



No respite: Violence against Health Care in Conflict

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SAFEGUARDING HEALTH IN CONFLICT COALITION MEMBERS

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Alliance of Health Organizations (Afghanistan)
American Public Health Association
Canadian Federation of Nurses Unions
Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health
Consortium of Universities for Global Health
Defenders for Medical Impartiality
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Watchlist on Children and Armed Conflict
World Vision

LETTER FROM THE CHAIR



The fifth anniversary of the United Nations (UN) Security Council's Resolution 2286 on the protection of health care comes at a time of unceasing violence inflicted on hospitals, clinics, ambulances and health workers. As this report shows, the number of health workers reported killed in conflict settings rose to 185 in 2020, up from 167 and 150 in 2018 and 2019, respectively. It was a rare conflict where escalation in fighting was not associated with a corresponding upsurge in violence against health care of some kind.

During the five years since the UN resolution was adopted, 14 conflicts have seen more than 50 reported incidents of violence against health care, eight conflicts have seen more than 100 such incidents, five more than 200, and four more than 300 incidents apiece. This is probably an undercount, and the real numbers are likely to be much higher. Violence against health care is continuing in 2021.

The reasons for the violence are variable and sometimes complex, but the explanation for continuing impunity is not: states have failed to fulfill their commitments to take action – individually or as part of an international effort – to prevent violence against health care or hold the perpetrators accountable. Consider these questions regarding implementation actions found in the resolution itself or the UN Secretary-General's recommendations for implementation:

Did member states ensure that their militaries 'integrate practical measures for the protection of the wounded and sick and medical services into the planning and conduct of their operations'? - **No.**

Did member states adopt domestic legal frameworks to ensure respect for health care, particularly excluding the act of providing impartial health care from punishment under national counter-terrorism laws? - **No.**

Did member states engage in the collection of data on the obstruction of, threats against and physical attacks on health care? - **No.**

Did member states undertake 'prompt, impartial and effective investigations within their jurisdictions of violations of international humanitarian law' in connection with health care and, 'where appropriate, take action against those responsible in accordance with domestic and international law'? - **No.**

Did the Security Council refer cases where there is evidence of war crimes in connection with violence against health care in Syria and elsewhere to the International Criminal Court? - **No.**

Were all states found by the Special Representative of the Secretary-General on Children in Armed Conflict to have engaged in violence against hospitals listed in the annex to the Secretary-General's annual report on children in armed conflict? - **No.**

Did member states that sell arms that have been used to inflict violence on health care cease those sales? - **No.**

LETTER FROM THE CHAIR

Non-state armed groups, many of which profess their commitment to abide by international law, have also abdicated their responsibilities. Only three have signed the Geneva Call's Deed of Commitment to Health Care. This compares to more than 50 non-state armed groups that have agreed to forgo the use of antipersonnel landmines and 25 that have agreed not to use child soldiers.

Why the inaction? Militaries do not change their operational procedures if there are few demands on them to do so. Laws are not reformed when counter-terrorism priorities pay little regard to international law. Arms sales are huge moneymakers and a valued way of achieving policy goals without direct military involvement. Investigations and accountability are inconvenient in a conflict. At the UN, the very structure of the Security Council – especially the veto power of its five permanent members – has become an excuse for failure.

If governments are to do what they have committed to – i.e. protect health workers, health facilities, and transport from being targeted and attacked – both pressure and accountability are urgently needed.

To that end, the UN Secretary-General has the power to and should report every year on what each UN member state has done and not done to carry out the purposes of Resolution 2286. This form of accountability can also be advanced by the appointment of a special rapporteur or special representative to submit reports thematically and on countries to assess their response to the requirements of Resolution 2286. Most of all, the public health, nursing, and medical communities must demand that political leaders move beyond declarations, meetings, and pallid measures and take concrete steps to ensure that health workers and the sick and wounded who need care are properly protected.

It is long overdue for the important commitments of UN Resolution 2286 to be more than hollow words. All those who care about protecting health care in situations of conflict must take meaningful and concrete steps to make real these essential promises to those who risk their lives to safeguard the health and well-being of populations in their care.



Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

EXECUTIVE SUMMARY



The Safeguarding Health in Conflict Coalition (SHCC) has identified 806 reported incidents of violence against or obstruction of health care in 43 countries and territories experiencing conflict in 2020.

These figures (806) represent a decline compared to the overall number of reports identified by the SHCC in 2019, which recorded 1,203 incidents of violence against or obstruction of health care in 20 countries and territories. However, they represent a 25% increase in the number of health workers who were killed and kidnapped in 2020 (185 killed and 117 kidnapped, compared to 151 killed and 90 kidnapped in 2019) and a 65% decrease in the reported number of health workers injured (175 in 2020 compared to 502 injured in 2019).

In 2020, 65 health workers were arrested, 152 threatened, 175 injured, 38 assaulted and three subjected to sexual violence in 43 countries and territories experiencing conflict in 2020. During the year, 47 health facilities were destroyed and 128 damaged, while 51 health transports were destroyed or damaged and 26 stolen or hijacked. Thirty-five airstrikes and 94 incidents of shelling and use of surface-launched missiles were recorded as having adversely affected health care.

The documented incidents reported here represent an underestimate of the overall number of attacks on health care that occurred over the past year, since it is likely that a large number of incidents went unreported or unconfirmed.

The COVID-19 pandemic marked the year 2020, and geopolitical developments related to the pandemic influenced the changes in the nature and patterns of reported threats to and violence against health care. Parties to conflict did not widely respect the UN Secretary-General's call for a global ceasefire during the pandemic.

Across the Sahel region, various insurgent groups took advantage of the respective governments' preoccupation with the pandemic and increased their attacks on civilians. The conflicts in Libya, Syria and Yemen continued. At the same time, measures to curtail the spread of the pandemic limited the number of organized mass demonstrations in various countries. In this environment there was an apparent decrease in the less severe incidents often associated with large-scale political demonstrations and an increase in more severe events associated with conflict.

EXECUTIVE SUMMARY

Separately, the SHCC and its partners identified 412 COVID-19-related incidents adversely affecting health care occurring mostly outside of conflict environments.

The full 2020 data cited in this report can be accessed via Attacks on Health Care in Countries in Conflict on Insecurity Insight's page on the Humanitarian Data Exchange (HDX). The data for the 17 countries and territories is made available as individual datasets. The links are provided in the individual country factsheets.

METHODS AND LIMITATIONS

The report uses an event-based approach to documenting incidents of violence against or obstruction of health care. To prepare this report, events-based information from multiple sources was cross-checked and consolidated into a single dataset of recorded incidents that were coded using standard definitions. The figures are likely a significant undercount, due to underreporting in many places around the world.

Incidents are included when they met the World Health Organization (WHO) definition of an attack on health care and were perpetrated by conflict actors included on the conflict lists for 2020 compiled by the Uppsala Conflict Data Program (UCDP). See the 'Methodology' section for more details.

TRENDS IN 17 SELECTED COUNTRIES AND TERRITORIES

This analysis focuses on 711 reported incidents of violence against or obstruction of health care in 17 countries and territories that reported the highest number of conflict-related incidents in 2020.

The highest numbers of incidents were reported from Afghanistan, the Democratic Republic of the Congo (DRC), Libya, the occupied Palestinian territories (oPt), Syria and Yemen. The top six countries and territory that experience violence against health care are therefore the same as in 2019. However, the number of incidents reported from individual countries showed some changes compared to 2019. Reported incidents from Yemen more than doubled. There has been a small decrease in the number of reported incidents from Syria and larger decreases in the DRC and the oPt. Numbers of reported incidents remained largely unchanged in Afghanistan and Libya.

Twice as many incidents were documented in Cameroon, Myanmar, Nigeria and South Sudan in 2020 as in 2019.

The armed conflict between Azerbaijan and Armenia over the disputed Nagorno-Karabakh enclave resulted in 13 reported incidents. In Mozambique, violence against civilians by insurgent groups has increased violence against health care. Mexico is included for the first time following a reported rise in brutal violence against health workers.

COUNTRIES OF LONGSTANDING CONCERN

In **Afghanistan**, 106 incidents were shared with the Safeguarding Health in Conflict Coalition in 2020, a nearly identical number to that in 2019. Many of the incidents resulted from the ongoing conflict between the Afghan National Security Forces and the Taliban, Islamic State in Khorasan and other non-state armed groups.

In the past few years **Burkina Faso** has increasingly become a focal point of the instability that has swept the western Sahara region as a result of the increased presence of Islamic militias. This violence is affecting the safety and security of health workers and impedes access to health care.

Armed robberies at INGO compounds in the **Central Africa Republic (CAR)** by armed groups were a common form of violence against health workers in 2020 and often affected aid volunteer organizations and health INGOs.

Ongoing armed conflict between armed groups and government forces in the North Kivu and Ituri provinces in the **DRC** continued to create insecurity for health workers and organizations operating in the region. Mistrust among local communities surrounding Ebola adversely affected health workers and the progress of health care operations.

Health workers and hospitals in **Libya** continued to be affected by on-going conflict between the Government of National Accord (GNA), and the Libyan National Army (LNA) in Tripoli and the wider region including the city of Misrata during 2020. Violence against health care rose significantly in April during renewed hostilities and violence between warring parties in western Libya.

Country	Number of incidents in 2020	Number of incidents in 2019
Syria	121	147
Afghanistan	106	101
DRC	81	434
Yemen	81	35
Libya	77	73
oPt	61	226
Nigeria	43	19
South Sudan	18	3
Burkina Faso	17	27
Mali	11	28
Somalia	10	12
CAR	8	13

Violence and insecurity by armed groups in **Mali's** Gao and Mopti regions affected aid volunteer organizations and local health care providers.

The growing presence of armed groups in Adamawa, Cross River, Kaduna and Katsina states in **Nigeria** threatened both health workers and facilities in 2020.

In the **oPt**, the delay and obstruction of health care continued throughout 2020. In the oPt, in recent years most injuries to health workers took place during Great March of Return Protests in Gaza. In 2020, mass gatherings were restricted as part of the COVID-19 response.

In **Somalia**, health workers continued to be impacted by violence from armed groups, including al-Shabaab.

In **South Sudan**, intercommunal violence, particularly in Jonglei and Pibor states and ongoing conflict between state armed forces, South Sudan People's Defence Forces (SSPDF), and Sudan People's Liberation Army in Opposition (SPLA-IO) contributed to violence against health workers and facilities.

In **Syria**, health facilities and health workers were targeted by Syrian and Russian forces employing aerial bombings and shelling. In government-controlled areas health workers were detained and tortured by Syrian forces.

The safety of health workers and hospitals continued to be jeopardized by the ongoing conflict between Houthi rebels and the government in **Yemen**.

COUNTRIES OF GROWING CONCERN

Growing tensions between the francophone-led government and the anglophone population in **Cameroon's** Northwest and Southwest regions and activity by the rebel Boko Haram group in the Extreme North region increasingly affected health workers and facilities.

The proliferation of criminal cartels affected health workers in **Mexico** in 2020. Doctors, nurses and paramedics were shot and killed, and in some cases their bodies were left by the roadside or in hospital car parks.





Country	Number of incidents in 2020	Number of incidents in 2019
Cameroon	17	8
Myanmar	17	1
Mexico	16	Country not selected
Mozambique	14	Country not selected
Nagorno-Karabakh	13	Country not selected

Violence in **Mozambique** during the first six months of 2020 driven by attacks on villages in Cabo Delgado province by armed groups resulted in health facilities being set on fire. In central Mozambique, RENAMO militants, who had rejected the August 2019 peace deal with the government, also inflicted violence against health workers.

The number of incidents documented in **Myanmar** in 2020 was much higher than in 2019 and stemmed mainly from conflict between the Myanmar armed forces and ethnic armed groups. COVID-19 screening posts and quarantine centers were vandalized, damaged, or forcefully shut down, and health workers were threatened while carrying out COVID-19 awareness activities.

During the six-week conflict in **Nagorno-Karabakh** that began in September, hospitals were damaged and health workers killed and injured in air and ground attacks by Armenian and Azerbaijani armed forces.

VIOLENCE AGAINST HEALTH WORKERS

 COUNTRIES AND TERRITORIES	 HEALTH WORKERS KILLED	 HEALTH WORKERS KIDNAPPED	 HEALTH WORKERS INJURED
2019 20	151	90	502
2020 17	162	101	152

The total number of health workers killed and kidnapped increased in 2020 compared to 2019. In contrast, the total number of health workers injured decreased.

Reports of health workers killed increased in Burkina Faso, the DRC, Libya, Somalia, South Sudan and Yemen in 2020 compared to a year earlier. While reported numbers of health workers killed are still high in Syria, they fell from 41 in 2019 to 20 in 2020.

High numbers of kidnappings were reported in Afghanistan, the DRC, Nigeria, and Somalia. All of these countries had high numbers in 2019 and recorded increases in 2020.

The number of health workers injured or assaulted fell in some countries as a result of COVID-19-related restrictions. For example, in the oPt, COVID-19-related restrictions on mass gatherings resulted in a decline in the number of health workers that were injured while providing medical care to protestors during demonstrations.

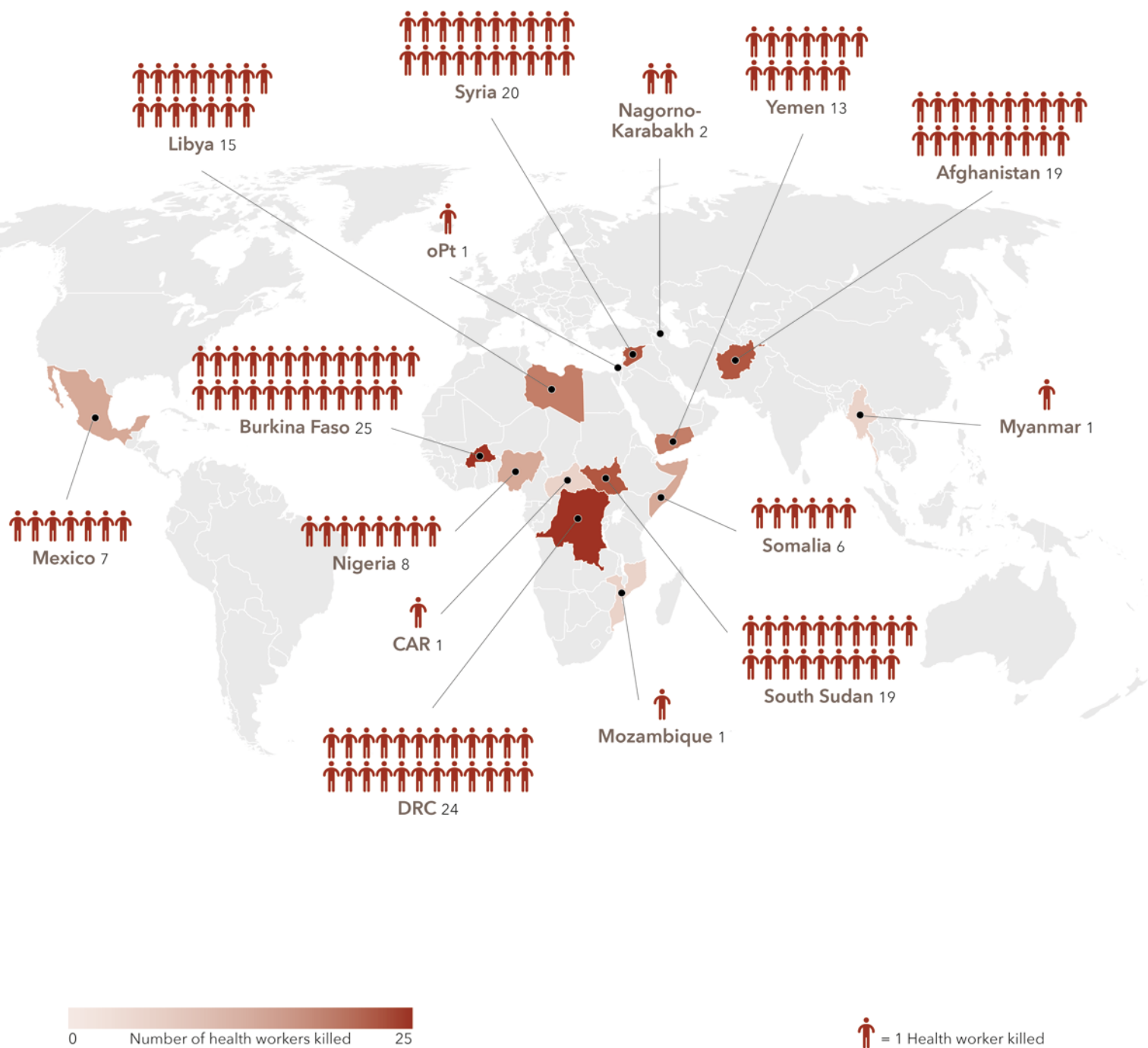
In the DRC, cases of health workers being threatened, assaulted and injured sharply declined in 2020 correlated with 2019 due to the end of the tenth Ebola outbreak, which was finally declared over on June 25, 2020.

EXAMPLES OF VIOLENCE AGAINST HEALTH WORKERS

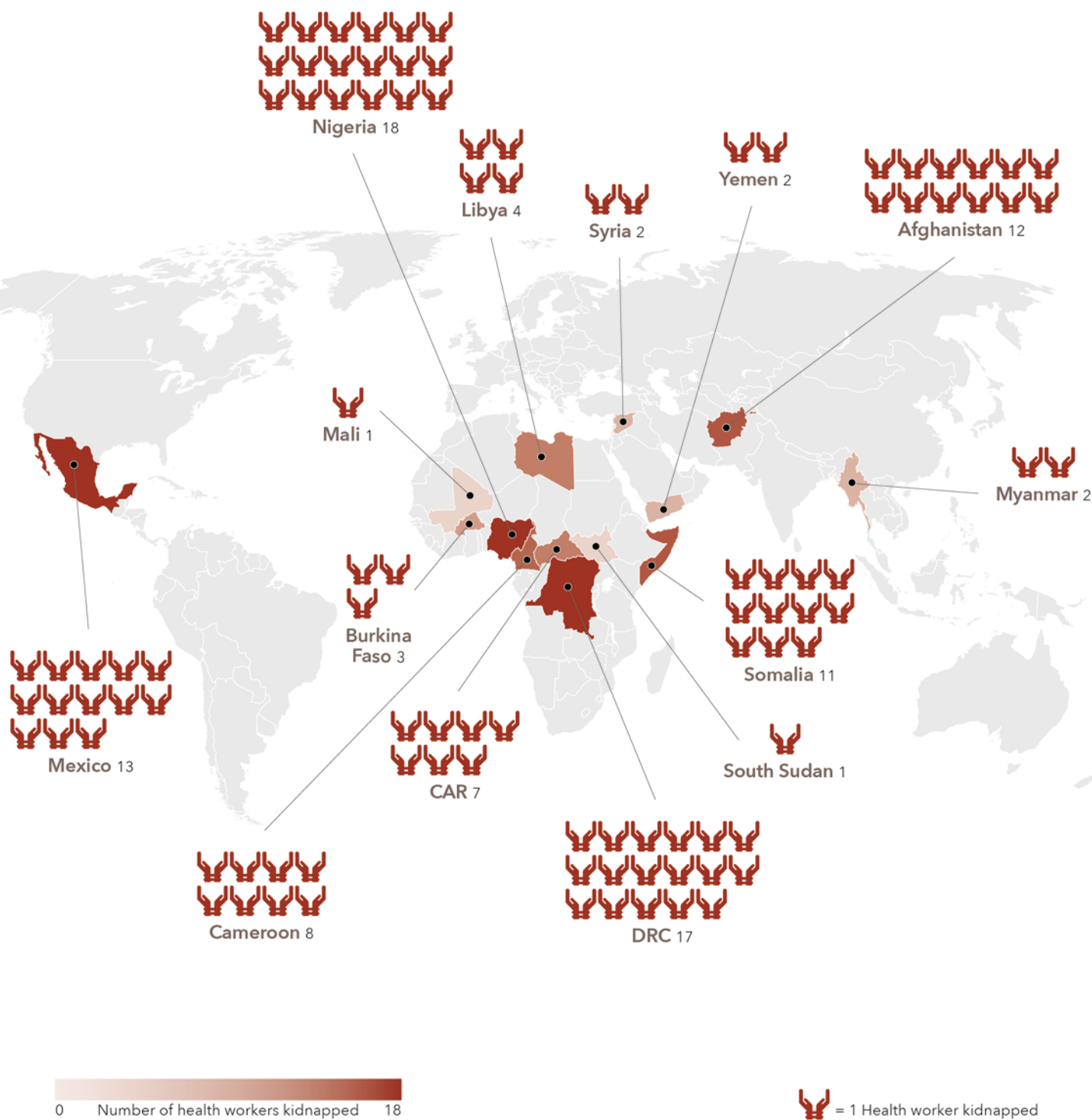
In the DRC on January 13, 2020 in Bandibwane village, Ituri province, local community members, some armed with machetes, attacked 18 Red Cross volunteers while they were performing a burial service for a suspected Ebola victim, injuring four of them.¹

In South Sudan on February 22, 2020 in Malek town, Lakes state, armed youths attacked a health center, killing a doctor and burning his body. They then looted the facility.²

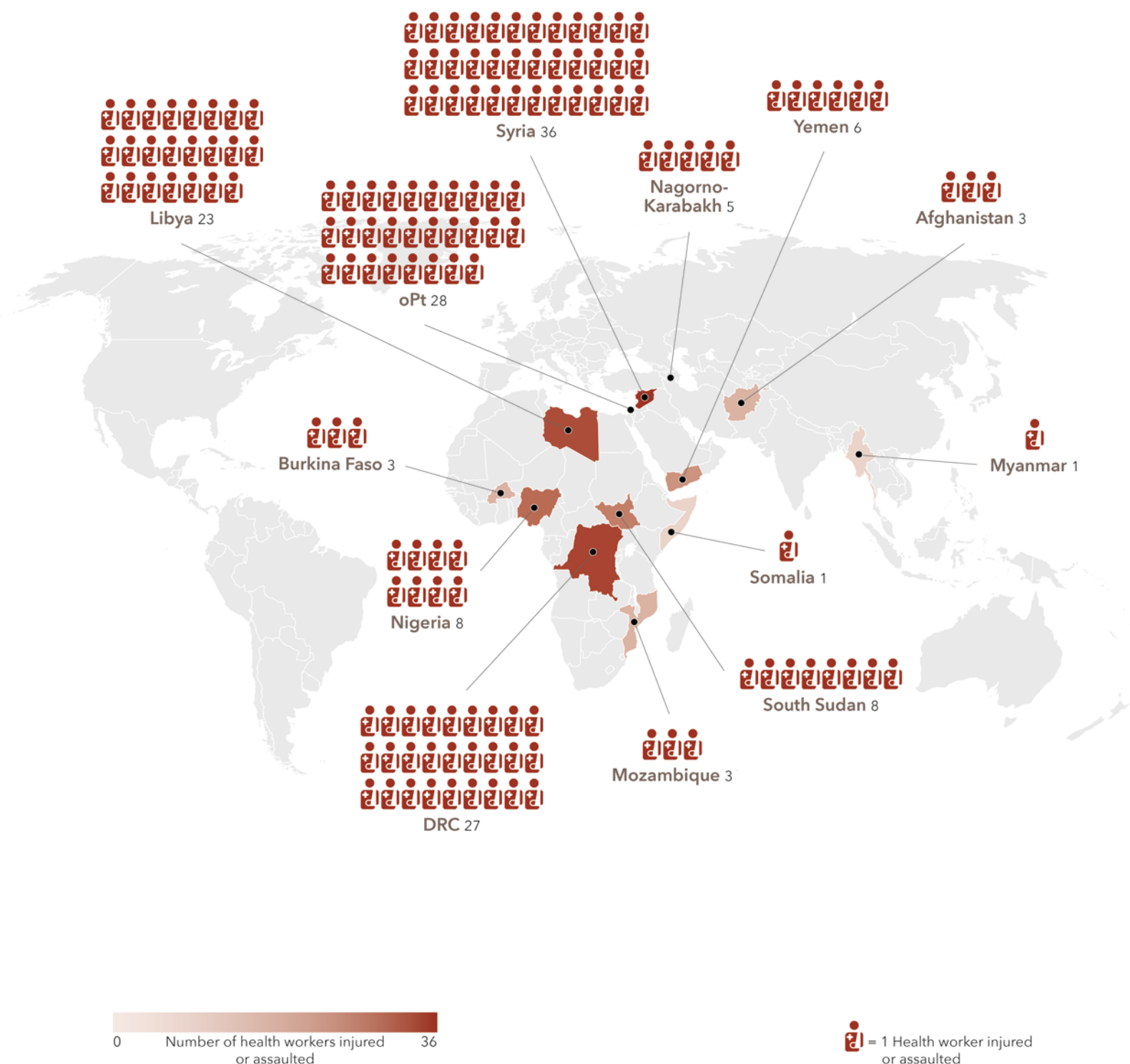
NUMBER OF HEALTH WORKERS KILLED IN 2020




NUMBER OF HEALTH WORKERS KIDNAPPED IN 2020



NUMBER OF HEALTH WORKERS INJURED OR ASSAULTED IN 2020



VIOLENCE AGAINST HEALTH FACILITIES AND TRANSPORT

 COUNTRIES AND TERRITORIES	 INCIDENTS WHERE HEALTH FACILITIES WERE DESTROYED	 INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED	 HEALTH TRANSPORT DESTROYED/DAMAGED/HIJACKED/STOLEN
2019 20	18	198	87
2020 17	47	128	77

In Libya and Yemen even more health facilities and transport were damaged or destroyed by violence in 2020 than in 2019.

An increasing number of incidents that damaged or destroyed health facilities were also reported in Burkina Faso, Cameroon, Myanmar, Nigeria and Mozambique in 2020.

The use of rubber-coated bullets and tear gas inside health facilities as well as an airstrike increased the number of health facilities affected by violence in oPt in 2020 compared to 2019. By contrast, fewer health transports were reported affected, mainly because of fewer incidents of violence during protests due to COVID-19 restrictions.

The conflict in Nagorno-Karabakh damaged or destroyed health facilities on nine occasions. In Mali, health transport was shot and damaged at least four times.

As in 2019, Syria reported the highest number of health facilities destroyed or damaged although the number was considerably less than in the previous year.

In the DRC, incidents where health facilities were destroyed decreased due to the containment of the tenth Ebola outbreak.

In Cameroon, Myanmar and the oPt, COVID-19 screening posts and testing centers were damaged or destroyed.

In Syria, Libya and Yemen health facilities were damaged or destroyed by explosive weapons, while arson attacks were common in the DRC and Mozambique. Other health facilities were damaged during armed robberies and raids.

Health transports were damaged or destroyed by explosive weapons and firearm use.

EXAMPLES OF VIOLENCE AGAINST HEALTH FACILITIES AND TRANSPORTS

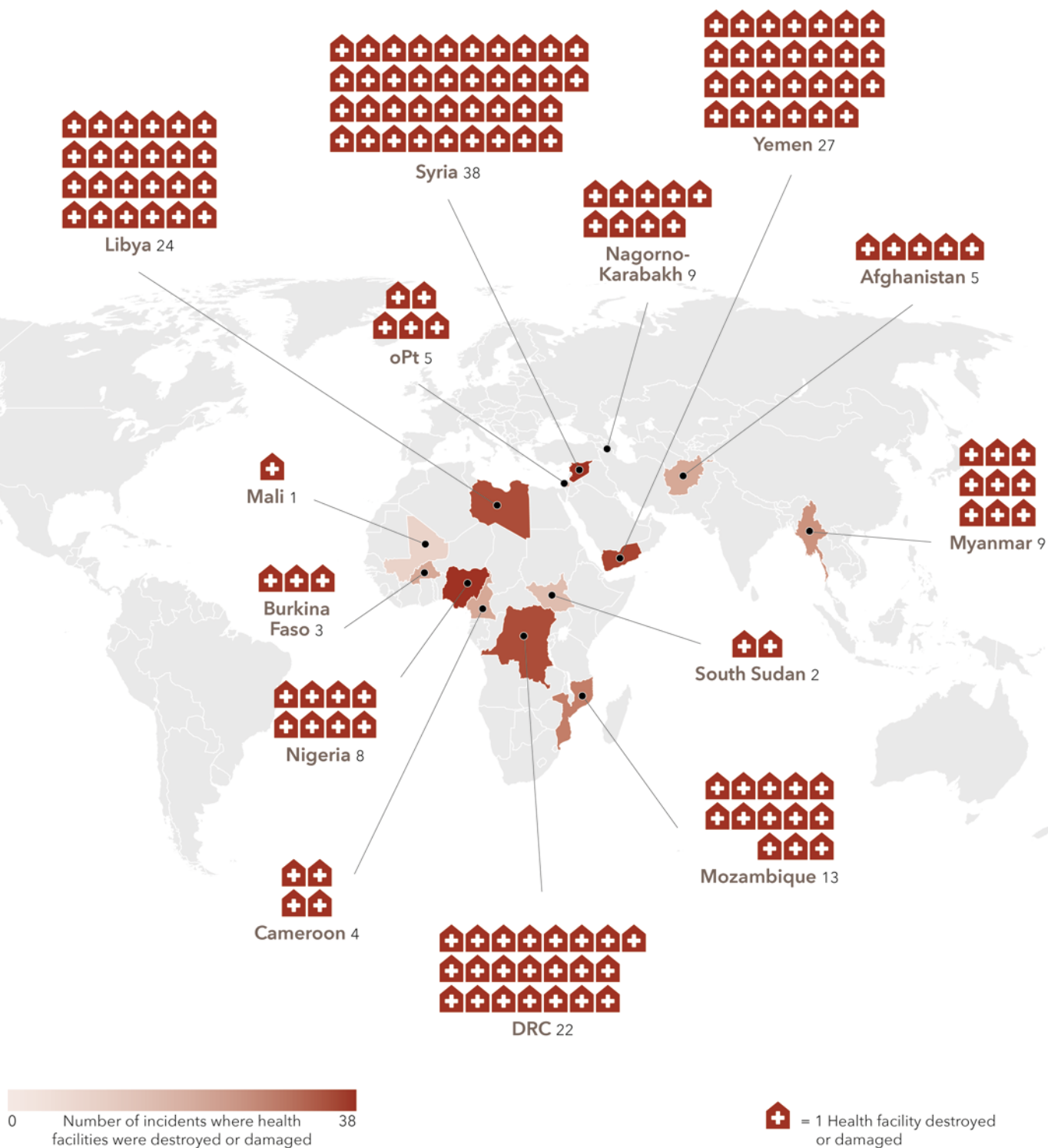
In Yemen in April 2020, An-Nasr hospital in Dhale governorate was attacked twice in one week by unnamed perpetrators. On April 2, 2020, armed men fired machine guns and threw two hand grenades into the hospital, injuring two civilians. Two days later, another hand grenade of unidentified origin was thrown into the same hospital, injuring two more civilians and forcing the hospital's management to close the hospital in protest over the attack.³

In the West Bank, oPt, on two successive days in July Israeli security forces interrupted COVID-19-related health efforts. On July 20, 2020 in Jenin city, soldiers destroyed an anti-coronavirus checkpoint set up by Palestinian security forces at the entrance to the city, and on July 21, in Hebron city, Israeli military forces demolished a Palestinian coronavirus testing center.^{4,5}

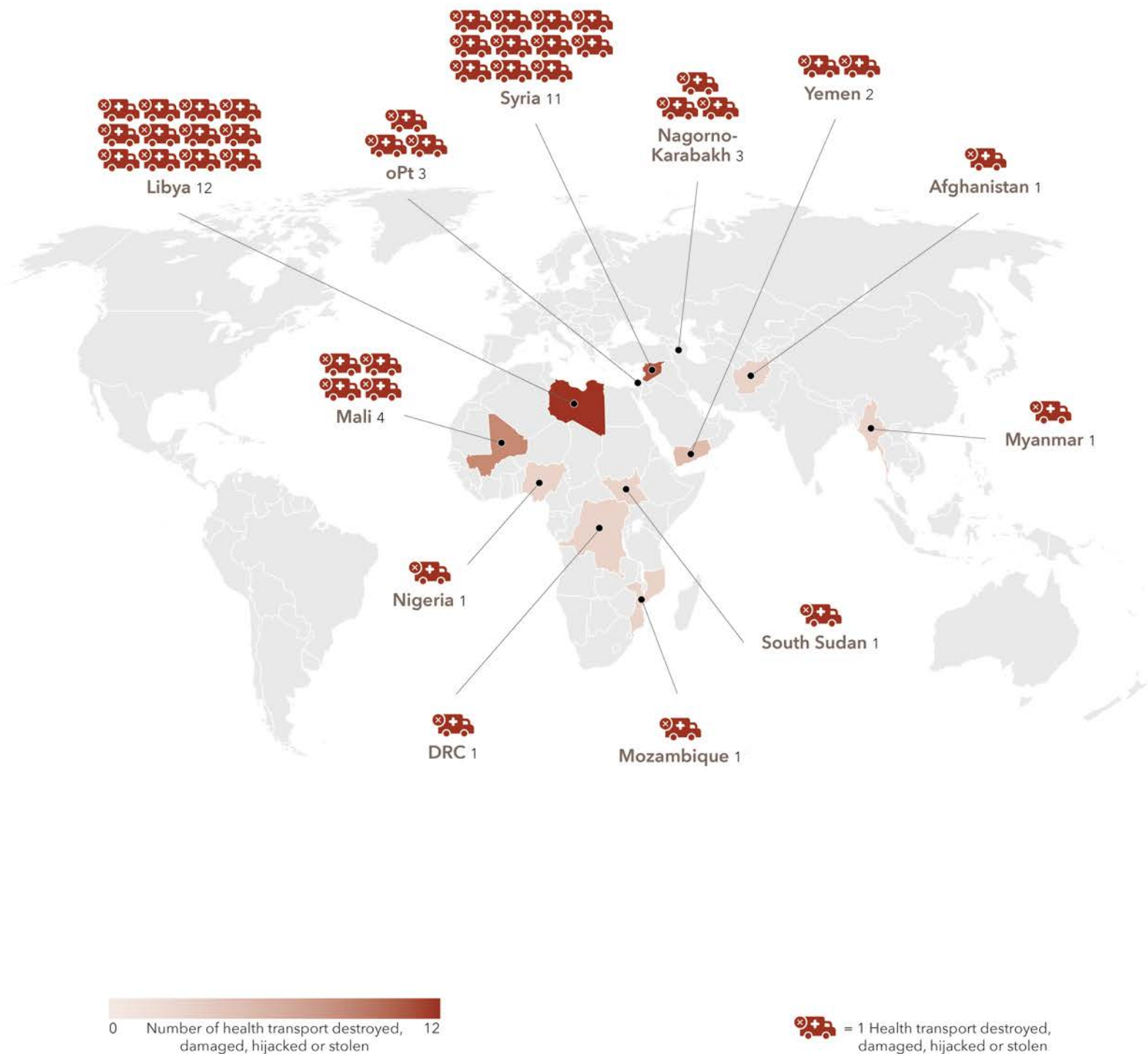
In Somalia on December 30, 2020 an improvised explosive device (IED) set by al-Shabaab militants detonated next to an ambulance ferrying a pregnant woman in Mandera county, setting the vehicle on fire, killing the husband of the expectant mother, and injuring a nurse and the ambulance driver.⁶

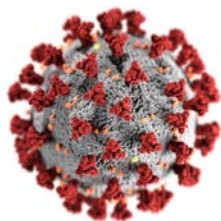


NUMBER OF INCIDENTS WHERE HEALTH FACILITIES WERE DESTROYED OR DAMAGED IN 2020



NUMBER OF HEALTH TRANSPORT DESTROYED, DAMAGED, HIJACKED OR STOLEN IN 2020





VIOLENCE IN THE CONTEXT OF THE COVID-19 RESPONSE

The past year saw an unprecedented global pandemic that caused massive disruption and significant morbidity and mortality resulting from COVID-19. When efforts to address the pandemic were made in conflict settings, in some cases rumors and fear led to the greater insecurity of health workers and attacks on health personnel, transport and facilities.

In addition to conflict-related attacks, [412 attacks](#) on health care related to the COVID-19 pandemic were identified between January and December 2020. Health workers were abused, injured, threatened and harassed, and health facilities were attacked, damaged, and/or set on fire in these incidents. The COVID-19-related incidents referred to in the report are unlikely to be a complete record of all such incidents in 2020.

Reported COVID-19-related violence peaked in the early weeks of the pandemic. COVID-19-related violence against health care was reported in many countries. Violent incidents and threats were most frequently reported in India and Mexico. Facilities that were essential for the COVID-19 response were also affected when conflict-related violence damaged and destroyed health facilities or killed or injured health workers.

In some conflict-affected countries the COVID-19 pandemic was also linked to violence against health care. For example, various opposition parties usually serving the interests of minorities in countries such as Cameroon and Myanmar provided COVID-related health measures and equipment, ranging from sanitizers to testing. State authorities frequently attacked such health services in order to undermine the claim to a form of state authority that such non-state actors appeared to be making by their actions. These types of incidents are similar to the attacks on health care seen during other disease outbreaks – such as in the case of Ebola – in a range of countries such as the [DRC](#), Liberia, and Sierra Leone in 2020 and previous years.

INEFFECTIVE PAST, UNCERTAIN FUTURE: A FIVE YEAR REVIEW 2016-2020

This SHCC [report](#) and [interactive map](#) highlight a global onslaught of violence against health workers, facilities, and transport from 2016 through 2020, including:

- 4,094 reported attacks and threats against health care in conflict
- 1,524 health workers injured
- 681 health workers killed
- 401 health workers kidnapped
- 978 incidents where health facilities were destroyed or damaged

The data underscore the abject failure of the UN Security Council and UN member states to take any meaningful measures to prevent attacks or hold those responsible to account.

The report highlights the many forms of violence against health care, from airstrikes against clinics to the looting of hospitals. Health workers around the globe have been kidnapped, arrested, injured, and killed while providing medical care. Violent interference prevented patients from accessing care and emergency responders, vaccinators, and other health workers from providing life-saving services.

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- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Incident Data. Incident number 28.
 - 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Incident Data. Incident number 143.
 - 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 263.
 - 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Incident Data. Incident number 1396.
 - 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Incident Data. Incident number 744.
 - 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Incident Data. Incident number 1375.

RECOMMENDATIONS

The failure of UN member states and other stakeholders to abide by their commitments and human rights obligations with respect to preventing attacks on health care requires decisive new forms of accountability under Security Council Resolution 2286 and the Secretary-General's recommendations for its implementation.

1. UN member states should report annually describing what actions each has undertaken to:

- a. Review and revise military doctrine, protocols, rules of engagement, and training to increase respect for and 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;
- b. Discipline soldiers and other security personnel who interfere with, obstruct, threaten, or assault health personnel engaged in health care activities, as well as the operation of health facilities, consistent with their mission and ethical obligations;
- c. Strengthen national mechanisms for thorough, impartial, and independent investigations into alleged violations of obligations to respect and protect health care in conflict and for the prosecution of alleged perpetrators;
- d. Reform counter-terrorism measures and other laws to exclude criminal or other penalties for health workers offering or providing care consistent with the professional duty of impartiality;
- e. Actively collect data on violence against health care, including developing systems to receive information from NGOs and civil society organizations regarding acts that interfere with, obstruct, threaten, and assault health workers, facilities and transport engaged in health care activities; and
- f. Assess arms sales to determine whether countries or entities using the arms have committed acts of violence against health care.

2. The Secretary-General should:

- a. Report publicly on the results of the reports referred to in point 1.a above. In addition, report:
 - ii. Those member states that have not reported; and
 - iii. Actions taken by member states that are inconsistent with these obligations;
- b. Appoint a special representative to carry out investigations of attacks on health care and provide advice to the Secretary-General and other senior UN officials on violence against health care in conflict; and
- c. Report annually the names of member states and armed groups that have been identified by the Special Representative of the Secretary-General for Children and Armed Conflict and Special Representative on Attacks on Health as having engaged in a pattern of violations related to health care in conflict.

3. The UN Security Council should:

- a. Refer Syria and Saudi Arabia to the International Criminal Court for investigation of alleged war crimes against health care; and
- b. Use its authority to impose sanctions on the relevant member states that are perpetrators of violence against health care, where appropriate.

4. Armed groups should sign the Deed of Commitment on the protection of health care initiated by Geneva Call.

5. Data collection and sharing

- a. The World Health Organization (WHO) should conduct a review of its Surveillance System of Attacks on Healthcare (SSA) to assess the reasons for the decline in the reporting of incidents in 2020.
- b. UN agencies responsible for implementing country data collection mechanisms, such as the Health Cluster, the Office for the Coordination of Humanitarian Affairs and the WHO SSA, should explore ways of combining data and sharing it with global data collection efforts such as those of the SHCC.
- c. States should support data collection efforts to improve the evidence base on violence against health care.

On May 12, 2020 gunmen wearing police uniforms attacked the INGO-supported Dasht-e-Barchi Hospital in a Shiite Hazara neighborhood in Kabul city. The attack was targeted at the maternity ward of the hospital, killing 15 mothers, three of whom were in the delivery room, two young boys, a local midwife, and six other people. Three health workers and two new-born babies were among the injured. The INGO head of programmes described how the perpetrators “went through the rooms in the maternity section, shooting women in their beds. It was methodical. Walls sprayed with bullets, blood on the floors in the room, vehicles burned out and windows shot through”. The attack deliberately targeted new mothers.⁷

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 106 REPORTED INCIDENTS	 28⁸ HOSPITAL CLOSURES	 19⁹ HEALTH WORKERS ARRESTED	 19 HEALTH WORKERS KILLED
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↓ Source: 2020 SHCC Health Care Afghanistan Data

TOTAL INCIDENTS REPORTED BY UNAMA 90¹⁰	TOTAL INCIDENTS REPORTED BY WHO SSA 78¹¹	TOTAL INCIDENTS REPORTED BY HEALTH CLUSTER 89¹²	OCHA 182¹³
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OVERVIEW

By bringing together and cross-checking individual incidents identified by multiple data collection efforts, the Safeguarding Health in Conflict Coalition (SHCC) identified 106 specific incidents of violence against or obstruction of health care services in Afghanistan in 2020.

The SHCC count includes incidents shared by the Ministry of Health, and 78 incidents uniquely reported by the WHO Surveillance System for Attacks on Health Care (SSA). However, the

detail available for individual incidents was not always sufficient to cross-check incidents in a meaningful way.

The SHCC did not have access to data on the specific incidents identified by other data collection initiatives, including the WHO Health Cluster and the UN Assistance Mission in Afghanistan (UNAMA). As a result, It remains unclear to what extent these sources reported the same or different incidents. In 2019, the SHCC identified 101 incidents.

In general, the numbers reported by the different sources are in the same range. However, the possibility cannot be excluded that each data source identified unique events and that by bringing them all together, the total numbers would increase. We note that the WHO Health Cluster reported 57 health facility closures in Afghanistan.¹⁴

Health workers were killed and injured, kidnapped, or arrested. Threats and hostilities between warring parties additionally caused health facilities to suspend or partially suspend services, which according to the WHO has deprived up to 3 million people of access to health care.¹⁵ The presence of improvised explosive devices prevented health workers from accessing clinics.

This factsheet is based on the dataset 2020 SHCC Health Care Afghanistan Data, which is available on the Humanitarian Data Exchange (HDX).



THE CONTEXT

Health workers and hospitals continued to be affected by on-going conflict between the Afghan National Security Forces and the Taliban, and other armed groups during 2020.

Health workers and hospitals also suffered targeted violent attacks by the Islamic State in Khorasan Province and other unidentified non-state armed groups.

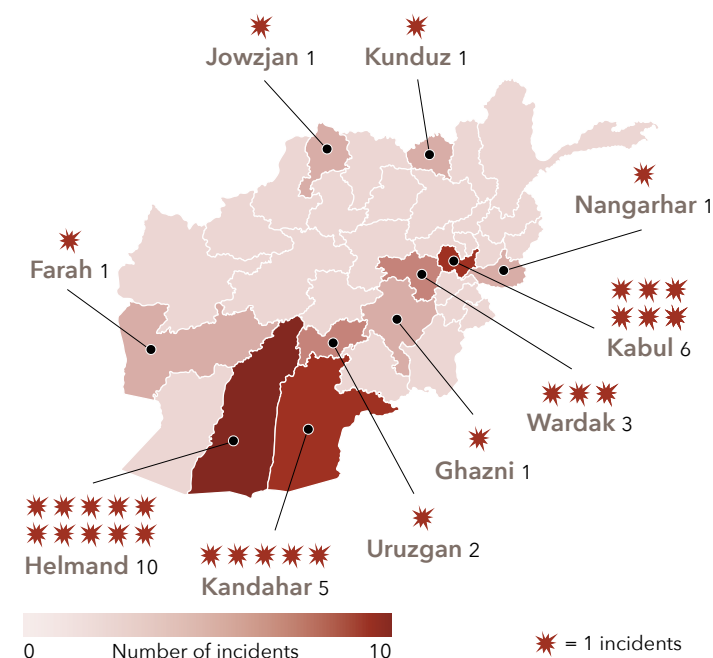
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

Incidents were documented in at least ten of Afghanistan's 34 provinces.¹⁶ Based on 31 incidents where the locations of attacks were reported, 44% of incidents occurred in the southern provinces of Helmand and Kandahar – areas that remain the most insecure and volatile. Attacks were also common in the central provinces of Kabul and Wardak, where 25% of incidents were reported.

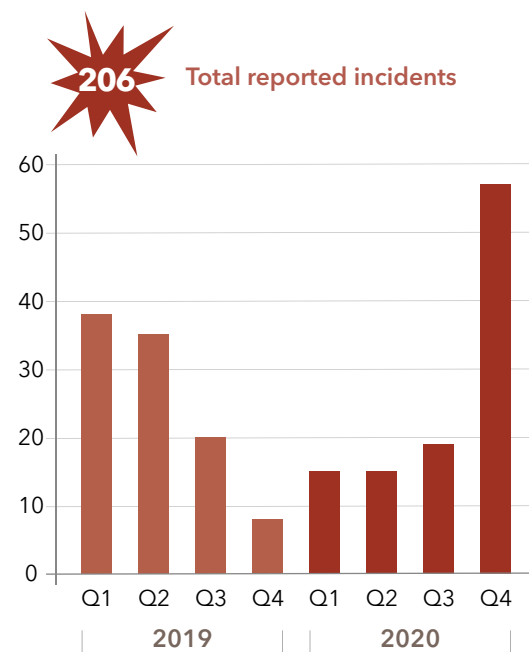
Two of the reported incidents targeted violence against maternal care services. Both took place in Kabul – one in a Shiite Hazara neighbourhood (see above) and the other in and around the heavily fortified Green Zone that houses embassies and international firms and NGO compounds.

An increase in hostilities in October 2020 forced at least 28 health care facilities in Helmand, Kandahar, and Uruzgan to close or partially suspend their services.

Known locations of reported incidents affecting health care in Afghanistan in 2020, by province¹⁷



Reported incidents affecting health care in Afghanistan in 2019 and 2020, by quarter



Source: 2020 SHCC Health Care Afghanistan Data

PERPETRATORS AND WEAPONS USE

Fighting between Afghan National Security Forces and non-state armed groups in October and November caused numerous health facilities in Helmand, Kandahar and Uruzgan to suspend or partially suspend their services, depriving tens of thousands of people of critical health services.^{18,19,20}

Joint Afghan and US forces' airstrikes in Kunduz and Ghazni hit and damaged a health center and hospital in May 2020, killing at least two patients. An aid volunteer was arrested and two civilians, killed during a raid by the joint forces in Nangarhar.^{21,22}

The Taliban abducted three health care workers raising awareness about COVID-19.²³ In Wardak province they attacked and killed a doctor in Farah.²⁴ Provincial security officials have not made any official statements regarding the status of these health care workers as of April 2021.

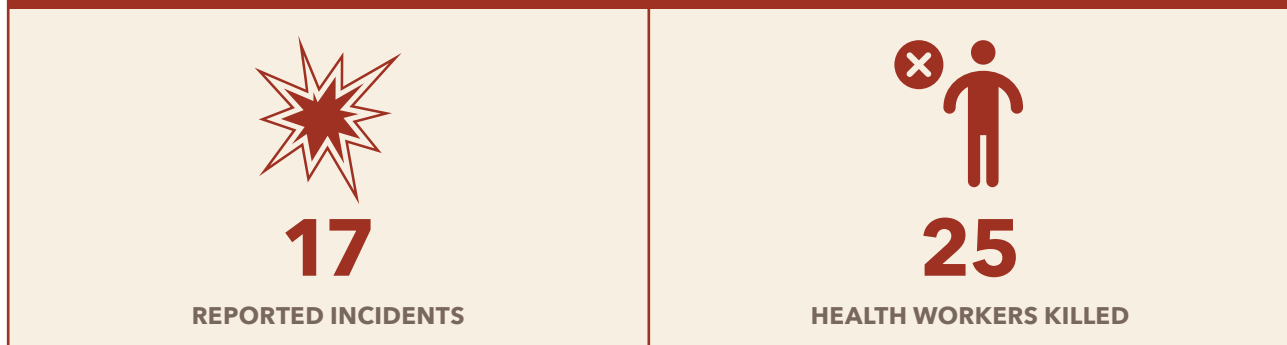
The **Islamic State in Khorasan Province** claimed responsibility for an attack on November 21st in Kabul, during which the group fired over 20 rockets into densely populated parts of the city, with one hitting a hospital's paediatric and maternity ward. A female nurse was thrown off her feet and injured by the impact, which also broke windows and damaged some parts of a wall.²⁵

Unidentified non-state armed groups killed health workers and patients in Kabul, Kandahar and Jowzjan provinces.²⁶ In these incidents health workers and patients were stabbed or shot inside hospitals and clinics, in possible targeted assassinations. In Kabul, four doctors were killed in a roadside bomb explosion while on their way to work.²⁷

- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 480.
- 8 Health facilities were closed or health services partially suspended at least 28 times due to hostilities and threats to health workers.
- 9 18 health worker arrests or detentions were reported by the WHO Surveillance System for Attacks on Health Care (SSA), <https://extranet.who.int/ssa/Index.aspx>, accessed 7 April 2021. Further information, including who the perpetrators were, the weapons used and the location of the incidents, is not available.
- 10 The UN Assistance Mission in Afghanistan (UNAMA) verified 90 attacks impacting health care delivery from 1 January to 31 December 2020. UNAMA. *Afghanistan: Protection of Civilians in Armed Conflict Annual Report 2020*. Page 36. https://unama.unmissions.org/sites/default/files/afghanistan_protection_of_civilians_report_2020_revs3.pdf
- 11 WHO SSA. <https://extranet.who.int/ssa/Index.aspx>. Accessed 7 April 2021.
- 12 Health Cluster, Afghan Geodesy and Cartography Head Office (AGCHO). Afghanistan: Attacks on Health Care (January 01–December 31, 2020). https://reliefweb.int/sites/reliefweb.int/files/resources/afg-attacks_on_health_care_-_jan-dec-2020.pdf.
- 13 Health Cluster, Afghan Geodesy and Cartography Head Office (AGCHO). Afghanistan: Attacks on Health Care (January 01–December 31, 2020). https://reliefweb.int/sites/reliefweb.int/files/resources/afg-attacks_on_health_care_-_jan-dec-2020.pdf.
- 14 Health Cluster, Afghan Geodesy and Cartography Head Office (AGCHO). Afghanistan: Attacks on Health Care (January 01–December 31, 2020). https://reliefweb.int/sites/reliefweb.int/files/resources/afg-attacks_on_health_care_-_jan-dec-2020.pdf.
- 15 UNAMA. *Afghanistan: Protection of Civilians in Armed Conflict Annual Report 2020*. Page 35. https://unama.unmissions.org/sites/default/files/afghanistan_protection_of_civilians_report_2020_revs3.pdf.
- 16 Some incidents occurred in unspecified regions, and other regions may have also been affected.
- 17 This chart only shows the locations mentioned in the original source. Information on the location of 15 incidents is not available and therefore not included in the chart.
- 18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 1039.
- 19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 1125.
- 20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 1054.
- 21 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 511.
- 22 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 519.
- 23 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 1382.
- 24 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 771.
- 25 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 1123.
- 26 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 808.
- 27 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Afghanistan Data. Incident number 1362.

On May 30, 2020 in Sanmatenga province in the north-eastern Centre-Nord region of Burkina Faso, an aid convoy escorted by military police (gendarmes) was ambushed by an armed group after delivering food to internally displaced people in the area. At least ten people, including an ambulance driver and a nurse, were killed, and about 20 others were injured.²⁸

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2020 SHCC Health Care Burkina Faso Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 17 incidents of violence against or obstruction of health care in Burkina Faso in 2020, compared to 27 such incidents in 2019. Twenty-five health workers were killed and six hospitals were stormed in these incidents.

This factsheet is based on the dataset 2020 SHCC Health Care Burkina Faso Data, which is available for open-source access on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Burkina Faso has become one of the main areas affected by the instability that has swept the western Sahara region in the past decade as a result of the increased presence of Islamic militias.

Major militia groups, like the Islamic State in the Greater Sahara (ISGS), which is historically affiliated to the Islamic State and Al-Qaeda groups, and Jama'at Nusrat al Islam wal Muslimin (JNIM), a branch of Al-Qaeda in Mali, have taken advantage of the fragile state institutions and lack of border controls in some remote parts of Burkina Faso to expand their operations. Some eastern Burkinabé regions, especially Sahel region, are reported to be mostly in the control of Islamic groups.

Since 2019, the presence of armed groups operating in eastern Burkina Faso has led to a rise in violence and insecurity affecting health care workers and health infrastructure in the country's Sahel, Centre-Nord, and Est regions.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

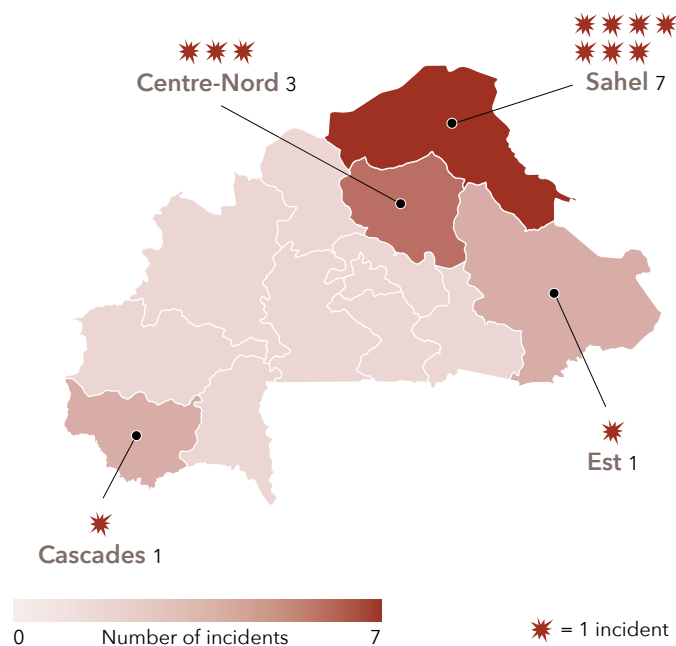
There was an overall decrease in documented incidents in Burkina Faso in 2020 compared to 2019. Incidents were at their highest in January, during which four health workers were killed and another kidnapped, while two hospitals were targeted and damaged.²⁹

Incidents were documented in four of Burkina Faso's 13 regions. The highest number of incidents occurred in the country's Sahel region, which borders Mali and Niger, and where various non-state armed groups are active.

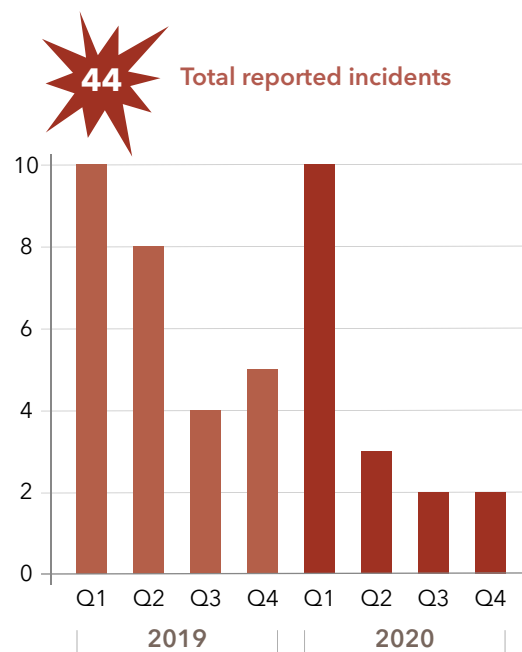
Health workers were killed in 41% of reported incidents. In a particularly deadly incident on February 5, unidentified perpetrators killed 18 health workers.³⁰

Road ambushes by armed groups were a common form of violence against health workers. These types of attacks were often carried out against Burkinabé health workers travelling to provide health care in remote areas of the country.

Known locations of reported incidents affecting health care in Burkina Faso in 2020, by region³¹



Reported incidents affecting health care in Burkina Faso in 2019 and 2020, by quarter

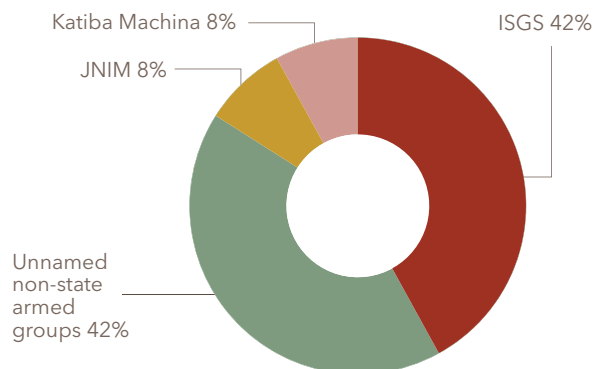


↓ Source: 2020 SHCC Health Care Burkina Faso Data

PERPETRATORS

The main perpetrators of violence against or obstruction of health care in Burkina Faso are unnamed and named non-state armed groups, including ISGS, JNIM and Katiba Macina militants (Katiba Macina is an affiliate group of JNIM). Reported information suggests the frequent use of firearms and arson in attacks.

Reported perpetrators³²



↓ **Source: 2020 SHCC Health Care Burkina Faso Data**

ISGS militants damaged health facilities and looted and vandalised a pharmacy.³³ Members of the group also killed a female nurse and a health worker. A motorbike belonging to a local medical center was seized by the group during an incident in which its fighters also set fire to a shop. While it is unclear what type of weapons were used, ISGS fighters frequently use firearms and arson in their attacks.³⁴

Unnamed non-state armed groups killed Burkinabé health workers in road ambushes and shootings, and kidnapped a nurse while he was travelling to a medical evacuation in Est region. The status of the kidnapped nurse is currently unknown.³⁵

JNIM militants ambushed an INGO vehicle and stole medicine in Sahel region.³⁶

Katiba Macina militants kidnapped a male nurse in the southern Cascades region. The nurse was later released.³⁷

28 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Burkina Faso Data. Incident number 570.

29 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Burkina Faso Data. Incident number 65.

30 This incident was reported by the WHO Surveillance System of Attacks on Healthcare (SSA). Further information, including the identity of the perpetrators, the weapons used and the location of the incident, is not available.

31 This chart only shows the locations mentioned in the original source. Information on the location of five incidents is not available and therefore not included in the chart.

32 This chart only shows the perpetrators who are named in the original source. Information on the perpetrators in five incidents is not available and therefore not included in the chart.

33 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Burkina Faso Data. Incident number 1055.

34 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Burkina Faso Data. Incident number 66.

35 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Burkina Faso Data. Incident number 255.

36 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Burkina Faso Data. Incident number 802.

37 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Burkina Faso Data. Incident number 44.

On February 15, 2020 Boko Haram fighters burned down the Mandoussa health center in Cameroon's Far North region during a night-time attack on the area, forcing fear-stricken locals to flee in large numbers. Houses and a school were set ablaze, three civilians were killed, one of them - a deaf man - was tied up and thrown into a fire, a young boy was kidnapped, and a woman had her breasts cut off by the attackers.³⁸



↓ Source: 2020 SHCC Health Care Cameroon Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 17 incidents of violence against or obstruction of health care in Cameroon in 2020, compared to eight such incidents in 2019. These incidents affected health facilities and health workers, forcing health facilities to close, and depriving communities in need of vital health services.

This factsheet is based on the dataset 2020 SHCC Health Care Cameroon Data, which is available for open-source access on the Humanitarian Data Exchange (HDX).

THE CONTEXT

The growing tensions between the francophone-led government and the anglophone population increasingly affected health care through an overall increase in insecurity and violence in Cameroon's Northwest and Southwest regions during 2020.

Boko Haram's increasing attacks on civilians affected health workers, clinics, and medical supplies in the Far North region.

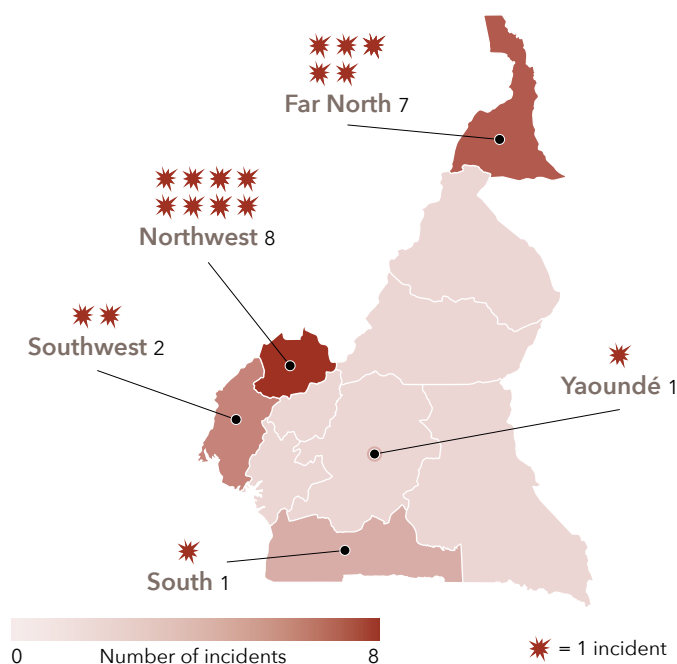
Political conflict in Yaoundé also impacted health workers.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

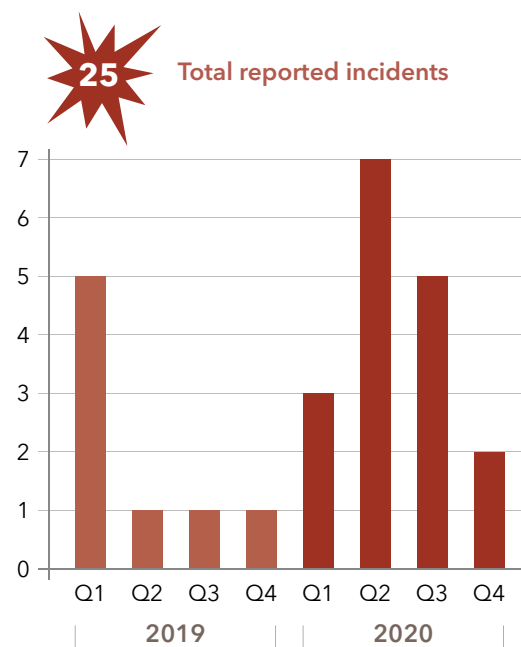
Incidents were most often reported in the anglophone Northwest and Southwest regions and in the Far North region bordering Nigeria's Borno state, which were destabilized by the presence of Boko Haram fighters.

Lockdowns imposed by separatists and security operations by state forces often prevented people from accessing hospitals for medical attention.

Known locations of reported incidents affecting health care in Cameroon in 2020, by region



Reported incidents affecting health care in Cameroon in 2019 and 2020, by quarter



Source: 2020 SHCC Health Care Cameroon Data

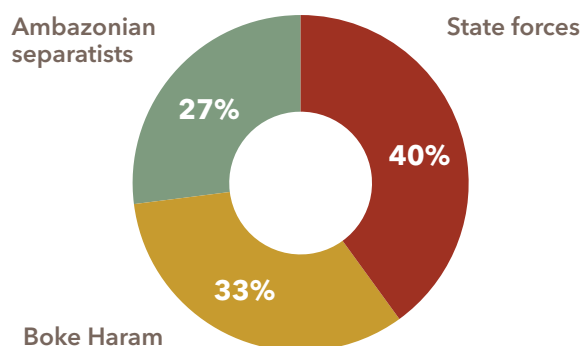
PERPETRATORS AND WEAPONS USE

The main perpetrators of violence against or obstruction of health care in Cameroon are Cameroonian security forces, Boko Haram, and anglophone Ambazonian separatists.

State forces charged five nurses with alleged secessionist activities in the Southwest region³⁹ and arrested nine COVID-19 response volunteers in what appear to be politically motivated incidents in separate incidents in the South region⁴⁰ and Yaoundé.⁴¹ State forces also stormed the Shisong Hospital in the Northwest region looking for suspected Ambazonian separatist, and threatened a nurse with violence for defending the hospital's policy of providing medical treatment to all people in need, without discrimination.⁴² Two weeks later, state military shootings around the same hospital premises forced patients to flee the hospital and run to their homes for safety.⁴³ Soldiers shot and killed a suspected Ambazonian separatist at the entrance of a private hospital in the Northwest region.⁴⁴

CAMEROON

Reported perpetrators



Reported weapons use⁴⁵



Source: 2020 SHCC Health Care Cameroon Data

Boko Haram militants burned and destroyed at least two health centers in Mayo-Sava, and another in Mayo-Tsanaga, Far North region.⁴⁶ The group also looted medicine and food supplies from health centers in Mayo-Sava in suspected targeted attacks intended to obtain treatment for sick fighters and their families.⁴⁷ These incidents affecting health care are largely part of attacks on civilians, mostly using machetes and arson. Civilians are killed, women mutilated, children kidnapped, and schools and houses set ablaze in these attacks.

Suspected Ambazonian separatists burned supplies intended to prevent the spread of COVID-19 in the Northwest region.⁴⁸ The group also kidnapped seven staff members of the Cameroon Baptist Convention Health Services in the Northwest region and held them for two days.⁴⁹ They also allegedly kidnapped and killed a Cameroonian INGO community health worker in the Southwest region, accusing him of spying for the military. However, the separatist group has said that the health worker had been killed by “still-unidentified armed men” and announced a probe into the circumstances of the attack.⁵⁰

38 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Cameroon Data. Incident number 124.

39 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 699.

40 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 541.

41 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 476.

42 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 700.

43 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 742.

44 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 134.

45 This chart only shows the weapons mentioned in the original source. Information on the weapons used in five incidents is not available and therefore not included in the chart.

46 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 859.

47 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 840.

48 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 489.

49 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 571.

50 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 Cameroon Data. Incident number 714.

CENTRAL AFRICAN REPUBLIC (CAR)

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2020 SHCC Health Care CAR Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified eight incidents of violence against or obstruction of health care in the CAR in 2020, compared to 13 such incidents in 2019. Seven health workers were killed and health supplies were looted from hospitals at least four times.

This factsheet is based on the dataset 2020 SHCC Health Care CAR Data, which is available on the Humanitarian Data Exchange (HDX).

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN THE CAR IN 2020

Incidents were reported in five of the CAR's 16 prefectures and the capital, Bangui. They were most frequent in Nana-Grébizi prefecture, which has a history of violence and insecurity.

Armed robberies at INGO compounds in Nana-Grébizi carried out by armed groups were a common form of violence against health workers. These types of attacks often targeted aid volunteer organizations and health INGOs.

Ex-Seleka Union of Congolese Patriots (UPC) militiamen kidnapped seven health workers who were travelling in Haut-Mbomou prefecture as part of a measles vaccination campaign in August 2020.⁵¹ UPC leaders claimed that the health workers had been detained after attempting to enter the UPC-controlled area without a permit from the group.

⁵¹ Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care CAR Data. Incident number 791.

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

At 2:30 AM on February 1, 2021 armed men broke into a hospital providing Ebola treatment in Mambasa territory, Ituri province. Soldiers of the Armed Forces of the DRC (FARDC) guarding the health facility were unable to prevent militants from entering the hospital. The armed men looted four vehicles from the hospital courtyard before trying to break into the wards by breaking the windows. The intervention of UN peacekeepers forced them to flee before they could enter the patients' area.⁵²

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



 Source: 2020 SHCC Health Care DRC Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 81 incidents of violence against or obstruction of health care in the DRC in 2020, compared to 434 such incidents in 2019. In these incidents, health facilities were damaged and destroyed, and health workers were killed and injured. The decrease from 2019 was likely attributable to the end of the tenth Ebola outbreak in eastern DRC, which had been marred by extensive violence against responders. Violence by conflict parties continued at high levels, however.

This factsheet is based on the dataset 2020 SHCC Health Care DRC Data, which is available on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Ongoing armed conflict between government forces and armed groups in the DRC's north-eastern Kivu and Ituri provinces continued to cause insecurity for health workers and organizations operating in the region.

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

Ebola-related mistrust among local communities, based on misinformation and rumours spread person-to-person and online, affected both the safety of health workers and the progress of Ebola treatment and prevention in north-eastern DRC in 2020.

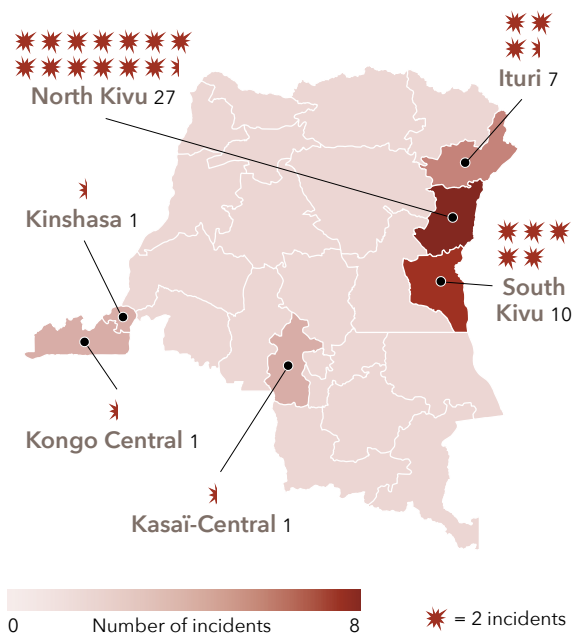
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

As the tenth Ebola outbreak was gradually brought under control and declared over by June 2020, the number of reported acts of violence against health providers fell to levels similar to those observed before the outbreak.

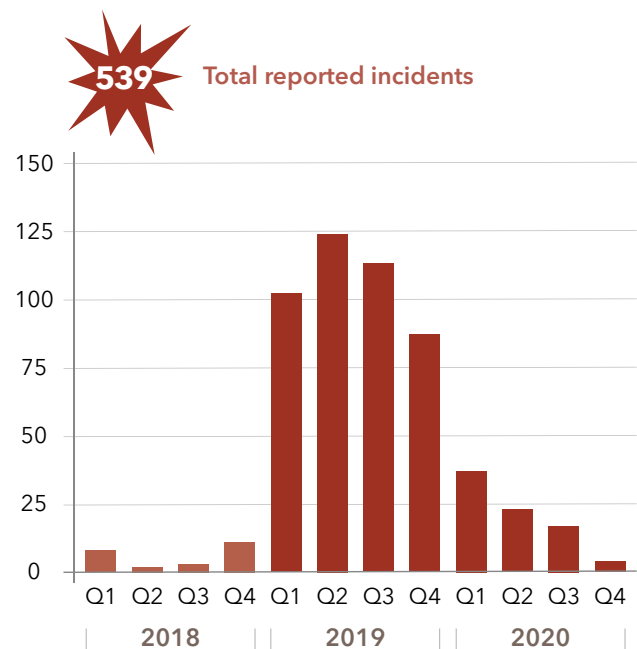
In 2020, incidents were documented in six of the DRC's 25 provinces. The highest numbers were recorded in North and South Kivu and Ituri provinces, all of which are plagued by protracted conflicts. Congolese health workers, hospitals, and clinics were frequently targeted in these areas. INGOs were also targeted, but less often. While much less frequent, acts of violence against health providers were also reported in Kinshasa, Kongo Central, and Kasai-Central provinces.

Ebola operations in the Kivus and Ituri were affected by violence, but not to the same extent as in 2019 during the height of the disease outbreak and response. Ebola-related violence briefly spiked again in April after new Ebola cases were identified a few days before the pandemic was expected to be declared over. Few incidents of threats and violence were reported during the 11th Ebola outbreak, which lasted from June to November 2020 in Equateur province.

Known locations of reported incidents affecting health care in the DRC in 2020, by province⁵³



Reported incidents affecting health care in the DRC in 2018, 2019 and 2020, by quarter

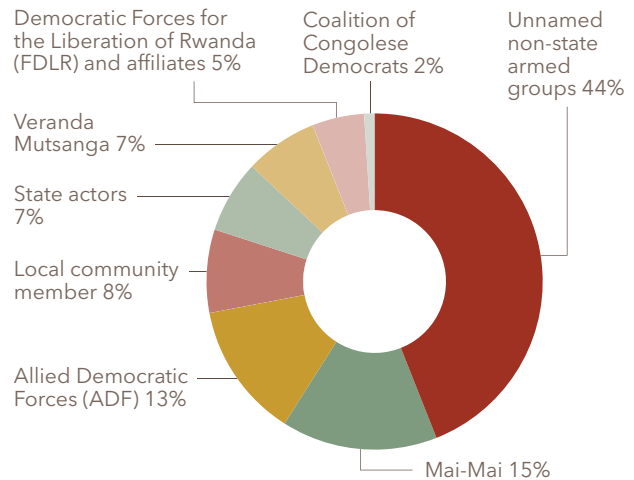


Source: 2020 SHCC Health Care DRC Data

PERPETRATORS

Unnamed and named non-state armed groups were the most frequent perpetrators of violence against health care in the DRC. Identified groups included Mai-Mai militias, the Allied Democratic Forces, and local vigilante groups.

Reported perpetrators⁵⁴



Source: 2020 SHCC Health Care DRC Data

Unnamed non-state armed groups kidnapped and killed health workers in North Kivu, South Kivu, and Ituri provinces. These armed groups also forcefully entered primary health centers, damaging equipment and infrastructure, and looting medical supplies.^{55,56,57}

Fourteen men armed with bladed weapons broke into the Revolution Health and Maternity Center in Kinshasa and raped at least two nurses and an unknown number of patients. The group also stole money and blood supplies, and robbed several patients.⁵⁸

In Kasai-Central province, a group of at least 11 COVID-19 responders were attacked and wounded by armed men.⁵⁹

Mai-Mai militia reportedly carried out a number of violent acts on health infrastructure across north-eastern DRC. In Ituri, Mai-Mai gunmen broke into a local hospital and ransacked a number of Ebola response vehicles.⁶⁰ In North Kivu, Mai-Mai militants attacked two health clinics and damaged and destroyed equipment.⁶¹ In South Kivu, Mai-Mai Reunion militants robbed an INGO vehicle and destroyed equipment.⁶²

Allied Democratic Forces (ADF) militia, sometimes armed with machetes, killed four INGO health workers in Ituri province and set fire to health centers and a pharmacy in North Kivu province. Some attacks were carried out against civilians and villages in the context of an escalating conflict between the Congolese army - the FARDC - and the armed group.⁶³

Local community members attacked Ebola response teams with machetes on at least two occasions in Ituri and North Kivu provinces, seriously injuring two health workers.⁶⁴ A former Ebola treatment center in North Kivu was set on fire by local community members in protest at plans to use it for COVID-19 patients.⁶⁵

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

State actors, including **FARDC soldiers**, stormed a local health center in North Kivu province looking for injured rebels, and attacked a nurse and a patient.⁶⁶

Congolese National Police dispersed protests by health workers, using tear gas in Kongo Central and rubber bullets in South Kivu, injuring a doctor.⁶⁷

Veranda Mutsanga, a vigilante group based around Beni, North Kivu, vandalised and ransacked Ebola treatment centers in Beni. The incidents were sparked by a resurgence in Ebola cases in the region.⁶⁸

Members of the **Democratic Forces for the Liberation of Rwanda (FDLR) and affiliates** kidnapped nurses in North Kivu.⁶⁹ In one incident, a USD 1,200 ransom was demanded for the release of a male nurse.⁷⁰

Insecurity in Djugu town, Ituri province, linked to Coalition of Congolese Democrats activities, forced the Jiba Hospital to temporarily shut its doors.⁷¹



TENTH EBOLA RESPONSE IN THE DRC

Between August 2018 and June 2020 Insecurity Insight monitored reported attacks on health care throughout the response. Take a look at this [overview analysis](#) of these attacks and the [recommendations](#) that were developed following this analysis.

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- 52 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 82.
- 53 This chart only shows the locations mentioned in the original source. Information on the location of 34 incidents is not available and therefore not included in the chart.
- 54 This chart only shows the perpetrators who are named in the original source. Information on the perpetrators in 41 incidents is not available and therefore not included in the chart.
- 55 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 304.
- 56 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 338.
- 57 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 469.
- 58 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 843.
- 59 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 1359.
- 60 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 82.
- 61 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 17.
- 62 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 855.
- 63 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 719.
- 64 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 28.
- 65 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 469.
- 66 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 549.
- 67 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 735.
- 68 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 335.
- 69 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 67.
- 70 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 1374.
- 71 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care DRC Data. Incident number 490.

On March 12, 2020 a doctor and paramedic were killed as they were travelling on the coastal road in Al Mugrub district, Tripolitania region, in an attack by the Tarhouna-based Al-Kani militias of the Libyan National Army (LNA) forces. Two other doctors were also injured. The group were on their way to a meeting at the Ministry of Justice to discuss preventive measures against COVID-19 for rehabilitation institutions.⁷²



↓ Source: 2020 SHCC Health Care Libya Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 77 incidents of violence against or obstruction of health care in Libya in 2020, compared to 73 such incidents in 2019. Those responsible for these incidents damaged or destroyed health facilities, and killed and injured health workers, forcing health facilities to close, with potentially devastating consequences for an effective COVID-19 response.

This factsheet is based on the dataset 2020 SHCC Health Care Libya Data, which is available for open-source access on the Humanitarian Data Exchange (HDX).

THE CONTEXT

In 2020, health workers and hospitals were affected by ongoing conflict between the UN-backed and internationally recognized Government of National Accord (GNA), and LNA forces in Tripoli and the surrounding areas, and Misrata.

Health workers and hospitals were also subject to violent attacks by armed militias in Benghazi and the Tripolitania region.

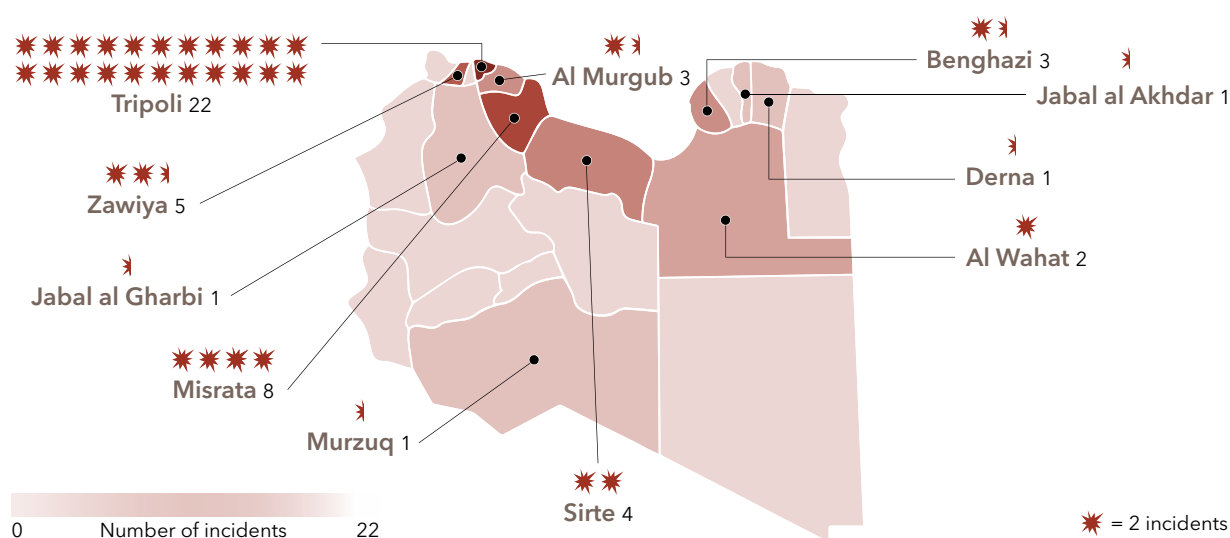
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

Violence against health care rose significantly in April 2020, with hospitals being damaged at least seven times, while approximately 30 of them were forced to close during renewed hostilities and violence between warring parties in western Libya. The violence followed a short-lived pause in fighting in response to UN Secretary-General António Guterres' call on March 23, 2020 for a global ceasefire amid the COVID-19 crisis.

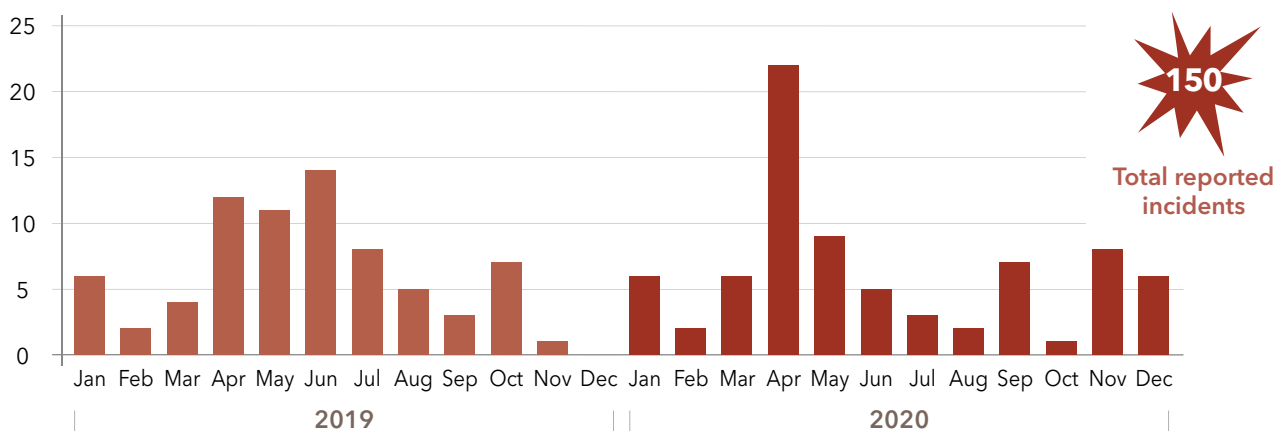
Incidents declined from October 2020, and the latest UN-brokered official ceasefire was agreed on October 23.

Violence against health care was most frequently reported in Tripoli, surrounding districts in the western Tripolitania region, and Misrata.

Known locations of reported incidents in Libya in 2020, by district⁷³



Reported incidents affecting health care in Libya in 2019 and 2020, by month

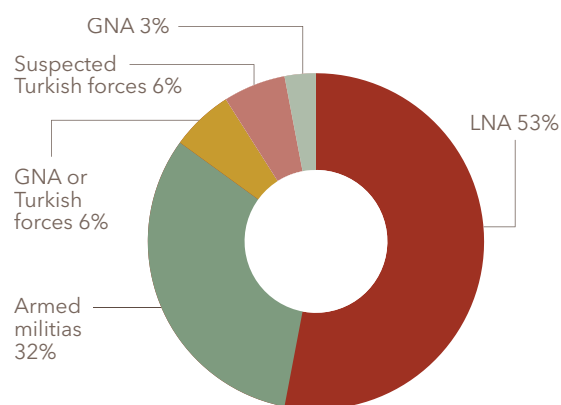


↓ Source: 2020 SHCC Health Care Libya

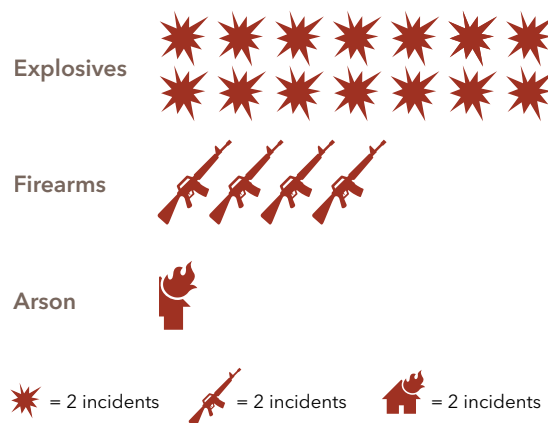
PERPETRATORS AND WEAPONS USE

The main perpetrators of violence against or obstruction of health care in Libya were LNA forces, armed militias, and GNA and Turkish forces.

Reported perpetrators⁷⁴



Reported weapons use⁷⁵



Source: 2020 SHCC Health Care Libya Data

Aerial bombing, artillery shelling, and rocket attacks carried out by the **LNA** in the Tripolitania region damaged 11 hospitals, injured 11 health workers providing care to patients in these hospitals, and killed four health workers while they were travelling to and from health facilities.^{76,77,78,79} LNA fighters also abducted health workers in the Tripolitania region. One abducted health worker was killed while in captivity.⁸⁰

Armed militias stormed health centers and emergency units in the Tripolitania region and Benghazi, damaging equipment and assaulting health workers.⁸¹ Several hospitals were forced to temporarily close as a result.^{82,83,84,85} Armed militias abducted a surgery professor outside his home, while four health workers were missing and were reportedly being held by one of the armed groups in the area.^{86,87,88}

Air and drone strikes by **GNA forces or suspected Turkish forces** in the Tripolitania region during April and May damaged several ambulances and hit a building containing a COVID-19 medical team, and an aircraft carrying COVID-19-related medical assistance to several western Libyan cities.^{89,90,91}

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- 72 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 179.
- 73 This chart only shows the locations mentioned in the original source. Information on the location of 25 incidents is not available and therefore not included in the chart.
- 74 This chart only shows the perpetrators who are named in the original source. Information on the perpetrators in 32 incidents is not available and therefore not included in the chart.
- 75 This chart only shows the weapons mentioned in the original source. Information on the weapons used in 27 incidents is not available and therefore not included in the chart.
- 76 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 59.
- 77 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 310.
- 78 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 365.
- 79 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 493.
- 80 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 84.
- 81 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 366.
- 82 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 308.
- 83 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 309.
- 84 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 311.
- 85 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 312.
- 86 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data.. Incident number 389.
- 87 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 844.
- 88 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 1345.
- 89 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 297.
- 90 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 266.
- 91 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Libya Data. Incident number 1193.

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



11

REPORTED INCIDENTS



4

HEALTH TRANSPORT DESTROYED OR DAMAGED



Source: 2020 SHCC Health Care Mali Data

OVERVIEW

The SHCC identified 11 incidents of violence against or obstruction of health care in Mali in 2020, compared to 28 such incidents in 2019. At least four ambulances were damaged in these incidents.

This factsheet is based on the dataset 2020 SHCC Health Care Mali Data, which is available on the Humanitarian Data Exchange (HDX).

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN MALI IN 2020

Incidents were reported in Gao and Mopti regions, which have both experienced violence and insecurity.

A common form of violence against health providers involved ambulances being shot at and damaged by armed groups. These types of attacks often targeted ambulances of aid volunteer organizations and local health care providers.

A health INGO team traveling in two rental vehicles was robbed by armed men in the Mopti region in June 2020. The robbers released the female team members before making off with one male health worker, the drivers, and the two cars.⁹²

⁹² Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mali Data. Incident number 649.

On Saturday, November 21, 2020 at about 5 a.m., a doctor from the Mexican Institute of Social Security (IMSS) in Zacatepec town, Morelos state, was shot and killed. His body was burned inside his truck, which was parked in the hospital's parking lot. The perpetrators reportedly threw Molotov cocktails at the truck until it caught fire, with the body of the doctor inside. The doctor had just finished a night shift when he was murdered.⁹³



↓ Source: 2020 SHCC Health Care Mexico Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 16 incidents of violence against or obstruction of health care in Mexico in 2020. Health workers were killed and health facilities raided in these incidents. Mexico also saw some of the highest numbers of COVID-19-related violence against health care, but these events are not included in this discussion.

This factsheet is based on the dataset [2020 SHCC Health Care Mexico Data](#), which is available on the Humanitarian Data Exchange (HDX).

THE CONTEXT

The proliferation in Mexico of criminal organizations that display increasingly aggressive behaviour is spreading across the whole country. The increasing spread of such violence, in particular in the Guerrero region, appears to be linked to the fragmentation of criminal groups that followed the breakup of the large crime cartels resulting from law enforcement agency operations.^{94,95} Since then, organized crime in the state has spread geographically, broadening its range of activities and becoming more dangerous to locals.

Above all, individuals are victims of extortion or targets of suspicion for helping competitors. This violence has also affected health workers.

CONFLICT IN MEXICO

SHCC refers to the Uppsala Conflict Data Program (UCDP)⁹⁶ to determine if a country is considered to have experienced conflict. The UCDP distinguishes among three different categories of conflict: armed conflict, non-state conflict, and one-sided violence. Mexico's violence falls into the category of **non-state conflict**, which the UCDP defines as "the use of armed force between two organised armed groups, neither of which is the government of a state, which results in at least 25 battle-related deaths in a year".⁹⁷

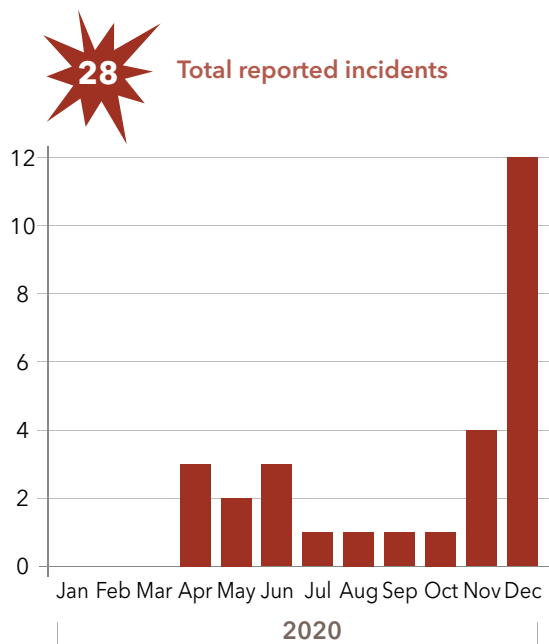
In 2020, the UCDP counted 14 different non-state conflicts in Mexico, three more than in 2019. Each conflict conformed with the UCDP definition given above. Some cartels, like the Jalisco Cartel New Generation, were embroiled in conflicts with seven other groups, which resulted in thousands of deaths from each individual conflict.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

Known locations of reported incidents in Mexico in 2020, by state⁹⁸



Reported incidents affecting health care in Mexico in 2020, by month



Source: 2020 SHCC Health Care Mexico Data

Incidents were documented in nine of Mexico's 31 states. Guerrero state – one of the areas frequently affected by increasingly violent conflicts between organised criminal groups – saw the most attacks of any states.

In 2020, health workers working for national health providers bore the burden of the negative impact of violence against or obstruction of health care in Mexico. Nearly half of the reported incidents involved doctors, nurses, and paramedics being shot and killed. In some cases, their bodies were left by the roadside. The bodies of three health workers were discovered in Guerrero, Morelos, and Veracruz states in June 2020.⁹⁹

Both female and male health workers were affected by violence.

FEMALE AND MALE HEALTH WORKERS REPORTEDLY KILLED IN MEXICO IN 2020

Seven health workers were reportedly killed in Mexico in 2020. Exceptionally, the sex of all health workers was mentioned in the relevant reports, but from the available information no clear patterns of gender difference could be discerned, partly because of the diversity of roles within the gender groups and the small sample. **More sex-disaggregated data on non-lethal attacks may help in the future to ascertain how violence is influenced by gender.**

Three women, including a paramedic, a hospital director, and a third unknown victim were killed in drive-by shootings in Guerrero and Veracruz states.^{100,101} The fourth female health worker, who was transgender, was killed in unclear circumstances, and her body was found on the side of a highway.¹⁰²

The body of a male health worker who worked at a maternity center was found inside a water tank in Chiapas state,¹⁰³ while in Morelos state, the body of a male doctor was found inside his burned-out car. It is unclear if this doctor was killed first, since bullets and empty cartridges were found near the vehicle, and the perpetrators set the car alight with Molotov cocktails only after shooting him, or if he was killed when the perpetrators set fire to the vehicle. The third victim was a male naval health sector worker from Guerrero state who was killed and his body found on the side of the road.¹⁰⁴

Perpetrators stormed hospitals and killed patients in suspected targeted attacks in Guerrero, Sonora, and Veracruz states. It is unclear if the victims were members of rival gangs or if they were killed in order to silence them.

In one incident in May 2020 in Mexico City's Tacubays district, 14 health workers were victims of a "virtual kidnapping" inside two hotels by criminal gangs who demanded money from their families. The health workers, who had come to respond to COVID-19 cases, were threatened via phone or video calls. The callers claimed they had control of the hotel's surveillance cameras and threatened the victims with violence if they tried to leave. The health workers were rescued on May 19 by police who were searching for another kidnapping victim.¹⁰⁵

PERPETRATORS AND WEAPONS USE

The main perpetrators of violence against or obstruction of health care in Mexico in 2020 were unnamed non-state groups armed with firearms. The affiliations of these perpetrators were rarely clear. They included both suspected gang and vigilante group members.



- 93 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mexico Data. Incident number 1145.
- 94 <http://www.borderlandbeat.com/2020/02/the-fragmentation-of-drug-cartels.html>.
- 95 <https://www.cfr.org/background/mexicos-long-war-drugs-crime-and-cartels>.
- 96 Department of Peace and Conflict Research, Uppsala University. Uppsala Conflict Data Program. <https://ucdp.uu.se/>. Accessed 6 April 2021.
- 97 Department of Peace and Conflict Research, Uppsala University. UCDP Definitions. <https://www.pcr.uu.se/research/ucdp/definitions/>.
- 98 This chart only shows the locations mentioned in the original source. Information on the location of one incident is not available and therefore not included in the chart.
- 99 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mexico Data. Incident number 663.
- 100 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mexico Data. Incident number 663.
- 101 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mexico Data. Incident number 750.
- 102 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mexico Data. Incident number 645.
- 103 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mexico Data. Incident number 856.
- 104 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mexico Data. Incident number 651.
- 105 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mexico Data. Incident number 524.

In the early morning of May 28, 2020, between 120 and 150 jihadist fighters raided Macomia village in Cabo Delgado province. An INGO staff member describes the experience: “We were at least a thousand people - men, women, the elderly, children, the sick and their caregivers - all running away from the sounds of shooting. It was like the end of the world.” The Macomia health center was looted and set on fire. Government buildings were also specifically targeted and the Islamic State flag was hoisted in the town center. An INGO suspended its activities in the region due to the vandalization of the health center.¹⁰⁶



↓ Source: 2020 SHCC Health Care Mozambique Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 14 incidents of violence against or obstruction of health care in Mozambique in 2020, compared to three such incidents in 2019. Health facilities were damaged or destroyed and health workers were injured in these incidents.

This factsheet is based on the dataset [2020 SHCC Health Care Mozambique Data](#), which is available for open-source access on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Violence against civilians, particularly in Cabo Delgado province, where fighting between the Mozambique armed forces and Islamist militants has increased in recent years, is adversely affecting health workers and health facilities.

In central Mozambique, Resistência Nacional Moçambicana (RENAMO) militants who had rejected the peace deal with the government signed in August 2019 inflicted violence on health workers.

MOZAMBIQUE

Humanitarian access has decreased in violence-affected areas and aid agencies have been forced to suspend their activities due to indiscriminate violence and widespread insecurity.

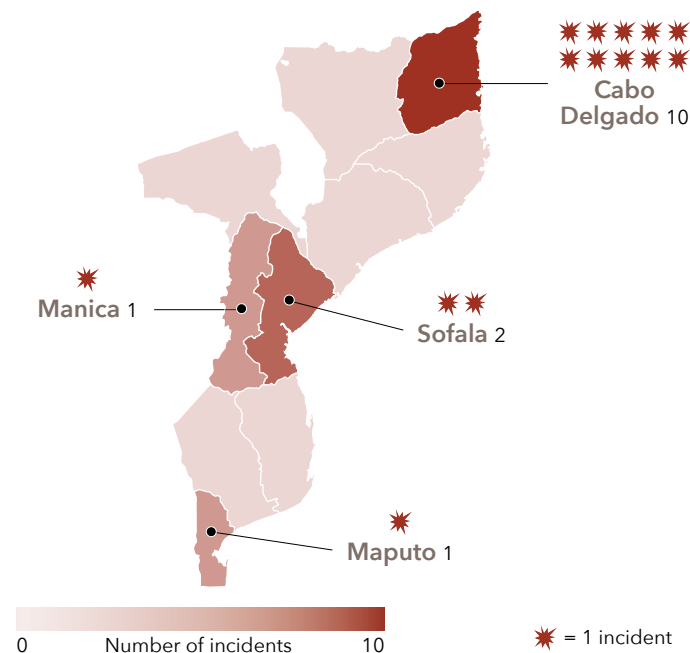
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

The number of incidents documented in Mozambique in 2020 is much higher than in 2019. Incidents peaked in the first six months of 2020 and were driven by increasing attacks and raids on villages in Cabo Delgado province by armed groups, during which health facilities were set on fire and damaged. Civilians were attacked, kidnapped, and killed, and houses, shops, and other public administrative buildings were burned down during these raids.

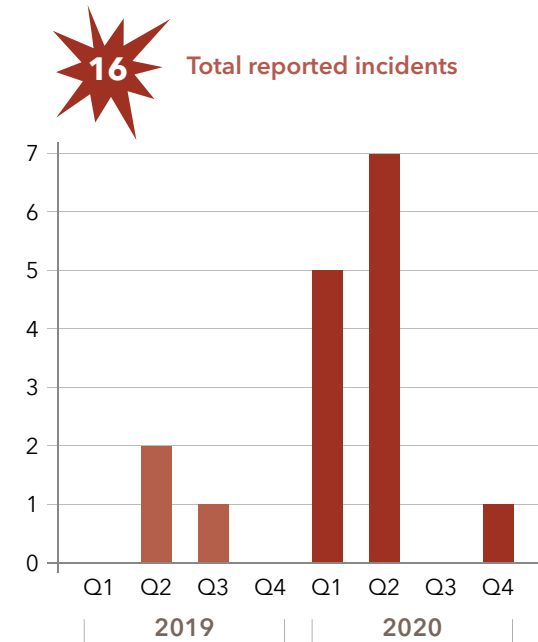
Incidents were documented in four of Mozambique's ten provinces (excluding the capital). Cabo Delgado province – where there is a growing armed presence of both militants and national armed forces – saw the most attacks of any province.

In two incidents more than one health center was damaged. Both incidents occurred in Cabo Delgado.

Known locations of reported incidents affecting health care in Mozambique in 2020, by province



Known locations of reported incidents in Mozambique in 2019 and 2020, by quarter

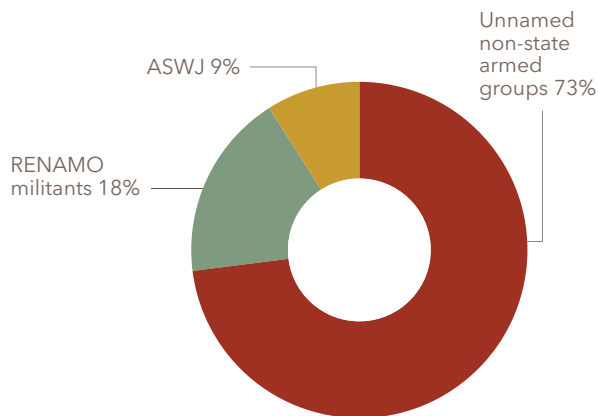


↓ Source: 2020 SHCC Health Care Mozambique Data

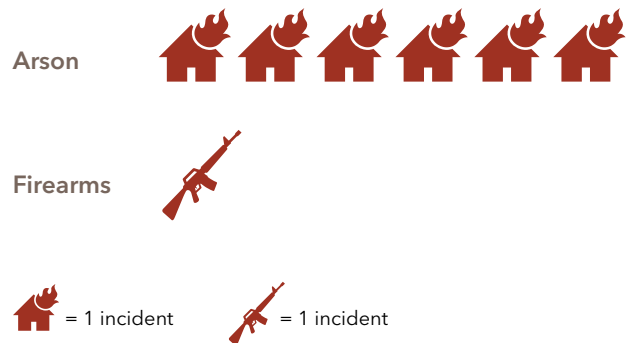
PERPETRATORS AND WEAPONS USE

The main perpetrators of violence against or obstruction of health care in Mozambique are unnamed and named non-state armed groups, including Ahlu Sunna Wal Jamaa (ASWJ) and RENAMO.

Reported perpetrators¹⁰⁷



Reported weapons use¹⁰⁸



↓ Source: 2020 SHCC Health Care Mozambique Data

Unnamed non-state armed groups attacked hospitals, set others on fire and ambushed ambulances.¹⁰⁹ In two incidents medicines, money, and mobile phones belonging to health care workers and patients were stolen from health centers.¹¹⁰ In addition, in May in the capital, Maputo, a female health worker was robbed, raped, and murdered after leaving work late at night.¹¹¹

RENAMO militants in central Mozambique stormed, looted, and burned down a health center and are suspected to be behind the ambushing of a health vehicle that left three health workers injured and the vehicle's windows shattered.¹¹²

ASWJ militants set three health centers on fire during attacks on several villages in Cabo Delgado province, causing widespread destruction to houses, commercial buildings, and schools.^{113,114}

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- 106 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mozambique Data. Incident number 565.
- 107 This chart only shows the perpetrators who are named in the original source. Information on the perpetrators in three incidents is not available and therefore not included in the chart.
- 108 This chart only shows the weapons mentioned in the original source. Information on the weapons used in four incidents is not available and therefore not included in the chart.
- 109 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mozambique Data. Incident number 72.
- 110 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mozambique Data. Incident number 49.
- 111 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mozambique Data. Incident number 574.
- 112 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mozambique Data. Incident number 118.
- 113 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mozambique Data. Incident number 117.
- 114 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Mozambique Data. Incident number 1398.

On March 13, 2020 soldiers of the Myanmar National Armed Forces (known as the Tatmadaw) attacked the Tainnyo Hospital in Mrauk-U township, Rakhine state, as part of a wider operation targeting several villages. A bullet fired by a Tatmadaw soldier hit a patient inside the hospital. Following the incident, the hospital was temporarily closed and all staff evacuated.¹¹⁵

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ [2020 SHCC Health Care Myanmar Data](#)

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 17 incidents of violence against or obstruction of health care in Myanmar in 2020, compared to one such incident in [2019](#). These incidents involved the damaging or destruction of seven health facilities, and the kidnapping, killing, or injuring of six health workers.

This factsheet is based on the dataset [2020 SHCC Health Care Myanmar Data](#), which is available on the Humanitarian Data Exchange (HDX).

THE CONTEXT

The internal conflict between the Tatmadaw and several ethnic armed groups has plagued Myanmar for decades. This adversely affected health care in several parts of the country in 2020.

In May, the non-state armed group known as the Arakan army, and allied rebel groups extended a unilateral ceasefire. Due to COVID-19, the Tatmadaw also declared a unilateral ceasefire across the country until the end of August, except in areas in northern Rakhine and Chin states. Despite these initial declarations of ceasefires, violence continued.

Authorities restricted access to health care for the Rohingya minority in Rakhine state, and Rohingyas were denied permission to be treated at certain hospitals. This is an ongoing human rights violation.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

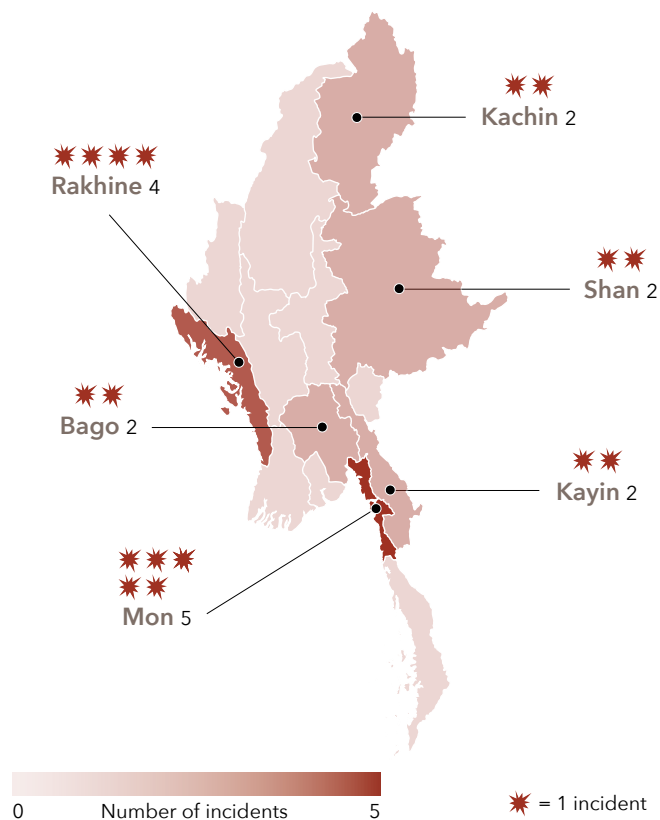
The number of incidents documented in Myanmar in 2020 was much higher than in 2019. They included reported targeted violence against COVID-19 health measures put in place by ethnically based opposition groups during the early months of the pandemic. Tatmadaw soldiers vandalised and forcefully shut down COVID-19 screening posts and quarantine centers. They also threatened health workers associated with any of the ethnic opposition parties while they were carrying out COVID-19 awareness-raising activities.¹¹⁶ In April 2020, a marked WHO vehicle transporting swab samples came under gunfire, and the driver was killed. Neither the Arakan army nor the Tatmadaw claimed or acknowledged responsibility.¹¹⁷



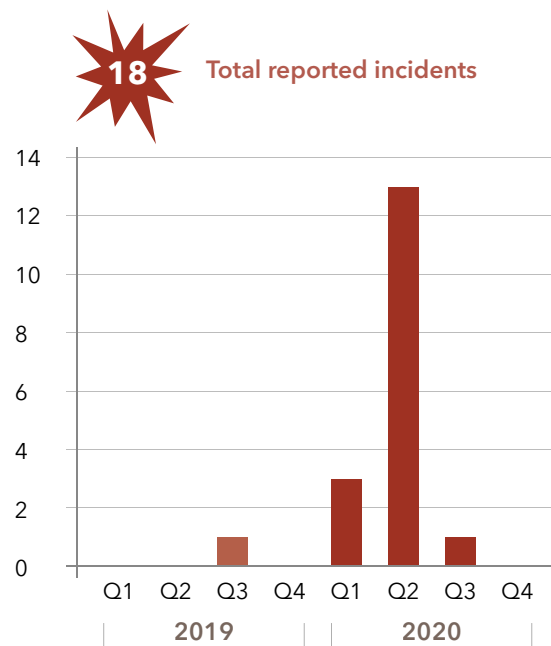
MYANMAR

Incidents were documented in eight of Myanmar's 15 regions and states. They were most frequent in Mon state and in western Myanmar, particularly in the northern parts of Rakhine state bordering Bangladesh.

Known locations of reported incidents affecting health care in Myanmar in 2020, by region and state



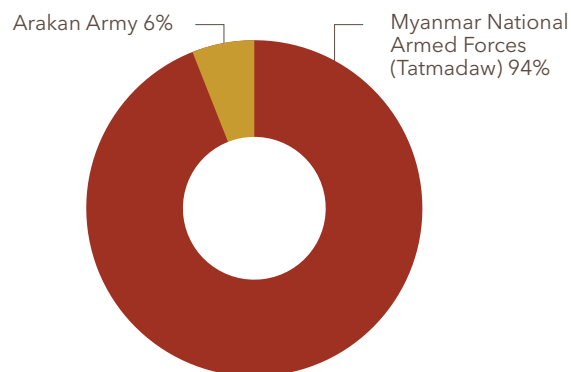
Reported incidents affecting health care in Myanmar in 2019 and 2020, by quarter



PERPETRATORS AND WEAPONS USE

The Tatmadaw was named as the most frequent perpetrator of violence against health care, while the Arakan army was also identified as a perpetrator.

Reported perpetrators¹¹⁸



↓ 2020 SHCC Health Care Myanmar Data

The **Tatmadaw** tried to prevent COVID-19 awareness efforts undertaken by ethnic political opposition parties in Bago, Kachin, Kayin, Mon, Rakhine, and Shan states. It destroyed multiple COVID-19 screening posts provided by the Karen National Union, Restoration Council of Shan State, and Kachin Independence Organization.^{119,120,121}

The Tatmadaw also attacked a hospital during a wider operation targeting several villages in Rakhine in March 2020. A bullet fired by a soldier hit a patient inside the hospital. Following the incident, the hospital was temporarily closed and all staff evacuated.¹²²

The **Arakan army** kidnapped a health worker and his assistant, wife, and child. It is unclear if they are still held captive.¹²³

VIOLENCE AGAINST HEALTH CARE IN MYANMAR BETWEEN FEBRUARY 11 AND APRIL 12, 2021

Mass Civil Disobedience Movement (CDM) protests have taken place across Myanmar after the Myanmar armed forces seized control of the country on February 1, 2021 following a general election that the National League for Democracy party won by a landslide.

The military declared a state of emergency to last for at least a year, and numerous countries have condemned the takeover and subsequent violent crackdown on protesters. The violence has impacted health workers, hospitals, and ambulances.

The report '**Violence Against Health Care in Myanmar**' highlights reported incidents of violence against health workers, facilities, and transport in Myanmar between February 11 and April 12, 2021. Health workers were arrested, injured, and killed, and hospitals raided and occupied by Tatmadaw soldiers or associated police forces.

The report is the result of collaboration between **Insecurity Insight** and **Physicians for Human Rights (PHR)** and **Johns Hopkins Center for Public Health and Human Rights (CPHHR)** as part of the **Safeguarding Health in Conflict Coalition (SHCC)**. Read the full report [here](#). Download the [dataset](#).

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- 115 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Myanmar Data. Incident number 182.
 - 116 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Myanmar Data. Incident number 1402.
 - 117 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Myanmar Data. Incident number 1401.
 - 118 This chart only shows the perpetrators who are named in the original source. Information on the perpetrator in one incident is not available and therefore not included in the chart.
 - 119 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Myanmar Data. Incident number 1403.
 - 120 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Myanmar Data. Incident number 303.
 - 121 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Myanmar Data. Incident number 654.
 - 122 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Myanmar Data. Incident number 182.
 - 123 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Myanmar Data. Incident number 504.

Between 1 and 2 p.m. on October 28, 2020 an Azerbaijani unguided artillery rocket damaged the new maternity ward of the Republican Medical Center in Stepanakert, which had yet to open. In the attack, four stories of windows were blown out and pieces fell from the ceiling. The strike also damaged the adjacent medical center that was treating COVID-19 patients. Azerbaijani authorities denied responsibility and in turn accused Armenia of launching a rocket strike on Barda town that killed more than 20 civilians and wounded over 70. Armenia rejected these accusations.¹²⁴



↓ Source: [2020 SHCC Health Care Nagorno-Karabakh Data](#)

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 13 incidents of violence against or obstruction of health care in the Nagorno-Karabakh region in 2020. In these incidents health facilities were damaged and health workers killed and injured.

This factsheet is based on the dataset [2020 SHCC Health Care Nagorno-Karabakh Data](#), which is available on the Humanitarian Data Exchange (HDX).

THE CONTEXT

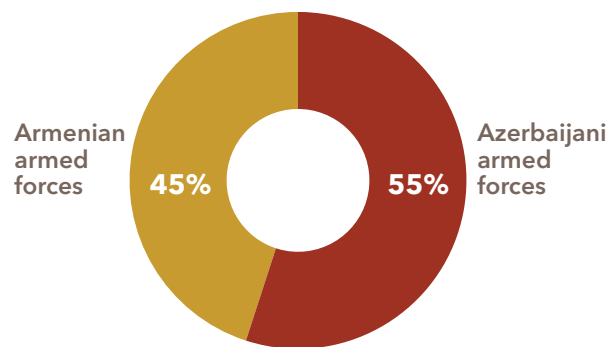
On September 28 Azerbaijan began air and ground attacks across the disputed Armenian-controlled enclave of Nagorno-Karabakh. Fighting continued until November 9, when a peace deal involving Armenia, Azerbaijan, and the Russian Federation to end the military conflict was brokered by the OSCE Minsk Group.

During the six-week conflict, hospitals were damaged and health workers killed and injured. Both sides in the conflict were accused of using banned cluster bombs.

PERPETRATORS AND WEAPONS USE

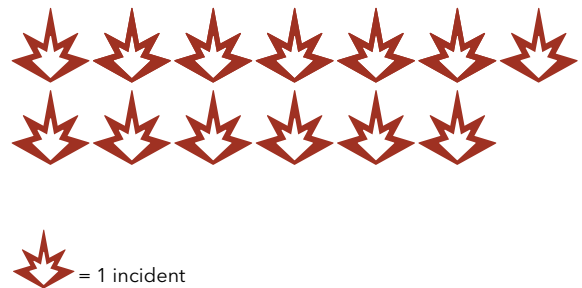
Armenian and Azerbaijani armed forces using aerial bombing, missiles, and shelling were both named as perpetrators of violence against or obstruction of health care in Nagorno-Karabakh.

Reported conflict parties responsible for violence against health care¹²⁵



Reported weapons use

Aerial bombing, missiles and shelling



↓ Source: **2020 SHCC Health Care Nagorno-Karabakh Data**

Azerbaijani armed forces fired missiles from Grad multiple rocket launchers and used cluster munitions during the conflict, damaging at least four hospitals, including two in Martakert and two in Stepanakert.^{126,127,128,129} An ambulance transporting wounded people was also damaged on October 11.¹³⁰

Martakert Public Hospital was hit on multiple occasions beginning on September 27, after which staff moved all 39 patients, including children and mothers with new-born babies, to the basement.¹³¹ The hospital sustained significant damage on November 9, when shelling in the area was particularly heavy.¹³²

Armenian armed forces fired rockets that damaged at least four medical centers in Barda town and Agdam, Fuzuli, and Tartar districts. They killed a male Azerbaijan Red Crescent Society volunteer, and on October 28 injured two female volunteers in Barda town who were identifying the needs of people living in a temporary shelter.¹³³ Azerbaijani forces disguised in Armenian military uniforms shot and killed a male military doctor and injured an ambulance driver in Kalbajar district on September 28.¹³⁴

Unidentified perpetrators

On 28 September artillery shell fragments hit an ambulance in Tartar city, cutting off the driver's leg and killing a civilian.¹³⁵ The Health Center for Women and Children in Stepanakert city was hit by an airstrike during an attack in October. Several windows were broken and buildings damaged.¹³⁶

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- 124 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 962; 963.
 - 125 This chart only shows the perpetrators who are named in the original source. Information on the perpetrators in two incidents is not available and therefore not included in the chart.
 - 126 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 961.
 - 127 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 1407.
 - 128 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 962.
 - 129 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 963.
 - 130 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 960.
 - 131 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 1406.
 - 132 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 1407.
 - 133 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 964.
 - 134 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 1128.
 - 135 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 1404.
 - 136 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nagorno-Karabakh Data. Incident number 1405.

On Christmas Eve 2020, Boko Haram militants killed several people in Borno state in north-eastern Nigeria. During raids on mostly Christian villages, the militants stole medical supplies from a hospital in Pemi before setting it on fire. They also burned down a church and abducted a priest.¹³⁷



↓ Source: 2020 SHCC Health Care Nigeria Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 43 incidents of violence against or obstruction of health care in Nigeria in 2020, compared to 19 such incidents in 2019. Health workers were kidnapped and health supplies looted.

Some doctors and nurses have reportedly left their clinical positions and others have gone on strike in response to the targeted kidnapping of physicians. The loss of these health workers has had a profound effect on the country's health services.

This factsheet is based on the dataset 2020 SHCC Health Care Nigeria Data, which is available on the Humanitarian Data Exchange (HDX).

THE CONTEXT

The presence of Boko Haram in Adamawa, Borno, and Yobe states continued to affect health workers and health centers in 2020. Boko Haram uses an Islamist ideology to oppose the Nigerian and other states. Violent tactics, including looting and kidnapping for ransom, sustain the group's operations. Boko Haram also operates in Cameroon, Chad, and Niger.

The growing presence of armed groups – locally referred to as “bandits” – in Katsina, Kaduna, and Zamfara states increasingly affected health care and health workers. These “bandits” are believed to have set up camps in Rugu forest in Zamfara state, which they use as a springboard for attacks on rural communities to steal cattle and food supplies or to carry out ambushes on roads; they often kill those who resist kidnapping. There are some concerns that these groups, who operate mainly for financial profit, may have been infiltrated by extremists.

Communal conflicts between herder and farmer communities, as well as ethno-religious conflicts, also affected health workers.

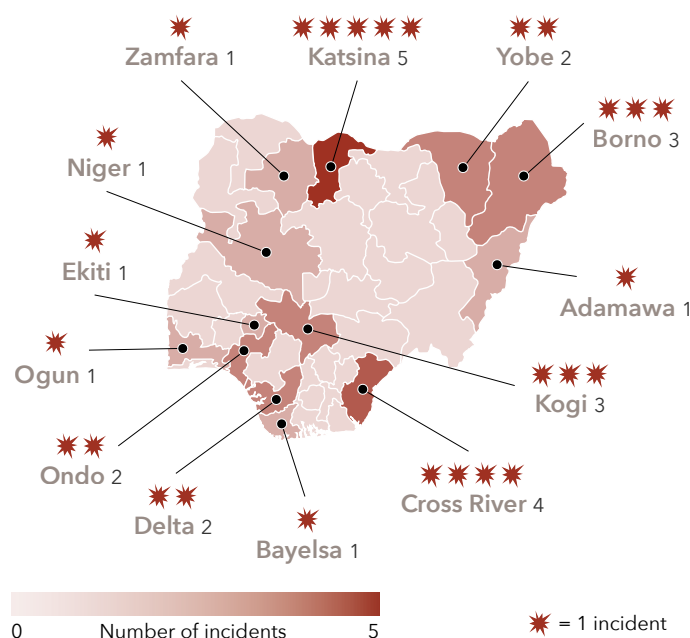
Health workers were kidnapped in southern Nigeria, where kidnappings for profit are common.

Nigerian Armed Forces personnel also injured a health worker.

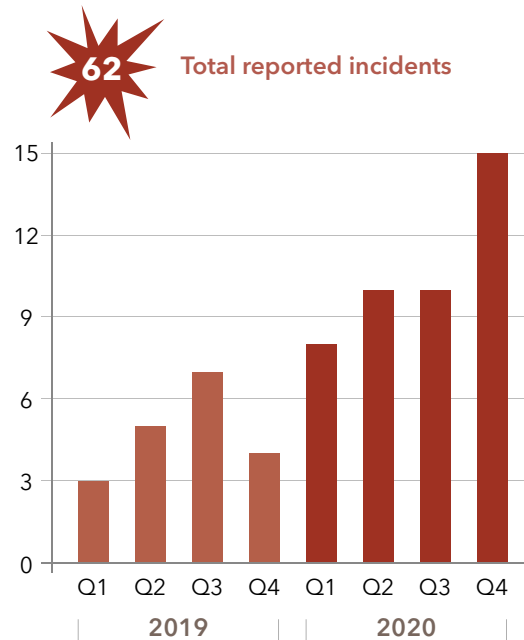
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

Incidents were documented in 13 of Nigeria’s 36 states.

Known locations of reported incidents affecting health care in Nigeria in 2020, by state¹³⁸



Reported incidents affecting health care in Nigeria in 2019 and 2020, by quarter



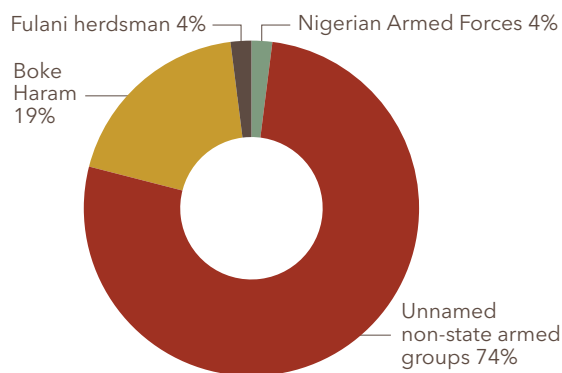
Source: 2020 SHCC Health Care Nigeria Data

Boko Haram looted medicine before burning down health centers in Borno and Yobe states in north-eastern Nigeria at least five times in 2020. These incidents were mostly suspected targeted attacks intended to obtain treatment for sick fighters and their families.

Local armed groups, often with firearms, killed at least one health worker and kidnapped at least five during raids on local communities. Two health workers were killed in a health center by unidentified armed men in Zamfara state.¹³⁹

Kidnappings of health workers were reported in eight states. Beside Katsina (where four kidnappings were attributed to “bandits”), three were reported from Cross River and Kogi states.^{140,141} Kidnappings were also reported from Adamawa, Ekiti, Delta, Niger, and Ondo states.^{142,143,144,145} Perpetrators usually made ransom demands following the kidnappings.^{146,147}

Reported perpetrators¹⁴⁸



Reported weapons use¹⁴⁹



Source: 2020 SHCC Health Care Nigeria Data

Fulani herdsman armed with guns also attempted to abduct a doctor outside his home as he returned home from work in the early evening in Cross River state. He escaped, but was shot and injured.¹⁵⁰

A British missionary medical worker was killed by unidentified men in the Niger Delta.¹⁵¹

Nigerian Armed Forces personnel injured a nurse at a coronavirus checkpoint in Ondo state.¹⁵²

- 137 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 1363.
- 138 This chart only shows the locations mentioned in the original source. Information on the location of 16 incidents is not available and therefore not included in the chart.
- 139 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 35.
- 140 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 813.
- 141 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 1063.
- 142 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 10.
- 143 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 1147.
- 144 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 575.
- 145 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 815.
- 146 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 1119.
- 147 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 10.
- 148 This chart only shows the perpetrators who are named in the original source. Information on the perpetrators in 16 incidents is not available and therefore not included in the chart.
- 149 This chart only shows the weapons mentioned in the original source. Information on the weapons used in 13 incidents is not available and therefore not included in the chart.
- 150 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 1358.
- 151 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 398.
- 152 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Nigeria Data. Incident number 383.

OCCUPIED PALESTINIAN TERRITORY

In the early hours of December 27, 2020 Israeli military forces raided and attacked the Palestine Medical Complex in Ramallah city in the West Bank. Military vehicles were used to close and block two hospital entrances, while approximately five soldiers fired rubber-coated bullets, 20 tear gas canisters, and ten stun grenades in the hospital's yard. A hospital employee was shot by a rubber-coated bullet as he was leading patients away from the attack, and a seven-months pregnant woman was shot in her shoulder by a rubber bullet. A tear gas canister hit a Palestinian ambulance and damaged it.^{153,154}



↓ Source: [2020 SHCC Health Care oPt Data](#)

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 61 incidents of violence against or obstruction of health care in the occupied Palestinian territory (oPt) in 2020, compared to 226 incidents in [2019](#). Health workers were injured or arrested and health facilities damaged in these incidents.

This factsheet is based on the dataset [2020 SHCC Health Care oPt Data](#), which is available for open-source access on the Humanitarian Data Exchange (HDX).

THE CONTEXT

The delay and obstruction of health care, particularly emergency health care, continued in the oPt throughout 2020. Palestinians face major obstacles to the availability, accessibility, and quality of health care. As a result of a blockade and tight border restrictions, the health care system in

OCCUPIED PALESTINIAN TERRITORY

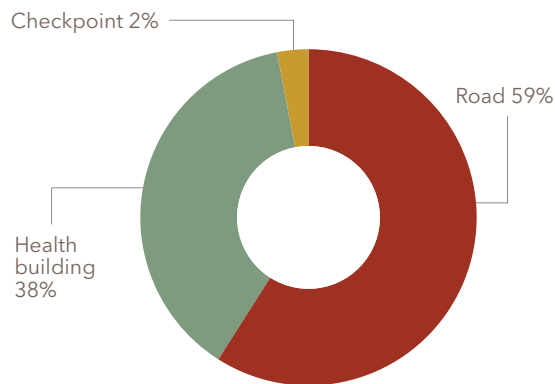
Gaza faced dire working conditions, an electricity crisis, chronic drug and staff shortages, and a lack of clean and drinkable water.

The COVID-19 pandemic further exacerbated the challenges facing the oPt's health system. According to the WHO, in 2020, Israel denied or delayed almost a third (32%) of all patient permit applications to travel outside Gaza for medical care.

Restricted access to and limited issuing of exit permits for patients to leave Gaza for medical care were further reduced due to the end of coordination between Israeli and Palestinian officials, leading to the deaths of at least two infant patients.

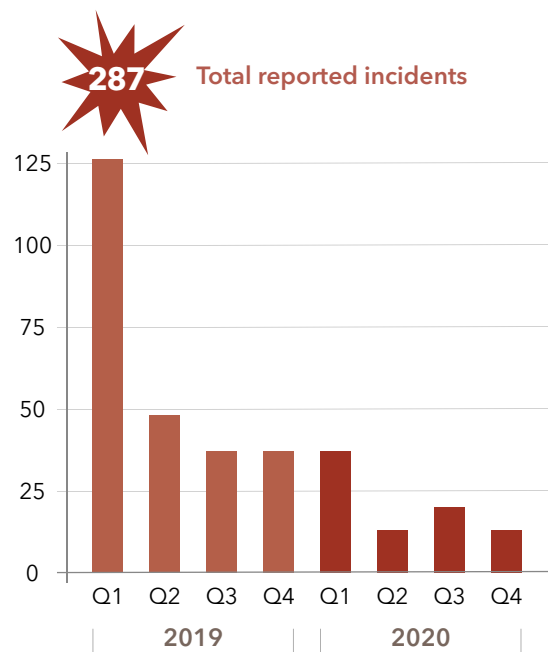
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

Reported incidents affecting health care in the oPt in 2020, by type of location¹⁵⁵



Source: 2020 SHCC Health Care oPt Data

Reported incidents affecting health care in the oPt in 2019 and 2020, by quarter



The number of incidents documented in the oPt in 2020 is far lower than in 2019, in part due to the COVID-19-related lockdown measures. Most incidents in 2019 took place during the “Great March of Return” weekly protests, which were suspended in late 2019 and subsequently ceased entirely after the coronavirus outbreak. Small-scale protests about land confiscations and house demolitions in the West Bank continued in 2020 and sometimes led to injuries among health workers.

Throughout the West Bank and the Gaza Strip, health workers were injured inside health buildings and during road travel, and detained while providing medical care.¹⁵⁶

OCCUPIED PALESTINIAN TERRITORY

Israeli forces entered health facilities and injured patients, patients' visitors, and health workers. These incidents were often justified as being a result of what the Israelis called "public disturbances" occurring close to hospitals. At times, Israeli forces were looking for individuals whom they deemed to be terror suspects.

Health workers were injured when Israeli forces fired at, damaged, or forcibly boarded ambulances.

PERPETRATORS AND WEAPONS USE

Israel Defence Forces (IDF) personnel are named as perpetrating violence against or obstructing health care in the oPt.

IDF soldiers fired stun and tear gas canisters and rubber-coated bullets at health volunteers, injuring them while they were providing emergency medical assistance to wounded civilians. Israeli forces also used tear gas, stun grenades, and rubber-coated bullets inside health facilities.^{157,158}

In the Gaza Strip, a children's hospital and a rehabilitation center for people with disabilities were damaged during an airstrike by Israeli forces aimed at military facilities and in response to two rockets fired into Israel from the enclave the previous day.¹⁵⁹

Israeli forces fired at and damaged ambulances on their way to provide medical care. In one incident, an aid volunteer team providing first aid to an injured protestor came under attack by Israeli forces, who threw stun grenades and tear gas canisters at the ambulance and forced their way on board in an attempt to arrest the patient.¹⁶⁰

In at least two incidents, patients were shot and left to bleed to death despite ambulances being present at the scene.^{161,162}



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- 153 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care oPt Data. Incident number 124.
- 154 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care oPt Data. Incident number 1366.
- 155 This chart only shows the type of locations named in the original source. Information on the type of locations in 24 incidents is not available and therefore not included in the chart.
- 156 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care oPt Data. Incident number 1395.
- 157 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care oPt Data. Incident number 814.
- 158 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care oPt Data. Incident number 805.
- 159 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care oPt Data. Incident number 1366.
- 160 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care oPt Data. Incident number 1133.
- 161 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care oPt Data. Incident number 1195.
- 162 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care oPt Data. Incident number 1278.

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2020 SHCC Health Care Somalia Data

OVERVIEW

The SHCC identified ten incidents of violence against or obstruction of health care in Somalia in 2020, compared to 12 such incidents in 2019. Six health workers were killed in these incidents and 11 kidnapped.

This factsheet is based on the dataset 2020 SHCC Health Care Somalia Data, which is available on the Humanitarian Data Exchange (HDX).

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN SOMALIA IN 2020

Health workers were killed and kidnapped in the vicinity of health facilities and while delivering medical supplies, or carrying out a health awareness campaign. Al-Shabaab fighters were often named as perpetrators of these incidents.

In May, masked perpetrators kidnapped seven Somali health workers from a health facility run by the local health NGO in the Middle Shabelle region. Their bodies were found the next day.¹⁶³

163 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Somalia Data. Incident number 557.

Over the weekend of May 16-17, 2020, violence erupted between armed Murle youth and Lou Neur fighters in Pieri town, Jonglei state, causing the deaths of a South Sudanese health worker and South Sudanese volunteer INGO nurse. The staff were at a health center when fighting broke out and fled to the surrounding bush and nearby villages. At least 280 civilians were killed, two South Sudanese aid workers were injured, and homes were torched and looted. In response, an INGO temporarily suspended services provided at its primary health center in the area.¹⁶⁴



↓ Source: 2020 SHCC Health Care South Sudan Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 18 incidents of violence against or obstruction of health care in South Sudan in 2020, compared to three such incidents in 2019. The violence affected health workers working for local and INGO health providers.

This factsheet is based on the dataset 2020 SHCC Health Care South Sudan Data, which is available for open-source access on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Intercommunal violence resulting in civilian casualties and displacement, particularly in Jonglei and Pibor states, adversely affected health workers and health facilities.

Ongoing conflict between the national South Sudan People's Defence Forces and the rebel Sudan People's Liberation Army-in-Opposition contributed to violence and attacks against civilians and health workers.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

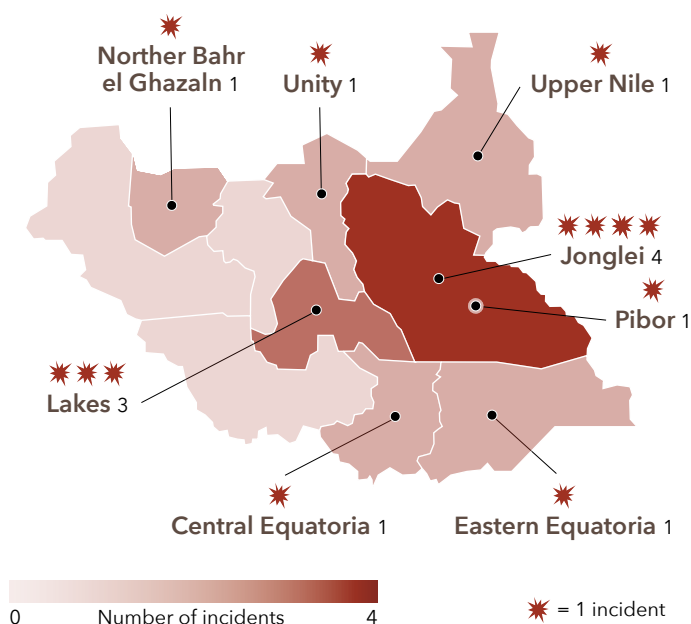
The number of incidents documented in South Sudan in 2020 is much higher than in 2019. This was likely due to increasing intercommunal violence and ongoing conflict that resulted in clashes between opposing forces during which health workers were injured or killed. The monitoring of such incidents has also improved.

Three-quarters of reported incidents resulted in health workers being harmed. July was a particular deadly month – ten health workers were killed and four others injured in three separate incidents.¹⁶⁵

Incidents were documented in eight of South Sudan's ten states. Jonglei state, which has experienced heightened intercommunal violence, saw the most attacks of any state.

Three incidents perpetrated by non-state armed groups against NGO health workers appeared to be targeted violence against nutritional and medical programmes. In October, armed gunmen killed two health workers and two others during attacks that occurred as they returned home from work in Jonglei state and Pibor administrative area.¹⁶⁶ In August, 2020 an armed group ambushed an ambulance and a clearly marked aid vehicle on its way to provide health, nutritional, and hygiene services at a refugee camp in Central Equatoria state. The ambulance was forced to stop and the patients and staff members inside fled into nearby bush. The armed group then looted the ambulance of medical and nutritional supplies. The aid vehicle's driver was shot and wounded, but managed to keep driving and escape.¹⁶⁷

Known locations of reported incidents affecting health care in South Sudan in 2020, by state¹⁶⁸

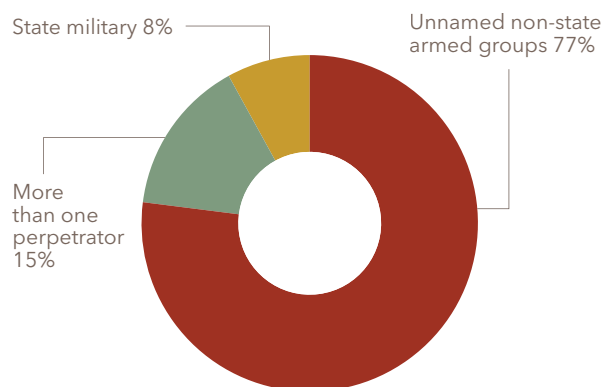


Source: 2020 SHCC Health Care South Sudan Data

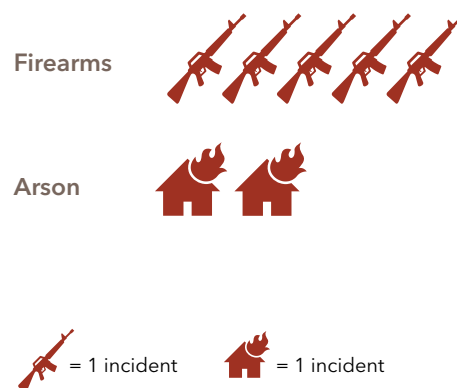
PERPETRATORS AND WEAPONS USE

The main perpetrators of violence against or obstruction of health care in South Sudan were unnamed non-state armed groups. Opposing communal groups, state military forces and police officers were also named as perpetrators.

Reported perpetrators¹⁶⁹



Reported weapons use¹⁷⁰



Source: 2020 SHCC Health Care South Sudan Data

Unnamed non-state armed groups killed and injured health workers caring for patients in hospitals and ambulances, and as they traveled to and from intervention sites and health centers.^{171,172}

Intercommunal violence between armed Murle youth and Lou Neur fighters in Jonglei state in May caused the deaths of a local health worker and a local volunteer INGO nurse. This violence led an INGO to temporarily suspend health services in the area (see the box at the start of the factsheet for more details).^{173,174}

In February, **state military intelligence personnel** abducted then tortured a doctor at a military facility over an alleged embezzlement case at the hospital where he worked in Northern Bahr el Ghazal state. At the time of reporting his status remains unclear.¹⁷⁵

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- 164 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care South Sudan Data. Incident number 501; 666.
- 165 These three incidents were reported by the WHO Surveillance System of Attacks on Healthcare (SSA). Further information, including who the perpetrators were, the weapons used or the location of the incidents, is not available.
- 166 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care South Sudan Data. Incident number 1074.
- 167 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care South Sudan Data. Incident number 785.
- 168 This chart only shows the locations mentioned in the original source. Information on the location of six incidents is not available and therefore not included in the chart.
- 169 This chart only shows the perpetrators who are named in the original source. Information on the perpetrators in five incidents is not available and therefore not included in the chart.
- 170 This chart only shows the weapons mentioned in the original source. Information on the weapons used in seven incidents is not available and therefore not included in the chart.
- 171 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care South Sudan Data. Incident number 673.
- 172 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care South Sudan Data. Incident number 785.
- 173 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care South Sudan Data. Incident number 501.
- 174 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care South Sudan Data. Incident number 666.
- 175 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care South Sudan Data. Incident number 139.

On January 26, 2020 in Ariha town in Idleb governorate, an airstrike carried out by Russian warplanes backing the Syrian government hit Ariha hospital. A doctor was killed, and at least 24 people were wounded, including four nurses, a Syrian NGO volunteer, three women, and two children. The hospital suffered substantial damage, with medical equipment broken, supplies strewn over the floor, and windows and doors dislodged, and was put out of service, affecting more than 30,000 people.



 **Source:** 2020 SHCC Health Care Syria Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 121 incidents of violence against or obstruction of health care in Syria in 2020, compared to 147 such incidents in [2019](#). In these incidents health facilities were damaged and destroyed, health workers were killed and injured, and ambulances were damaged and destroyed.

This factsheet is based on the dataset [2020 SHCC Health Care Syria Data](#), which is available on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Syria has been engaged in a protracted civil war since 2011 that has left tens of thousands of civilians dead and millions of Syrians internally displaced, or as refugees in neighbouring countries. Health facilities and health workers are targeted as part of a strategy of war. According to [Physicians for Human Rights](#), health facilities are systematically attacked by Syrian and Russian forces using aerial bombs and shells.

In government-controlled areas, health workers have been systematically detained and tortured by Syrian regime forces, often because of their status as health care providers and their real or perceived provision of health services to people in opposition-controlled areas. According to the Syrian Network for Human Rights, between March 2011 and February 2021, at least 3,364 health care workers were arrested, detained or forcibly disappeared, with Syrian regime forces being responsible for 99% of these arrests and forced disappearances.

In March 2020, the Syrian government – backed by Russian forces – concluded a military offensive launched in April 2019 to retake Idleb governorate and surrounding areas in north-west Syria, which was one of the last areas controlled by opposition forces. At least 77 health care facilities were damaged and destroyed by Syrian or Russian forces during this offensive, which also affected other civilian infrastructure such as schools, markets, and mosques.¹⁷⁶

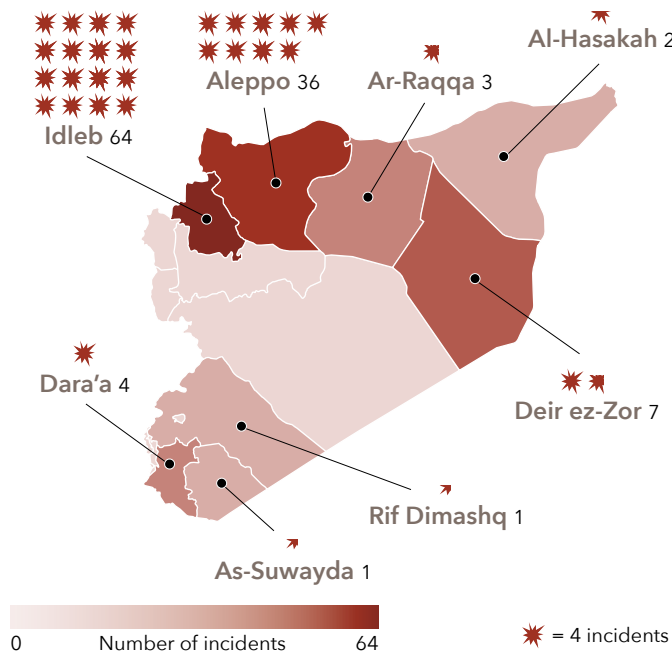
Ambulances also came under attack while travelling to assist civilians in need of emergency health care. On March 11, 2020 at least nine former health workers who worked in field clinics in eastern Ghouta were arrested in raids in government-controlled Rif Dimashq governorate.¹⁷⁷

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

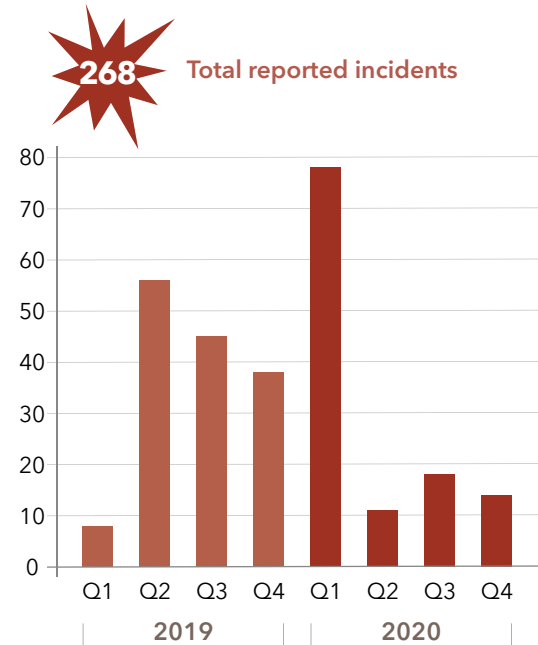
Incidents were documented in eight of Syria's 14 governorates. Over half of the recorded violence against health care occurred in January and February 2020 in Idleb and Aleppo governorates during the final months of a Syrian-Russian military offensive to retake one of the last areas controlled by opposition forces. During this offensive, hospitals were damaged or destroyed on at least 24 occasions, and many were forced to close or suspend care. In just one week in February 2020, three hospitals – including a maternity hospital – were bombed, and bombing or shelling forced five others to close in north-west Syria.¹⁷⁸ Sixteen health workers were killed and 21 injured. The majority of these attacks were aerial bombings and shellings by Syrian regime and Russian forces.^{179,180,181} Following the coming into force of a ceasefire brokered by Russia and Turkey in March 2020, attacks against health care decreased.



Known locations of reported incidents affecting health care in Syria in 2020, by governorate¹⁸²



Reported incidents affecting health care in Syria in 2019 and 2020, by quarter



Source: 2020 SHCC Health Care Syria Data

PERPETRATORS AND WEAPONS USE

Syrian government and Russian forces, various armed opposition groups, Islamic State militants, and other unnamed armed groups have all perpetrated violence against health care in Syria, often using explosive weapons.

Russian and Syrian forces were the main perpetrators of violence against health care in Syria in 2020, particularly in Idlib and Aleppo governorates. At least 56 airstrikes that damaged or destroyed health facilities were attributed to these forces.

Health facilities were repeatedly forced to suspend their operations and evacuate patients and equipment due to escalating attacks.

At least nine health workers were arrested by Syrian ground forces in areas previously under the control of opposition forces.

Various **armed opposition groups** in northern Syria were also implicated in violence against and obstruction of health care. The People's Protection Unit (YPG), Hayat Tahrir al-Sham (HTS), the Syrian Salvation Government, and the Turkish-backed Police and National Security Force arrested health workers at health facilities.^{183,184} Members affiliated to the Syrian Democratic Forces (SDF) physically assaulted and injured doctors, nurses, and administrative staff during raids on hospitals in Idlib governorate.¹⁸⁵

Unnamed non-state armed groups shot, injured, killed, and kidnapped doctors and paramedics in Dara'a, Aleppo, and Idleb, and planted an IED that exploded, damaging a dispensary in Aleppo governorate.¹⁸⁶

In the north-east of the country **Syrian Democratic Forces (SDF)**, fighters stormed hospitals in Deir-ez-Zor, Ar-Raqqa, and Aleppo governorates, physically assaulting and threatening doctors, nurses, and other health workers.^{187,188} In Aleppo governorate, a hospital was nearly hit by a mortar shell that landed in front of it that was fired by SDF artillery.¹⁸⁹

Hayat Tahrir al-Sham (HTS) forces stormed hospitals, arrested doctors and hospital staff, and installed communications equipment on a hospital roof.¹⁹⁰ They also killed health workers during a raid on civilian property in Aleppo governorate.¹⁹¹

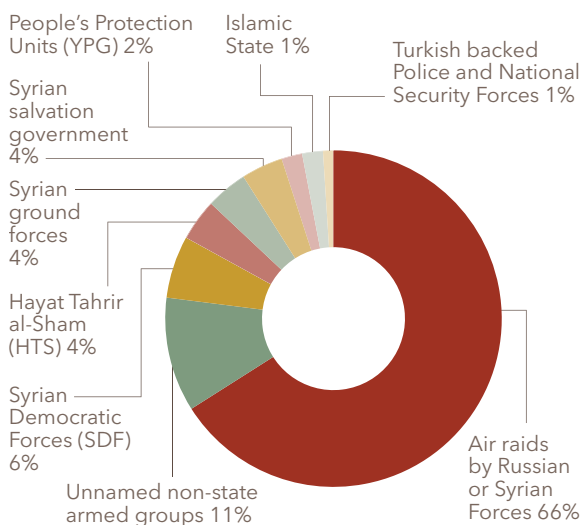
Forces of the **Syrian Salvation Government** – the de facto government in Idleb – arrested hospital administration officers and doctors inside hospitals and government buildings.^{192,193}

The Kurdish militia component of the SDF, the **People's Protection Units (YPG)**, raided a hospital in Deir ez-Zor governorate, arrested health workers, and confiscated hospital transportation.¹⁹⁴ A truck bombing allegedly linked to the YPG, severely injured COVID-19 responders and damaged a vehicle used to transport suspected COVID-19 cases in Aleppo governorate.¹⁹⁵

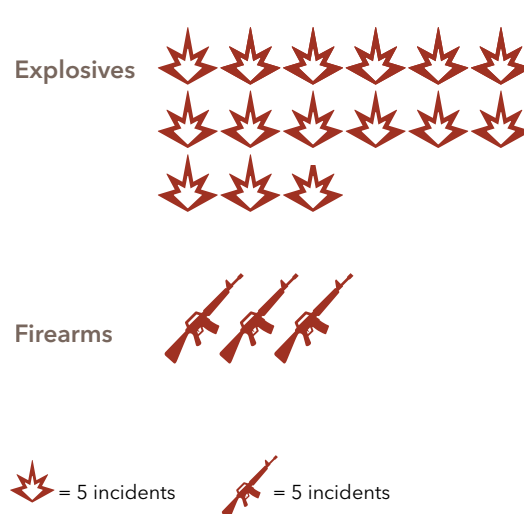
Islamic State militants shot and killed a nurse travelling between villages in Deir-ez-Zor governorate and damaged an INGO's medical mobile unit in an IED explosion in Al-Hasakah governorate.^{196,197}

Members of the Turkish-backed **Police and National Security Force** physically assaulted a doctor and hospital director before arresting them in Aleppo governorate.¹⁹⁸ During a military operation in the Aleppo countryside, shells landed near a medical facility, injuring a health worker.¹⁹⁹

Reported perpetrators²⁰⁰



Reported weapons used²⁰¹



Source: 2020 SHCC Health Care Syria Data

- 176 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2019-2020 Idleb Offensive Health Facilities Damaged and Destroyed Dataset.
- 177 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 177.
- 178 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 129.
- 179 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1319.
- 180 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 127.
- 181 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 130.
- 182 This chart only shows the locations mentioned in the original source. Information on the location of three incidents is not available and therefore not included in the chart.
- 183 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1077.
- 184 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 636.
- 185 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 130.
- 186 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1096.
- 187 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 2.
- 188 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1109.
- 189 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1136.
- 190 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 75.
- 191 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 174.
- 192 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1338.
- 193 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1328.
- 194 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 799.
- 195 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1077.
- 196 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 754.
- 197 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1096.
- 198 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1080.
- 199 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Syria Data. Incident number 1135.
- 200 This chart only shows the perpetrators who are named in the original source. Information on the perpetrators in 26 incidents is not available and therefore not included in the chart.
- 201 This chart only shows the weapons mentioned in the original source. Information on the weapons used in six incidents is not available and therefore not included in the chart.

In April 2020, An Nasr Hospital in Yemen's Ad Dhali governorate was attacked twice in one week by unidentified perpetrators. On April 2 armed men fired machine guns at and threw two hand grenades into the hospital, injuring two civilians.²⁰² Two days later another hand grenade of unidentified origin was thrown into the same hospital, injuring two more civilians and forcing the hospital's management to close the hospital in protest over the attack.²⁰³



↓ Source: 2020 SHCC Health Care Yemen Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 81 incidents of violence against or obstruction of health care in Yemen in 2020, compared to 35 such incidents in 2019. In these incidents health facilities were destroyed and damaged and health workers were killed and injured. Years of ongoing war have left only half of Yemen's health facilities functional.

This factsheet is based on the dataset 2020 SHCC Health Care Yemen Data, which is available on the Humanitarian Data Exchange (HDX).

THE CONTEXT

In 2020, health workers and hospitals continued to be affected by ongoing conflict between Houthi rebels and the internationally recognised Government of Yemen, which is supported by the Saudi-led coalition.

Throughout the year, health care providers faced access difficulties to and within Yemen. In March 2020, Yemeni government and Houthi authorities imposed a ban on all flights in an attempt to reduce the spread of COVID-19. After flights had been allowed in again, Houthi authorities closed Sana'a airport to UN and humanitarian flights in September due to fuel shortages.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

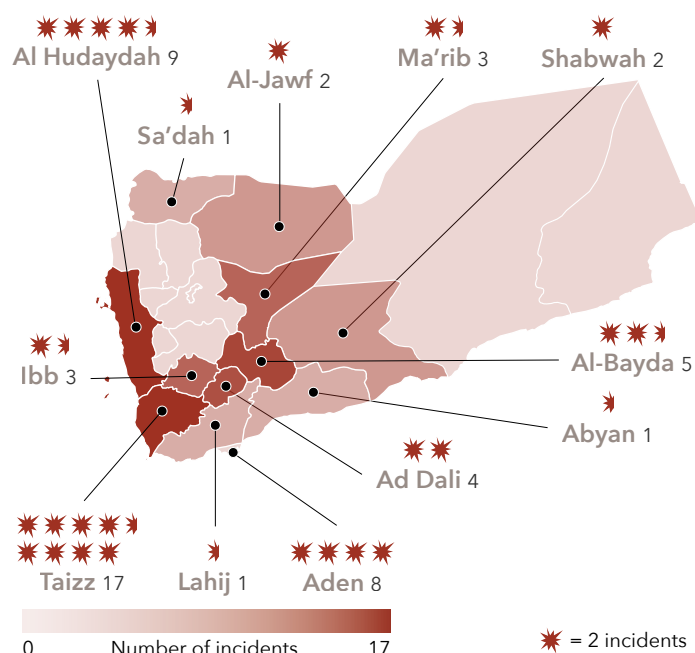
Compared to 2019, reported violence against health care increased in Yemen in 2020. Almost half of reported incidents occurred in the first half of the year, during which several health facilities were damaged by aerial bombings during conflict between the Yemeni government and Houthi forces. March was an especially deadly month, with hospitals being attacked five times.

Incidents were documented in 12 of Yemen's 21 governorates. Taiz – on the front lines of the fighting between the Yemeni government and Houthi forces – saw the most attacks of any governorate, followed by Al Hudaydah, where warring parties fought over the port city, given its crucial role in importing food and supplies for the Yemeni population.

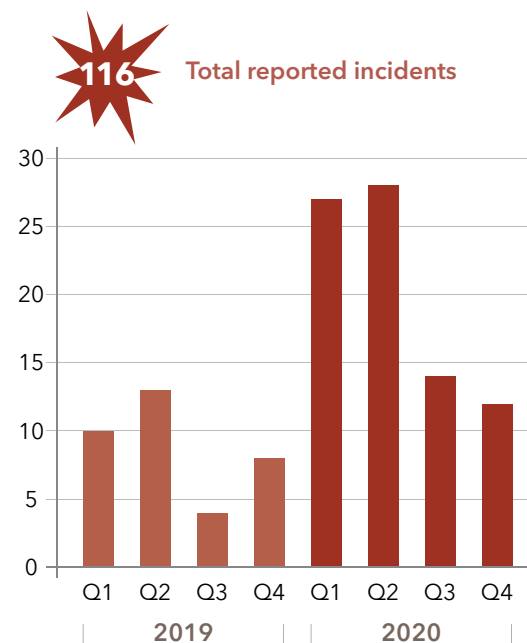
Incidents included damage to three COVID-19 quarantine centres inflicted by airstrikes in Al Bayda and Al Hudayah, and artillery shelling by Houthi forces of a coronavirus testing team in Ma'rib.^{204,205}

At least 27 hospitals were attacked in Yemen during 2020. In Al Hudaydah the May 22 Hospital, and in Taiz governorate the Al Thawra and Ar Rawdah hospitals all came under attack more than once.^{206,207,208}

Known locations of reported incidents affecting health care in Yemen in 2020, by governorate²⁰⁹



Reported incidents affecting health care in Yemen in 2019 and 2020, by quarter

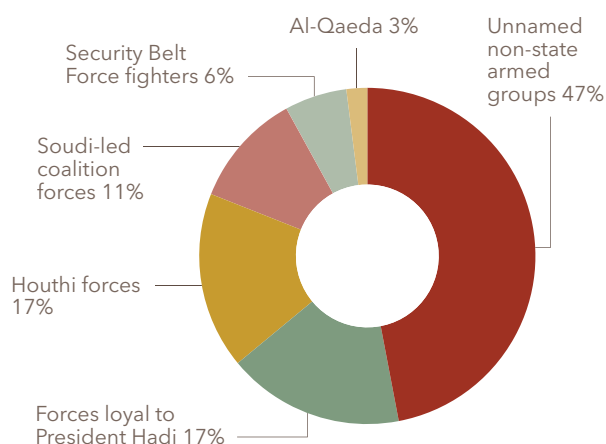


↓ Source: 2020 SHCC Health Care Yemen Data

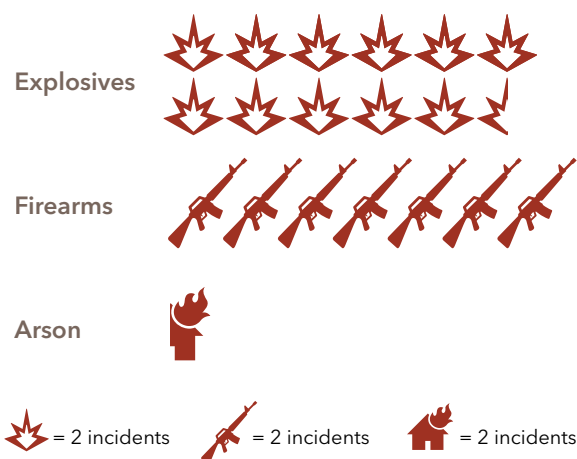
PERPETRATORS AND WEAPONS USE

Unnamed non-state armed groups, security forces loyal to President Hadi, Houthi forces, Saudi-led coalition forces, Security Belt Force fighters, and Al-Qaeda militants were all named as perpetrators of violence against or obstruction of health care in Yemen in 2020. Explosive weapons and firearms were frequently used in these incidents.

Reported perpetrators²¹⁰



Reported weapons use²¹¹



↓ **Source: 2020 SHCC Health Care Yemen Data**

Forces loyal to President Hadi stormed and looted hospitals and clinics in Taiz governorate and attacked workers and patients. They attacked Al Thawrah Hospital in Taiz twice and stormed a hospital in Shabwah governorate. In Ataq city, they threw tear gas grenades and opened fire on civilians, killing a doctor and a patient.²¹² Pro-Hadi forces also killed a pharmacist outside his house over a land dispute,²¹³ and abducted a civilian from the Al Burayhi hospital who was being treated following violence in Taiz governorate.²¹⁴

Houthi forces and their affiliates/supporters killed a pharmacist distributing medicine after he refused to pay Houthi-imposed taxes, temporarily detained a hospital manager for refusing to provide petrol to a Houthi vehicle transporting a dead soldier, and raided the headquarters of an aid organisation, expelling its employees. The group also shelled and damaged two hospitals in Ma'rib governorate.^{215,216,217}

Saudi-led coalition forces dropped aerial bombs that damaged COVID-19 centres in Al Bayda and Al Hudaydah governorates.²¹⁸

Security Belt Force fighters stormed the port of Aden aboard six military vehicles and looted nine ambulances provided by the WHO amid fears of a coronavirus outbreak in the country. (The Security Belt Force is a paramilitary force based in Southern Yemen that forms the elite military wing of the separatist Southern Transitional Council.)²¹⁹

Al-Qaeda gunmen shot dead and crucified a male dentist they had accused of spying for the Houthi-led government.²²⁰ At the same location a week later, unidentified armed actors destroyed a medical centre using explosives.²²¹

Unnamed non-state armed groups stormed hospitals and health clinics. A doctor and patients were killed in these incidents. Armed groups also kidnapped and killed two Emirati aid volunteers, and raided a pharmacy and kidnapped the owner's son to pressure the owner to drop a legal case.^{222,223} They also attempted to kidnap a doctor from a COVID-19 isolation centre, but were stopped by local civilians.²²⁴



- 202 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 92.
- 203 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 263.
- 204 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 285.
- 205 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 229.
- 206 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 194.
- 207 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 451.
- 208 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 299.
- 209 This chart only shows the locations mentioned in the original source. Information on the location of 25 incidents is not available and therefore not included in the chart.
- 210 This chart only shows the perpetrators who are named in the original source. Information on the perpetrators in 41 incidents is not available and therefore not included in the chart.
- 211 This chart only shows the weapons mentioned in the original source. Information on the weapons used in 35 incidents is not available and therefore not included in the chart.
- 212 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 609.
- 213 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 1083.
- 214 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 1139.
- 215 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 410.
- 216 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 732.
- 217 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 11.
- 218 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 229.
- 219 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 205.
- 220 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 796.
- 221 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 809.
- 222 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 193.
- 223 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 604.
- 224 Insecurity Insight. Safeguarding Health in Conflict Coalition 2021 Report Dataset: 2020 SHCC Health Care Yemen Data. Incident number 657.

This eighth report of the Safeguarding Health in Conflict Coalition (SHCC) covers 43 countries and territories and provides details on incidents of threats and violence against health care in 17 countries and territories experiencing conflict in 2020. We referred to the Uppsala Conflict Data Program (UCDP)²²⁵ to determine if a country is considered to have experienced conflict in 2020, and of these countries, we included those that had experienced at least one incident of violence against or obstruction of health care in 2020. We discuss the 14 countries with more than 15 reported incidents in separate chapters, and the other three countries with less than 15 reported incidents in paragraphs. Twenty-six other countries are included in the total counts, but are not discussed in detail. Fourteen of the countries and territories covered in factsheets in 2020 were included in factsheets in 2019. For the 2020 report, Azerbaijan, Mexico and Mozambique were added, while Egypt, Ethiopia, Iraq, Pakistan, Sudan and Ukraine do not have country chapters in 2020.

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 2020 data cited in this report can be accessed via [Attacks on Health Care in Countries in Conflict](#) on [Insecurity Insight’s](#) page on the Humanitarian Data Exchange (HDX). 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 behaviour/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 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 complex than individual incidents and cannot be accurately documented through event-based monitoring.

DEFINITION OF CONFLICT

The SHCC report covers three types of conflict as defined by the UCDP:²²⁶

- **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 conflict²²⁷ 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. In 2020 violence against specific public health programmes, such as polio vaccinations campaigns or the Ebola and COVID-19 responses, were 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. This is an important difference to the inclusion criteria used in the 2019 report, where all incidents that occurred in the conflict-affected eastern Democratic Republic of the Congo (DRC) in the context of the tenth Ebola response were included, even when there was not enough detail to determine whether the perpetrators were linked to a recognized conflict party or may have originated from local communities.

Throughout 2020 the SHCC also monitored violence triggered by the COVID-19 pandemic. COVID-19-related threats and violence against health care are only included in the 2020 SHCC report when the incidents met the strict conflict-related inclusion criteria in relation to the country being included in one of the three UCDP lists, and the perpetrator and context of the incident were directly related to conflict, as outlined above.

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, recording whether ambulances or other official health care transport were destroyed, damaged, hijacked/stolen or stopped/delayed; and
- incidents recorded by the WHO Surveillance System of Attacks on Healthcare (SSA) for the ten countries included in the system if the WHO confirmed the incidents.

KEY DEFINITIONS

Health worker: Refers to any person working in a professional or voluntary capacity in the provision of health services or who provides direct support to patients, including administrators, ambulance personnel, community health workers, dentists, doctors, government health officials, hospital staff, medical education staff, nurses, midwives, paramedics, physiotherapists, surgeons, vaccination workers, volunteers or any other health personnel not named here.

Health worker affected: Refers to incidents in which at least one health worker was killed, injured, kidnapped or arrested, or experienced sexual violence, threats or harassment.

Health facility: Refers to any facility that provides direct support to patients, including clinics, hospitals, laboratories, makeshift hospitals, medical education facilities, mobile clinics, pharmacies, warehouses or any other health facility not named here.

Health facility affected: Refers to incidents in which at least one health facility was damaged, destroyed or subjected to armed entry, military occupation or looting.

Health transport: Refers to any vehicle used to transport any injured or ill person or woman in labor to a health facility to receive medical care.

Health transport affected: Refers to incidents in which at least one ambulance or other health transport was damaged, destroyed, hijacked or delayed with or without a person requiring medical assistance on board.

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 used 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,²²⁸ which provide a combination of media sources and publicly shared information from partner networks, such as the Aid Worker Security Database (AWSD)²²⁹ for global data from international aid agencies coordinating health programmes; Airwars²³⁰ and the Syrian Network for Human Rights (SNHR)²³¹ for data on Syria; the Civilian Impact Monitoring Project (CIMP)²³² for data on Yemen; and databases such as that of the Armed Conflict Location & Event Data Project (ACLED);²³³
2. information provided by Medical Aid for Palestinians (MAP)²³⁴ for incidents in the occupied Palestinian territories (oPt);
3. information provided by SHCC member Syrian American Medical Society (SAMS) Foundation²³⁵ for incidents in Syria;
4. information from the WHO SSA on 11 countries: Afghanistan, Burkina Faso, the DRC, Libya, Mali, Myanmar, Nigeria, the oPt, Somalia, South Sudan and Yemen (information from the SSA represents approximately one-third of the data gathered for this report); and
5. information on Afghanistan from 74 WHO SSA reported incidents (but we were not able to compare the individual reports to meaningfully combine the data).

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 Overview Data Codebook*. Please see 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 11 countries and territories: Afghanistan, Burkina Faso, the DRC, Libya, Mali, Myanmar, Nigeria, the oPt, Somalia, South Sudan and Yemen. We accessed the SSA on 7 April 2021 for Afghanistan, 24 March for Nigeria and 18 March for the oPt, and included the information for incidents in these countries reported in 2020 that were available on these dates. For all other countries, the SSA was accessed on 15 January 2021. 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 229 SSA-reported incidents from the 11 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 28 SSA-reported incidents from Syria made it too difficult to determine which of these incidents overlapped with the 121 Syrian incidents collected by SHCC members. Thus, the 28 SSA-reported incidents from Syria 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 35 of the 229 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, 35 SSA-reported incidents appear in the SHCC dataset as recorded incidents without much further detail, and 194 incidents reported by the SSA are included with more details.²³⁶

LIMITATIONS OF THE RESEARCH

This report is based on a dataset of incidents of violence against health care that has been systemically 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 2020 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 2020. 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:

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, the information flows from Syria and the oPt are well established. As a result, a relatively high proportion of incidents are generally reported. For a number of countries that emerged as new concerns in 2020, the SHCC made special efforts to improve related data flows, among them Azerbaijan, Burkina Faso, Cameroon, Mozambique, Myanmar and Somalia, but these information flows need further attention. For some other countries, in particular the Central African Republic (CAR), the flow of information remains very challenging.

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.

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; 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 who 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.

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. Because the SSA does not report information on perpetrators, the SHCC dataset could not provide information on the perpetrators in 229 incidents. As a consequence, the coding is much more limited for those countries for which a significant proportion of incidents came from the SSA. In addition, the SSA reported 35 incidents that did not contain enough precise information to include the events in the SHCC dataset beyond the incident count.

The SHCC dataset therefore contains limitations associated with using preprocessed data without access to the original sources or additional detail, which would have allowed for potentially more comprehensive and consistent classification.

The standard coding principles are set out in the *SHCC Overview Data Codebook*. Please see www.insecurityinsight.org/projects/healthcare/shcc for full details regarding SHCC coding and annexes.

225 Department of Peace and Conflict Research, Uppsala University. Uppsala Conflict Data Program. <https://ucdp.uu.se/> (accessed 6 April 2021).

226 Department of Peace and Conflict Research, Uppsala University. UCDP Definitions. <https://www.pcr.uu.se/research/ucdp/definitions/>.

227 <https://ucdp.uu.se/>. Because the 2020 UDCP 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 2020.

228 [http://insecurityinsight.org/projects/health care/monthlynewsbrief](http://insecurityinsight.org/projects/health%20care/monthlynewsbrief).

229 <https://aidworkersecurity.org/>.

230 <https://airwars.org/>.

231 <http://sn4hr.org/>.

232 <https://civilianimpactmonitoring.org/>.

233 <https://www.acleddata.com/>.

234 <https://www.map.org.uk/>.


235 <https://www.sams-usa.net/>.

236 Please contact Insecurity Insight if you would like more details on the process of including SSA-reported incidents in the SHCC dataset.

Country	Number of reported incidents	Number of health workers killed	Number of health workers kidnapped	Number of health workers injured	Number of health workers arrested	Number of health workers physically/sexually assaulted	Number of incidents where health facilities were destroyed/damaged	Number of health transport destroyed/damaged/hijacked/stolen
Afghanistan	106	19	12	3	19	1	5	2
Bangladesh	1	1						
Brazil	2			1				
Burkina Faso	17	25	3	3		1	3	2
Burundi	2				4	1		
Cameroon	17		8		14		4	
CAR	8	1	7					
Colombia	8	6	2			1		1
DRC	81	24	17	27		7	22	1
Egypt	2							2
El Salvador	1	1						
Equatorial Guinea	1	1						
Ethiopia	6			1				3
Greece	2							
Haiti	4		3				1	
India	2		1			1		
Indonesia	1	1		1				
Iran	2						2	
Iraq	5	2	2					
Kenya	3			2				2
Lebanon	1					1		
Libya	77	15	4	23		6	24	18
Madagascar	3	2				2		
Mali	11		1			1	1	5

Country	Number of reported incidents	Number of health workers killed	Number of health workers kidnapped	Number of health workers injured	Number of health workers arrested	Number of health workers physically/sexually assaulted	Number of incidents where health facilities were destroyed/damaged	Number of health transport destroyed/damaged/hijacked/stolen
Mexico	16	7	13			2		
Mozambique	14	1		3		1	13	1
Myanmar	17	1	2	1			9	1
Nagorno-Karabakh	13	2		5			9	3
Niger	8	1	2					6
Nigeria	43	8	18	8		1	8	2
oPt	61	1		28	4		5	3
Pakistan	7	3	5	3				
Philippines	7	2	1	1		1		
Somalia	10	6	11	1				
South Sudan	18	19	1	8	3		2	1
Sudan	11			3		1	1	1
Syria	121	20	2	36	15	6	38	11
Turkey	1						1	
Uganda	1	1						
Ukraine	2	2		2				
USA	10			7	4			
Venezuela	2			2	1			
Yemen	81	13	2	6	1	7	27	12
Total	806	185	117	175	65	41	175	77

 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

ACKNOWLEDGEMENTS/SUGGESTED CITATION

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Leonard Rubenstein of the Center for Public Health and Human Rights and the Center for Humanitarian Health of the Johns Hopkins Bloomberg School of Public Health was the executive editor. Christina Wille and Helen Buck of Insecurity Insight managed the production of the report and led the data collection and analysis processes. Jenny Jun, Senior Administrative Coordinator of the Center for Public Health and Human Rights, coordinated the report. Alex Potter copy-edited, Claudia Rader and Alissa Flores of Physicians for Human Rights proofread the report, and Tutaev Design was responsible for design. Hannah May Calverley and Denise Todloski designed the illustrations.

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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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