

From the Editors

This issue of *World Health & Population* (WHP) begins with two papers that deal with broadly defined global health issues. In the first article, Costello (2016) examines pharmaceutical purchasing in China and a recent change in price-negotiation tactics. In the second, Alloubani et al. (2016) compare and contrast the French and Jordanian healthcare systems. The remaining three papers form a Special Focus section devoted to the pressing problem of attacks on healthcare workers in war zones.

According to a recently released World Health Organization report (WHO 2016), from January 2014 to December 2015 there were 594 reported attacks on healthcare workers and hospitals and clinics in 19 countries with military conflict; these strikes resulted in 959 deaths and 1,561 injuries. More than half of the attacks were against healthcare facilities and another quarter were directly against healthcare workers. Perhaps most disturbingly, 62% of the attacks were reported to have intentionally targeted these healthcare workers and facilities. Early in May of this year, the United Nations Security Council unanimously adopted a resolution “to strengthen protection for healthcare workers, the sick and wounded, hospitals and clinics, in war zones” (UN 2016). The UN resolution did not specifically mention the conflict in Syria; however, its adoption came less than a week after an airstrike on a major Syrian pediatric-care centre in Aleppo killed scores of people (PHR 2016b). The non-profit organization Physicians for Human Rights has been extensively documenting the war in Syria. According to their records (PHR 2016a), there have been 359 deliberate attacks on healthcare facilities in Syria since 2011, killing 730 medical workers.

The WHP Special Focus: Attacks on Healthcare Workers in War Zones is a continuation of the work of the conference organized by the Center for Public Health and Human Rights (CPHHR n.d.) in November 2013 in Bellagio, Italy. The report was published in WHP in 2014 (CPHHR 2014).

In the first paper of this section, Pham et al. (2016) discuss the importance of accountability in deterring attacks against healthcare systems. They suggest an approach that could increase further accountability efforts for organizations interested in the gathering of evidence for presenting criminal charges against attackers. They propose that these organizations should aim to gather not only information about the nature of the attacks but also data that help establish specific characteristics about the victims, the intent of the attackers and the patterns of violence.

Bagshaw (2016) reminds us in the second paper that explosive weapons, such as aircraft bombs, mortars and improvised explosive devices, account for more deaths, injuries and damage than any other type of weapon in attacks on healthcare facilities. He proposes that curbing the use of explosive weapons in populated areas could contribute to reducing the incidence and devastating impact of attacks against healthcare organizations.

In the final commentary in this section, Fast and Wille (2016) discuss the devastating consequences for civilians of healthcare providers being compelled to withdraw or temporarily close their programs when violence intensifies.

Conflict zones will probably never be entirely safe areas for conducting essential healthcare work, particularly as modern

warfare evolves. However, people who deliberately attack, intimidate or threaten healthcare workers and facilities – at any point but particularly in times of war – show an appalling lack of respect for the sanctity of healthcare and for international humanitarian law. Although there are no easy solutions here, the international community needs to stand up against the barbaric rise in the intentional targeting of healthcare workers. These individuals are there to help civilians and combatants from all sides, often choosing to remain in dangerous locations at great personal risk, and they should not have to fear direct assault while executing their ethical duties to the wounded and sick.

In conclusion, we hope that you find the papers in this issue interesting and

worthwhile additions to the global health issues debates. *WHP* remains committed to its mission to provide a forum for researchers and policy makers worldwide to publish and disseminate health- and population-related research, and to encourage applied research and policy analysis from diverse global and resource-constrained settings.

We look forward to continued enthusiastic submission of manuscripts for consideration, peer review and publication. Finally, the editors and publishers of *WHP* are always interested in any comments or suggestions you might have on the papers or about the journal and our mission.

– The Editors

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