UNRELENTING VIOLENCE:
Violence Against Health Care in Conflict
2021

SAFEGUARDING
HEALTH
IN CONFLICT

Insecurity
Insight
Data on People in Danger

Contents

Letter from the Chair

During the past 18 months the list of health care systems that have been destroyed or severely compromised by war-related violence lengthened. Three-quarters of the health facilities in Ethiopia's Tigray region were destroyed or damaged in the conflict that began in November 2020. In the now-forgotten conflict in Gaza in the spring of 2021, 30 health facilities were damaged. In Myanmar the public health system has all but collapsed since the coup in February 2021, because many hospitals have been occupied by the military, while COVID-19, HIV, TB, and malaria programs stalled and 300 health workers were arrested. Then in February 2022 Russia began attacking hospitals, ambulances, and health workers during its invasion of Ukraine. By the end of April 2022, The World Health Organizations confirmed almost 200 such attacks.

The past year was marked by continued international failure to prevent such attacks and hold perpetrators to account. Governments' expressions of horror at the violence continued without being accompanied by action. By the fifth anniversary of the passing of UN Security Council Resolution 2286, in which governments committed to concrete actions to prevent such attacks and increase accountability, very little had been done. Nor did the Security Council consider new course corrections to implement the resolution's requirements.

At the same time, one of the foundations of action, the WHO's systems for tracking attacks, remained inadequate to its function. Except for reporting in Myanmar and Ukraine, where widespread attention increased pressure to collect data, the system severely under-reported incidents. In Ethiopia, despite the effective destruction of the health system and the murder of health workers in Tigray region and other attacks in Afar and Amhara regions, the WHO reported zero attacks in the country for the whole of 2021. This failure no doubt contributed to the lack of global attention to the dire situation in Ethiopia. When the WHO system did report, it continued to withhold information essential to understanding what took place and where attacks occurred.

There were some advances in the area of accountability. Germany obtained a conviction of a Syrian war criminal under principles of universal jurisdiction (although not for crimes involving attacks on health care). The prosecutor of the International Criminal Court (ICC) accepted Ukraine's request to investigate alleged war crimes there. But these cases did not address the continuing structural problem that permits the five permanent members of the Security Council to block certain referrals to the ICC, but nevertheless are a sign that accountability may finally be on the increase.

Perhaps 2022 will be an inflection point, as images and reports of attacks on health care and their consequences in Ukraine continue to go viral, accompanied by frequent and loud demands for accountability – but it won't be if the lassitude of the international community continues.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

Acknowledgments

SHCC Members

Safeguarding Health in Conflict Coalition Members

Agency Coordinating Body for Afghan Relief and Development (ACBAR)
Alliance of Health Organizations (Afghanistan)
American Public Health Association
Association Canadian Federation of Nurses Unions
Consortium of Universities for Global Health
Defenders for Medical Impartiality Doctors for Human Rights (UK)
Doctors for Human Rights UK
Doctors of the World USA European Federation of Nurses
European Federation of Nurses Associations
Friends of the Global Fund Africa (Friends Africa)
Global Health Council
Global Health through Education, Training and Service (GHETS)
Harvard Humanitarian Initiative
Human Rights Center, UC Berkeley, School of Law
Human Rights Watch
Hunger Reduction International
Insecurity Insight
International Council of Nurses
International Federation of Health and Human Rights Organizations
International Federation of Medical Students' Associations (IFMSA)
International Health Protection Initiative International Rehabilitation Council for Torture Victims
International Rescue Committee
International Health Protection Initiative
IntraHealth International
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Pakistan Medical Association
Physicians for Human Rights
Physicians for Human Rights—Israel
Save the Children
Surgeons OverSeas (SOS)
Syrian American Medical Society (SAMS)
University Research Company
Watchlist on Children and Armed Conflict
World Vision

Executive Summary

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

1,335	1,458	493	175
REPORTED INCIDENTS	HEALTH WORKERS AFFECTED	INCIDENTS AFFECTING HEALTH FACILITIES	HEALTH TRANSPORT AFFECTED
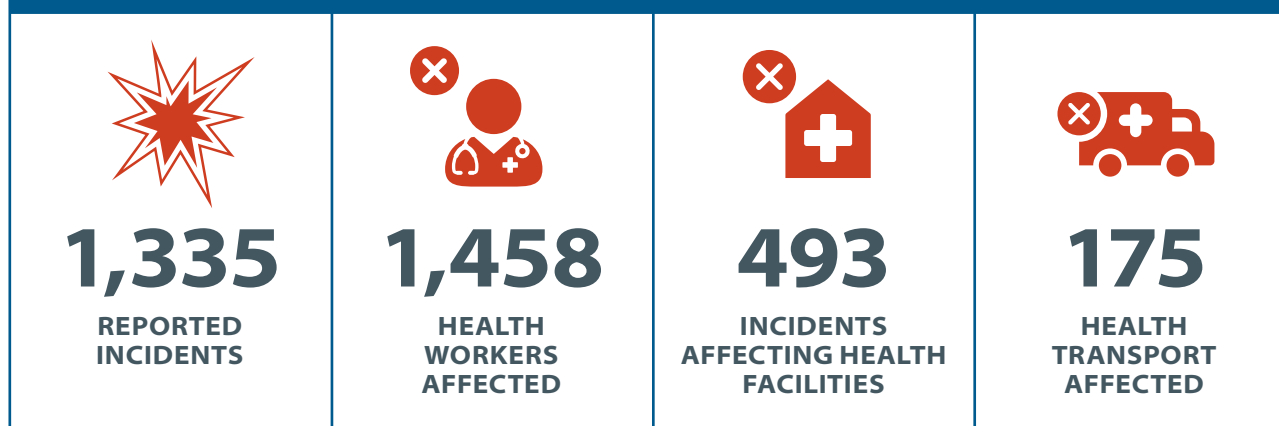
Source: 2021 SHCC Incident Data

In 2021, amid an ongoing global COVID-19 pandemic, the Safeguarding Health in Conflict Coalition documented 1335 incidents of violence against or obstruction of health care in 49 countries and territories in conflict. This report includes chapters of the 14 most affected countries and territories. This overall number is similar to those of recent years, but there are underlying differences reflecting broader global trends, which make the impacts of these attacks even more severe for the people who rely on these services.

Health infrastructure globally continued to be under strain from over 200 million reported COVID-19 cases. Armed conflicts intensified in several countries, including Ethiopia, the occupied Palestinian territories (oPt), and Myanmar. Insecurity increased across countries in the Sahel region, while political conflicts in Myanmar and Sudan destabilized these societies. The Taliban's return to power in Afghanistan shifted the focus on conflict-related concerns for health providers there but only partially decreased the violence they experienced, while protracted conflicts in the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), South Sudan, and Sudan, Syria, Yemen and elsewhere continued.

The number of violent incidents against health care in some conflicts, such as those in Syria and Yemen, declined, although in both conflicts explosive weapons continued to be used in attacks on hospitals, and already weakened health systems were further damaged. However, in new and renewed conflicts in Ethiopia, the oPt, and Myanmar, many attacks on hospitals and health workers, and severe damage to or the destruction of health facilities were inflicted. In the DRC, Myanmar and Sudan, health workers were targeted and arrested following coups. The larger numbers of incidents in these countries underline the fact that attacks on health care are a common feature in many of today's conflicts and that despite global commitments to protect health care as enshrined in UN Security Council Resolution 2286, health care in conflict-affected countries or regions needs to be better protected.

The armed conflict in the Tigray region of Ethiopia, which began in November 2020, led to the wholesale destruction of much of Tigray's health infrastructure and affected health care in other regions including Amhara and Afar. The 55 documented attacks across Ethiopia discussed in this report likely represent a severe undercount because of the difficulties of reporting in a region where access and communication have been restricted. Prior to the conflict, Tigray had over 1,000 health facilities, including two tertiary-care hospitals. In December 2021 a survey revealed that as a result of the violence, 79% of about 250 facilities

surveyed were damaged and only 3% were fully functional. In the Amhara and Afar regions, the WHO reported that only 22% of facilities were fully functional.

In Myanmar the military coup of February 2021 triggered country-wide protests, led in part by members of the health community. More than 50,000 health workers went on strike and others helped to organize demonstrations as part of the Civil Disobedience Movement. The junta and its security forces retaliated brutally, arresting over 500 health workers in 2021 and raiding and sometimes occupying at least 118 public health facilities. The intensified conflict that followed continues to be characterized by regular attacks on health providers and restriction of access to health care.

In the fourth war in Gaza in just over a decade Israel's explosive weapons destroyed or damaged at least 30 health facilities in just 11 days, further weakening a health system reeling from three prior wars. Restrictions on access to health care continued throughout the year in Gaza and the West Bank.

In Afghanistan, fighting prior to the Taliban takeover includes violence inflicted on many health facilities and health workers. New restrictive policies imposed following the takeover and sanctions imposed on the new Taliban regime affected the functioning of health services.

In 2021, 1335 incidents affecting healthcare were reported.

In these incidents 1,458 health workers were affected:
- 320 health workers were injured
- 161 health workers were killed
- 170 health workers were kidnapped
- 713 health workers were arrested
- 94 health workers were assaulted

493 incidents affected health facilities
- in 188 incidents health facilities were destroyed or damaged
- in 223 incidents armed conflict parties entered health facilities
- in 82 incidents armed conflict parties occupied of health facilities

175 health transport were affected
- 111 health transport were damaged or destroyed
- 64 health transport were stolen or hijacked

Attacks on health care continued in long-standing conflicts such as Afghanistan, CAR, the DRC, Syria, and Yemen.

Several African conflicts were characterized by widespread violence perpetrated by multiple non-state armed groups. Kidnappings, ambushes, and looting of health facilities remained prevalent in wars in Burkina Faso, CAR, the DRC, Mali, Nigeria, South Sudan, and the Darfur and Kordofan regions of Sudan. Violence against health providers in the Sahel region increased in 2021 as insecurity spread across several countries.

Government repression also continued in the form of arrests of health workers in the DRC and Sudan. In Sudan a coup and subsequent protests led to dozens of instances of violence by security forces, including hospital raids and arrests and killings of health workers.

Executive Summary

Attacks on health systems and obstruction of access to care, especially when combined with generalized insecurity from conflict, had widespread impacts on public health programs and population health in 2021. This included the interruption of vaccination programs against measles, polio, and other childhood vaccinations in Afghanistan, the DRC, Myanmar, South Sudan, and Yemen. Damage to health systems and facilities and attacks on public health interventions also led to setbacks in efforts to fight epidemic and endemic disease. Cholera outbreaks continued to occur in Yemen in 2021 and malaria was on the rise in conflict-affected regions of Nigeria. COVID-19 vaccination programs in Myanmar and elsewhere were stymied by threats and violence against health care workers.

In Ethiopia and Gaza, the destruction of health infrastructure in 2021 had a direct, immediate, and devastating impact on health systems. In Ethiopia half of all health workers in Tigray stopped working after the armed conflict began, while over 7,000 health workers were displaced. The blockade of Tigray weakened the health system, with some hospitals reporting that the supply of essential medications had plummeted to 20%. In Gaza damage inflicted by Israeli explosive weapons caused the closure of a trauma and burns clinic and laboratory, impacting the ability of survivors of violence to access treatment from bullet and shrapnel wounds. This highlights how the closure of a single specialist facility can have a significant long-term impact that will continue to affect many people's lives.

Damage to and the destruction of health facilities cause many additional and avoidable deaths and long-term consequences for people who do not receive the care they need. Measuring the impact of conflict should take into account the additional death toll caused by attacks on health systems and personnel during the conflict. Such data is much more difficult to obtain than battle deaths and killings of civilians, and is therefore rarely included in general conflict assessments.

However, documenting and calling out these crimes and their wider impacts is a vital step in exposing and addressing impunity. Despite international efforts and commitments to protect essential health services, as reflected in the Geneva Conventions and the unanimous adoption of UNSCR 2286 six years ago, accountability for attacks of health care remains absent. While the adoption of the UN resolution represented a strong political commitment to protect the sanctity of health care in armed conflict, the only international prosecution for an attack on a hospital and its patients happened a quarter of a century ago as a result of the work of the International Criminal Tribunal for the former Yugoslavia.[1] The international community is failing to take effective measures to prevent attacks or hold perpetrators accountable, and the lack of accountability is contributing to the trends documented in this report.

It is hoped that this report will make a contribution to our collective understanding of the significant additional costs caused by attacks on health care. Conflict parties need to be held accountable for such violations. Civilians cannot be properly protected if access to mental health services, public health measures against preventable diseases, and access to general care cannot be guaranteed.

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1   *https://www.motherjones.com/politics/2022/03/russia-has-a-long-cruel-history-of-attacking-hospitals-maybe-this-time-its-leaders-will-be-prosecuted/*

Recommendations

Countries' failure to abide by the commitments they have made requires decisive new forms of leadership, accountability, and reform to ensure that commitments under UN Security Council Resolution 2286[2] and the Secretary-General's recommendations for its implementation are fulfilled:

1. End impunity.

a. *In all cases where UN Security Council referral to the International Criminal Court (ICC) is required and there are credible reports of war crimes against health facilities, health workers, health transports, or the wounded and sick, the Council should make the referral.*

b. *Suspend permanent member veto in cases of mass atrocities.* The single greatest obstacle to accountability for war crimes, including attacks on health care, is the veto power of the Security Council's permanent members, including their ability to block the referral of appropriate cases to the ICC. In the long run, major reform of the Security Council's structure is required, but in the short term permanent members should abide by a proposal by France – a permanent Security Council member – and endorsed by more than 100 UN member states, to refrain from using that veto power in the case of mass atrocities, as determined by an independent panel.

c. *Expand the use of and support for universal jurisdiction.* Principles of universal jurisdiction empower states to prosecute war crimes that happen anywhere and are perpetrated by anyone, regardless of any connection to the country where the case is initiated. Germany recently employed this power to prosecute war criminals, and other countries must do the same to initiate investigations and prosecutions. Domestic investigations of war crimes should expand, accompanied by international investment in strengthening the capacity of national ministries of justice to develop and prosecute cases.

d. *Strengthen restrictions on military support for and the provision of arms supplies to state militaries and armed groups that engage in widespread violations of international human rights and humanitarian law.* This includes the ratification of the international Arms Trade Treaty[3] and the enactment of domestic legislation that prohibits arms transfer and other forms of proxy or partner support for combatants who violate international humanitarian law. Some countries have taken significant steps to condition security partnerships and arms transfers on human rights violations. This includes the so-called 'Leahy laws' in the United States, which restrict US government funding for foreign security force units implicated in gross violations of human rights.[4] Now is the time to condition all security assistance on adherence to international humanitarian law. Achieving this aim also requires reinvigorated diplomatic efforts that draw on such a framework to induce behavior changes in militaries around the world.

e. *Ensure the integrity of the UN mechanisms designed to protect children in armed conflict.*

i. This should include naming all member states and armed groups that engage in recurrent attacks or threats of attack on hospitals and protected persons in the 'List of Shame' annex to the UN Secretary-General's annual report on children in armed conflict.[5] The annex should accurately and consistently reflect the evidence collected and verified by the UN's Monitoring and Reporting Mechanism. Political consideration and pressures by member states should play no role in decisions on which entities are listed.

ii. Wherever there is credible information that parties are committing grave violations against children, including attacks on health care, the Secretary-General should alert the Security Council by including such 'situations of concern' in his annual report on children and armed conflict.

Recommendations

  iii. The Special Representative on Children in Armed Conflict should strengthen engagement with parties to conflicts that commit attacks on health care. Parties should develop, sign, and support the implementation of action plans as provided in the protection mechanism to prevent attacks on schools and hospitals.

 f. *Conduct domestic investigations and prosecutions.* Member states should conduct credible, independent, and thorough investigations of violations of international humanitarian and domestic law in cases of violence or threats against or obstruction of access to health care by their military forces or security personnel. If investigations reveal credible allegations of violations, they should initiate disciplinary processes, by court martial or in some other way.

2. Strengthen prevention.

 a. *Strengthen data collection.* The World Health Organization (WHO) must fulfill its commitment to strengthen its Surveillance System for Attacks on Health Care by providing public, transparent information about the locations and details of attacks unless security considerations require otherwise and identify perpetrators of attacks if they are known.[6]

 b. *Reform military operational practice and training.* National militaries should review and revise military doctrine, protocols, rules of engagement, and training to increase respect for and the protection of health care in situations such as armed entries into medical facilities, passage of the wounded and sick at checkpoints, and other circumstances where health care is at risk due to military operations. The revisions should also include abiding by no-weapons policies in health facilities.

 c. *Reform laws.* Member states should repeal counterterrorism and other laws that impose criminal or other penalties for offering or providing care consistent with the professional duty of impartiality and end the obstruction or impedance of humanitarian medical assistance to all in need.

 d. *Report on progress. The Secretary-General should report on the degree to which member states have taken the steps required by paragraphs (b) and (c), above.* Reporting is an essential incentive toward compliance and is essential in light of past failures to act.

3. Strengthen global and domestic leadership.

 a. *The WHO should become a consistent, powerful leader on the protection of health care.* Although the organization speaks out on the need to protect health care, it must regularly call out states and armed groups that attack health care and mobilize the global health and health professional communities through comprehensive plans to increase the protection of health care and follow through on them.

 b. *Military chiefs of staff must commit to reviewing and reforming military doctrine, practice, and training to prevent attacks on health care.*

 c. *Ministers of health must provide new forms of leadership to protect health care in conflict.* They should engage with their own military and security forces and the ministries that oversee them, peacekeepers, armed groups, and front-line health workers and proactively work toward protecting health care from violence and supporting health workers.

Recommendations

    d. *Legislative bodies should initiate oversight programs and law reform activities to ensure that their countries' military and security forces are accountable for their conduct and fulfill their obligations to respect and protect health care.* Legislative bodies should hold hearings on the conduct of military and security forces, enact legislation requiring reform of military and security operational procedures to protect health care, and engage with the relevant ministries to ensure adherence to international humanitarian and human rights law.

    e. *Medical, nursing, and public health organizations should take proactive steps to protect health care in conflict.* This includes initiatives to educate their members about violence against health care in conflict, speak out publicly when health care is under assault, call for greater leadership by the WHO, and express solidarity with colleagues under or at risk of attack.

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2   *http://unscr.com/en/resolutions/2286.*
3   *https://thearmstradetreaty.org/.*
4   *https://www.state.gov/key-topics-bureau-of-democracy-human-rights-and-labor/human-rights/leahy-law-fact-sheet/.*
5   un.org/sg/en/content/sg/statement/2022-02-08/secretary-generals-remarks-the-opening-of-the-2022-session-of-the-committee-the-exercise-of-the-inalienable-rights-of-the-palestinian-people-delivered.
6   https://extranet.who.int/ssa/Index.aspx.

Afghanistan

On February 23, 2021 a prominent surgeon and head of the Baghlani Jadid Hospital was killed while traveling in Afghanistan's Baghlan province. Local police accused the Taliban of carrying out the attack.[7]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

107	32	39	22
REPORTED INCIDENTS	HEALTH WORKERS KILLED	HEALTH WORKERS INJURED	HEALTH FACILITIES DESTROYED/ DAMAGED
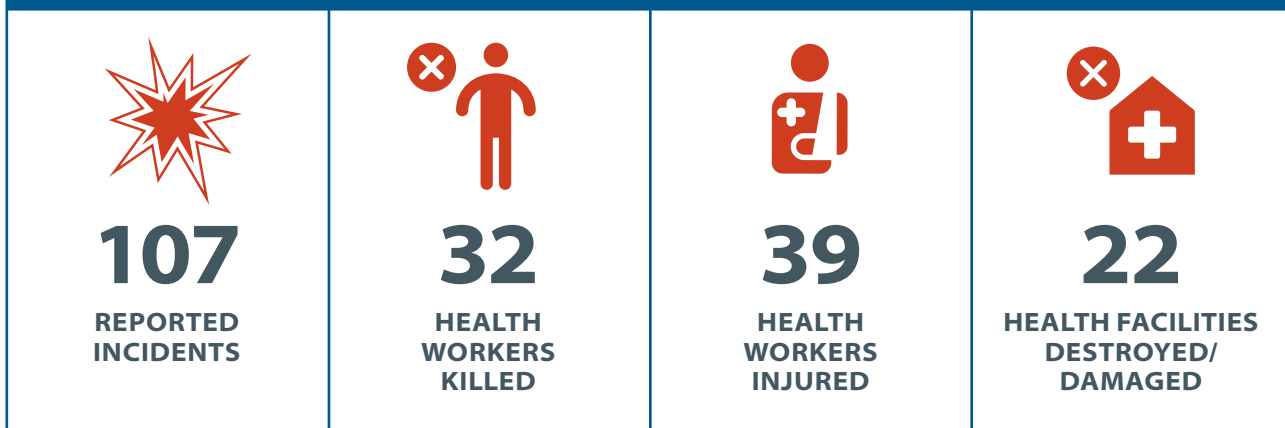
Source: 2021 SHCC Afghanistan Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 107 incidents of violence against or obstruction of health care in Afghanistan in 2021, compared to 106 incidents in 2020.[8]

Thirty-nine health workers were killed and another 32 injured. Health facilities were damaged or destroyed by violence on at least 24 occasions.

This factsheet is based on the dataset 2021 SHCC Health Care Afghanistan Data, which is available for download on the Humanitarian Data Exchange (HDX).[9]

The SHCC count includes 47 incidents provided by the Conflict and Humanitarian Data Centre of the International NGO Safety Organisation (INSO) and 32 incidents uniquely reported by the WHO Surveillance System for Attacks on Health Care.

The Health Cluster reported 46 health-related incidents in Afghanistan in 2021, while the UN Assistance Mission in Afghanistan reported 28 incidents for the first six months of the year.[10] Neither of these sources identified individual incidents, so we could not determine whether other sources had also accounted for them. A lack of data sharing made it impossible to ascertain whether these were additional incidents or whether they had already been included in the SHCC dataset.

This document focuses on the analysis of 107 incidents for which there was enough information on context, perpetrators, and weapons use to allow the nature and extent of reported violence against and obstruction of health care to be meaningfully described.

Afghanistan

THE CONTEXT

The Taliban took control of Afghanistan in August 2021. The months prior to the takeover saw renewed fighting. Nangarhar province saw intense fighting between the then-Afghan government forces and the Taliban. After August 2021 attacks by non-state armed groups continued, including in Nangarhar province.

After the takeover the Taliban implemented various policy measures that directly affected health care such as requiring women to access health care accompanied by a '*mahram*', i.e. a male chaperone. The humanitarian situation deteriorated significantly after August 2021 due to the withdrawal of donor support for government-operated health care facilities and international sanctions imposed on the Taliban regime. In December 2021 OCHA reported that more than 75% of the Afghan population – 30 million people – required humanitarian aid.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

In 2021, 107 incidents of violence against or obstruction of health care were reported in Afghanistan. Following the Taliban takeover in August fewer incidents were recorded than in the preceding months.

The number of provinces where incidents were reported rose in 2021, from ten in 2020 to 17 in 2021. In particular, more incidents were reported from Nangarhar province, with the total increasing from one in 2020 to 20 in 2021. High incident numbers continued to be reported in Kabul.

Reported incidents affecting health care in Afghanistan in 2021, by month

Incidents decreased in the months following the Taliban takeover in August

01 Jan-15 Aug
Pre-Taliban takeover (87)

15 Aug 31 Dec
Post-Taliban takeover (20)
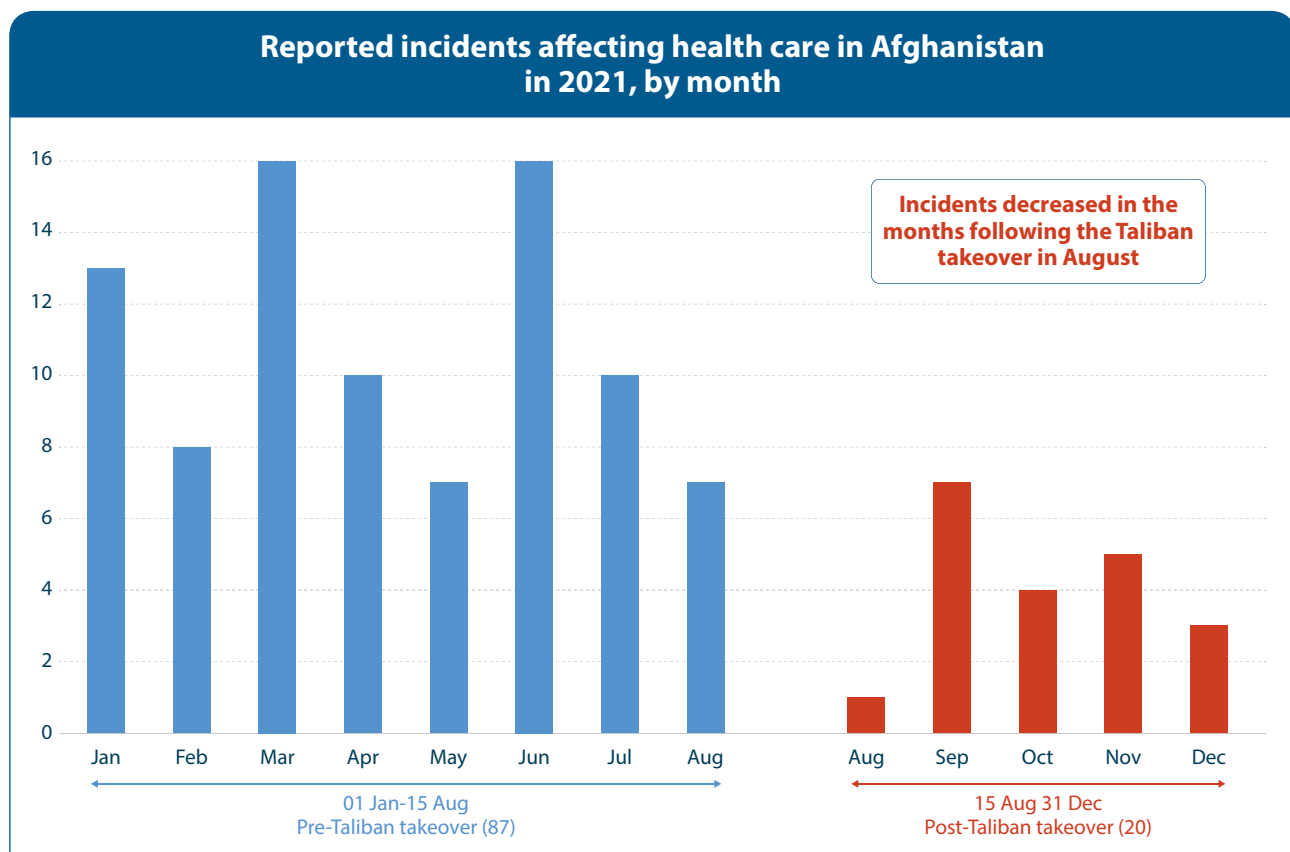
Afghanistan

Reported health workers deaths and injuries in Afghanistan between 2020 and 2021

Violence against health workers increased in 2021 compared to 2020

2020 (106) 2021 (107)

■ Health worker death or injury incident (68)
■ All other incidents affecting health care (145)
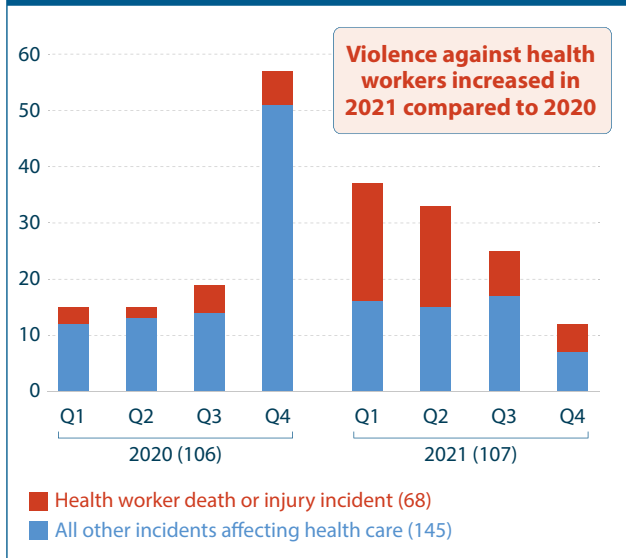
Violence against health workers was more frequently reported in 2021 compared to 2020. Health workers were harmed when traveling to or from work or when the convoy or ambulance in which they were traveling in or the hospital where they were working was hit by explosive weapons.

Polio vaccination campaigns in Nangarhar province were targeted by violence at least six times in 2021, resulting in the deaths of eight vaccinators and injuries to a further four. All six incidents occurred prior to the Taliban takeover.

Explosive weapons, including air strikes, mortar rounds, rockets, and suicide vest improvised explosive devices (IEDs), damaged or destroyed hospitals on at least 24 occasions, killing at least four health workers and injuring a further 14.

PERPETRATORS

Pre-Taliban takeover

Taliban forces, Islamic State Khorasan Province (ISKP), Afghan National Security Forces (ANSF) troops, and international coalition forces were reported to have perpetrated violence against or obstructed health care prior to the Taliban takeover in August.[11] In most cases these perpetrators were armed with firearms and/or explosive weapons, including air-launched weapons, IEDs, rockets, and artillery shells.

ANSF air strikes in Helmand province in July destroyed the private 20-bed Afghan Ariana Specialty Hospital. A person accompanying a patient was killed and two nurses and a patient were wounded. After the air strike locals looted hospital equipment.[12] Air strikes in Faryab and Ghazni provinces damaged a further two NGO hospitals.[13] In Ghazni five LNGO and INGO health workers were injured in the air strike.

ANSF
9

An LNGO health worker was injured inside a health facility in Helmand in August during an **international-coalition** airstrike on the area.[14]

International-coalition forces
1
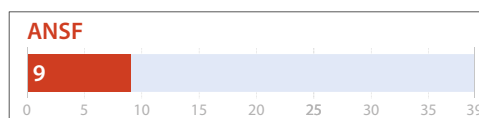
Afphanistan

On June 12 **ISKP** blew up a minivan in front of the Muhammad Ali Jinnah Hospital in Kabul, where COVID-19 patients were being treated.[15] The next day a doctor working in a military hospital was killed by **ISKP** fighters.[16] In August an IS suicide blast at the Hamid Karzai International Airport killed 60 Afghans and 11 US soldiers, including a US Navy medic.[17]
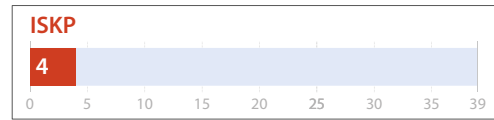
ISKP fighters in Nangarhar province detonated an IED at a health facility on March 2, injuring a health worker.[18] Two days later a health worker was killed in an IS roadside IED explosion in Nangarhar.[19]
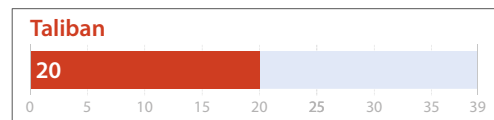
Taliban forces fired rockets and detonated IEDs at or near health facilities, killing two health workers and injuring three more. Taliban forces stole medical supplies from health workers while they were traveling to provide health care to remote areas of Balkh province during February and April.[20] On June 15 **Taliban** fighters coordinated five attacks against polio vaccination campaigns that were taking place across Nangarhar province. Five vaccinators were killed and a further four injured when **Taliban** fighters opened fire on them.[21]
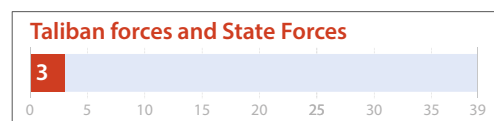
Between August 6 and 9 four NGO emergency health facilities in Wardak and Helmand provinces were damaged during fighting between **Taliban** fighters and **ANSF and international coalition** forces.[22]

Post-Taliban takeover

Members of the Taliban and IS were reported to have perpetrated violence against or obstructed health care after the Taliban takeover in August 2021.[23] In most cases these perpetrators were armed with firearms, and on two occasions with IEDs.

An **IS** suicide bomber on a motorcycle blew himself up at the entrance of the Sardar Mohammad Daud Khan Military Hospital in Kabul in November. About ten minutes later a second, larger explosion took place. At least 19 people were killed and 43 others wounded.[24]
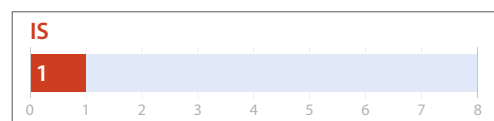
Taliban forces in Kandahar province beat an Afghan female doctor in front of her family members and a neighbor during a night raid on her home.[25] In Nangarhar province a male doctor was beaten by Taliban forces for trying to assist women at a medical center.[26] Across Afghanistan individual doctors who criticized the Taliban's COVID-19 vaccination policy were threatened by the Taliban and feared for their safety.[27]

ISKP

Taliban

Taliban forces and State Forces

IS

Taliban

Afghanistan

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services

A functionality assessment for static health facilities across Afghanistan conducted by WHO in September 2021 found that only 17% of health facilities were fully functional. While the situation had improved by mid-November 2021, at that time still only 41% of health facilities were fully functional.[28]

Some health facilities were completely destroyed in the run-up to the Taliban takeover, and have not yet been rebuilt.[29] The withdrawal of international funding led to the closure of many health facilities.[30] State hospitals that were still open did not have enough medical supplies or equipment.

Many qualified health care staff fled during the violent clashes in 2021 and after the Taliban takeover. Afghanistan had already faced a critical shortage of health-related human resources, with the second-lowest health workforce density in the Eastern Mediterranean Region as of 2020, with 8.7 physicians, nurses, and midwives per 10,000 population.[31]

Access to health care

By the end of 2021, 43% of the population, or 17.2 million people, were estimated to need health assistance.[32]

The instability during and after the Taliban takeover reduced access to health care. During the most active periods of the fighting MSF reported that hospitals were overwhelmed.[33]

In November 2021 MSF reported a dramatic increase in the severity of illness seen in patients accessing its clinics who had previously been too afraid to travel to obtain health care.[34] There was also a dramatic decline in access to health care because of the collapse of the economy after the Taliban takeover, and increasingly people could not afford to pay for health care.

7   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 27165.

8   *https://shcc.pub/2021SHCCAfghanistan*.

9   *https://data.humdata.org/dataset/afghanistan-violence-against-civilians-and-vital-civilian-facilities*.

10 *https://reliefweb.int/report/afghanistan/afghanistan-attacks-health-care-january-december-2021*; *https://unama.unmissions.org/sites/default/files/unama_poc_midyear_report_2021_26_july.pdf,* p. 11.

11 Details of the perpetrators were recorded in 39 incidents. The perpetrators of 49 are unclear.

12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29423.

13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 9910; 9933.

14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 38.

15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 28463.

16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 28464.

17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29303.

18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 9913.

19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 9915.

20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 9912; 9922.

21 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 28321; 28320; 28317; 28337; 28336.

22 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29280; 29279; 29278.

23 Details of the perpetrators were recorded in nine incidents. The perpetrators of 11 are unclear.

24   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 30067.

25 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29291.

26 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29659.

27 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29436.

28 HeRAMS, quoted in *https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2022-january-2022*.

29 *https://reliefweb.int/report/afghanistan/afghanistan-attacks-health-care-august-2021*.

30 *https://msf.org.uk/article/afghanistan-nine-months-conflict-crisis-and-hope-herat*.

31 Afghanistan Health System Review, April 2020, quoted in *https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2022-january-2022*.

32 *https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2022-january-2022*.

33 *https://msf.org.uk/article/afghanistan-patient-numbers-have-increased-tremendously*.

34 *https://msf.org.uk/article/roar-fear-bunker-my-time-frontline-hospital-afghanistan*.

Burkina Faso

On December 5, 2021 a health worker was kidnapped by Jama'at Nusrat al Islam wal Muslimin (JNIM) fighters in Burkina Faso's Est region, but was released two days later.[35]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

46	**36**	**15**
REPORTED INCIDENTS	**HEALTH WORKERS KIDNAPPED**	**INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED**

Source: 2021 SHCC Burkina Faso Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 46 incidents of violence against or obstruction of health care in Burkina Faso in 2021, compared to 17 in 2020.[36] In these incidents 36 health workers were kidnapped and seven ambulances were damaged or destroyed.

This factsheet is based on the dataset 2021 SHCC Burkina Faso Health Data, which is available for download on the Humanitarian Data Exchange (HDX).[37]

THE CONTEXT

Attacks on health care in Burkina Faso occurred amid growing conflict across the country. Since 2019, jihadi militia attacks led by JNIM and Islamic State West Africa Province (ISWAP) have resulted in increased insecurity in both the south and north of the country, especially in Est and Sahel regions.

Forty per cent of the population of Burkina Faso lives below the poverty line, and insecurity has been fueled by both frequent and severe drought and environmental changes caused by climate change.[38] The number of internally displaced people in the country has increased from <50,000 people in January 2019 to approximately 1.4 million in August 2021.[39]

Both JNIM and ISWAP use holding people for ransom and kidnapping either to generate financial resources or for political purposes such as demanding the release of prisoners. The sphere of influence of the various jihadist groups is dynamic. Throughout 2021 JNIM tended to be the dominant group in Burkina Faso's Sahel region, while ISWAP tended to concentrate more in Niger, Nigeria, and Mali.

Burkina Faso

As jihadist groups try to extend their influence in the context of the current instability, they use various tactics that affect health care, ranging from kidnapping health workers for financial gain to seeking medical support for their own fighters. The rise in violence against health care reflects jihadist groups' extending their influence rather than increasing their tactical focus on health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Overall, 46 incidents of violence against or obstruction of health care were reported in Burkina Faso in 2021, compared to 17 in 2020. This was due to rising insecurity in Est region, which reported nine incidents, compared to two attacks in 2020. Ten incidents were also reported in Sahel region, a smaller increase from the 2020 total of seven.

A sharp increase in health worker kidnappings was seen in 2021, with at least 36 cases, compared to two in 2020.[41] Most kidnappings occurred in the last four months of the year and were documented in Centre-Nord, Est, and Sahel regions. Health workers were abducted in small groups, often while traveling to provide health care to remote areas of the country. Eleven abducted health workers were released after a short period, while four were killed by their ISWAP captors.[42] The status of 21 kidnapped health workers is unclear.[43]

Known locations of reported incidents affecting health care in Burkina Faso 2016-2021, by region

Incidents increased in Est region in 2021

	2016	2017	2018	2019	2020	2021
Sahel (37)	•		5	12	7	10
Est (16)		•	4	•		10
Centre-Nord (9)			5	•	•	
Boucle du Mouhoun (6)				•		4
Nord (4)			•	•		•

Range: 1 – 12 incidents

Reported health worker kidnapping incidents in Burkina Faso in 2021, by month

Health worker kidnappings increased in the last four months of 2021

■ Health worker kidnapping incident (16)
■ All other incidents affecting health care (30)

Burkina Faso

Violence also impacted health infrastructure in 2021. Vital medicine supplies were looted from health centers, pharmacies, and a medicine depot on fifteen. At least seven ambulances were shot at, hijacked in road ambushes, or stolen from health centers.[44]

Ten health workers were killed in 2021, compared to 25 in 2020. The high number in 2020 was caused by one incident in which 18 health workers were killed in a mass attack.[45] Most frequently health workers were killed on their own in 2021. In one exception, five health workers were killed when their vehicle was attacked in March.[46] Six health workers were killed in road ambushes and four during attacks on health facilities.

PERPETRATORS

JNIM, ISWAP, Katiba Macina, and Movement for Unity and Jihad in West Africa (MUJAO) militants and members of other unidentified non-state armed groups were reported to have perpetrated violence against or obstructed health care in Burkina Faso in 2021.[47] In most cases the perpetrators were armed with firearms, and on some occasions, placed IEDs or set fire to health facilities.

ISWAP fighters in Sahel region fired at, ambushed, and seized ambulances, looted a pharmacy, and kidnapped four health workers. All four were kidnapped in separate incidents and later killed by ISWAP.

ISWAP

8

| 0 | 5 | 10 | 15 | 20 | 25 | 28 |
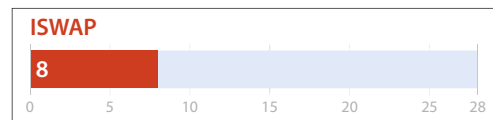
JNIM fighters in Est region kidnapped ten health workers, looted health supplies from a medicine depot, and seized an ambulance from a health worker at an illegal checkpoint. In Cascades region the group kidnapped a further two health workers.

JNIM

9

| 0 | 5 | 10 | 15 | 20 | 25 | 28 |
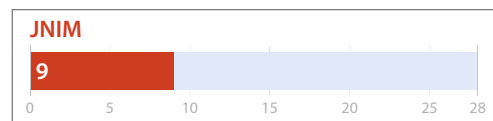
Katiba Macina fighters vandalized medical centers and looted health supplies in Boucle du Mouhoun and Cascades regions.[48]

Katiba Macina

3

| 0 | 5 | 10 | 15 | 20 | 25 | 28 |
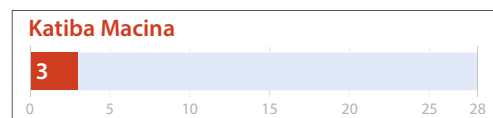
An ambulance in Sahel region hit a roadside improvised explosive device planted by **MUJAO** and six people were killed, including an ambulance driver, a pregnant woman, and a girl.[49]

MUJAO

1

| 0 | 5 | 10 | 15 | 20 | 25 | 28 |
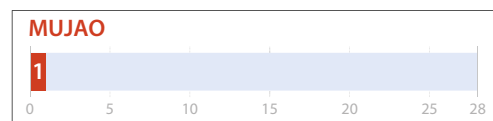
Members of **unidentified non-state armed groups** seized an ambulance as part of a wider assault in Sahel region and looted drugs from a medical center in Est region.[50] Ambulances were damaged, set on fire, and hijacked in Boucle du Mouhoun, Nord, and Sahel regions.

Unidentified non-state armed groups

7

| 0 | 5 | 10 | 15 | 20 | 25 | 28 |

Burkina Faso
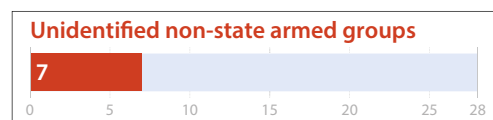
IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health workers

Repeated attacks on health workers caused many to leave their jobs. Supplying vital medicines and medical equipment in some areas was nearly impossible, because vehicles transporting them were frequently attacked.[51]

Health services

The Burkinabé Ministry of Health reported that 149 health care facilities were completely closed as of December 31 because of direct attacks by non-state armed groups, leaving 1.8 million people with no access to health care as a result.[52] The situation remained particularly critical in Sahel region, where 57% of health facilities were closed.[53] A further 300+ health care facilities were unable to operate at full capacity because of a combination of factors.[54]

Access to health care

Armed groups prevented people from seeking health care, while their blockade of cities such as Djibo in Sahel region and Pama, Gayéri, Diapaga, and Matiacoali in Est region made it nearly impossible for people to access referral centers for specialized care.[55]

In Sahel region, which is mostly desert, a lack of clean water caused outbreaks of cholera and other water-borne diseases among displaced people living there. People were unable to plant or harvest any crops, and malnutrition – particularly child malnutrition – was a growing concern.[56]

Insecurity directly impacted efforts to understand the nutrition situation in Burkina Faso amid a severe food security crisis, and made it impossible for the 2021 SMART survey teams to access target locations, resulting in a lack of vital information on the prevalence of undernutrition in Sahel region and most of Est region.[57]

35 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 30545.

36 *https://shcc.pub/2021SHCCBurkinaFaso*.

37 Seventeen incidents that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care (SSA).

38 *https://www.usaid.gov/nutrition/countries/burkina-faso-profile-2022#:~:text=A%20landlocked%20sub%2DSaharan%20 country,Development%20Index%20(UNDP%202019)*.

39 *https://www.worldbank.org/en/country/burkinafaso/overview#1*.

40 This chart shows the regions where four or more incidents were reported.

41 The WHO SSA reported 18 health worker kidnappings in 2021 that had not been reported elsewhere. Further information, including the identity of the perpetrators, the weapons used, and the locations of the incidents, is not available.

42 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 28334; 30273; 30277; 30275; 30278.

43 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 30245; 29193; 31098; 31093; 31061; 31068.

44 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 29950; 30278; 29825; 30249; 30273; 30546; 27629.

45 This incident, which had not been reported elsewhere, was reported by the WHO SSA. Further information, including the identity of the perpetrators, the weapons used, and the location of the incident, is not available.

46 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 31058.

47 Details of the perpetrators were recorded in 28 incidents. The perpetrators of 18 are unknown.

48 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 29357.

49 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 29572.

50 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 29550; 30283.

51 *https://reliefweb.int/report/burkina-faso/healthcare-centre-burnt-down-amid-surge-violence-foube*.

52 *https://ec.europa.eu/echo/where/africa/burkina-faso_en*.

53 *https://reliefweb.int/report/burkina-faso/bulletin-n-22-du-cluster-sant-novembre-2021*.

54 *https://ec.europa.eu/echo/where/africa/burkina-faso_en*.

55 IRC 2021 Health Analysis and Protection Monitoring Burkina Faso.

56 *https://msf.org.uk/article/burkina-faso-water-crisis-happening-between-conflict-and-climate-change; https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(22)00267-7.pdf*.

57 IRC 2021 Health Analysis and Protection Monitoring Burkina Faso.

Central African Republic

On April 2, 2021 Coalition of Patriots for Change (CPC) fighters looted a hospital and destroyed a bridge between Bago village and Bakouma town in the CAR's Mbomou prefecture during an attack on the civilian population.[58]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

107	**40**	**29**	**16**
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH WORKERS ARRESTED	HEALTH WORKERS INJURED
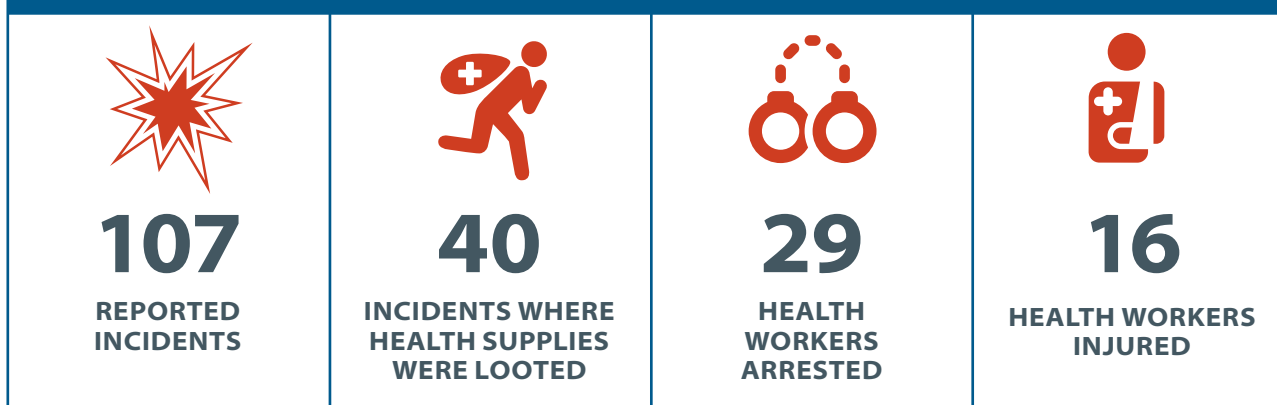
Source: 2021 SHCC CAR Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 107 incidents of violence against or obstruction of health care in the CAR in 2021, compared to eight such incidents in 2020.[59] In these incidents vital medical supplies were looted, while 25 health workers were arrested, 16 were injured, and nine others were kidnapped.

This factsheet is based on the dataset 2021 SHCC CAR Health Data, which is available for download on the Humanitarian Data Exchange (HDX).[60]

THE CONTEXT

After the collapse of a peace deal in December 2020 between the CAR government and a coalition of 14 armed groups known as the Coalition of Patriots for Change (CPC), violence increased throughout the country. The CPC, which opposed the December 2020 re-election of President Faustin-Archange Touadéra, carried out multiple attacks on strategic towns outside the capital, Bangui. Fighting also increased in the north-east of the country, as clashes among former Séléka alliance militia groups occurred along ethnic lines. Meanwhile, the growing presence of private military companies (PMCs) in the CAR, including the Russian Wagner Group PMC, have been accused of carrying out attacks and thus increasing instability. In December 2021 the EU imposed sanctions on the Wagner Group and stated that EU countries will no longer train CAR soldiers due to links between the PMC and the CAR armed forces.

The increase in violence has led to a widespread increase in the number of IDPs. OCHA has stated that the humanitarian emergency in the CAR has *reached levels not seen since 2015 due to the new conflict dynamics.*[61]

Central African Republic

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Reported incidents affecting health care in the CAR in 2021, by month

Throughout 2021 vital medical supplies were taken from health facilities and ambulances

- Incident where medical supplies were taken (38)
- All other incidents affecting health care (69)
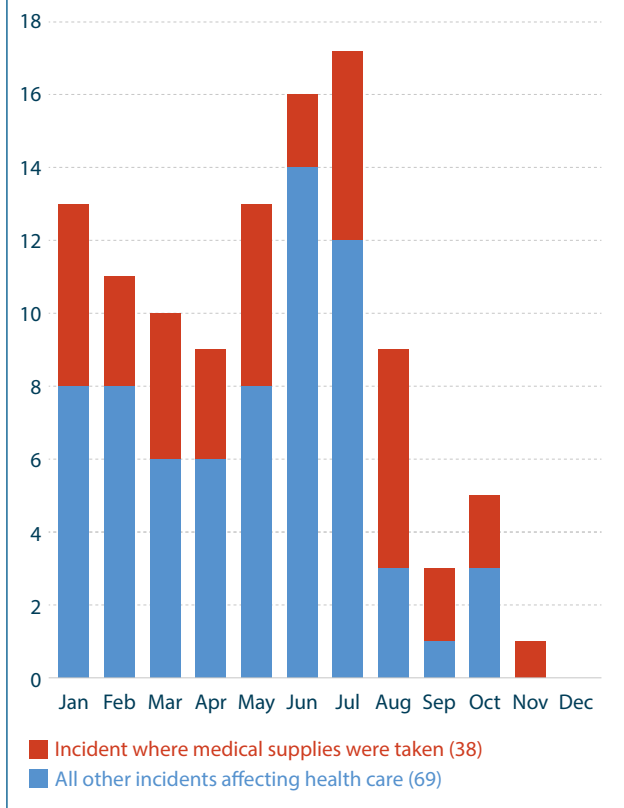
Overall, 107 incidents of violence against or obstruction of health care were reported in the CAR in 2021, compared to eight in 2020. This increase in incidents in 2021 is likely due to difficulties in reporting incidents caused by COVID-19-related travel restrictions between the country's regions throughout 2020. Because many areas in the CAR are not covered by phone networks or the internet, information flows depend on site visits, which were significantly reduced throughout 2020.

Incidents were particularly high during the first seven months of 2021 after the collapse of the peace talks in December 2020.[62]

Throughout 2021 vital medical supplies were stolen and looted from health facilities and ambulances carrying health workers traveling to provide health care to remote areas of the country.

Sixteen health workers were injured in road ambushes and during robberies at health facilities in 2021. In the majority of these cases, however, health workers and patients were unharmed. In one case in June, a woman, her baby, and a female caregiver who were being transported for referral by two motorcycle riders hired by an INGO and clearly identified by the INGO logo were ambushed near Batangafo town, Ouham prefecture. The female caregiver was shot and killed, and the mother, her baby, and one motorcycle rider were wounded.[63]

At least 25 health workers were arrested or detained in 2021. Health workers were frequently detained on their own or together with other colleague while traveling to and from health facilities.

PERPETRATORS

Members of various known groups such as Anti-Balaka; Ex-Séléka; the Central African Armed Forces (FACA); the CPC; law enforcement agencies; the Wagner Group; and Return, Complaint and Rehabilitation (3R), as well as members of various unidentified non-state armed groups were reported to have perpetrated violence against or obstructed health care in the CAR in 2021.[64] In most cases these perpetrators were armed with firearms.

CPC fighters in Mbomou prefecture stole medical supplies from health facilities, including an INGO-supported facility, on three occasions in February, March, and April.[65] During the incident in April **CPC** fighters looted a hospital and destroyed a bridge between Bakouma town and Bago village. In July members

of the group also stole medical supplies from health facilities in Ouaka prefecture and in August in Mambéré-Kadéï prefecture.[66] In August **CPC** fighters stole supplies from a health vehicle in Bamingui-Bangoran prefecture.[67]

A health worker was injured in a July attack on a health facility by **CPC** fighters in Basse-Kotto prefecture and another was kidnapped in Ouham prefecture in January. The status of the kidnapped worker remains unclear.[68]

On two occasions health facilities were impacted by violence during **clashes between non-state armed groups and government forces** in Ouaka prefecture. In February bullets and explosives from violent clashes hit an MSF medical tent, wounding at least eight women and nine children.[69]

In Elevage IDP camp, Ouaka prefecture an MSF-supported health post providing malaria treatment, as well as tents and shops, were burnt and destroyed during fighting between **non-state armed groups and government forces** in June.[70]

In Mbaiki city, Lobaye prefecture, **FACA** soldiers detained an INGO ambulance in January and looted medical supplies from a pharmacy in Bambari town, Ouaka prefecture in October.[71]

PMC members in Bamingui-Bangoran prefecture stole medical supplies from an INGO health facility in March and detained a health worker who was traveling in an ambulance in Haute-Kotto prefecture in May.[72] The **Russia-linked Wagner Group PMC, supported by FACA troops**, attacked a village in Bossangoa district, Ouham prefecture in October and looted a health center. Shops were also destroyed, livestock was stolen, and three civilians were killed in the attack.[73]

Members of **unidentified non-state armed group** ambushed a vehicle transporting an INGO health worker and two patients in Ouham prefecture in June.[74] In Ouaka prefecture, an armed group took medical supplies from a health facility in September.[75]

Anti-Balaka fighters stole medical supplies from a health vehicle in Kouango town, Ouaka prefecture in August.[76]

Ex-Séléka fighters robbed a health post and injured two health workers in Ndélé town, Bamingui-Bangoran prefecture in January.[77]

Law enforcement officers arrested two health workers in Bambari town in April.[78] Reports suggest that medical supplies were taken from the staff during their arrest.

3R fighters ambushed health workers traveling in Nana-Mambéré prefecture in August. Three health workers were injured, and medical supplies were stolen.[79]

Central African Republic

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services

The ongoing conflict has damaged or partially destroyed one-third of the country's 1,008 health facilities. As of October 2021, only 22% of health facilities were functioning, while by the end of May 2021, 77 nutrition units – one in five – were closed.[80] MSF temporarily suspended its activities following attacks on its staff and services.[81] Essential drugs and equipment were often unavailable because violence had disrupted supply chains.

On several occasions large numbers of people arrived at hospital compounds to take refuge there, believing these compounds to be places of safety, leading to further strains on the provision of medical care.[82]

Access to health care

Due to the widespread violence and the other drivers of the CAR's health crisis more than half the country's population was in need of assistance to be able to access health care, i.e. an estimated 2.7 million people out of a total population of 4.9 million.[83]

Young mothers and newborns were at risk either because no medical care was available or because pregnant women were too fearful to make the journey to hospital. Survivors of sexual violence also faced difficulties in accessing care in the required time frame, leaving many women and girls with permanent physical injuries and psychological damage.[84]

58 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 27632.

59 *https://shcc.pub/2021SHCCCAR*.

60 Ninety-one incidents that had not been reported elsewhere were reported the WHO Surveillance System for Attacks on Health Care (SSA). Reports on 16 additional incidents that had not been reported elsewhere were provided by the Conflict and Humanitarian Data Centre (CHDC) of the International NGO Safety Organisation (INSO).

61 *https://reliefweb.int/report/central-african-republic/central-african-republic-situation-report-30-november-2021*.

62 By January 15, 2021, the WHO SSA had reported no incidents in the CAR for 2020, but since then the number of incidents has risen to 19. On April 7, 2022, the WHO SSA reported that 91 incidents had occurred in 2021.

63 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 28534.

64 Details on the perpetrators were recorded in 28 incidents. The identities of the perpetrators of 19 incidents are unclear.

65 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 884; 885; 27632.

66 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 889; 8816.

67 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 8811.

68 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 8810; 881.

69 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 27094.

70 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 28335.

71 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 882; 885.

72 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 886; 8888.

73 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 30020.

74 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 28534.

75 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 8814.

76 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 8813.

77 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 883.

78 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 887.

79 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC CAR Health Data. Incident number 8812.

80 *https://www.humanitarianresponse.info/en/operations/central-african-republic/document/rca-aper%C3%A7u-des-besoins-humanitaires-hno-2022*.

81 *https://www.msf.ch/nos-actualites/communiques-presse/republique-centrafricaine-attaques-repetees-contre-services*.

82 *https://prezly.msf.org.uk/central-african-republic-repeated-attacks-on-medical-care-leave-people-vulnerable-to-disease-and-death?gclid=Cj0KCQiAmpyRBhC-ARIsABs2EAotgKGlpUAB1q0ixUh6VCpzoVkMnpFOnK_McFBkQkvkwsX95kc0e_4aAqkJEALw_wcB*; *https://reliefweb.int/report/central-african-republic/forgotten-crises-healthcare-central-african-republic*.

83 *https://www.humanitarianresponse.info/en/operations/central-african-republic/document/rca-aper%C3%A7u-des-besoins-humanitaires-hno-2022*.

84 *https://msf.org.uk/article/central-african-republic-healing-visible-and-invisible-wounds-sexual-violence*.

Democratic Republic of the Congo (DRC)

On October 28, 2021 suspected Cooperative for the Economic Development of Congo (CODECO) rebels ambushed an international health organization vehicle traveling in the Democratic Republic of the Congo's Ituri province with five health workers on board. Two staff sustained gunshot injuries. Following the ambush, the organization temporarily suspended its activities in the Bambu health zone to protect staff, patients, and assets from further violence.[85]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

127	**63**	**28**	**35**	**26**
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH WORKERS ARRESTED	HEALTH WORKERS KIDNAPPED	HEALTH WORKERS INJURED
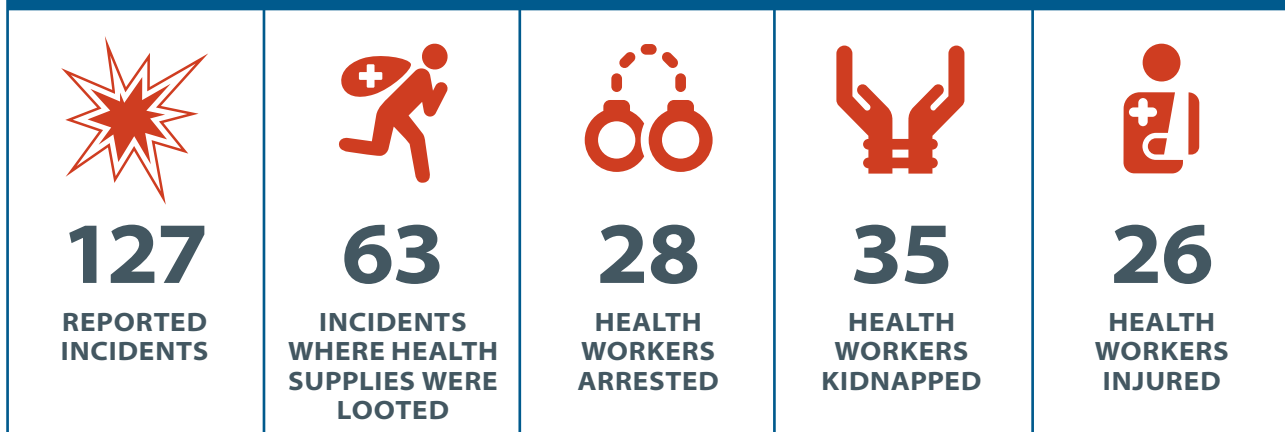
Source: 2021 SHCC DRC Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 127 incidents of violence against or obstruction of health care in the eastern part of the Democratic Republic of the Congo (DRC) in 2021, compared to 81 incidents in 2020.[86] Vital medical supplies were looted, 35 health workers were kidnapped, 28 arrested, and 26 others injured in these incidents.

This factsheet is based on the dataset 2021 SHCC DRC Health Data, which is available for download on the Humanitarian Data Exchange (HDX).[87]

THE CONTEXT

Protracted conflict-related violence in the eastern DRC continued in 2021. Following the November 2021 suicide bombing in the capital of neighboring Uganda, the DRC's president, Felix Tshisekedi, agreed a joint operation with the Ugandan army against the Islamic State-affiliated Allied Democratic Forces (ADF), which was responsible for a number of attacks throughout the country.

Ituri province saw high levels of violence in 2021. A surge in armed and intercommunal violence in April 2021 displaced at least 1.6 million people (out of a population of 5.7 million), with around 2.8 million civilians

requiring some form of humanitarian assistance. North Kivu province has continued to see a rise in violence, resulting from a mixture of ethnic and tribal violence and Islamists' (including the ADF) and other armed militia clashes with government forces or private military companies. Around 944 civilians were killed in Ituri and North Kivu alone between May and October 2021.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

In 2021, 127 incidents of violence against or obstruction of health care were reported in the DRC, compared to 81 in 2020. These incidents occurred in six of the country's 25 provinces.[88] Nearly 90% were reported in North Kivu, South Kivu, and Ituri provinces in north-eastern DRC, which are areas of protracted conflict. In 2021 incidents were documented for the first time in Haut-Katanga, Maniema, and Tanganyika provinces.

Known locations of reported incidents affecting health care in DRC in 2021, by province

A health centre and a house were set on fire during armed conflict between Allied Democratic Forces (ADF) and the Armed Forces (FARDC) in May in *North Kivu*

In 2021, incidents were documented for the first time in *Maniema* province where 12 health workers were arrested, four kidnapped and one other killed

Armed CODECO militants vandalised a health facility, looted medicines and hospital beds during an attack on village in *Ituri*

Three health workers were abducted by an armed group who looted goods in *South Kivu*

Central African Republic

South Sudan

Cameroon

DRC

Ituri: 33

Uganda

North Kivu: 41

Republic of the Congo

Maniema: 11

Rwanda

Burundi

South Kivu: 27

Tanzania

Tanganyika: 10

Haut-Katanga: 4

Angola

Zambia

Number of reported incidents   0 ▭▭▭ 41   200km

Democratic Republic of the Congo (DRC)

Reported incidents affecting health care in the DRC in 2021, by month

Throughout the year vital medical supplies were taken from health facilities and staff in ambulances

- ■ Incident where medical supplies were taken (61)
- ■ All other incidents affecting health care (66)
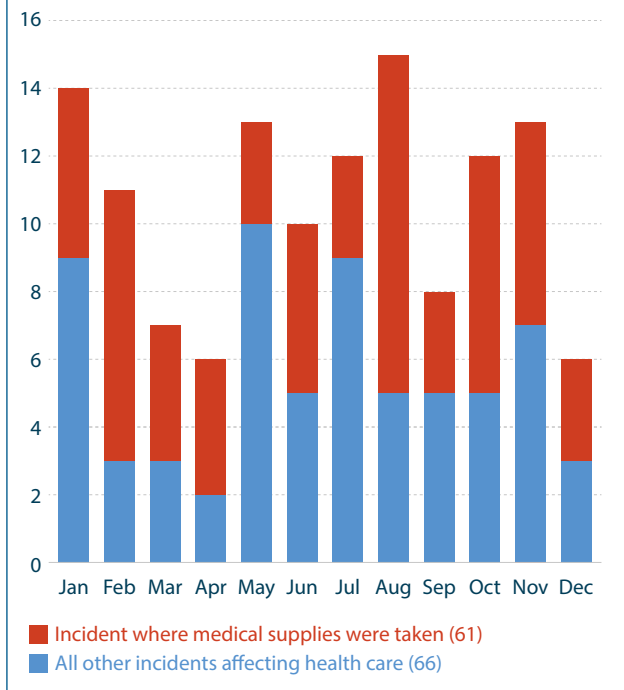
Twenty-eight health workers were kidnapped in 21 incidents during 2021. Health workers were kidnapped directly from health facilities, when traveling to or from work, when working in the field, and during robberies. Twelve health workers were kidnapped while they were working at hospitals in Ituri, North Kivu, and South Kivu provinces. Most frequently, health workers were abducted alone or with one other colleague. In one exception four health workers were abducted by gunmen who ambushed their vehicle as they were traveling to Kalongwe town in South Kivu. All four victims were released four days later on October 9.[89]

At least 34 health workers were arrested or detained by police in 2021. A third of arrests were reported in Maniema province. In addition, 26 health workers were injured in road ambushes and during armed and unarmed robberies at health facilities.

Health workers were also among the 65,000 people displaced from the Djugu area who fled the ongoing violence in Ituri province.[90]

PERPETRATORS

Members of the ADF, Congolese Armed Forces (FARDC), Congolese National Police, Cooperative for the Economic Development of Congo (CODECO), Gumino armed group, Ituri Patriotic Resistance Front (FRPI), Mai-Mai militia, Nduma defense du Congo (NDC) and NDC-Renové (NDC-R), Ngumino-Twigwaneho, Patriotic Force and Integrationist of Congo (FPIC), Raia Mutomboki, Sambaza militia, Twa militia, and Union of Patriots for the Liberation of Congo (UPLC) were reported to have perpetrated violence against or obstructed health care in the DRC in 2021.[91] In most cases these perpetrators were armed with firearms.

Reported information on perpetrator affiliation

ADF fighters in Irumu territory, Ituri province looted medical supplies, before setting fire to a pharmacy and an INGO-supported hospital in two attacks on civilians in June and July.[92] In September **ADF** fighters kidnapped a health volunteer during an attack on Bogio village and a FARDC military camp.[93]
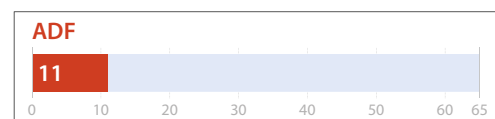
In North Kivu province **ADF** fighters looted medical supplies from pharmacies at least six times in 2021. During one incident in November **ADF** fighters attacked a hospital in Beni territory and looted pharmaceutical supplies before setting the building on fire. Five civilians were killed, including a hospital guard, and a patient and two nurses were taken hostage.[94]

Democratic Republic of the Congo (DRC)

CODECO fighters in Ituri province robbed and looted medical supplies from health facilities and staff in ambulances.

CODECO

10

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 65 |
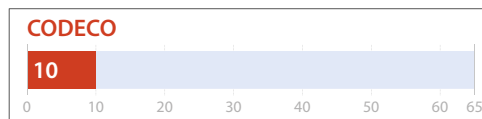
Congolese National Police arrested 21 health workers in 2021. During one incident in June, police arrested a nurse who was investigating the theft of medical supplies.[95]

Congolese National Police

15

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 65 |

FARDC soldiers seized medical supplies from health facilities in Haut-Katanga, Ituri, and North Kivu provinces on at least four occasions.[96] In November a health worker was injured in an attack at a health facility by FARDC soldiers.[97] In December, police arrested five health workers for allegedly not participating in community work organized by the FARDC in North Kivu.[98]

FARDC

5

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 65 |
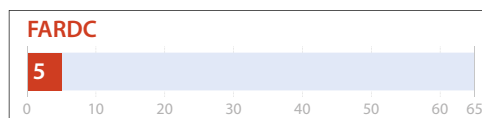
During March, **FRPI** fighters in Irumu territory, Ituri province injured a health worker during an attack on a health facility and stole medical supplies from a pharmacy.[99]

Ituri Patriotic Resistance Front (FRPI)

2

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 65 |

Local community members attacked Ebola response teams on at least two occasions in January in Ituri province and in February in North Kivu province, seriously injuring two health workers.[100]

Local population

2

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 65 |

Mai-Mai militia in Walikale, North Kivu province stole medical supplies and detained a health worker. In Bapere area, North Kivu Mai-Mai militia looted pharmaceutical products during an attack in December.[101]

Mai Mai

9

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 65 |
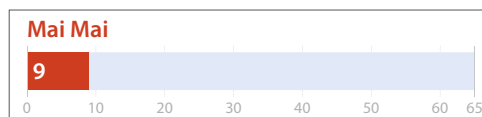
In August **Twa militia** ambushed and looted medical supplies from two health vehicles traveling in Nyunzu and Kalemie towns in Tanganyika province.[102] During one incident a health worker was abducted.[103]

Twa

2

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 65 |
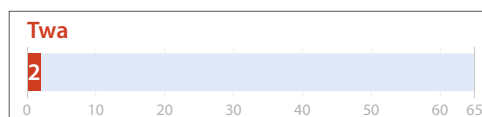
FPIC fighters in Ituri province set fire to a health facility during an attack on a village in November, leading to the deaths of 18 civilians.[104]

In May **Gumino** fighters in South Kivu killed a nurse in Uvira territory.[105]

Mai-Mai militia in Fizi territory, South Kivu province killed a health worker in May and attacked and damaged an ambulance in December.[106] In January Mai-Mai militia stole health supplies from a health facility in Uvira territory.[107]

Malaika Mai-Mai militia in Kabambare, Maniema province kidnapped a health worker in January and detained two health workers at a health facility in July.[108]

In April **Ngumino-Twigwaneho** fighters in South Kivu attacked a hospital in Uvira territory, damaging equipment, and looting medicine. A patient was killed, and a health worker injured.[109]

Democratic Republic of the Congo (DRC)

In May armed **NDC militia** detained two health workers at a health facility in Walikale territory, North Kivu province.[110]

In November **NDC-R militia** stole medical supplies from a health facility in Walikale territory, North Kivu province.[111]

Raia Mutomboki fighters in South Kivu ambushed a health vehicle in Kalehe territory in May, injuring a health worker traveling on board.[112]

In February **Sambaza militia** set fire to a health facility in Djugu territory, Ituri province.[113]

In July **UPLC** fighters in North Kivu threatened health workers inside a health center in Lubero territory for treating a victim who had previously been stabbed by UPLC members.[114]

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services
Looting and other types of attacks carried out by armed groups across the territories of eastern DRC led to the destruction of health infrastructure and the regular temporary closure of health facilities.

In Ituri province several health centers in the region had to suspend their activities and evacuate staff to the provincial capital, Bunia, leaving thousands of people with no access to health care.[115] For example, the referral hospital in Djugu territory, Ituri province was evacuated due to an expected CODECO incursion into the area in August. The armed group then attacked the hospital and pillaged its medical supplies before setting fire to the building. As a result, recently installed medical equipment valued at more than a million US dollars was lost. The FARDC engaged the rebels and drove them away from the area, but the capacity of the hospital remained limited due to the damage caused by the attack.[116]

After the hospital in Boga, Ituri province was destroyed in June 2021, 80,000 people were left with no access to health care.[117] In October 2021 MSF suspended its activities in Bambu health district in Ituri after an attack on one of its vehicles that left two MSF staff with gunshot injuries.[118]

Restrictions on people's ability to move imposed by insecurity also reduced the services health facilities were able to offer in the Ituri province territories of Djugu, Mambas, Irumu, and Beni.

Health services also had to be suspended in North Kivu province. For example, the health center in Lubero territory was closed following threats from UPLC fighters in July, because the center had treated someone who had previously been stabbed by UPLC members.[119]

Access to health care
Unreliable access to health care combined with high levels of insecurity and displacements hindered access to health care for many in the DRC, with wide-ranging consequences.

Expectant mothers and their babies were particularly affected. As a 2021 study based on multiple year data noted, '*Due to ongoing conflicts, there has been a systemic deterioration of maternal healthcare coverage in some regions of the DRC, particularly among people with low social economic status.*'[120] The report of a young

mother in early 2021 illustrates the complex impact of high levels of security on access to health care across many parts of eastern DRC: '*I was pregnant when I fled fighting between the armed groups in Bijombo. I walked for two days to get to Masango, where I am staying with a host family. My husband was killed and my house was burned down with all my belongings. I was desperate and I didn't know what to do about my pregnancy because I knew I wouldn't have the means to pay for my care on the day I was to give birth*.'[121] As a result the under-five mortality rate in the eastern DRC remains one of the highest in the world.[122] Maternal mortality is high, and these avoidable deaths have devastating consequences for families that lose a key provider, in particular for the children who are orphaned.[123]

2021 saw renewed measles outbreaks following the 2018–2020 epidemic, which was the worst in DRC's history. National vaccination and surveillance programs were hampered by several factors, including an underequipped health service and the inability of vaccination teams to reach some communities because of ongoing insecurity and violence. Young children continue to miss out on all their childhood vaccinations particularly in the north and east of the country. This raises concerns that illnesses such as polio and diphtheria will re-emerge in greater numbers, contributing even further to child mortality.[124]

85   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 30033.

86   *https://shcc.pub/2021SHCCDRC*.

87   Eighty-four incidents that had not been reported elsewhere were provided by the Conflict and Humanitarian Data Centre (CHDC) of the International NGO Safety Organisation (INSO). Reports on one incident that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care (SSA).

88   Details on the locations of the incidents were recorded in 126 incidents. This figure includes one incident reported by the WHO SSA that had not been reported elsewhere. Further information on the location of this incident is not available.

89   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 29759.

90   *https://msf.org.uk/video/drc-msf-field-hospital-helping-65000-people-fleeing-conflict*.

91   Details on the perpetrator were recorded in 126 incidents. Sixty-one were attributed to unidentified non-state armed groups, while the perpetrator(s) of one incident is unclear.

92   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident numbr 28383; 28857.

93   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 29551.

94   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 30099.

95   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5528.

96   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5556; 5545; 5564; 5553.

97   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5575.

98   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5583.

99   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5524; 5526.

100 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 27101; 27102.

101 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 30686.

102 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5559.

103 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5558.

104 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 30074.

105 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 28040.

106 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 553; 5508.

107 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 558.

108 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 551; 5551.

109 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 27652.

110 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5535.

111 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5579.

112 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5534.

113 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5520.

114 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 28763.

115 *https://www.unhcr.org/uk/news/briefing/2021/6/60b9cebd4/nearly-6000-people-flee-brutal-attacks-displacement-sites-eastern-dr-congo.html*.

116 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 29285.

117 *https://www.msf.ie/article/drc-boga-attack-general-hospital-looted-and-burnt-down-grave-consequences-local-communities*.

118 *https://www.msf.org/activities-suspended-drc-health-district-following-attack*.

119 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 28763.

120 *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8569966/*.

121 *https://reliefweb.int/report/democratic-republic-congo/supporting-war-ravaged-health-centres-eastern-drc*.

122 In 2020 the under-five mortality rate for the whole of the DRC was 44.25 deaths per 1,000 live births. In 2021 the rates in eastern DRC were higher than the average for the country (*https://knoema.com/atlas/Congo/topics/Demographics/Mortality/Under-5-mortality-rate*).

123 The maternal mortality rate was an estimated 473 deaths per 100,000 live births in 2017 for the whole of the DRC; see *https://www.indexmundi.com/democratic_republic_of_the_congo/maternal_mortality_rate.html. Some reports have quoted it much higher; see https://reliefweb.int/report/democratic-republic-congo/drc-lowering-maternal-mortality-rates-tough-bet*.

124 *https://msf.org.uk/article/measles-surge-worlds-most-contagious-disease-killing-children-drc*.

Ethiopia

In the early hours of Sunday morning, May 16, 2021 Ethiopian soldiers armed with assault rifles and grenades stormed the University Teaching and Referral Hospital in Axum, Tigray region. This raid was in retaliation for the staff of the facility speaking to CNN about the health impacts of the Ethiopian government's blockade of medication into Tigray region. The soldiers threatened health care workers and contaminated the operating room, forcing all surgical procedures to stop. The next day the facility was raided again.[125]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

55	42	13	8
REPORTED INCIDENTS	HEALTH FACILITIES AFFECTED	HEALTH WORKERS SEXUALLY ASSAULTED	HEALTH WORKERS KILLED

Source: 2021 SHCC Ethiopia Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 55 incidents of violence against or obstruction of health care in Ethiopia in 2021, compared to seven incidents in 2020. At least eight health workers were killed in these incidents, 13 were sexually assaulted, and 42 health facilities were attacked.

This factsheet is based on the dataset 2021 SHCC Ethiopia Health Data, which is available for download on the Humanitarian Data Exchange (HDX).

Regional and national Ethiopian government sources, together with reports from INGOs and OCHA, reported the looting or destruction of thousands of health facilities in Tigray, Amhara, and Afar regions, but no details on the locations of these incidents and specific circumstances or perpetrators have been shared. The WHO Surveillance System for Attacks on Health Care did not report any incidents for Ethiopia in 2021.

This chapter analyses a sample of 55 reported incidents of violence against health care that occurred in Ethiopia in 2021 in order to provide insight into the patterns and nature of reported conflict-related violence against health care in that country.

THE CONTEXT

The conflict between Tigray and its allies, on the one hand, and the Ethiopian government, on the other hand, started in November 2020 and continued throughout 2021. Between November 2020 and June 2021, the Ethiopian National Defense Force (ENDF) with the support of the Eritrean Defense Forces (EDF) occupied parts of Tigray. After the ENDF's withdrawal from Tigray at the end of June 2021 the Tigrayan Defense Forces (TDF) – the military branch of the Tigrayan Peoples' Liberation Front political movement – moved into Amhara and later Afar. At the end of December, the Tigrayan forces withdrew back to Tigray.

All parties to the conflict have been accused of human rights abuses, including air attacks on hospitals and vital civilian infrastructure needed to run hospitals such as power stations. The Ethiopian government has also been accused of blocking humanitarian aid and food imports from reaching Tigray.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Most reported incidents in this sample took place in Tigray and Amhara regions, with one reported incident occurring in Afar region and one in Oromia region.

Hospitals and health posts were occupied, looted, or destroyed by all parties to the conflict. From January to June all available reports found that attacks on health facilities occurred in the Tigray region and were carried out by Ethiopian and Eritrean forces. Nineteen health facilities were attacked by ENDF and EDF forces during this period. Following the withdrawal of these forces from Tigray in June, TDF forces attacked 17 facilities in Amhara region. The looting and destruction of medication and other supplies severely limited the care that health facilities could provide. For example, in December TDF forces looted ventilators and anaesthesia equipment from Dessie Specialized Hospital in Dessie town, Tigray region, preventing all surgical operations from being performed.[126] From October to December there were three reports of ENDF air strikes on hospitals in Tigray, killing one health worker and injuring five more.[127]

Sexual violence was routinely used against civilian populations during the conflict, including health workers. In 2021 there were three incidents of rape affecting 13 health workers. Two of the victims were female doctors and 11 were medical students.[128] All the reported incidents occurred inside health facilities in Tigray region and were committed by ENDF soldiers.

Reported incidents affecting health care in Ethiopia in 2021 in this sample, by month and region

In the first half of the year, nearly all incidents occurred in Tigray and were perpetrated by ENDF and EDF forces

After the June TDF offensive, nearly all incidents occurred outside of Tigray, primarily in Amhara and were perpetrated by the TDF

Other (1)   Tigray (34)   Amhara (18)   Afar (1)
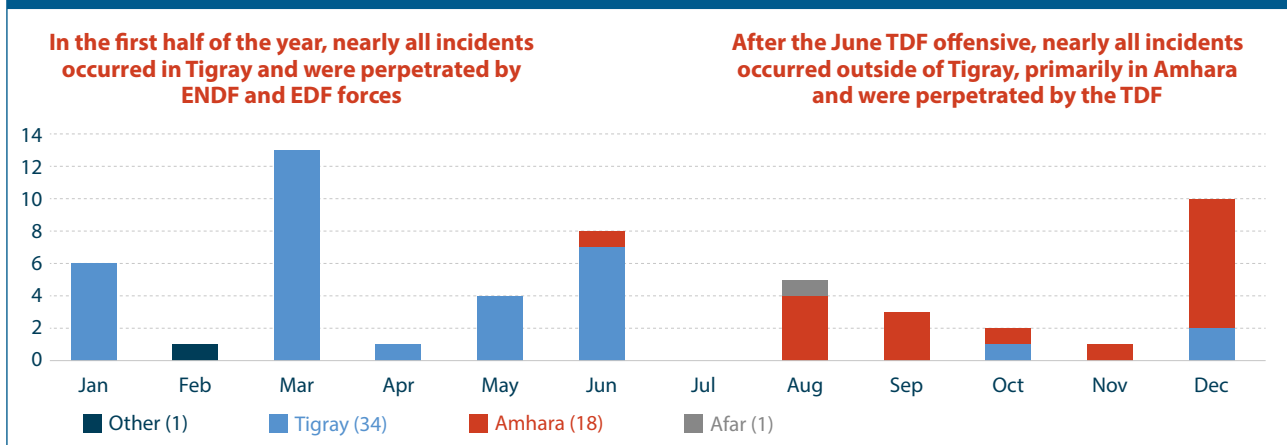
Ethiopia

Rape and sexual violence in Ethiopia

The conflict in Ethiopia has been marked by widespread sexual violence by Ethiopian and Eritrean forces against civilians in Tigray. More recently, Tigrayan forces have been accused of rape and sexual violence in the Amhara and Afar regions.

Due to the collapse of the health care system in these regions, rape survivors are often unable to access medical care, emergency contraception, HIV prophylaxis, and mental health support. The presence of soldiers occupying medical facilities has often discouraged survivors from seeking medical care. In several instances Human Rights Watch reports that soldiers have forcibly entered health care facilities in search of survivors or the facilities' medical records.

For more information, see 'Sexual Violence in Ethiopia' by Insecurity Insight, 'I Always Remember that Day' by Human Rights Watch, and 'Rape and Sexual Violence in the Conflict in Tigray, Ethiopia' by Amnesty International.

Known locations of reported incidents affecting health care in Ethiopia in 2021 in this sample

In Tigray, the main perpetrators were EDF and ENDF

Tigray: 34

Afar: 1

Amhara: 18

In Afar, Amhara and Oromia, the main perpetrators were TDF

Oromia: 1

ETHIOPIA

Number of reported incidents   0 ▬▬▬▬▬ 34   200km
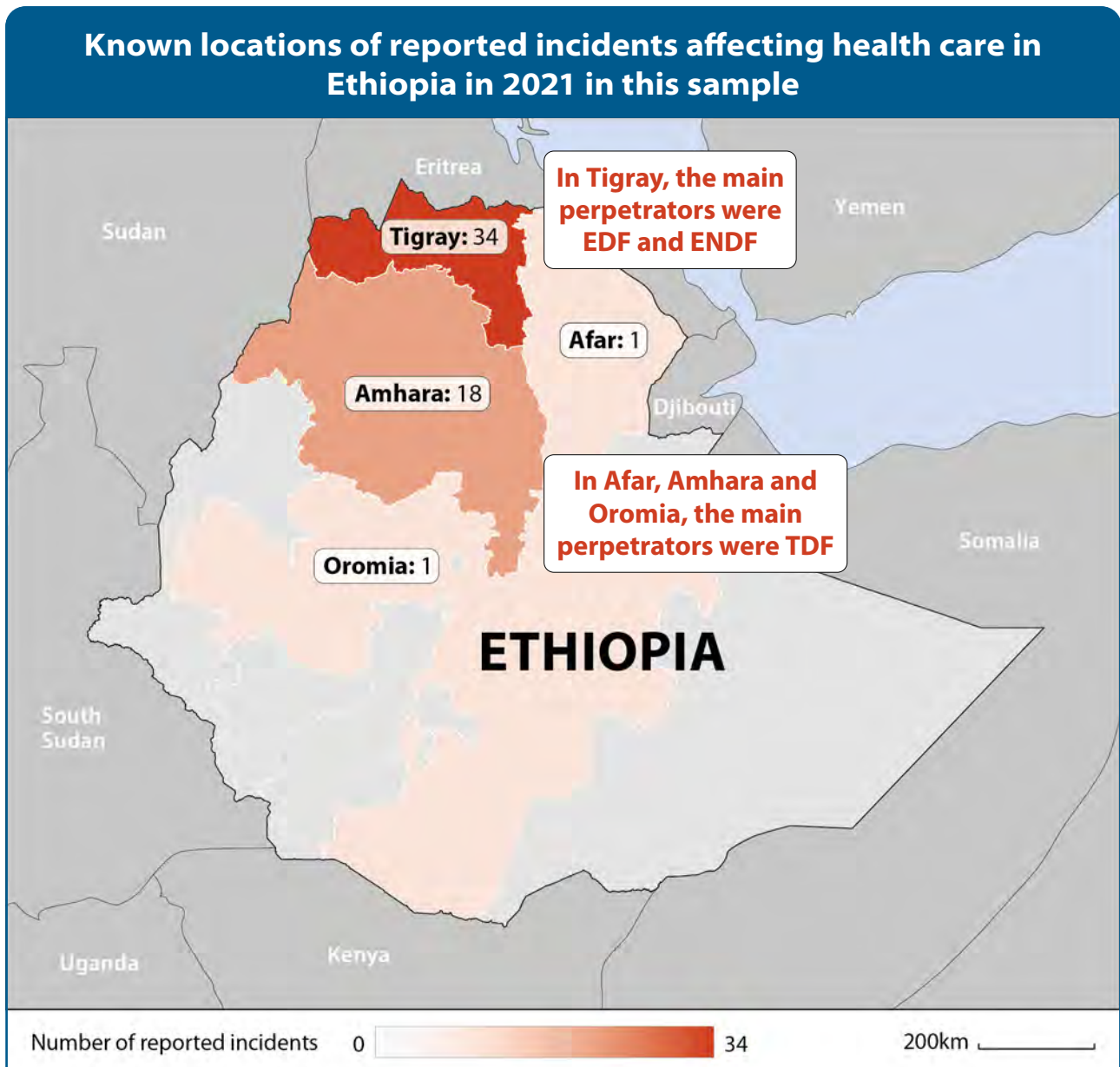
Ambulances were also frequent targets. In March Ethiopian soldiers seized 20 ambulances from a hospital and nearby health service users in Tigray region.[129] The soldiers were later seen using the vehicles to transport goods. A Red Cross Society of Tigray ambulance driver was shot and killed by Eritrean soldiers in March.[130] In two reported instances Ethiopian forces forcibly prevented ambulances from reaching or evacuating civilians.[131]

PERPETRATORS

The main perpetrators of violence against or obstruction of health care in Ethiopia were the ENDF, EDF, and TDF.

EDF soldiers shot and killed three doctors and an ambulance driver during the occupation of Tigray.[132] EDF artillery shelled and destroyed at least one health facility in Tigray in June.[133]

In June 2021 three MSF staffers were shot and killed by **ENDF** soldiers retreating from Tigray. They were reportedly killed under the direct orders of Colonel Tadesse Bekele of the ENDF's 31st Division. Following their deaths, soldiers destroyed their marked MSF vehicle with a rocket-propelled grenade. Col. Bekele is believed to have subsequently died on the battlefield.[134]

Between October and December 2021 the **ENDF** carried out three air strikes that damaged health facilities in Tigray region.[135] These air strikes killed one health worker and injured five.

Unidentified armed units were responsible for six incidents of violence against or obstruction of health care in Tigray in 2021. These include the destruction of a clinic run by the WFP in Tigray region in January and the abduction of six civilians traveling by ambulance in Oromia region in February.

Following the offensive into Amhara and Afar in June 2021, **TDF** soldiers were responsible for the majority of the reported attacks against health care in these two regions neighboring Tigray. **TDF** artillery fire damaged a hospital in Amhara region, killing six nearby civilians.[136]

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services

Tigray
Prior to the conflict Tigray had a robust and well-funded public health system made up of over 1,000 medical facilities ranging from village health clinics to two tertiary-care hospitals.[137] In 2021 the health care system in the Tigray region collapsed due to the widespread damage and destruction of health care facilities and the ongoing Ethiopian forces' blockade of health and humanitarian supplies into Tigray.

Mekelle University and the Tigray Regional Health Bureau reported damage to 880, or 79%, of surveyed Tigrayan health facilities as of July 2021.[138] As of December 2021 the WHO reported that only 3% of 251 health facilities surveyed in Tigray were fully functional.[139] Of the approximately 280 ambulances in Tigray prior to the conflict, UNICEF reported that only 30 were functional as of January 2021.[140]

Prior to the conflict there were over 19,000 reported health workers in Tigray. Over half reportedly stopped reporting to work since the conflict began.[141] The Amhara Public Health Institute reported that over 7,000 health workers in the region had been displaced.[142] As of May 2021 more than 2,000 health workers had

registered in displaced persons camps in Mekelle, the capital of Tigray region.[143] An indeterminate number of Tigrayan health workers had also fled to refugee camps in Sudan. In one hospital almost 400 Tigrayan staff reportedly fled, fearing they would be killed by ENDF forces.[144] Most Tigrayan health staff were not paid throughout 2021, and were at risk of starvation, as was most of the civilian population of Tigray. There were reports of doctors and nurses having to beg for food in Mekelle.[145] Due to food shortages some surgeons reportedly collapsed from hunger during long surgical procedures.[146]

The health care system in Tigray was further strained by the Ethiopian forces' blockade of health and humanitarian supplies into the region since mid-July 2021.[147] Access was only granted in April 2022. Doctors at Ayder Comprehensive Specialized Hospital – the major teaching and tertiary care center in Tigray – reported that the availability of essential medications had plummeted to 20%. Advanced imaging, oxygen supplies, and replacement parts for medical equipment were all limited as well. Facilities throughout the region also reported shortages of IV fluids and sterile surgical gauze – basic medical supplies that are critically important in treating a variety of medical conditions. The WHO reports that it was unable to deliver basic medications for chronic conditions to Tigray, such as insulin and other anti-diabetic drugs.[148]

Amhara and Afar regions

In 2021 the health care systems in the Amhara and Afar regions were significantly impacted by the conflict. Health facilities in these regions were subject to systematic looting, damage, and destruction by TDF forces.

In September 2021 the Ethiopian minister of health reported that thousands of health facilities in Amhara and Afar had been severely damaged, including that 20 hospitals were non-functional in Amhara alone.[149] The head of the Afar Regional Health Bureau reported the destruction of over 60 health facilities in the region. The WHO reported that only 22% of health facilities in these regions were fully functional.[150]

The Dessie Referral Hospital – the largest tertiary-care center in eastern Ethiopia – was looted and significantly damaged by TDF forces.[151] In 2020 the facility served over 450,000 patients. The medical director of the hospital reported the destruction of ventilators and anesthesia equipment, limiting the ability of the hospital to perform surgery. Medical records were also reportedly destroyed.[152]

Access to health care

The conflict disrupted access to care for a large segment of the population in the conflict-affected regions of northern Ethiopia. In March 2022 OCHA estimated that approximately 3.9 million people – almost 70% of the population of Tigray – lacked access to basic health care services.[153]

Maternal and child health in the Tigray region suffered significantly. Due to the widespread destruction of the public health infrastructure in Tigray, pregnant mothers lacked access to basic obstetric care. According to the Tigrayan Regional Health Bureau, 94% of pregnant mothers in Tigray received antenatal care prior to the conflict, but in 2021 only 16% did so. Similarly, births accompanied by trained health professionals significantly decreased from 81% of births prior to the conflict to 21% in 2021. Due to the lack of access to obstetric care, 2021 saw a significant increase in deaths during childbirth in Tigray. In 2021, 276 deaths in childbirth were reported in the region, more than double the pre-conflict count of 136 deaths in 2020. These numbers are likely significant undercounts due to the displacement of the health care workforce and collapse of the health care system in Tigray.

The conflict has led to widespread interruptions in routine childhood vaccination programs. Only 20% of children were reported to have received routine one-year vaccinations in 2021, as compared to 73% of children in 2019.

Survivors of sexual violence were often unable to access appropriate health care, including HIV prophylaxis, emergency contraception, and mental health support.[154]

The destruction of the health care system in Tigray also limited access to care for patients suffering from communicable diseases, such as HIV or tuberculosis. Prior to the conflict over 40,000 HIV patients were receiving antiretroviral treatment in Tigray. A preliminary report suggests that 81% of these patients were lost to follow-up in 2021. Similarly, 90% of tuberculosis patients newly diagnosed in 2020 and requiring treatment were lost to follow-up.

Patients also lacked access to routine treatment for chronic, non-communicable diseases such as diabetes, renal failure, and hypertension. Due to the blockade of Tigray and the shortage of medical equipment, health facilities were unable to provide dialysis to patients in renal failure.

The blockade of humanitarian aid into Tigray has prevented food aid from reaching civilians and has produced a severe malnutrition crisis. A January 2022 WFP survey reported that 13% of children in Tigray were malnourished, as were half of pregnant and breastfeeding women.[155] In the districts most affected, the Tigrayan Regional Health Bureau reported that 78% of pregnant and breastfeeding women were suffering from acute malnutrition. A survey of deaths in Tigray reported that 27% of civilian deaths in 2021 could be attributed to malnutrition or starvation. Malnutrition was the leading cause of death in the under-five population.[156]

Government forces also blockaded the delivery of fuel to Tigray. Limited fuel supplies have prevented humanitarian organizations and mobile clinics from delivering aid to remote and rural parts of the region.[157]

125   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 28134.

126   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 1018.

127   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 30021; 30687; 1021.

128   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 28006; 28001; 28002.

129   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 28908.

130   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Ethiopia health Data. Incident number 1006.

131   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 28573; 28535.

132   Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 1003; 1004; 1009.

133   Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 1011.

134   *https://www.nytimes.com/2022/03/17/world/africa/ethiopia-tigray-aid-workers-killed.html.*

135   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 30021; 30687.

136   Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2021 SHCC Ethiopia Health Data. Incident number 1012.

137   *https://tigrayeao.info/wp-content/uploads/2022/02/final-annual-bulletin-compressed.pdf*

138   *https://tigrayeao.info/wp-content/uploads/2022/02/final-annual-bulletin-compressed.pdf.*

139   *https://herams.org/s.ession/create.*

140   *https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF Ethiopia Humanitarian Situation Report No. 2 - Tigray Crisis - 14-31 January 2021.pdf.*

141   *https://tigrayeao.info/wp-content/uploads/2022/02/final-annual-bulletin-compressed.pdf*

142   *https://reliefweb.int/sites/reliefweb.int/files/resources/Ethiopia - Northern Ethiopia Humanitarian Update Situation Report%2C 23 Dec 2021.pdf.*

143   *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8611430/.*

144   *https://apnews.com/article/ethiopia-tigray-minority-ethnic-cleansing-sudan-world-news-842741eebf9bf0984946619c0fc15023.*

145   *https://www.bbc.com/news/world-africa-60169326.*

146   *https://www.devex.com/news/tigray-the-deliberate-destruction-of-a-health-system-102252.*

147   *https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00054-X/fulltext.*

148   *https://healthpolicy-watch.news/who-slams-ethiopias-blockade-on-tigray-region-as-catastrophic-to-health/.*

149   *https://www.bbc.com/amharic/news-58636106.*

150   *https://herams.org/s.ession/create,, accessed March 29, 2022.*

151   *https://www.ethiopiancitizen.com/2021/12/tplf-destroys-thousands-of-health-facilities-who-is-quiet.html.*

152   *https://www.facebook.com/watch/?v=333322264933827.*

153   *https://reliefweb.int/sites/reliefweb.int/files/resources/Situation Report - Northern Ethiopia - Humanitarian Update - 17 Mar 2022.pdf.*

154   *https://www.hrw.org/report/2021/11/09/i-always-remember-day/access-services-survivors-gender-based-violence-ethiopias#_ftn90.*

155   *https://docs.wfp.org/api/documents/WFP-0000136281/download/?_ga=2.41625698.118314594.1648568276-595479539.1648568276.*

156   *https://www.ethiopia-insight.com/2022/01/26/data-shows-siege-and-destruction-of-health-system-are-causing-preventable-deaths-in-tigray/.*

157   *https://www.who.int/news/item/14-02-2022-lack-of-fuel-prevents-distribution-of-critically-needed-medical-supplies-in-tigray-region.*

Haiti

On August 25, 2021 armed perpetrators kidnapped a female NGO health worker while she was on her way to work in Haiti's Ouest department. The victim worked as a laboratory technician and had collaborated with a local hospital and prenatal clinic for over 15 years. As a result of the attack the NGO closed all its institutions in Haiti except for a hospital A&E department until the victim was released on August 28.[158]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

15 REPORTED INCIDENTS	**8** HEALTH WORKERS KIDNAPPED

Source: 2021 SHCC Haiti Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 15 incidents of violence against or obstruction of health care in Haiti in 2021, compared to six in 2020. Non-state armed groups affiliated to gangs equipped with firearms were named as perpetrators in all 15 incidents. At least eight health workers were kidnapped in these incidents.

This factsheet is based on the dataset 2021 SHCC Haiti Health Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Haiti has been in a permanent state of political instability since 2004. In July 2021 the assassination of President Jovenel Moïse plunged the country even further into chaos and created a power vacuum that has further undermined the rule of law and led to increasing violence. Rival political groupings are unable to agree on a way forward for the country to develop effective governance and address security and other crucial issues.

Armed gangs are the main source of violence against health care. Gangs have controlled the poorer districts of the capital, Port-au-Prince, for years. Increasingly gangs rely on paramilitary structures to fill the current void in governance. This has also increased the conflict among rival gangs (of which there are around 95) and has manifested itself in violent disputes over fuel, food, and medical supplies.[159]

Haiti

The largest and most powerful of the gangs is currently G9 (formerly G9 Fanmi ak Alye or G9 Family and Allies). G9 was a federation of gangs brokered and led by a former police officer, Jimmy Chérizier, which formed in 2020. This alliance gave Chérizier control of Port-au-Prince's downtown area, including the Martissant commune. G9 is opposed by Ti Lapli, which controls the Grand Ravine area, and 400 Mawozo, which was responsible for the kidnapping of a group of Canadian and US missionaries in October 2021. 400 Mawozo controls the commune of Croix Des-Bouquets, which is just east of Port-au-Prince.

Gangs have been blamed for the increase in kidnappings throughout Haiti, and health workers have been affected along with other civilians.[160] Most kidnappings are for ransom.

The Uppsala Conflict Data Program has included one-sided violence by gangs in its dataset since 2020. Targeted violence by gang members against health workers was also first recorded in 2020, and has since increased.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Reported incidents affecting health care in Haiti, 2020–2021

Health worker kidnappings increased from four in 2020 to eight in 2021

2020 (6) — Q1 Q2 Q3 Q4
2021 (15) — Q1 Q2 Q3 Q4

■ Health worker kidnapping incident (12)
■ All other incidents affecting health care (9)
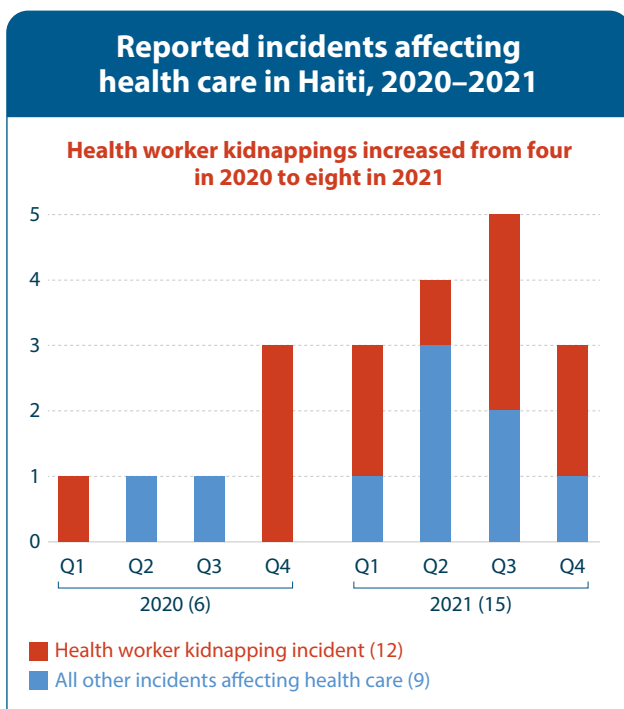
Overall, 15 incidents of violence against or obstruction of health care were reported in Haiti in 2021, compared to six in 2020. Health worker kidnappings increased from four in 2020 to eight in 2021. All were abducted on their own in separate incidents in Ouest department either outside a hospital, or at home, or as they traveled to or from work. Most were doctors and some worked for NGOs. Two kidnapped health workers sustained gunshot injuries while resisting their kidnappers.[161] In most other cases the health worker was released the same day or after between one and four days. A ransom was paid to release a female doctor who had been held for four days.[162] The status of two obstetricians and an orthopedic surgeon is still unclear.[163]

LOCATIONS OF INCIDENTS

Over half the incidents were reported in **Martissant**, Port-au-Prince, where gang-related violence against health care is at its highest. An orthopedic surgeon was kidnapped, and a nurse shot and killed when gang members fired at the ambulance she was in. Two INGO health vehicles were robbed in a suspected carjacking spree.[164] Health facilities, including an INGO emergency center that served a community of 300,000 people, were forced to suspend their activities for a week to safeguard staff and patients because street fighting broke out between gangs. Incidents were also reported in other areas of Port-au-Prince.

Haiti

- In **Bois Vernad** a dental surgeon and his wife were both shot in an attempted kidnapping in December.[165]

- In **Petionville** a doctor was kidnapped on his way to the hospital he worked at in March.[166] In April a marked INGO vehicle was shot at while a staff member was inside. The staff member was wounded.[167] In August an obstetrics surgeon was kidnapped.[168]

- In **Tabarre** an NGO volunteer doctor and her son were kidnapped from their home, prompting the NGO to shut down its health care activities, including Saint-Damien Hospital. Both were rescued by police after two days on May 3.[169]

Additionally, in **Croix-des-Bouquet, Ouest department** a health worker was shot in a kidnapping attempt inside a hospital in March.[170] An NGO health worker was kidnapped on her way to work in August.[171]

In **Acul-du-Nord, Nord department** gang members, some armed with machetes and guns, shot at and damaged 13 ambulances parked outside a hospital, then set the facility on fire in November. Their intended target was a patient who had been injured during a voodoo ceremony. The hospital was temporarily closed as a result of the attack.[172]

In **Verrettes, Artibonite department**, where there is a strong gang presence, a Ministry of Public Health and Population ambulance was shot at while traveling in March.[173]

Known locations of reported incidents affecting health care in Haiti, by department

Over half the incidents were reported in the commune of Martissant of the capital in Port-au-Prince, where gang-related violence against health care is highest

● = 1 incident

20km

Haiti
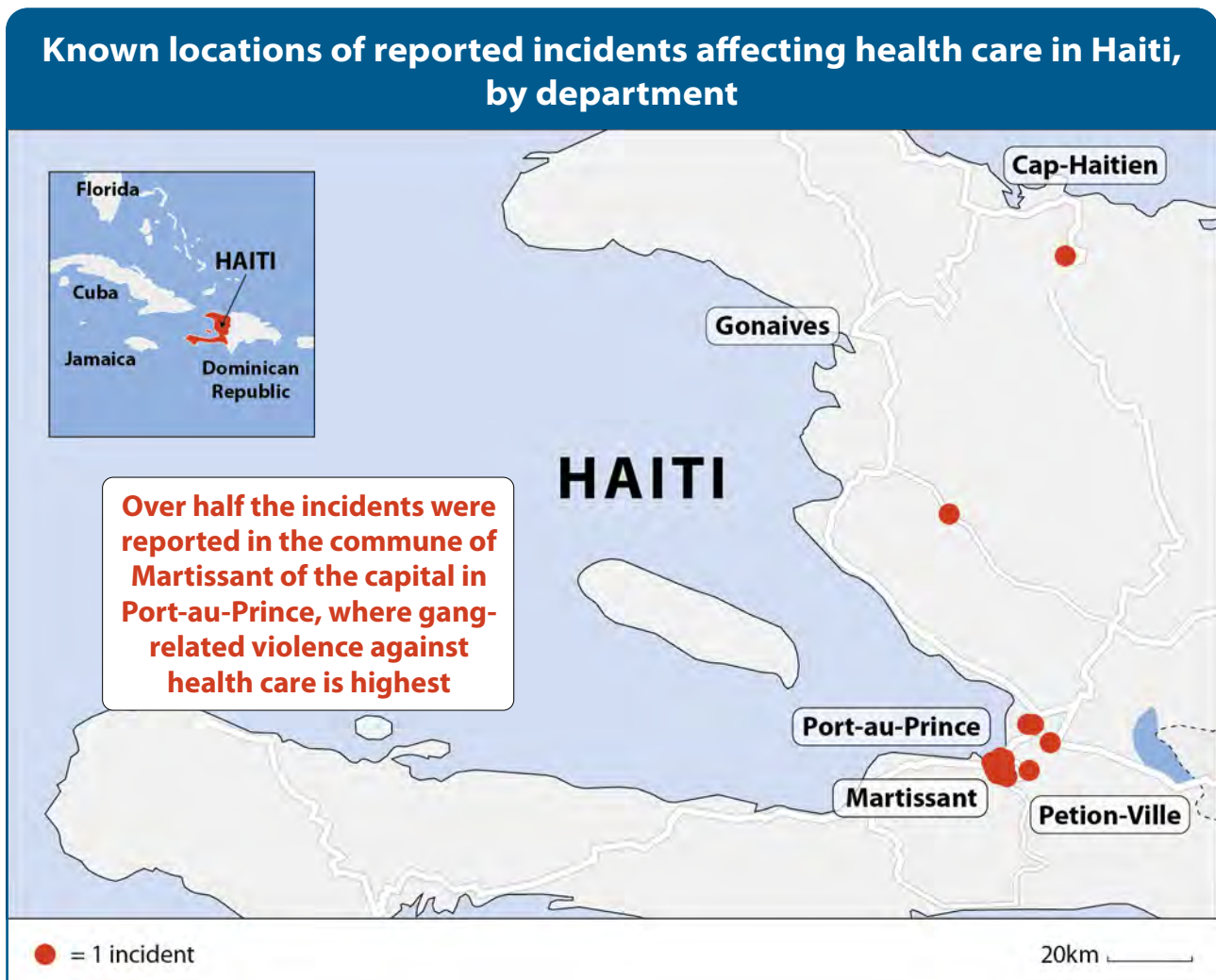
IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health workers

Health workers who have experienced kidnapping do not always return to work because of the psychological impact on them,[174] which can be long lasting, and which further depletes the number of available health care staff.

Health services

MSF described the nation's health system as '*being on the brink of collapse amid an escalating political and economic crisis.*' Hospitals in Port-au-Prince struggled to cope with the aftermath of the earthquake in August 2021 as escalating levels of violence between armed gangs prevented both staff and supplies, including fuel for hospital generators, from reaching them. Patients, in turn, were afraid to make the journey to health facilities for fear of being attacked on route.[175]

Over 19,000 people were displaced from Port-au-Prince because of violence and are currently living in displacement sites such as schools, stadiums, and churches. Overcrowding and lack of sanitation means both waterborne diseases and COVID-19 are spreading at these sites. Sexual violence against women and girls has been reported across all the sites, but many victims are reluctant to seek help for fear of further attacks and reprisals. MSF is deploying mobile health clinics to these areas.[176]

Access to health care

MSF had to close a hospital in Martissant, Port-au-Prince in late June after doctors and patients were the target of an armed gang attack.[177] Health facilities, including an INGO emergency center that served a community of 300,000 people, were forced to suspend their activities for a week to safeguard staff and patients when street fighting between gangs broke out nearby.[178]

Multiple patient deaths were also directly linked to kidnappings of health workers when critically ill patients died because their surgeon or physician had been abducted and therefore prevented from providing vital medical care. For instance, an obstetrics surgeon was kidnapped while on route to perform an emergency caesarean in Petionville in August. Both the mother and baby died as a result.[179] In other cases health workers went on strike or health organizations temporarily suspended their services following a colleague's kidnapping, disrupting service delivery.

158 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 29102.

159 *https://bit.ly/Jan2022Haiti*.

160 According to the UN, kidnappings tripled to 234 cases in 2020 compared to 2019, with the real figures likely to be much higher due to under-reporting because people fear reprisals from the criminal gangs who carry them out. Since the assassination of President Moïse, the UN noted in early October that kidnappings were again on the rise, especially in Port-au-Prince and along Route No. 2 motorway, as gangs tried to extend their power, using kidnapping as both a weapon and a way of extorting money, e.g. CARDH reported more than 782 kidnappings for ransom in 2021 (*https://www.bbc.co.uk/news/world-latin-america-58993730*).

161 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 27690; 30373.

162 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 30069.

163 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 29693; 29694.

164 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 29694; 27690; 28660.

165 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 30373.

166 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 30845.

167 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 30845.

168 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 29693.

169 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 28227.

170 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 27690.

171 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 27690; 29102.

172 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 30095.

173 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 29110.

174 *https://abcnews.go.com/International/wireStory/gangs-abduct-doctors-haiti-including-needed-surgeon-79542435*.

175 *https://msf.org.uk/article/haiti-how-one-hospital-adapted-tumultuous-year*.

176 *https://www.msf.org/unbearable-insecurity-haiti-amidst-violence-and-economic-crisis*.

177 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 30069.

178 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 28548; https://lordslibrary.parliament.uk/haiti-political-upheaval-and-natural-disaster/.

179 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Haiti Health Data. Incident number 29693.

Mali

On February 1, 2021 Katiba Macina fighters kidnapped six health INGO employees – three men and three women – in Mali's Mopti region. The three women were released later that day, while the men were held until February 24.[180]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

18
REPORTED INCIDENTS

29
HEALTH WORKERS KIDNAPPED

Source: 2021 SHCC Mali Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 18 incidents of violence against or obstruction of health care in Mali in 2021, compared to 11 in 2020.[181] Twenty-nine health workers were kidnapped in these incidents in 2021.

This factsheet is based on the dataset 2021 SHCC Health Care Mali Data, which is available for download on the Humanitarian Data Exchange (HDX). [182]

THE CONTEXT

Colonel Assimi Goïta seized power in Mali in August 2020 following disputed parliamentary elections and deposed the transitional civilian government in May 2021. An ongoing insurgency continues in the northern and central regions of the country, perpetrated by groups such as the National Movement for the Liberation of Azwad (MNLA), Jama'at Nusrat al Islam wal Muslimin (JNIM), and Islamic State West Africa Province (ISWAP).

Health workers have been particularly affected by an increase in kidnappings of civilians and aid workers by armed groups. According to data collected by the Armed Conflict Location & Event Data Project, more kidnappings took place in Mali in the first eight months of 2021 than in any prior year.[183] Katiba Macina (a subgroup of JNIM), ISWAP, and other jihadist groups are believed to have been responsible for many of the kidnappings.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Eighteen incidents of violence against or obstruction of health care were reported in Mali in 2021, compared to 11 in 2020. Incidents were reported in four of Mali's eight regions, and were most frequent in Gao region, which has experienced high levels of violence and insecurity. Incidents peaked in June and July, when 17 health workers were kidnapped in four incidents.

Known locations of reported incidents affecting health care in Mali in 2021

Three measles vaccination workers were kidnapped while carrying out vaccination campaigns in Tombouctou

Incidents were most frequent in Gao region which has experienced high levels of violence and insecurity

● = 1 incident   200km

Mali
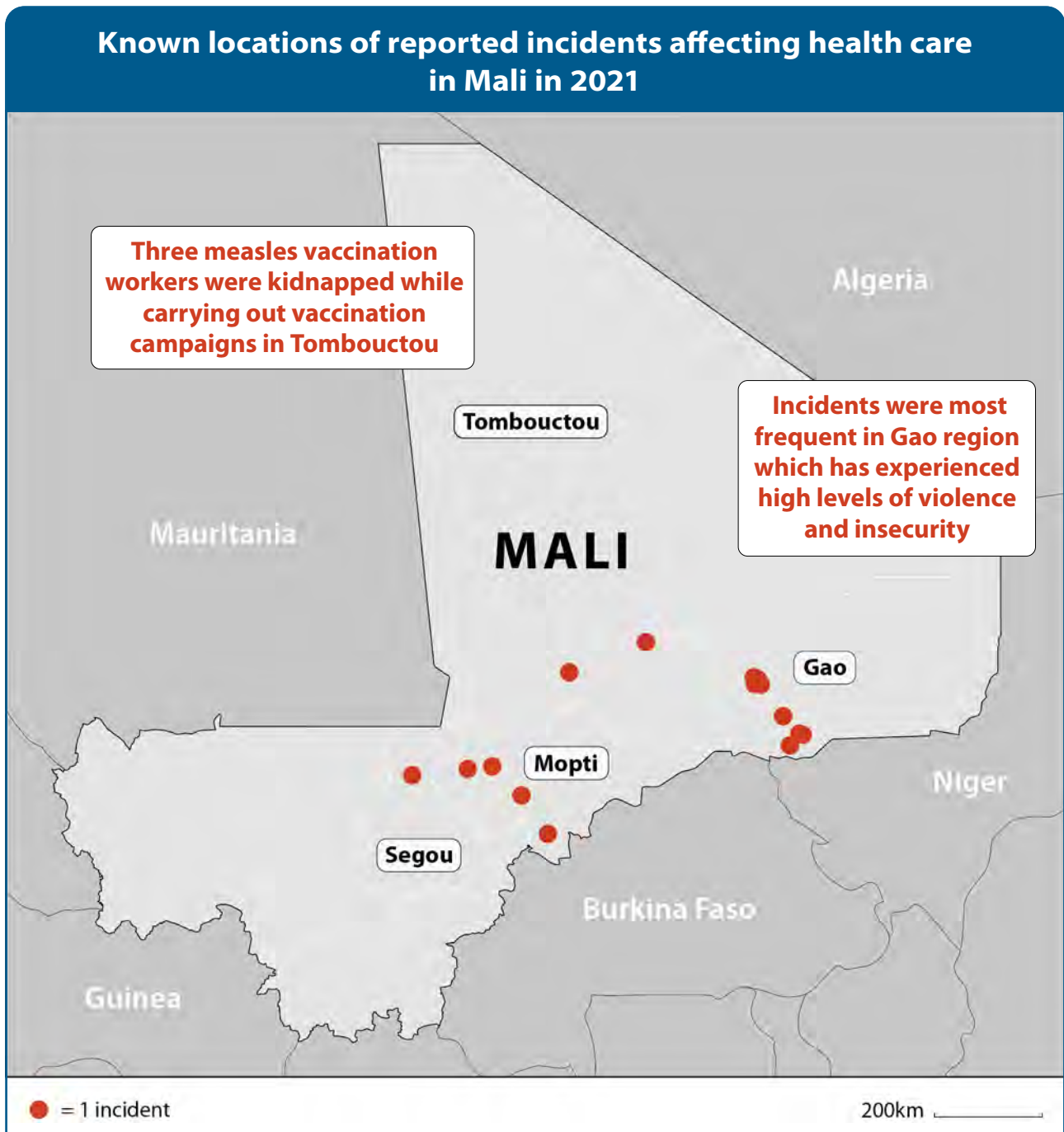
Half of the 18 reported incidents of violence against or obstruction of health care involved the kidnapping of health workers. This was a marked change from 2020, when only one health worker was reported to have been kidnapped.[184] Health worker kidnappings increased from June 2021 onwards.

Reported incidents affecting health care in Mali, 2020–2021

Health worker kidnappings increased from June 2021 onwards

Health worker kidnapping incident (10)
All other incidents affecting health care (19)
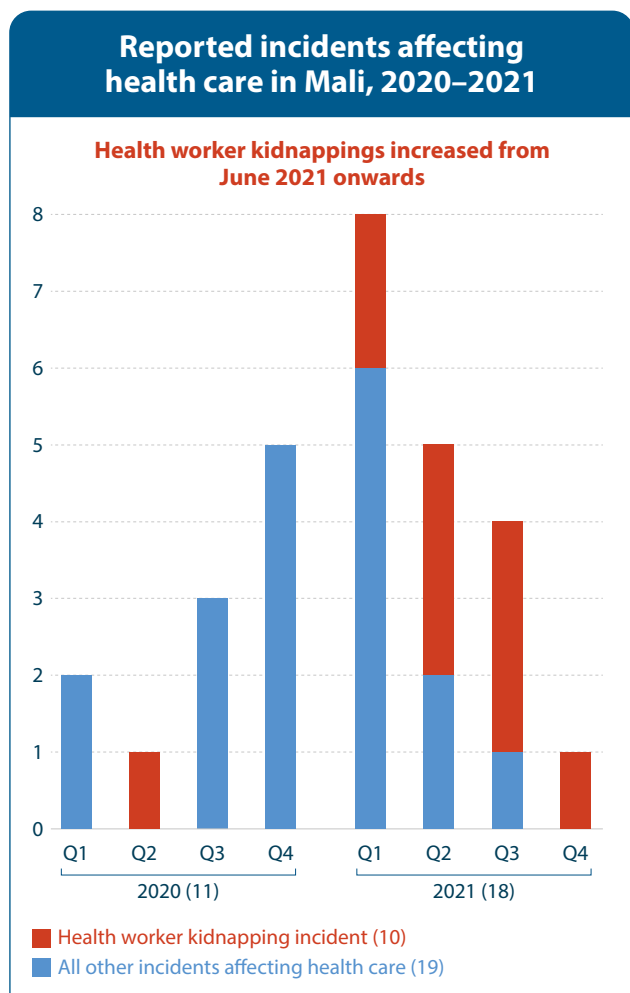
In total, at least 29 health workers were kidnapped in nine incidents during 2021. The majority of victims were employed by health INGOs and in most cases were abducted in groups of up to three or four people. In two incidents 15 health workers were kidnapped by ISWAP fighters in Gao region and Katiba Macina fighters in Mopti region.[185]

Health worker kidnappings commonly took place while staff were traveling to provide health care to remote areas of the country; often the vehicles t hey were in were seized by their abductors. In the ISWAP mass kidnappings in Gao region, however, eight INGO health workers were abducted from a health center.[186]

In total, 12 health workers were released unharmed after a short period of one to three days. The status of 17 others, including three measles vaccination workers who were kidnapped in two separate incidents in May and June in Tombouctou region, remains unclear.[187]

Health infrastructure in Gao region was also subjected to violence in 2021. Health centers and a pharmacy were ransacked and medicines looted, and ambulances were seized.

PERPETRATORS

Members of ISWAP, Katiba Macina, and unidentified non-state armed groups were reported to have perpetrated violence against or obstructed health care in Mali in 2021.[188] In most cases these perpetrators were armed with firearms.

ISWAP fighters in Gao region kidnapped five male and three female INGO health workers from a health center in June 2021.[189]

Katiba Macina fighters kidnapped ten INGO health workers in Mopti and Ségou regions. All were released. In Tombouctou region the group abducted a health worker and driver participating in a measles vaccination campaign. Their status remains unclear.[190]

Mali

Unidentified non-state armed groups ambushed health vehicles and kidnapped three health workers in Mopti region and two others in Tombouctou region. In Gao region unidentified non-state armed groups kidnapped a Nigerian doctor working for a French INGO, ransacked health clinics and stole medicines, and hijacked ambulances.

Unidentified non-state armed group

11	

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
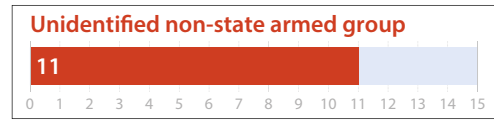
IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services

According to OCHA, 21 health facilities were no longer functioning in Mali at the end of 2021 and 82 were only partially functioning.[191] According to the WHO, the country faced a shortage of health workers, in particular in remote areas far from the capital, including areas where several documented attacks targeting health workers have taken place.[192]

Attacks on health workers further affected the already-struggling health system. The kidnapping of health workers contributed to the deaths of at least one ill patient who succumbed to their injuries because staff were abducted or prevented from giving them vital medical care and support.[193] The abduction in May 2021 in Tombouctou region of staff traveling as part of a measles vaccination campaign[194] may be one of the reasons why both UNICEF and the WHO reported a doubling in the number of measles cases recorded in Mali in 2021 compared to 2020, a trend that appears to be continuing into 2022.[195]

Access to health care

Widespread insecurity in the areas affected by the insurgency limited access to health care, especially in northern Mali. Rural populations did not attempt to access health care because of fears that roads were mined or that armed groups might attack them if they traveled to obtain health care.[196] Furthermore, the provision of health services across the country was significantly affected by insecurity and COVID-19 in 2021, with a 31% decrease in curative consultations and a 24% decrease in vaccination coverage.[197]

It is likely that attacks on health care further contributed to the low availability of emergency reproductive, obstetric, and neonatal health services in Mali in 2021, e.g. less than 50% of women give birth with the assistance of qualified health workers.[198]

Mali

180 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 27301.

181 *https://shcc.pub/2021SHCCMali.*

182 Three incidents that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care (SSA).

183 *https://acleddata.com/data-export-tool/.*

184 *https://shcc.pub/2021SHCCMali.*

185 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 27301; 28407.

186 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28407.

187 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28142; 28550.

188 Details of the perpetrators were recorded in 15 incidents. The perpetrators of three incidents were not identified.

189 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28407.

190 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28142.

191 *mli_hno_2022_mali_synthese_.pdf* (reliefweb.int).

192 *https://www.who.int/workforcealliance/countries/mli/en/.*

193 *https://msf.org.uk/article/mali-patient-dies-after-msf-ambulance-violently-held-armed-men.*

194 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28142.

195 *https://www.unicef.org/mali/media/3591/file/Humanitarian_Situation_Report_2021.pdf; https://apps.who.int/iris/bitstream/handle/10665/345876/OEW40-270903102021.pdf.*

196 *https://msf.org.uk/article/mali-insecurity-has-created-unprecedented-humanitarian-crisis.*

197 *https://reliefweb.int/report/mali/mali-aper-u-des-besoins-humanitaires-2022-version-synth-se-janvier-2022.*

198 *https://www.humanitarianresponse.info/en/operations/mali/document/bulletin-du-cluster-sant%C3%A9-mali-novembre-decembre-2021.*

Myanmar

On Monday April 12, 2021 State Administrative Council (military junta) forces in plain clothes entered Yangon General Hospital and arrested Dr Maw Maw Oo, the head of the Department of Emergency Medicine and the emergency clinical lead for Myanmar's COVID-19 response. At the time of his arrest Dr Maw Maw Oo was treating patients. He was reportedly affiliated with the Civil Disobedience Movement. After his arrest he was detained in Insein Prison without charges and reportedly contracted COVID-19 while imprisoned.[199]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

411	**535**	**118**	**41**	**29**
REPORTED INCIDENTS	HEALTH WORKERS ARRESTED	RAIDS ON AND OCCUPATIONS OF HEALTH FACILITIES	AMBULANCES ATTACKED	HEALTH WORKERS KILLED

Source: 2021 SHCC Myanmar Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 411 incidents of violence against or obstruction of health care in Myanmar in 2021, compared to 17 in 2020.[200] In these incidents 535 health workers were arrested, 118 health facilities attacked, 41 ambulances attacked, and 29 health workers killed. This factsheet is based on the dataset 2021 SHCC Myanmar Health Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

After a military coup d'état that overthrew the democratically elected government on February 1, 2021 pro-democracy protests erupted throughout Myanmar. Many of these protests had significant representation from health professionals who, together with other groups, formed the Civil Disobedience Movement (CDM), which organized mass protests and labor strikes throughout the country. State security forces responded to these protests with large-scale arrests, the use of live ammunition against protesters, and the targeting of health care workers providing care to injured protesters.

Myanmar

Following the coup the Myanmar military (known as the Tatmadaw) established a new government apparatus, the State Administrative Council (SAC). In opposition to the SAC junta ousted civilian leaders formed a pro-democracy opposition government known as the National Unity Government (NUG). The NUG became allied with several non-state, anti-junta armed resistance groups under the umbrella of the People's Defense Forces (PDF), which was established in May 2021. Several ethnic armed organizations (EAOs) allied themselves with the PDF.

The coup exacerbated the civil war dynamic that had raged for decades between the Tatmadaw and various non-Bamar EAOs throughout the country. Karen state, Chin state, and Sagaing region experienced more intensive armed combat between the Tatmadaw and non-state forces, which was characterized by heavy artillery fire and regular air strikes by Tatmadaw aircraft.[201]

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Nearly 90% of violent incidents affecting health care in Myanmar in 2021 were attributed to SAC/Tatmadaw soldiers. From October an increased number of non-state actors participated in violence against health care.

Incidents occurred in three distinct phases, marked by different patterns of violence against or obstruction of health care. During the initial post-coup period from February to April health workers were often arrested while attending protests or providing aid to protesters. Hospitals and clinics were raided by state security forces, often in search of pro-democracy health workers or injured protesters. Over 60% of health worker arrests in 2021 and over half of health facility raids occurred during this period. All reported violent incidents during this period were perpetrated by state security forces.

CHRONOLOGY OF ATTACKS

Feb 1	Feb – April	May – Oct	Sept – Dec
Coup	**Arrests**	**Obstructions**	**Armed conflict**
Military coup d'etat. Pro-democracy protests erupt throughout the country.	Health workers routinely arrested. Health facilities raided by military searching for pro-democracy health workers or injured protesters.	Obstructions to COVID-19-related care increased. Arrests and raids decreased as the country grappled with a third COVID-19 wave.	Increase in use of explosive weapons. Increase in attacks by non-state armed groups. Health centers damaged in SAC/Tatmadaw attacks on civilians.

Myanmar

From May to October arrests and raids by state security forces decreased, coinciding with the country›s third COVID-19 wave, driven by the Delta variant. Incidents during this period were especially marked by obstruction of COVID-19-related care. SAC/Tatmadaw forces seized oxygen cylinders and oxygen production facilities for their exclusive use and distribution by the military, and arrested health workers providing COVID-19 care independently of the government.[202]

From September onward incidents were largely related to escalating armed violence following the NUG's declaration of war on the SAC. SAC/Tatmadaw forces engaged in indiscriminate attacks on civilian populations, often using explosive weapons, which also damaged health facilities. There were increasing reports of attacks by non-state armed groups. The Tatmadaw also appeared to attack communities perceived to be sympathetic to pro-democracy forces. It engaged in widespread burning and destruction of civilian homes and infrastructure, including hospitals, clinics, COVID-19 vaccination or treatment centers, rural clinics, and a drug rehabilitation center, and indiscriminate shelling of civilian populations.[203] During this period there were also increased arrests of health workers at their homes or in health care settings. To justify these arrests health workers were often accused of providing aid to the PDF or support for the CDM or NUG. The months of November and December also saw the sharpest increase in the displacement of civilians, with over 100,000 estimated to have been displaced nationwide during this period alone.[204]

Targeting of health care

Medical aid was strategically denied or attacked in areas where populations were deemed to be sympathetic to the pro-democracy movement. As a general principle, health workers have ethical and legal obligations to provide care, regardless of the political stance or identity of the patient, but the SAC government viewed this obligation as an act of defiance and targeted health workers that provided this care. Communities considered to be hosting political dissidents were systematically denied care. This denial of medical aid was applied to entire populations of civilians displaced by fighting, most notably in the border regions of Chin, Kayin, and Shan states, where over 200,000 civilians were estimated to have been displaced by fighting.

- At least 20 health workers attempting to deliver or provide aid to displaced civilians in ethnic areas were arrested, and in some cases subjected to violent attacks by SAC forces.[205]
- In Mindat, Chin state, SAC forces began to block the transportation of food and medication following an assault on the area by SAC forces in May.[206]
- Denial of medical aid to Paletwa township, Chin state caused medication shortages in the town. SAC-imposed travel restrictions prevented patients at Paletwa Township Hospital from accessing specialist care outside of the state.[207]
- In Kayah state ambulances carrying medical supplies to displaced civilians were fired at and clinics serving IDPs seized.[208]
- In Shan state in June SAC forces in Pekon township burned medical and food aid, including an ambulance, intended for displaced populations in Kayah and Shan states.[209]
- A blockade of medication was also reported in Bilin township, Mon state, Kalewa town, Sagaing region, and multiple locations in Kayah state.[210]

Myanmar

Reported incidents affecting health care in Myanmar in 2021, by month

At least 535 health workers were arrested at hospitals or clinics in which they worked, or at their homes during night raids

- Health worker arrest incident (139)
- All other incidents affecting health care (272)
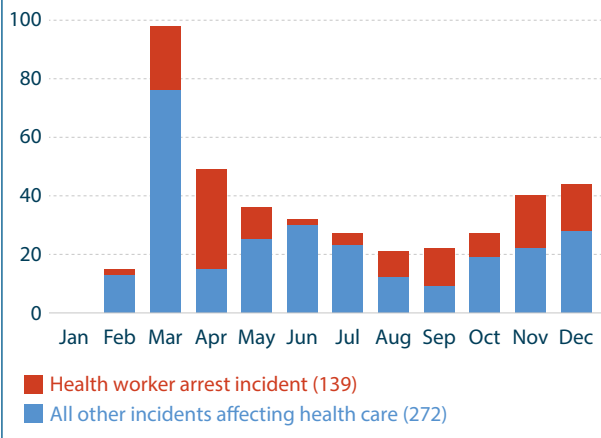
At least 535 health workers were arrested in 2021 at hospitals or clinics in which they worked, or at their homes during night raids. Health workers were frequently beaten while being detained and mass arrests were reported. In February over 200 doctors and medical students were arrested at a single protest in Yangon before being released later in the day.[211] In April arrest warrants were issued for at least 400 doctors and 180 nurses suspected of supporting the CDM, charging them with violating Penal Code section 505A.[212]

At least 20 health workers attempting to deliver or provide aid to displaced civilians in the border regions of Chin, Kachin, Kayah, Kayin, and Shan states and Sagaing region were arrested, and in some cases subjected to violent attacks by state security forces.

> ### ⓘ Penal Code section 505A:
>
> This new section prohibits people from *'causing fear, spreading false news and agitating crimes against a government employee'* and is punishable by up to three years' imprisonment. Since the coup the military government has used section 505A to arrest and detain pro-democracy protesters, including health care workers. According to the Assistance Association for Political Prisoners, more than 1,000 prisoners have been charged with violating this section of the Penal Code.[213] For more information, see 'Myanmar: Post-Coup Legal Changes Erode Human Rights' by Human Rights Watch.[214]

Health facilities became primary targets of SAC/Tatmadaw forces and were occupied or raided on at least 118 occasions in 2021. From March 7 to 9 SAC/Tatmadaw forces raided and occupied 32 hospitals in every region of the country except for Naypyitaw, the capital region. In Yangon city alone six hospitals were raided and occupied. At least 73 health workers were arrested during raids on health facilities, on accusations of supporting the CDM or PDF. Patients were routinely searched during raids and risked being arrested or forcibly discharged. During the final months of 2021 health facilities were again frequently occupied as part of military operations or to detain civilians.

SAC/Tatmadaw forces shot at, vandalized, and damaged ambulances responding to injured protesters. Twenty-nine ambulances were damaged or destroyed. Eight health workers were killed, and 24 injured or assaulted in these attacks. One ambulance was damaged by a Molotov cocktail in Yangon in May.[215] Three of these incidents occurred in Sagaing region and the other in Mandalay region.

Myanmar

PERPETRATORS

SAC/Tatmadaw forces, unidentified non-state armed groups, the PDF, the Chinland Defense Force (CDF), and Border Guard Forces were reported to have perpetrated violence against or obstructed health care in Myanmar in 2021.

Border Guard Forces in Kayin (Karen) state occupied a local clinic, destroyed a motorcycle used by the clinic, and seized medicine and medical equipment. Doctors and health workers at the facility had fled in anticipation of the attack.[216]

Border Guard Forces

1

0   50   100   150   200   250   300   350   369

CDF forces in Chin state ambushed an ambulance transporting a government official in December, kidnapping him and shooting and injuring the ambulance driver. They then raided a hospital caring for the ambulance driver injured in the attack, confiscating his cell phone.[217] Both incidents took place in Falam town during December.

CDF

2

0   50   100   150   200   250   300   350   413
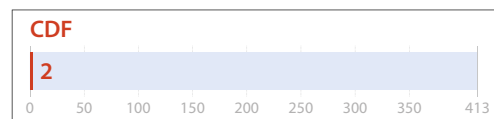
PDF forces in Sagaing region were accused of planting a landmine that injured two ambulance drivers in October and threw a grenade into staff housing for nurses at Tamu Township Hospital in November.[218] In Yangon a bomb attributed to the PDF exploded outside North Dagon Township Hospital in December, limiting patient access to the facility. A second series of bombs exploded in the same location after approximately 50 SAC/Tatmadaw troops arrived to investigate. In Magway region PDF forces killed a military patient inside an ambulance in December. The PDF accused the patient of planting a bomb that killed four people at the house of a National League for Democracy activist.[219]

PDF

7

0   50   100   150   200   250   300   350   413
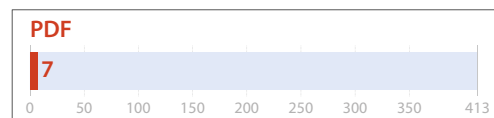
Nearly 90% of incidents of violence affecting health care in 2021 were attributed to **SAC/Tatmadaw** forces. They were sole perpetrators of documented incidents between February and April. **SAC** air strikes in Kayin state destroyed a hospital and locally run prosthetic clinic and injured a health worker.[220] A doctor was killed in an air strike in Kachin state in October and another in Magway region in December.[221] At least seven incidents of SAC artillery fire were reported between August and December. All occurred in the context of clashes between SAC/Tatmadaw and opposition forces.

SAC/Tatmadaw soldiers

369

0   50   100   150   200   250   300   350   413

Unidentified non-state armed groups using grenades, small homemade bombs, and improvised explosive devices (IEDs), including car bombs, damaged or destroyed at least ten health facilities in 2021. In many cases the intended target of these attacks appeared to be soldiers occupying the facilities. For

Unnamed non-state armed groups

34

0   50   100   150   200   250   300   350   413
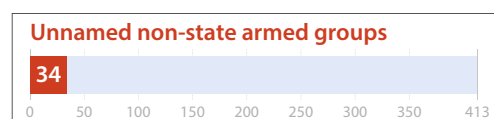
example, on August 8 an IED detonated outside a hospital in Yangon, killing a soldier guarding the facility and injuring two others.[222] Other hospital bombings appeared to be coordinated with the bombings of government facilities. For example, on June 10 in Ayeyarwady region bombs were simultaneously detonated outside a hospital, police station, and bank.[223] Others appeared to target staff loyal to the government. For example, on December 21 a bomb exploded outside a hospital in Yangon. The hospital superintendent was reportedly hostile to the CDM and was married to a military officer.[224]

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health workers

Prior to the conflict Myanmar had a shortage of doctors and trained health care personnel. In 2019 the World Bank reported that the country had 0.7 doctors per 1,000 people, well below the global average in 2017 of 1.8 per 1,000 people.[225] The conflict has exacerbated this health personnel shortage because health workers have been arrested or killed, gone into hiding, or fled to regions outside government control.

At least 29 health workers were killed in Myanmar in 2021. At least five were shot and killed by SAC forces while they were providing care to injured protesters, two were killed by SAC air strikes in Kachin state and Magway region, and a physician in Mandalay city committed suicide, fearing arrest for her participation in the CDM.[226] The bodies of four health workers bore signs of torture.

At least seven health worker deaths were attributed to non-state armed groups who reportedly targeted the health workers for non-CDM participation.

According to data collected by the Assistance Association for Political Prisoners, at least 88 health workers were suspected to be detained as of March 30, 2022.[227] Arrest warrants were issued for at least 400 doctors and 180 nurses who participated in the CDM.[228] Arrested doctors include specialists such as an orthopedic surgeon, a pediatric neurologist, and a rheumatologist.[229]

In cases where targeted health workers fled or could not be located, family members were often detained[230] or personal property seized.[231]

Health services

The ability of Myanmar's health care system to adequately deliver health services has been dramatically impacted due to the ongoing conflict and targeting of health workers and facilities, as well as the devastating impacts of the COVID-19 pandemic.

> **Obstruction of COVID-19 care**
> In the months following the coup security forces arrested several high-profile public health officials who were responsible for coordinating Myanmar's COVID-19 response. Their arrests likely further undermined the country's ability to effectively respond to the pandemic. During the rainy season months of July to September Myanmar experienced its third and deadliest COVID-19 wave, driven by the Delta variant. During this third wave the military government (the SAC) denied aid to opponents and arrested health workers providing COVID-19 care outside of government facilities. The military government monopolized the supply of medical oxygen and routinely confiscated supplies from civilians and aid organizations. Personal

protective equipment and oxygen supplies were confiscated for exclusive use by the SAC in Chin and Kayin states and Yangon city, including 130 oxygen cylinders imported from Thailand by aid organizations in Kayin state and an oxygen production facility in Yangon.[232] During this period of increased obstruction of COVID-19-related care the COVID-19 death rate in Myanmar was among the highest in the world, with many patients dying at home with no access to care.

SAC forces shot at and vandalized ambulances responding to injured protesters, and 29 ambulances were damaged or destroyed. Eight health workers were killed and 24 injured or assaulted in these attacks. One ambulance was damaged by a molotov cocktail in Yangon in May.[233] Three such incidents occurred in Sagaing region and the other in Mandalay region.

Public delivery of health care was impacted by widespread walkouts by protesting government health workers. Five months after the coup the CDM Medical Network estimated that 50,000 government health workers remained on strike, refusing to work for government health facilities. Many patients became reluctant to seek care at government-run facilities, especially if they had been involved in the CDM and related protests. Protesting doctors attempted to fill this gap by working at charity clinics unaffiliated with the government or at private health facilities, but these were also attacked. The private sector remained financially out of reach for many patients due to the high cost. Private hospitals that employed CDM health workers were threatened with having their licenses revoked.

The conflict disrupted Myanmar's services for the treatment of communicable diseases such as HIV and tuberculosis. Many National AIDS Program facilities had reduced capacity to function, forcing more HIV+ patients to seek care at NGO facilities, but it was often beyond these facilities' capacity to respond. Interruptions in the medication supply chain reduced the supply of antiretrovirals for patients (drugs that are necessary for preventing the progression to AIDS). MSF reported that it had lost over 2,000 HIV+ patients to follow-up, an 89% increase from 2020.[234]

Myanmar also faces one of the world's highest burdens of disease for tuberculosis. Following the coup, programs to detect and treat tuberculosis stalled, increasing the risk of spread of drug-resistant tuberculosis.[235] SAC forces raided both HIV/AIDS and tuberculosis treatment facilities in 2021.[236]

Myanmar's efforts to eradicate malaria have also been jeopardized by the conflict. In recent years Myanmar had significantly reduced its malaria deaths and sought to eradicate malaria by 2030.[237] The conflict has disrupted critical supplies for the testing and treatment of the disease.[238]

Access to health care

In 2021 the ongoing conflict resulted in life-threatening barriers to accessing health care. These barriers included prohibitive costs of private-sector health services, a reduction in the public health workforce due to security forces attacks on and arrests of protesting health workers, deteriorating trust in public sector health services, and strategic blockades of medical and humanitarian aid to displaced civilian populations. In addition, curfews limited the capacity of emergency medical services to function at night and discouraged patients from traveling to distant referral centers. The WHO estimates that Myanmar will see almost 50,000 avoidable deaths in 2022 if the current level of service interruptions continues, including 33,000 deaths as a result of missed routine immunizations.[239] As of July 2021 more than one million children were unable to receive routine childhood vaccinations.

Myanmar

Displaced civilians, primarily in the border regions of Shan, Kayah, Kayin (Karen), Chin, Kachin, Rakhine, and Kachin states, have faced severe barriers to health care access. Following the coup the Tatmadaw expanded offensives against EAOs in these border regions, using air strikes and artillery barrages against civilian populations. As a result an estimated 320,000 civilians have become displaced since the coup began. The confiscation of medical and humanitarian aid intended for displaced civilians has been documented in Chin state, Kayah (Karen) state, and Bago region.[240] These include supplies from UNHCR and the WFP.[241] Health workers attempting to provide aid in these regions have been arbitrarily arrested. Civilians displaced before the coup, primarily those in Rakhine, Kachin, and northern Shan states, have also faced new restrictions on aid delivery. OCHA reports that these restrictions have prevented more than half of its intended activities in Rakhine state.[242] There have been reports of malnutrition and outbreaks of acute diarrheal disease in IDP camps due to lack of access to medication and humanitarian aid.[243]

199 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 8292021.

200 *https://shcc.pub/2021SHCCNoRespite.*

201 *https://reliefweb.int/report/myanmar/acled-regional-overview-east-and-southeast-asia-8-14-january-2022.*

202 Insecurity Insight. 2021. 'Threats and Violence Against Health Care in Myanmar v. August 2021.' Geneva, Switzerland: Insecurity Insight.

203 Insecurity Insight. 2021. 'Threats and Violence Against Health Care in Myanmar v. December 2021.' Geneva, Switzerland: Insecurity Insight.

204 *https://reliefweb.int/sites/reliefweb.int/files/resources/Myanmar%20Emergency%20Update%20-%2019%20January%202022.pdf.*

205 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30043; 30142; 30168; 30270.

206 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28851.

207 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28783.

208 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28308; 29044.

209 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28189.

210 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28552.

211 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27054.

212 *https://apnews.com/article/only-on-ap-myanmar-business-science-coronavirus-pandemic-3b4c3e6d711b5eac1209a2c8fd90b2b4.*

213 *https://aappb.org/wp-content/uploads/2022/03/Under-Detention-List-Last-Updated-on-4-Mar-2022.pdf.*

214 *https://www.hrw.org/news/2021/03/02/myanmar-post-coup-legal-changes-erode-human-rights.*

215 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27806.

216 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30042.

217 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30170; 30171.

218 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30062; 30090.

219 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30246.

220 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27012; 8262021; 30169.

221 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30047; 30260.

222 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28674.

223 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28164.

224 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30198.

225 *https://data.worldbank.org/indicator/SH.MED.PHYS.ZS.*

226 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28315.

227 *https://aappb.org/wp-content/uploads/2022/03/Under-Detention-List-Last-Updated-on-30-Mar-2022.pdf.*

228 *https://www.rfa.org/english/news/myanmar/release-08022021165542.html.*

229 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27004; 8552021; 30122.

230 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30147.

231 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 30078.

232 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28528; 28555.

233 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27806.

234 *https://doctorswithoutborders-apac.org/en/world-aids-day-myanmar-political-turmoil-threatens-hiv-care*.

235 *https://www.thenewhumanitarian.org/news/2021/3/25/myanmars-post-coup-healthcare-breakdown*.

236 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 27243; 2739.

237 *https://apps.who.int/iris/handle/10665/208203*.

238 *https://healthcluster.who.int/publications/m/item/myanmar-public-health-situation-analysis-29-may-2021*.

239 *https://reliefweb.int/report/myanmar/myanmar-humanitarian-needs-overview-2022-december-2021*.

240 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28551; 28552; *https://www.hrw.org/news/2021/12/13/myanmar-junta-blocks-lifesaving-aid*.

241 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Myanmar Health Data. Incident number 28551; 28553; *https://mizzima.com/article/authorities-block-un-world-food-programme-convoy-reaching-idps*.

242 *https://data2.unhcr.org/en/documents/download/88372*.

243 *https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Myanmar%20Humanitarian%20Situation%20Report%20No.%201%20-%20January-February%202022.pdf*;
https://mizzima.com/article/authorities-block-un-world-food-programme-convoy-reaching-idps.

Nigeria

On August 1, 2021, Islamic State West Africa Province (ISWAP) militants kidnapped two vaccination workers and stole their vehicle and vaccine supplies as they were carrying out activities linked to a cholera immunization campaign. The victims were released after locals intervened.[244]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

49	**30**	**13**	**11**
REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH FACILITIES DAMAGED/ DESTROYED

Source: 2021 SHCC Nigeria Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 49 incidents of violence against or obstruction of health care in Nigeria in 2021, an increase from 43 such incidents in 2020. Thirty health workers were kidnapped, and health facilities were damaged or destroyed and medical supplies taken in these incidents.

This factsheet is based on the dataset 2021 Nigeria Health Data, which is available for download on the Humanitarian Data Exchange (HDX).[245]

THE CONTEXT

Nigeria continued to experience insecurity issues in both the north-east and south-east of the country. Boko Haram and ISWAP insurgencies continued in the north, together with an increase in banditry and kidnappings in the north-west and unrest in the south-east, mostly as a result of the activities of separatist groups.

ISWAP's claim that it had killed Boko Haram leader Abubakar Shekau in June 2021 was followed by a decline in Boko Haram attacks, with 64 attacks on civilians carried out by the group in 2021 overall, according to the Global Terrorism Index.[246] In 2021 Nigeria recorded a total of 448 killings perpetrated by designated terrorist groups, which constituted a significant drop compared to 2015, when 2,135 people were reported to have died from terrorist acts.
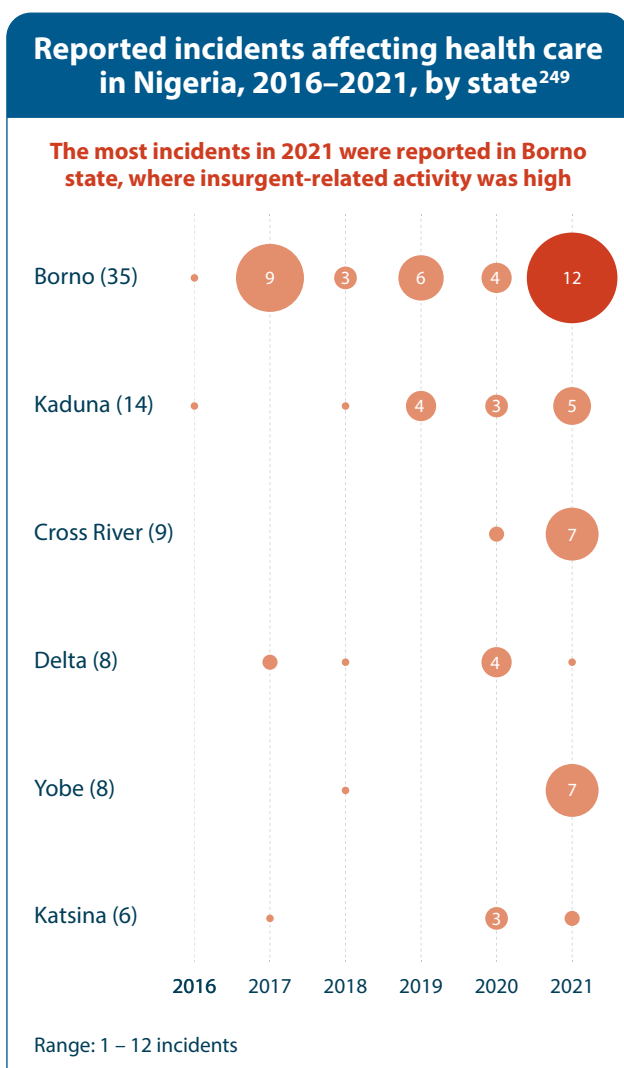
Nigeria

Nevertheless, insecurity in the north-east remained high. In Borno state ISWAP carried out a major attack on the town of Dikwa in March 2021 in which 25 humanitarian workers remained trapped until government military reinforcements arrived.[247] The UN suspended aid to the state in April 2021 after a series of clashes around Damasak town.

The long-standing conflict between traditional nomadic Fulani herding communities and settled farmers in Niger, Ogun, and Benue states over political supremacy and access to land and livelihoods also affected health workers. Fulani targeted health professionals in the area, and military operations carried out in response to ethnic violence caused collateral damage to the local health infrastructure.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

In 2021, 49 incidents of violence against or obstruction of health care occurring in 17 of Nigeria's 36 states were reported in the country, compared to 43 in 2020.[248] Nearly a quarter were reported in Borno state in north-eastern Nigeria, where insurgent-related activity was high. Half of these incidents involved the looting of medical supplies. This was a marked change from 2020, when high incident numbers were reported in Katsina, Cross River, and Delta states.

Reported incidents affecting health care in Nigeria, 2016–2021, by state[249]

The most incidents in 2021 were reported in Borno state, where insurgent-related activity was high

Range: 1 – 12 incidents

Nearly half of the incidents of violence against health care in 2021 involved the kidnapping of a least one health worker, a trend that was similar to 2020. In total, at least 30 health workers, including doctors, nurses, a dentist, and a laboratory technician, were kidnapped in 20 incidents during 2021. The kidnappings were widely dispersed, reported in 13 of 36 states, although a quarter of kidnapping incidents took place in Kaduna state. This was a change from 2020, when most of the kidnappings were reported in Katsina state.

Health workers were kidnapped directly from health facilities, when traveling to or from work, or when working in the field. Thirteen health workers were kidnapped while they were working at hospitals in Adamawa, Kaduna, Kogi, Oyo, and Zamfara states. Two were kidnapped in home invasions in Akwa Ibom and Niger states.

Health workers were kidnapped on their own or in small groups. In one case five health workers, including two nurses, were abducted by gunmen who stormed the residential headquarters of the National Tuberculosis and Leprosy Center in Kaduna in July 2021.[250] In total, four of the health workers were killed by their captors,[251] ten were released after one to seven days of captivity, and the fate of 16 others was not reported.

Nigeria

Reported incidents affecting health care in Nigeria, 2020–2021

Nearly half of incidents in 2021 involved the kidnapping of a health worker, a trend that had continued from 2020

2020 (44) — 2021 (49)

■ Health worker kidnapping incident (37) ■ All other incidents affecting health care (56)
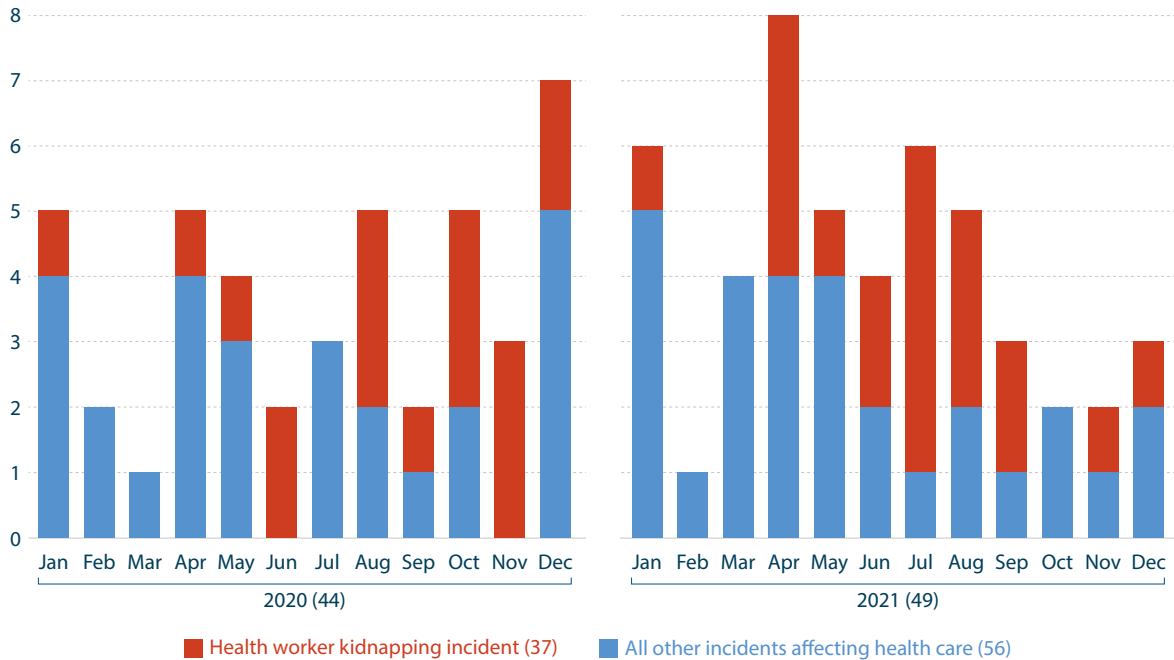
On 11 occasions health facilities were attacked, stormed, and damaged in Anambra, Benue, Borno, Kaduna, Nasarawa, and Yobe states. In all but one incident health workers were unharmed. In that incident in March 2021 gunmen attacked Niima Clinic in Kaduna state, killing one health worker, and injuring three others.[252] At least six health facilities were set on fire in Borno and Yobe states.

Medical supplies and equipment were looted from health facilities on at least 13 occasions. Lootings frequently took place in Borno and Yobe states and were often attributed to ISWAP.

PERPETRATORS

North-east Nigeria

Members of ISWAP, unidentified non-state armed groups, and a private security company were reported to have perpetrated violence against or obstructed health care in north-east Nigeria in 2021. In most cases these perpetrators were armed with firearms.

ISWAP fighters in Borno state stole medical supplies in January 2021 and abducted two cholera immunization workers in March.[253] Twice during May ISWAP fighters looted medical supplies from INGO health facilities.[254] In July the group attacked a hospital in an IDP camp, injuring six patients.[255] In November **ISWAP** fighters raided a clinic and stole towels, chairs, and bedspreads, before setting surrounding grass on fire as part of a wider assault on the community.[256] In August **ISWAP** fighters used explosives to breach the UN hub in Borno state, forcing aid

Islamic State West Africa Province (ISWAP)

14

workers providing assistance to IDPs to retreat to a fortified bunker. The militants torched the UN facility and two hospitals run by NGOs. As a result, humanitarian support to nearly 100,000 people was suspended.[257] In December **ISWAP** fighters fired shots at a pharmacy.[258]

In Yobe state **ISWAP** fighters set two health facilities on fire in January and March during wider attacks on civilians. Members of the group also looted medical supplies on four occasions in January, May, June, and December.[259]

Members of a **private security company** detained two health workers from a health facility in Borno state.[260]
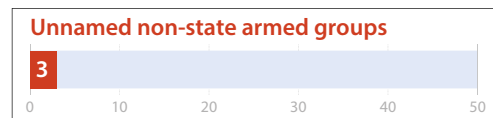
Members of **unidentified non-state armed groups** in Adamawa state kidnapped a doctor who was the owner of the Aisha Private Hospital in the early evening of December 13. The doctor was released on December 17 after the group contacted his family and demanded a ransom payment.[261] Another health worker was abducted while traveling in Yobe state in August and medical supplies were looted from a health facility in Borno state.[262]

Private security company

1

0   10   20   30   40   50

Unnamed non-state armed groups

3

0   10   20   30   40   50

Other states

Elsewhere in Nigeria unidentified non-state armed actors, members of the Nigerian Armed Forces in Benue state, and armed herdsmen in Niger and Ogun states were named by those reporting the violence as the main perpetrators of violence against or obstruction of health care. Reported information suggests their frequent use of firearms and arson.

Armed herdsmen in Niger state abducted and murdered a doctor and owner of a health facility in Magama LGA in June.[263] In Ogun state armed herdsmen abducted two health workers who were on their way to the Imeko General Hospital in April and demanded 20 million naira (about 48,000 US dollars) in ransom before the victims were freed a week later.[264]

Armed herdsmen

2

0   10   20   30   40   50

A health center burned down during the **Nigerian Armed Forces** Operation Whirl Stroke in Benue state's Konshisha local government area (LGA) in April. The operation sought to counter armed Fulani herdsmen and militia groups operating in the region. Patients and nursing mothers in the maternity ward were forced to flee the clinic and three patients were killed.[265] Also in April in Konshisha LGA the **Nigerian Armed Forces** demolished a health center during Operation Whirl Stroke, while at least 70 people were killed in the surrounding area.[266]

Nigerian Armed Forces

2

0   10   20   30   40   50

Nigeria

Members of **unidentified non-state armed groups** kidnapped 26 health workers in 2021. Nearly half were kidnapped in Kaduna state. In addition, six health workers were killed, including three in one incident in Anambra state in September.[267] In a separate incident in Rivers state **gunmen** entered a clinic where four patients were being treated for gunshot wounds. All four patients and a nurse were shot and killed.[268]
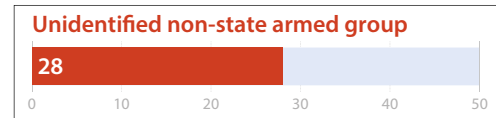
Members of **armed groups** also set fire to health facilities in Anambra state and stole medical supplies and equipment from a medical storage warehouse in Kogi state.[269]

Unidentified non-state armed group

28

| 0 | 10 | 20 | 30 | 40 | 50 |

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services

In 2021 violence significantly disrupted the health system across the country's north-eastern states. Of the approximately 2,400 health facilities in Borno, Adamawa, and Yobe states, almost half (48%) were not functioning.[270]

In Gwoza and Pulka towns in Borno state the security situation deteriorated so badly that MSF suspended all its work there in August 2021, closing a hospital in Pulka and suspending anti-malaria treatment and obstetrical care in Gwoza.[271] No other NGOs operate in the area and hundreds of thousands of people will no longer have access to health care.[272]

Access to health care

In one-third of the LGAs visited by protection monitoring teams in Nigeria's north-eastern states in 2021 household members reported that they did not feel safe at the local hospital.[273] The looting in December by ISWAP militants in Guiba town, Borno state resulted in a 70% reduction in health care consultations.[274]

Communities interviewed as part of protection monitoring reported being unable to pass military-run checkpoints on the way to health facilities, especially when trying to reach services after the official curfew time. In particular, those who lacked valid means of identification experienced this problem.

Difficulties in accessing health care also impacted the treatment of survivors of sexual violence. Fear of traveling along dangerous roads meant that rape survivors were unable to access treatment.[275]

The International Committee of the Red Cross highlighted the way in which attacks on water supply infrastructure blocked people's access to clean water and basic health care services.[276]

While nearly all of Nigeria's 36 states reported cholera cases in 2021, the vast majority were concentrated in the six northern states of Bauchi, Kano, Jigawa, Zamfara, Sokoto, and Katsina. Conflict and violence left hundreds of thousands of people displaced, many of whom lived in overcrowded conditions with poor or non-existent sewerage systems and no access to clean drinking water. Water sources can easily become contaminated with sewage, especially in the rainy season, causing waterborne diseases such as cholera to spread quickly.[277]

Nigeria

Nigeria has the highest number of deaths from malaria worldwide, and MSF's withdrawal from Gwoza and Pulka resulted in the cancellation of the organization's mass seasonal malaria prevention campaign.[278] This was particularly concerning because in 2021 Borno state had an unusual spike in malaria cases during the dry season, when malaria is usually less severe. This unexplained incidence of malaria in the dry season, combined with MSF's withdrawal, had significant implications for the local population, whose members could no longer access anti-malarial drugs or medical care for serious malaria cases.[279]

Generally, victims' inability to access health services following sexual assaults increases serious mental trauma and the spread of sexually transmitted diseases.[280]

244 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29343.
245 Ten incidents that had not been reported elsewhere were provided by the Conflict and Humanitarian Data Centre of the International NGO Safety Organisation (INSO). Reports on four additional incidents that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care (SSA).
246 https://reliefweb.int/sites/reliefweb.int/files/resources/GTI-2022-web.pdf.
247 https://www.france24.com/en/live-news/20210302-jihadists-attack-un-base-in-nigeria-trapping-25-aid-workers.
248 Four incidents that had not been reported elsewhere were provided by the WHO Surveillance System for Attacks on Health Care. Further information on the locations of these incidents is not available.
249 This chart shows the states where six or more incidents were reported in the period 2016–2021.

250   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 28789.

251   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 28460; 28685.

252   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 27783.

253   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29343; 772.

254   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 773; 774.

255   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29343.

256   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 30302.

257   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 27071.

258   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 7710.

259   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 26844; 27239.

260   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 778.

261   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Health Nigeria Data. Incident number 30550.

262   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 775; 779.

263   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 28460.

264   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 27710.

265   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 30059.

266   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 27702.

267   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29552.

268   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 28143.

269   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29838; 27222.

270   *https://reliefweb.int/report/nigeria/nigeria-humanitarian-needs-overview-2022-february-2022*, p. 33.

271   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29411; 29409.

272   *https://www.msf.org/msf-ends-activities-gwoza-and-pulka*.

273   IRC Protection Monitoring 2021 (no public link).

274   IRC 2021 Health Analysis and Protection Monitoring Nigeria.

275   *https://www.msf.org/northwest-nigeria-gripped-humanitarian-crisis-violence-escalates*.

276   *https://www.icrc.org/en/document/nigeria-slow-violence-health-care*.

277   *https://reliefweb.int/report/nigeria/nigeria-tackling-worst-cholera-outbreak-decade;
      https://msf.org.uk/article/photostory-inside-nigerias-deadly-cholera-epidemic*.

278   *https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2021*.

279   *https://msf.org.uk/article/nigeria-extended-malaria-season-borno-claims-lives*.

280   *https://www.msf.org/northwest-nigeria-gripped-humanitarian-crisis-violence-escalates*.

Occupied Palestinian Territory

On May 11, 2021 the Hala Al Shwa Primary Health Care Center in the oPt, which provided COVID-19 testing and vaccinations in north Gaza, was destroyed during an Israeli air strike.[281]

On June 25 a paramedic was injured by rubber-coated rounds fired by Israeli forces while providing aid to people wounded during protests against the construction of settlements in Qalqilya governorate, West Bank.[282]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

169	61	30	32
REPORTED INCIDENTS	HEALTH WORKERS INJURED	HEALTH FACILITIES DAMAGED	HEALTH CARE OBSTRUCTED
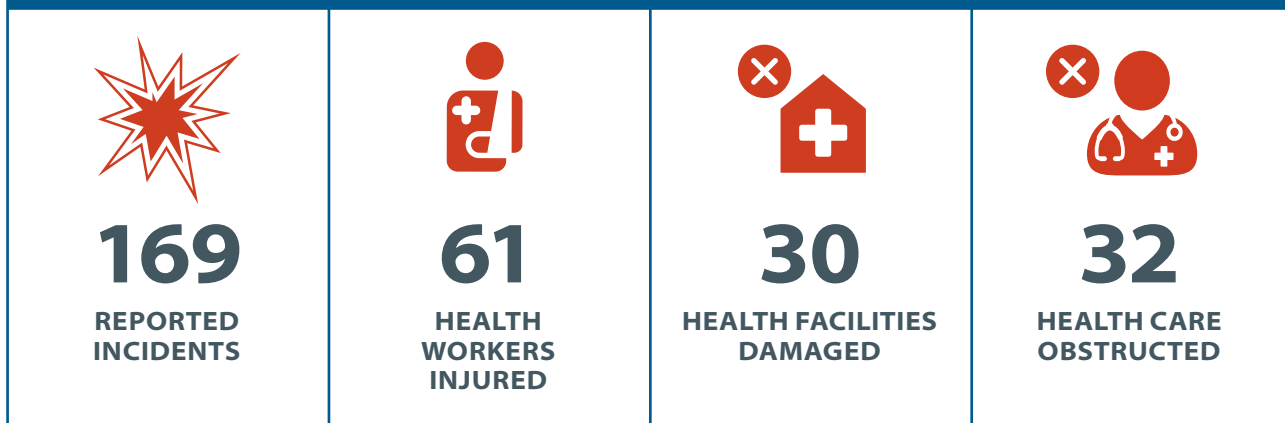
Source: 2021 SHCC oPt Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 169 incidents of violence against or obstruction of health care in the oPt in 2021, which was a marked increase from 2020, when 61 incidents were documented. In these 169 incidents 61 health workers were injured, 30 health facilities were damaged or destroyed, and patients' access to health care was obstructed at least 32 times.

As well as direct attacks on health care, including violence perpetrated by Israeli forces and settlers, Palestinian health workers and patients had to navigate a system of administrative and geographic barriers, including a restrictive permit regime and a network of 593 obstacles to their movement in the course of their duties, including checkpoints and road closures.[283]

This factsheet is based on the dataset 2021 SHCC oPt Health Data, which is available for download on the Humanitarian Data Exchange (HDX).[284]

The Al Mezan Center for Human Rights reported that 50 health centers had been partially damaged or destroyed, but did not provide details on the locations and specific circumstances, therefore these incidents could not be included here because they could not be cross-checked to prevent double counting.[285]

Occupied Palestinian Territory

This document focuses on the analysis of 169 incidents for which there was enough information on context, perpetrators, and weapons use to allow the nature and extent of reported violence against and obstruction of health care to be meaningfully described.

THE CONTEXT

Political tensions in the oPt rose at the start of Ramadan in early April 2021 and intensified in May during protests against attempts to forcibly evict four Palestinian families from their homes in the Sheikh Jarrah neighborhood of occupied East Jerusalem. On May 10 Palestinian armed groups fired rockets from Gaza towards Jerusalem and Tel Aviv. The Israel Defense Forces responded with air strikes on Gaza. Over 11 days 261 Palestinians in Gaza, including at least 120 civilians, and 13 people in Israel were killed before a ceasefire came into effect.

Throughout 2021 Palestinian protests against forced evictions and home demolitions and the takeover of land for the construction of settlements were sometimes met with force by Israel's security forces.[286]

## VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Violence affecting health care was most intense during the 11-day conflict in Gaza in May, when 53 incidents of explosive weapons use impacting Palestinian health facilities and workers were reported.

Across the oPt 61 Palestinian health workers were injured in 2021, mostly in the context of protests against the construction of settlements in the West Bank. Health workers were often blocked from reaching the injured and had stones thrown at them by Israeli settlers while providing emergency care to injured Palestinians.

Obstructions at checkpoints and routine delays and denials of permits to allow patients to leave Gaza or the West Bank to receive medical care elsewhere were reported throughout the year.

Reported incidents affecting health care in the OPT in 2021, by month

Palestinian health facilities and workers were impacted by explosive weapons use at least 53 times during the 11-day conflict in Gaza in May

■ Incident where explosive weapons use impacted health care (55)
■ All other incidents affecting health care (114)
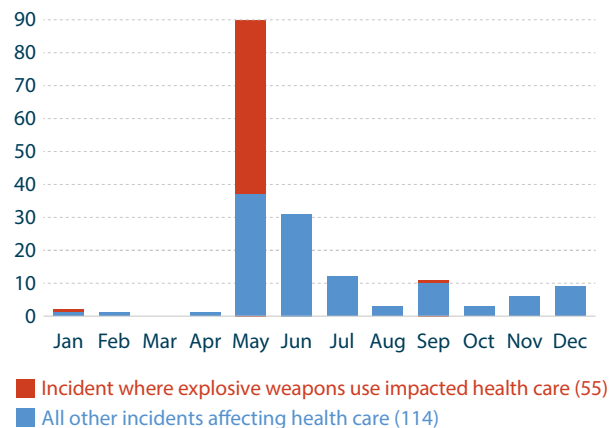
Violence against health care during the 11-day military operation in Gaza
The use of air-launched weapons by Israeli forces impacted hospitals, clinics, and health workers at least 53 times during the 11-day war. At least 30 health facilities in Gaza were damaged or destroyed during the bombardment.

During an incident on May 15 Israeli forces' bombardment damaged roads leading to Al Shifa Hospital, the largest hospital in Gaza, hindering the ability of ambulances to access the area.[287] Three health workers, including one of the few neurologists in Gaza, the director of Gaza's COVID-19 response, and a psychologist, were all killed in early morning air strikes on their homes.

Occupied Palestinian Territory

Primary, emergency, oncology, and rehabilitation services were all impacted by Israeli air strikes. Hotline consultation services for COVID-19 patients were also temporarily suspended and the destruction of the Hala al Shwa Healthcare Center halted its COVID-19 testing services. Gaza's only laboratory for processing COVID-19 tests was damaged in an Israeli air strike, which also injured one laboratory technician.

Violence against or obstruction of health care during protests

In 2021 health workers faced threats and violence from Israeli forces while providing care during demonstrations against settlement expansion in the West Bank. A high number of these protest-related incidents were reported between May 4 and 21 and included emergency medical teams being obstructed from treating injured civilians at protests at Al-Aqsa Mosque in East Jerusalem. In one incident two Palestinian Red Crescent Society (PRCS) medics were attacked and injured by Yasam[288] members armed with clubs while attempting to provide treatment to wounded civilians in El-Marwani Mosque. Police also threatened and pushed medical staff.[289] Tear gas was fired inside health facilities treating injured civilians and a stun grenade was thrown into a clinic at Al-Aqsa Mosque.[290]

Obstruction of health care

Ambulances were blocked at checkpoints throughout 2021, and those that needed to access Palestinian hospitals in East Jerusalem from the West Bank continued to be subjected to the 'back-to-back' system. This requires injured patients to be transferred from a Palestine-registered ambulance to an Israel-registered one when entering Jerusalem. In 2021, 94% of ambulance transfers to East Jerusalem were delayed by this process.[291] According to the PRCS, the process 'completely deprives the patient of privacy' and can impact the patient's health by wasting critical time removing medical devices, such as respirators, and transferring the patient into the waiting ambulance. It also drains the resources of medical teams, requiring two ambulances to serve one person.

Patients applying to Israeli authorities for exit permits to travel from the West Bank or Gaza to receive necessary medical care in East Jerusalem or elsewhere faced routine delays or permit denials. In the West Bank in 2021, 10% of patient permit applications were denied and almost 4% were delayed at the time that monthly reports were released, while in Gaza 37% were denied or delayed.[292]

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services

Generally, Palestinians effectively living under Israel's control in the oPt endure significant disparities in health system capacities and outcomes compared to Israeli citizens (including settlers). Israel has more than twice the number of hospital beds, doctors, and nurses per capita than Palestinians in the oPt.[293] In 2021 the Israeli-Palestinian conflict compounded the already significant psychosocial pressures on overburdened and under-resourced Palestinian health workers in the context of the COVID-19 pandemic.[294]

Health services in Area C of the West Bank, which is under direct Israeli civil and military control, barely exist.[295] Due to a restrictive planning and zoning regime imposed in Area C there are no permanent health facilities serving Palestinians living there, and more than 150,000 Palestinians rely on mobile clinics to receive primary health care. MSF reports that Masafer Yatta in southern Hebron governorate has no medical services, with NGOs unable to operate mobile clinics because of funding cuts and stricter Israeli legislation impacting their work.[296]

Occupied Palestinian Territory

The Israeli-Palestinian conflict increased restrictions on the availability of essential health care resources, including medicines, consumables, and essential equipment such as medical imaging devices.[297]

According to the PRCS in Gaza, after 15 escalations in violence and four major conflicts over 14 years, 'we have no capacity to develop the health sector, as we barely have a break from responding to escalations and wars. The health sector is very fragile. It is always on the edge of collapsing.'[298]

Access to health care

Many Palestinians face difficulties accessing health care due to a lack of supplies and obstructions to their movements. The permit regime severely restricts health care access for Palestinians in Gaza and, in turn, undermines health outcomes. These difficulties increase during periods of heightened conflict. During the 11-day escalation of violence in May 2021 Israel heightened its closure measures, including by closing all movement through the Erez crossing on the Gaza-Israel border for four days and restricting access for the rest of the month. During the month four Palestinian patients in Gaza, including two children, died after their access to health care was obstructed.

Occupied Palestinian Territory

Impact of damage, destruction, and obstruction on health care
Damage to and destruction of a single health facility can have far-reaching consequences for access to health care and health outcomes. For example, air strikes destroyed the sterilization room and waiting area at an MSF trauma and burns care clinic in May 2021, and the damage forced the clinic to close.[299] This single incident had major ripple effects on Palestinians affected by escalating violence. The clinic sees over 1,000 children every year, providing life-saving care for people suffering from conflict-induced injuries. The severity and complexity of wounds inflicted by ammunition, shrapnel, and debris from explosions leave many survivors with chronic infections. When open wounds are close to a broken bone, preventing infections is crucial. An important step in treatment is correctly diagnosing the bone infection to know which antibiotics will work. The first laboratory in Gaza equipped to do this was in the MFS clinic damaged in the May air strike. The forced closure of this facility thus had significant effects on the treatment of injured people who had survived the violence.[300]

Cancer patients whose initial permit applications to exit Gaza for treatment were unsuccessful have been found to have a mortality rate on average 1.45 times higher than those whose applications were successful.[301]

Difficulties in accessing health care also affect life expectancy, which is nearly a decade shorter in the oPt than in Israel, and survival rates for non-communicable diseases such as cancer, heart disease, stroke, and diabetes are significantly lower among the Palestinian population.[302]

MSF reports that the continuing settler violence combined with air strikes has adverse long-term psychological effects on the Palestinian population, and the organization is seeing a rapid rise in mental health problems that will also affect health workers.[303]
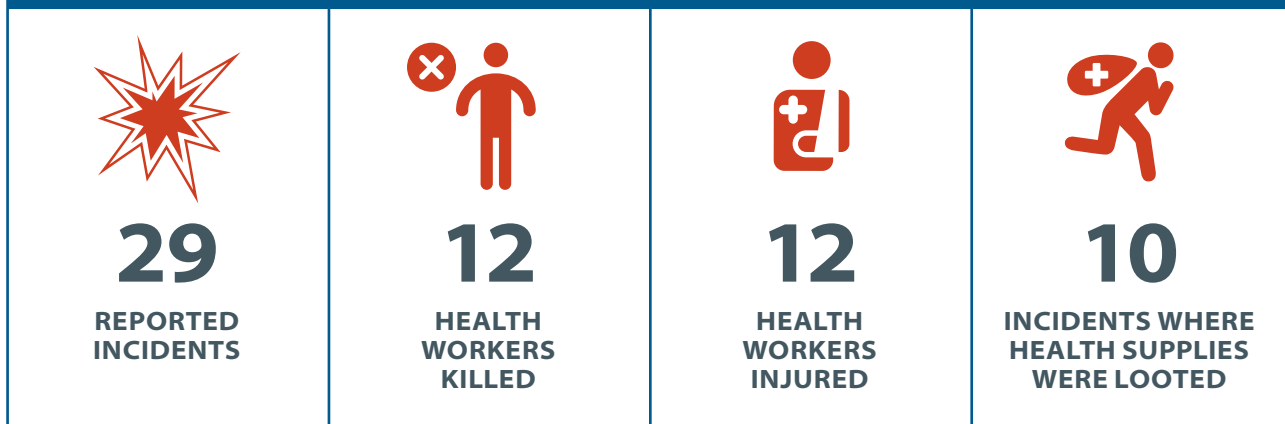
281   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 27467.

282   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 28522.

283   *https://www.ochaopt.org/sites/default/files/hno_2021.pdf*.

284   122 incidents that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care.

285   *https://mezan.org/en/uploads/files/16442214671081.pdf*.

286   *https://www.ohchr.org/en/press-releases/2021/05/east-jerusalem-un-experts-deplore-brutal-police-response-protests-urge*.

287   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 27461.

288   The Yasam is the Special Patrol Unit of the Israeli police.

289   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 27473.

290   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC oPt Health Data. Incident number 27442.

291   *https://twitter.com/WHOoPt/status/1494230996807561218/photo/1*.

292   *https://twitter.com/WHOoPt/status/1494230996807561218/photo/1*. Data for December 2021 is not yet available. The percentage of permits delayed in 2021 is calculated by using an average of the 11 months for which data is available; see *http://www.emro.who.int/opt/information-resources/monthly-report-on-health-access.html*.

293   *https://www.map.org.uk/downloads/reports/map-health-inequalities-paper-final.pdf*.

294   https://www.map.org.uk/downloads/briefing-papers/dealingwithdeathanddistress.pdf.

295   *https://www.msf.org/west-bank-palestine-communities-face-healthcare-access-challenges*.

296   *https://www.msf.org/violence-fear-and-trauma-settler-attacks-against-palestinians-hebron-increase*.

297   *http://www.mezan.org/en/post/24070/Press+Release%3A+Al+Mezan+calls+for+an+international+intervention+to+end+Israel%E2%80%99s+restrictions+on+the+entry+of+medical+equipment+and+supplies+into+Gaza*.

298   *https://www.map.org.uk/news/archive/post/1331-athe-health-sector-is-always-on-the-edge-of-collapsinga*.

299   *https://www.doctorswithoutborders.org/latest/israeli-airstrikes-kill-civilians-and-damage-msf-clinic-gaza*.

300   *https://www.doctorswithoutborders.org/latest/fighting-drug-resistant-infections-under-blockade-gaza*.

301   *https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0251058*.

302   *https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=PS-IL*, accessed 2022; *http://ghdx.healthdata.org/gbd-results-tool?params=gbd-api-2019-permalink/6caab8458c3c6514df32641a2c1eff25,* accessed 2021.

303   *https://www.msf.org/west-bank-palestine-communities-face-healthcare-access-challenges*.

South Sudan

On June 7, 2021 armed herdsmen ambushed a health vehicle and killed two South Sudanese health workers as they returned from a health facility in South Sudan's Lakes state.[304]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

29	**12**	**12**	**10**
REPORTED INCIDENTS	HEALTH WORKERS KILLED	HEALTH WORKERS INJURED	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED

Source: 2021 SHCC South Sudan Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 29 incidents of violence against or obstruction of health care in South Sudan in 2021. This was an increase from 2020, when 19 such incidents were documented, although killings of health workers in 2021 decreased from the previous year.[305]

In these incidents vital medical supplies were looted, while 12 health workers were arrested, and 12 others were injured.

This factsheet is based on the dataset 2021 SHCC South Sudan Health Data, which is available for download on the Humanitarian Data Exchange (HDX).[306]

THE CONTEXT

Peace remained fragile in South Sudan in 2021, and violence continued despite a 2018 peace treaty. The Equatoria states remained the main areas with high levels of violence, where the National Salvation Front (NAS) is leading a major insurgency against the government. Western Equatoria saw an increase in civilian attacks between June and October. Clashes were particularly intense in the state's Tambura county and mainly involved the local government-sponsored South Sudan People's Defense Forces (SSPDF) and the Sudan People's Liberation Army in Opposition.[307] Ongoing clashes to the south and west of the South Sudanese capital, Juba, displaced thousands of people.

Violent clashes between pastoralists and farm workers increased in Jonglei state, where sporadic rainfall in the context of wider climate change reduced the available farm and grazing lands. In May 2021
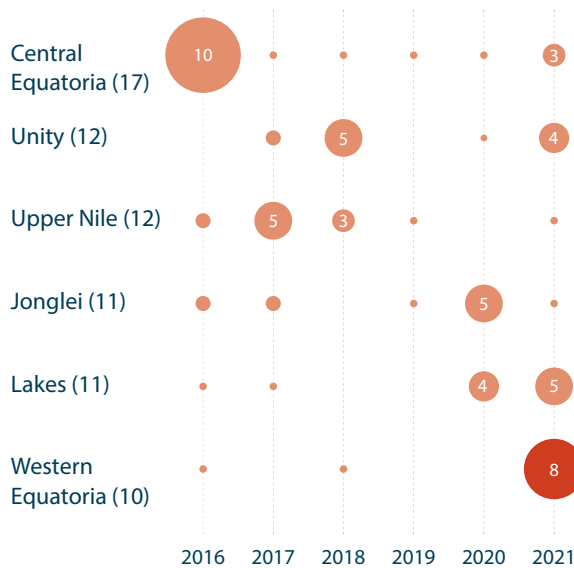
intercommunal violence killed at least 300 civilians. Similar tensions between pastoralists and farmers occurred in Warrap and Unity states, with cattle rustling across state borders and clashes over farmland resulting in civilian deaths.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Incidents were recorded in nearly all of South Sudan's states and administrative areas and were most frequent in Western Equatoria due to increased conflict as various militias vied to gain control of the state.[308] This was a change from 2020, when high numbers of incidents were reported in Jonglei state.

Known locations of reported incidents affecting health care in South Sudan, 2016–2021, by state[309]

For the first time, incidents were most frequent in Western Equatoria state in 2021

Range: 1 – 10 incidents

In total, 12 health workers were killed and another 12 injured in 2021, compared to 19 in 2020. Health workers and mobile medical teams were harmed when the convoy or ambulance they were traveling in was ambushed, in an attack on a health facility, and in home invasions during armed cattle raids. May was a particularly deadly month, with two health workers killed and another two injured in three separate incidents in Eastern Equatoria, Lakes, and Unity states.

Health facilities were raided, looted, and attacked at least ten times during intercommunal violence in Unity and Warrap states and the Equatoria region.

Reported health worker deaths and injured incidents in South Sudan, 2020–2021, by month

A third of reported incidents in 2021 recorded physical harm to health workers

2020 (18)   2021 (29)

■ Health worker death or injury incident (24)
■ All other incidents affecting health care (23)

Health transport was also misused as general transport, putting health workers at risk. In Central Equatoria state a soldier requested a lift between barracks from an ambulance that was subsequently attacked, although there is no evidence that the presence of the soldier triggered the attack.[310] Health workers and mobile medical teams were harmed when a convoy of ambulances was ambushed and in home invasions during armed cattle raids.
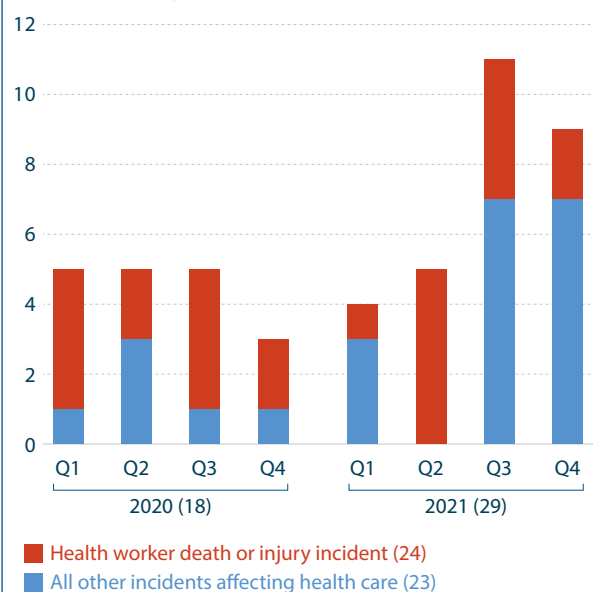
Five health workers were arrested by police officers and another by the military. The reasons for these arrests were unclear.[311]

South Sudan

PERPETRATORS

Members of unidentified non-state armed groups, the National Police Service, the SSPDF, and the NAS, and armed herdsmen were reported to have perpetrated violence against or obstructed health care in South Sudan in 2021. In most cases these perpetrators were armed with firearms and in one case committed arson.

Armed herdsmen in Lakes state killed two South Sudanese health workers working for an INGO after ambushing their vehicle as they returned from a health facility in June. Two other aid workers were also injured during the attack.[312]

Armed Herdsmen

1					
0	5	10	15	20	25	29

NAS fighters in Central Equatoria state looted medical supplies from a health facility in March and set a health center and ambulance on fire and looted medicines during an attack on a refugee camp in August. An unspecified number of health workers and Sudanese and Congolese refugees were also abducted. An NAS spokesperson refuted these allegations and blamed SSPDF forces.[313]

National Salvation Front (South Sudan)

2					
0	5	10	15	20	25	29
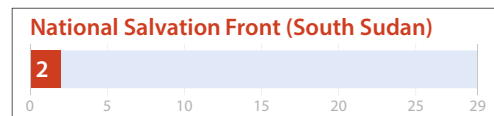
National Police Service officers arrested four health workers in separate incidents in Northern Bahr al Ghazal, Lakes, Upper Nile, and Western Equatoria states. In Northern Bahr al Ghazal, **police** arrested a health worker for assisting in an abortion.[314]

National Police Service

4					
0	5	10	15	20	25	29

SSPDF members in Western Equatoria state detained a health worker and forcibly closed a primary health care facility following an accusation by a local witch doctor that the facility's chief was possessed by evil spirits. The hospital was able to resume its work a week later after interventions from local authorities.[315] In Lakes state **SSPDF** members ambushed a mobile medical team, injuring a health worker.[316]

South Sudan People's Defense Forces

3					
0	5	10	15	20	25	29

Members of **unidentified non-state armed groups** in Western Equatoria state raided health facilities, looted medical supplies and, in August, shot and killed a health worker traveling to a health facility.[317] In Unity state two doctors working for INGOs were shot and killed (one in May and one in December), and health facilities were looted amid intercommunal clashes between Mayendit and Lear armed youth in early December.[318]

Unidentified non-state armed group

19					
0	5	10	15	20	25	29
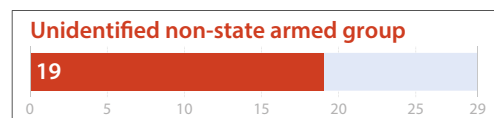
A polio vaccination team traveling in Lakes state in February was attacked by **gunmen** who shot and killed four of the health workers and injured another four. Another health worker was reported missing.[319]

In Eastern Equatoria state an INGO ambulance was shot at in late January, and in Warrap state a hospital was looted and destroyed during clashes in July between **armed youth**, who also set fire to a school, civilian housing, and other unspecified buildings.[320]

South Sudan

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services

More than half of South Sudan's 2,300 health facilities were non-functional in 2021 for a variety of reasons, including insecurity.[321] With only one physician for every 65,000 people in the country, there is a severe shortage of all categories of trained health professionals. As a coping mechanism people rely on inadequately trained or low-skilled health workers to provide their health care.[322]

Intercommunal violence, cattle raiding, and revenge attacks between opposing armed groups led to the suspension of humanitarian operations, including health programs, in Unity, Warrap, and Western Equatoria states. Programs were suspended and health staff relocated due to increasing insecurity in May, July, and October 2021.

The influx of people into Bentiu refugee camp throughout 2021 overwhelmed the MSF hospital there. By January 2022 over 100,000 individuals were biometrically registered as active beneficiaries in the camp, which was established in 2013. Many more people were living in the open, outside of IDP camps after fleeing their homes. Dire living conditions caused outbreaks of many infectious diseases across the country, including measles, hepatitis, typhoid, and cholera.[323]

Access to health care

Countrywide, 80% of the population reported barriers to accessing health services.[324] Insecurity made people reluctant to make the long journeys required to access health care.

Routine vaccination campaigns were disrupted because vaccination teams were attacked and killed while traveling around the country. After having been declared polio free by the WHO in August 2020, a new polio outbreak began in South Sudan just a month later.[325] A nationwide vaccination program planned for February 2021 suffered a major setback when unidentified men attacked a vaccination team in Lakes state. Three people died, four were wounded, and the whereabouts of one is still unknown.[326] The program resumed in May 2021, but polio has since been recorded in every state of South Sudan.[327] In Pibor state a vaccination campaign was delayed in October following the evacuation of health workers after targeted threats against them.[328]

Low vaccination rates are also the main driver of the ongoing measles outbreak. Over 70% of current cases are infants less than a year old who have not yet been vaccinated.[329]

Reduced access to health care also set back the fight against malaria. MSF mobile clinics reported seeing children in particular with life-threatening malaria complications that would have been treatable had they received medical care sooner.[330]

304   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 28408.

305   *https://shcc.pub/2021SHCCSouthSudan.*

306   Reports on 12 incidents not reported elsewhere were provided by the International NGO Safety Organisation's Conflict and Humanitarian Data Centre.

307   *https://www.amnesty.org/en/latest/news/2021/12/south-sudan-survivors-describe-killings-mass-displacement-and-terror-amid-fighting-in-western-equatoria/.*

308   *https://www.thenewhumanitarian.org/news-feature/2022/2/16/South-Sudan-peace-deal-sparked-conflict-town-war-tambura.*

309   This chart shows the states where nine or more incidents were reported in the period 2016–2021.

310   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 29288.

311   These incidents, which were not reported elsewhere, were reported by the WHO Surveillance System for Attacks on Health Care. Further information, including the identity of the perpetrators, the weapons used, and the locations of the incidents, is not available.

312   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 28408.

313   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 28974.

314   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 662.

315   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 29248.

316   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 27487.

317   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 666.

318   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 27830; 30621.

319   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 27159.

320   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 31381.

321   *https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-overview-2022-february-2022.*

322   *https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-overview-2022-february-2022.*

323   *https://msf.org.uk/sites/default/files/MSF-SS-Report-Web-SinglePages-DEF.pdf.*

324   *https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-overview-2022-february-2022.*

325   *https://www.aa.com.tr/en/africa/south-sudan-records-15-new-polio-cases/2014621.*

326   *https://southsudan.un.org/en/112131-deputy-representative-secretary-general-resident-and-humanitarian-coordinator-dsrsgrchc.*

327   *https://www.unicef.org/southsudan/stories/24-million-children-vaccinated-against-polio.*

328   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 29827.

329   *https://www.who.int/data/gho/data/indicators/indicator-details/GHO/measles---number-of-reported-cases.*

330   *https://msf.org.uk/article/how-we-do-it-msfs-seasonal-malaria-prevention-campaigns.*

Sudan

On April 3, 2021 a clearly marked MSF ambulance traveling to Al-Fasher Hospital in Jebel Marra, West Darfur state was carjacked. The passengers, who included a pregnant woman, had all their belongings stolen and were left by the roadside. In response to the incident MSF temporarily stopped all referrals to Al-Fasher Hospital until the safety of patients and medical staff could be guaranteed.[331]

On December 30 security forces stormed Khartoum Teaching Hospital in search of injured pro-democracy protesters. During the raid security forces fired large amounts of teargas into the hospital, injuring patients and staff.[332]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

52	**34**	**25**	**22**
REPORTED INCIDENTS	HEALTH WORKERS ASSAULTED	RAIDS ON HOSPITALS	HEALTH WORKERS ARRESTED
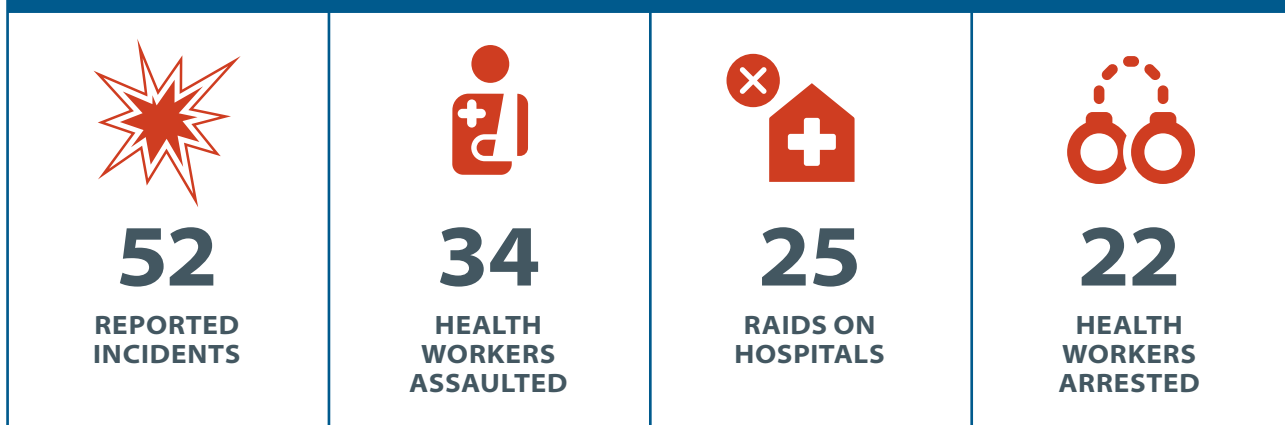
Source: 2021 SHCC Sudan Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 52 incidents of violence against or obstruction of health care in Sudan in 2021, compared to 15 in 2020. In these incidents 34 health workers were injured and/or assaulted and 22 health workers were arrested. Security forces raided hospitals at least 25 times. Thirty-five incidents were related to the political protests and 17 occurred in the context of the long-standing armed conflicts in Darfur and South Kordofan.

This factsheet is based on the dataset 2021 SHCC Sudan Health Data, which is available for download on the Humanitarian Data Exchange (HDX).[333]

Sudan

THE CONTEXT

Large-scale anti-corruption protests that began in December 2018 led to the ouster of Sudan's long-time president, Omar al-Bashir, in April 2019. A political agreement between civilian leaders and the Sudanese military resulted in a Draft Constitutional Charter that laid down a 39-month process that would formally transfer power to the Sovereignty Council of Sudan, led by Prime Minister Abdalla Hamdok. In October 2021 the military initiated a coup d'état and declared a state of emergency. When protests erupted against this move troops used violence against the protesters.

Some medical associations, in particular the Central Committee of Sudanese Doctors, co-led a civil disobedience movement, including operating clandestine clinics in designated safe houses across Khartoum to provide first aid to injured protesters. Pro-military militia employed violence inside hospitals and against clandestine clinics when the latter were located.
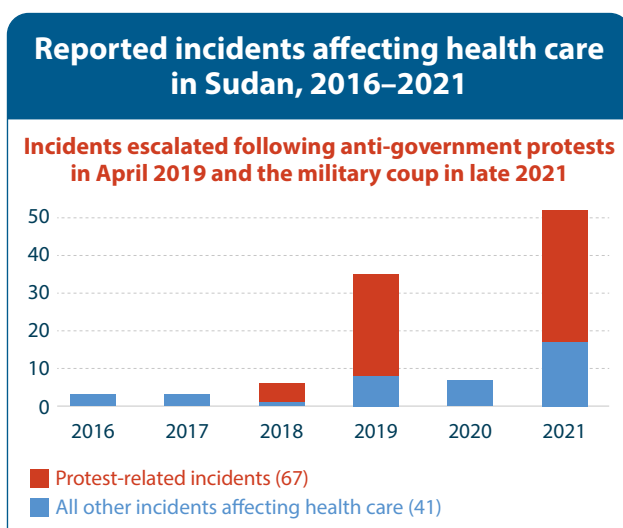
The conflict in the Darfur region of Sudan has been ongoing since 2003, when rebel groups started fighting against the government of Sudan, which they accused of oppressing Darfur's non-Arab population. The August 2019 Draft Constitutional Declaration defined a peace process that would lead to a peace agreement being signed in Darfur and other conflict-affected regions in Sudan within the first six months of the 39-month transition period to democratic civilian government.[334]

After the withdrawal of the African Union-United Nations Hybrid Operation in Darfur in 2020, attacks in Darfur escalated in 2021, resulting in 430,000 people being forcibly displaced and villages and some displacement camps being attacked and burned.[335]

Following the 2019 revolution peace agreements with various armed opposition groups were signed in 2020 and March 2021 to end these groups' long-standing conflicts with the Sudan Armed Forces (SAF) in South Kordofan and Blue Nile states.

Since October 2021 violence between nomads and farmers in both Darfur and South Kordofan has increased.[336] The October 2021 coup makes it unlikely that the peace process will continue in the way foreseen in the 2019 Draft Constitutional Declaration.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Reported incidents affecting health care in Sudan, 2016–2021

Incidents escalated following anti-government protests in April 2019 and the military coup in late 2021

■ Protest-related incidents (67)
■ All other incidents affecting health care (41)

In 2021, 52 incidents of violence against or obstruction of health care were reported in Sudan, compared to 15 in 2020. Prior to the October 25 coup most attacks on health care in 2021 were perpetrated by non-state actors or militia. After the coup violence against health care escalated sharply in the context of anti-coup protests. Violence against health workers resulting from security forces' efforts to end political protests had already been highlighted by the SHCC during the protests calling for the resignation of President Bashir in April 2019, underlining how the tactics of elements in the security forces continued to be applied in similar ways after the coup.

Sudan

Protest-related violence

The protests that erupted following the October 2021 coup immediately affected health care. On October 25 – the day of the coup – two doctors were shot and killed by state security forces during a Million of Marches protest in Khartoum.[337] In total, 35 protest-related incidents impacting health care were reported in Sudan in 2021. The vast majority were recorded in Khartoum state, but were also documented in North Kordofan, Red Sea, Sennar, and Kassala states.
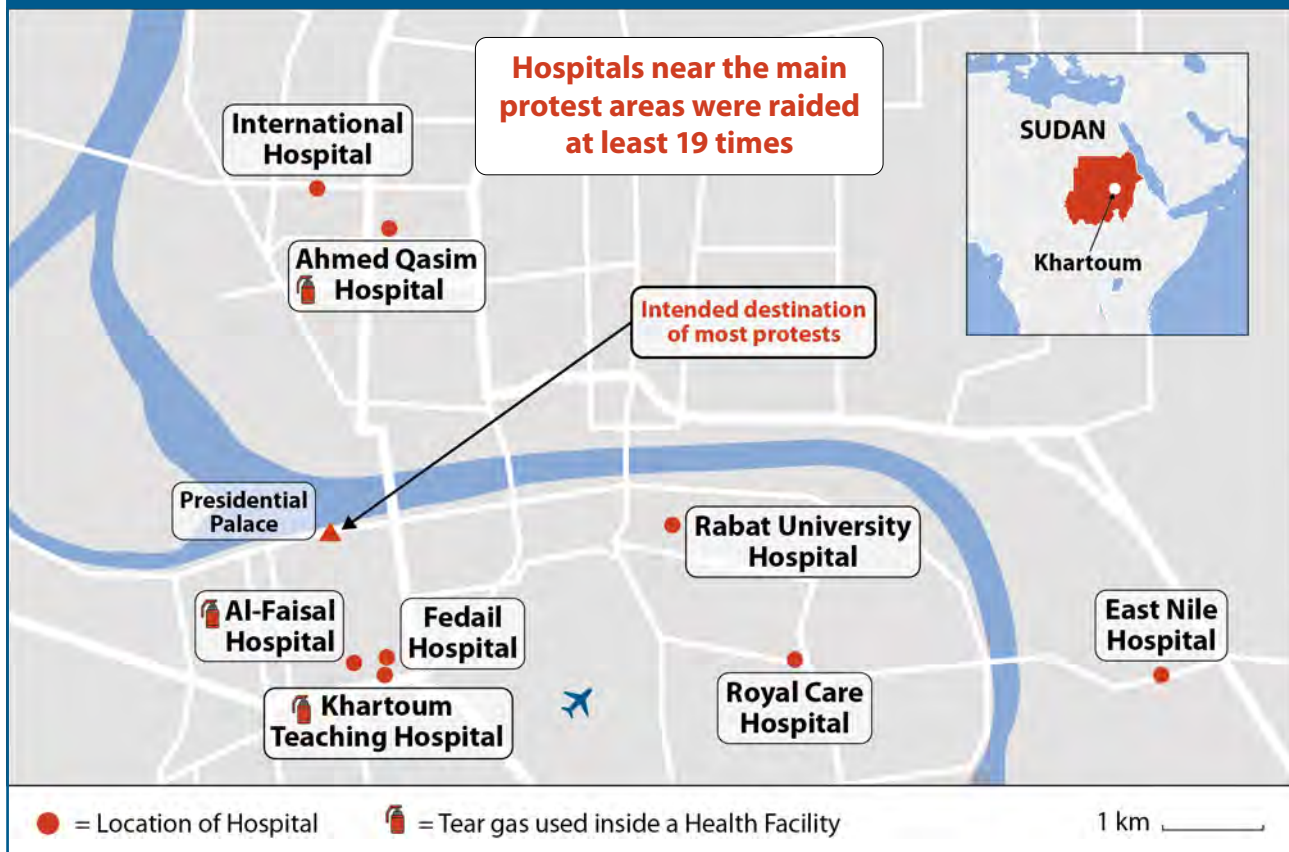
Between October 25 and December 31, 2021 **state security forces** raided hospitals in search of injured protesters at least 25 times in the cities of Khartoum and Omdurman and in North Kordofan state, which were all sites of major demonstrations.

State security forces

35

0 5 10 15 20 25 30 35 40 46

Doctors, psychologists, nursing specialists, and other health care personnel were injured and arrested during these raids. On November 17 – the deadliest day of the protests – security forces reportedly arrested 15 doctors at the Royal Care Hospital in Khartoum and El Arbaeen Hospital in Omdurman,[338] and at least 15 protesters were reportedly shot and killed by security forces during mass protests that occurred throughout the country.[339] There were also reports of police officers sexually assaulting female doctors.[340]

Security forces violently entered East Nile Hospital, El Arbaeen Hospital, Fedail Hospital, and Khartoum Teaching Hospital multiple times. Some of these facilities were located along major protest routes and a few blocks from the Presidential Palace, the intended destination of many protests.

Street map showing hospitals raided during protests in Khartoum between October 25 and December 31, 2021

Hospitals near the main protest areas were raided at least 19 times

International Hospital

Ahmed Qasim Hospital

Intended destination of most protests

SUDAN

Khartoum

Presidential Palace

Rabat University Hospital

Al-Faisal Hospital

Fedail Hospital

East Nile Hospital

Khartoum Teaching Hospital

Royal Care Hospital

● = Location of Hospital   🧯 = Tear gas used inside a Health Facility   1 km

Sudan

State security forces fired tear gas into and inside hospitals seven times between October 25 and December 31, 2021. The emergency room at the Khartoum Teaching Hospital was subjected to tear gas attacks three times, on November 21, December 25, and December 30.[341] In another incident on December 30 security forces fired tear gas inside El Arbaeen Hospital in Omdurman and attempted to seize the bodies of civilians killed during protests.[342]

The tear gas caused severe breathing difficulties among health workers and patients.[343] Deaths from tear gas exposure occurred, especially among people with predisposing lung conditions.[344] The emergency room at Khartoum Teaching Hospital is reportedly close to the intensive care unit and neonatal department, where patients are particularly vulnerable to the effects of tear gas exposure. Security forces had previously used tear gas in medical facilities during the 2019 protests.

State security forces also routinely blocked ambulances from reaching injured protesters and prevented them from transporting such protesters. In addition, protesters held in detention were denied medical treatment. In East Darfur five government officials who were infected with COVID-19 in prison, where they were held following the coup, were denied transfer to the nearby COVID-19 hospital by the Rapid Support Forces, a special SAF unit.[345] One of these officials was the director of the state's health ministry.

Conflict-related violence

Armed tribal militias and unidentified non-state armed groups were the main perpetrators of violence against or obstruction of health care in the Darfur and Kordofan regions. In most cases these perpetrators were armed with firearms, and on one occasions with a rocket-propelled grenade.

In Rokero town, Central Darfur state fighting between **rival sections of the Sudanese security forces** resulted in armed soldiers from both sides violently forcing their way into an MSF-supported health facility in May, severely injuring a nurse during the ensuing gunfight.[346]

Rival armed factions of the Sudanese security forces

1

| 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 46 |

Tribal militias attacked a hospital in Geneina city, West Darfur with a rocket-propelled grenade and used the same type of weapon against an ambulance during clashes between Masalit and Arab militias in early April.[347]

Tribal militia

1

| 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 46 |
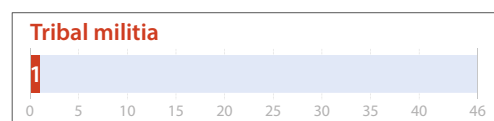
Unidentified non-state armed groups in North Darfur ambushed an INGO ambulance transporting a pregnant patient to Al-Fasher Hospital in April.[348] In West Darfur members of an armed group assaulted health workers at Morni Rural Hospital in August. In December **gunmen** blocked roads and attempted to seize medical supplies from a convoy traveling to treat victims of an earlier attack.[349] In South Kordofan state **gunmen** on motorcycles stole solar panels from the El Abbasiya Hospital.[350]

Unidentified non-state armed groups

9

| 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 46 |
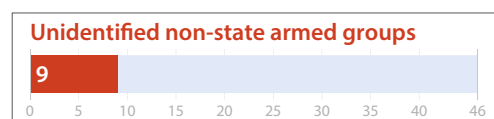
Sudan

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services

Protest-related violence and the conflict in Darfur compounded the already low availability of qualified health personnel and health care workers in Sudan. Statistics show that there are only 0.76 health personnel (doctors, nurses, and midwives) per 1,000 population across Sudan, while the WHO health workforce target requirement for universal health coverage is 4.45 per 1,000 population. The lowest ratios of medical professionals per 1,000 people were reported in areas experiencing the highest level of violence, such as White Nile, West Kordofan, East Darfur, North Darfur, and Central Darfur states.[351]

In West Darfur several facilities suspended their activities during the last quarter of 2021.[352]
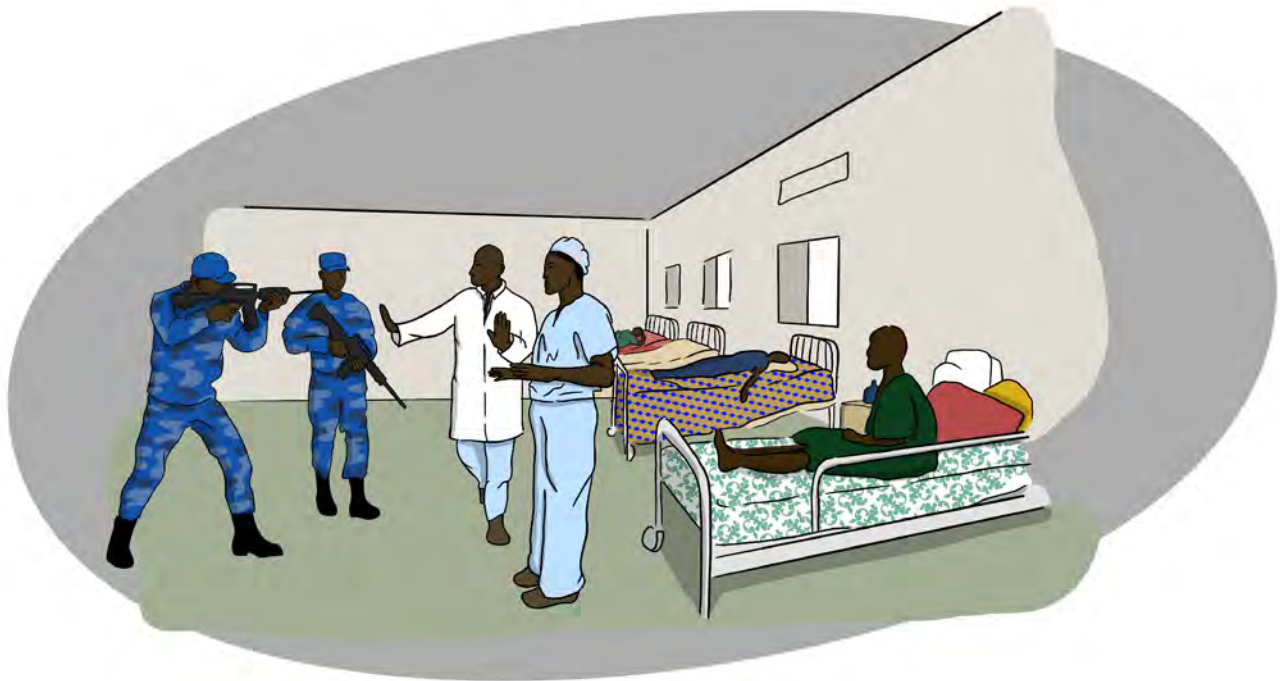
Access to health care

Violent searches of and the use of tear gas in health facilities disrupted care for patients. The repeated attacks on the Khartoum Teaching Hospital disrupted critical care for newborns.

Poor access to health care contributed to the spread of diseases. In east Sudan cases of hepatitis E increased rapidly. Spread by dirty water and poor sanitation, hepatitis E is particularly serious in pregnant women, killing 25% of those it infects.

There are also concerns that routine childhood vaccination programs will soon be negatively impacted, with an ensuing rise in preventable infectious diseases.[353]

331 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 27338.

332 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 30703.

333 Six incidents that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care (SSA).

334 *https://en.wikipedia.org/wiki/2019_Sudanese_transition_to_democracy#4_August/17_August_Draft_Constitutional_Declaration.*

335 *https://www.hrw.org/news/2021/12/15/sudan-new-wave-attacks-darfur.*

336 *https://reports.unocha.org/en/country/sudan/card/3sJXsKnIOf/.*

337 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 29740.

338 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 30023.

339 *https://www.reuters.com/world/africa/mobile-phone-lines-inside-sudan-are-cut-before-planned-protests-2021-11-17/.*

340 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 30718.

341 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 30308; 30628; 30703.

342 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 30705.

343 *https://www.theccsd.org/post/570.*

344 *https://www.theccsd.org/post/543.*

345 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 29767.

346 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 27778.

347 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 27725.

348 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 29955.

349 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 30511.

350 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Sudan Health Data. Incident number 29289.

351 *https://reliefweb.int/report/sudan/sudan-humanitarian-needs-overview-2022-december-2021.*

352 *https://reliefweb.int/report/sudan/sudan-humanitarian-snapshot-september-2021-18-october-2021;*
https://www.hrw.org/news/2021/12/15/sudan-new-wave-attacks-darfur.

353 *https://www.bmj.com/content/376/bmj.o241; https://news.un.org/en/story/2022/01/1109612.*

Syria

In March 2021 a surgical hospital in Syria's Aleppo governorate was struck by Syrian or Russian artillery shelling. Six patients, including a ten-year-old boy, were killed and 15 other people were injured, including five medical staff. The hospital sustained major damage, particularly to its orthopedic and emergency clinics, forcing it to suspend its operations. The hospital's coordinates had previously been shared with OCHA and the country's warring parties as part of a UN-led deconfliction mechanism to identify it as a humanitarian facility.[354]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

57 REPORTED INCIDENTS	45 HEALTH WORKERS INJURED	16 HEALTH WORKERS ARRESTED	14 INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	13 HEALTH WORKERS KILLED	13 HEALTH FACILITIES DAMAGED

Source: 2021 SHCC Syria Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 57 incidents of violence against or obstruction of health care in Syria in 2021, compared to 121 incidents in 2020.[355] In these incidents 45 health workers were injured, 13 were killed, 16 were arrested, and 12 health facilities were damaged.

This factsheet is based on the dataset 2021 SHCC Syria Health Data, which is available for download on the Humanitarian Data Exchange (HDX).[356]

THE CONTEXT

The civil war in Syria entered its 11th year in 2021, having started on March 15, 2011. Throughout 2021 parts of the country were controlled by various actors.
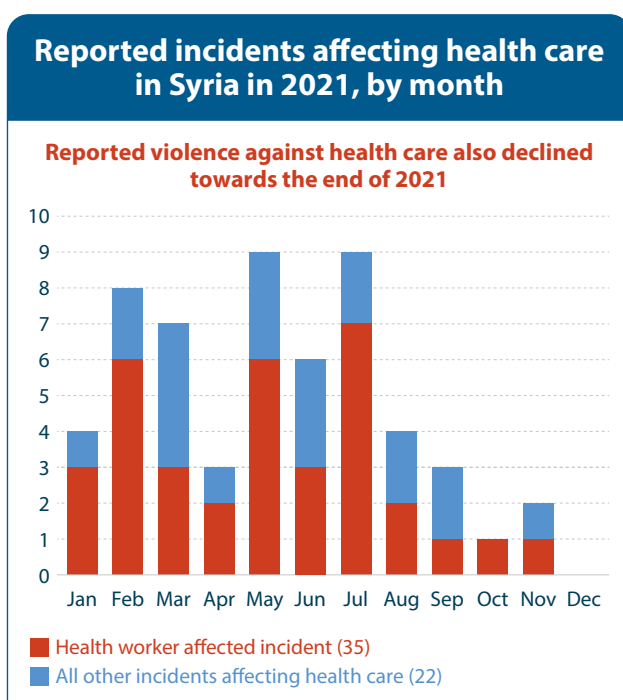
A nominal ceasefire in March 2020 contributed to an overall reduction in violence; however, periodic clashes continued along the marked front lines in Idlib, as did intermittent but intense shelling in the north-east.

Syria

A series of clashes also took place in July and September 2021 in and around Daara city. Israel carried out air strikes against Iranian-backed militia in and around the Damascus governorate. Islamic State (IS) attacks also declined to an average of 31 per month in 2021, compared to 41 on average per month in 2020.[357] Aleppo also saw a decrease in violent episodes, with a sample set of data from the Syrian Observatory of Human Rights (SOHR) over the year noting that 565 incidents occurred overall compared to 2020, which saw a sample of 654 incidents. This was a 14% drop overall, although June saw a spike in attacks mainly due to an increase in clashes between Turkish troops and Syrian Kurdish forces (known as the Syrian Democratic Forces, or SDF). Deir ez-Zor also saw a similar decrease in attacks, with a 23% drop in incidents compared to 2020 (sample data from the SOHR). There was a spike in attacks at the beginning of February, mainly due to assassination attempts carried out by unknown gunmen likely linked to either IS or pro-government units.

Overall, in 2021 Syria remained marked by violations of international humanitarian law and widespread civilian harm. Additionally, more than a decade of attacks on health care had left the country's health system on its knees and struggling to cope.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Reported incidents affecting health care in Syria in 2021, by month

Reported violence against health care also declined towards the end of 2021

■ Health worker affected incident (35)
■ All other incidents affecting health care (22)

Incidents of threats and violence against health care were documented in 12 of Syria's 14 governorates, with Aleppo and Deir ez-Zor governorates reporting the most incidents. However, in 2021 reported incidents of violence against and obstruction of health care decreased by almost half compared to 2020. In particular, reported violence against health care declined towards the end of 2021.

Health workers

Over a third of all reported incidents resulted in health workers being killed or injured. In total, 45 health workers were injured and 13 killed in 2021 during attacks on health facilities or pharmacies. In three separate incidents in Aleppo and Hama governorates five health workers were killed and 19 injured after explosives hit their hospital. Additionally, three volunteer health workers were injured and one killed in two separate double-tap strikes after they were hit by targeted strikes while providing treatment to victims of previous attacks in Idlib and Aleppo governorates. June was a particularly deadly month, with 15 health workers injured and five killed by firearms, shelling, and missile strikes in three separate incidents in Aleppo, Daraa, and Hama governorates.

IS fighters shot and killed a health worker inside a pharmacy in Deir ez-Zor governorate in March.[358] SDF members physically assaulted a hospital director in his home in Deir ez-Zor in May. His brother was also arrested.[359]

Health workers were also injured in attacks on health facilities in Deir ez-Zor and Raqqah carried out by the SDF and members of **unidentified non-state armed groups**.
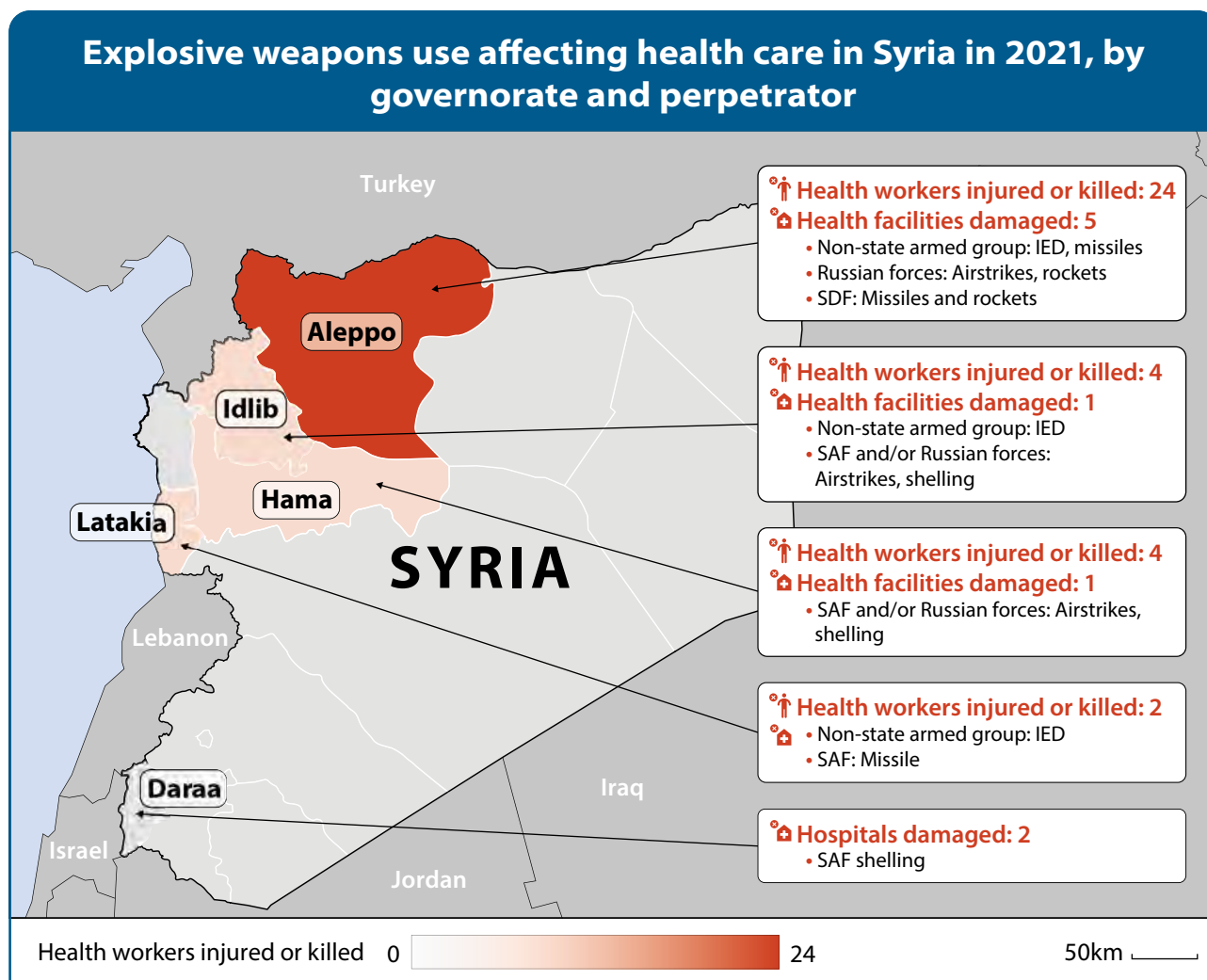
Syria

In Aleppo, Daraa, Idlib, Hama, and Latakia governorates hospitals, medical centers, and a local volunteer center were hit by explosive weapons with wide-area effects. In three of these incidents health facilities were forced to close and suspend their operations because of the extensive damage caused by the explosives.

Sixteen health workers were arrested in Aleppo, Al-Hasakah, Raqqah, Daraa, Deir ez-Zor, and Idlib governorates. Health workers were detained and arrested in their homes, during road travel in ambulances and private vehicles, and inside health facilities by both **state and non-state forces**.

In Daraa governorate four health workers were arrested in two separate incidents by members of the **Syrian Armed Forces** (SAF) and **Syrian police** in July and June.[360] Security patrols of the **Hay'at Tahrir al-Sham** (HTS) Islamist militant group arrested a doctor in July and an INGO administrative health worker in May after storming their health facilities in Idlib governorate.[361] These incidents occured during an HTS crackdown on civil society members in areas under its control. The SDF were also implicated in arresting and detaining nine health workers in Raqqah, Al-Hasakah, Aleppo, and Deir ez-Zor governorates after storming their homes.

In November in Raqqah governorate members of the **Armed Forces of Turkey** stormed a doctor's clinic and kidnapped three female patients who were in the waiting area.[362]

Explosive weapons use affecting health care in Syria in 2021, by governorate and perpetrator

Syria

Looting
Unidentified **non-state armed groups** looted medical supplies and medical equipment from seven pharmacies and health facilities. Armed men allegedly affiliated with a non-state armed group stole medical supplies from health facilities in Raqqah, Daraa, and Homs governorates and two pharmacies in Deir ez-Zor and Rif Dimashq governorates. The **SDF** were also implicated in the looting of medical supplies from a pharmacy in Al-Hasakah governorate in May.[363]

Health transport
In Aleppo governorate an ambulance was destroyed when a guided missile fired by **SDF** forces hit a local volunteer health team who were responding to a previous strike. A health worker was also injured in the attack.[364] In another strike in Aleppo governorate an ambulance and two service cars were damaged when an SDF rocket hit a health facility in July.[365] A local ambulance and two INGO ambulances were also damaged after being shot at by unidentified armed actors during road travel in Quneitra and Al-Hasakah governorates.
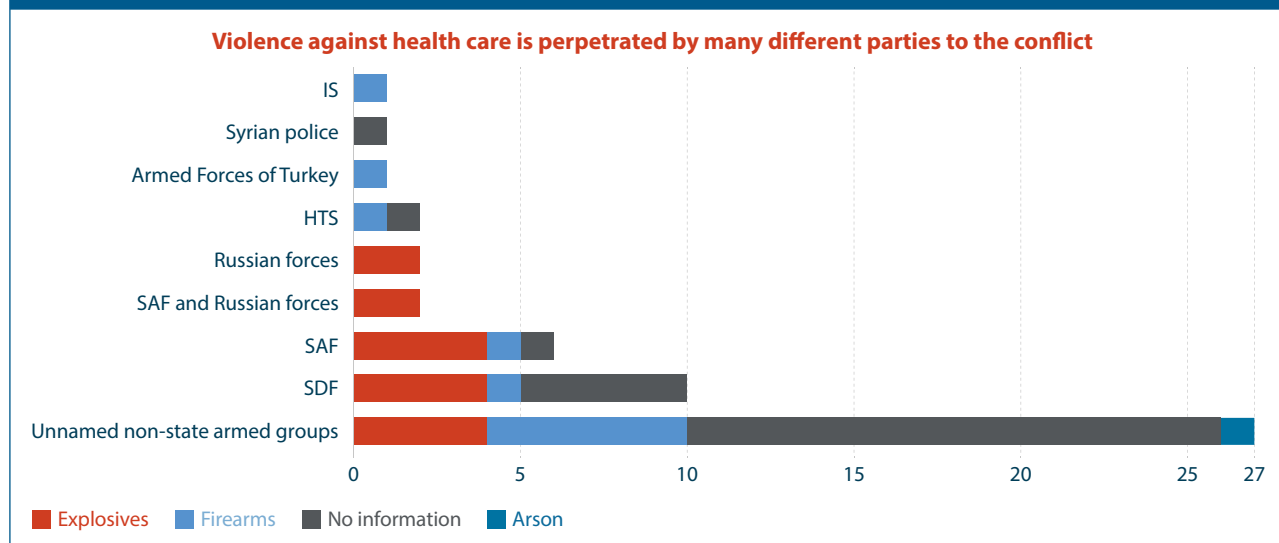
PERPETRATORS

Many different parties to the Syrian conflict perpetrated violence against health care in 2021.

Reported incidents affecting health care in Syria in 2021, by perpetrator

Violence against health care is perpetrated by many different parties to the conflict

Perpetrator	Value
IS	
Syrian police	
Armed Forces of Turkey	
HTS	
Russian forces	
SAF and Russian forces	
SAF	
SDF	
Unnamed non-state armed groups	

Legend: ■ Explosives ■ Firearms ■ No information ■ Arson

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services
A quarter of all hospitals and one-third of all primary health care centers were not functioning in Syria in the reporting year. As of September 2021, out of the almost 1,800 available public health centers countrywide, 45% were not fully functioning.[366] It is estimated that over 50% of doctors had left north-east Syria.[367] In Aleppo only 13 health staff were available per 10,0000 Syrians, far below the emergency standard of at least 22 staff.[368]

Syria

In Hama and Idlib governorates health centers were put out of service as a result of the damage caused by combined Syrian and Russian armed forces attacks. In June the emergency department and delivery room of a pediatric and maternity hospital in Aleppo governorate, the coordinates of which had been shared as part of the UN-led humanitarian deconfliction mechanism, were completely destroyed and the outpatient department sustained significant damage, putting the hospital out of service.[369]

An attack on Daraa National Hospital left the kidney dialysis department out of action, with serious consequences for people with kidney disease.[370]

Access to health care

The attacks on hospitals and medical staff continued to deprive patients of essential care, medications, and treatment.[371] The attacks on health care created a climate of fear that made people reluctant to access health facilities. Almost half of clients and patients interviewed by the International Rescue Committee (IRC) in 2020 in Aleppo and Idlib governorates said they were afraid to access medical care for fear of an attack.[372] Following the attack on the Al-Atareb Hospital in Aleppo governorate in March 2021 a 78% decrease in the number of reproductive and neonatal care consultations was reported, which reflected the hesitancy among local communities to visit the facility after the attack.[373] Surveyed communities consistently ranked health care as one of their main needs,[374] but, as an example, more than 65% of households interviewed by the IRC in north-east Syria since the start of 2021 reported that they experienced difficulties accessing health care.[375]

The mass displacement of people – either internally or abroad – resulted in a severe lack of health care staff, particularly in north-east Syria.[376] The impact of the conflict on the country's health system left an estimated 12.2 million people in need of humanitarian support to access even basic health services.[377] Vulnerable populations were at heightened risk of experiencing health problems due to infectious diseases or the worsening of chronic conditions such as diabetes and kidney disease.

The childhood vaccination program continued to be disrupted by upsurges in violence that impeded both the supply of vaccines and people's ability to access them. MSF warned that this would result in outbreaks of vaccine-preventable diseases such as measles and tuberculosis, particularly in north-east Syria, where the national vaccination program was not being implemented.[378]

The systematic targeting of health care in Syria resulted in the fragmentation of the health system, which was unable to meet civilians' health needs. In northern Syria medical facilities were established in geographical clusters, resulting in an unequal distribution of health services, with some areas having multiple facilities while others had none due to the fear of targeting. Also, the lack of resources required to rehabilitate the country's health infrastructure resulted in the designing of medical programs that did not meet everyone's needs, leaving vulnerable populations such as women, girls, people with disabilities, and IDPs without adequate or equal access to health services.[379]

354   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 27135.

355   *https://shcc.pub/2021SHCCSyria*.

356   Thirty-one incidents that had not been reported elsewhere were provided by the Conflict and Humanitarian Data Centre of the International NGO Safety Organisation (INSO). One additional incident that had not been reported elsewhere was reported by the WHO Surveillance System for Attacks on Health Care (SSA).

357   *https://reliefweb.int/report/syrian-arab-republic/explosive-violence-september-2021#:~:text=In%20Aleppo%2C%20civilian%20 casualties%20decreased,%25%2C%20from%2042%20to%207*.

358   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 3311.

359   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 28185.

360   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 3325; 3324.

361   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 30127; 3319.

362   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 30127.

363   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 3323.

364   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 28971.

365   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 28703.

366   *https://reliefweb.int/report/syrian-arab-republic/snapshot-wos-health-resources-and-services-availability-monitoring-5*.

367   *https://reliefweb.int/report/syrian-arab-republic/who-syria-flash-appeal-northeast-syria-27-january-2022*.

368   *https://reliefweb.int/report/syrian-arab-republic/snapshot-wos-health-resources-and-services-availability-monitoring-5*.

369   Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Syria Health Data. Incident number 28415.

370   *http://www.emro.who.int/syria/news/who-supports-life-saving-and-essential-health-care-services-in-daraa-south-syria.html*.

371   *https://www.rescue.org/article/decade-destruction-attacks-health-care-syria; https://reliefweb.int/report/world/attacks-health-care-bi-monthly-news-brief-20-october-02-november-2021*.

372   *https://www.rescue.org/report/decade-destruction-attacks-health-care-syria-0*.

373   *https://syriamap.phr.org/#/en/case-studies/9*.

374   *https://reliefweb.int/report/syrian-arab-republic/snapshot-wos-health-resources-and-services-availability-monitoring-5*.

375   IRC NES Protection Monitoring 2021.

376   *https://www.who.int/emergencies/situations/syria-crisis; https://reliefweb.int/report/syrian-arab-republic/2022-humanitarian-needs-overview-syrian-arab-republic-february-2022*.

377   *https://reliefweb.int/report/syrian-arab-republic/2022-humanitarian-needs-overview-syrian-arab-republic-february-2022*.

378   *https://reliefweb.int/report/syrian-arab-republic/syria-msf-vaccinates-children-areas-neglected-national-immunisation*.

379   *https://phr.org/our-work/resources/syria-health-disparities/*.

Yemen

On September 25, 2021, a hospital in Marib city was damaged by missiles fired by Houthi forces.[380]

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

20	**7**	**16**
REPORTED INCIDENTS	**HEALTH FACILITIES DAMAGED/DESTROYED**	**HEALTH WORKERS INJURED**

Source: 2021 SHCC Yemen Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 20 incidents of violence against or obstruction of health care in Yemen in 2021, a marked decrease from 2020, when 81 incidents were documented.[381] Seven health facilities were damaged or destroyed by explosive weapons use and six health workers were injured in these incidents.

This factsheet is based on the dataset 2021 SHCC Yemen Health Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

The war in Yemen entered its seventh year in 2021, having started in March 2015, when Saudi Arabia and the United Arab Emirates (UAE) led a military coalition against the Houthi-led forces[382] who had taken over the capital, Sana'a. Although 2021 saw a decrease in violent incidents during the first two quarters, conflict increased in the last few months of the year. Saudi Arabia and the UAE conducted air strikes against Houthi-led forces, and fighting became concentrated in the Al Hudaydah, Marib, and Saada governorates. In February 2021 the Houthis launched an offensive to seize Marib city, the last remaining stronghold of Yemen's internationally recognized government.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Half of all documented incidents of violence against health care in Yemen in 2021 reported the use of explosive weapons. Both Saudi-led coalition forces and non-state armed groups, including Houthi rebels, have been named as perpetrators of these incidents.

Yemen

Drone strikes of an unidentified origin hit and damaged two ambulances responding to victims of a fire caused by missiles at a fuel station in June in Marib governorate.[383] Houthi forces fired missiles damaging two hospitals in Marib governorate in September and October.[384]

Incidents were documented in nine of Yemen's 21 governorates and were most frequent in Amanat Al Asimah governorate, in which the capital, Sana'a, constitutes a separate administrative district. This is a marked change from 2020, when most incidents were reported in Taizz and Al Hudaydah governorates.

As in previous years, incidents continued to be reported in Marib governorate where heavy fighting between Yemeni government forces and the Houthi-led armed group continued.

Gunmen stormed hospitals on at least six occasions in 2021. At least two health workers were shot and killed and another injured in these armed raids.

In 2021 air and drone strikes, missiles, and hand grenades damaged at least seven hospitals and two ambulances, killing one health worker and injuring two others. These incidents increased in the last four months of 2021, when Saudi-led coalition air strikes in Amanat Al Asimah governorate damaged three health facilities.[385] Coalition air strikes also damaged two hospitals, one in Amanat Al Asimah in April and the other in Saada in May.[386]

Reported incidents affecting health care in Yemen in 2021, by month

Explosive weapons use impacting health care increased in the last four months of 2021

- Incident where explosive weapons use impacted health care (39)
- All other incidents affecting health care (98)
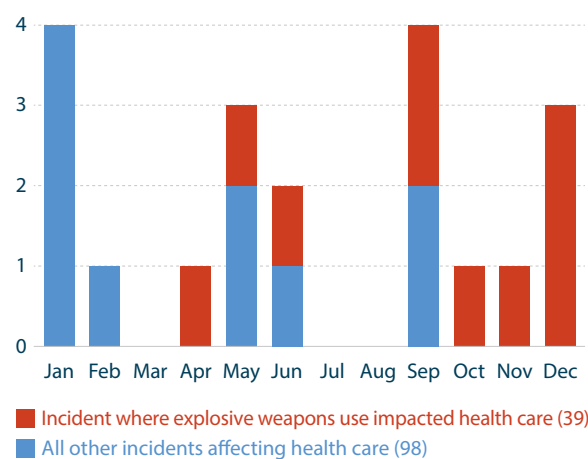
PERPETRATORS

Houthi, Saudi-led coalition, Yemeni National Resistance, and Al Islah forces were all named as perpetrators of violence against or obstruction of health care in Yemen in 2021. In most cases the perpetrators were armed with firearms and/or used explosive weapons including air-launched weapons, missiles and on one occasion a grenade.
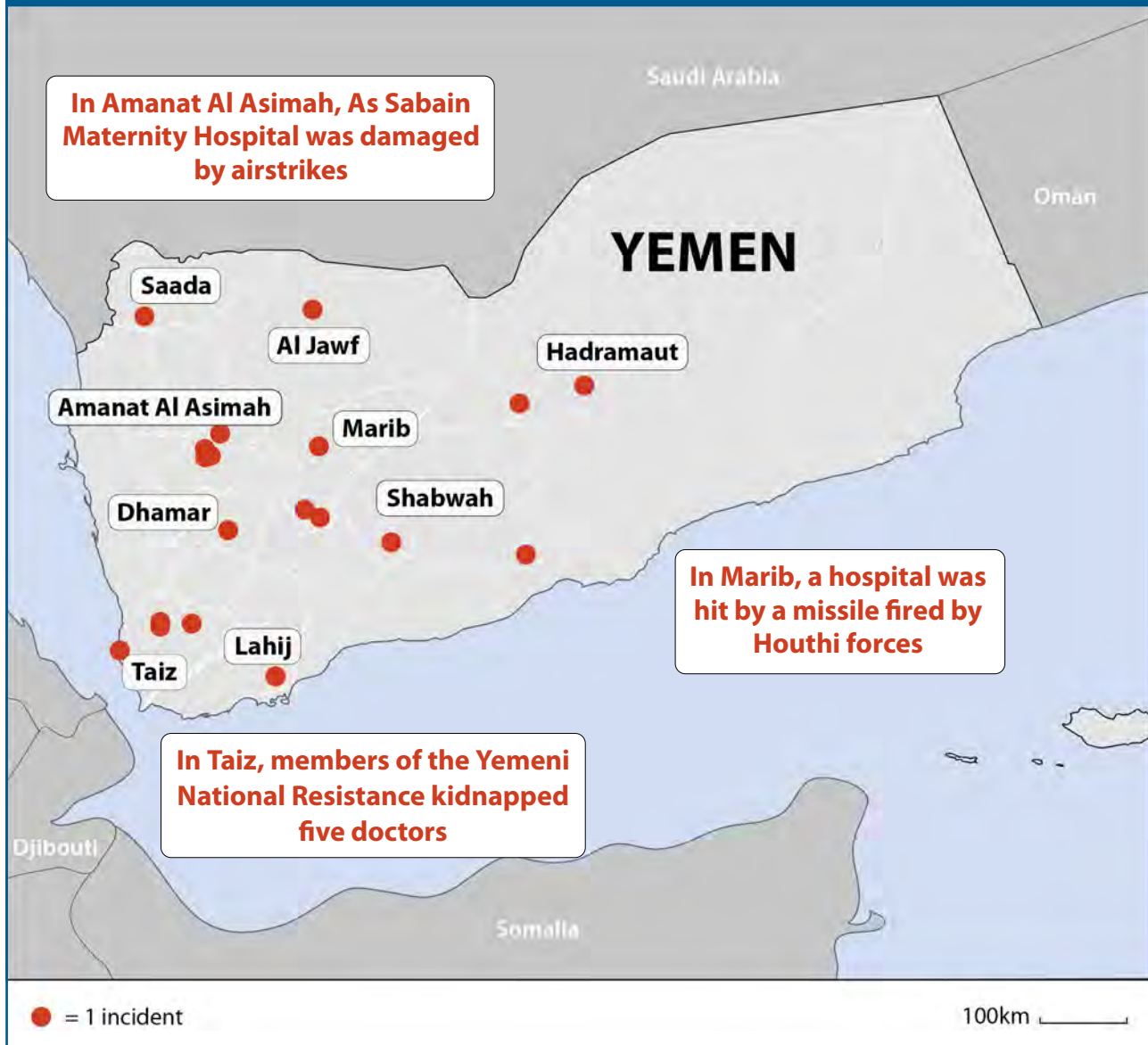
Houthi-led forces in Marib governorate fired missiles damaging two hospitals in September and October.[387] In addition, in January they stormed a hospital in Al Jawf governorate and assaulted three health workers in Dhamar governorate, allegedly to coerce state workers to participate in upcoming demonstrations.[388]

In Taizz a **Houthi fighter** shot and killed a doctor and his brother in May, allegedly due to an earlier argument between the two. Two other civilians, including a child, were also injured.[389] **Houthi** authorities in Sana'a and parts of northern governorates under their control reportedly concealed information about virus prevalence and blocked international efforts to supply COVID-19 vaccines during June.[390]

Houthi forces

Yemen

Known locations of reported incidents affecting health care in Yemen in 2021, by governorate

In Amanat Al Asimah, As Sabain Maternity Hospital was damaged by airstrikes

Saudi Arabia

YEMEN

Oman

Saada

Al Jawf

Hadramaut

Amanat Al Asimah

Marib

Dhamar

Shabwah

In Marib, a hospital was hit by a missile fired by Houthi forces

Taiz

Lahij

In Taiz, members of the Yemeni National Resistance kidnapped five doctors

Djibouti

Somalia

● = 1 incident

100km

Saudi-led coalition air strikes in Amanat Al Asimah governorate struck and damaged a hospital in April, an under-construction medical facility in November, and As Sabain Maternity Hospital and a hospital near a prison holding prisoners of war in December.[391]

Saudi-led coalition air strikes in Saada governorate struck and damaged a hospital, killing a health worker and injuring two others.[392] In Taizz governorate an air strike hit and damaged a vehicle belonging to the Taizz local health office in December.[393]

**Saudi-led coalition forces**

6

0   5   10   15   20

Yemen

Al Islah forces in Shabwah governorate assaulted a doctor outside his private clinic in September after he refused to let a patient jump the queue.[394]
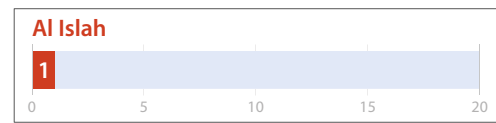
In January **Yemeni National Resistance** fighters in Taizz governorate stormed the home of five doctors and kidnapped them. At time of writing all are reportedly still being held by the group and have been forced to care for its members.[395]

Unidentified non-state armed groups in Lahij governorate opened fire near the Ibn Khaldun Hospital in January, killing a nurse, and in May fired shots outside a medical center, killing one civilian and injuring five others in an alleged tribal dispute related to a vengeance-related issue. Other reports claim the attack was related to COVID-19 vaccinations.[396] In September **unidentified non-state armed groups** in Taizz governorate stole health care materials from a mobile clinic and threw a grenade into a pharmacy. In Hadhramaut governorate a civilian was killed in crossfire at a hospital in February.[397]

Al Islah

1			
0	5	10	15	20

Yemeni National Resistance

1			
0	5	10	15	20

Unidentified non-state armed groups

6			
0	5	10	15	20
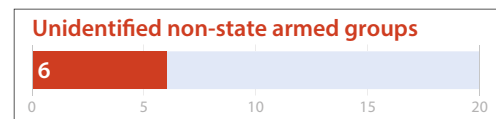
IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

Health services
In early 2022 the WHO reported that only 50% of health facilities in Yemen were fully functioning, and those that remained open lacked both staff and supplies.[398] Yemen continues to experience chronic shortages of medical supplies and staff.[399]

Access to health care
At the end of 2021 an estimated 20.1 million people, or almost 70% of the total population in the country, lacked access to basic health care,[400] while an estimated 3 million people had been displaced. The lack of access to health care combined with dire living conditions had a widespread impact on the Yemeni people.

The UN estimated that the maternal mortality ratio in Yemen in 2017 was 164 maternal deaths per 100,000 live births. This was about five times the average in the Middle East. In August 2021 the Health Cluster estimated that more than half of deliveries occured under risky conditions without a skilled caregiver.[401]

In 2021 cases of malnutrition, particularly in children, increased by over 40% compared with 2020. This in turn made them more vulnerable to disease.[402]

There was a resurgence of cases of infectious diseases. The cholera outbreak that began in 2016 and the diphtheria outbreak that began in 2017 continued in 2021,[403] while 16 cases of polio were recorded that were linked to children being unvaccinated.[404]

Vaccination can prevent cholera, diphtheria, and polio, but regular population-based vaccination campaigns have not been conducted in Yemen since 2019. Ongoing violence and unrest mean that there is no prospect of widespread vaccinations restarting. Instead, NGOs such as MSF are using mobile clinics to try and conduct localized vaccination campaigns.

380 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 29835

381 *https://shcc.pub/2021SHCCYemen.*

382 Ansar Allah is the official name of the movement, which draws its leadership and fighters largely from the Houthi tribe.

383 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 28525.

384 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 29835; 29744.

385 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 30728; 30732; 30303.

386 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 27788; 28208.

387 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 29835; 29744.

388 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 26988; 26991.

389 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 28207.

390 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 28545.

391 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 27788; 30728; 30732; 30303

392 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 28208.

393 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 30738.

394 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 29290.

395 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 26958.

396 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 26993; 28256.

397 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Yemen Health Data. Incident number 27286.

398 *https://www.who.int/emergencies/situations/yemen-crisis.*

399 *https://reliefweb.int/report/yemen/supporting-yemen-s-healthcare-workforce.*

400 *https://reliefweb.int/report/yemen/unfpa-response-yemen-situation-report-issue-3-october-december-2021.*

401 *https://reliefweb.int/report/yemen/yemen-health-cluster-bulletin-july-and-august-2021.*

402 *https://msf.org.uk/article/yemen-how-conflict-and-poverty-combine-against-mothers-and-children.*

403 *http://www.emro.who.int/yemen/news/emergency-health-and-nutrition-project-continues-the-fight-against-cholera-in-yemen. html; https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00094-X/fulltext.*

404 *https://polioeradication.org/where-we-work/polio-outbreak-countries/yemen/; http://www.emro.who.int/yemen/priority-areas/ polio.html.*

Methodology

This ninth report of the Safeguarding Health in Conflict Coalition (SHCC) covers 49 countries and territories and provides details on incidents of threats and violence against health care in 14 countries and territories experiencing conflict in 2021. We referred to the Uppsala Conflict Data Program (UCDP)[405] to determine if a country is considered to have experienced conflict in 2021, and, of these countries, we included those that had experienced at least one incident of violence against or obstruction of health care in 2021. We discuss the 14 countries with more than 15 reported incidents in separate country factsheets/chapters. Thirty-five other countries are included in the total counts, but are not discussed in detail. Eleven of the countries and territories covered in country chapters in 2021 were included as country chapters in 2020. For the 2021 report Ethiopia, Haiti, and Sudan were added, while Cameroon, Libya, Mexico, Mozambique, and Nagorno-Karabakh do not have country chapters in 2021.

The report uses an event-based approach to documenting attacks on health care, referred to as 'incidents' throughout the report. To prepare this report, event-based information from multiple sources was cross-checked and consolidated into a single dataset of recorded incidents that were coded using standard definitions. The full 2021 data cited in this report can be accessed via Attacks on Health Care in Countries in Conflict[406] on Insecurity Insight's page on the Humanitarian Data Exchange (HDX).[407] The data for the 17 countries is made available as individual datasets. The links are provided in the individual country profiles.

DEFINITION OF ATTACKS ON HEALTH CARE

The report follows the WHO's definition of an attack on health care: *'any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access and delivery of curative and/or preventive health services.'* In this report, however, we do not use the word 'attack', but rather 'incident' or 'incident of violence', because the word 'attack' is often interpreted to convey intent, whereas many reported incidents result from indiscriminate or reckless behavior/actions, but otherwise meet the WHO definition.

This report focuses on incidents of violence against health care in the context of armed conflict, non-state conflict, or one-sided violence, as defined by the UCDP, while the WHO focuses on attacks during emergencies.

> In accordance with the WHO's definition, incidents of violence against health care can include bombings, explosions, looting, robberies, hijackings, shootings, gunfire, the forced closure of health facilities, the violent searching of health facilities, fire, arson, the military use of health facilities, the military takeover of health facilities, chemical attacks, cyber attacks, the abduction of health workers, the denial or delay of health services, assaults, forcing staff to act against their ethical principles, executions, torture, violent demonstrations, administrative harassment, obstruction, sexual violence, psychological violence, and threats of violence.

These categories have been included insofar as they were reported in sources. However, some forms of violence, such as psychological violence, blockages of access or threats of violence, are rarely reported. We also record incidents of violence against patients in health facilities when references to the effects of violence on patients are included in descriptions of incidents. However, the impact of incidents of violence against patients is much broader and more complex than individual incidents and cannot be accurately documented through incident-based monitoring. The 2021 report includes for the first time a summary description of the impact of violence on health care, health workers, health systems, and access to health care based on multiple secondary sources.

Methodology

DEFINITION OF CONFLICT

The SHCC report covers three types of conflict as defined by the UCDP:[408]

- **State-based armed conflict** is defined as *'a contested incompatibility that concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths in one calendar year.'*

- **Non-state conflict** is defined as *'[t]he use of armed force between two organized armed groups, neither of which is the government of a state, which results in at least 25 battle-related deaths in a year.'*

- **One-sided violence** is defined as *'[t]he deliberate use of armed force by the government of a state or by a formally organized group against civilians which results in at least 25 deaths in a year.'*

A country is included in the SHCC report if it is included on the UCDP list of one of the three types of conflict[409] and if we identified at least one attack on health care perpetrated by a conflict actor, which for the purposes of this report is defined as a person affiliated with organized actors in conflict, which can be armed conflict, non-state conflict, or one-sided violence as defined by the UCDP.

Interpersonal violence and violence by patients against health care providers are not included in this report, even when they occurred in conflict-affected countries. Incidents are only included when (a) the perpetrator was a member of a party to a conflict, and (b) available evidence suggested that the incident occurred either in the context of a contested incompatibility of territory or as one-sided act of violence by security forces included on the UCDP list of countries with more than 25 reported deaths from one-sided violence attributed to security forces or non-state armed actors.

INCLUSION OF INCIDENTS

We included only the incidents that met the inclusion criteria for types of conflicts and perpetrators, and for these we included the following types of incidents and details in the report dataset:

- incidents affecting health facilities, recording whether they were destroyed, damaged, looted, or occupied by armed individuals/groups;

- incidents affecting health workers, recording whether they were killed, kidnapped, injured, assaulted, arrested, threatened, or experienced sexual violence (when available, we recorded the number of affected patients, although we acknowledge the likely serious underreporting of these figures);

- incidents affecting health care transport/vehicles, recording whether ambulances or other official health care vehicles were destroyed, damaged, hijacked/stolen, or stopped/delayed; and

- incidents recorded by the WHO Surveillance System for Attacks on Health Care (SSA) for the ten countries included in the system if the WHO confirmed the incidents.

Methodology

SOURCES

The aim of this report is to bring together known information on attacks on health care from multiple sources. Access to sources differs among countries, and each source has its own strengths and weaknesses. There are some differences in the definitions of what constitutes attacks on health care used by the different sources that were drawn on to compile the SHCC dataset. Each source introduces unique reporting and selection biases, which are discussed below.

To identify incidents that meet the inclusion criteria, we used six distinct sources that provide a combination of media-reported incidents and incidents reported by partners and network organizations:

1. information included in Insecurity Insight's Attacks on Health Care Monthly News Briefs,[410] which provide a combination of media sources and publicly shared information from partner networks, such as the Aid Worker Security Database (AWSD)[411] for global data from international aid agencies coordinating health programmes; Airwars[412] and the Syrian Network for Human Rights (SNHR)[413] for data on Syria; the Civilian Impact Monitoring Project (CIMP)[414] for data on Yemen; and databases such as that of the Armed Conflict Location & Event Data Project (ACLED);[415]

2. research conducted by a small team of SHCC members to identify additional incidents reported by UN agencies, the media, and other sources;

Methodology

3. information from the WHO SSA on nine countries or territories: Afghanistan, Burkina Faso, the CAR, the DRC, Mali, Nigeria, the occupied Palestinian territories (oPt), Sudan, and Syria (information from the SSA represents approximately one-sixth of the data gathered for this report); and

4. incidents affecting health care shared by the Conflict and Humanitarian Data Centre (CHDC) of the International NGO Safety Organisation (INSO) for six countries: Afghanistan, the CAR, the DRC, Nigeria, South Sudan, and Syria. Information from the CHCD represents approximately one-sixth of the data gathered for this report.

CODING PRINCIPLES

The general theory and principles of event-based coding were followed, and care was taken not to enter the same incident more than once. The standard coding principles are set out in the SHCC's *Overview Data Codebook*. Please see http://www.insecurityinsight.org/projects/healthcare/shcc for full details of SHCC coding and annexes.

Coding the perpetrator and context of attacks on health care can inform the development of preventive strategies and mitigation measures that reduce the incidence and impact of attacks and support accountability processes. Because it is rarely possible to know a perpetrator's motive(s), we relied on the context identified in the incident descriptions and coded the intentionality of the attacks from these descriptions to the extent possible.

INCLUSION AND CODING OF SSA-REPORTED INCIDENTS

Information from the WHO SSA was included for nine countries and territories: Afghanistan, Burkina Faso, the CAR, the DRC, Mali, Nigeria, the oPt, Sudan, and Syria. We accessed the SSA on February 1, 2022 and included the information for incidents in these countries reported in 2021 that were available on this date. Any changes to the SSA system after that date are not reflected in the SHCC dataset, but may be noted in the country profiles.

We coded 277 SSA-reported incidents from the nine countries and territories based on the information included on the online SSA dashboard. Since the SSA does not provide information on perpetrators, we assumed that all of the SSA incidents we included involved conflict actors (rather than private individuals) and therefore fulfilled the SHCC inclusion criteria. The SSA also does not provide any information on location, except for the country where the incident occurred. The SSA-reported incidents could therefore not be included in the maps showing the affected regions or provinces in the individual country profiles.

The lack of detail in the 292 SSA-reported incidents from Myanmar made it too difficult to determine which of these incidents overlapped with the 411 Syrian incidents collected by SHCC members. Thus, the 292 SSA-reported incidents from Myanmar were not incorporated into the report.

The SSA includes the fields of 'Affected Health Resource,' 'Type of Attack,' and 'Affected Personnel,' with standard categories for each incident. However, these fields were not consistently filled in, and for 21 of the 277 incidents only one or two of the fields provided information. When one or more fields were left empty, it was usually not possible to fully understand the nature of the incident from the information reported. Therefore, 21 SSA-reported incidents appear in the SHCC dataset as recorded incidents without much further detail, and 256 incidents reported by the SSA are included with more details.[416]

Methodology

INCLUSION AND CODING OF INCIDENTS REPORTED BY INSO'S CHDC

Information on incidents adversely affecting health care obtained from INSO's CHDC was included for six countries: Afghanistan, the CAR, the DRC, Nigeria, South Sudan, and Syria. The report includes the incidents from the dataset provided by the CHDC on February 16, 2022 that fulfilled the SHCC inclusion criteria. SHCC inclusion criteria were applied by selecting incidents for which the numerical fields P-AC indicated a value above 0 – indicating that a health worker or a health facility was directly affected and where the perpetrator was a UCDP-listed conflict actor.

LIMITATIONS OF THE RESEARCH

This report is based on a dataset of incidents of violence against health care that has been systematically compiled from a range of trusted sources and carefully coded. The figures presented in the report can be cited as the total number of incidents of attacks on health care in 2021 reported or identified by the SHCC. These numbers provide a minimum estimate of the damage to health care from violence and threats of violence that occurred in 2021. However, the severity of the problem is likely much greater, because many incidents probably go unreported and are thus not counted here. Moreover, differences in definitions and biases within individual sources suggest that the contexts that are identified are also not representative of the contexts of all incidents.

The SHCC dataset aims to bring together available information from different sources on violence and threats of violence against health care. As a consequence, it suffers from limitations inherent in the information provided by contributors to the SHCC. For some countries, combining available information is challenging when various data collection efforts do not share data in a way that allows information to be cross-checked. Moreover, not all contributors provided access to their original sources and many details were lost in the process, affecting our ability to provide more accurate and consistent classification. This results in two important warnings:

1. **The reported numbers of incidents by country should not be compared to those of other countries without considering the factors that affect the flows of information.** For example, activities in Myanmar shared information widely in 2021 using social media platforms, while information flows from Ethiopia remained problematic due to disrupted internet connectivity and censorship. As a result, many events are reported from Myanmar, while the reported numbers remain low from Ethiopia despite various indications that threats and violence against health care was very widespread.

2. **The reported categories of the contexts in which incidents took place should not be read as describing the full range of particular incidents or how frequently they occur.** For example, the killings and kidnappings of doctors or bombings of hospitals are more likely to be captured by reporting systems than the harassment of health workers or looting of medical supplies. These incidents are likely to occur more frequently than reports indicate.

Methodology

REPORTING AND SELECTION BIAS

The SHCC dataset suffers from 'reporting bias', which is the technical term for selective reporting. While the process of data cleaning carried out by the SHCC focuses exclusively on selecting incidents based on the inclusion criteria, the pool of information accessible for this process depends on the work done by those who first reported the incidents. Events may be selected or ignored for a range of reasons, including editorial choices, when the source is a media outlet; lack of knowledge, because the affected communities had no connection to the body compiling the information in the first place; because of deliberate censorship of disruption of internet connection; or simple errors of omission. These biases mean that the SHCC's collection of incidents may not be complete or representative, and that only a selection of incidents is included in the first lists that are used to compile the final SHCC dataset. This dataset therefore only covers a fraction of the relevant evidence and covers incidents in certain countries and certain types of incidents more widely than others.

Known reporting and selection biases in SHCC sources

The dataset on which this report is based suffers from the limitations inherent in the contributors' data sources used to compile the dataset. Some data sources use media reports, while others collect and collate reports through a network of partners, direct observation, or the triangulation of sources. Many information providers use a combination of these methods. Seven possible reporting biases affect the flow of information:

1. In some countries the media frequently report a wide range of attacks on health care, while in others formal media outlets report hardly any incidents.

2. In some countries citizen journalists who carry out their own documentation and investigations are key sources of information. Government-imposed shutdowns of the internet can disrupt such information flows during specific time periods.

3. In some countries there are very active networks of SHCC partner organizations that contribute information, while in others no such networks exist. Building up networks takes time and these networks are better developed in countries experiencing long-standing conflicts. Changes in personnel or funding shortfalls can disrupt information flows.

4. In some countries numerous parallel data-collection processes exist that publish different numbers because of differences in geographic coverage or the ability to reach information providers. Where the original data is not shared, it is impossible to cross-check for double reporting of the same events.

5. In some countries data collection initiatives may publish data in one year that leads to a sudden rise in reported incidents. If they do not continue this work in subsequent years, the numbers of reported incidents then drop.

6. Incidents occurring in the early stages of conflicts need to be found in a variety of sources until data-collection networks are established.

7. Some organizations do not share incidents in order to protect their independence and neutrality. In countries where such organizations are key health care providers, information flows can remain very limited.

Methodology

ACCURACY OF INFORMATION AND DIFFERING DEFINITIONS

Some organizations record only certain types of incidents, e.g. those involving health facilities or those affecting international aid agencies, while the incident descriptions that are available may also contain errors. In addition, not all organizations that compile information on relevant incidents include all the details that would be necessary to systematically code all aspects of these incidents. In particular, information related to the perpetrator(s) and context of a particular incident is often missing or may be biased in the original source. Also, in some cases, especially those involving robberies and abductions, it is often difficult to ascertain from available information whether the act was committed by a party to the conflict or by criminals. We based our inclusion decisions on judgements about the most likely motivations.

The nature of the WHO SSA dataset and the extent to which the SHCC relies on contributions from this dataset for specific countries influence the overall SHCC dataset. For example, the WHO SSA reported zero incidents in Ethiopia, but 235 in the oPt for 2021. Because the SSA does not report information on perpetrators, the SHCC dataset could not provide information on the perpetrators in 277 incidents. As a consequence the coding is much more limited for those countries for which a significant proportion of incidents came from the SSA.

The SHCC dataset therefore contains limitations associated with using pre-processed data without access to the original sources or additional detail, which would have allowed for potentially more comprehensive and consistent classification.

Methodology reference on the country profiles could be something like:
The standard coding principles are set out in the SHCC's Overview Data Codebook. Please see www.insecurityinsight.org/projects/healthcare/shcc for full details regarding SHCC coding and annexes.

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405   Department of Peace and Conflict Research, Uppsala University. Uppsala Conflict Data Program. *https://ucdp.uu.se/*, accessed March 11, 2022.
406   *https://data.humdata.org/dataset/shcchealth care-dataset*.
407   *https://data.humdata.org/organization/insecurity-insight*.
408   Department of Peace and Conflict Research, Uppsala University. UCDP Definitions. *https://www.pcr.uu.se/research/ucdp/definitions/*.
409   *https://ucdp.uu.se/*. Because the 2021 UCDP country conflict list was not publicly available when this report was being written, we consulted UCDP staff via email to obtain information on the changes related to countries included in the UCDP list for 2022.
410   *http://insecurityinsight.org/projects/health care/monthlynewsbrief*.
411   *https://aidworkersecurity.org/*.
412   *https://airwars.org/*.
413   *http://sn4hr.org/*.
414   *https://civilianimpactmonitoring.org/*.
415   *https://www.acleddata.com/*.
416   Please contact Insecurity Insight if you would like more details on the process of including SSA-reported incidents in the SHCC dataset.

Annex

Country	Number of reported incidents	Number of health workers killed	Number of health workers kidnapped	Number of health workers arrested	Number of health workers injured	Number of incidents where health facilities were destroyed/damaged	Number of health transport destroyed/damaged/hijacked/stolen
Afghanistan	107	39	8	1	32	24	16
Algeria	1			1			0
Bangladesh	1		1				0
Belarus	1						0
Brazil	1	1					0
Burkina Faso	46	10	36	2	11	7	10
Burundi	3		2				0
Cameroon	6		3		1		0
CAR	107	4	1	25	16	2	15
Chechnya	1						0
Chile	1						0
China	1						0
Colombia	8	4	2		2		0
DRC	127	5	28	34	26	10	1
Egypt	3			1		1	0
El Salvador	1				2		0
Ethiopia	55	8	6	3	5	40	20
Guatemala	1					1	0
Haiti	15	1	8		1	1	15
Honduras	1						0
India	1	1					0
Indonesia	2	1			3	1	0
Iraq	6	4			1	3	0
Kenya	1						0
Kyrgyzstan	1					1	0
Libya	4			2			0

Annex

Country	Number of reported incidents	Number of health workers killed	Number of health workers kidnapped	Number of health workers arrested	Number of health workers injured	Number of incidents where health facilities were destroyed/ damaged	Number of health transport destroyed/ damaged/ hijacked/ stolen
Malawi	1						0
Mali	18	2	29				4
Mexico	13	6	1		2		1
Mozambique	2		2				0
Myanmar	411	29	4	559	36	29	43
Nicaragua	1				2		0
Niger	4		1			1	0
Nigeria	49	6	30	2	5	11	1
OPT	152	5	0	13	58	31	29
Pakistan	6	1		21			0
Philippines	1	1					0
Singapore	1						0
Somalia	4	1				2	0
South Africa	3	1	1		1		1
South Sudan	29	12	2	5	12	3	4
Sudan	52	2		22	17		2
Swaziland	1				31		0
Syria	57	13		16	45	12	5
Uganda	2				4		0
Ukraine	2				1		5
USA	3	1				1	0
Venezuela	1			6			0
Yemen	20	3	5		6	7	3
Total	**1335**	**161**	**170**	**713**	**320**	**188**	**175**

☐ Factsheet available

☐ Data available on HDX

Acronyms

AA	Arakan Army
ACLED	Armed Conflict Location & Event Data Project
ADF	Allied Democratic Forces
ASWJ	Ahlu Sunna Wal Jamaa
AWSD	Aid Worker Security Database
CAR	Central African Republic
CIMP	Civilian Impact Monitoring Project
DRC	Democratic Republic of the Congo
FARDC	Armed Forces of the Democratic Republic of the Congo
FDLR	Democratic Forces for the Liberation of Rwanda
GNA	Government of National Accord
HDX	Humanitarian Data Exchange
HTS	Hayat Tahrir al-Sham
IED	Improvised explosive device
INGO	International nongovernmental organization
ISGS	Islamic State in the Greater Sahara
JNIM	Jama'at Nusrat al-Islam wal Muslimeen
LNA	Libyan National Army
MAP	Medical Aid for Palestinians
NGO	Nongovernmental organization
oPt	occupied Palestinian territory
OSCE	Organization for Security and Co-operation in Europe
PHR	Physicians for Human Rights
RENAMO	Resistência Nacional Moçambicana
SAMS	Syrian American Medical Society
SDF	Syrian Democratic Forces
SHCC	Safeguarding Health in Conflict Coalition
SNHR	Syrian Network for Human Rights
SPLA-IO	Sudan People's Liberation Army in Opposition
SSPDF	South Sudan People's Defence Forces
UCDP	Uppsala Conflict Data Program
UPC	Union of Congolese Patriots
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
WHO	World Health Organization
WHOSSA	World Health Organization Surveillance System of Attacks on Healthcare
YPG	People's Protection Unit

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.
www.safeguardinghealth.org

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