

SAFEGUARDING  
HEALTH  
IN CONFLICT

# HEALTH WORKERS AT RISK: VIOLENCE AGAINST HEALTH CARE

GLOBAL REPORT BY THE  
SAFEGUARDING HEALTH  
IN CONFLICT COALITION  
SHOWS AT LEAST 1,200  
INCIDENTS OF VIOLENCE  
AND THREATS TO HEALTH  
WORKERS, FACILITIES,  
AND TRANSPORT  
IN 2019



SAFEGUARDING  
HEALTH  
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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](http://www.safeguardinghealth.org)



Agency Coordinating Body for Afghan Relief and Development (ACBAR)	International Health Protection Initiative
Alliance of Health Organizations (Afghanistan)	International Rehabilitation Council for Torture Victims
American Public Health Association	International Rescue Committee
Canadian Federation of Nurses Unions	IntraHealth International
Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health	Irish Nurses and Midwives Organisation
Consortium of Universities for Global Health	Johns Hopkins Center for Humanitarian Health
Defenders for Medical Impartiality	Karen Human Rights Group
Doctors for Human Rights (UK)	Management Sciences for Health
Doctors of the World USA	Medact
Egyptian Initiative for Personal Rights	MedGlobal
European Federation of Nurses	Medical Aid for Palestinians
Friends of the Global Fund Africa (Friends Africa)	North to North Health Partnership (N2N)
Global Health Council	Office of Global Health, Drexel Dornsife School of Public Health
Global Health through Education, Training and Service (GHETS)	Pakistan Medical Association
Harvard Humanitarian Initiative	Physicians for Human Rights
Human Rights Watch	Physicians for Human Rights—Israel
Hunger Reduction International	Save the Children
Insecurity Insight	Surgeons OverSeas (SOS)
International Council of Nurses	Syrian American Medical Society
International Federation of Health and Human Rights Organisations	University Research Company
International Federation of Medical Students’ Associations (IFMSA)	Watchlist on Children and Armed Conflict
	World Vision

COVER: Photo of a health worker in Burkina Faso by Trevor Snapp for IntraHealth International.

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# DEDICATION



A nurse takes a woman's blood pressure at the National Hospital of Abuja, Nigeria. Photo by Gwenn Dubourthournieu for Management Sciences for Health.



An MSF nurse helps treat a patient injured by sniper fire during protests in Gaza. Photo courtesy of the International Council of Nurses.



Hasnaa Satouff (right), a midwife in Northwest Syria, weighs an infant at an unofficial internally displaced persons camp outside of Idlib city. Photo courtesy of Pandora Hardtman and the Syrian American Medical Society.



**IN HONOR** of the 2020 International Year of the Nurse and the Midwife, the Safeguarding Health in Conflict Coalition dedicates this report to the nurses and midwives who are on the front lines every day in conflict settings promoting health and saving lives. In the COVID-19 crisis, they have continued this tradition, and hundreds of nurses and midwives have already died while responding to the pandemic.

Nurses and midwives are often the first and only point of care in communities around the world, yet many countries, including those in conflict covered in this report, are facing severe shortages. According to the WHO, the world needs nearly six million additional nurses and midwives to achieve universal health coverage by 2030.<sup>1</sup>

The essay on page 18 by Erica Burton of the International Council of Nurses calls to account the dangerous conditions in which nurses in conflict selflessly work to ensure the right to health. Nurses and midwives are among the countless health workers affected by the violent incidents covered in this report. We must do more to protect them. We cannot afford to lose any of them.

Sylvie Bundu is a midwife employed by the Democratic Republic of the Congo Government to Kakala's health center. Photo by Rebecca Weaver for Management Sciences for Health.

<sup>1</sup> World Health Organization. State of the world's nursing 2020: investing in education, jobs and leadership. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications-detail/nursing-report-2020> (accessed May 14, 2020). World Health Organization. State of the world's nursing 2020: investing in education, jobs and leadership. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications-detail/nursing-report-2020> (accessed May 14, 2020).



ACLED	Armed Conflict Location & Event Data Project
CAR	Central African Republic
CIMP	Civilian Impact Monitoring Project
DRC	Democratic Republic of the Congo
FPRC	Front populaire pour la renaissance de la Centrafrique
GNA	Government of National Accord
HDX	Humanitarian Data Exchange
IED	improvised explosive device
ISGS	Islamic State in the Greater Sahara
ISWAP	Islamic State in West Africa Province
JNIM	Jama'at Nusrat al-Islam wal Muslimeen
LNA	Libyan National Army
MAP	Medical Aid for Palestinians
MPC	Mouvement Patriotique pour la Centrafrique
MSF	Médecins Sans Frontières
NGO	nongovernmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
oPt	occupied Palestinian territory
PHR	Physicians for Human Rights
RSF	Rapid Support Forces
SAMS	Syrian American Medical Society
SELC	Saudi and Emirati-led coalition
SHCC	Safeguarding Health in Conflict Coalition
SLM/A-AI	Sudan Liberation Movement Army-Abdel Wahid (SLM/A-AI)
SNHR	Syrian Network for Human Rights
SSA	Surveillance System of Attacks on Healthcare
TTP	Tehrik-e-Taliban Pakistan
UCDP	Uppsala Conflict Data Program
UHC	universal health coverage
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UOSSM	Union of Medical Care and Relief Organizations
UPC	l'Union pour la Paix en Centrafrique
WHO	World Health Organization



As methods of documentation improved in 2019, the true scope of violence against health care in war and political disturbances became clearer. State military forces and armed groups assaulted health workers, facilities, transport, and patients in more than 1,200 reported incidents. We also saw violence affect health care: the Ebola response in the Democratic Republic of the Congo was severely impeded, vaccination campaigns were halted, and millions of displaced people in northwestern Syria were denied access to health care.

With the outbreak of the COVID-19 pandemic, the consequences of violence against health care will be felt even more acutely. The destruction of the fabric of health systems in the Central African Republic, Gaza, Syria, Yemen, and elsewhere has left them ill-equipped to respond to a pandemic that even wealthy countries with stronger health systems struggle to contain. The reverberating effects of violence against health care on hospitals and the health workforce render the prospects for coping with the pandemic in these and other war-affected places grim.

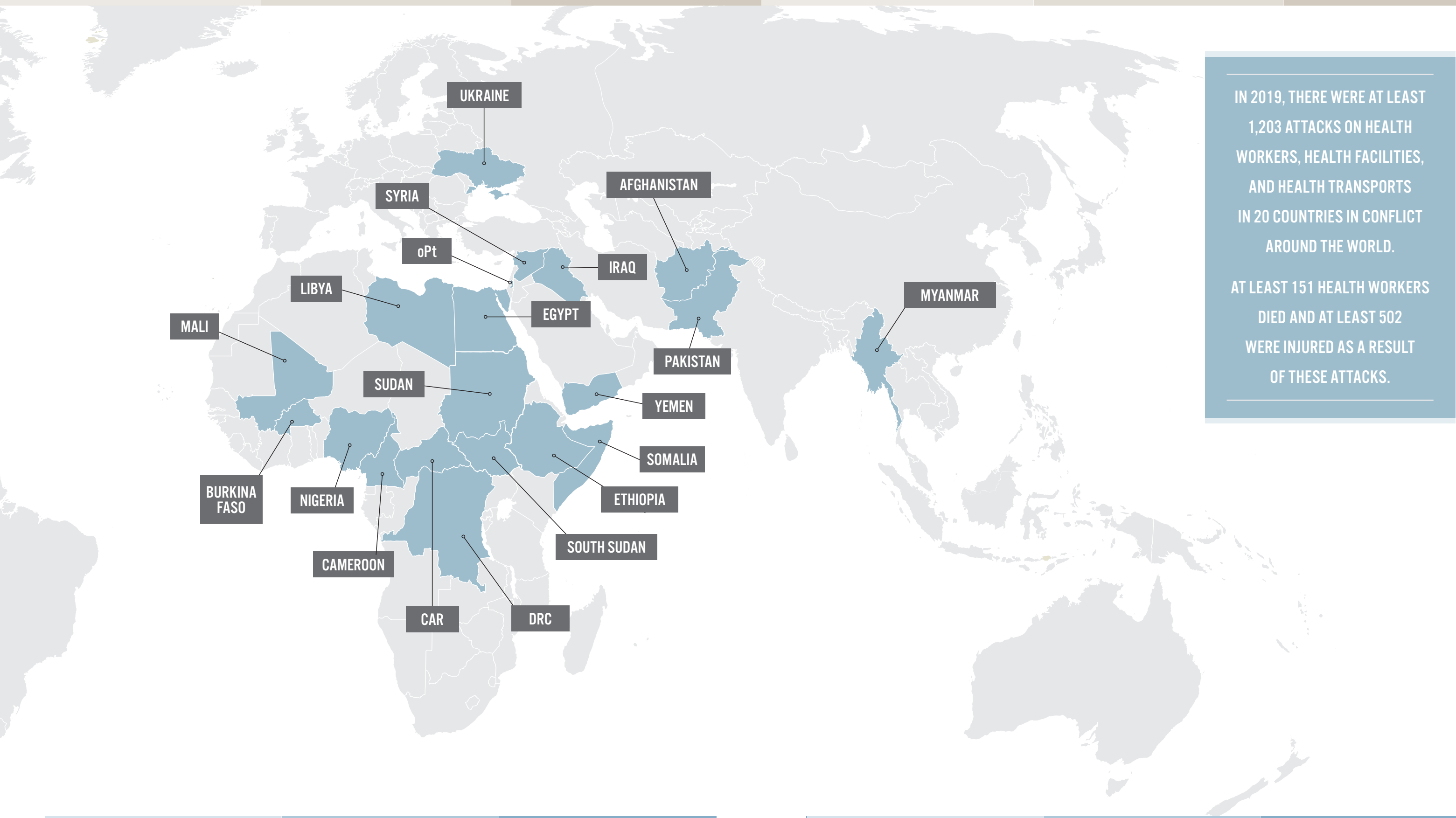
The pandemic has also shone light on the threats to and courage of health workers in dire circumstances. They continue to face shortages of resources, staff, and equipment; exhaustion from overwork; exposure to great personal danger; and daunting ethical challenges stemming from the inability to meet the needs of all patients. Some health workers also face misplaced anger and violence by patients’ families, as well as retaliation by governments for speaking truth about the pandemic. These factors take a psychological toll and highlight the need for additional mental health resources for health workers in conflict.

The experiences of health workers battling COVID-19 resemble, in an entirely different context, the dangers, shortages, and tough decisions health workers in conflicts face every day. Whether providing care in war or in a pandemic, health workers deserve protection, support, and solidarity. We must strengthen their protection, end impunity, and express solidarity with all on the front lines of health care, wherever they are.

-Len Rubenstein  
*Chair, Safeguarding Health in Conflict Coalition*



# COUNTRIES WHERE ATTACKS TOOK PLACE





# EXECUTIVE SUMMARY

## INTRODUCTION

The Safeguarding Health in Conflict Coalition identified more than 1,203 reported incidents of violence against or obstruction of health care in 20 countries and territories experiencing conflict in 2019, compared to the 973 we reported in 23 countries and territories for 2018. The higher number may be due to improved reporting rather than an increase in incidents. It is likely, however, that a large number of incidents still go unreported and that the number is even greater than reported here.

At least 151 health workers died in 2019 as a result of incidents in 18 countries and territories, and 502 health workers were injured in 17 countries. Health facilities were damaged or destroyed in at least 19 countries, and health transports were damaged or destroyed in at least 14 countries.

Violence against health care in conflict around the world continues to deprive millions of people of their right to health and protections under international human rights and humanitarian law. It also hampers states' efforts in attaining universal health coverage.

In addition to the human suffering and loss of life, the incidents in 2019 impeded public health initiatives, from the Ebola response in the Democratic Republic of the Congo (DRC) to polio vaccination campaigns in Afghanistan and Pakistan. Violence also exacerbated shortages of health workers and resources. Many of these countries already faced acute shortages of health workers, as measured by the World Health Organization (WHO)'s standards.<sup>2</sup>

## METHODS AND LIMITATIONS

We used the Uppsala Conflict Data Program (UCDP) to determine if countries are in conflict, and included those that had experienced at least one incident of violence against or obstruction of health care in 2019.

The report is based on the collation of incident-based information from multiple sources, which are cross-checked and presented in a standardized format in a single dataset. Key sources are: Coalition member Insecurity Insight's Attacks on Health Care Monthly News Briefs and the WHO Surveillance System of Attacks on Healthcare (SSA). The latter covers ten countries and territories: Afghanistan, Burkina Faso, the Central African Republic (CAR), the DRC,

the occupied Palestinian territory (oPt), Libya, Mali, Nigeria, Sudan, and Yemen. Coalition members Physicians for Human Rights provided information on incidents in Syria, and Medical Aid for Palestinians provided information on incidents in the oPt. The report also includes information from the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA), the UN Office of the High Commissioner for Human Rights (OHCHR), the UN High Commissioner for Refugees (UNHCR), and media reports deemed reliable. Our dataset of incidents is available for open source access on the Humanitarian Data Exchange (HDX) at <https://data.humdata.org/dataset/shcchealthcare-dataset>.

The report does not aim to include or analyze incidents related to interpersonal or gang-related violence, even when these occurred in conflict-affected countries. In some circumstances, however, the distinction between these forms of criminal violence and political violence is difficult to make (for example, community member violence against the Ebola response in the DRC). In cases of doubt, we included the events. We also included violence against health workers in the context of demonstrations or public unrest if these occurred in countries that were also experiencing conflict as defined by the UCDP.

Where possible, the report aims to identify perpetrators of violence against health care. Unfortunately, many reports, including incidents identified in the WHO's SSA, do not contain information on perpetrators or context that would contribute to identifying them.

The report codes the context of attacks to determine perpetrators and the intentionality of the violence based on information available. Many events cannot be coded as there is insufficient information. Further information on methodology and definitions is available at <http://insecurityinsight.org/projects/healthcare/shcc>.

## OVERVIEW

In 2019, we identified an increase in the number of reported incidents of violence against or obstruction of health care in Afghanistan, Burkina Faso, the DRC, Egypt, Libya, Mali, Pakistan, Somalia, and Sudan, compared to 2018. We found a decrease in the number of reported incidents in Cameroon, the CAR, Iraq, Myanmar, Nigeria, the oPt, South Sudan, Syria, Ukraine, and Yemen.

## VIOLENCE AGAINST HEALTH WORKERS

Of the 151 health workers killed in incidents in 2019, at least 40 were in Syria, 25 in Afghanistan, at least 24 in the DRC, and 17 in Libya. An additional 12 health workers were killed in Pakistan, five in Burkina Faso, five in Nigeria, and four in Yemen. At least one health worker was killed in Cameroon, the CAR, Ethiopia, Mali, Myanmar, the oPt, Somalia, South Sudan, Sudan, and Ukraine.

Of the more than 502 health workers injured, reported incidents show at least 304 were injured in the oPt, 64 in the DRC, and 57 in Libya.

At least 90 health workers were kidnapped in 15 countries in 2019. High numbers of kidnappings were reported in Burkina Faso (19) and the DRC (16). Health workers were also kidnapped in Afghanistan, Cameroon, the CAR, Egypt, Iraq, Libya, Mali, Nigeria, Pakistan, Somalia, Sudan, Syria, and Yemen. In some cases, health workers who were kidnapped were also injured or later killed while being held captive.\*

In February, a vehicle-borne improvised explosive device (IED) planted by the Islamic State killed a doctor as he was returning home from his private clinic in Kabul, Afghanistan.<sup>3</sup> In the DRC in November, in one of many attacks against Ebola responders, Mai-Mai militia fatally stabbed an Ebola community outreach volunteer, injured his wife, and burned down their house.<sup>4</sup>

Israeli forces shot the same paramedic twice during the Great March of Return demonstrations in Gaza. In June, she was shot in the head while evacuating and providing first aid to injured demonstrators, affecting her sight.<sup>5</sup> While on duty in September, a bullet entered her hand and abdomen, and she now walks with difficulty and needs help with most daily tasks.<sup>6</sup>

\* Health workers kidnapped and then killed in captivity are coded in our dataset only as kidnapped.  
<sup>3</sup> Radio Free Europe/Radio Liberty. "Six Afghan civilians killed by roadside bomb." February 20, 2019. <https://www.rferl.org/a/six-afghancivilians-killed-by-roadside-bomb/29780271.html>.  
<sup>4</sup> Insecurity Insight. Attacks on Ebola Response. November 1–15 2019. <http://bit.ly/37kfF5a>.  
<sup>5</sup> Al Mezan Center for Human Rights. "61st Friday of demonstrations in Gaza: 95 wounded - including 31 children and four paramedics." June 17, 2019. <http://mezan.org/en/post/2353>.  
<sup>6</sup> WHO. Health access: barriers for patients in the occupied Palestinian Territory. Monthly report: September 2019. Oct. 26, 2019. <https://bit.ly/2y7muud>  
<sup>7</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. October 2019. <http://bit.ly/2Dj10t1>.  
<sup>8</sup> Office for the Coordination of Humanitarian Affairs (OCHA). Statement by Zlatan Milisic, Humanitarian Coordinator a.i. on attack causing civilian casualties and destruction of a hospital in Zabul. Humanitarian Response. September 19, 2019. <https://www.humanitarianresponse.info/ru/operations/afghanistan/document/statement-zlatan-milisic-humanitarian-coordinator-ai-attack-causing>.

In the CAR in October, Union for Peace in the Central African Republic militia ambushed and abducted four national nongovernmental organization (NGO) health workers transporting medical supplies in Mbomou prefecture and looted and burned their vehicles.<sup>7</sup>

## VIOLENCE AGAINST HEALTH FACILITIES AND TRANSPORTS

At least 216 health facilities were damaged or destroyed in 2019 in at least 19 countries or territories: Afghanistan, Burkina Faso, Cameroon, the CAR, the DRC, Egypt, Iraq, Libya, Mali, Myanmar, Nigeria, the oPt, Pakistan, Somalia, South Sudan, Sudan, Syria, Ukraine, and Yemen. Health facilities were damaged and destroyed by explosive weapons, arson attacks, and during armed robberies and raids.

In Afghanistan in September, a Taliban car bomb severely damaged a hospital in Zabul province, putting it out of service, and killed at least 20 people and wounded 97 more, including patients and health workers.<sup>8,9</sup>

In Syria, Coalition member Physicians for Human Rights documented 37 attacks on hospitals in 2019 and identified Syrian government or Russian forces as the perpetrator of 34 of these attacks.<sup>10</sup> In April, an airstrike hit the Al-Latamna Hospital in Northern Hama, causing major damage to the hospital and destroying an ambulance. The hospital was put out of service, leaving thousands of internally displaced persons in the region without access to any medical care.<sup>11</sup> On May 5, Russian and/or Syrian government forces bombed three hospitals in the area bordering Idlib and Hama: Kafr Zita Surgical Hospital, Nabad al-Hayat Hospital, and Kafr Nabl Surgical Hospital. The attack destroyed Nabad al-Hayat Hospital.<sup>12</sup> All three facilities had shared their coordinates with OCHA's deconfliction mechanism to alert warring parties of their locations. Russian and Syrian forces targeted the other two hospitals again in 2019.<sup>13</sup>

<sup>9</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. September 2019. <http://bit.ly/31zAiX0>.  
<sup>10</sup> Physicians for Human Rights. Illegal Attacks on Health Care in Syria. <https://syriamap.phr.org/#/en> (accessed May 4, 2020).  
<sup>11</sup> Relief Web. "Second Syrian hospital hit by airstrikes in less than 24 hours." April 29, 2019. <https://reliefweb.int/report/syrian-arab-republic/second-syrian-hospital-hit-airstrikes-less-24-hours>.  
<sup>12</sup> Relief Web. "Breaking: 3 hospitals bombed today in Syria." May 5, 2019. <https://reliefweb.int/report/syrian-arab-republic/breaking-3-hospitals-bombed-today-syria>.  
<sup>13</sup> Union of Medical Care and Relief Organizations. "Breaking: two more medical facilities bombed today in Syria." May 6, 2019. <https://conta.cc/3bBM74K>.

<sup>2</sup> WHO. World Health Statistics data visualizations dashboard. SDG Target 3.c | Health workforce. <https://apps.who.int/gho/data/node.sdg.3-c> (accessed May 13, 2020).



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In Somalia in January, a vehicle-borne IED exploded in the grounds of a hospital in Mogadishu, killing one doctor and injuring three doctors.<sup>14</sup> In Cameroon in February, suspected Boko Haram separatists raided and torched the Kumba District Hospital in the Sud-Ouest region, destroying the surgical and male wards and killing at least four people, including two patients.<sup>15</sup>

On July 21 in Khyber Pakhtunkhwa province in Pakistan, a Tehrik-e-Taliban Pakistan suicide bomber triggered an explosive-laden jacket outside a local civilian hospital. The blast damaged the hospital’s emergency ward, killed at least eight people, wounded at least 26, and forced some of the wounded to be transferred to other cities.<sup>16</sup>

In Libya in July, Libyan National Army forces launched an airstrike on a hospital in Tripoli that killed five doctors, injured eight other health workers, and damaged the hospital.<sup>17</sup>

In Yemen in March, a missile landed 50 yards from the Save the Children-supported Kitaf Hospital. The explosion killed at least seven people, including a health worker, their two children, and a security guard.<sup>18</sup>

Ambulances or health transports were damaged, destroyed, or hijacked in 16 countries or territories: Afghanistan, Burkina Faso, Cameroon, the CAR, the DRC, Egypt, Iraq, Libya, Mali, Myanmar, Nigeria, the oPt, Somalia, Syria, Ukraine, and Yemen.

At least 35 ambulances were damaged in the oPt. On March 20 during a clash between Palestinians and Israeli forces in the West Bank, Israeli forces reportedly opened fire on and damaged an ambulance, preventing it from reaching and providing urgent medical treatment to the injured.<sup>19,20</sup>

<sup>14</sup> Kindzeka, Moki Edwin. “Cameroon hospital attacked; medical staff, patients flee.” Voice of America. February 12, 2019. <https://www.voanews.com/africa/cameroon-hospital-attacked-medical-staff-patients-flee>.  
<sup>15</sup> Reuters. “Female suicide bomber kills eight in northwest Pakistan.” July 21, 2019. <https://reut.rs/2xMQxqZ>.  
<sup>16</sup> Zaptia, Sami. “Tripoli Ministry of Health condemns strike on field hospital that killed 5 and injured 8.” Libya Herald. July 28, 2019. <https://www.libyaherald.com/2019/07/28/tripoli-ministry-of-health-condemns-strike-on-field-hospital-that-killed-5-and-injured-8>.  
<sup>17</sup> Save the Children. “Seven killed in bombing of Save the Children-supported hospital in Yemen.” March 26, 2019. <https://www.savethechildren.org/us/about-us/media-and-news/2019-press-releases/seven-killed-in-hospital-bombing-yemen>.  
<sup>18</sup> Wafa. “Two Palestinians killed as Israeli settlers storm Joseph’s Tomb near Nablus.” March 20, 2019. <http://english.wafa.ps/page.aspx?id=0JnCx9a108820582761a0JnCx9>.  
<sup>19</sup> OCHA. Protection of Civilians Biweekly Highlights Reporting Period: 12–25 March 2019. [https://www.ochaopt.org/sites/default/files/poc\\_12-25\\_mar\\_2019.pdf](https://www.ochaopt.org/sites/default/files/poc_12-25_mar_2019.pdf).

In Mali, perpetrators hijacked at least ten health transports. In January, gunmen ambushed a convoy of health vehicles, hijacked two vehicles, and robbed health workers of their belongings.<sup>21</sup> In August, gunmen seized a vehicle belonging to a vaccination center.<sup>22</sup>

In Somalia in February, Sa’ad clan militia hijacked a South Galkayo Hospital ambulance and kidnapped the staff and two patients on the outskirts of Bitaale village.<sup>23</sup> In November, in Bal’ad district, Middle Shabelle region, an Al-Shabab militant shot a group of civilians transporting a patient to a nearby hospital and killed one person.<sup>24</sup>

In Nigeria in July, Boko Haram and the Islamic State in West Africa fighters ambushed an Action Against Hunger convoy delivering health and nutrition services to a remote community near the Niger border. The fighters killed a driver and kidnapped six Nigerian staff members, including three male health workers who were later killed by the fighters.<sup>25,26</sup>

In August in Idlib Governorate, Syria, warplanes fired missiles at an ambulance station supported by the Syrian American Medical Society, killing a nurse and an ambulance driver.<sup>27</sup>

**IN YEMEN IN MARCH, A MISSILE LANDED 50 YARDS FROM THE SAVE THE CHILDREN-SUPPORTED KITAF HOSPITAL. THE EXPLOSION KILLED AT LEAST SEVEN PEOPLE, INCLUDING A HEALTH WORKER, THEIR TWO CHILDREN, AND A SECURITY GUARD.**

<sup>21</sup> Insecurity Insight. Safeguarding Health Care Monthly News Brief. January 2019. <http://bit.ly/2SaeDjb>.  
<sup>22</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).  
<sup>23</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).  
<sup>24</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. July 2019. <http://bit.ly/2OVVKV6>.  
<sup>25</sup> Aljazeera. “ISIL-linked group executes 4 hostages in Nigeria: NGO.” December 13, 2019. <https://www.aljazeera.com/news/2019/12/isil-linked-group-executes-hostages-nigeria-ngo-191214000540719.html>.  
<sup>26</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. August 2019. <http://bit.ly/2mYrFXF>.



Paramedic Mohammed Jihad Abu Kashif was injured while on duty at the Great March of Return demonstrations in Gaza on 4 January 2019. Credit: ZUMA Press, Inc./Alamy Stock Photo



Photo of a hospital in Maarat Al-Numa, Syria, destroyed in July 2019 courtesy of the Syrian American Medical Society.

INCIDENTS DURING DEMONSTRATIONS

Health workers were also targeted, injured, and/or arrested at protests while trying to help the injured. Compared to 2018, many more incidents in the context of demonstrations were recorded globally in 2019, especially in Iraq, the oPt, and Sudan.

In Iraq, security forces threatened, injured, and assaulted emergency care health workers for providing medical assistance to demonstrators. According to Coalition member Human Rights Watch, on November 9 in Baghdad, approximately 40 anti-riot police destroyed a makeshift medical tent, along with equipment and medication. The police then set the tent on fire and fired a teargas cartridge at an ambulance with emergency volunteers on board. When the emergency volunteers returned two days later to collect medication from storage, security forces opened fire on them without warning.<sup>28</sup>

As the Great March of Return protests continued in Gaza throughout 2019, Israel used force against protesters, including tear gas, rubber-coated steel bullets, and live ammunition. In this context, Israeli forces injured 274 Palestinian health workers and damaged 35 ambulances.<sup>29</sup>

In Sudan, security forces targeted health workers, including during pro-democracy protests on June 3 in Khartoum. According to Coalition member Physicians for Human Rights, security forces identified health workers, particularly

doctors, as targets because of their role in the protests and arrested and detained doctors for providing medical care to protesters or for making statements in support of the protests. Security forces shot, beat, burned, sexually assaulted, intimidated, and/or harassed hundreds of health workers and other civilians during the June 3 protests.<sup>30</sup>

**ACCORDING TO COALITION MEMBER HUMAN RIGHTS WATCH, ON NOVEMBER 9 IN BAGHDAD, APPROXIMATELY 40 ANTI-RIOT POLICE DESTROYED A MAKESHIFT MEDICAL TENT, ALONG WITH EQUIPMENT AND MEDICATION. THE POLICE THEN SET THE TENT ON FIRE AND FIRED A TEARGAS CARTRIDGE AT AN AMBULANCE WITH EMERGENCY VOLUNTEERS ON BOARD.**

PERPETRATORS

Identifying and understanding the motives of perpetrators is key to developing preventive strategies and mitigation measures to reduce the impact of attacks, as well as to pursue accountability processes. In this report, a distinction is made between the context of the incident and the assumed intent.

In cases where there is sufficient evidence to support an inference about perpetrator and intent it is identified in the dataset.

<sup>28</sup> Human Rights Watch. “Iraq: security forces attack medics treating protesters.” November 14, 2019. <https://www.hrw.org/news/2019/11/14/iraq-security-forces-attack-medics-treating-protesters>.  
<sup>29</sup> WHO. “Attacks on Healthcare during the Gaza Great March of Return: January–December 2019.” [http://www.emro.who.int/images/stories/palestine/documents/infographic-attacks-only\\_2019.jpg?ua=1](http://www.emro.who.int/images/stories/palestine/documents/infographic-attacks-only_2019.jpg?ua=1) (accessed May 18, 2020).  
<sup>30</sup> Fricke, Adrienne. “Chaos and fire”: an analysis of Sudan’s June 3, 2019 Khartoum massacre. Physicians for Human Rights.



CONTEXTS OF INCIDENTS

Incidents of violence against or obstruction of health care occurred in varying contexts. In Iraq, the oPt, and Sudan, health workers were frequently impacted by threats and violence during and following demonstrations. In the DRC, Pakistan, Somalia, and Yemen, health workers and facilities providing specific health programs, like a polio vaccination

campaign or an Ebola emergency response, experienced threats and violence. In Burkina Faso, the CAR, and Mali, looting or robbery of health supplies or ambulances were commonly reported. Syria and Yemen experienced conflicts in which air power was employed against health facilities.

OVERVIEW OF INCIDENTS OF VIOLENCE AGAINST HEALTH IN 2019

COUNTRY	NUMBER OF INCIDENTS	NUMBER OF HEALTH WORKERS KILLED	NUMBER OF HEALTH WORKERS KIDNAPPED	NUMBER OF HEALTH WORKERS INJURED	NUMBER OF HEALTH WORKERS THREATENED	NUMBER OF INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED OR DESTROYED	NUMBER OF INCIDENTS WHERE HEALTH TRANSPORT WAS DESTROYED OR DAMAGED
AFGHANISTAN	101	25	6	15	3	10	2
BURKINA FASO	27	5	19	0	1	1	2
CAMEROON	8	3	2	0	1	2	0
CAR	13	1	5	3	4	1	1
DRC	434	24	16	64	266	63	3
EGYPT	3	0	1	0	0	1	2
ETHIOPIA	1	2	0	0	0	0	0
IRAQ	9	0	2	3	3	2	2
LIBYA	73	17	7	57	1	5	2
MALI	28	1	5	4	7	2	2
MYANMAR	1	1	0	1	0	1	1
NIGERIA	19	5	7	1	1	4	1
OPT	226	2	0	304	3	1	8
PAKISTAN	23	12	4	7	0	2	0
SOMALIA	12	1	6	3	0	6	1
SOUTH SUDAN	3	3	0	2	0	3	0
SUDAN	37	3	4	3	1	11	0
SYRIA	147	40	4	31	0	90	24
UKRAINE	3	1	0	0	0	1	1
YEMEN	35	4	2	4	2	10	0
TOTALS	1,203	151	90	502	293	216	52

ANALYSIS

INCREASES IN INCIDENTS FROM 2018 TO 2019

The number of reported incidents has risen sharply in the last three years—more than 1,200 incidents in 2019 vs. 973 in 2018 and 701 in 2017. The alarmingly high count of incidents likely reflects more robust and complete reporting. Given the lack of consistency in reporting, it is not possible to determine whether the actual number of incidents of violence against health care has increased over time. It is very likely that the number of incidents in 2019, as in prior years, is even higher than this report documents due to underreporting.

PUBLIC HEALTH INITIATIVES IMPACTED

Violence against health care deeply impacted public health and vaccination campaigns in multiple countries.

In the DRC, reported incidents of violence against health care increased significantly to 434 in 2019, compared to 24 in 2018. From August 2018 to November 2019, the DRC experienced the country’s tenth major Ebola outbreak, which was declared a Public Health Emergency of International Concern by the WHO in July 2019.<sup>31</sup> Between August 2018 and November 2019, there were 3,296 confirmed cases of Ebola and 2,196 deaths in the DRC as a result of the outbreak.<sup>32</sup> The majority of incidents in 2019 occurred in the context of the Ebola response and in Ebola-affected areas. The number of reported incidents peaked between February and May, coinciding with intensified Ebola intervention efforts following a rise in Ebola cases, and remained elevated through August. Violence during the Ebola response coupled with widespread community distrust and resistance to external help greatly impacted efforts to contain the spread of Ebola, as well as a recent outbreak of measles.<sup>33</sup>

Incidents of violence had a dire effect on polio eradication efforts in 2019. In Pakistan, the National Immunization Days campaign in April 2019 was unable to vaccinate 1.8 million of the children it had intended to reach after the campaign was suspended due to violence. In April,

perpetrators violently targeted polio vaccinators in Pakistan four times, and a polio clinic was ransacked and torched. As Pakistan is one of the three countries considered polio-endemic, in addition to Nigeria and Afghanistan, the effect of violence on polio eradication efforts is alarming. Following the incidents, the government suspended the anti-polio campaign and, for the first time, suspended the post-campaign evaluation that documents areas of anti-polio coverage and weak coverage. By the end of 2019, there were at least 140 confirmed cases of polio in Pakistan, compared to 12 in 2018.<sup>34</sup>

Violence against health care also impacted polio eradication efforts in other countries. In Afghanistan in April, the Afghan Taliban announced a temporary ban on the International Committee of the Red Cross and the WHO in areas under its rule, citing unspecified suspicious actions during a vaccination drive.<sup>35</sup>

The COVID-19 pandemic response has been severely impeded in countries experiencing violence against health care. In many of the countries discussed in the report, violence has destroyed or dramatically weakened health systems and depleted health workforces. The remaining hospitals have limited bed capacity and equipment and have suffered losses of staff. At the same time, many of the wars have brought forced displacement, widespread poverty, hunger, and economic collapse. Additionally, in many countries throughout the world, including countries not in conflict, health workers responding to the pandemic have been subjected to individual and collective assaults and coercion or punishment by security forces for speaking up about needs in the response.

IMPUNITY CONTINUES

In 2019 impunity for violence against health care in conflict continued despite some investigations.

In Syria, deliberate violence against health facilities and health workers continued without legal consequences. The UN’s deconfliction mechanism, a process by which health providers communicate their coordinates to warring parties to protect facilities from attacks, failed as Syrian and Russian

<sup>31</sup> WHO. “Ebola outbreak in the Democratic Republic of the Congo declared a Public Health Emergency of International Concern.” July 17, 2019. <https://www.who.int/news-room/detail/17-07-2019-ebola-outbreak-in-the-democratic-republic-of-the-congo-declared-a-public-health-emergency-of-international-concern>.  
<sup>32</sup> Centers for Disease Control and Prevention. Morbidity and Mortality Report. December 20, 2019. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6850a3.htm>.  
<sup>33</sup> WHO Regional Office for Africa. “Deaths from Democratic Republic of the Congo

measles outbreak top 6000.” January 7, 2020. <https://www.afro.who.int/news/deaths-democratic-republic-congo-measles-outbreak-top-6000>.  
<sup>34</sup> Pakistan Polio Eradication Programme. Pakistan polio update. December 2019. <https://www.endpolio.com.pk/images/polio-briefer/Pakistan-Polio-Update-December-2019.pdf>.  
<sup>35</sup> Reuters. “Afghan Taliban bans WHO and Red Cross work amid vaccination drive.” April 11, 2019. <https://news.trust.org/item/20190411150613-0a5xo/>.



EXECUTIVE SUMMARY

forces continued to conduct airstrikes against hospitals on the no-strike list.

In September, the UN Secretary-General launched a limited inquiry into attacks on four health facilities in northwest Syria. Even as the Board of Inquiry carried out its investigation in late 2019 and early 2020, Physicians for Human Rights documented at least six more attacks on health facilities, one of them on the Board’s list. The Board found cases where Syria had conducted airstrikes on health facilities on the deconflicted list but did not identify Russia as a perpetrator despite extensive evidence of its involvement. The Board also was instructed not to draw conclusions as to whether war crimes had been committed.

In February 2019, the UN Independent Commission of Inquiry on the Protests in the Occupied Palestinian Territory in the context of the Great March of Return found “reasonable grounds to believe that Israeli snipers intentionally shot health workers.”<sup>36</sup> Israel conducted internal military investigations but to date has brought no criminal charges.<sup>37</sup>

Sudan established a transitional civil-military government and adopted a new constitution containing commitments to human rights and justice. The constitution created a commission for conducting a “transparent, meticulous investigation” of violations committed on and around a violent crackdown on demonstrators on June 3, 2019, but it did not provide a clear path to accountability. It also did not reform laws to promote justice for the survivors and families of those who had died, and instead incorporated existing laws that provide immunity to security forces for acts committed in the line of duty.<sup>38</sup>

ACTIONS BY THE INTERNATIONAL COMMUNITY IN 2019

In March, the UN Security Council addressed the problem of the use of counter-terrorism law to impede humanitarian

<sup>36</sup> Office of the United Nations High Commissioner for Human Rights (OHCHR) Human Rights Council, Fortieth Session. Report of the independent international commission of inquiry on the protests in the Occupied Palestinian Territory. February 25, 2019. [https://www.ohchr.org/Documents/HRBodies/HRCouncil/ColOPT/A\\_HRC\\_40\\_74.pdf](https://www.ohchr.org/Documents/HRBodies/HRCouncil/ColOPT/A_HRC_40_74.pdf).

<sup>37</sup> Medical Aid for Palestinians. Chronic impunity: Gaza’s health sector under repeated attack. March 2020. <https://www.map.org.uk/downloads/chronic-impunity-gazas-health-sector-under-repeated-attack.pdf>.

<sup>38</sup> Fricke, Adrienne. “Chaos and fire”: an analysis of Sudan’s June 3, 2019 Khartoum massacre. Physicians for Human Rights. March 5, 2020. [https://phr.org/our-work/resources/chaos-and-fire-an-analysis-of-sudans-june-3-2019-khartoum-massacre/#\\_ftn17](https://phr.org/our-work/resources/chaos-and-fire-an-analysis-of-sudans-june-3-2019-khartoum-massacre/#_ftn17).

response and medical care in crises. It adopted resolution 2462 on terrorism financing, which included language urging states to “take into account the potential effect of” counter-terrorism measures on “exclusively humanitarian activities, including medical activities, that are carried out by impartial humanitarian actors in a manner consistent with international law.”<sup>39</sup>

In September, all UN member states signed the Political Declaration of the High-Level meeting on Universal Health Coverage,<sup>40,41</sup> committing to protect and respect health workers, facilities, and transport in conflict from attack and “ensure the wounded and the sick receive, to the fullest extent practicable and with the least possible delay, the medical care and attention required.”

The WHO expanded coverage of its SSA in 2019, though it is still limited to ten countries. In some of those countries, it significantly underreports incidents. In the first four and a half months of 2020, moreover, it reported fewer than 80 incidents globally, a huge drop that is not consistent with reports from other entities. The dramatic decrease appears to be a product of insufficient data collection and reporting, not a drop in the number of incidents. At the same time, certain member states questioned the WHO’s role in producing data on violence against health care.

IN FEBRUARY 2019, THE UN INDEPENDENT COMMISSION OF INQUIRY ON THE PROTESTS IN THE OCCUPIED PALESTINIAN TERRITORY IN THE CONTEXT OF THE GREAT MARCH OF RETURN FOUND “REASONABLE GROUNDS TO BELIEVE THAT ISRAELI SNIPERS INTENTIONALLY SHOT HEALTH WORKERS.”

<sup>39</sup> UN Security Council, 8496th meeting. S/RES/2462 (2019). Threats to international peace and security caused by terrorist acts: preventing and combating the financing of terrorism. March 28, 2019. [https://undocs.org/en/S/RES/2462\(2019\)](https://undocs.org/en/S/RES/2462(2019)).

<sup>40</sup> UHC2030. Political Declaration for the UN High-Level Meeting Meeting [sic] on UHC. September 16, 2019. <https://www.uhc2030.org/news-events/uhc2030-news/political-declaration-for-the-un-high-level-meeting-meeting-on-uhc-555296/>.

<sup>41</sup> WHO. “WHO welcomes landmark UN declaration on universal health coverage.” September 23, 2019. <https://www.who.int/news-room/detail/23-09-2019-who-welcomes-landmark-un-declaration-on-universal-health-coverage>.

RECOMMENDATIONS

Over the past four years, members of the international community have made many commitments to carrying out the requirements of UN Security Council resolution 2286, adopted in 2016. Many states have formally reiterated their commitments, including in the July 2019 Call for Action to strengthen respect for international humanitarian law and principled humanitarian action, which was signed by more than 40 states.

The NGO Geneva Call has also circulated the Deed of Commitment calling for protecting health care in conflict, in which armed groups agree to refrain from attacking, interfering with, or obstructing health care; to train and, when needed, discipline, soldiers who violate the prohibitions; to abide by the no-weapons policies of health facilities; and to cooperate in monitoring and verifying their performance.

For the most part, states have not fulfilled their commitments, and few armed groups have signed the Deed of Commitment.

The following recommendations provide steps toward fulfilling pledges and expanding the circle of actors who commit to respecting and protecting health care in conflict.

MEMBER STATES SHOULD:

1. Adhere to the provisions of international humanitarian and human rights law regarding respect for and protection of health services and the wounded and sick and regarding the ability of health workers to adhere to their ethical responsibilities of providing impartial care to all in need.
2. Ensure the full implementation of Security Council resolution 2286 and adopt measures to enhance the protection of, and access to, health care in armed conflict, as set out in the Secretary-General’s recommendations to the Security Council in 2016.
3. Publicly report on measures taken to implement resolution 2286 and, for states that have endorsed the Call for Action, steps taken pursuant to the Call to Action with respect to the protection of health care in conflict, specifically:

- a. In accordance with General Assembly resolution A/Res/73/174 on human rights and counter-terrorism, reform laws and police and prosecutorial practices so as not to punish or impede humanitarian and medical activities, or punish or impede individuals and organizations who provide health care in conflict, no matter the affiliation of the wounded or sick individual they treat.
- b. **Through their ministries of defense and interior:**
  - i. 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.
  - ii. Discipline soldiers and other security personnel who interfere with, obstruct, threaten, or assault health facilities and personnel engaged in health care activities, consistent with their mission and ethical obligations.
  - iii. Undertake comprehensive annual performance reviews for all military, police, and other security forces with respect to the protection of health care in conflict, particularly with respect to instances where forces have intentionally or unintentionally interfered with or obstructed access to health care; inflicted violence on health facilities, health personnel, or the wounded and sick; or arrested or punished health workers for having provided care to an individual deemed to be an enemy.
- 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.



RECOMMENDATIONS

d. Institute multisector approaches to protecting health care in conflict; ministries of health should:

- i. Actively collect data on violence against health care, including developing systems to receive information from NGOs and civil society groups regarding acts that interfere with, obstruct, threaten, and assault health workers and facilities engaged in health care activities.
  - ii. Liaise with security forces to ensure the protection of and respect for health workers and health facilities.
  - iii. Refrain from arms sales to perpetrators of violence against health care.
  - iv. Actively support health facilities to maintain their security, including through outreach to other ministries and actors who infringe or may infringe on the protection of health facilities.
  - v. Act as an interlocutor with the ministries of defense and interior to increase the security of health facilities and personnel.
4. Take strong diplomatic actions against perpetrators of violence against health care through public condemnations, demarches, and other mechanisms.
5. Take actions to ensure respect for international humanitarian law, as set forth in the first article of each of the four Geneva Conventions. To that end, they should initiate investigations of instances where partner military forces, as well as their own, affected health workers and/or damaged or destroyed hospitals and other health facilities.
6. Support and invest in strengthening the WHO's SSA.

THE UN SECURITY COUNCIL SHOULD:

- 1. Formally adopt the recommendations for implementing resolution 2286 made by the Secretary-General in 2016.
- 2. Refer Syria and Saudi Arabia to the International Criminal Court for investigation of war crimes against health care.

3. Schedule briefings on situations in countries identified in this report in which health care is under the most severe attack. The briefings should include information on investigations and accountability steps taken by the relevant member states.
4. Use its authority to impose sanctions on the relevant member states that are perpetrators of violence against health care, where appropriate.

THE UN SECRETARY-GENERAL SHOULD:

- 1. Prepare a report on member state follow-through on the requirements of resolution 2286 and the Secretary-General's previous recommendations.
- 2. In furtherance of his 2016 report on resolution 2286 to strengthen the role of peacekeeping operations for the "safe delivery of medical care," and to implement the 2019 Declaration of Shared Commitments on UN Peacekeeping Operations regarding civilian protection, take concrete steps to establish guidance and training for peacekeepers on specific actions and behaviors needed to protect health care.

THE WHO SHOULD:

- 1. Strengthen its SSA by expanding the number of country offices that report attacks on health care and ensure that all attacks are reported by its country offices.
- 2. Engage in outreach to new potential partners, including local NGOs, to ensure that its surveillance system captures all attacks.
- 3. Provide information to describe the basic facts of the incident (withholding location information if needed for security reasons) and take steps to identify the perpetrator, context of the event, and details of the incident when known.

RECOMMENDATIONS

ARMED GROUPS SHOULD:

- 1. Adhere to the provisions of international humanitarian and human rights law regarding respect for and protection of health services and the wounded and sick and regarding the ability of health workers to adhere to their ethical responsibilities of providing impartial care to all in need.
- 2. Sign the Deed of Commitment on the protection of health care initiated by Geneva Call.
- 3. Adopt internal rules on the protection of the wounded and sick, health care staff, transports, and facilities.
- 4. Proactively include the protection of health care in peace processes.
- 5. Adopt internal regulations on the protection of the wounded and sick, health care staff, transports, and facilities.
- 6. If listed in the UN Secretary-General's list of parties that commit grave violations against children for attacking hospitals, develop and implement an action plan to end the violations.

CIVIL SOCIETY AND HEALTH WORKER ASSOCIATIONS SHOULD:

- 1. Express solidarity with and support for health workers who have been targeted or are at risk of violence.
- 2. Work toward reforming laws, military practices, investigation procedures, and accountability at all governance levels, including at the national level.
- 3. Engage with ministries of health to ensure that associations take meaningful action to support the protection of health care in conflict.
- 4. Ensure adherence of humanitarian principles and use of an acceptance strategy to negotiate access to provide health care in conflict affected areas.
- 5. Raise public awareness of the health, social, and economic consequences of violence against health care.

DONORS SHOULD:

- 1. Invest in collecting data on violence against health care in countries in conflict.
- 2. Invest in research on the impact of violence against health care on health systems in countries in conflict.



NURSES AT RISK: HOW VIOLENCE IS STRIPPING US OF OUR MOST PRECIOUS RESOURCE

Erica Burton, senior advisor of nursing and health policy, International Council of Nurses (ICN)

Imagine what it would be like to go to work every day and not know if you will make it back home; to work in constant fear and without the tools required to carry out your job safely and effectively. Imagine if this work was essential to keep babies alive, to prevent the spread of disease, to care for the most vulnerable. Imagine you were bound to this work by an ethical imperative. As violence against health care continues, and possibly increases, in conflict areas around the world, this is the reality for tens of thousands of nurses delivering essential health services.

The World Health Organization designated 2020 as the International Year of the Nurse and the Midwife in recognition of the unique contribution that nurses and midwives make to global health. In celebrating this historic year, we must honor nurses who are on the front lines of care in conflict zones and who put their lives at risk to provide essential care to those who need it the most.

Making up nearly 50% of the global health workforce, nurses are the largest group of health workers, with over 20 million worldwide.<sup>1</sup> They are the backbone of health systems, providing care in all settings and across the life course. Nurses administer vaccines, diagnose illnesses, prescribe life-saving medicines, and promote and support mental health. A nurse is often the first and sometimes the only health professional that patients and families will see. The bad news is that this precious and vital resource is in danger and lacks protection. According to the State of the World's Nursing Report, only 37% of countries report having measures in place to prevent attacks on nurses and other health workers.<sup>2</sup>

Repeated violence on health care in conflict puts nurses at risk of kidnapping, sexual assault, injury, and death. The facilities in which they work are being looted, forced to close, damaged or destroyed, leaving them with little to no resources to carry out their jobs.

<sup>1</sup> World Health Organization. Nursing and Midwifery. [https://www.who.int/hrh/nursing\\_midwifery/en/](https://www.who.int/hrh/nursing_midwifery/en/) (accessed May 14, 2020).  
<sup>2</sup> World Health Organization. State of the world's nursing 2020: investing in education, jobs and leadership. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications-detail/nursing-report-2020> (accessed May 14, 2020).  
<sup>3</sup> Incident shared by the World Health Organization.  
<sup>4</sup> Journal du Cameroun. "Cameroon: hundreds gather to mourn pregnant nurse killed in Kumbo." January 24, 2019. <https://www.journalducameroun.com/en/cameroonhundreds-gather-to-mourn-pregnant-nurse-killed-in-kumbo/>.

In 2019 alone, violence against health care in conflict throughout the year led to nurses being killed, injured, and kidnapped. Here are just a few examples:

- In January in Cameroon, a pregnant nurse was shot and killed on her way to work in Nord-Ouest region.<sup>3</sup> Locals accused Cameroonian soldiers of carrying out the act.<sup>4</sup>
- In April in the Central African Republic, a nurse was stopped by an armed group while he was traveling on the road. The men held the nurse captive in the bush before shooting and killing him, and then stealing his motorcycle.<sup>5,6</sup>
- In August in Idlib Governorate, Syria, a nurse was killed when warplanes fired missiles at an ambulance station.<sup>7</sup>
- In Libya in October, a nurse was injured when Libyan National Army forces launched an airstrike on a field hospital in Wadi al Rabie. The targeted attack also damaged the hospital and destroyed a number of ambulances.<sup>8</sup>
- In Nigeria in December, a female nurse was kidnapped by Boko Haram militants. The insurgents ambushed the vehicle she was traveling in, forced her and four others into the bush, then moved them to a camp.<sup>9,10</sup> Her captors moved her to at least two different locations and threatened to marry her off.<sup>11</sup> She was released several weeks later.<sup>12</sup>

<sup>5</sup> Attacks on Health Care Monthly News Brief by Insecurity Insight. April 2019. <http://bit.ly/2JXadvP>.  
<sup>6</sup> Médecins Sans Frontières. "Central African Republic: MSF mourns the killing of our colleague." April 9, 2019. <https://www.doctorswithoutborders.org/what-we-do/news-stories/news/central-african-republic-msf-mourns-killing-our-colleague>.  
<sup>7</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. August 2019. <http://bit.ly/2mYrFXF>.

Nurses work every day to ensure that the right to health, a fundamental right for all individuals, is not compromised in conflict situations. Respect for life and dignity is inherent to nursing and nurses have an obligation to safeguard and promote the right to health at all times—during peace and conflict.

Providing impartial care to those in need is not only enshrined in the International Council of Nurses' Code of Ethics for Nurses<sup>13</sup> but is at the heart of nursing practice. The respect for and dedication to these principles is what compels nurses to carry out their roles in violent conflict settings, ensuring those in need, non-combatant or combatant, receive the care they need. However, in order to provide this essential care, the places where health services are delivered and the access to their location must remain safe and neutral.

RESPECT FOR LIFE AND DIGNITY IS INHERENT TO NURSING AND NURSES HAVE AN OBLIGATION TO SAFEGUARD AND PROMOTE THE RIGHT TO HEALTH AT ALL TIMES—DURING PEACE AND CONFLICT.

Conflict directly and indirectly affects those who deliver care and those requiring care, and has crippling effects on entire health systems. The scale of the negative consequences is immense.

Working on the front lines of care, nurses are at high risk of becoming victims when violence against health care occurs. In 2019, nurses were among the at least 150 documented health workers who were killed and the 500 documented who were injured. While some data specifically on violence against nurses in conflict is available, the true extent of the problem is unknown as details such as the type of health

<sup>8</sup> Airwars. <https://airwars.org/> (accessed on May 5, 2020). Attacks on Health Care Monthly News Brief, by Insecurity Insight. October 2019. <https://bit.ly/2xNu9hb>  
<sup>9</sup> Saga Gist. "Abduction of aid workers: nurses in plateau demand employment to reduce risk of kidnap." <https://www.sagagist.com.ng/2020/01/abduction-of-aid-workers-nurses-in.html> (accessed May 4, 2020).  
<sup>10</sup> Nwezeh, Kingsley. "Boko Haram frees five abducted aid workers." This Day. January 16, 2020. <https://www.thisdaylive.com/index.php/2020/01/16/boko-haram-frees-five-abducted-aid-workers/>.  
<sup>11</sup> Adama, Dickson S., "How I survived Boko Haram captivity – Jennifer Samuel." Daily Trust. January 19, 2020. <https://www.dailytrust.com.ng/how-i-survived-boko-haram-captivity-jennifer-samuel.html>.  
<sup>12</sup> Viewpoint Nigeria. "Plateau aid worker, Jennifer Ukambong Samuel, 4 others abducted by Boko Haram released." January 15, 2020. <http://www.viewpointnigeria.org/plateau-aid-worker-jennifer-ukambong-samuel-4-others-abducted-by-boko-haram-released>.

worker affected are often missing in reports of violence against health care in conflict. Many incidents are not reported at all.

The workforce is being depleted by large scale flights of health care workers in countries with already dire human resources for health.<sup>14</sup> The world needs six million more nurses and midwives by 2030 in order to achieve universal health coverage.<sup>15</sup> Every time a nurse is taken from the health workforce due to violence against health care, populations suffer. Conflict has devastating consequences on human health as a result of direct injury and mortality, the breakdown of public health, and short- and long-term impacts on mental health.

Violence against health care not only disrupts health services in the short-term, it has the power to completely dismantle a country's health and social systems and reverse any efforts to achieve universal health coverage and meet the Sustainable Development Goals. So often, the destruction, injury, and death that results from conflict far exceeds the health system's capacity to respond to these impacts, leaving individuals, families, and communities without adequate health services and more vulnerable to poor health and well-being. Between 2003 and 2011, one third of all deaths in Iraq were caused by indirect effects of health system disruption.<sup>16</sup> Conflict also creates situations that further exacerbate poor health and well-being, including lack of security and safety, family separation, abuse, neglect, and exploitation.

Attacks against health care and nurses threaten the very thread of our health systems. Health workers who remain to deliver health care are up against numerous challenges. The militarization of health care makes it more difficult to access populations and for populations to access health care. Fear of attacks and a mistrust of the health system resulting from

<sup>13</sup> The International Council of Nurses. The ICN code of ethics for nurses. 2012. Geneva, Switzerland. [https://www.icn.ch/sites/default/files/inline-files/2012\\_ICN\\_Codeofethicsfornurses\\_%20eng.pdf](https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf)  
<sup>14</sup> M.Fouad, Fouad & Sparrow, Dr. Annie & Tarakji, Ahmad & Alameddine, Mohamad & El-Jardali, Prof & Coutts, Adam & El Arnaout, Nour & Bou-Karroum, Lama & Jawad, Mohammed & Roborgh, Sophie & Abbata, Aula & Alhalabi, Fadi & Almasri, Ibrahim & Jabbour, Samer. (2017). Health workers and the weaponisation of health care in Syria: A preliminary inquiry for The Lancet-American University of Beirut Commission on Syria. The Lancet. 390. 10.1016/S0140-6736(17)30741-9.  
<sup>15</sup> World Health Organization. State of the world's nursing 2020: investing in education, jobs and leadership. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications-detail/nursing-report-2020> (accessed May 14, 2020).



ESSAY: NURSES AT RISK

poor quality care can prevent people from accessing health services, neglecting important health conditions.

Violence against health care damages or destroys health infrastructure resulting in a lack of material resources including physical places to deliver care, essential medicines, water, soap, and basic medical supplies. For example, in Syria, the government often blocks convoys with dialysis kits and essential medicines to besieged areas and routinely removes intravenous fluids from aid convoys.<sup>17</sup> Furthermore, nurses are tasked to manage large numbers of complex trauma victims, infectious disease outbreaks, and forced to make choices in prioritizing care.<sup>18</sup> Without these bare essentials, the quality of care delivered by health

personnel is significantly impacted, leading to poor health outcomes and increased mortality.

Violence against nurses and other health workers must be documented and data systematically collected to understand the true extent of the problem and to develop effective responses to prevent and respond to this violence. This violence must be condemned at the highest levels which is matched with investment in the protection of health workers. Strict and responsible legislation that holds perpetrators accountable is needed. International humanitarian law must be respected. Action must be taken now to protect one of our most precious resources, nurses.

DIANE ROBERTSON BELL,  
NURSING ACTIVITY MANAGER IN GAZA, OCCUPIED PALESTINIAN TERRITORY

We are living only about five minutes away from the office, so we’re able to walk to work each morning and dodge the chaotic traffic of Gaza. We pass buzzing shops and restaurants, but I begin to think of the city as a very claustrophobic space for those who are unable to leave.

The working day starts with a meeting for all staff. We also have a security briefing where we find out if there were any bombing or shelling incidents the night before, or if there are any planned protests for the day ahead. I go to my computer and look at emails and complete any necessary paperwork, but as soon as I’ve finished, I try to get out and visit the clinics, operating rooms and the inpatient ward.

Walking into an Médecins Sans Frontières (MSF) clinic in Gaza, you will see a lot of young men with crutches, with external fixators, with walking sticks. In fact, you might hear them first. It’s a noisy place with lots of chatter.



Diane Robertson Bell (middle)  
with colleagues in Gaza  
©Diane Robertson Bell

<sup>16</sup> Hagopian A, Flaxman AD, Takaro TK, Esa Al Shatari SA, Rajaratnam J, Becker S, et al. (2013) Mortality in Iraq Associated with the 2003–2011 War and Occupation: Findings from a National Cluster Sample Survey by the University Collaborative Iraq Mortality Study. PLoS Med 10(10): e1001533. <https://doi.org/10.1371/journal.pmed.1001533>.  
<sup>17</sup> M.Fouad, Fouad & Sparrow, Dr. Annie & Tarakji, Ahmad & Alameddine,

Mohamad & El-Jardali, Prof & Coutts, Adam & El Arnaout, Nour & Bou-Karroum, Lama & Jawad, Mohammed & Roborgh, Sophie & Abbara, Aula & Alhalabi, Fadi & Almasri, Ibrahim & Jabbour, Samer. (2017). Health workers and the weaponisation of health care in Syria: A preliminary inquiry for The Lancet-American University of Beirut Commission on Syria. The Lancet. 390. 10.1016/S0140-6736(17)30741-9.  
<sup>18</sup> ibid

ESSAY: NURSES AT RISK



Nurse/midwife Furaha  
Bazikanya Walumpumpu  
performs an ultrasound scan  
on a pregnant woman that  
requires a c-section  
©Agnes Varraine-Leca/MSF

FURAHA BAZIKANYA WALUMPUMPU,  
A NURSE/MIDWIFE IN YEMEN

Being a Médecins Sans Frontières (MSF) nurse can be tough. We work long hours and the job can be emotionally and physically draining, but I love what I do.

I wake up at 5 a.m. I have a shower and quickly eat breakfast, and by 7 a.m. I’m in the hospital ready to receive the handover from my colleagues on the night shift.

Before I arrive in the hospital and start my ward round, I already anticipate that the emergency room will be very busy with pregnant women and injured patients from gunshots, landmine explosions, bomb explosions.

Yemen is a country at war. The health system has been destroyed. In Mocha, MSF runs the only facility for miles around. It’s the only hospital in the district providing free health care for the local population.

Before we set up the hospital in Mocha, women with obstetric emergencies had to travel six hours to Aden for medical attention. Many did not survive the journey. So MSF decided to step in and help these women, saving lives.

Being a nurse can be tough. We work long hours and the job can be emotionally and physically draining, but I love what I do. Being able to provide proper, timely, and free care to people who need it most is a privilege. Although my body and mind are tired, my heart is full.



This seventh report of the Safeguarding Health in Conflict Coalition documents attacks on health care in 20 countries and territories in conflict in 2019. We referred to the UCDP<sup>1</sup> to determine if a country is considered to have experienced conflict in 2019, and of these countries, we included those that had experienced at least one incident of violence against or obstruction of health care in 2019. We discuss the 15 countries with the highest numbers of reported attacks in separate fact sheets.

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 2019 data cited in this report can be accessed via Attacks on Health Care in Countries in Conflict<sup>2</sup> on Insecurity Insight's page on the Humanitarian Data Exchange (HDX).<sup>3</sup> The data for the 15 countries with the highest numbers of reported attacks are made available as individual datasets. The links are provided on the individual country profiles.

Please see the full Methodology here: <https://bit.ly/3daW5uJ>

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 incidents reported are indiscriminate or reckless, but otherwise meet the WHO definition. This report focuses on incidents of violence against health care in the context of conflict or in situations of severe political volatility and public health programs, including emergency responses, while the WHO focuses on attacks in 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 facilities, the violent searching of facilities, fire, arson, military use, military takeover, chemical attack, cyberattack, abduction of health workers, denial or delay of health services, assault, forcing staff to act against their ethics, execution, torture, violent demonstrations, administrative harassment, obstruction, sexual violence, psychological violence, and the threat of violence.

These categories have been included as far as they were reported. 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 within health facilities when included in incident descriptions. 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 Coalition follows the UCDP definitions of conflict and has developed some adaptations specific to reflect the unique features of violence against health care in conflict.<sup>4</sup> A country or territory is included in the report if it is included on the UCDP list<sup>5</sup> and if we identified at least one attack on health care perpetrated by a conflict actor, defined as a person affiliated with organized actors in conflict.<sup>6</sup> Interpersonal violence or violence by patients against health care providers are generally not included in this report, even when they occurred in conflict-affected countries. However, violence against specific public health programs, such as polio vaccinations or the Ebola response, are included even when the perpetrators may not be clearly affiliated with an organized group, but rather members of a community opposed to these programs.<sup>7</sup> Also included is violence against health workers in the context of demonstrations or public unrest, if these occur in countries that also experience conflict as defined by UCDP.

<sup>1</sup> Department of Peace and Conflict Research, Uppsala Universitet. The Uppsala Conflict Data Program. <https://ucdp.uu.se/> (accessed March 10, 2020).  
<sup>2</sup> <https://data.humdata.org/dataset/shchealth-care-dataset>  
<sup>3</sup> <https://data.humdata.org/organization/insecurity-insight>  
<sup>4</sup> <https://www.pcr.uu.se/research/ucdp/definitions/>  
and <http://insecurityinsight.org/wp-content/uploads/2019/05/2018-SHCC-Intentional-and-Indiscriminate-Codebook-v-May-2019.pdf>

<sup>5</sup> <https://ucdp.uu.se/> As the 2019 UDCP country conflict list was not publicly available at the time of SHCC report writing, we sought confirmation via email from UCDP staff that the list of included countries for 2019 had not changed since 2018.  
<sup>6</sup> <http://insecurityinsight.org/wp-content/uploads/2019/05/2018-SHCC-Overview-Data-Codebook-v-May-2019.pdf> see section 'perpetrator'  
<sup>7</sup> <http://insecurityinsight.org/wp-content/uploads/2019/05/2018-SHCC-Overview-Data-Codebook-v-May-2019.pdf>

INCIDENT INCLUSION

We included only the incidents that met our definition in the report dataset. 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 bodies).
- 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, though we acknowledge the likely serious underreporting of these figures.
- Incidents affecting health transport (recording whether ambulances or other official health vehicles were destroyed, damaged, hijacked/stolen, or stopped/delayed).
- Incidents from 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:** 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:** Describes incidents in which at least one health worker was killed, injured, kidnapped, arrested, or experienced sexual violence, threats, or harassment.

**HEALTH FACILITY:** 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:** Describes incidents in which at least one health facility was damaged, destroyed, or subjected to armed entry, military occupation, or looting.

**HEALTH TRANSPORT:** 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:** Describes 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.

<sup>8</sup> <http://insecurityinsight.org/projects/health-care/monthlynewsbrief>  
<sup>9</sup> <https://aidworkersecurity.org/>  
<sup>10</sup> <https://airwars.org/>

SOURCES

The aim of this report is to bring together known information on attacks on health care from multiple sources. Access to sources differs between countries. Each source has its own strengths and weaknesses, and the definition of attack on health care used to compile information varies in some cases. Each source introduces unique reporting and selection biases, which are discussed below.

To identify incidents that meet the inclusion criteria, we used seven distinct sources that provide a combination of media-reported incidents and incidents shared by partners and network organizations:

1. Information included in Insecurity Insight's Attacks on Health Care Monthly News Briefs,<sup>8</sup> which provide a combination of media sources and publicly shared information from partner networks, such as the Aid Worker Security Database (AWSDB)<sup>9</sup> for global data from international aid agencies coordinating health programs; Airwars,<sup>10</sup> the Union of Medical Care and Relief Organizations (UOSSM),<sup>11</sup> and the Syrian Network for Human Rights (SNHR)<sup>12</sup> for data on Syria; the Civilian

<sup>11</sup> <https://www.uossm.org/>  
<sup>12</sup> <http://sn4hr.org/>

- Impact Monitoring Project (CIMP)<sup>13</sup> for data on Yemen; as well as databases, such as the Armed Conflict Location & Event Data Project (ACLED).<sup>14</sup>
- Information provided by Medical Aid for Palestinians (MAP)<sup>15</sup> for incidents in the oPt.
  - Information provided by Coalition member Physicians for Human Rights (PHR)<sup>16</sup> for incidents in Syria.
  - Research conducted by a small team of Coalition members to identify additional incidents reported by UN agencies, the media, and other sources.
  - Information from the WHO's SSA for ten countries: Afghanistan, Burkina Faso, the CAR, the DRC, Libya, Mali, Nigeria, the oPt, Sudan, and Yemen. Information from the SSA represents approximately two-thirds of the data gathered for this report.

CODING

We followed the general theory and principles of event-based coding, and took care not to enter the same incident more than once. The standard coding principles are set out in the SHCC Codebook. Please see [www.insecurityinsight.org/projects/healthcare/shcc](http://www.insecurityinsight.org/projects/healthcare/shcc) for full details regarding the report coding and annexes.<sup>17</sup>

Coding the perpetrator and context of health care attacks can inform the development of preventive strategies and mitigation measures that reduce the impact of attacks, as well as support accountability processes. As it is rarely possible to know a perpetrator's motive, we relied on the context identified in the incident descriptions and coded the intentionality of the attacks from those descriptions, in as much as this was possible.

<sup>13</sup> <https://civilianimpactmonitoring.org/>  
<sup>14</sup> <https://www.acleddata.com/>  
<sup>15</sup> <https://www.map.org.uk/>  
<sup>16</sup> <https://phr.org/>  
<sup>17</sup> [www.insecurityinsight.org/projects/health\\_care/shcc](http://www.insecurityinsight.org/projects/health_care/shcc)

**CONTEXT OF ATTACKS**

We coded the assumed context of the incidents based on available information on the conflict and specific information included in reports.

**CONTEXT CODING**

**ACCESS DENIAL: Incidents of violence against health care in the form of access denial:** incidents in which the perpetrator denied patients or health workers access to health care or to the sick and wounded, respectively, or where perpetrators significantly delayed access, including by denying permits or by using roadblocks or checkpoints. This category also includes incidents in which a perpetrator stopped health workers who were trying to reach the wounded or sick or stopped patients trying to reach health care.

**ATTACKS ON CIVILIANS: Incidents of violence against health care in the context of violence against civilians:** incidents in which the perpetrator committed one-sided violence against other civilians or civilian objects in the same location. This category also includes incidents in which it was reported that a health worker was among the affected people or a health facility was among the damaged or looted civilian objects.

**DEMONSTRATIONS: Incidents of violence against health care in the context of demonstrations:** incidents in which the perpetrator targeted health workers or first responders during periods of public unrest and incidents in which health workers assisted injured demonstrators or took part in demonstrations wearing medical clothing/ insignia.

**FIGHTING: Incidents of violence against health care in the context of armed conflict:** incidents in which the perpetrator damaged, destroyed, or occupied health facilities or injured or killed health workers within health facilities during military operations, including those involving air and surfaced-launched bombs or missiles or military take-overs of facilities. All such incidents are included regardless of whether health workers or patients were in the health facility at the time.

**HEALTH PROGRAMS: Incidents of violence against health care in the context of implementing specific health programs:** incidents in which available information suggests that a perpetrator targeted health workers or health facilities in the context of health programs, where community concerns about these health programs are widespread. These include, for example, polio vaccination campaigns or Ebola emergency responses. In these incidents, the affected health worker or health support worker worked directly on a particular public health program.

**VIOLENCE AGAINST INDIVIDUAL HEALTH WORKERS: Incidents of violence against individual health professionals, with uncertain motive:** incidents in which individual health workers were kidnapped or killed and where the perpetrator, the context, and motive are unclear, e.g., a robbery during which a health worker was assaulted that may have had economic or political motivations or an incident where a health workers was attacked outside of a health care context including incidents that occurred during off-duty hours.

**VIOLENCE AGAINST HEALTH FACILITIES AND TRANSPORT: Incidents of violence against health facilities or ambulances, with uncertain motive:** incidents in which health facilities were damaged, destroyed, raided, subjected to armed entry, or occupied, and in which the context and motive are unclear.

**STEALING: Incidents of violence against health care in the form of looting and common crime:** incidents in which the conflict actor took medical equipment or supplies—including key communication equipment, such as phones or computers, or cash—from health facilities or individual health workers traveling between locations.

**UNCLASSIFIED: Incidents of violence against health care that cannot be classified:** incidents without the necessary details to classify the incidents into any of the above categories.

<sup>18</sup> For details on the differences between ‘theft and robbery,’ see [www.insecurityinsight.org/projects/health\\_care/shcc](http://www.insecurityinsight.org/projects/health_care/shcc)

**INDISCRIMINATE AND INTENTIONAL INCIDENTS**

We coded incidents as suspected “indiscriminate,” suspected “intentional,” or “other or unknown” based on available information on the conflict and information included in reports.

**INDISCRIMINATE AND INTENTIONAL INCIDENTS**

In coding the assumed intention, we distinguished between indiscriminate and intentional effects on health care. Intention is distinct from motive and describes the intent to cause harm. Indiscriminate and intentional effects can be motivated by a wide range of ideological, economic, personal or strategic concerns, an aspect that is not taken into account in this coding. Intention was coded based on the available information on the context in as far as this allowed us to judge whether the effects on health care were likely to have been intended or were a side effect of some other intention.

**INDISCRIMINATE ATTACK:** Incidents without evidence that the perpetrator intended to harm a health worker or health facility. These incidents include military operations in the vicinity of health facilities or indiscriminate attacks on civilians that also affected health workers (such as a bomb in a public place).

**INTENTIONAL ATTACK:** Incidents where the mode of operation or the effect on the health worker or facility strongly suggests that the perpetrator must have intended to cause at least a degree of harm to a health worker or health facility. These incidents include the targeted injury, killing, arrests, or kidnappings of health workers; entry or occupation of a health facility; and theft or robbery<sup>18</sup> of health supplies.



INCLUSION AND CODING OF SSA-REPORTED INCIDENTS

Information from the WHO’s SSA was included for ten countries and territories: Afghanistan, Burkina Faso, the DRC, the CAR, Libya, Mali, Nigeria, Sudan, the oPt, and Yemen. We accessed the SSA on January 15, 2020 and included the information for incidents reported in 2019 available on that date. Any changes to the SSA system after that date are not reflected in the report dataset but may be noted in the country profiles (as of May 18, the figures reported in the SSA had increased for Afghanistan, Burkina Faso, the DRC, Libya, Mali, Nigeria, oPt, and Yemen.).

We coded 707 SSA incidents from the ten 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 were carried out by conflict actors (rather than private individuals) and therefore fulfilled the inclusion criteria. The SSA also does not provide any information on location beyond the country. 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 85 SSA-reported incidents from Syria made it too difficult to determine which of these incidents overlapped with the 147 Syrian incidents collected by Coalition members. Thus, the 85 SSA-reported incidents from Syria were not incorporated into the report.

THE LACK OF DETAIL IN THE 85 SSA-REPORTED INCIDENTS FROM SYRIA MADE IT TOO DIFFICULT TO DETERMINE WHICH OF THESE INCIDENTS OVERLAPPED WITH THE 147 SYRIAN INCIDENTS COLLECTED BY COALITION MEMBERS.

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 34 of the 707 incidents, only one or two of the fields provided information. When one or more fields were left empty, it was usually not possible to grasp the nature of the incident from the information

<sup>19</sup> For details on SHCC targeting coding, see [www.insecurityinsight.org/projects/health-care/shcc](http://www.insecurityinsight.org/projects/health-care/shcc)  
<sup>20</sup> Please contact Insecurity Insight if you would like more details on the process of including SSA incidents into the SHCC datasheet

reported. Therefore, 34 SSA incidents appear as recorded incidents without much further detail in the dataset, and 673 incidents from the SSA are included with more details.<sup>20</sup>

LIMITATIONS OF THE RESEARCH

We based the report 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 this report can be cited as the total number of incidents of attacks on health care in 2019 reported or identified by the Coalition. These numbers provide a minimum estimate of the damage to health care from violence and threat of violence that occurred in 2019. However, the severity of the problem is likely much greater, as many incidents likely go unreported and are thus not counted here. Moreover, differences in definitions and certain biases within individual sources suggest that the identified contexts are also not representative of the contexts of all incidents.

The dataset suffers from limitations inherent in the information provided by contributors to the Coalition and the fact that there are more contributors from some countries than others. Moreover, not all contributors provided access to their original sources and many details were lost in the process, affecting the ability to provide more accurate and consistent classification.

**As a result, reported numbers of incidents by country should not be compared to those of other countries without considering the factors that affect information flow.** For example, the information flows from Syria and the oPt are well established, while those from Libya, the Far North Region of Cameroon, and the CAR, for example, are not.

**Reported context categories 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 dataset suffers from reporting bias the technical term for selective reporting. While the process of data cleaning carried out by the Coalition 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 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 dataset. The dataset therefore only covers a fraction of relevant evidence and covers incidents in certain countries and certain types of incidents more widely than others.

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. There may be some errors in the incident descriptions available. In addition, not all organizations that compile information on relevant incidents include all the details that would be necessary to systematically code all incidents. In particular, information related to the perpetrator and the context of the incident is often missing or may be biased in the original source. Additionally, 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 judgments about the most likely motivations.

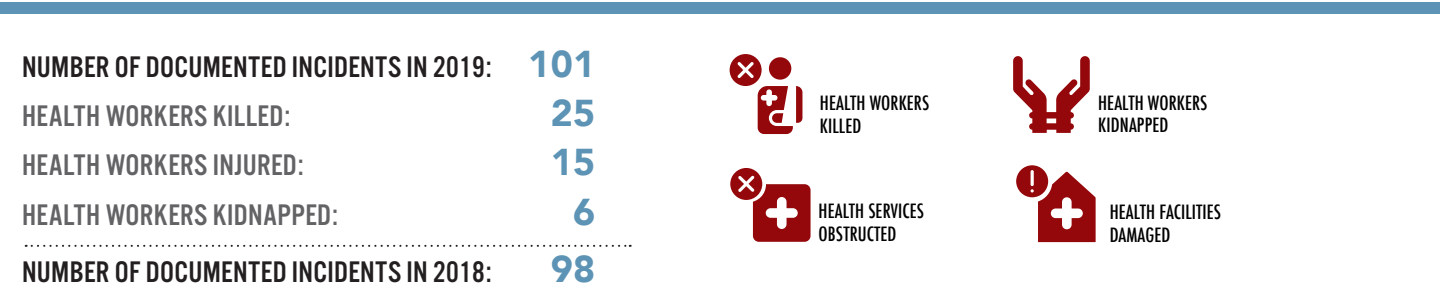
The nature of the SSA dataset and the extent to which the Coalition relies on contributions from the SSA for specific countries influences the overall dataset. As the SSA does not report information on the perpetrator, the dataset could not provide information on the perpetrator in 681 incidents. The missing perpetrator information has knock-on effects for coding conflict context and intention, as these factors are largely based on information regarding the perpetrator. 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 34 incidents that did not contain enough precise information to include the events in the dataset beyond the incident count.

The 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.

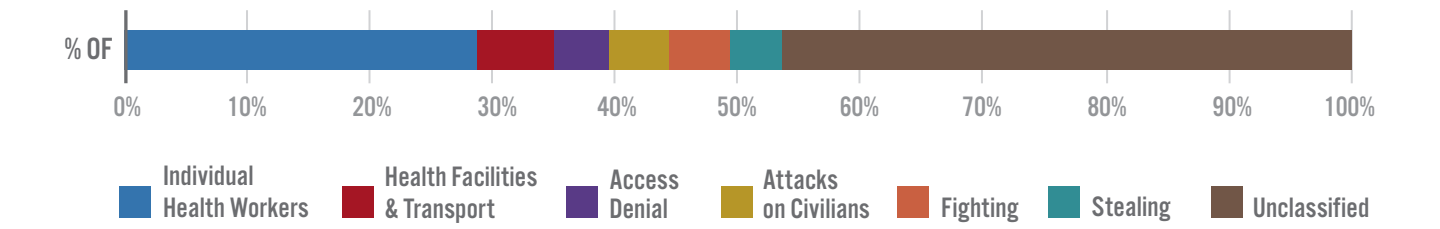
COUNTRY FACT SHEETS

For places with more than three reported incidents, we prepared fact sheets providing an overview of the incidents.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This fact sheet is based on a dataset, [2019 SHCC Healthcare Afghanistan Data](#), available for open source access on the Humanitarian Data Exchange (HDX).


OVERVIEW

The Safeguarding Health in Conflict Coalition identified 101 reported incidents of violence against or obstruction of health care in Afghanistan in 2019, compared to 98 incidents in 2018. Incidents were documented in Kabul, as well as in Balkh, Farah, Faryab, Ghor, Kandahar, Kapisa, Nangarhar, Paktika, Parwan, Samangan, Takhar, Wardak, and Zabul provinces.

Violence and obstruction took place at health facilities, while health workers were traveling to and from intervention sites, and also during indiscriminate attacks on civilians.

Non-state actor groups killed, kidnapped, injured, and threatened health workers; damaged, stormed, and closed health facilities; and looted or robbed health supplies and ambulances. The Islamic State and the Afghan Taliban are two of the suspected non-state actor groups behind these incidents. Incidents perpetrated by state forces killed at least three health workers in 2019.


HEALTH WORKERS KILLED

 Incidents involving firearms and explosive weapons killed at least 25 health workers in 2019. In February, a vehicle-borne IED planted by the Islamic State killed a doctor as he was returning home from his private clinic in Kabul.<sup>1,2</sup>

In March, a US air strike during an air/ground operation led by the Afghan military in Nangarhar province killed a doctor, his wife, and their four teenage daughters. The doctor's brother, his wife, and their four children also reportedly died.<sup>3</sup> On July 8, Afghan Special Forces raided a Swedish Committee for Afghanistan clinic treating Taliban fighters in Wardak province.<sup>4</sup> According to Human Rights Watch, the Special Forces killed a patient caregiver, then detained health workers and patient family members, and questioned the director of the clinic, a lab worker, a guard, and a family caregiver about the whereabouts of the Taliban. Local villagers found the dead bodies of the lab worker, guard, and caregiver. The director of the clinic remains missing.<sup>5</sup> In response to the raid, the Taliban forced the international NGO to close 42 of its 77 clinics in the region, affecting over 5,700 patients seen on a daily basis. The Taliban reversed its decision on July 19.<sup>6</sup>


In December, unidentified perpetrators opened fire on a vehicle carrying a Japanese international NGO physician, severely wounding him and killing the driver, two bodyguards, and another passenger in Nangarhar province. The physician later died at a local hospital.<sup>7</sup>

HEALTH WORKERS KIDNAPPED

 Non-state actor groups kidnapped at least six health workers from health facilities or at intervention sites in 2019. In May, anti-government elements abducted four NGO staff members while they were conducting a vaccine survey in Faryab province. The two female health

workers were released shortly thereafter, while the two remaining male health workers appear to still be in captivity.<sup>8</sup> In September, two health workers were kidnapped in Balkh province. No further information is available.<sup>9</sup>

HEALTH FACILITIES DAMAGED

 At least ten incidents of violence damaged health facilities or warehouses via arson attacks, vehicle-borne IEDs, suicide attacks, and firearms. In September, a Taliban car bomb targeting an intelligence services building caused severe structural damage to the nearby city hospital in Zabul province, putting it out of service; the bombing also killed at least 20 people and wounded 97, including patients and health workers.<sup>10,11</sup> In December, a Taliban suicide bomber targeted a medical facility that was under construction near the Bagram Air Base in Parwan province, killing at least two civilians and wounding 70 others. Taliban insurgents then barricaded themselves inside the facility. Afghan and US forces responded by launching airstrikes against them.<sup>12</sup>

IN DECEMBER, A TALIBAN SUICIDE BOMBER TARGETED A MEDICAL FACILITY THAT WAS UNDER CONSTRUCTION NEAR THE BAGRAM AIR BASE IN PARWAN PROVINCE, KILLING AT LEAST TWO CIVILIANS AND WOUNDING 70 OTHERS.

HEALTH SERVICES OBSTRUCTED

 In April, the Afghan Taliban announced a temporary ban on the International Committee of the Red Cross and the WHO in areas under its rule, citing unspecified suspicious actions during a vaccination drive.<sup>13,14</sup> In September, an armed group closed a health facility in Zabul province. It was reopened following mediation by the town's elders.<sup>15</sup>

<sup>1</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. February 2019. <http://bit.ly/2us80zr>.

<sup>2</sup> Radio Free Europe/Radio Liberty. "Six Afghan civilians killed by roadside bomb." February 20, 2019. <https://www.rferl.org/a/six-afghan-civilians-killed-by-roadside-bomb/29780271.html>.

<sup>3</sup> Incident shared by the World Health Organization.

<sup>4</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. July 2019. <http://bit.ly/2OVVKV6>.

<sup>5</sup> Human Rights Watch. "Afghanistan: special forces raid medical clinic." July 12, 2019. <https://www.hrw.org/news/2019/07/12/afghanistan-special-forces-raid-medical-clinic#>.

<sup>6</sup> Radio Free Europe/Radio Liberty's Radio Free Afghanistan. "Swedish aid group reopens Afghan health centers after Taliban threats." July 19, 2019. <https://www.rferl.org/a/swedish-aid-group-reopens-afghan-health-centers-after-taliban-threats/30064643.html>.

<sup>7</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. December 2019. <http://bit.ly/2R3s4Do>.

<sup>8</sup> Humanitarian Outcomes (2019). Aid Worker Security Database <https://aidworkersecurity.org>.

<sup>9</sup> Incident shared by the Afghanistan Ministry of Health.

<sup>10</sup> OCHA. Statement by Zlatan Milisic, Humanitarian Coordinator a.i. on attack causing civilian casualties and destruction of a hospital in Zabul. Humanitarian Response. September 19, 2019. <https://www.humanitarianresponse.info/ru/operations/afghanistan/document/statement-zlatan-milisic-humanitarian-coordinator-ai-attack-causing>.

<sup>11</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. September 2019. <http://bit.ly/31zAiX0>.

<sup>12</sup> Snow, Shawn. "Airstrikes called in as Taliban attempt to breach Bagram Air Base." Military Times. December 11, 2019. <https://www.militarytimes.com/flashpoints/2019/12/11/airstrikes-called-in-as-taliban-attempt-to-breach-bagram-air-base/>.

<sup>13</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. April 2019. <http://bit.ly/2JXadvP>.

<sup>14</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. September 2019. <http://bit.ly/31zAiX0>.

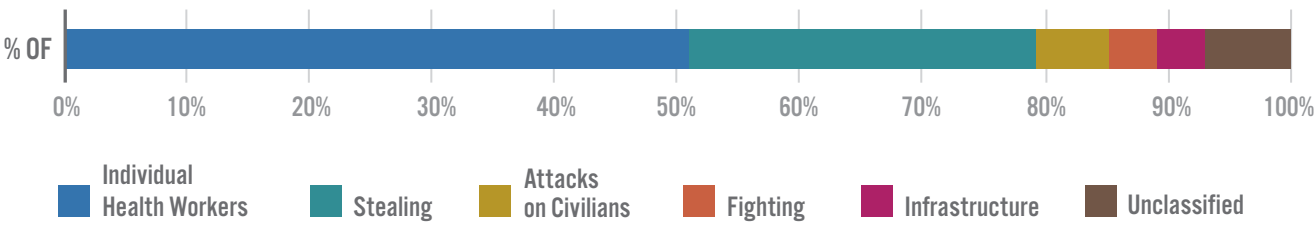
<sup>15</sup> Incident shared by the Afghanistan Ministry of Health.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This fact sheet is based on a dataset, [2019 SHCC Healthcare Burkina Faso Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 27 reported incidents of violence against or obstruction of health care in Burkina Faso in 2019, compared to seven in 2018.

Non-state actor groups armed with firearms kidnapped and killed health workers, hijacked health transports, and set fire to health infrastructure. Jama’at Nusrat al-Islam wal Muslimeen (JNIM), Katiba Macina, and the Islamic State in the Greater Sahara (ISGS) militants are three of the suspected non-state actor groups behind these incidents.

Violence against health care spread to more regions in 2019. While most of the violent incidents we identified in 2018 reportedly took place in Oudalan

and Soum provinces in the northern Sahel region, in 2019, we also identified incidents in the Est and Centre-Nord regions.

Nearly half of the incidents in 2019 took place in Oudalan and Soum provinces. Doctors, nurses, ambulance drivers, and pharmacists working in the local health system were at the greatest risk. Incidents also affected health professionals working for local NGOs, the Burkina Faso Red Cross, and a Burkinabe military forces medic.

In over one third of the incidents we identified, material gain appears to be the motivating factor rather than intent to cause harm to health workers or civilians or impede the delivery of health care.

HEALTH WORKERS KILLED

At least five health workers died in violent incidents against health care in 2019. Some of these incidents targeted health workers, while others took place as part of a wider pattern of attacks on civilians or military personnel. In February in the Sahel region, a bomb of unknown origin hidden in a corpse in military uniform exploded and killed an army doctor and wounded two police officers.<sup>1,2</sup> In November, suspected JNIM and/or ISGS militants executed a male chief nurse in Oudalan province and seized his motorbike.<sup>3</sup> In July, suspected JNIM and/or ISGS militants killed a health worker in Sanmatenga province.<sup>4,5</sup>

HEALTH WORKERS KIDNAPPED

Non-state actors kidnapped at least 19 health workers, including nurses and pharmacists at health facilities, during travel to and from intervention sites. This is a concerning increase compared to the one reported kidnapping of a health worker we identified in 2018. Kidnappings occurred most often in the Sahel region, but also occurred in the Boucle du Mouhoun, Centre-Est, Centre-Nord, and Est regions.

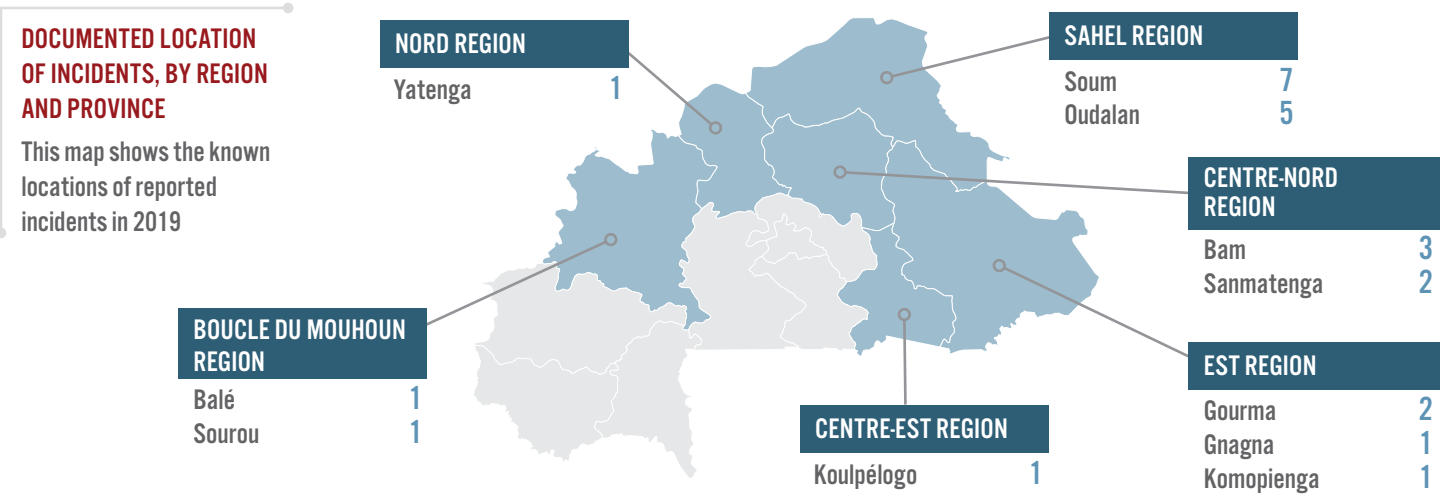
Perpetrators released five of the 19 health workers within a few days. The status of at least 14 health workers remains

unknown. In one incident in April in Soum province, presumed JNIM and/or ISGS militants abducted and interrogated a pharmacist about humanitarian food deliveries, movements of defense and security forces, their families, and officials.<sup>6</sup>

In January, a local NGO health worker was abducted in a vehicle hijacking in the Centre-Nord region.<sup>7</sup> In February, militants presumed to be from Ansaroul Islam attacked and stole a Burkina Faso Red Cross vehicle in Kongoussi region and abducted four passengers and a driver.<sup>8</sup> Later in the month, unidentified perpetrators ambushed another Red Cross vehicle, kidnapping three national Red Cross staff and their driver. The whereabouts of the three health workers is currently unknown.<sup>9</sup>

AMBULANCES HIJACKED

Non-state actors, including JNIM and/or ISGS militants, hijacked eight vehicles used as health transports in eight events. In four events, health workers were also kidnapped. In one incident, presumed JNIM militants entered a health facility in Bam province, stole medical supplies, abducted a health worker, and seized an ambulance. The health worker was released the following day. It is unknown if the ambulance and medical supplies were returned.<sup>10</sup>



<sup>1</sup> News24. “Bomb hidden in corpse kills Burkina Faso army doctor.” February 15, 2019. <https://www.news24.com/Africa/News/bomb-hidden-in-corpse-kills-burkina-faso-army-doctor-20190215>.  
<sup>2</sup> The Defense Post. “Burkina Faso army doctor killed by bomb in corpse near Djibo.” February 15, 2019. <https://www.thedefensepost.com/2019/02/15/burkina-faso-army-doctor-killed-bomb-hidden-in-corpse/>.  
<sup>3</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. November 2019. <http://bit.ly/3590PwX>.  
<sup>4</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).  
<sup>5</sup> Infowakat. “Burkina: un infirmier tué par des HANI dans l’Oudalan.” November 30, 2019. <https://infowakat.net/burkina-un-infirmier-tue-par-des-hani-dans-loudalan/>.  
<sup>6</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).  
<sup>7</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).  
<sup>8</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. February 2019. <http://bit.ly/2us80zr>.  
<sup>9</sup> Humanitarian Outcomes (2019). Aid Worker Security Database. <https://aidworkersecurity.org> (accessed January 15, 2020).  
<sup>10</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE

NUMBER OF DOCUMENTED INCIDENTS IN 2019:

HEALTH WORKERS KILLED:

HEALTH WORKERS KIDNAPPED:

NUMBER OF DOCUMENTED INCIDENTS IN 2018:

8

3

2

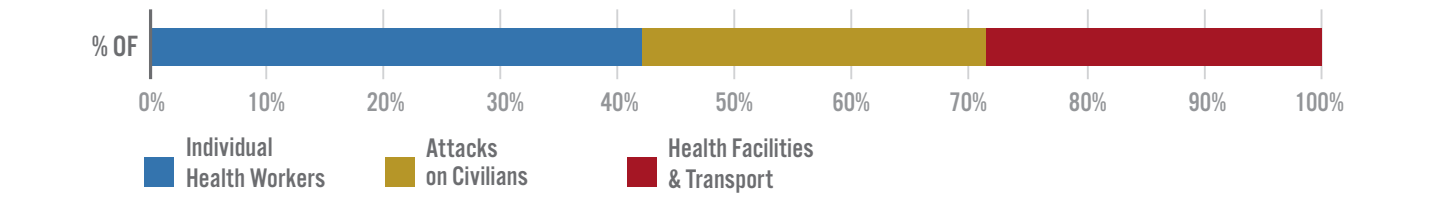
14

HEALTH WORKERS KILLED

ARSON ATTACKS ON HEALTH FACILITIES

ARMED ENTRY INTO HEALTH FACILITY

CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported. This fact sheet is based on a dataset, [2019 SHCC Healthcare Cameroon Data](#), available for open source access on the Humanitarian Data Exchange (HDX).


OVERVIEW

The Safeguarding Health in Conflict Coalition identified eight reported incidents of violence against or obstruction of health care in Cameroon in 2019, compared to 14 in 2018. A large number of incidents took place between June 2018 and February 2019 and coincided with the escalation in conflict between separatists and Cameroonian security forces in the Nord-Ouest and Sud-Ouest regions.<sup>1,2,3</sup>

The number of incidents by non-state actor groups, specifically those attributed to Boko Haram, remained the same between 2018 and 2019 and were mostly reported near the Nigeria-Cameroon border area of the Extrême-Nord region. Three health workers were killed, and two were kidnapped in 2019. In July, an unidentified armed group reportedly kidnapped two doctors in the Nord-Ouest region and released them 24 hours later.<sup>4</sup>

Two health facilities were destroyed in arson incidents by Boko Haram militants in the Extrême-Nord region and by separatists in the Sud-Ouest region.

HEALTH WORKER KILLINGS

 At least three health workers were killed in separate incidents in 2019. In all three reported cases, state actors were named as perpetrators in the killings. In January, a pregnant nurse was shot and killed on her way


to work in Nord-Ouest region.<sup>5</sup> While it is difficult to verify, locals accused Cameroonian soldiers of carrying out the act.<sup>6</sup> In June, another pregnant nurse was shot and killed by suspected Cameroonian military forces, along with her two young children and her sister's child.<sup>7</sup> These killings took

<sup>1</sup> Shaban, Abdur Rahman Alfa. "Cameroon's Anglophone crisis worsening – new UN rights chief." Africa News. September 11, 2019. <https://www.africanews.com/2018/09/11/cameroon-s-anglophone-crisis-worsening-new-un-rights-chief/>.  
<sup>2</sup> Sitter, Freerk. "February Updates on the Anglophone Crisis in Cameroon." Draufsicht. February 13, 2019. <http://draufsicht.org/2019/february-updates-on-the-anglophone-crisis-in-cameroon/>.  
<sup>3</sup> Kindzeka, Moki Edwin. "Nearly 70 Killed in Cameroon as Separatists Stop Youth Week Activities." Voice of America. February 9, 2019. <https://www.voanews.com/africa/nearly-70-killed-cameroon-separatists-stop-youth-week-activities>.

<sup>4</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. July 2019. <http://bit.ly/2OVVKV6>.  
<sup>5</sup> Incident shared by the World Health Organization.  
<sup>6</sup> Journal du Cameroun. "Cameroon: hundreds gather to mourn pregnant nurse killed in Kumbo." January 24, 2019. <https://www.journalducameroun.com/en/cameroonhundreds-gather-to-mourn-pregnant-nurse-killed-in-kumbo/>.  
<sup>7</sup> Tataw, Eric. "Cameroon military kills pregnant nurse, three of her children of ages 3, 4, 7." National Telegraph. June 14, 2019. <https://nationaltelegraph.net/cameroon-military-kills-pregnant-nurse-three-of-her-children-of-ages-347/>.


place in the same regions where two health workers were reportedly killed in 2018—the Nord-Ouest and Sud-Ouest regions. Since 2016, the region has had high levels of insecurity and armed violence between the area's separatist militias and the country's defense and security forces.<sup>8</sup>

ARSON ATTACKS ON HEALTH FACILITIES

 In 2019, two health facilities were burned down by Boko Haram militants in the Extrême-Nord region and by separatists in the Sud-Ouest region. In one incident in January, Boko Haram destroyed a health center in the Extrême-Nord region, burned down 193 homes, stole an ambulance, and injured at least one woman.<sup>9</sup> In February, suspected separatists raided and torched the Kumba District Hospital in the Sud-Ouest region, killing at least four people,

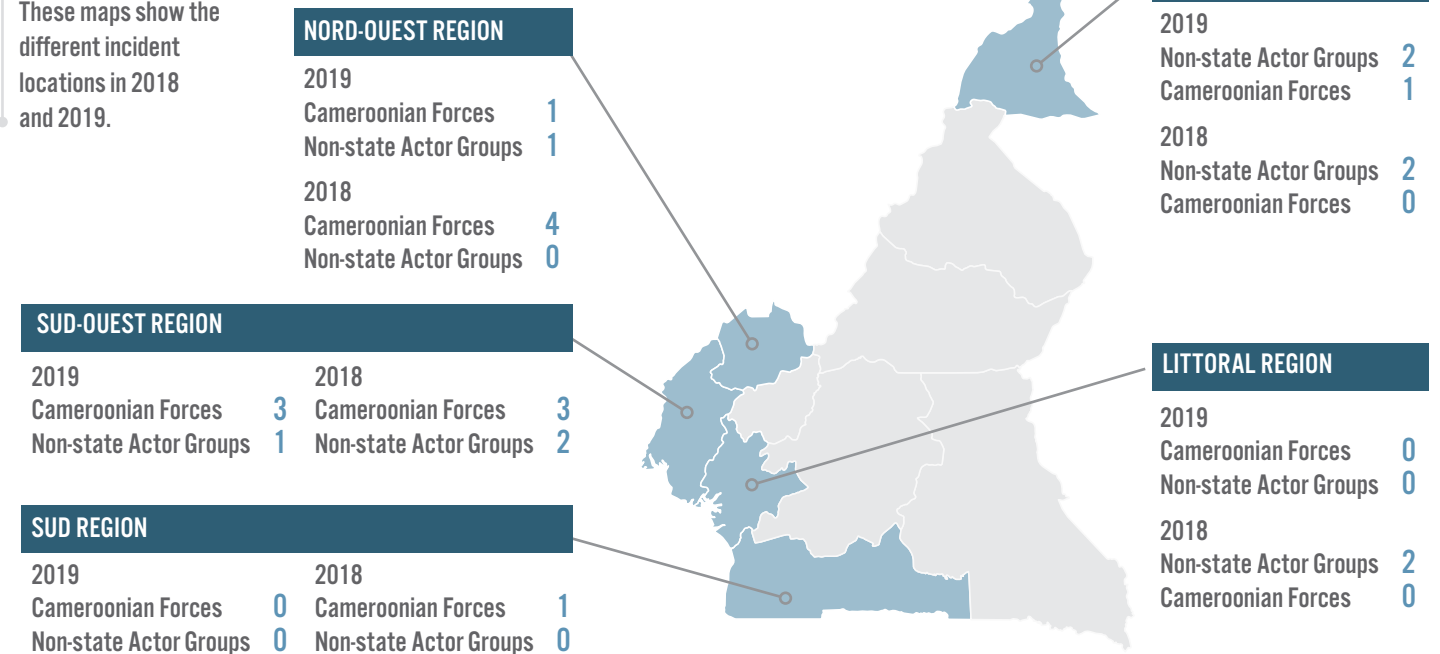
including two patients, and leaving most of the building in ashes.<sup>10,11</sup> The incident completely destroyed the surgical and male wards of the hospital, as well as nearby homes and many cars belonging to hospital staff.<sup>12</sup> The arson incident drew international attention, and the United States issued a public call for a formal investigation by the government.<sup>13</sup>

ARMED ENTRY INTO HEALTH FACILITIES

 In February, soldiers looking for wounded separatists entered the Shisong hospital in the Sud-Ouest region, fired shots in the air, and threatened to kill a man in front of health workers.<sup>14</sup> In October, Boko Haram attacked a hospital in the Extrême-Nord region, killing one patient and injuring two others.<sup>15</sup>

LOCATIONS OF INCIDENTS BY ACTOR TYPE

These maps show the different incident locations in 2018 and 2019.



<sup>8</sup> ACAPS. Cameroon. <https://www.acaps.org/country/cameroon/crisis/anglophone-crisis> (accessed May 15, 2020).  
<sup>9</sup> Attacks on Health Care Monthly News Brief by Insecurity Insight. January 2019. <http://bit.ly/2SaeDjb>.  
<sup>10</sup> Attacks on Health Care Monthly News Brief by Insecurity Insight. February 2019. <http://bit.ly/2us80zr>.  
<sup>11</sup> Kindzeka, Moki Edwin. "Cameroon hospital attacked; medical staff, patients flee." Voice of America. February 12, 2019. <https://www.voanews.com/africa/cameroon-hospital-attacked-medical-staff-patients-flee>.  
<sup>12</sup> Boh, Herbert. "America Calls for Probe of Arson at Cameroon Hospital." Africa Freedom Network. February 14, 2019. <https://africafreedomnetwork.com/>

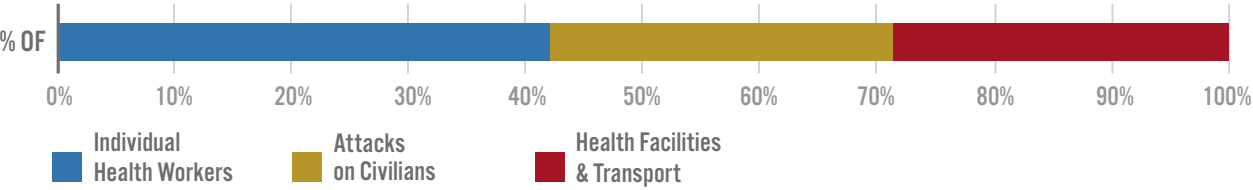
<blog/2019/02/14/america-calls-for-probe-of-arson-at-cameroon-hospital/>.  
<sup>13</sup> U.S. Embassy in Yaounde. U.S. Embassy statement on the burning of the Kumba District Hospital in Southwest region. U.S. Embassy in Cameroon. February 12, 2019. <https://cm.usembassy.gov/burning-of-kumba-district-hospital/#.XGN99Q5dloG.twitter>.  
<sup>14</sup> Mudge, Lewis. "Residents caught in outbreak of violence in Cameroon." Human Rights Watch. February 20, 2019. <https://www.hrw.org/news/2019/02/20/residents-caught-outbreak-violence-cameroon>.  
<sup>15</sup> Attacks on Health Care Monthly News Brief by Insecurity Insight. October 2019. <http://bit.ly/2Dj10t1>.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported. This fact sheet is based on a dataset, [2019 SHCC Healthcare CAR Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 13 incidents of violence against or obstruction of health care in the CAR in 2019, compared to 47 in 2018. Attacks were reported in Bangui, as well as Haute-Kotto, Mbomou, and Ouham prefectures and regularly targeted international NGO health workers, as well as supplies at medical warehouses, health facilities, and international NGO compounds.


Non-state actor groups kidnapped and wounded international NGO health workers and stole health supplies. The *Front populaire pour la renaissance de la Centrafrique* (FPRC), *Mouvement Patriotique pour la Centrafrique* (MPC), and *l'Union pour la Paix en Centrafrique* (UPC) militia are three of the suspected non-state actor groups behind these attacks.

State forces detained four health workers working for an international NGO in a raid on a surgical trauma center it managed in the capital of Bangui in December.<sup>1</sup> The staff—one international and three local employees—were held for a week without explanation, and in response, the international NGO suspended non-emergency activities at the facility for an unknown length of time.<sup>2,3</sup>


At least one health worker was killed during violent incidents in 2019. In December, a national Red Cross staff member was killed during fighting between non-state actor groups in Bangui; the media reported that over 30 individuals were killed in the violence clashes.<sup>4</sup>

<sup>1</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. December 2019. <http://bit.ly/2R3s4Do>.  
<sup>2</sup> Reuters. "Four MSF workers detained in Central African Republic - MSF." December 20, 2019. <https://nationalpost.com/pmnn/news-pmn/politics-news-pmn/four-msf-workers-detained-in-central-african-republic-msf>.  
<sup>3</sup> Médecins Sans Frontières. "RCA: MSF dénonce la détention de quatre de ses employés à Bangui." December 20, 2019. <https://www.msf.fr/communiqués-presse/rca-msf-denonce-la-detention-de-quatre-de-ses-employes-a-bangui>.  
<sup>4</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. December 2019. <http://bit.ly/2R3s4Do>.

HEALTH WORKERS KIDNAPPED

 At least five health workers were kidnapped in 2019, all during road travel. In April, a Médecins Sans Frontières nurse who was traveling to visit his family in Ouham prefecture was stopped by an unidentified armed group and held captive in the bush before being shot and killed; his motorcycle was also stolen by the perpetrators.<sup>5,6</sup> In October, four national NGO health workers transporting medical supplies in Mbomou prefecture were ambushed and abducted by UPC militia, who also looted and burned their vehicles.<sup>7</sup> The status of the health workers is unknown.

HEALTH FACILITIES AND SUPPLIES ROBBED OR LOOTED

 Medical supplies were taken from medical warehouses and health facilities, as well as from international NGO compounds. Perpetrators were usually armed and assaulted and threatened health workers. These attacks often led to health services being suspended or reduced. In January, an international NGO temporarily suspended all activities after an armed group ransacked a health facility in Ouham prefecture.<sup>8</sup> In October, armed men robbed an international NGO compound, leading to the organisation reducing its hospital activities to emergency-only.<sup>9,10</sup> In July in the Ouham prefecture, two local health workers were transporting two patients on motorcycles when they were robbed and assaulted by armed men suspected to be MPC/FPRC.<sup>11</sup>

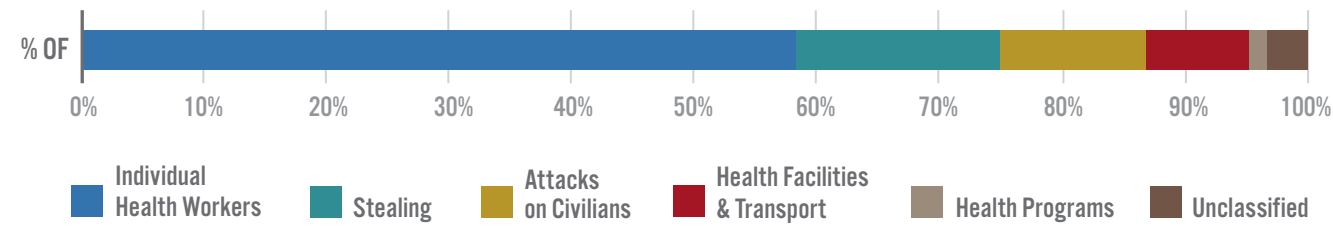
<sup>5</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. April 2019. <http://bit.ly/2JXadvP>.  
<sup>6</sup> Médecins Sans Frontières. "Central African Republic: MSF mourns the killing of our colleague." April 9, 2019. <https://www.doctorswithoutborders.org/what-we-do/news-stories/news/central-african-republic-msf-mourns-killing-our-colleague>.  
<sup>7</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. October 2019. <http://bit.ly/2Dj10t1>.  
<sup>8</sup> Insecurity Insight. Safeguarding Health Care Monthly News Brief. January 2019. <http://bit.ly/2SaeDjb>.  
<sup>9</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. <http://bit.ly/2Dj10t1>.  
<sup>10</sup> Bambi, Jerry. "CAR: armed robbery attack on humanitarian aid group MSF." October 30, 2019. Africa News. <https://www.africanews.com/2019/10/30/car-armed-robbery-attack-on-humanitarian-aid-group-msf-morning-call>.  
<sup>11</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. July 2019. <http://bit.ly/2OVVKV6>.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE

NUMBER OF DOCUMENTED INCIDENTS IN 2019:	434
HEALTH WORKERS KILLED:	24
HEALTH WORKERS INJURED:	64
HEALTH WORKERS KIDNAPPED:	16
NUMBER OF DOCUMENTED INCIDENTS IN 2018:	24



CONTEXT OF INCIDENTS



The numbers above are based on reported incidents. This fact sheet is based on a dataset, 2019 SHCC Healthcare DRC Data, available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 434 reported incidents of violence against or obstruction of health care in the DRC in 2019, compared to 24 in 2018. The number of reported incidents in the DRC increased following the Ebola outbreak in August 2018.

While the majority of incidents in 2019 occurred in the context of the Ebola response and in Ebola-affected areas, many others took place in the context of the ongoing violence and insecurity that affect civilian populations in the DRC. The number of reported attacks peaked between February and May 2019 and remained elevated through August. The high number of attacks between February and May

coincided with intensified Ebola intervention efforts, following the rise in reported Ebola cases in Katwa and Butembo, North Kivu province.

Non-state and state actors kidnapped, injured, arrested, and killed health workers. Many health workers reported threats or assaults by community members. Arson, along with the use of machetes and stones, constituted the most lethal forms of violence.

National health workers were most at risk, but non-Congolese health workers also experienced violence. Health workers were at times targeted directly but also suffered in the context of general insecurity and violence against civilians, particularly in North Kivu and Ituri provinces.

HEALTH WORKERS KILLED

At least 24 health workers died in violent incidents in 2019, with most occurring in North Kivu province. In May, a mob of residents in Vusahiro village, North Kivu, attacked the local Ebola response team, killing one health worker and looting the area’s treatment center.<sup>1,2</sup> Perpetrators of these attacks included suspected members of armed groups, civilians, and other health workers, but the precise circumstances are unknown. Many perpetrators use rudimentary weapons such as machetes, sticks, and stones. Since the beginning of 2019, arson attacks on health facilities have resulted in the death of at least one health worker.

HEALTH WORKERS THREATENED AND INJURED

Widespread community distrust and resistance to external help impacted efforts to contain the spread of Ebola and an outbreak of measles. Reports of community member threats toward health workers and vaccination teams during program activities were frequent and often led to assaults and injuries. In many of these incidents, perpetrators directly targeted health workers. In February, local residents clashed with health workers following the transfer of an Ebola patient to Tako village in Beni territory, North Kivu province, and an Ebola response team member was assaulted and injured.<sup>3</sup>

ARSON ATTACKS ON HEALTH FACILITIES

Forty-eight arson attacks on health facilities were reported in 2019, with the highest number between February and May in North Kivu province. These attacks occurred in areas where armed groups operate and where community distrust of Ebola response efforts is high. The precise motives of the perpetrators remain unclear. In February, in Butembo city, North Kivu, unidentified perpetrators set vehicles and parts of an Ebola treatment

center on fire, destroying medical wards and equipment. Four patients with confirmed Ebola diagnoses fled the hospital. It is not known if the patients were later found. In response, Médecins Sans Frontières suspended its operations in the area.<sup>4</sup>

HEALTH WORKERS KIDNAPPED

Non-state armed groups kidnapped at least 16 health workers while they were traveling to and from intervention sites, at health facilities, or during wider assaults on civilians, as compared to eight kidnappings in 2018. Approximately half were released within a few hours. The status of at least four health workers remains unknown. In one case, attackers abducted a male nurse while at work inside Vuhovi health center, located in North Kivu province.<sup>5</sup> The attackers, armed with bows and arrows, took him into the bush and killed him in front of his wife; following the incident, nurses declared a strike, impeding Ebola interventions in the area for at least two days.<sup>6</sup> It is unclear if he was targeted as a health worker or for other reasons. Other health worker abductions, such as those in Boga town, Ituri province, occurred as part of the wider pattern of attacks on civilians.<sup>7</sup>

NON-STATE ARMED GROUPS KIDNAPPED AT LEAST 16 HEALTH WORKERS WHILE THEY WERE TRAVELING TO AND FROM INTERVENTION SITES, AT HEALTH FACILITIES, OR DURING WIDER ASSAULTS ON CIVILIANS, AS COMPARED TO EIGHT KIDNAPPINGS IN 2018.

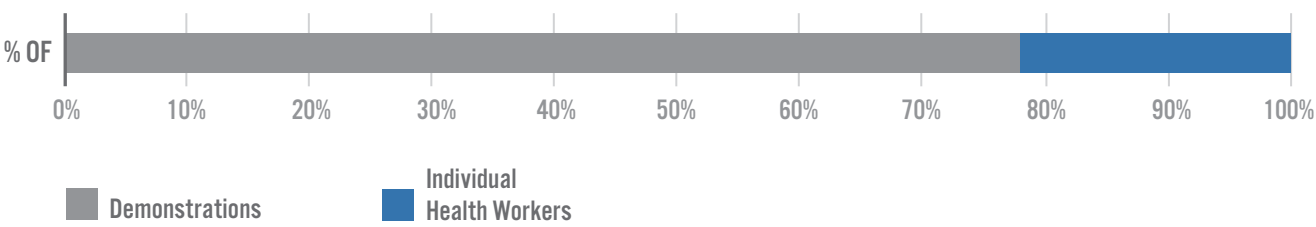
<sup>1</sup> Reuters. “East Congo villagers kill Ebola health worker, loot clinic.” May 29, 2019. <https://af.reuters.com/article/topNews/idAFKCN1SZ0U5-OZATP>.  
<sup>2</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. <http://bit.ly/2WU5ykJ>.  
<sup>3</sup> Humanitarian Outcomes (2019). Aid Worker Security Database. <https://aidworkersecurity.org> (accessed January 15, 2020).  
<sup>4</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. February 2019. <http://bit.ly/2us80zr>.  
<sup>5</sup> Attacks on Health Care Monthly News Brief by Insecurity Insight. February 2019. <http://bit.ly/2us80zr>.  
<sup>6</sup> Media Congo. “La riposte contre Ebola ralentie après le meurtre d’un infirmier.” February 23, 2019. [https://www.mediacongo.net/article-actualite-48002\\_la\\_riposte\\_contre\\_ebola\\_ralentie\\_apres\\_le\\_meurtre\\_d\\_un\\_infirmier.html](https://www.mediacongo.net/article-actualite-48002_la_riposte_contre_ebola_ralentie_apres_le_meurtre_d_un_infirmier.html).  
<sup>7</sup> Barfoot, Alison. “Allied Democratic Forces attack Boga, DR Congo.” Anglican Mainstream. August 24, 2019. <https://anglicanmainstream.org/allied-democratic-forces-attack-boga-dr-congo/>.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE

NUMBER OF DOCUMENTED INCIDENTS IN 2019:	9		
HEALTH WORKERS KILLED:	0	HEALTH WORKERS INJURED	
HEALTH WORKERS KIDNAPPED:	2		HEALTH WORKERS KIDNAPPED
NUMBER OF DOCUMENTED INCIDENTS IN 2018:	12		

CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This factsheet is based on a dataset, [2019 SHCC Healthcare Iraq Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified nine incidents of violence against or obstruction of health care in Iraq in 2019, compared to 12 in 2018. Most incidents took place in November during anti-government protests in Baghdad, as well as other southern cities.

State forces used tear gas and firearms against local emergency responders. Ambulances, medical equipment, and makeshift medical tents were damaged during these incidents. Non-state actor groups harmed health workers while inside health facilities. Most of the reported incidents in 2019 appear to be intentional and directed at health workers assisting injured people in the context of political protests.

HEALTH WORKERS INJURED AND ASSAULTED

During clashes between anti-government protesters and police in November, emergency care health workers were threatened, injured, and assaulted by security forces for providing medical assistance to demonstrators. In Karbala city, a government representative threatened to kill a doctor for donating food and money to protesters and providing them with treatment.<sup>1</sup>

During another incident in Baghdad, according to Coalition member Human Rights Watch, approximately 40 anti-riot police destroyed a makeshift medical tent, along with equipment and medication. The police then set the tent on fire and fired a teargas cartridge at an ambulance with emergency volunteers on board. When the emergency volunteers returned two days later to collect medication from storage, security forces opened fire on them without warning. In Bahyra Square, Basra city, four soldiers damaged two ambulances and assaulted an emergency responder for

treating wounded demonstrators. They then opened fire on a makeshift medical tent run by Health Ministry volunteers, who fled. One medic was shot in the back and, along with an injured protester, was denied medical treatment.<sup>2,3</sup>

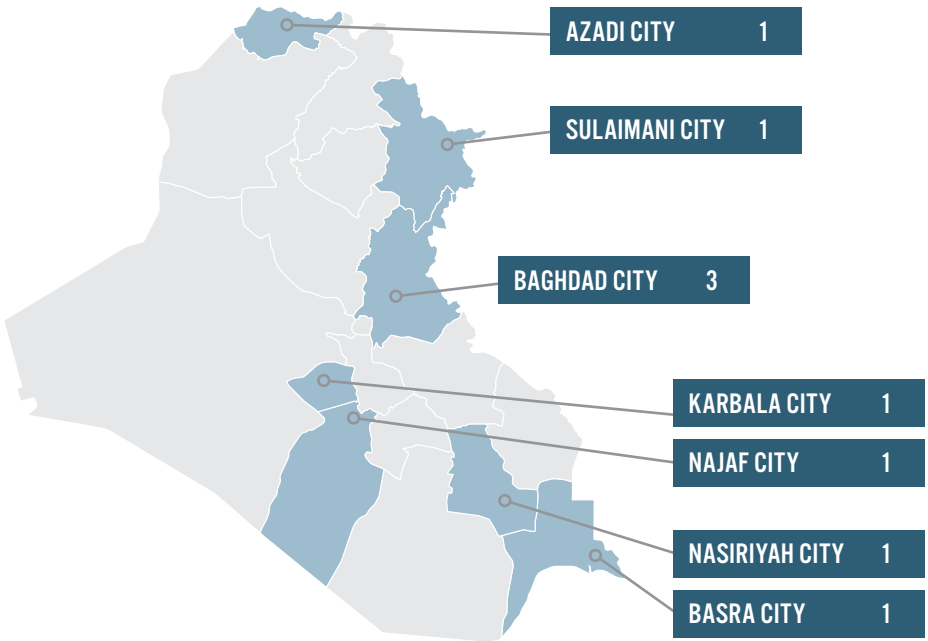
In February, unrelated to the protests, four gunmen hurt a male doctor while he was providing medical care to a critically ill 70-year-old woman at Azadi Teaching Hospital in Kirkuk governorate.<sup>4</sup>

HEALTH WORKERS KIDNAPPED

During November, unidentified perpetrators abducted a volunteer medic while she was returning home from treating wounded anti-corruption protesters in Tahrir Square, Baghdad. Her family made an emotional plea to the public for her safety and release.<sup>5</sup> “We don’t know why she was kidnapped. The people who did it are unknown,” her brother told *The National*.<sup>6</sup> She was released 11 days later by “an unidentified militant group.”<sup>7</sup>

DOCUMENTED LOCATION OF INCIDENTS, BY CITY

This map shows the known locations of reported incidents in 2019



<sup>1</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. November 2019. <http://bit.ly/3590PwX>.

<sup>2</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. November 2019. <http://bit.ly/3590PwX>.

<sup>3</sup> Human Rights Watch. “Iraq: Security Forces Attack Medics Treating Protesters.” November 14, 2019. <https://www.hrw.org/news/2019/11/14/iraq-security-forces-attack-medics-treating-protesters>.

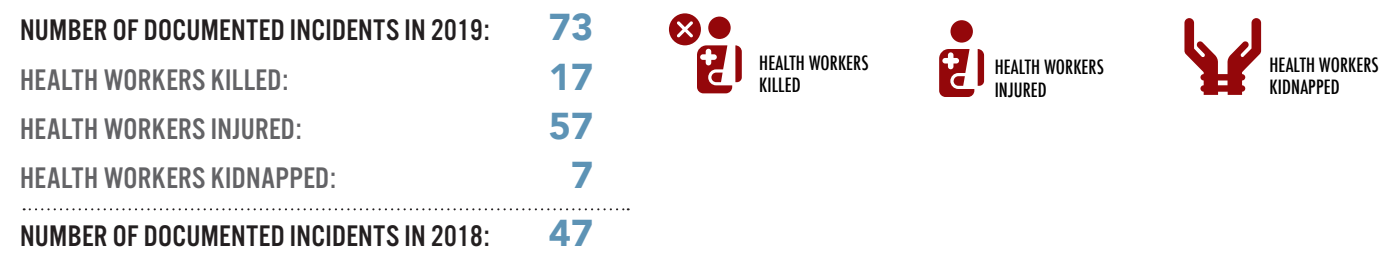
<sup>4</sup> Incident shared by the World Health Organization.

<sup>5</sup> The New Arab. “Family of Iraqi activist ‘abducted by masked men’ appeals for help.” November 4, 2019. <https://english.alaraby.co.uk/english/news/2019/11/4/family-of-abducted-female-iraqi-activist-appeals-for-help>.

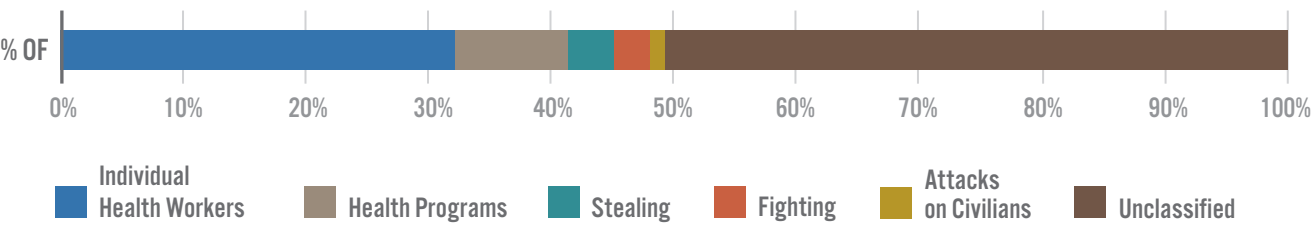
<sup>6</sup> The National. “Iraqi officials silent on abduction of Saba Al Mahdawi, doctor who was helping protesters.” November 10, 2019. <https://www.thenational.ae/world/mena/iraqi-officials-silent-on-abduction-of-saba-al-mahdawi-doctor-who-was-helping-protesters-1.934688>.

<sup>7</sup> Frontline Defenders. “Saba Al Mahdawi released.” <https://www.frontlinedefenders.org/en/case/saba-al-mahdawi-released> (accessed May 15, 2020).

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This fact sheet is based on a dataset, [SHCC Healthcare Libya Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 73 incidents of violence against or obstruction of health care in Libya in 2019, compared to 47 in 2018. Incidents were most often reported in Tripoli, but also took place in the Cyrenaica and Fezzan regions.


Health workers were killed and injured, and field hospitals were damaged during fighting between the Libyan National Army (LNA) and the UN-recognized Government of National Accord (GNA), as well as in

direct attacks by LNA forces. Non-state actor groups kidnapped health workers, opened fire inside health facilities, and stole health supplies.


Attacks were sometimes carried out by armed groups loyal to Khalifa Haftar, commander of the LNA.

Reported incidents peaked between April and June and coincided with an LNA military campaign that began in April to capture western Libya and Tripoli, areas held by the GNA.


HEALTH WORKERS KILLED

 Fighting between LNA and GNA forces and direct attacks killed at least 17 health workers and injured at least 57 health workers. In April, fighting between conflict actors near Tripoli killed two doctors who were evacuating wounded patients from conflict areas.<sup>1</sup> In July, LNA forces launched an airstrike on a hospital in Tripoli, killing five doctors, injuring eight other health workers, and damaging the hospital.<sup>2,3,4</sup>

HEALTH WORKERS INJURED

 In June, a field hospital in the Al-Swani district of Tripoli was damaged by shelling from an unidentified source, injuring an unspecified number of health workers.<sup>5</sup> In October, LNA forces targeted a field hospital in Wadi al-Rabie with an airstrike, which injured a nurse, damaged the hospital, and destroyed a number of ambulances.<sup>6,7</sup>

HEALTH WORKERS KIDNAPPED

 Non-state actor groups kidnapped at least seven health workers in 2019, all in the Tripolitania region. In October, four men armed with rifles abducted six medical workers while in transit in Zintan; they were released 12 days later.<sup>8,9</sup>

IN OCTOBER, FOUR MEN ARMED WITH RIFLES ABDUCTED SIX MEDICAL WORKERS WHILE IN TRANSIT IN ZINTAN; THEY WERE RELEASED 12 DAYS LATER.

ADDITIONAL VIOLENCE AGAINST HEALTH

During one attack in January, gunmen stormed a pharmacy in Sitre city and stole drugs, cash, a computer, and a mobile phone. In August, one health worker reported sexual violence and abuse. No further information was available.<sup>10</sup>

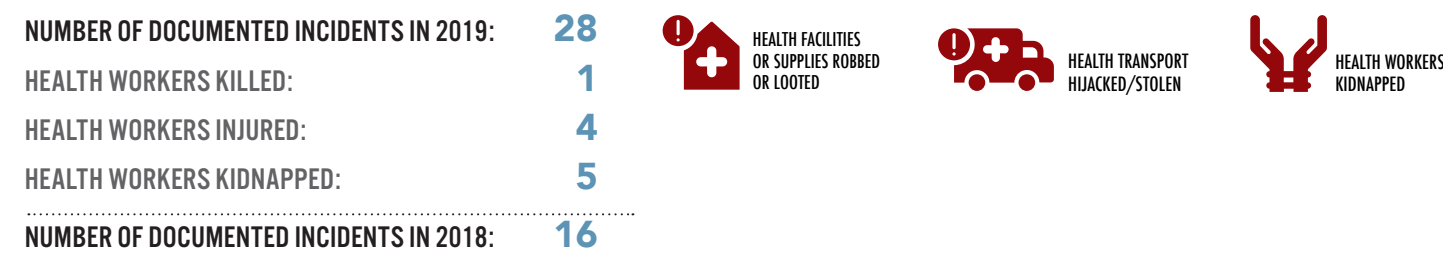
In May, an armed group believed to be loyal to Khalifa Haftar stormed the Shuwairf water distribution station and shut down the wells that supply fresh water to approximately two million people in Tripoli and other cities in the northwest, including Gharyan and Zawiya.<sup>11,12</sup> Maria Ribeiro, the UN’s humanitarian coordinator for Libya, condemned the attack, saying that “such attacks against civilian infrastructure... may be considered war crimes.”<sup>13</sup>

<sup>1</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. April 2019. <http://bit.ly/2JXadvP>.  
<sup>2</sup> BBC. “Air strike on Libya hospital kills five doctors.” July 28, 2019. <https://www.bbc.com/news/world-africa-49143263>.  
<sup>3</sup> WHO. Surveillance System for Attacks on Healthcare (SSA). <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx> (accessed January 15, 2019).  
<sup>4</sup> Zaptia, Sami. “Tripoli Ministry of Health condemns strike on field hospital that killed 5 and injured 8.” Libya Herald. July 28, 2019. <https://www.libyaherald.com/2019/07/28/tripoli-ministry-of-health-condemns-strike-on-field-hospital-that-killed-5-and-injured-8>.  
<sup>5</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. June 2019. <http://bit.ly/2JWeD4u>.  
<sup>6</sup> Airwars. <https://airwars.org/> (accessed on May 5, 2020).  
<sup>7</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. October 2019. <https://bit.ly/2xNu9hb>.

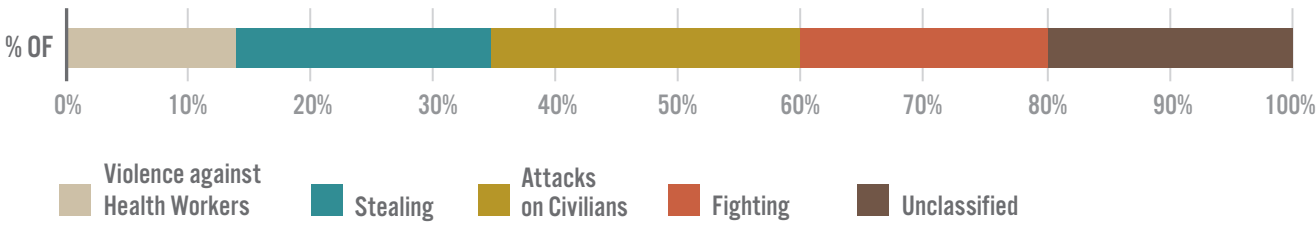
<sup>8</sup> Human Rights Watch. “Libya: abducted medical staff freed after 12 days.” October 24, 2019. <https://www.hrw.org/news/2019/10/24/libya-abducted-medical-staff-freed-after-12-days#>.  
<sup>9</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. October 2019. <http://bit.ly/2Dj10t1>.  
<sup>10</sup> WHO. Surveillance System of Attacks on Healthcare. <https://www.who.int/emergencies/attacks-on-health-care/surveillance-system/en/> (accessed September 18, 2019).  
<sup>11</sup> Middle East Monitor. “International community condemns Haftar’s attack on Tripoli’s water.” May 22, 2019. <https://www.middleeastmonitor.com/20190522-international-community-condemns-haftars-attack-on-tripolis-water/>.  
<sup>12</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. May 2019. <http://bit.ly/2WUykJ>.  
<sup>13</sup> Aljazeera. “Libya armed group cuts off water supply to Tripoli.” May 21, 2019. <https://www.aljazeera.com/news/2019/05/crime-libya-armed-group-cuts-tripoli-water-supply-190520192808892.html>.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This fact sheet is based on a dataset, [2019 SHCC Healthcare Mali Data](#), available for open source access on the Humanitarian Data Exchange (HDX).


OVERVIEW

The Safeguarding Health in Conflict Coalition identified 28 reported incidents of violence against or obstruction of health care in Mali in 2019, compared to 16 in 2018. Non-state actor groups kidnapped local health workers, hijacked ambulances, and stole health supplies. Other perpetrators are unknown. Incidents occurred in Mali’s Gao and Tombouctou regions and often took place while health workers were traveling to and from intervention sites or at medical warehouses or facilities, and by perpetrators carrying firearms. In over one third of the incidents reported,


material gain appears to be the motivating factor rather than intent to cause harm to health workers or civilians or impede the delivery of health care. At least one health worker died as a result of the incidents in 2019. In April, a French military doctor was killed when his armored vehicle hit an IED during an operation against armed terrorist groups.<sup>1,2</sup> At least four health workers suffered injuries during incidents. In August, unknown gunmen attacked a midwife’s house in the commune of Serere and shot and wounded her and her son.<sup>3</sup>

<sup>1</sup> Space War. “French military doctor killed in Mali.” April 2, 2019. <https://www.spacewar.com/afp/190402215429.ijm2qlm8.html>  
<sup>2</sup> Attacks on Health Care Monthly News Brief by Insecurity Insight. <http://bit.ly/2JXadvP>  
<sup>3</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).


HEALTH WORKERS KIDNAPPED

 At least five health workers were kidnapped in 2019, all in the Gao region. In March, Ganda Izo militia reportedly kidnapped two health workers from a health facility.<sup>4</sup> The status of the health workers is unknown. In May and August, unknown gunmen kidnapped two health workers during vehicle hijackings. In both cases, the health workers were soon released unharmed.<sup>5</sup>

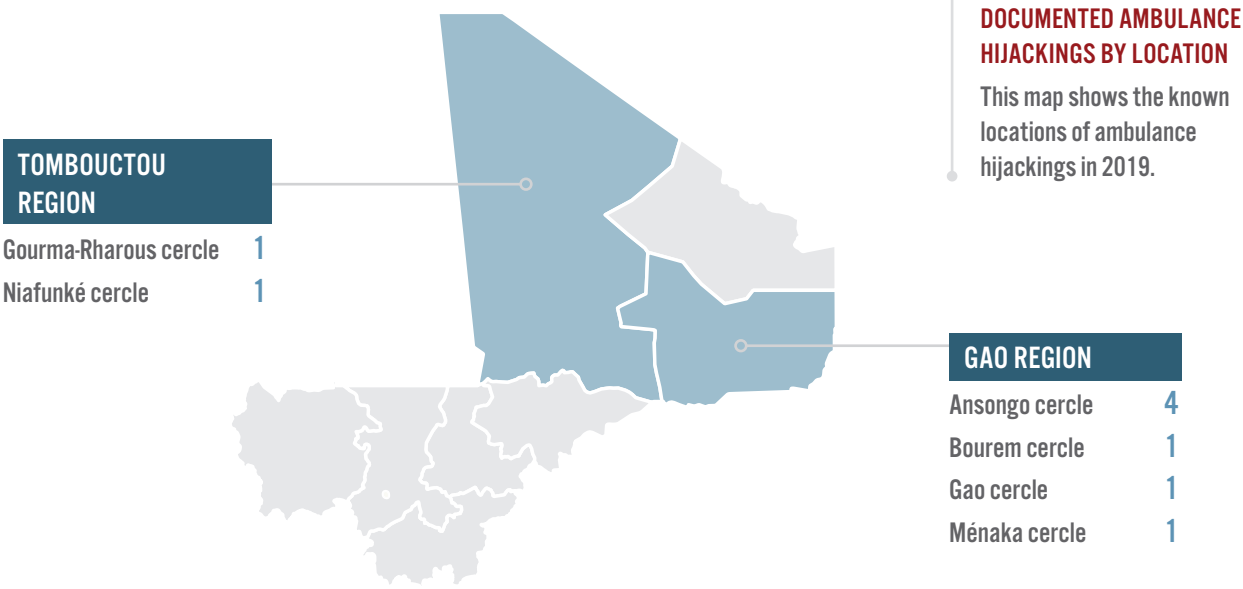
HEALTH FACILITIES AND SUPPLIES LOOTED

 The majority of robberies of health supplies took place in the first five months of 2019. Perpetrators were usually armed and injured and threatened health workers. Medical supplies were most frequently taken from medical warehouses and health facilities, but also from health workers while traveling to and from intervention sites. In August, gunmen robbed an accountant from Ansongo Health Center of funds allocated for an anti-malaria campaign in the Gao region.<sup>6</sup>

AMBULANCES HIJACKED

 Non-state actor groups hijacked at least nine ambulances, mostly in the Gao region. Non-state actor groups also robbed and kidnapped health workers during the hijackings. In one incident in January, gunmen ambushed a convoy of health vehicles, hijacked two vehicles, and robbed health workers of their belongings.<sup>7</sup> In another, gunmen seized a vehicle belonging to a vaccination center.<sup>8</sup>

IN ONE INCIDENT IN JANUARY, GUNMEN AMBUSHED A CONVOY OF HEALTH VEHICLES, HIJACKED TWO VEHICLES, AND ROBBED HEALTH WORKERS OF THEIR BELONGINGS.



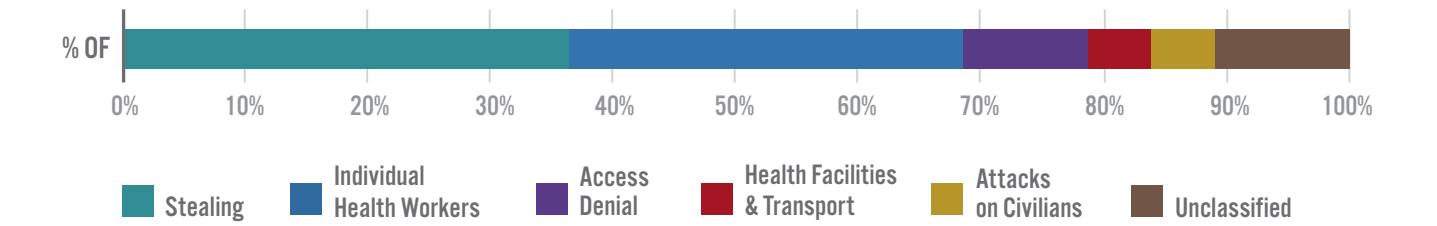
DOCUMENTED AMBULANCE HIJACKINGS BY LOCATION  
This map shows the known locations of ambulance hijackings in 2019.

<sup>4</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. March 2019. <http://bit.ly/2UCGMpw>.  
<sup>5</sup> The Armed Conflict Location & Event Data Project (ACLED) (accessed January 15, 2020).  
<sup>6</sup> The Armed Conflict Location & Event Data Project (ACLED) (accessed January 15, 2020).  
<sup>7</sup> Insecurity Insight. Safeguarding Health Care Monthly News Brief. January 2019. <http://bit.ly/2SaeDjb>.  
<sup>8</sup> The Armed Conflict Location & Event Data Project (ACLED) (accessed January 15, 2020).

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This fact sheet is based on a dataset, [2019 SHCC Healthcare Nigeria Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 19 reported incidents of violence against or obstruction of health care in Nigeria in 2019, compared to 23 in 2018. During these incidents, non-state actor groups killed and kidnapped health workers, stole health supplies, and set health facilities on fire. Boko Haram and the Islamic State West Africa group are two of the suspected non-state actor groups behind these attacks.

Reported incidents occurred in Borno, Kaduna, and Yobe states and often took place while health workers were traveling to and from intervention sites, at health facilities and warehouses, or during indiscriminate attacks on civilians. National health workers working for international NGOs were most at risk of violence by non-state armed actors.

Actions taken by state forces in September impacted international NGOs delivering health services in Borno and Yobe states, two of the states most affected by armed conflict. Nigerian Armed Forces forcibly closed the offices of Action Against Hunger and Mercy Corps, accusing Action Against Hunger of supplying drugs and food to ISWAP and Mercy Corps of acting as conduits for cash received by Boko Haram or ISWAP.<sup>1,2,3</sup> The army’s actions are in keeping with the long-running antipathy toward international NGOs in the region. In December 2018, the army temporarily banned UNICEF for one day, claiming it was training “spies” who were supporting Boko Haram.<sup>4</sup>


<sup>1</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. September 2019. <http://bit.ly/31zAiX0>.

<sup>2</sup> The New Humanitarian. “NGO closure in Nigeria, climate action at the UN, and a \$500m cheque for Yemen: The Cheat Sheet.” September 27, 2019. <https://www.thenewhumanitarian.org/news/2019/09/27/NGO-Nigeria-climate-action-UN-Yemen>.

<sup>3</sup> Akwagyiram, Alexis. “Mercy Corps suspends northeast Nigeria work after army shuts offices.” Reuters. September 25, 2019. <https://uk.reuters.com/article/uk-nigeria-security/mercy-corps-suspends-northeast-nigeria-work-after-army-shuts-offices-idUKKBN1WA1JM>.

<sup>4</sup> France 24. “Jihadists kill abducted aid worker in Nigeria.” September 25, 2019. <https://www.france24.com/en/20190925-jihadists-kill-abducted-aid-worker-in-nigeria>.

HEALTH WORKERS KIDNAPPED

At least seven health workers were kidnapped in 2019—all while working in Borno state. Kidnappings took place during road ambushes or at illegal checkpoints. Three health workers were executed, one has been released, and three remain in captivity.

In July, ISWAP/Boko Haram fighters ambushed an Action Against Hunger convoy delivering health and nutrition services to a remote community near the Niger border.<sup>5,6</sup> The fighters killed a driver and kidnapped six Nigerian staff members—three male health workers, two male drivers, and a female humanitarian worker. In September, the group killed one of the male hostages.<sup>7</sup> In December, the fighters killed the other four men.<sup>8</sup> As of January 2020, reports indicate that the female humanitarian worker is still held in captivity.<sup>9</sup>

On December 12, ISWAP fighters kidnapped two National Red Cross Society health workers along with six off-duty soldiers and eight civilians at an illegal checkpoint. Reports indicate ISWAP fighters claimed responsibility on social media.<sup>10</sup> It appears the two health workers are still in captivity.

On December 22, Boko Haram militants ambushed a vehicle and kidnapped two Nigerians working for the Alliance for International Medical Action (ALIMA), an international NGO—a female nurse and a male, along with three male international NGO aid workers.<sup>11,12</sup> On January 16, 2020, ISWAP released all five kidnapped on December 22, including the female nurse. It is unclear if they were freed in a rescue operation carried out by state forces, after negotiations with the government, or if a ransom was paid to secure their release.<sup>13,14</sup>

<sup>5</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. July 2019. <http://bit.ly/2OVVKV6>.

<sup>6</sup> Aljazeera. “ISIL-linked group executes 4 hostages in Nigeria: NGO.” December 13, 2019. <https://www.aljazeera.com/news/2019/12/isil-linked-group-executes-hostages-nigeria-ngo-191214000540719.html>.


<sup>7</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. September 2019. <http://bit.ly/31zAiX0>.

<sup>8</sup> Aljazeera. “ISIL-linked group executes 4 hostages in Nigeria: NGO.” December 13, 2019. <https://www.aljazeera.com/news/2019/12/isil-linked-group-executes-hostages-nigeria-ngo-191214000540719.html>.


<sup>9</sup> Todayng. “Jennifer Samuel: I saw Alice Loksha, she said Grace Taku, Leah Sharibu are fine.” January 19, 2020. <https://www.today.ng/news/nigeria/jennifer-samuel-alice-loksha-grace-taku-leah-sharibu-fine-275161>.

<sup>10</sup> “Humanitarian Outcomes2019. Aid Worker Security Database. 2019. <https://aidworkersecurity.org/> (accessed May 15, 2020) .

HEALTH WORKERS KILLED

At least five health workers were killed during incidents of violence in 2019.\* This is on top of the three health workers killed while being held in captivity. Killings took place during road ambushes and indiscriminate attacks on civilians. In May, a health worker was killed in an event in which sexual assault was also reported; it is unclear if the same person was sexually assaulted and killed or if two people were involved.<sup>15</sup>

HEALTH FACILITIES AND SUPPLIES ROBBED OR LOOTED

On several occasions, armed perpetrators took medical supplies from warehouses and health facilities. In some cases, medical warehouses and health facilities were looted and set on fire. These incidents were reported in the WHO’s SSA and additional details are not available.

IN SOME CASES, MEDICAL WAREHOUSES AND HEALTH FACILITIES WERE LOOTED AND SET ON FIRE.

\*Health workers kidnapped and then killed in captivity are coded in our dataset only as kidnapped.

<sup>11</sup> Saga Gist. “Abduction of aid workers: nurses in plateau demand employment to reduce risk of kidnap.”<https://www.sagagist.com.ng/2020/01/abduction-of-aid-workers-nurses-in.html> (accessed May 4, 2020).

<sup>12</sup> Nwezeh, Kingsley. “Boko Haram frees five abducted aid workers.” This Day. January 16, 2020. <https://www.thisdaylive.com/index.php/2020/01/16/boko-haram-frees-five-abducted-aid-workers/>.

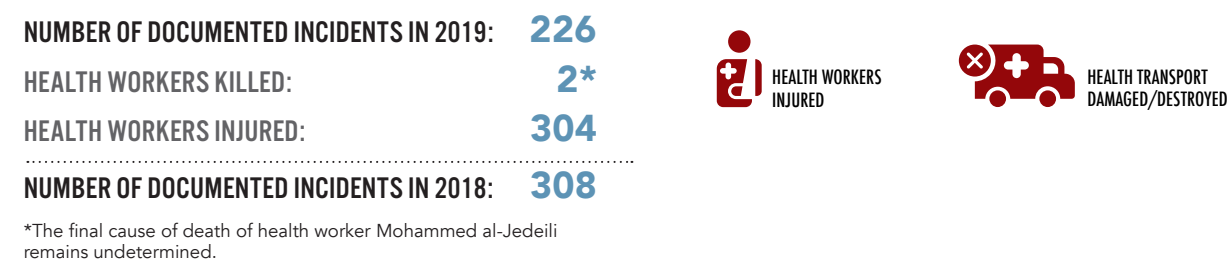
<sup>13</sup> Bako, Friday. “Plateau aid worker, Jennifer Ukambong Samuel, 4 others abducted by Boko Haram released.” ViewpointNigeria. January 15, 2020. <http://www.viewpointnigeria.org/plateau-aid-worker-jennifer-ukambong-samuel-4-others-abducted-by-boko-haram-released/>.

<sup>14</sup> Payne, Daniel. “Released hostage says Leah Sharibu, Christian teen abducted by Boko Haram, is alive and well.” DISRN. January 21, 2020. <https://disrn.com/news/released-hostage-says-16-year-old-abducted-by-boko-haram-is-alive-and-well>.

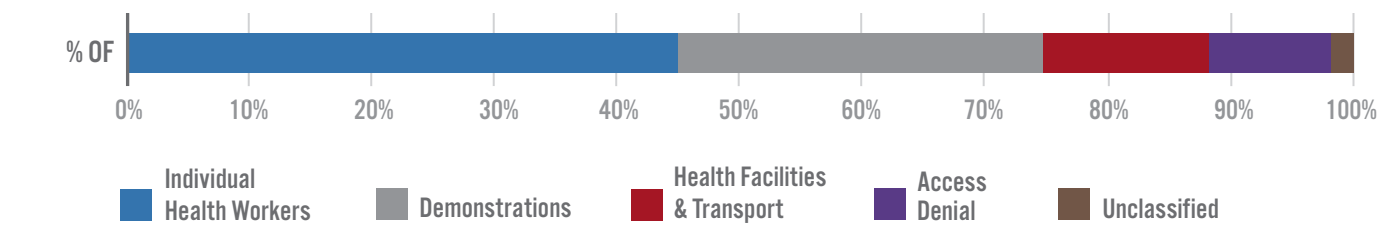
<sup>15</sup> WHO. Surveillance System for Attacks on Healthcare (SSA). <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx> (accessed January 15, 2019).



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This fact sheet is based on a dataset, [2019 SHCC Healthcare OPT Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 226 reported incidents of violence against or obstruction of health care in the occupied Palestinian territory (oPt) in 2019, compared to 308 in 2018. At least 304 health workers were injured and two health workers died\* in these incidents.

Most incidents took place during the Great March of Return protests in Gaza that began in March 2018 and continued in 2019. In March 2019, the UN independent international Commission of Inquiry on the Protests in the Occupied Palestinian Territory

in the context of the Great March of Return found “reasonable grounds to believe that Israeli snipers intentionally shot health workers.”<sup>1</sup> The Commission found that, as of March, “Israel has consistently failed to meaningfully investigate and prosecute commanders and soldiers for crimes and violations committed against Palestinians.”<sup>2</sup> The health worker casualties that occurred in 2019, as well as the continued impunity for these and previous incidents of violence against health care, underline the importance of accountability to ensuring an end to the violations of international humanitarian law.

<sup>1</sup> Office of the United Nations High Commissioner for Human Rights (OHCHR) Human Rights Council, Fortieth Session. Report of the independent international commission of inquiry on the protests in the Occupied Palestinian Territory. February 25, 2019. [https://www.ohchr.org/Documents/HRBodies/HRCouncil/CoIOPT/A\\_HRC\\_40\\_74.pdf](https://www.ohchr.org/Documents/HRBodies/HRCouncil/CoIOPT/A_HRC_40_74.pdf).  
<sup>2</sup> Ibid.

HEALTH WORKERS INJURED

As the Great March of Return protests continued in Gaza throughout 2019, Israel used force against those taking part, including live ammunition, tear gas, and rubber-coated steel bullets. In this context, Israeli forces injured at least 279 Palestinian health workers during the protests, according to the WHO.<sup>3</sup>

Israeli forces shot the same paramedic twice during the demonstrations. In June, Sabreen Qeshta was shot in the head while evacuating and providing first aid to injured demonstrators, affecting her sight.<sup>4</sup> While on duty in September, a bullet entered her hand and abdomen, and she now walks with difficulty and needs help with most daily tasks.<sup>5</sup> Another paramedic, Mohammed al-Jedeili, was shot with a rubber-coated steel bullet in the face, causing a skull fracture, on May 3 during the Great March of Return demonstrations. He died on June 10.<sup>6\*</sup>

In the West Bank, on March 27, Israeli forces fatally shot Sajed Mizher, a 17-year-old volunteer health worker with the Palestine Medical Relief Society, while he was caring for people injured during clashes at Dheisheh Camp, near Bethlehem.<sup>7</sup>

AMBULANCES DAMAGED

According to the WHO, at least 35 ambulances were damaged in Gaza during the Great March of Return protests.<sup>8\*\*</sup> On March 20, during a clash between Palestinians and Israeli forces in the West Bank, Israeli forces reportedly opened fire on and damaged an ambulance, preventing it from reaching and providing urgent medical treatment to the injured.<sup>9,10</sup>

\*The final cause of death of health worker Mohammed al-Jedeili remains undetermined.  
\*\*There is a discrepancy in WHO global and regional data for health transports damaged in the oPt; we include the numbers provided by the regional office in this fact sheet but not in our dataset as this information is not available by incident.

<sup>3</sup> WHO. Attacks on Healthcare during the Gaza Great March of Return: January–December 2019. [http://www.emro.who.int/images/stories/palestine/documents/infographic-attacks-only\\_2019.jpg?ua=1](http://www.emro.who.int/images/stories/palestine/documents/infographic-attacks-only_2019.jpg?ua=1) (accessed May 18, 2020).  
<sup>4</sup> WHO. Health access: barriers for patients in the occupied Palestinian Territory. Monthly report: September 2019. October. 26, 2019. <https://bit.ly/2y7muud>.  
<sup>5</sup> WHO occupied Palestinian Territory. Health access: barriers for patients in the occupied Palestinian territory. Monthly report: September 2019. October 26, 2019. <https://bit.ly/2y7muud>.  
<sup>6</sup> Medical Aid for Palestinians. “Another Palestinian medic killed – call on UK to finally take action.” July 4, 2019. <https://www.map.org.uk/news/archive/post/1025-another-palestinian-medic-killed-a-when-will-the-uk-take-real-action>.  
<sup>7</sup> World Health Organization Regional Office for the Mediterranean. “WHO strongly condemns killing of health worker in the West Bank, March 2019.” May 17, 2019. <http://www.emro.who.int/pse/palestine-news/who-strongly-condemns-killing-of-health-worker-in-the-west-bank.html>.  
<sup>8</sup> WHO. Attacks on Healthcare during the Gaza Great March of Return: January–December 2019. [http://www.emro.who.int/images/stories/palestine/documents/infographic-attacks-only\\_2019.jpg?ua=1](http://www.emro.who.int/images/stories/palestine/documents/infographic-attacks-only_2019.jpg?ua=1) (accessed May 18, 2020).  
<sup>9</sup> WAFA. “Two Palestinians killed as Israeli settlers storm Joseph’s Tomb near Nablus.” March 20, 2019. <http://english.wafa.ps/page.aspx?id=0JnC9a108820582761a0JnC9>.  
<sup>10</sup> OCHA oPt. Protection of Civilians Biweekly Highlights. Reporting Period: 12–25 March 2019. March 28, 2019. [https://www.ochaopt.org/sites/default/files/poc\\_12-25\\_mar\\_2019.pdf](https://www.ochaopt.org/sites/default/files/poc_12-25_mar_2019.pdf).  
<sup>11</sup> Al Mezan Center for Human Rights. “61st Friday of Demonstrations in Gaza: 95 Wounded– including 31 Children and Four Paramedics.” June 17, 2019. <http://mezan.org/en/post/23534>.  
<sup>12</sup> WHO. Health access: barriers for patients in the occupied Palestinian Territory. Monthly report: September 2019. October. 26, 2019. <https://bit.ly/2y7muud>.

“I FEEL I AM TARGETED AS A PARAMEDIC.”



Paramedic Sabreen Qeshta was shot twice by Israeli forces while on duty at the Great March of Return demonstrations in Gaza. On June 14, Sabreen was shot in the head by a plastic-coated steel bullet while evacuating and providing first aid to injured demonstrators in east Rafah.<sup>11</sup> The injury affected her sight.<sup>12</sup> On September 27, Sabreen was shot a second time.

<sup>13</sup> Medical Aid for Palestinians. New MAP film: Gaza Paramedic Sabreen shot a second time. January 22, 2020. <https://www.map.org.uk/news/archive/post/1078-new-map-film-gaza-paramedic-sabreen-shot-a-second-time>.  
<sup>14</sup> WHO. Health access: barriers for patients in the occupied Palestinian Territory. Monthly report: September 2019. October. 26, 2019. <https://bit.ly/2y7muud>.  
<sup>15</sup> WHO. Health access: barriers for patients in the occupied Palestinian Territory. Monthly report: September 2019. October. 26, 2019. <https://bit.ly/2y7muud>.

“I was providing first aid to a child who was suffering from tear gas inhalation about 70 metres from the fence,” Sabreen told Coalition member Medical Aid for Palestinians. “Once the child was in the ambulance, I started moving away. With every step I took, an Israeli jeep followed me and opened fire next to my legs and near my face. When I was about 300 meters from the fence, they opened heavy fire. There were three injured people on the ground. As I was leaning down to help one, a bullet hit me.”<sup>13</sup>

The bullet severed a nerve in Sabreen’s right hand and went into her abdomen; her liver bled heavily as she was taken to hospital.<sup>14</sup> She underwent surgery, where medics found the bullet had lodged next to her spine. They explained to Sabreen, who stayed in hospital for four days, that removing it would risk additional health problems.<sup>15</sup>

The injury has left Sabreen dependent on her family, needing support with most daily tasks. She stands with difficulty, can only walk slowly, suffers numbness in her legs, and has lost some movement in her right hand.<sup>16</sup>

Speaking to the WHO, Sabreen said, “I feel I am targeted as a paramedic, and in Gaza we have never been truly protected. In spite of all the risks, I choose to be a first responder at the fence. I believe it is our responsibility to treat those who need our help and our skills.”<sup>17</sup>

<sup>16</sup> WHO. Health access: barriers for patients in the occupied Palestinian Territory. Monthly report: September 2019. October. 26, 2019. <https://bit.ly/2y7muud>.  
<sup>17</sup> WHO. Health access: barriers for patients in the occupied Palestinian Territory. Monthly report: September 2019. October. 26, 2019. <https://bit.ly/2y7muud>.

BARRIERS TO BREAST CANCER CARE

The blockade imposed by Israel on Gaza since 2007 is a primary driver of humanitarian needs there.<sup>18</sup> This closure has accelerated the de-development<sup>19</sup> of the health care system both directly, through restrictions on the movement of people and goods, and indirectly, through economic damage compounded by Gaza’s political and functional separation from the West Bank.

In the oPt, there are many barriers to the accessibility and quality of breast cancer care. The only Palestinian hospital providing radiotherapy is in occupied East Jerusalem, meaning that patients living in the West Bank and Gaza have to apply for a permit from the Israeli authorities to travel for treatment there, a time-consuming process fraught with delays.

Moreover, cancer treatment in Gaza is challenged by chronic resource shortages. According to the Ministry of Health, on average, 55% of oncology and hematology medications were at zero stock (meaning less than one month’s supply available) in 2019, with many of those completely out of stock.<sup>20</sup> These shortages can cause certain essential treatments to be unavailable locally, or can interrupt treatment courses, which can critically undermine their effectiveness. Regular and reliable referral out of Gaza for chemotherapy is therefore essential for many patients.

Despite the importance of freedom of movement for Palestinian cancer patients, in 2019, Israel denied 9% of permit applications (2,164) for patients from Gaza to travel to East Jerusalem and Israel for health care and delayed 26% of applications (6,364) past the appointment date.<sup>21</sup> Patients from the West Bank referred to East Jerusalem and Israel for medical treatment also face these barriers, with 19% of exit permit applications denied or delayed past the date of appointment by Israel.<sup>22</sup>


Permit denials and delays obstruct many breast cancer patients from attending the full cycle of appointments for radiotherapy, chemotherapy, and aftercare, which undermines the effectiveness of treatment. There are also limitations on surgery options due to the lack of specialised breast cancer surgeons. The closure also imposes severe restrictions on the ability of medical professionals to travel out to the West Bank and abroad to further develop their skills. In 2018, Israel approved only 15% of applications for health workers to exit Gaza.<sup>23</sup>

These barriers may therefore be affecting not only the treatment women receive, but also their outcomes. Cancer patients who had applied for permits to attend chemotherapy and/or radiotherapy outside of Gaza between 2015 and 2017, and whose permits were delayed or denied, were 1.45 times less likely to survive in subsequent years.<sup>24</sup>

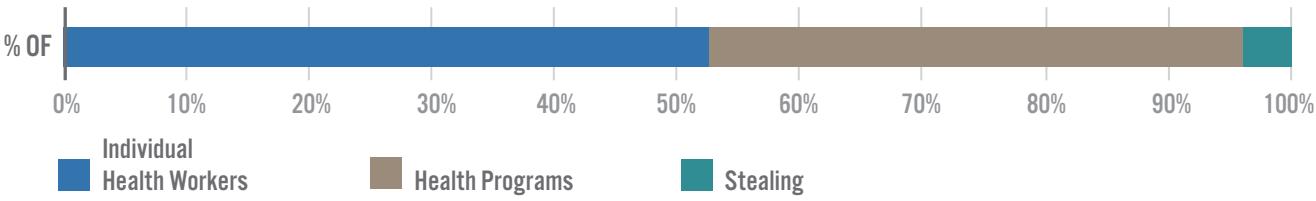
<sup>18</sup> United Nations Office for the Coordination of Humanitarian Affairs. Gaza Blockade. <https://www.ochaopt.org/theme/gaza-blockade> (accessed May 17, 2020).  
<sup>19</sup> United Nations Country Team in the occupied Palestinian territory. Gaza Ten Years Later. July 2017. [https://unsco.unmissions.org/sites/default/files/gaza\\_10\\_years\\_later\\_-\\_11\\_july\\_2017.pdf](https://unsco.unmissions.org/sites/default/files/gaza_10_years_later_-_11_july_2017.pdf).  
<sup>20</sup> Monitoring by Medical Aid for Palestinians of drug shortages in Gaza’s Central Drug Store as reported by the Ministry of Health.  
<sup>21</sup> WHO. Health access: barriers for patients in the occupied Palestinian tTerritory. Monthly report: December 2019. December 31, 2019. [http://www.emro.who.int/images/stories/palestine/documents/Dec\\_2019\\_Monthly\\_Updated.pdf?ua=1](http://www.emro.who.int/images/stories/palestine/documents/Dec_2019_Monthly_Updated.pdf?ua=1).  
<sup>22</sup> WHO. WHO monthly reports on health access in the occupied Palestinian territory. <http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html>  
<sup>23</sup> World Health Organization. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Report by the Director-General. 72nd World Health Assembly, provisional agenda item 14. May 1, 2019. [https://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\\_33-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_33-en.pdf).  
<sup>24</sup> WHO Regional Office for the Eastern Mediterranean. Right to Health in the occupied Palestinian territory: 2018. 2018. Licence: CC BY-NC-SA 3.0 IGO [https://reliefweb.int/sites/reliefweb.int/files/resources/WHO\\_Right\\_to\\_health\\_2018\\_Web-final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/WHO_Right_to_health_2018_Web-final.pdf).



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE

NUMBER OF DOCUMENTED INCIDENTS IN 2019:	23		HEALTH WORKERS KILLED		HEALTH WORKERS INJURED
HEALTH WORKERS KILLED:	12				
HEALTH WORKERS KIDNAPPED:	4				
NUMBER OF DOCUMENTED INCIDENTS IN 2018:	11				

CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported. This fact sheet is based on a dataset, [2019 SHCC Healthcare Pakistan Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 23 reported incidents of violence against or obstruction of health care in Pakistan in 2019, compared to 11 in 2018. Health providers and workers in the Khyber Pakhtunkhwa and Punjab provinces were most at risk. These are also areas where health and humanitarian needs are high, and violence against health care further adds to the complex obstacles health providers must navigate while delivering health services. Ongoing armed violence, internal displacement, natural disasters, flooding, and drought all impede access to vital health services. Health providers also face bureaucratic barriers and often take security measures to protect staff and programs, which can lead to program suspensions or delays.<sup>1</sup>


Non-state actor groups killed 12 health workers, including at least five polio vaccination workers in targeted attacks, and kidnapped at least four health workers. In March, unknown perpetrators abducted two doctors while they were traveling to a proposed new intervention site; the doctors’ bodies were later found.<sup>2</sup> Violence toward polio vaccination workers negatively impacted polio eradication efforts in Pakistan in 2019, leading to the government suspending a National Immunization Days campaign in April. Identifying the perpetrators behind incidents remains a challenge. However, it is clear that Tehrik-e-Taliban Pakistan (TTP) militants, who object to vaccination campaigns, have killed polio workers and the police guarding them.

<sup>1</sup> ACAPS. Pakistan: Overview. <https://www.acaps.org/country/pakistan/crisis/complex-crisis> (accessed April 19, 2020).  
<sup>2</sup> Incident shared by the World Health Organization.


Violence against health care damaged at least two health facilities in 2019—one during a suicide attack and another by arson. On July 21, a TTP suicide bomber triggered an explosive-laden jacket outside a hospital in Khyber Pakhtunkhwa province, killing at least eight people and wounding 26 others.<sup>3</sup> The

blast damaged the hospital’s emergency ward and forced some of the wounded to be transferred to other cities. A spokesman for the TTP claimed responsibility for the attack, which he said was carried out in revenge after two Taliban commanders were killed by counterterrorism police.<sup>4</sup>

HEALTH WORKERS KILLED

 At least 12 health workers died in these incidents, including polio vaccination workers, doctors, an ophthalmologist, and other health workers. In some cases, health workers were killed in armed home invasions in Balochistan province and in armed robberies at clinics in Khyber Pakhtunkhwa province. On July 13 in Panjgur district, Balochistan province, armed men reportedly barged into a doctor’s house, opened fire, and killed him.<sup>5,6</sup>

HEALTH WORKERS INJURED

 At least seven health workers were injured. Most injuries were caused by firearms and often took place while health workers were traveling to and from intervention sites or while providing care. In July, unidentified people shot and injured two ambulance drivers in Khyber Pakhtunkhwa province.<sup>7</sup> In March, a group of men threw acid on the vice chairman of the Young Doctors Association when he was driving his car in Punjab province.<sup>8</sup> In May, also in Punjab province, unidentified armed men shot and critically injured a doctor posted at the Kharianwala Rural Health Center.<sup>9</sup>

<sup>3</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. July 2019. <http://bit.ly/2OVVKV6>.  
<sup>4</sup> Reuters. “Female suicide bomber kills eight in northwest Pakistan.” July 21, 2019. <https://www.reuters.com/article/us-pakistan-attack-idUSKCN1UG08J>.  
<sup>5</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. July 2019. <http://bit.ly/2OVVKV6>.  
<sup>6</sup> Baloch, Behram. “Doctor shot dead at home in Panjgur.” Dawn. July 14, 2019. <https://www.dawn.com/news/1493969/doctor-shot-dead-at-home-in-panjgur>.  
<sup>7</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).  
<sup>8</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).  
<sup>9</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed June 12, 2019).

POLIO VACCINATION WORKERS TARGETED

Perpetrators targeted polio vaccination workers in at least nine incidents in 2019. In the month of April alone, perpetrators targeted polio vaccination teams at least four times:

- ON APRIL 8, a man shot and killed a polio worker in Mohmand district in northern Pakistan because the polio worker had reported him for refusing to vaccinate his children.<sup>10</sup> “We strongly condemn this and any attack targeting health care staff...who are working hard to rid the world of polio and other diseases,” said Dr. Ahmed Al-Mandhari, WHO regional director for the Eastern Mediterranean. “Health care should never be a target and WHO and our partners will not be deterred by such attacks.”<sup>11</sup>
- ON APRIL 22 near Peshawar city, Khyber Pakhtunkhwa province, a mob of ~500 people—enraged by false reports on social media that polio drops had made their children ill—ransacked and burned down a health clinic that was a base for vaccination workers.<sup>12,13</sup>
- ON APRIL 23, on a road in Shalamar town in Lahore, Punjab, a man armed with a knife attacked polio vaccination workers during an anti-polio campaign, injuring one vaccinator.<sup>14</sup>
- ON APRIL 25, in Sultan Zai, a remote village in Balochistan province, unknown men on a motorbike opened fire on a polio vaccination team returning from administering polio vaccination drops to children. The men killed a female health worker and critically wounded another female worker.<sup>15</sup> Security forces launched a search operation in the area, and the polio vaccination drive was temporarily suspended.<sup>16,17</sup>

Following these incidents, the government suspended the anti-polio campaign and, for the first time, suspended the post-campaign evaluation that documents the status of anti-polio coverage and areas of weak coverage.<sup>18</sup> Polio workers also encountered community resistance due to propaganda. In Khyber Pakhtunkhwa province, instances of parents refusing to allow health workers to administer anti-polio drops to their children rose by 85% after anti-polio rumors provoked fear across the province.<sup>19</sup>

<sup>10</sup> Farmer, Ben. “Polio worker gunned down in Pakistan trying to persuade family to vaccinate children.” The Telegraph. April 9, 2019. <https://www.telegraph.co.uk/global-health/science-and-disease/polio-worker-gunned-pakistan-trying-persuade-families-vaccinate/>.  
<sup>11</sup> WHO Regional Office for the Mediterranean. “WHO condemns killing of polio worker in Pakistan.” April 9, 2019. <http://www.emro.who.int/pak/pakistan-news/who-condemns-killing-of-polio-worker-in-pakistan.html>.  
<sup>12</sup> Wallen, Joe. “25,000 children in Pakistan rushed to hospital after spread of false polio vaccine rumours.” The Telegraph. April 23, 2019. <https://www.telegraph.co.uk/global-health/science-and-disease/25000-children-pakistan-rushed-hospital-spread-false-polio-vaccine/>.  
<sup>13</sup> Farmer, Ben. “Arson, panic and anti-vaxxers: The vaccination scare which threatens the global war on polio.” The Telegraph. May 10, 2020. <https://www.telegraph.co.uk/global-health/science-and-disease/arson-panic-anti-vaxxers-vaccination-scare-threatens-global/>.  
<sup>14</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).

Incidents against polio workers occurred throughout the year. For example, on May 4, suspected militants shot and killed a WHO polio monitoring officer in Bajaur district, Khyber Pakhtunkhwa province.<sup>20</sup>

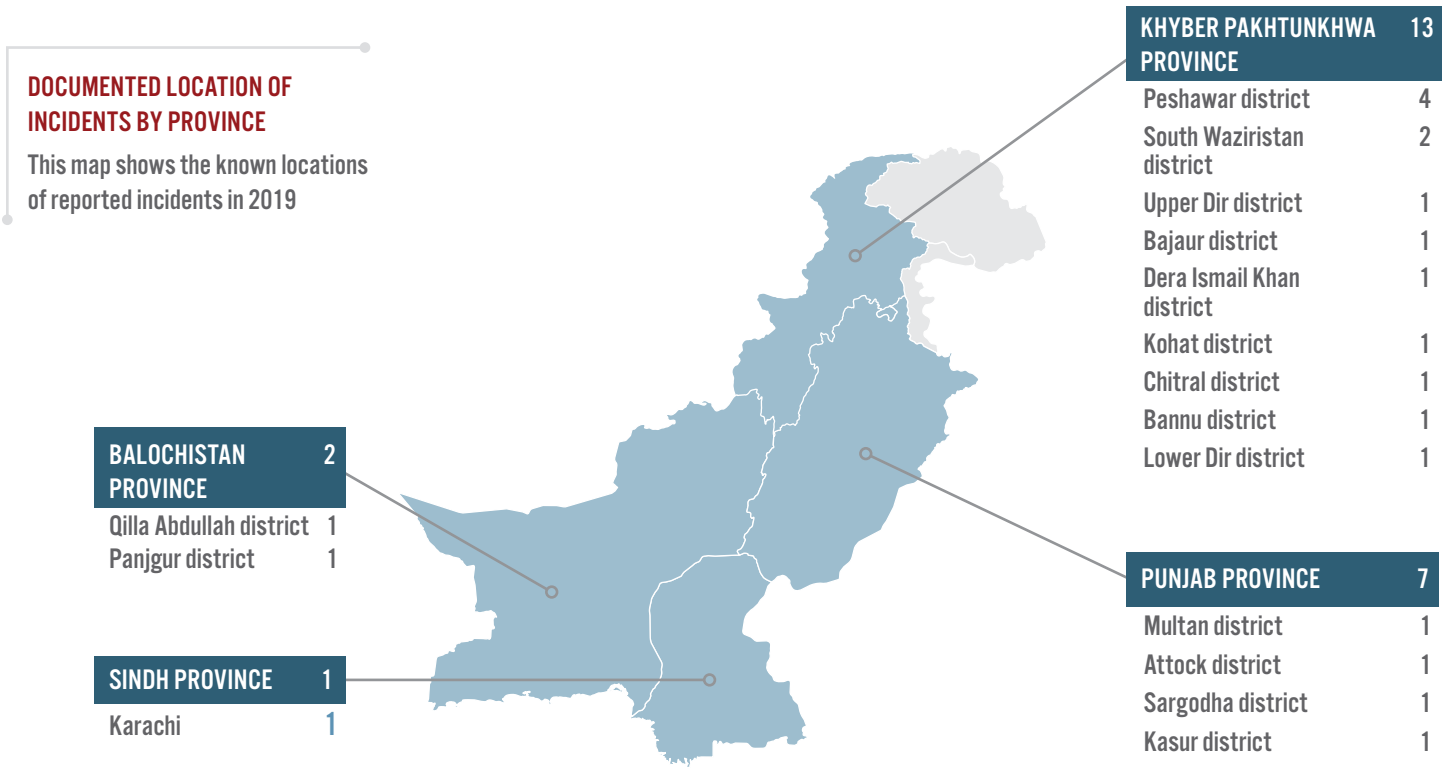
Polio workers also faced threats and violence from community members. In March, a mother and her daughter beat a female polio worker when she entered their house to administer polio drops during the National Immunization

<sup>15</sup> Gul, Ayaz. “Gunmen kill female polio vaccinator in Pakistan.” VOA. April 25, 2009. <https://www.voanews.com/south-central-asia/gunmen-kill-female-polio-vaccinator-pakistan>.  
<sup>16</sup> Hashim, Asad. “Gunmen kill polio vaccinator in southwestern Pakistan.” Aljazeera. April 25, 2019. <https://www.aljazeera.com/news/2019/04/gunmen-kill-polio-vaccinator-southwestern-pakistan-190425105934848.html>.  
<sup>17</sup> Gul, Ayez. “Gunmen kill female polio vaccinator in Pakistan.” VOA. April 25, 2009. <https://www.voanews.com/south-central-asia/gunmen-kill-female-polio-vaccinator-pakistan>.  
<sup>18</sup> Chaudhry, Asif. “Polio drive suspended across country after spike in attacks.” Relief Web. April 27, 2019. <https://reliefweb.int/report/pakistan/polio-drive-suspended-across-country-after-spike-attacks>.  
<sup>19</sup> Sirajuddin. “Following rumours, refusals to vaccinate children against polio rise by 85pc in KP.” Relief Web. April 28, 2019. <https://reliefweb.int/report/pakistan/following-rumours-refusals-vaccinate-children-against-polio-rise-85pc-kp>.  
<sup>20</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).

Days campaign in Khyber Pakhtunkhwa province; in August, a magistrate court imposed a fine on the two women for the attack.<sup>21</sup>

Threats and violence against polio vaccination workers affect the reach of polio eradication campaigns in Pakistan, one of the three countries where polio remains endemic. The National Immunization Days campaign in April 2019 was unable to vaccinate 1.8 million of the children it had intended to reach after the campaign was stopped early.

By the end of the year, at least 140 cases of polio were reported in Pakistan, compared to 12 in 2018. While the National Immunization Days campaign in December 2019 found that communities had overall become more receptive to polio vaccination, over 20,000 children still did not receive the vaccine due to their parents’ refusal.<sup>22</sup> The campaign was also suspended in Lower Dir in Khyber Pakhtunkhwa province, following attacks on police providing protection to vaccination teams.<sup>23</sup>



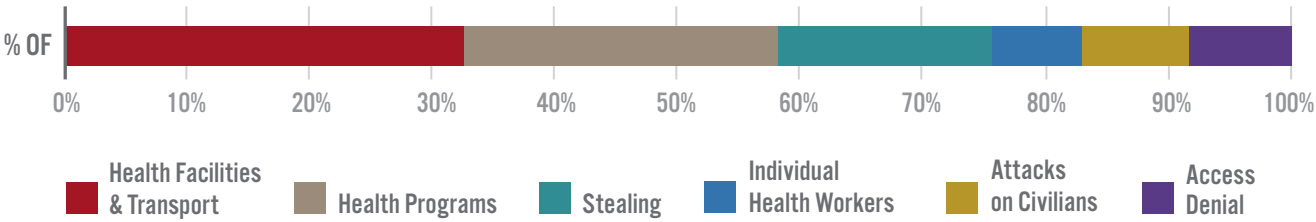
<sup>21</sup> Sirajuddin. “Penalty imposed on Chitral women for attacking polio worker.” Relief Web. April 28, 2019. <https://reliefweb.int/report/pakistan/penalty-imposed-chitral-women-attacking-polio-worker>.  
<sup>22</sup> Pakistan Polio Eradication Programme. Pakistan polio update. December 2019. <https://www.endpolio.com.pk/images/polio-briefer/Pakistan-Polio-Update-December-2019.pdf>.  
<sup>23</sup> Hashim, Asad. “Two killed in attack targeting polio vaccination team in Pakistan.” Aljazeera. December 18, 2019. <https://www.aljazeera.com/news/2019/12/killed-attack-targeting-polio-vaccination-team-pakistan-191218073119184.html>



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This fact sheet is based on a dataset, [2019 SHCC Healthcare Somalia Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 12 reported incidents of violence against or obstruction of health care in Somalia in 2019, compared to ten in 2018. Over 90% of incidents took place in the first six months of 2019. During this time, state and non-state forces reportedly attacked civilians more than 500 times, compared to over 250 times in the second half of 2019.<sup>1</sup> More than 75% of the incidents were determined to be intentional, which further underscores the challenges health workers face while delivering vital health services.

Non-state actor groups kidnapped or killed health workers and damaged health facilities. Al-Shabab militants, who were named as perpetrators in nearly half of all reported attacks, and Sa’ad clan militia are

two of the suspected non-state actor groups that carried out these attacks.


While most identified incidents in 2018 occurred in Mogadishu, in 2019, incidents were also reported in the south-central regions of Gedo, Lower Juba, and Middle Shabelle—areas where health and humanitarian needs are high.

Non-state actor groups regularly used hand grenades and vehicle-borne and roadside IEDs in the incidents. In January, two Syrian and two Somali doctors were injured when a vehicle-borne IED exploded on the grounds of a hospital in Mogadishu; one of the Syrian doctors later died.<sup>2</sup> It is unclear who was responsible for the incident or if it was targeted; however, Al-Shabab regularly employs IEDs as a tactic.


<sup>1</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 21, 2020).

<sup>2</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).

HEALTH WORKERS KIDNAPPED

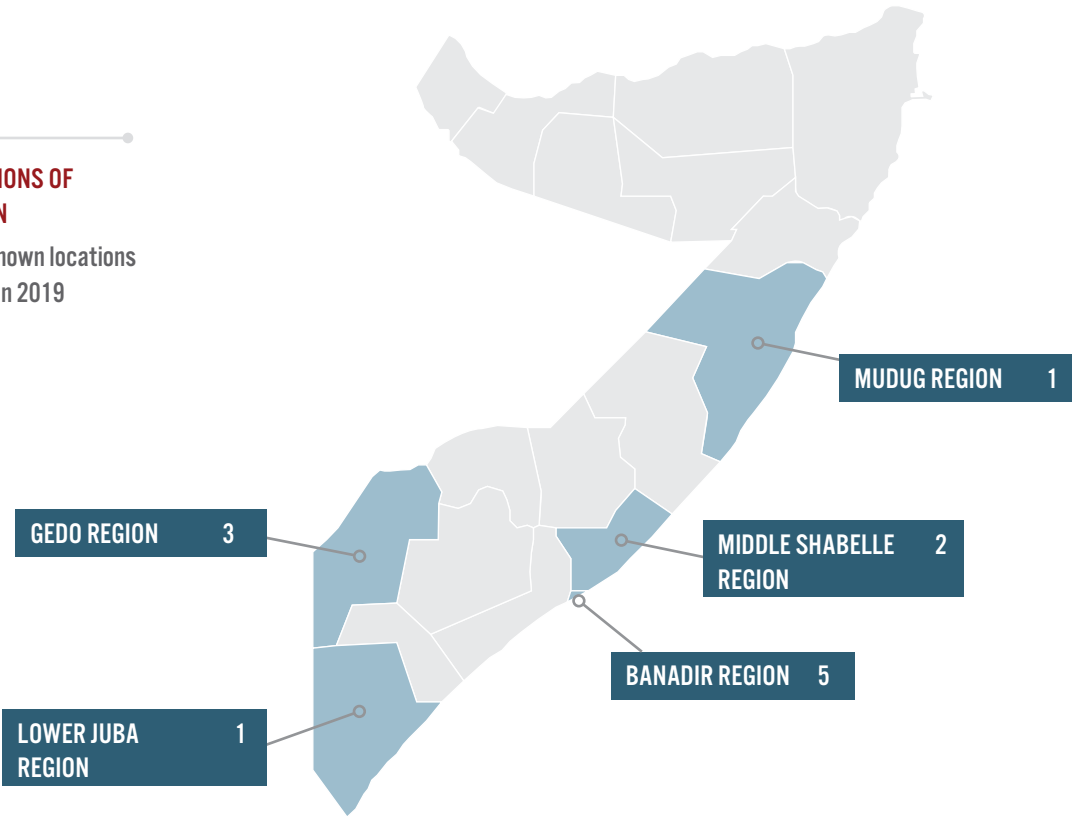
 Non-state actors kidnapped at least six health workers in 2019. In February in the Gedo region, al-Shabab kidnapped five employees from a local NGO providing nutrition support and released them after receiving \$3,000 for each employee.<sup>3</sup> Also in February, on the outskirts of Bitaaale village, the Sa’ad clan militia hijacked a South Galkayo Hospital ambulance and kidnapped an unknown number of hospital staff and two patients; the status of one health worker remains unclear.<sup>4</sup> In April, Al-Shabab kidnapped two Cuban doctors in Kenya who were traveling to the Mandera County Referral Hospital, near the Kenyan-Somalian border, and took them across the border into Somalia, where they remain in captivity.<sup>5,6</sup> This incident further signals al-Shabab’s intent to target and kidnap health workers.

HEALTH FACILITIES DAMAGED

 At least six health facilities were damaged in incidents by non-state actors in 2019, compared to zero in 2018, suggesting a potential change in tactics or perception toward health workers and providers. However, the motives and circumstances of the attacks remain unclear from the available information. In February, a hand grenade of unknown origin was launched at a health facility in the Banadir region.<sup>7</sup> In June, al-Shabab militants reportedly ransacked two medical centers supported by international aid agencies in the Middle Shabelle region.<sup>8</sup>

DOCUMENTED LOCATIONS OF INCIDENTS BY REGION

This map shows the known locations of reported incidents in 2019



<sup>3</sup> United Nations Security Council. Letter dated 1 November 2019 from the Chair of the Security Council Committee pursuant to resolution 751 (1992) concerning Somalia addressed to the President of the Security Council. [https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S\\_2019\\_858\\_E.pdf](https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2019_858_E.pdf) (accessed April 19, 2020).

<sup>4</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).

<sup>5</sup> Karimi, Faith. “Gunmen kidnap 2 Cuban doctors and kill an officer in Kenya.” CNN. April 13, 2019. <https://www.cnn.com/2019/04/13/africa/kenya-cuban-doctors-kidnapped/index.html>.

<sup>6</sup> On Cuba News. “Six months later, what’s happened to the two Cuban doctors kidnapped in Kenya?” October 13, 2019. <https://oncubanews.com/en/world/six-months-later-whats-happened-to-the-two-cuban-doctors-kidnapped-in-kenya/>.

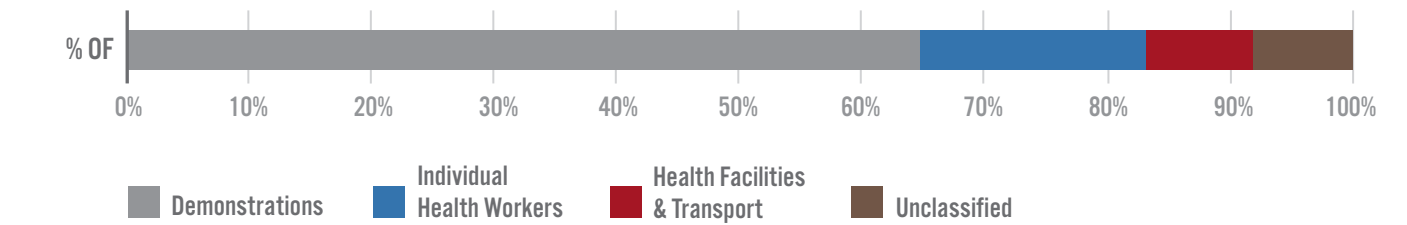
<sup>7</sup> Health Cluster Somalia. Somalia access: regions and districts with access constraints and attacks on health care as of December 2019. December 21, 2019. <https://reliefweb.int/sites/reliefweb.int/files/resources/Somalia%20access%20-%20Regions%20and%20districts%20with%20access%20constraints%20and%20attacks%20on%20health%20care.pdf> (accessed April 19, 2020).

<sup>8</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimums, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.  
This fact sheet is based on the dataset, [2019 SHCC Healthcare Sudan Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 37 incidents of violence against or obstruction of health care in Sudan in 2019, compared to seven in 2018. Most incidents perpetrated by state forces took place in Khartoum state; incidents by non-state actor groups were reported in Central and West Darfur state.

During anti-government protests, including a protest on June 3, 2019 calling for the resignation of President Bashir, state forces killed, arrested, tortured, and sexually abused health workers and fired tear gas inside health facilities. In incidents related to demonstrations, perpetrators targeted health workers as they participated in protests or treated protesters in hospitals or clinics.<sup>1</sup> In other incidents unrelated to demonstrations or protests, state forces and Rapid Support Forces (RSF) assaulted health workers while they were providing

care to patients inside health facilities. For example, on June 20, 2019, RSF members bearing firearms beat up a doctor and threatened his co-workers with their guns after the health workers refused to falsify a report for the RSF members at Ibrahim Malik Hospital in Khartoum.<sup>2</sup>

Non-state actor groups kidnapped and injured health workers and stole health supplies. Sudan Liberation Movement Army-Abdel Wahid (SLM/A-AI) Nur rebels and armed pastoralists are two of the suspected non-state actor groups who carried out these incidents. In July, SLM/A-AI Nur rebels kidnapped four Sudanese international NGO health workers and looted medical supplies from a nearby NGO clinic.<sup>3</sup> The rebels released the health workers the following day. In December, armed pastoralists fired on a vehicle carrying vaccination workers in West Darfur state, wounding one health worker.<sup>4</sup>

HEALTH WORKERS KILLED, ARRESTED, AND SEXUALLY ABUSED

State forces killed, arrested, tortured, and sexually abused health workers during anti-government protests. During one incident in January, police and armed men in plain clothes attacked a hospital and shot and killed both a doctor and an elderly man who had let protesters hide in his house.<sup>5</sup>

Health workers were arrested for alleged involvement in organizing protests during pro-democracy protests in Khartoum. Arrests often took place during wider campaigns that also targeted journalists and lawyers. In some cases, health workers were tortured while being held. On January 28, the National Intelligence and Security Services arrested Dr. Ali Ahmed Mohamed Matar from his hotel room, tortured him, and forced him to confess to being an atheist and a communist. He remains in a secret detention facility where his lawyers and family cannot visit.<sup>6</sup>

HOSPITALS STORMED

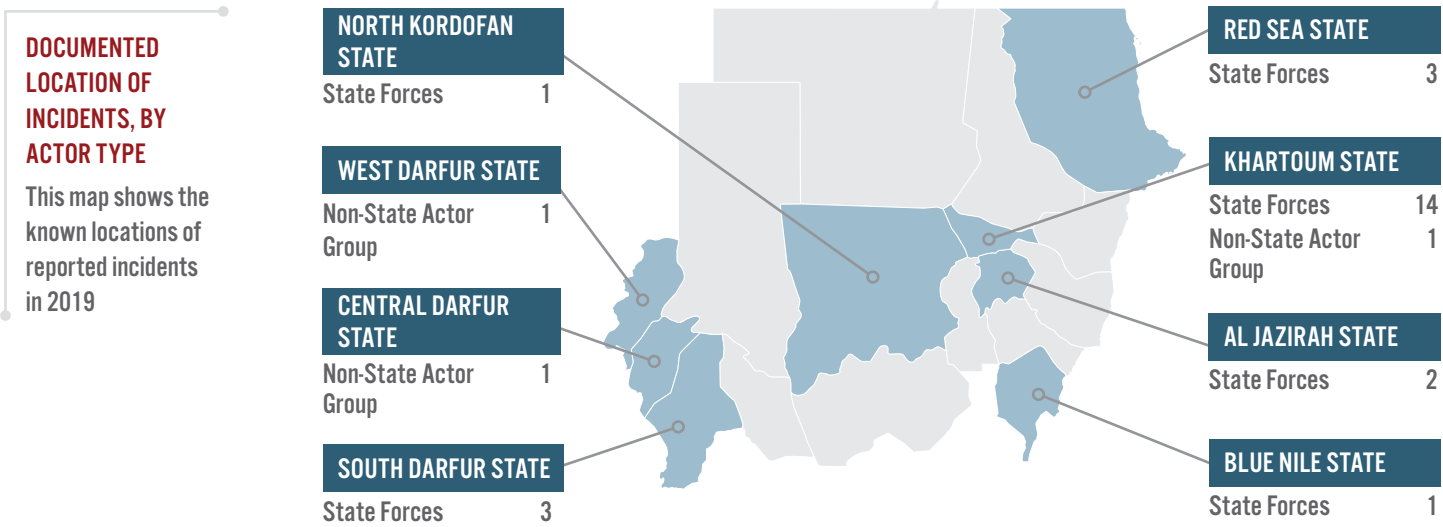
State forces stormed and fired tear gas inside health facilities during anti-government protests in Khartoum and Al Jazirah state. On at least two occasions, the protests were taking place at hospitals in

Khartoum city. In other cases, state forces stormed hospitals that were treating injured protesters. During a protest at Omdurman Hospital on January 9, state forces fired tear gas and bullets at the facility, where injured protesters were being treated. Security forces broke into the emergency department, where they used teargas against doctors and attacked patients.<sup>7</sup> This incident prompted doctors to declare a general strike to protest the incident.<sup>8</sup>

During the protest on June 3, RSF paramilitary members stormed several hospitals in Khartoum that were treating injured protestors, raped two female health workers inside one of the hospitals, looted medical supplies, and set fire to an unspecified number of tent clinics.<sup>9</sup> Unconfirmed reports indicate one of the health workers that was raped was a medical student who committed suicide three months later.<sup>10</sup>

ADDITIONAL DATA AVAILABLE IN PHYSICIANS FOR HUMAN RIGHTS (PHR) REPORTS

Coalition member Physician for Human Rights (PHR) published two extensive reports on 2019 incidents of violence against or obstruction of health care in Sudan. PHR's reports, which draw from proprietary field resources and incidents not included in our report dataset, provide more in-depth analysis of incidents of violence in Sudan.



<sup>1</sup> Fricke, Adrienne. "Chaos and Fire": An Analysis of Sudan's June 3, 2019 Khartoum Massacre. Physicians for Human Rights. March 5, 2020. <https://phr.org/our-work/resources/chaos-and-fire-an-analysis-of-sudans-june-3-2019-khartoum-massacre/>.

<sup>2</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).

<sup>3</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).

<sup>4</sup> Dabanga. "Deadly violence across Darfur." December 3, 2019. <http://bit.ly/2R3s4Do>.

<sup>5</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 15, 2020).

<sup>6</sup> Haar, Rohini. Intimidation and Persecution: Sudan's Attacks on Peaceful Protesters and Physicians. April 5, 2019. <https://phr.org/our-work/resources/intimidation-and-persecution-sudans-attacks-on-peaceful-protesters-and-physicians/>.

<sup>7</sup> Fricke, Adrienne. "Intimidation and Persecution: Sudan's Attacks on Peaceful Protesters and Physicians." April 5, 2019. <https://phr.org/our-work/resources/intimidation-and-persecution-sudans-attacks-on-peaceful-protesters-and-physicians/>.

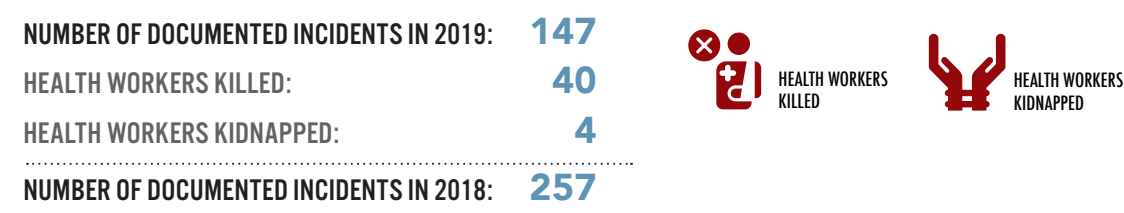
<sup>8</sup> Henry, Jehanne. "A bloody day of protest in Sudan." January 10, 2019. <https://www.hrw.org/news/2019/01/10/bloody-day-protest-sudan>.

<sup>9</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. June 2019. <http://bit.ly/2JWeD4u>.

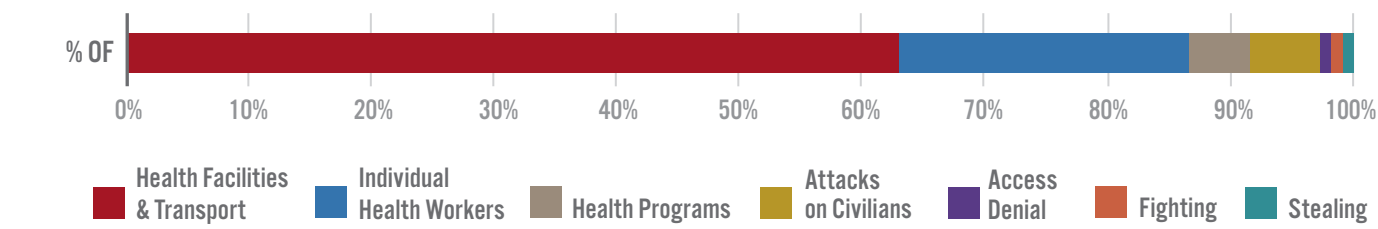
<sup>10</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief . September 2019. <http://bit.ly/31zAiX0>.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This fact sheet is based on a dataset, [2019 SHCC Healthcare Syria Data](#), available for open source access on the Humanitarian Data Exchange (HDX), as well as data collected separately by Coalition member Physicians for Human Rights (PHR).

OVERVIEW


The Systematic violations of international humanitarian law, including attacks on health facilities and health workers, continued to be the norm in 2019 as the Syrian conflict entered its tenth year. The Safeguarding Health in Conflict Coalition identified 147 incidents of reported violence against or obstruction of health care in Syria in 2019, compared to 257 in 2018. Thirty-seven attacks on hospitals included in this count have been independently verified by PHR.

Incidents took place during wider attacks on civilians and in targeted attacks against emergency care workers who were responding to victims of previous bombings. Local health workers and hospitals in Idlib governorate—where over half of reported incidents took place—were most at risk.

Incidents in Idlib almost always included explosive weapon use, including barrel bombs, missiles, artillery shelling, and rockets. These incidents killed at least 28 health workers, injured at least 30 health workers, damaged health facilities over 75 times, and damaged and destroyed ambulances.


State actors killed and injured health workers, and damaged and destroyed health facilities and ambulances. The Safeguarding Health in Conflict Coalition identified Syrian and Russian forces as the perpetrators in over 70% of attacks on civilians and in targeted attacks against emergency care workers responding to victims of previous bombings. Turkish forces and non-state actor groups also committed violent acts against health care in 2019.

HEALTH WORKERS KILLED

 Health workers were killed while they were responding to victims of previous bombings, inside health facilities, and during indiscriminate attacks on civilians. In May, Syrian regime warplanes fired a missile at Deir Senbul village, Idlib governorate, killing the director of a community health team.<sup>1</sup> In June, in Maaret al Numan, Idlib governorate, Syrian regime warplanes fired a missile at an ambulance of the Violet Organization while the team was attending to people injured during a previous shelling, killing three paramedics and one civilian. The regime also destroyed an ambulance during the incident.<sup>2</sup>

Turkish forces were named as the preparators of an airstrike that killed a male national Kurdish Red Crescent doctor in October near Tell Abyad town, Raqqqa governorate.<sup>3</sup>

HEALTH WORKERS KIDNAPPED AND ARRESTED

 Syrian Democratic Forces (SDF) were named as the actors behind the arrest of four health workers in Hasaka governorate. During one incident, SDF officials arrested a male doctor while he was trying to cross a checkpoint in Hasaka city, Hasaka governorate.<sup>4</sup>

Nonstate actor groups also kidnapped and detained health workers. Hay’at Tahrir al Sham, Levant Front fighters, and Nour al-Din al-Zenki Movement rebels are three of the suspected nonstate actor groups behind some incidents. In December, Levant Front fighters kidnapped a pharmacist after he refused to sell them the analgesic drug Tramadol without a prescription.<sup>5</sup>

ATTACKS ON HOSPITALS IN SYRIA'S NORTHWEST

After recapturing most of Syria’s territory by the end of 2018, the Syrian government and its Russian allies launched a military offensive in the spring of 2019 to

take back the northwest—Syria’s last rebel-held territory. Syrian government and Russian forces used a range of tactics that violate the laws of armed conflict and inflict an unconscionable cost on civilians, including bombing densely populated neighborhoods, camps for the internally displaced, and vital health infrastructure.

The ongoing campaign to recapture the northwest sparked the largest wave of displacement since the beginning of the conflict and resulted in its most severe humanitarian crisis to date. By the end of 2019, the Syrian government and Russian offensive on the northwest had killed an estimated 1,000 people and displaced more than 700,000 people from northern Hama, Idlib, and western Aleppo into urban centers and camps closer to the Turkish border.<sup>6</sup>

At various stages of the campaign on the northwest, Syrian and Russian forces bombed and shelled health facilities, killed health workers or prevented them from carrying out their work, and denied patients access to vital health care. PHR documented 37 attacks on hospitals and gathered information on the killing of at least 23 health workers over the course of 2019. PHR attributed all but three of the documented attacks on hospitals to Syrian government or Russian forces.<sup>7</sup>

Of the 37 attacks on hospitals PHR documented in 2019, 36 were carried out in the governorates of Hama, Aleppo, and Idlib in Syria’s northwest. Seventeen of the 34 attacks carried out by the Syrian government and Russian forces occurred in April and May as their campaign ramped up in areas of northern Hama and southern Idlib, including the towns of Kafr Nabutha, Kafr Nabl, and Hass. By July and August, facilities in Maarat al-Numan and Saraqib were being attacked from the air and from the ground as Syrian government and Russian forces were attempting to retake areas in central Idlib.

<sup>1</sup> Syrian Network for Human Rights. “Syrian Regime Forces Killed a Woman of the Medical Personnel in Deir Senbul Village in Idlib Suburbs, on May 5.” May 5, 2019. <https://bit.ly/3g5Akyh>.

<sup>2</sup> Syrian Network for Human Rights. “Syrian Regime Bombed an Ambulance in Ma’aret al Numan City in Idlib, on June 20.” June 20, 2019. <https://bit.ly/3fyksxo>.

<sup>3</sup> Insecurity Insight. Attacks on Healthcare Monthly News Brief. November 2020. <http://bit.ly/2Dj10t1>.

<sup>4</sup> Syrian Network for Human Rights. “SDF arrested a doctor in Hasaka city, on August 7.” August 10, 2019. <http://sn4hr.org/sites/news/2019/08/10/sdf-arrested-doctor-hasaka-city-august-7/>.

<sup>5</sup> Syrian Observatory for Human Rights. “As a Part of Their Continued Violations in the Area...Pro-Turkey Factions Kidnap a Pharmacist in Tal Abyad as he Refused to Sell Prohibited Analgesic Drugs for Them.” December 5, 2019. <https://bit.ly/2XgldbH>.

<sup>6</sup> Relief Web. “Syrian Arab Republic: Recent Developments in Northwestern Syria Situation Report No. 3 - As of 30 December 2019.” December 30, 2019. <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-recent-developments-northwestern-syria-situation-9>.

<sup>7</sup> Physicians for Human Rights. “Illegal Attacks on Health Care in Syria.” <https://syriamap.phr.org/#/en> (accessed May 4, 2020).

The Syrian government and Russian forces carried out many attacks on isolated, underground, and UN-deconflicted medical facilities, indicating the intentional nature of many of their strikes. On May 5, 2019, for example, Russian and/or Syrian government forces bombed three hospitals in the same area bordering Idlib and Hama—Kafr Zita Surgical Hospital, Nabad al-Hayat Hospital, and Kafr Nabl Surgical Hospital. The attack destroyed Nabad al-Hayat Hospital.<sup>8</sup> All three facilities had shared their coordinates with OCHA’s deconfliction mechanism to alert warring parties of their locations. Like many other medical facilities in Syria, all three of these hospitals had previously been targeted multiple times. Russian and Syrian forces targeted the other two hospitals again in 2019.<sup>9</sup>

IMPUNITY CONTINUES

Between the beginning of the conflict in Syria in 2011 and the end of 2019, Coalition member PHR documented 591 attacks on at least 350 separate facilities and the killing of 919 health workers. PHR attributes more than 90% of these attacks and killings to the Syrian government and its allies.

<sup>8</sup> Relief Web. “Breaking: 3 hospitals bombed today in Syria.” May 5, 2019. <https://reliefweb.int/report/syrian-arab-republic/breaking-3-hospitals-bombed-today-syria>.  
<sup>9</sup> Union of Medical Care and Relief Organizations. “Breaking: two more medical facilities bombed today in Syria.” May 6, 2019. <https://conta.cc/3bBM74K>.

ELFAT, A MIDWIFE IN SYRIA

**I’M A MIDWIFE at the Maternity and Pediatric Hospital in al-Atareb. I chose this profession because it serves humanity. There are a lot of places where it’s difficult for people to access medical services. I felt it was necessary that a midwife work in these areas, providing care to expectant women and their children. One thing I love about my job is that we are the first to see a newborn baby, even before the parents.**

**As for the challenges we’ve faced at the hospital, it’s the fear of the bombardment—the planes and airstrikes targeting hospitals. Sometimes when we’re at the hospital, we hear planes overhead. It gets chaotic. The fear starts to spread around among patients. Those have been the most difficult moments at the hospital.**

**One of the hardest moments we’ve gone through was when everyone was displaced from Aleppo in 2017. I had been working at a different hospital there. That was unforgettable. On one hand, we escaped from the bombing and violence we experienced in Aleppo, but on the other hand, it was extremely difficult to leave behind our memories, our families, and everything else we once had.**

**Sometimes now there is bombardment nearby, so we try to ensure that the infants we delivered and the children from areas under attack are all safe. For example, sometimes the Civil Defense brings us the people they rescue, and we work with them to attend to the injured. Sometimes we even forget about our safety. We put others first.**

HANAN, A MIDWIFE IN SYRIA

**I’M A MIDWIFE at the Central Clinic in Saraqeb, in northwestern Syria. I work in the women’s health department and provide care to pregnant women and family planning services.**

**The biggest problem we’ve faced is the shelling, because all of the attacks have happened around the center. We’re right in the middle of it. We carry on with our work. During the attack, when an airstrike hits, a chaotic scene unfolds right before your eyes. Children start to cry. We try to keep everything under control. It’s emotionally draining and exhausting, but we have no other choice. We’re used to it. What can any of us do? When death falls from the planes in the sky, we can only watch. That’s our situation.**

**The toughest thing we go through is the airstrikes. We’ve been exposed twice, not just once, to bombings. We were at work when a plane struck the health clinic. We were very afraid, but if we weren’t at the center, we may have not felt that kind of terror. We knew that hospitals and medical staff like us were targets, and still are. After the attack, the doors and windows were destroyed, but God protected and watched over us.**

IKHLAS, A MIDWIFE IN SYRIA

**I’M A MIDWIFE working at the health clinic in Sarmin in northwest Syria. As a midwife, I help deliver children, of course. I work in two-day on-call shifts at the hospital. My work mainly focuses on natural deliveries, but we receive many cases of premature deliveries brought on by the fear of airstrikes, displacement, and the stressful psychological conditions surrounding it all. There are many displaced families coming from far away. They don’t always arrive at the hospital in time, and sometimes children are born in the car along the way. Sometimes by the time they arrive, they are in very bad condition. They’re often very stressed from fear of airstrikes. Exhaustion from displacement and travel takes its toll as well.**

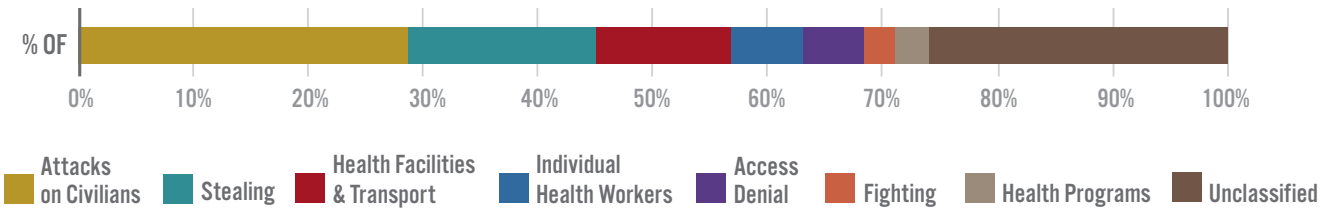
**Lord knows we try our best. These circumstances really burden us. We try to help with deliveries, to do our work well, to give our utmost and make every effort. Many times we face situations, for example, like a breech delivery. In those sorts of cases, we have to transfer patients to specialized health centers in Idlib, since we don’t have a surgeon here or a room for C-sections. Many mothers get worried when we tell them we have to transfer them to Idlib. They are afraid of the trip there, because very often it isn’t safe. They are afraid they’ll get hit by an airstrike, or that there will be bombardment in Idlib. They are afraid that on the way something will happen to them, especially when we transfer them at night.**



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE



CONTEXT OF INCIDENTS



The numbers above represent minimum amounts, based on reported incidents. It is likely more incidents of violence against or obstruction of health care occurred in 2019 but were not reported.

This fact sheet is based on a dataset, [2019 SHCC Healthcare Yemen Data](#), available for open source access on the Humanitarian Data Exchange (HDX).

OVERVIEW

The Safeguarding Health in Conflict Coalition identified 35 reported incidents of violence against or obstruction of health care in Yemen in 2019, compared to 53 in 2018. Nearly half of all documented incidents took place at health facilities between March and May 2019. Health facilities were damaged and health workers and patients were killed, injured, and threatened in these incidents.

The majority of reported incidents of violence against health care in 2019 appear to be related to conflict between the Al-Islah militia and pro- and

anti-Houthi forces, who killed, kidnapped, tortured, and injured health workers and stormed, damaged, and closed health facilities.

The number of Saudi and Emirati-led coalition (SELC), reported airstrikes overall declined to one in 2019 after the Stockholm Agreement was signed in December 2018 and the United Arab Emirates withdrew its forces from Yemen.<sup>1</sup> In 2018, we attributed eight incidents to SELC forces.

<sup>1</sup> Relief Web/ACLED. "Inside IBB: a hotbed of infighting in Houthi-controlled Yemen." October 3, 2019.

HEALTH FACILITIES DAMAGED

At least ten health facilities in Al Hudaydah, Dhale, Sa'dah, and Taiz governorates were damaged by aerial bombing, missiles, shelling, and firearms during at least seven incidents.

In January, pro-Houthi forces reportedly fired mortar shells at Hays city, Al Hudaydah governorate, hitting a hospital and causing material damages. No casualties were reported. A school and civilian houses were also damaged in the attack.<sup>2</sup>

HEALTH WORKERS KILLED

At least four health workers were killed in incidents of violence against health care in 2019, compared to eight in 2018. In March, a missile landed at a gas station 50 yards from the Save the Children-supported Kitaf Hospital.<sup>3</sup> The explosion killed at least seven people—including a health worker, their two children, and a security guard—and injured eight others. The incident happened

during a busy morning as health workers, patients, and families were arriving at the hospital.<sup>4</sup> In February, pro-Houthi forces reportedly opened fire on a doctor at the Ar Rabii checkpoint, in Taiz governorate, killing her.<sup>5,6</sup>

ADDITIONAL VIOLENCE AGAINST HEALTH

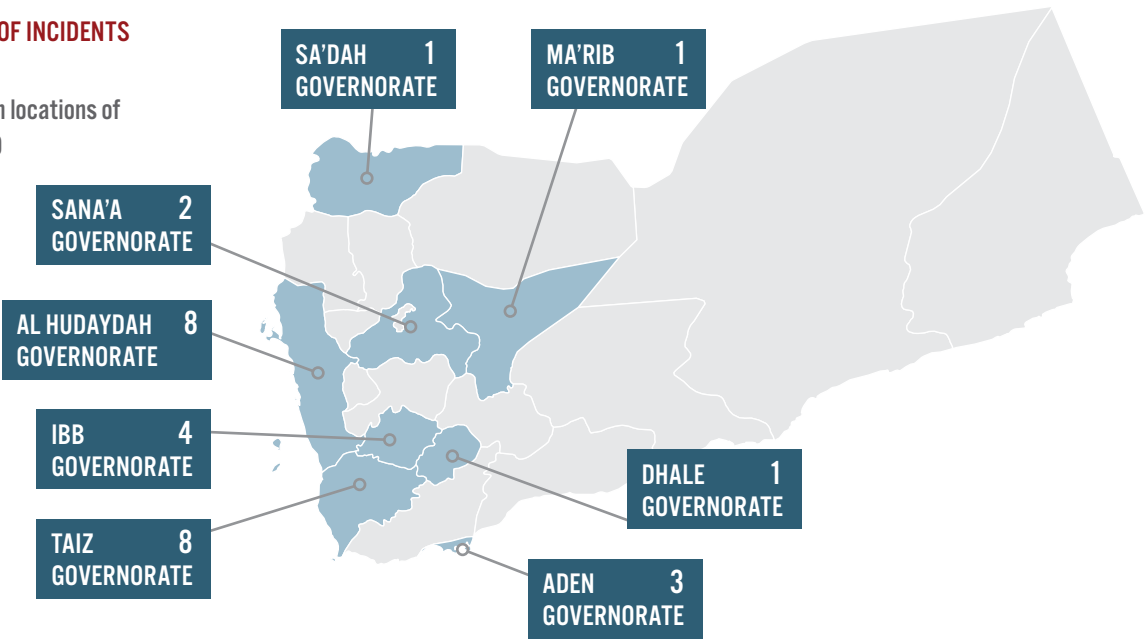
During one incident in May, armed Al-Islah militia took control of the MSF-supported Al-Thawrah hospital in Taiz city and closed all hospital departments except for the emergency section.<sup>7</sup>

Two health workers were kidnapped in 2019. In January in Ibb governorate, Houthi forces kidnapped a Tajik doctor and an Uzbek orthopedic doctor from their residence, as well as a civilian.<sup>8</sup> The Houthi forces allegedly tortured both doctors and killed one.<sup>9\*</sup>

*\*Health workers kidnapped and then killed in captivity are coded in our dataset only as kidnapped.*

DOCUMENTED LOCATION OF INCIDENTS BY GOVERNORATE

This map shows the known locations of reported incidents in 2019



<sup>2</sup> Incident shared by the World Health Organization.

<sup>3</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief.. March 2019. <http://bit.ly/2UCGMpw>

<sup>4</sup> Save the Children. "Seven killed in bombing of Save the Children-supported hospital in Yemen." March 26, 2019. <https://www.savethechildren.org/us/about-us/media-and-news/2019-press-releases/seven-killed-in-hospital-bombing-yemen>

<sup>5</sup> Insecurity Insight. Attacks on Health Care Monthly News Brief. February 2019. <http://bit.ly/2us80zr>.

<sup>6</sup> Incident shared by the World Health Organization.

<sup>7</sup> Armed Conflict Location & Event Data Project (ACLED). <https://www.acleddata.com> (accessed January 5, 2020).

<sup>8</sup> Al Aribya English. "Four days after abduction, Uzbek doctor dies in Houthi prison." January 5, 2019. <https://english.alarabiya.net/en/News/gulf/2019/01/05/Four-days-after-abduction-Uzbek-doctor-dies-in-Houthi-prison.html>

<sup>9</sup> Aden Foundation. "A foreign doctor dies in the Houthi prison 4 days after his abduction." <http://adenghd.net/news/358632/>.

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Carol Bales of IntraHealth International managed the production and writing of this report. Chistina Wille and Helen Buck of Insecurity Insight led on data collection and analysis. Leonard Rubenstein of the Center for Public Health and Human Rights of the Johns Hopkins Bloomberg School of Public Health was the executive editor. Hannah Webster, an advocacy and communications intern for IntraHealth, coordinated report photos and health worker stories.

Many members collaborated on the writing of this report:

- Leonard Rubenstein and Hannah Webster wrote the Executive Summary.
- Leonard Rubenstein wrote the Analysis and Recommendations sections.
- Christina Wille wrote the Methodology section.
- Erica Burton of the International Council of Nurses wrote the Nurses at Risk essay.
- Helen Buck drafted the country fact sheets.
- Roisin Jacklin, Neil Sammonds, and Rohan Talbat of Medical Aid for Palestinians contributed data and text to the sections on the oPt.
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Carol Bales, Hannah Webster, and Katherine Seaton of IntraHealth International edited this report. Wendy Spitzer, an IntraHealth consultant, was the final editor and fact checker for most sections.

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*The entire content of this report does not necessarily reflect the views of all members of the Coalition.*