunity force us to halt our humanitarian work in Nizi and Bambu", 23 March 2022. https://www.msf.es/actualidad/republica-democratica-del-congo/la-violencia-y-la-impunidad-nos-obliga-detener-nuestro.

11 Médecins Sans Frontières, "Access to medical care undermined after the theft of Médecins Sans Frontières staff in Yei", 1 March 2022. https://www.msf.org/access-medical-care-undermined-following-robbery-msf-staff-yei-south-sudan.

12 Médecins Sans Frontières, "Médecins Sans Frontières forced to scale down medical activities in Kabo", 17 February 2022. https://www.msf.org/central-african-republic-msf-forced-reduce-medical-activities-kabo.

Health facilities are continually dragged onto the battlefield, and patients and health staff are harmed in the process. Since 2015, we have suffered the loss of at least 26 MSF staff in ten incidents (records are probably incomplete for locally recruited staff), including during the storming or shelling of hospitals[13].

According to the latest annual report of the Aid Worker Security Database (AWSD)[14], attacks against humanitarian workers were more lethal in 2021, despite fewer major incidents compared to the previous two years. The 268 reported attacks resulted in 203 humanitarian workers seriously injured, 117 abducted and 141 killed, the highest number of fatalities recorded since 2013.

The most violent context for aid workers continued to be South Sudan, followed by Afghanistan and Syria. Ethiopia's civil war saw the country join the top five contexts with the most incidents for the first time in 24 years.

4
THE LIMITS OF OUR ACTION

Following an attack on the medical mission, sometimes MSF withdraws because continuing to work is too dangerous for patients and staff

Following an attack on medical facilities or medical staff, MSF conducts an internal review and assessment of the event, and often makes its findings public[15]. Sometimes we decide that continuing to work is simply too dangerous for our patients, our staff, or both, so we decide to withdraw, even though the consequences mean leaving people without adequate access to healthcare[16]. One of our main priorities is to continue to care for people who are extremely vulnerable, so we have returned, months or years later, to countries where we experienced serious security incidents, after a thorough review of the security conditions and an updated assessment of the medico-humanitarian needs.

The worst attack that MSF has suffered in its history was on 3 October 2015, when US forces bombed the Trauma Hospital in Kunduz, Afghanistan, killing at least thirty people[17], including twelve MSF staff. At the time of the bombing, there were no armed fighters or fighting inside or near the medical centre. MSF had previously reached an agreement with all parties to the conflict to respect the neutrality of the hospital, and shared the GPS coordinates of the centre. In Kunduz, the US Department of Defence investigation identified an amalgam of technical and procedural errors and concluded that no one deserved criminal responsibility.

13 Médecins Sans Frontières, "Attacks on medical care ". https://www.msf.org/attacks-medical-care.
14 Humanitarian Outcomes, Aid workers Security Report. Figures at a glance, August 2022. https://www.humanitarianoutcomes.org/sites/default/files/publications/awsd_figures_2022.pdf.
15 MSF Applied Reflection Centre on Humanitarian Practice (ARHP), MSF internal review of the January 2016 attack on Shiara hospital, May 2022. https://arhp.msf.es/attacks-against-medical-mission-security/msf-internal-review-january-2016-attack-shiara-hospital.
16 Médecins Sans Frontières, "Yemen: Projects in Ad Dhale close due to insecurity and threats," November 7, 2018. https://www.msf.org/yemen-projects-ad-dhale-close-due-insecurity-and-threats.
17 Médecins Sans Frontières, "Médecins Sans Frontières releases internal analysis of bombing of its hospital in Kunduz", 5 November 2015. https://www.msf.org.co/actualidad/afganistan/msf-hace-publico-analisis-interno-del-bombardeo-su-hospital-kunduz.

Yemen has been one of the countries where we have suffered numerous attacks. The deadliest was in August 2016, when an airstrike by the Saudi-led Coalition on the rural hospital in Abs (Hajja governorate) killed 19 people. Based on the internal investigation by MSF[18], there was no indication that the hospital had lost its protected status according to international humanitarian law (IHL). Therefore, carrying out the attack on the hospital without any legitimate cause and without any prior warning was a violation of IHL rules. The Coalition, through its own investigative mechanism (Joint Incident Assessment Team or JIAT), concluded that the incident was an "accidental mistake"[19], an argument that MSF rejected, as, in light of the internal investigation, we assessed it as a consequence of conflict management that does not take into account the protection of hospitals and civilian structures.

Three years earlier, in 2013, the organisation took the decision to withdraw from Somalia after twenty-two years of continuous work in the country. The reasons for this were varied, but the security of the teams was a major vector. There was a succession of serious security incidents that went unpunished, so there were no adequate guarantees that our work and our teams would be respected, and thus no minimum conditions for working. The underlying problem was that the acceptance of violence against health workers had permeated Somali society at different levels, and this acceptance was shared by non-state armed groups, the federal government and clan authorities alike[20]. MSF would not return to the country until 2017[21].

We have returned, months or years later, to countries where we had experienced serious incidents, after a thorough analysis of the situation

Also noteworthy are the cases of Ethiopia, discussed at greater length in this article, and Cameroon, where attacks were specifically targeted at aid workers while they were carrying out activities outside hospitals, during patient transfers or on their way to populations with medical needs far from the health centre.

In Cameroon, we suspended our activities in the south-west of the country[22] at the end of March, following the arrest of four of our staff members for providing medical aid: two of them were arrested when the ambulance in which they were transporting a patient with gunshot wounds was stopped at the Nguti checkpoint. Despite MSF following the humanitarian notification procedures agreed with the authorities, our colleagues were detained and held for months in Buea prison. At the time of writing, one of them has already been exonerated by the court, while the three other colleagues are still awaiting the resolution of their case in court (two of them are at liberty awaiting the resolution).

18 ARHP, MSF internal investigation of the 15 August attack on Abs hospital Yemen Summary of findings, 27 September 2016. https://arhp.msf.es/sites/default/files/Yemen_Abs_investigation_summary_final_0.pdf.
19 Médecins Sans Frontières, "Yemen: Saudi-led attack on Abs hospital cannot be justified as 'accidental mistake'", 13 December 2016. https://www.msf.org.ar/actualidad/yemen-ataque-liderado-arabia-saudita-al-hospital-abs-no-puede-justificarse-como-error.
20 Médecins Sans Frontières, 'Why we left Somalia', 23 August 2013. https://www.msf.es/actualidad/que-nos-fuimos-somalia.
21 The Information, "Médecins Sans Frontières returns to Somalia almost four years later, albeit in a "modest" way", 24 June 2017. https://www.lainformacion.com/espana/msf-regresa-Somalia-despues-modesta_0_1038496193.html.
22 Médecins Sans Frontières, 'We are closing our projects in Kumba and Mamfe in south-west Cameroon', 18 July 2022. https://www.msf.es/actualidad/camerun/cerramos-nuestros-proyectos-kumba-y-mamfe-suroeste-camerun.

5

THE UNDERMINING OF INTERNATIONAL HUMANITARIAN LAW HAS DIRECT EFFECTS ON THE HEALTH OF POPULATIONS

Any commitment by the international community to strengthen health systems in the medium to long term will be limited by violations of IHL and the direct impact that they have. Key problems are not only damage to facilities, but also the loss of essential professionals because health workers feel unsafe, are injured or killed.

Efforts to increase global health security are also undermined by attacks on healthcare. When health systems are unable to function properly, including the breakdown of epidemiological surveillance mechanism, the possibility of outbreaks of infectious diseases increases, which can lead to epidemics.

Forced displacement occurs when civilians are targeted or lose access to fundamental and vital services, such as health care. Disregard for IHL contributes to this, and the destruction of essential civilian infrastructure makes the prospects of returning home slow and costly, indirectly generating a high volume of refugees and asylum seekers.

Attacks on activities outside health facilities, such as mobile clinics or patient transfers, have increased

Essential components of the legal system, such as the Geneva Conventions, underpin an international order based on rules that are paramount to humanitarian work. In many ongoing conflicts, counter-terrorism frameworks undermine the protections that IHL offers to health workers and patients, obstructing the delivery of health services, and violating globally accepted standards of medical ethics. Compliance with IHL requires greater commitment and mechanisms to ensure respect for health care in conflict. To this end, we recommend the following:

1) Monitor and enforce compliance with IHL and UN Security Council Resolution 2286, as it has cross-cutting relevance to other key issues of global concern.

2015 was one of the years with the highest number of attacks on health facilities supported or managed by MSF: a total of 106 attacks on 75 health facilities (63 in Syria, 5 in Yemen, 5 in Ukraine, 1 in Afghanistan and 1 in Sudan)[23] . The most serious of these was the aforementioned airstrike on the Kunduz hospital.

These events compelled MSF, in collaboration with others, to encourage the UN Security Council (UNSC) to enact measures to ensure respect for IHL. The efforts[24] culminated in May 2016 with the adoption of Resolution 2286, which affirms and expands protections for medical mission in times of armed conflict. The resolution was needed at a time when medical assistance was being subjected to deadly air strikes by states, including UNSC member states, or coalitions they supported.

23 Médecins Sans Frontières, "International Activity Report 2015", p. 17. https://www.msf.org/sites/default/files/international_activity_report_2015_en_2nd_ed_0.pdf
24 Médecins Sans Frontières, "MSF President to UN Security Council: "Stop these attacks"", 3 May 2016. https://www.msf.org/msf-president-un-security-council-stop-these-attacks.

Although the resolution received resounding support from UN member states, the reality is that its adoption has not solved the problems encountered by our teams on the ground, who continue to be the target of threats and attacks. Some of those who committed themselves to it have violated its contents or allowed their allies to do so, without condemnation. The words used in the resolution have not been accompanied by concrete measures - only unadopted proposals - to reaffirm the protection of the medical mission.

While the attacks in the previous decade (2010-2020) were directly on hospital health structures, generally secondary or tertiary, as we experienced in Syria, Yemen, or Afghanistan, in recent years we have seen a clear increase in attacks on activities that are carried out outside health centres, such as mobile clinics, transfer of patients in ambulance services, health promotion, or community strategies to simplify the treatment of pathologies. The ultimate aim of all of these is to improve access to health for populations that are far from health centres. The World Health Organisation has recognised activities outside hospital structures and health centres as a basic pillar for improving access to health. However, it is precisely during these that staff are being deliberately targeted or detained, as we have experienced in Cameroon and Ethiopia. It is time for Resolution 2286 to provide a more forceful response to this kind of violence against frontline workers.

Medical humanitarian action is facing a growing trend of criminalisation

2) Establish mandatory independent investigative mechanisms for the investigation of attacks on the medical mission to strengthen the control of impunity of perpetrators.

Currently, there are no mandatory mechanisms for the investigation of attacks on the medical mission. There is a voluntary trigger mechanism, the International Humanitarian Fact-Finding Commission (IHFFC), an investigative body that independently issues reports on IHL violations. Following the bombing of the MSF hospital in Kunduz, the IHFFC contacted the US and Afghan governments to offer its services so that they would agree to open proceedings. However, despite the willingness of its members, the IHFFC was unable to initiate an investigation due to the refusal of the states involved, both Afghanistan and the US.

3) Reach agreements that ensure that counter-terrorism frameworks are in line with IHL (in particular for the protection status of the medical mission and patients), and that medical ethics (including patient confidentiality) are respected.

In many contexts, negotiating humanitarian access to populations in areas of conflict and violence with non-state armed actors has often been the greater challenge, seemingly at times insurmountable; however, our recent experience is that humanitarian access is increasingly being reduced, and with similar levels of violence, emanating from state actors.

It is imperative to gain access, whichever actor controls the space, to provide much-needed medical and humanitarian care for the population. To this end, we engage with all parties to the conflict to allow us to deliver medical care safely. We emphasise our neutrality and reaffirm to all parties that our sole objective is to provide assistance to people and not to interfere in any political or military agenda.

Medical humanitarian action is facing a growing trend of criminalisation, and states must clarify and reaffirm their commitment to protect the wounded and sick and those who care for them. According to medical ethics, the withholding of life-saving assistance is non-negotiable. Patients who arrive in the emergency rooms of our hospitals must be cared for, regardless of who they are, or which side of the front lines they are on or live on.

Unfortunately, this view is not shared by all, and we are working to counter the criminalisation of medical humanitarian assistance in conflict zones. On the one hand, under many national counter-terrorism laws, any assistance provided in areas where so-called "terrorists" operate is subject to prosecution, and these areas are often very difficult to access.

Counter-terrorism measures can have adverse effects on humanitarian action, so it is imperative that they are designed in such a way that they do not impede ore make more difficult than necessary a humanitarian response. This includes allowing independent humanitarian organisations to engage in dialogue with non-state armed groups, even if they are designated as terrorists, to secure arrangements for access to populations. Anti-terrorism laws should exclude from their scope such activities that are strictly humanitarian and impartial, because it directly undermines access, protection and assistance to people affected by armed conflict, particularly in areas controlled by non-state armed groups.

Anti-terrorism laws should exclude strictly humanitarian and impartial activities from their scope

It is crucial to us, and to the work we do, that the sanctity and protection of medical care is preserved, and that we be allowed access to all parties to a conflict to reiterate that protection. Establishing authorisation agreements that are respected by all parties is essential to prevent attacks.

6

THE MURDER OF MARIA, TEDROS AND YOHANNES, AND THE URGENT NEED FOR CLARIFICATION

On 24 June 2021, three MSF staff members, Maria Hernandez Matas, emergency coordinator, Tedros Gebremariam Gebremichael, driver, and Yohannes Halefom Reda, deputy emergency coordinator, were on their way southeast from Abi Adi in central Tigray region to assess the medical needs of the area. On the road, they were intercepted and killed. At the time of their murders, Maria, Yohannes and Tedros were wearing clothes identifying them as MSF humanitarian workers and were travelling in a clearly recognisable MSF vehicle. They were engaged exclusively in medical and humanitarian activities, in accordance with IHL, and in dialogue and with the acceptance of all parties to the conflict. All three were part of the MSF team in Abi Adi, a village in the central part of the Tigray region with a pre-conflict population of about 35,000 people.

MSF has tried tirelessly to understand all the circumstances in which Maria, Yohannes and Tedros lost their lives and to obtain an acknowledgement of responsibility. Both publicly and bilaterally, we have contacted the two parties present in the area where the killings took place - the Ethiopian National Defence Forces and the Tigray People's Liberation Front (TPLF) - with

specific requests and questions about their possible involvement in the incident. We have also asked them to share the results of their investigations and reviews with us and with the families of Maria, Tedros and Yohannes, as well as to put in place the necessary mechanisms and safeguards to prevent similar incidents from occurring in the future. At present, we still have no clarity on the circumstances that led to the killings and no acknowledgement of responsibility.

Since November 2020, at least 36 aid workers have been reported killed in Ethiopia, making it one of the most dangerous countries in the world in which to deliver aid[25]. Humanitarian organisations continue to face serious challenges in responding safely and effectively to people in need in many parts of the country. MSF therefore urges the Federal Democratic Republic of Ethiopia (FDRE) and the international community to ensure that investigations into violations of IHL, encroachment into humanitarian space, and attacks on humanitarian workers and civilians are given the priority and respect they deserve. These issues must be at the forefront of all discussions on Ethiopia, both inside and outside the country. Failure to uphold the need to investigate such a heinous attack on humanitarian workers sets a dangerous precedent, not only in Ethiopia but also in other parts of the world where humanitarian workers strive to serve vulnerable populations.

At the time of their murders, Maria, Yohannes and Tedros were wearing clothes identifying them as MSF humanitarian workers and were travelling in a clearly recognisable MSF vehicle

At the time of their deaths, MSF-Spain took the painful but necessary decision to suspend activities in central and eastern Tigray. At the time of the writing of this article, and due to the scale of the humanitarian crisis in the country, the Dutch and Belgian MSF sections remain in the country.

MSF will not cease its efforts to clarify the circumstances and motivations behind the killings. In the absence of further analysis from a different perspective, what we can say today is that the murders of humanitarian workers must be clarified. For Maria, Yohannes and Tedros; for all those who dedicate their professionalism and their lives to providing medical humanitarian assistance; and for the families of our colleagues, so that they can make some reparation for their tragic losses.

25 Information collected from the publicly available database on the security of humanitarian personnel on 8 November 2022. This database is a global compilation of reports of serious security incidents involving deliberate acts of violence affecting humanitarian workers. Not all incidents are verified. Database available at https://aidworkersecurity.org/incidents/search?end=2021&detail=1&country=ET.