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CRITICAL CONDITION
Violence Against Health Care in Conflict
2023

SAFEGUARDING
HEALTH
IN CONFLICT

Insecurity
Insight
Data on People in Danger

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Letter from the Chair

The year 2023 was a grim one for violence inflicted on health care. In 2022, the Safeguarding Health in Conflict Coalition identified the highest number of incidents since we began reporting. Yet in 2023 the number was 25% greater, exceeding 2,500.

The intensity of conflicts characterized by pervasive attacks on health care in recent years declined somewhat in 2023, including in Syria, Yemen, and the Tigray region of Ethiopia. As a result, it might also have been expected that the global trend of violence against health care would turn downward. Instead, from the first days of two new and catastrophic wars, one in Sudan and the other between Israel and Hamas, health care came under ferocious assault. In both conflicts warring parties killed health workers, attacked facilities, and destroyed health care systems. Meanwhile, attacks on health care in Myanmar and Ukraine continued at a relentless pace, in each case exceeding 1,000 since the start of the conflicts in 2021 and 2022, respectively. In many chronic conflicts, fighting forces continued to kidnap and kill health workers and loot health facilities.

At the same time, new and disturbing trends emerged. In Burkina Faso, Ethiopia, Gaza, Lebanon, Myanmar, Sudan, Syria, Ukraine, and Yemen combatants employed drones to attack health clinics, hospitals, and ambulances. In many conflicts, combatants violently entered hospitals or occupied them as sites from which to conduct military operations, leading to injuries to and the deaths of patients and staff. In many conflicts, the conduct of combatants revealed open contempt for their duty to protect civilians and health care under international humanitarian law (IHL). Israel, while purporting to abide by IHL, promoted a view of its obligations that, if accepted, would undermine the fundamental protections that IHL puts in place for civilians and health care in war.

The one consistent feature of the attacks was continued impunity for these crimes. For more than a decade, despite their repeated commitments, governments have failed to follow through on these commitments and reform their military practices, cease arms transfers to perpetrators, and bring those responsible for crimes to justice.

We need a new approach, starting with stronger leadership from UN agencies and governments willing to join with civil society and the health care community to take far more assertive action to end the scourge of violence against health care. Among other steps, they can press prosecutors domestically and internationally to bring cases of war crimes and crimes against humanity committed against health care, to develop political support for special tribunals to circumvent UN Security Council members' vetoes of referrals to the International Criminal Court, and restrict the sale of arms to forces that commit crimes.

There are some sources of hope. After years of lassitude, the World Health Organization has spoken forcefully against vicious assaults on health facilities and health workers. Civil society groups are exerting pressure to stop arms transfers to perpetrators of violence, while some militaries have launched initiatives to reduce civilian casualties in war. Leaders must build on these initiatives. Ending the suffering of millions of people depends on their doing so.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

Acknowledgments

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1   Based on INSO's request, these incidents are not included in the publicly available datasets.

SHCC Members

Safeguarding Health in Conflict Coalition Members

Agency Coordinating Body for Afghan Relief and Development
Alliance of Health Organizations (Afghanistan)
American Public Health Association
Canadian Federation of Nurses Unions
Consortium of Universities for Global Health
Defenders for Medical Impartiality
Doctors for Human Rights UK
Doctors of the World USA
European Federation of Nurses Associations
Global Health Council
Global Health through Education, Training and Service
Harvard Humanitarian Initiative
Human Rights Center, UC Berkeley, School of Law
Human Rights Watch
Insecurity Insight
International Council of Nurses
International Federation of Health and Human Rights Organizations
International Federation of Medical Students' Associations
International Health Protection Initiative
International Rehabilitation Council for Torture Victims
International Rescue Committee
IntraHealth International
Irish Nurses and Midwives Organisation
Johns Hopkins Center for Humanitarian Health
Johns Hopkins Center for Public Health and Human Rights
Karen Human Rights Group
Management Sciences for Health
Medact
MedGlobal
Medical Aid for Palestinians
Office of Global Health, Drexel Dornsife School of Public Health
Pakistan Medical Association
Physicians for Human Rights
Physicians for Human Rights—Israel
Save the Children
Sudanese American Physicians' Association
Surgeons OverSeas
Syrian American Medical Society
Ukrainian Healthcare Center
University Research Company
Watchlist on Children and Armed Conflict
World Vision

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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

2,562	**487**	**445**	**240**	**625**
REPORTED INCIDENTS	HEALTH WORKERS KILLED	HEALTH WORKERS ARRESTED	HEALTH WORKERS KIDNAPPED	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED OR DESTROYED
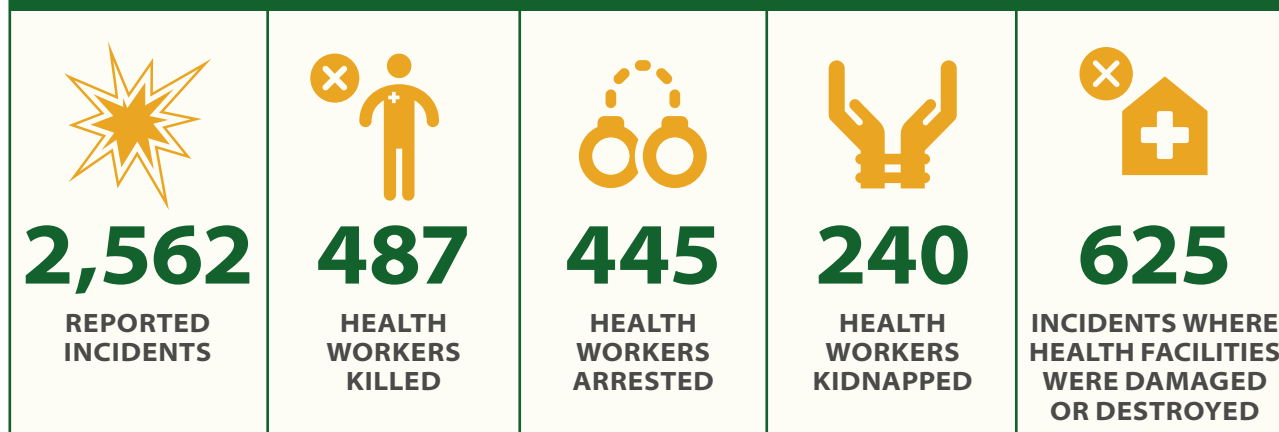
Source: 2023 SHCC Incident Data

In 2023, the Safeguarding Health in Conflict Coalition (SHCC) documented 2,562 incidents of violence against or obstruction of health care in conflicts across 30 countries or regions within countries, or territories – over 500 more than in 2022, which constitutes a 25% increase. The increase was in part a product of intense and persistent violence against health care in the occupied Palestinian territory (oPt), Myanmar, Sudan, and Ukraine. On average, health care was attacked seven times every day, and these attacks took place at a time when tens of millions of people in conflict-affected countries were already suffering from war, massive displacement, and staggering deprivation of food and other basic needs.

OVERVIEW

During 2023, health facilities were bombed, looted, occupied, raided, and vandalized. Safe staffing levels continued to be severely undermined with the killing, kidnapping, and arrest of health workers. Medical supplies and convoys continued to be looted and hijacked, while patients continued to be obstructed from accessing health care services. Health facilities were increasingly occupied or repurposed for military use, and the areas around health facilities were bombed. Nearly half of the reported incidents were attributed to state forces. Explosive weapons use impacting health care increased in Israel, the oPt, Myanmar, Somalia, Sudan, and Syria and continued in Ukraine in 2023. Drones armed with explosives were more frequently used in attacks on health care in 2023 in both new and long-standing conflicts in Ethiopia, Burkina Faso, Lebanon, Myanmar, the oPt, Sudan, Syria, Ukraine, and Yemen.

Consistent and systematic monitoring over the past years has shown that conflicts where violence against health care becomes a consistent pattern frequently started with extreme levels of violence against the health system. In 2023, this pattern was apparent in Manipur state (India), the Gaza Strip, and Sudan, similar to what was observed in recent years in Myanmar and Ukraine.

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This report includes detailed profiles of 20 countries and territories where many acts of violence against health care took place. These include Afghanistan, Burkina Faso, Cameroon, the Central African Republic (CAR), the Democratic Republic of the Congo (DRC), Ethiopia, Haiti, Israel, Mali, India (Manipur state only), Myanmar, Niger, Nigeria, the oPt, Somalia, South Sudan, Sudan, Syria, Ukraine, and Yemen.

As in prior reports, the numbers given here are likely an undercount, because the collection of data on violence is impeded by insecurity, communications blockages, and the reluctance of entities to share data on violence. In many countries, the looting of health care facilities, threats to health personnel, and the obstruction of access to health care are so common that they are often not reported on a case-by-case basis, especially in West and Central Africa. Additionally, except in Afghanistan, the gendered impact of violence against health workers remains largely unreported, and here too, the reports likely represent a severe undercount of incidents.

Reported incidents of violence against or obstruction of health care in 2023	
Afghanistan	109
Burkina Faso	49
Cameroon	31
CAR	41
DRC	115
Ethiopia	14
Haiti	40
Manipur state (India)	22
Israel	32
Mali	41
Myanmar	418
Niger	18
Nigeria	19
oPt	761
Somalia	21
South Sudan	12
Sudan	257
Syria	57
Ukraine	395
Yemen	25

DATA

The data in this report is compiled from open sources and partner-agency contributions of information on incidents of violence against and obstruction of health care in 2023, based on the WHO definition of attacks on health care. Access to sources differs among countries, and each source has its own strengths and weaknesses. You can download the report data on the Humanitarian Data Exchange (HDX), where global and country datasets are available. For the full description of the methodology used and incident verification, please see the section on methodology.

KILLING OF HEALTH WORKERS

More than 480 health workers were killed in 2023. They were killed working inside hospitals, in their homes, during road travel to provide vital medical care to people in need in remote areas, in intercommunal violence, and while providing care to injured persons. Health workers were killed by air-dropped bombs, shelling, improvised explosive device (IED) explosions, and drive-by shootings. Some were tortured to death while being detained and others were killed after being kidnapped.

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In the oPt, where the highest number of health workers killed in any conflict since 2016 was recorded, health workers from all professions, including ambulance drivers, doctors, dentists, gynecologists, hospital staff, janitors, laboratory technicians, medical students, nurses, opticians, orthopedists, paramedics, pharmacists, psychologists, physiotherapists, program heads/administrators, surgeons, and volunteers from local humanitarian relief groups were killed in attacks on hospitals and ambulances, and in their homes. In Ukraine, the number of military medics killed while providing care to wounded soldiers on the front lines quadrupled between 2022 and 2023. Most of the remainder of those who died were killed in hospitals and a few were killed in "double-tap" attacks while they were providing emergency care to individuals wounded in an earlier attack.

Reported health worker killings, 2019-2023

Number of health workers killed (1284)
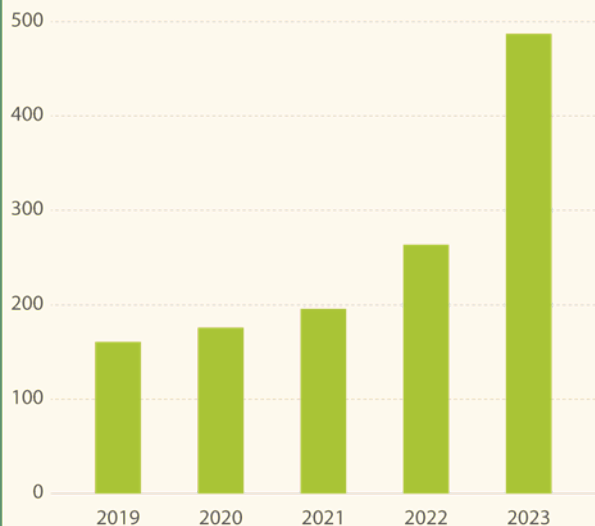
Reported health worker killings, 2019-2023[2]

Health worker killings increased in Israel, oPt, Sudan and Ukraine in 2023. Cases continued in Myanmar.
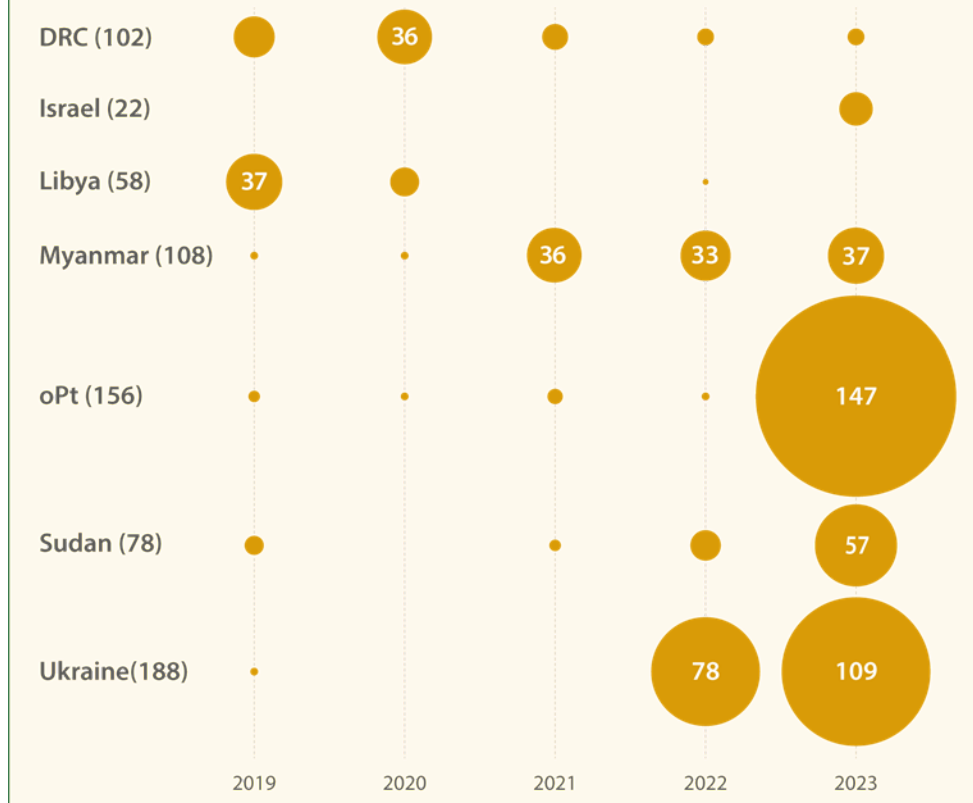
2   Countries or territories where high numbers of health workers were reportedly killed during the reporting period.

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Many health workers were also killed in Sudan and Myanmar. In Sudan, most health workers were killed while working in hospitals or clinics in Khartoum. In one incident, a laboratory specialist, four doctors, and a pharmacist were shot and killed and patients beaten in an attack on the Shaheed Hospital in Khartoum in June by suspected RSF soldiers when one of their commanders died after doctors tried to save his life. In Myanmar, health workers were killed, including in instances where they were accused of supporting the enemies of the group that killed them.

In Israel, first responders and hospital staff were killed while offering care to individuals wounded in the Hamas attacks of October 7. In Burkina Faso and Somalia, health worker killings increased between 2022 and 2023.

SOCIAL MEDIA SENTIMENT AND THE PROTECTION OF HEALTH CARE

The use of social media to share and influence sentiment is growing rapidly in many conflict-affected countries. In the aftermath of tragic incidents, social media users frequently blame health care providers for the violence they experienced by pointing to the provision of impartial health care as the reason why health care providers "deserve" the attack and should not be trusted.

HEALTH WORKERS KIDNAPPED

Over 230 health workers were kidnapped in 2023, almost all of them in conflicts across Africa, except in Haiti, where gang violence caused insecurity.

Heath workers were kidnapped from health facilities, while traveling to or from work or to remote areas to provide health care services, and from their homes. Most kidnapped health workers were released within days or weeks of being kidnapped, sometimes after ransom demands were made, suggesting that health workers were targeted for their perceived wealth. In other cases, kidnappings occurred at the same time as health facilities were looted. Eight kidnapped health workers were killed by their captors.

In some countries, among them Cameroon and the DRC, non-state armed groups abducted health workers accused of collaborating with other conflict parties, including for treating a wounded fighter, or based on allegations of failing to communicate their activities in the area.

Reported health worker kidnappings, 2019-2023

Number of health workers kidnapped (953)
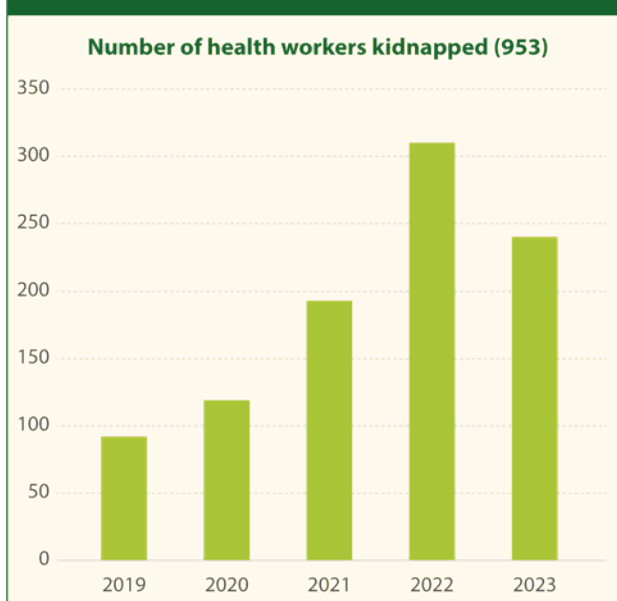
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Across the Sahel, non-state armed groups, including ISSP, ISWAP, and JNIM, kidnapped health workers. In the DRC, armed groups like the ADF, PAREFOL/FI, and M23 were responsible for kidnappings, while Al-Shabaab in Somalia also kidnapped health workers. In Nigeria, most kidnappings were attributed to unidentified men with guns, while in Haiti various gangs kidnapped health workers.

Reported health worker kidnappings, 2019-2023 [3]

**Health worker kidnappings increased in Haiti, Myanmar, and Sudan in 2023.
Cases continued at high levels in Burkina Faso, DRC and Mali.**

	2019	2020	2021	2022	2023
Burkina Faso (91)	22	·	42	●	●
Cameroon (54)	·	●	·	35	●
DRC (148)	●	17	27	50	41
Haiti (53)		·	●	●	33
Mali (101)	●	·	35	26	29
Myanmar (26)		·		●	19
Nigeria (127)	●	20	38	37	19
Sudan (39)		·	●	●	28
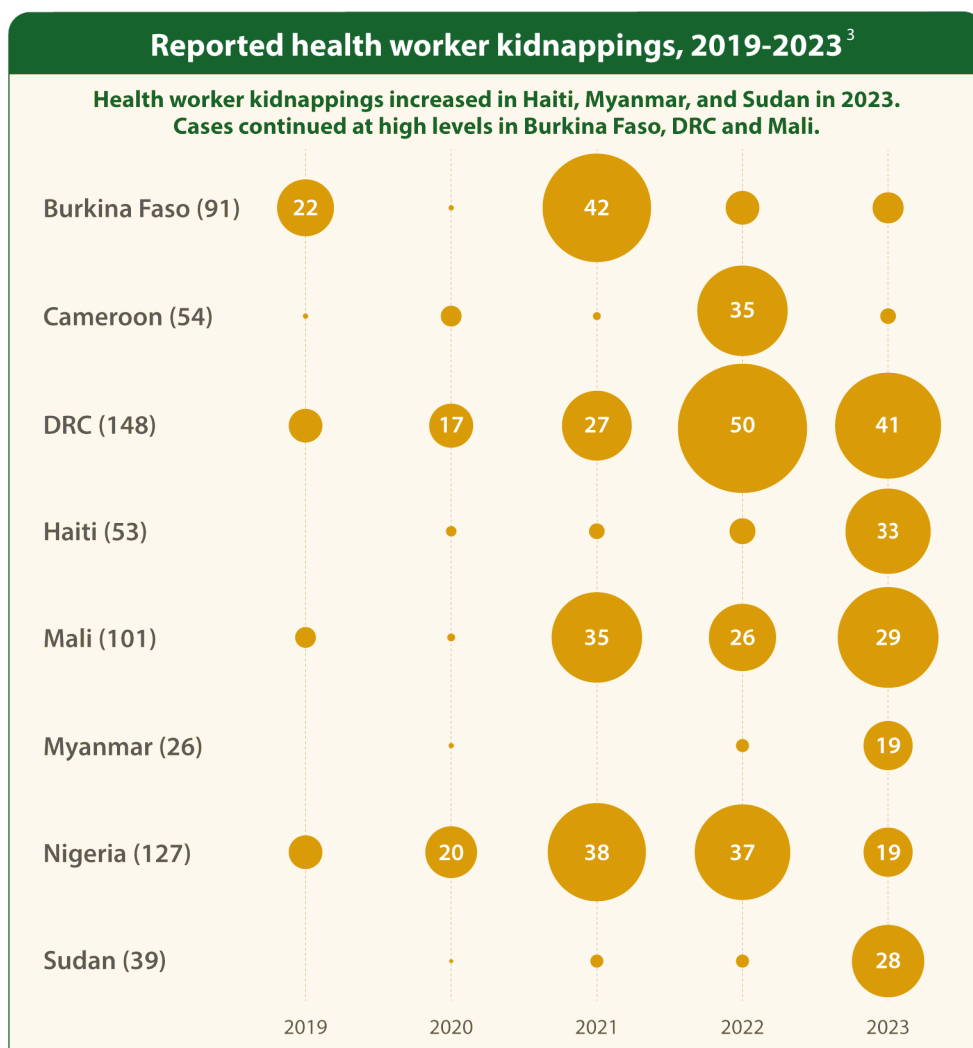
HEALTH WORKERS ARRESTED, DETAINED, AND THREATENED

More than 440 health workers were reported to have been arrested or detained across 12 countries and territories in 2023. Health workers were arrested during hospital incursions, while traveling on designated safe routes, and during mass civilian arrest campaigns. The reasons for arresting health workers ranged from accusations of links to opposition groups to providing medical care to resistance forces, posting political statements on social media, or having participated in pro-democracy campaigns. In Afghanistan, where health worker arrests by Taliban forces nearly doubled between 2022 and 2023, health workers were arrested because they had failed to separate male and female patients or, in the case of women, for traveling without a *mahram* (male guardian).

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3   Countries or territories where high numbers of health workers were reportedly kidnapped during the reporting period.

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Health workers were arrested and/or detained by Israeli forces in Gaza and the West Bank. In Gaza, most arrests took place during hospital incursions, when many staff were taken for interrogation. Other health workers were arrested while traveling on designated safe routes. Health workers who were detained beyond the initial interrogation reported that they were held in harsh conditions of confinement, including being continually blindfolded and shackled.

In some countries, among them Myanmar and Sudan, health workers were arrested based on accusations of supporting or providing medication to opposing parties in the conflict or having participated in pro-democracy campaigns.

Reported health worker arrests, 2019-2023

Number of health workers arrested (1701)

Physical violence and threats towards health workers were the predominant forms of violence against health care in South Sudan, where there is a widespread shortage of trained, skilled health workers.

Reported health worker arrests, 2019-2023[4]

**Health worker arrests increased in Afghanistan and oPt in 2023.
Cases continued in Myanmar, Sudan and Syria.**

	2019	2020	2021	2022	2023
Afghanistan (133)					65
Iran (73)				73	
Myanmar (191)			684	105	102
oPt (246)					223
Sudan (69)					
Syria (72)					
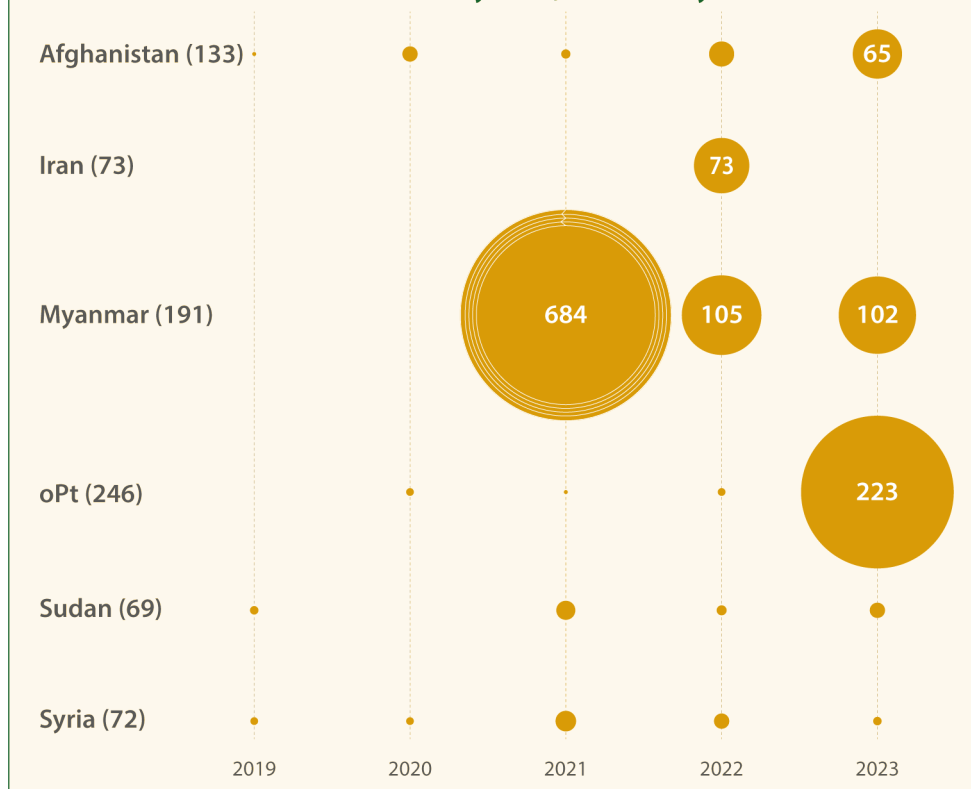
4   Countries or territories where high numbers of health workers were reportedly arrested during the reporting period.

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VIOLENCE AFFECTING HOSPITALS, HEALTH FACILITIES, AND VEHICLES

Over 620 incidents of violence inflicted on health facilities causing damage or destruction took place in 2023. High numbers of incidents were recorded in Myanmar, the oPt, Sudan, and Ukraine, with most attributed to explosive weapons use.

In Ukraine, the pattern of attacks on health facilities that began in 2022 continued, reaching more than 1,000 by the summer of 2023. Missiles, mortar shelling, air strikes, and drone attacks against hospitals and other health infrastructure continued in 2023. In Sudan, health facilities were subjected to ground-launched mortar shelling, missiles, and bombing, and in Darfur, health facilities were also attacked and often set on fire. Israeli government forces launched air and missile attacks targeting hospitals and ambulances in Gaza, followed by ground operations that laid siege to hospitals. In the first days of the Israeli military response to the atrocities committed by Hamas and other armed groups in southern Israel in October, Israeli forces launched numerous air and missile attacks in Gaza that affected hospitals, including both directly targeting them (because Israel claimed that Hamas was operating in them or in tunnels underneath them) or because they were in close proximity to other targets. Many were hit multiple times.

Reported incidents where explosive weapons damaged or destroyed health facilities, 2019-2023

While the use of explosives against facilities decreased in 2023, the fall from 500 to under 200 incidents in Ukraine between 2022 and 2023 drove the overall fall in recorded incidents. Incidents increased in oPt, Myanmar, Sudan, and Syria in 2023.

	2019	2020	2021	2022	2023
Myanmar (128)			●	●	92
oPt (173)	·		●	·	117
Sudan (39)					●
Syria (114)	61	·	●	·	●
Ukraine (691)				500	191

There were numerous air strikes on health facilities in Myanmar and Syria. Violence between Somaliland armed forces and local Dhulbahante militias damaged health facilities in the contested Las Anod region. In Yemen, hospitals were damaged by drone-delivered explosive weapons.

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The opposing forces occupied health facilities in Sudan, including specialty hospitals in Khartoum. In Myanmar, where over 1,000 attacks on health care have been reported since the February 2021 military coup, the armed forces frequently used hospitals as military bases, triggering further attacks by opposition forces. In eastern Ukraine, Russian forces repurposed health facilities for military use and to support military operations, limiting civilian access to health care. In Yemen, Houthi rebels used health facilities to celebrate religious holidays.

Armed entries into hospitals were also reported from Ethiopia, where soldiers raided the Tibebe Ghion Hospital in Bahir Dar city, Amhara, and opened fire on staff, before dragging six patients from their beds and executing them. Health facilities were also subjected to violent incursions in Yemen. During ground operations in Gaza, Israeli forces laid siege to hospitals and violently entered them, leading on several occasions to the deaths of patients.

Reported incidents where explosive weapons damaged or destroyed health facilities, 2019-2023

Number of incidents where explosives weapons damaged or destroyed health facilities (1303)

Year	Value
2019	~75
2020	~25
2021	~115
2022	~600
2023	~490

The looting of clinics, hospitals, and transports was also prevalent in the DRC, where four facilities were also set on fire after being looted, and in Burkina Faso, the CAR, and Niger. In these incidents, perpetrators took medical supplies and medications, including to treat malnutrition that had been exacerbated by the war. In 2023, lootings also took place in Manipur state, India, where mobs of different ethnic groups attacked a gynecology clinic and diagnostic center during an outbreak of violence.

Health facilities and transports in Sudan were looted 57 times, the highest number reported in 2023. In Mali, Africa Corps (formerly Wagner Group), FAMa, and JNIM raided, set fire to, and vandalized health centers. Violence against health care by Africa Corps quadrupled between 2022 and 2023.

INTERACTIVE GLOBAL MAP

Over 9,500 attacks on health care have been reported since 2016. Explore the 'Attacked and Threatened' global map to see where incidents were reported, what happened, which perpetrators were involved, and which weapons were used.

OBSTRUCTION OF HEALTH CARE

Violence also affected ambulances and medical convoys. They were subjected to shooting, bombing, missile attacks, drone strikes, arson, violent ground incursions, and looting. Violence at or towards mobile health clinics was the predominant form of violence against health care in the CAR in 2023. In Yemen, ambulances were damaged by IEDs. In the West Bank, health workers continued to be harassed, detained, and obstructed from providing medical treatment to wounded people.

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IMPACT ON ACCESS TO HEALTH CARE AND HEALTH SYSTEMS

The impact of conflict on access to health care is often significant and long lasting. Intense conflict violence frequently forces health facilities to stop offering services. In Gaza, the health system has largely collapsed because of physical destruction (with two-thirds of health facilities no longer functioning); killings of health workers; blockages of essential supplies; and limitations on access to food, fuel for electricity generation, and clean water. The lack of safe passage for resupply convoys and patient evacuations has exacerbated the harm that has been done. In Sudan, within two weeks of the outbreak of fighting in Khartoum, 60% of the health facilities were closed, and after six months of fighting, 70% of facilities in all conflict areas were not functioning.

As facility capacity declined, the longer distances required to access care combined with fears of future attacks discouraged people from seeking health care. Health workers in the DRC reported that the perception that health facilities are unsafe has sometimes led patients to self-discharge themselves against medical advice ahead of the completion of their prescribed treatment.

ATTACKS ON VACCINATION CAMPAIGNS

Health care workers and providers undertaking vaccination campaigns were attacked on at least 24 occasions in ten countries in 2023.[5] Vaccinators were harmed or threatened in the CAR, the DRC, Kenya, Pakistan, Somalia, and South Sudan, with most attacks involving drive-by shootings targeting polio campaigns in Pakistan, where polio remains endemic and vaccine hesitancy remains high following anti-vaccination propaganda by militant groups. Immunization clinics and storage facilities were bombed and looted in Sudan and Syria, and supplies of vaccines were blockaded in Myanmar and the oPt. Health facilities specializing in COVID-19-affected patients were bombed by Turkish Armed Forces aircraft in Syria. Four Red Cross volunteers working on COVID-19 vaccinations and Ebola awareness campaigns were killed alongside other community members in South Sudan. The data can be accessed on HDX.

In Ukraine, despite the many attacks on hospitals throughout the country, except in areas occupied by Russian forces, the health system has proved resilient, with repairs being made quickly and the continuity of services largely preserved. This is not the case, though, in the occupied areas, especially Donetska oblast, where a quarter of health facilities are not functioning and another third barely so. Individuals living in Ukraine's occupied territories are barred from accessing care – and doctors prohibited from providing it – unless they become Russian citizens.

Less visible acts such as the looting of supplies and medication, the hijacking of vehicles, blockages at checkpoints, and threats impaired health services even when a facility continued to function. Equipment loss and damage, lack of clean water, and electricity blackouts have also undermined the ability to provide care, despite the efforts of many volunteers to try to keep services going.

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5   In 2023, a total of four conflict-related attacks on health care were reported in Kenya and 12 in Pakistan. The SHCC report only includes country chapters for countries, regions within countries, and territories reporting more than 15 incidents per year or more than 29 incidents over multiple years.

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In the CAR, 55% of health facilities were not, or only partially, functioning. In Burkina Faso, more than 400 health facilities had closed, depriving more than four million people of access to care. In northeast Nigeria, 38% of health facilities were not fully functioning. Similarly, in northern Cameroon, health facilities have remained closed for many years after suffering repeated violent attacks.

When fewer health workers are available to provide services amid damaged infrastructure, the health workers who remain at work are often stressed and demoralized as a result of their inability to cope with the workload and shortages of supplies, medication, and equipment. Many health workers suffered trauma as the result of the deaths of colleagues and family members, displacement, arrests, and the detention of their co-workers. Only in exceptional cases are health workers provided with psychosocial support.

In Sudan, many health workers stopped receiving pay after the outbreak of the conflict in April 2023. Many health workers have families and they along with other civilians were also affected by the conflict. In Gaza, many health workers were killed in bombing raids that destroyed their homes. In Sudan, a significant number of health workers were displaced along with other civilians. In Myanmar, health workers moved to work as volunteers in opposition-held areas without the support of a formal health system.

The violence inflicted on health facilities and health workers has had severe short- and long-term consequences by depriving people of essential health care for traumatic injuries, chronic and infectious diseases, and malnutrition, while care to ensure maternal and child wellbeing is often inadequate or non-existent. Children, pregnant women, and individuals with chronic health conditions tended to suffer the most. In the DRC, nutritional monitoring for children under five declined because of the violence.

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Afghanistan is a uniquely extreme case, where draconian rules requiring women to be accompanied by a male relative and interrogations at checkpoints undermined both women's access to health care and their ability to work in health care. After the Turkish-Palestinian Hospital in Gaza stopped operating, around 10,000 cancer patients were left without special care, medicines, and treatment.

ATTACKS ON CHILDREN'S HEALTH SERVICES

Children are among the most vulnerable to the impact of violence. Children's health services were affected in 11 countries and territories in conflict in 2023. Children's hospitals, including Al-Nasr Children's Hospital in Gaza City, Juwana Amal Center for Children with Cancer in Khartoum, and Kherson Regional Children's Clinical Hospital in Ukraine, were bombed or occupied. In other conflicts, midwives and pediatricians were harmed, while premature and newly born babies in the Gaza Strip died from malnutrition due to the Israeli blockade of medicine into the strip.

A new study by a multi-disciplinary team aimed to measure the impact on services provided to children under five and pregnant women in North and South Kivu in the DRC. It is available in English and French.

The cumulative and lasting effects of long-standing conflicts are especially significant. In the CAR, 2023 data suggests that 55% of health facilities were not or only partially functioning. In Burkina Faso, a report in early 2024 revealed that more than 400 health facilities – 20% of the country's total – had closed, depriving more than four million people of their services. In northeast Nigeria, 38% of health facilities were not fully functioning, while those that remained open could only offer limited services because of shortages of staff and medical equipment. In the Far North region of Cameroon, health facilities have remained closed for many years after suffering repeated violent attacks.

The impacts of violence against health care continue even as conflicts wind down. In Tigray, Ethiopia, many damaged health facilities remain unrepaired or non-operational and shortages of medication remain, despite the cessation of hostilities agreement signed in November 2022. In Yemen, an estimated 44% of health facilities were only partially functioning or not functioning at all in 2023, even after the truce in April 2022 that held throughout that year and in 2023.

Recommendations

1. END IMPUNITY

a. The **International Criminal Court** (ICC) should prioritize investigations and prosecutions of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers in instances where it has jurisdiction, including its ongoing investigations in the conflicts in Ukraine, and Israel and the occupied Palestinian territory.

b. Similarly, **national prosecutors** engaged in investigations under principles of universal jurisdiction should prioritize investigations and prosecutions of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers.

c. **Governments** should:
  i. share evidence and otherwise cooperate with the ICC in connection with its investigations of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers;
  ii. conduct credible, independent, transparent, and thorough investigations of violations of international humanitarian and domestic law in cases of violence or threats against or obstruction of access to health care by their military forces or security personnel. If investigations reveal credible allegations of violations, ICC member states should promptly initiate disciplinary processes by court martial or criminal prosecutions, as appropriate; and
  iii. exert diplomatic and other pressures on state security forces and non-state armed groups to cease attacks on the wounded and sick, health facilities, and health workers or the use of health facilities for military purposes, and demand an accounting and release of health workers detained for having complied with their ethical duties or exercised their rights of freedom of assembly and expression.

d. **Regional human rights bodies** should monitor and report on attacks on health care using the authority they have under regional human rights conventions.

e. **The UN Security Council** should:
  i. refer allegations of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers to the ICC where the court has jurisdiction, including ongoing conflicts in Syria, Sudan, and Myanmar; and
  ii. adopt the proposal of the France-Mexico declaration, which has been endorsed by more than 100 UN member states, encouraging permanent members of the Security Council to refrain from using their veto power in cases of mass atrocities.

f. **Country-level joint verification mechanisms** should explicitly include attacks against health care as part of their monitoring activities.

g. **The Secretary-General of the United Nations** should:
  i. name all member states and armed groups that engage in recurrent attacks or threats of attacks on hospitals and protected persons in his annual report on Children and Armed Conflict, without regard to political considerations and pressures by UN member states; and
  ii. strengthen engagement with parties to conflicts that commit attacks on health care by pressuring the perpetrators of such attacks to develop, sign, and support the implementation of action plans, as provided for in the UN mechanism to protect children in armed conflict.

Recommendations

2. STRENGTHEN PREVENTION

a. States should:
  i. ratify the international Arms Trade Treaty if they have not done so and enact and implement domestic legislation that prohibits arms transfer and other forms of proxy or partner support for parties to conflicts that violate international humanitarian law; and
  ii. repeal counterterrorism laws and other laws that impose criminal or other penalties for offering or providing care consistent with the professional duty of impartiality and end the obstruction or prevention of humanitarian medical assistance to all in need.

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

c. Donors should prioritize funding to programs that ensure health services can be provided and accessed safely in conflict. This includes allocating sufficient resources to security management, risk analysis, and protective measures, and support for international and local health care teams.

3. REFORM AND EXPAND DATA COLLECTION ON ATTACKS ON HEALTH CARE

a. States should adopt a resolution at the World Health Assembly to address the deficiencies in methodology, comprehensiveness, and transparency of the WHO Surveillance System for Attacks on Health Care, as recommended by the International Peace Institute's 2022 report. The resolution should include external review of methods and their implementation; comprehensiveness and transparency of reporting; cooperation and data sharing with civil society, ministries of health, and local health care providers; and regular external oversight of the system.

b. Ministries of health should expand their surveillance and data collection activities to facilitate the collection of data on violence inflicted on health care and the impact of violence on health staff and communities to inform evidence-based policy, security, and response measures.

c. NGOs and health providers should collect and share, under appropriate safeguards, data on violence inflicted on health care in conflict.

d. UN agencies that collect data on incidents of violence against health care should share their data with one another and the public.

4. STRENGTHEN GLOBAL, REGIONAL, AND DOMESTIC LEADERSHIP

a. The **World Health Organization** and **UN Secretary-General** should become consistent, powerful leaders on the protection of health care in conflicts throughout the world, including by analyzing trends regarding violence against health care, calling out states and armed groups that attack health care, and mobilizing the global health and health professional communities to demand adherence to international law.

Recommendations

b. **Ministers of health** should provide leadership by
   i.   engaging with their own military and security forces and the ministries that oversee them, peacekeepers, armed groups, and front-line health workers in order to protect health care from violence;
   ii. strengthening mechanisms to mitigate impacts in the aftermath of violence leading to the suspension of health services, including the pre-positioning of emergency stocks, providing information on alternative health services, assisting individuals most in need to reach health services, and supporting health workers affected by attacks; and
   iii. ensuring that resource allocation and planning are informed by evidence and guided by the voices of those most affected, including health staff and marginalized groups within the community.

c. **Legislative bodies** should regularly oversee military and security forces' policies and practices regarding the protection of and respect for health care, including holding hearings on the conduct of military and security forces, and enacting legislation to reform military and security operational procedures.

d. **Regional bodies** such as the Economic Community of West African States and the East African Community should promote and support consultation among states to harmonize and co-ordinate their respective policies on the protection of health care in conflict. The African Union Commission, including its Humanitarian Affairs Division, Social Affairs Division, Peace & Security Department, and Peace & Security Council, should prioritize leadership on the protection of health care across the continent and implement its commitments as outlined in the 2021 communiqué on the protection of medical facilities and personnel in armed conflict.

Recommendations

e. In the most affected countries, the **health, nutrition, and protection cluster** should jointly coordinate activities among its members at the country level to prevent and mitigate violence against health care as part of response planning and health and protection cluster strategies.

f. **Medical, nursing, public health, and other professional organizations** should expand initiatives to educate their members about violence against health care in conflict, speak out publicly when health care is under assault, and call for action by their countries' governments.

5. SUPPORT AND SAFEGUARD HEALTH WORKERS

a. **Ministries of health** should develop comprehensive programs to support health workers in situations of violence by improving their working environments, offering guidance on their rights and responsibilities, designing protection and prevention strategies, and providing security training and legal and psychosocial support. They should also provide emergency funds to health workers after episodes of violence and support research to increase understanding of the burdens of providing care in conflict zones.

b. **States and international donors** should provide funding for physical and psychosocial support and programming for health workers in situations of conflict, including through emergency funds to mitigate the impacts of attacks, and support research to increase understanding of the burdens of providing care in conflict zones.

c. **Health professional organizations and humanitarian medical organizations** should regularly express solidarity with colleagues who are under or at risk of attack, including disseminating messages that express respect for their work and stress the unacceptability of putting them at risk.

Afghanistan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

109
REPORTED INCIDENTS

65
**HEALTH WORKERS ARRESTED
OR DETAINED FOR QUESTIONING**

Source: 2023 AFG SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 109 incidents of violence against or obstruction of health care in Afghanistan in 2023, compared to 87 in 2022. In these incidents, at least 65 health workers were arrested. This factsheet is based on the dataset 2023 AFG SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

According to the Armed Conflict Location & Event Data Project, political violence in Afghanistan decreased in 2023 by 62% compared to the previous year, particularly violence perpetrated by the non-state armed group Islamic State (Afghanistan) and the Afghan National Resistance Front.[6] Despite this, the country remained in crisis and two-thirds of the population were in need of humanitarian aid. Following the Taliban takeover in August 2021, international development aid was suspended, while in 2023 humanitarian aid also decreased in value by over USD 1 billion. This decrease in aid occurred against the backdrop of rising humanitarian needs. Previously, international development aid accounted for 75% of Afghanistan's public spending, including on the public health care system. In addition to a lack of investment, prolonged conflict and environmental disasters have also had a detrimental effect on Afghanistan's health care system and have contributed to inadequate medical care.

In 2023, restrictive laws and policies continued to severely limit women's and girls' access to basic services and public life. Women and girls faced severe restrictions on their freedom of movement and experienced barriers in accessing basic services and humanitarian assistance – in a country that already had one of the world's highest rates of maternal and infant mortality. Women also continued to be banned from most employment, including for international organizations and the United Nations, except if they worked in health care, nutrition, and primary education, albeit with strict dress and behavioral codes, including being accompanied by a "*mahram*" or male guardian. These restrictions made humanitarian operations increasingly complex.

Afghanistan

Humanitarian organizations operating in the country continued to face a complex set of requirements and shrinking humanitarian space that restrict aid delivery. Restrictive policies and increased surveillance of health facilities and humanitarian operations led to some aid organizations being forced to suspend their activities.[7]

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Contrary to the overall decrease in reported violence in 2023 compared to past years, incidents of threats and violence against health care increased in 2023, primarily driven by Afghan government repression. More than 80% of cases of violence against health care were attributed to the Afghan government, police, and intelligence forces, all of which are under the effective control of the Taliban. Often these perpetrators were armed with guns that they used to beat health workers. In the remaining attacks, the attackers remained unidentified.

Reported incidents were widely dispersed across 28 of Afghanistan's 34 provinces. Zabul province recorded the highest number of cases, including on May 30, 2023, when 28 NGO-funded and private health centers were raided and equipment destroyed by Taliban forces in Qalat city. Cases attributed to the Taliban more than doubled in Balkh province between 2022 and 2023. As in previous years, incidents continued to be reported in Herat and Kabul.

Known locations of reported incidents affecting health care in Afghanistan, 2021-2023

Reports of incidents increased in Balkh and Zabul between 2022 and 2023. Cases continue to be reported from Herat and Kabul, as in previous years.

2021   2022   2023
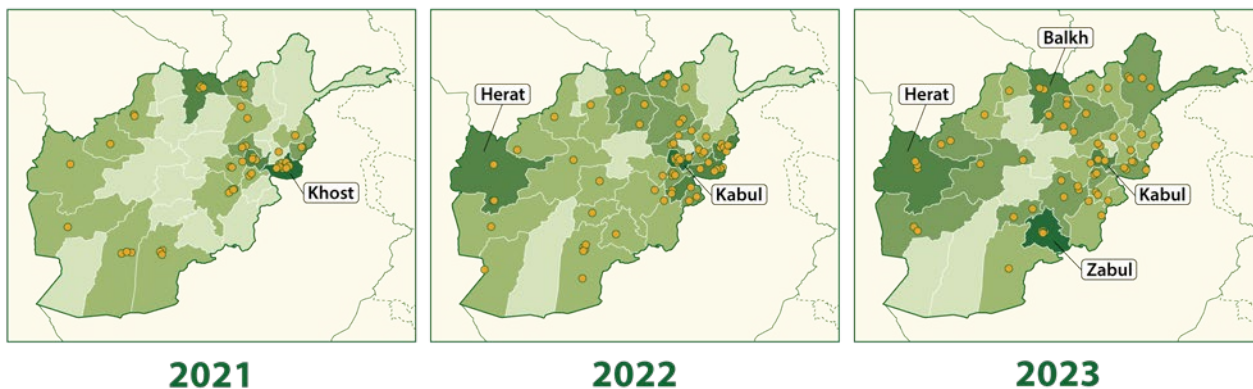
Incidents affecting health care involving explosive weapons use decreased from nine in 2022 to two in 2023, reflecting a general reduction in the severity of violence in the country. During these incidents, the detonation of an improvised explosive device damaged a nearby NGO-run clinic in Paktika province and a grenade exploded in the carpark of an NGO-run health center in Baghlan.[8]

As in previous years, most incidents affected health care providers operating in national health structures. NGOs were directly affected in 15 incidents, while over two-thirds of incidents took place at health centers.

Afghanistan

The number of health workers arrested by Taliban government forces nearly doubled in 2023, while kidnappings decreased by 75% and killings more than halved. The vast majority of incidents involved health workers and providers being threatened, harassed, arrested, and otherwise restricted from performing their work.

Health worker arrests

At least 65 health workers were arrested or detained for questioning by Taliban government forces in 38 incidents in 2023, compared to 33 arrests in 25 incidents in 2022. Most of these arrests or detentions took place in hospitals or health care settings, while other health workers were arrested at their homes or at checkpoints. Health workers were frequently arrested and questioned on accusations of immorality. In other cases, staff were detained for not separating male and female patients, traveling without a *mahram* (male guardian), alleged links with Islamic State militants, and alleged financial corruption, forgery, and theft. In most cases, health workers were released after a few days. Of note, a British paramedic working for the UN Refugee Agency was detained in January by secret police after they searched his hotel room and found a pistol in his safe. Despite having a license issued by the Afghan interior ministry, the paramedic was taken away with a bag over his head and locked up for 11 days in solitary confinement before being interrogated. He was released in October after 272 days in prison.[9]

Reported health worker kidnappings and arrests in Afghanistan, 2018-2023

Health worker arrests by Taliban government forces nearly doubled in 2023 while kidnappings decreased.

Legend:
- Health workers kidnapped (54)
- Health workers arrested (136)
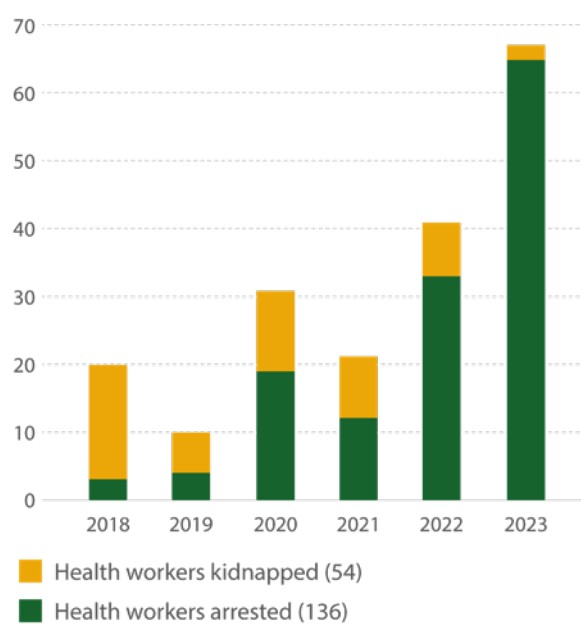
Health worker killings and kidnappings

Thirteen health workers were killed in 13 separate incidents, compared to 35 killed in 24 incidents in 2022. Two killings were linked to the Taliban government and the remaining to unidentified gunmen. Nine doctors, two clinic managers, and a dentist were shot and killed at clinics, inside their own homes, or while traveling to and from work. A nurse was beheaded by armed attackers who broke into her house in Herat province in July.[10]

A doctor and private hospital owner were kidnapped by unidentified attackers while traveling in Herat and Kabul provinces. The doctor was freed a few days later by Taliban forces and the owner released over a month later after paying a ransom.[11]

THE IMPACT OF ATTACKS ON HEALTH CARE

Continued attacks and threats to health workers, as well as increasingly restrictive laws and policies primarily directed at women, have had a detrimental impact on Afghanistan's health workforce and population. In 2020, the sector was already facing staff shortages, with an estimated three doctors per 10,000 people.

Following the 2021 Taliban takeover, <u>over 124,000 civilians have fled</u> the country – <u>including health care workers</u>. Lack of funding for the health care sector meant that health facilities faced difficulties in paying health workers; lack of pay coupled with continued threats, arrests, and intimidation drove health workers to leave the profession or relocate. According to a <u>private medical institute in Afghanistan</u>, there has been an increase in the number of women training to become nurses and midwives, since these vocations are among the only ones still available to women. However, as a result of a <u>ban in September 2021</u> on secondary education for girls, Afghanistan will likely face a shortage of female health workers in the future. In December 2022, the Taliban <u>banned</u> higher education for women, which meant that female medical students were unable to continue their education and women were not able to enter the field or undertake specialized training. Over 3,000 women who had already <u>graduated from medical schools</u> before the ban were prohibited from taking the examinations required for them to practice, further contributing to a lack of health care workers.

Additionally, increasingly restrictive laws directed at women and girls also had a negative impact on Afghanistan's health care system and disproportionately affected women's and girls' access to health care. Female health workers faced many <u>obstacles</u> while attempting to carry out their work, including harsh interrogations at checkpoints about their dress, job, or lack of a *mahram*. This requirement significantly <u>increased costs for some NGOs to deploy mobile teams to rural areas</u>, making operations increasingly difficult. In January 2023, the Taliban introduced a policy <u>banning male doctors from treating female patients</u>, further limiting access to care for women and girls. The withdrawal of development and humanitarian aid also left the health care sector struggling to cope. Lack of funding meant that health facilities faced staff shortages and a lack of medical supplies, leading to the cessation of services at <u>over 200 health facilities</u>. The cost of some treatment and medicine also put <u>medical care out of reach</u> for many Afghans, especially since <u>85% of the population</u> were living in poverty.

> *Female health workers faced many obstacles while attempting to carry out their work, including harsh interrogations at checkpoints about their dress, job, or lack of a mahram.*

6   Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.
7   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 AFG SHCC Health Care Data. Incident number 39993.
8   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 AFG SHCC Health Care Data. Incident numbers 44935; 44938.
9   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 AFG SHCC Health Care Data. Incident number 38449.
10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 AFG SHCC Health Care Data. Incident number 40270.
11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 AFG SHCC Health Care Data. Incident numbers 44925; 40044.

Burkina Faso

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

49	**20**	**12**	**8**
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH WORKERS KIDNAPPED	HEALTH WORKERS KILLED

Source: 2023 BFA SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 49 incidents of violence against or obstruction of health care in Burkina Faso in 2023, compared to 66 in 2022. In these incidents, 12 health workers were kidnapped and eight killed, and health supplies were looted on at least 20 occasions. This factsheet is based on the dataset 2023 BFA SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Burkina Faso continued to see ongoing political violence in 2023. The Armed Conflict Location & Event Data Project reported that killings of people in acts of political violence doubled in 2023 to 8,000. The increase was driven by continued jihadist insurgencies by the Sahelian branch of Al-Qaeda known as Jama'at Nusrat al-Islam wal-Muslimin (JNIM) and the non-state armed group Islamic State Sahel Province (ISSP). In response to these attacks, in April 2023 Burkina Faso's military government, which took power in a coup in September 2022, announced a "general mobilization" to recapture territory lost to armed groups that controlled approximately 50% of the country. This mobilization followed the withdrawal of French troops in February 2023 at the government's request. The government also instituted a "Security First'' policy prioritizing the recapture of territory over other areas of government spending such as health care.

Burkina Faso's health ministry faced a dengue fever epidemic, with over 150,000 suspected cases and 709 deaths in 2023. Blockades were imposed by armed groups in at least 46 locations across the country and impacted one million people, while mass forced displacement added to humanitarian needs.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care were recorded throughout 2023 and were spread over ten regions. Reports increased in Centre-Est and Hauts-Bassins regions and continued in Est, particularly in Gnagna province. Incidents decreased in Boucle du Mouhoun, Centre-Nord, Nord, and Sahel regions. A new case was documented in Sud-Ouest involving JNIM fighters shooting at a health center.[12] Half of the incidents took place at health centers.

Burkina Faso

Known locations of reported incidents affecting health care in Burkina Faso, 2021-2023

High numbers were recorded in Centre-Est and Hauts-Bassins in 2023, compared to Boucle du Mouhoun and Sahel in 2022. Cases continue to be reported from Est, as in previous years.

2021   2022   2023
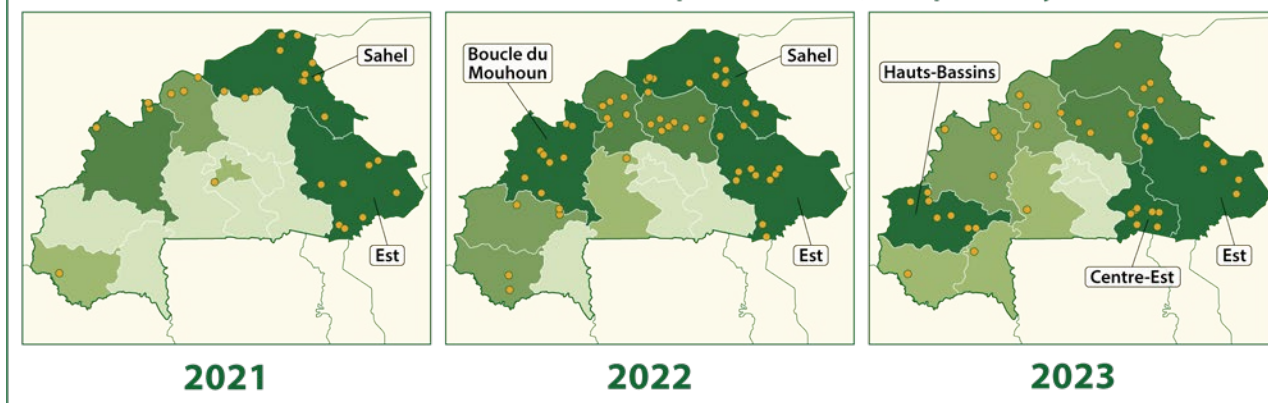
Health worker killings doubled and the looting of vital medicine supplies increased slightly in 2023 compared to 2022, while ambulance hijackings more than halved. A similar number of health workers were kidnapped in both years. As in previous years, most cases affected health care providers working in national health structures. INGOs were directly affected in one incident in Boucle du Mouhoun.

Most incidents of violence against or obstruction of health care were attributed to JNIM fighters, except those in Sahel region, reflecting the group's growing presence in Burkina Faso. ISSP was named on five occasions, a rise from three in 2022, and Burkinabè armed forces were allegedly responsible for two incidents in Central-Est and Nord. In other attacks, the attackers remained unidentified.

Explosive weapons use

For the first time since the SHCC began monitoring violence against health care in 2016, drones armed with explosives were used in attacks on health care in Burkina Faso. In the first incident, which occurred in April 2023, the Sabouna Health and Social Promotion Center in Nord region was hit in a government military drone strike on the area.[13] In the following month, an ambulance evacuating a pregnant woman was hit in another government drone strike on a JNIM checkpoint in Centre-Est, which killed her and three health workers.[14] These attacks reflect the Burkinabè military's increasing use of Turkish-made Bayraktar TB2 drones to carry out attacks on Islamist groups, which often results in collateral civilian harm. The munitions designed for the Bayraktar TB2 often have wide-area effects and cause death and destruction beyond the intended target, resulting in reverberating adverse effects on the health sector. The psychological impacts of attacks affect staff and patients in profound ways, creating shortages in health workers and barriers for patients seeking care.

Health supplies looted

Vital medicine and equipment were looted from health centers, medical warehouses, and pharmacies on 20 occasions in 2023, compared to 15 in 2022. Over half of these lootings took place at pharmacies or pharmaceutical warehouses. Lootings were recorded in seven regions, with new cases in Hauts-Bassins and Centre-Est regions in 2023. Most were attributed to JNIM fighters armed with firearms. On four occasions, JNIM fighters looted medicine from health facilities in Boucle du Mouhoun, Centre-Est, Est, and Hauts-Bassins, then set the buildings on fire.[15] ISSP fighters in Sahel ransacked and looted a pharmaceutical

warehouse belonging to the Gangaol Health and Social Promotion Center and stole solar panels and a refrigerator from a health center.[16] In most lootings of health facilities, health workers were not present, suggesting that access to health supplies was an important motivation behind these incidents. The exception was when JNIM fighters broke into a pharmaceutical warehouse, stole medical supplies and a motorcycle, and then set the facility alight before ordering health workers to stop working in the area.[17] In October, JNIM fighters also repurposed a school in Centre-Est as a health center, allegedly supplying it with medical equipment they had stolen during attacks.

Reported incidents where health supplies were looted in Burkina Faso, 2023

Vital medicine and equipment was looted from health facilities at least 20 times in 2023. Lootings were widely dispersed and were mostly attributed to JNIM fighters armed with firearms.
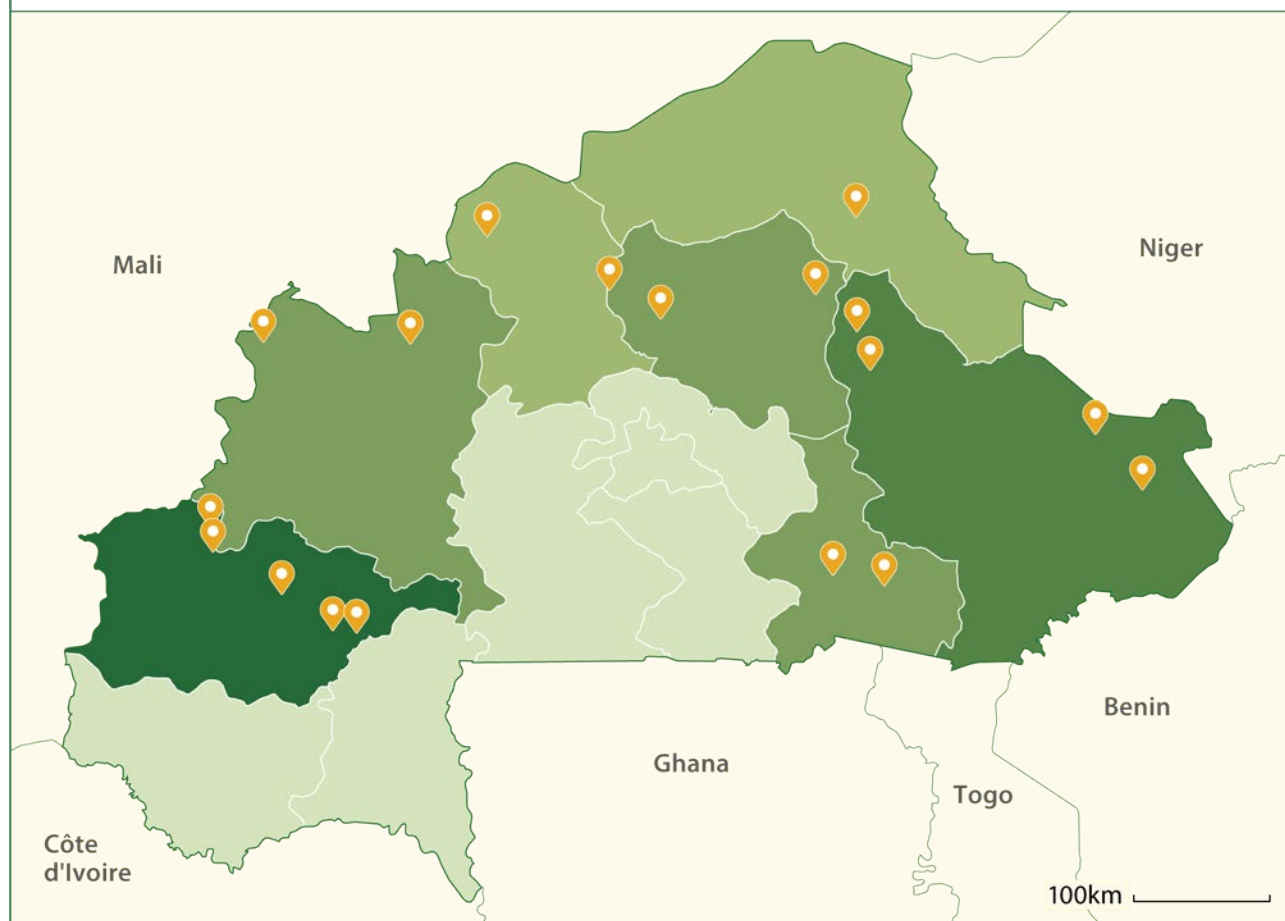
Health worker kidnappings and killings

Twelve health workers were kidnapped in seven incidents in 2023, similar to the number in 2022. Kidnappings took place between January and May across four regions. Most were attributed to JNIM fighters who kidnapped staff traveling during working hours, a pattern that reflected previous years. ISSP fighters kidnapped a health facility guard in March in Sahel region.[18] In most cases, staff were kidnapped on their own or with another colleague. The exception was three nurses and an ambulance driver who were kidnapped from their ambulance by suspected JNIM militants in Centre-Est in May.[19] Three of the 12

kidnapping victims were released within 24 hours, including one released after their abductors recognized them as a medic.[20] The fates of the remaining staff were not recorded.

At least eight health workers were killed in five incidents in 2023, compared to four in three incidents in 2022. Health worker killings were recorded in Boucle du Mouhoun, Centre-Est, Centre-Nord, Est, and Hauts-Bassins, reflecting a shift from 2022, when all reported killings occurred in Sahel region. Most were traveling to provide medical care to remote areas when they were killed, including two head nurses killed by JNIM fighters in Est and Hauts-Bassins.[21] The exceptions were the previously mentioned health workers killed in the drone strike in Centre-Est, and a health worker killed in a wider attack on civilians by armed men in Centre-Nord in April.[22]

THE IMPACT OF ATTACKS ON HEALTH CARE

The United Nations Office for the Coordination of Humanitarian Affairs Health Cluster reported that the deteriorating security situation in Burkina Faso had led to a serious breakdown in the country's health system. By January 31, 2024, 425 health facilities had closed, depriving more than four million people of access to health care. In Centre-Nord region, many health facilities were not operational due to insecurity. Insecurity has had a negative impact on people's health, with epidemic outbreaks reported in most of the affected areas and people suffering from chronic illnesses finding it difficult to access treatment.

In Tougouri department, Namentenga province, Centre-Nord region a mere eight out of 29 health facilities were able to provide services to patients. Médecins Sans Frontières (MSF) reported how its health services were suspended for almost a year after two staff members were killed when their vehicle was targeted during an attack in Boucle du Mouhoun region. Following its withdrawal, the organization could no longer provide general health care or sexual and reproductive health care, nor provide support to health workers screening for child malnutrition.

There was a substantial shortage of medical staff in all violence-affected areas of the country. Amnesty International reported that health workers tended to "leave besieged cities due to the hardships, and it is hard to keep them in post due to the risks." An estimated one million people were living in 36 such besieged towns and cities. Dozens of health workers had left their posts because of "attacks and intimidation by armed groups, further reducing the availability and quality of health care." The Amnesty International report also noted how this specifically affected children, the elderly, and others in need of lifesaving health care.

> *By January 31, 2024, 425 health facilities had closed, depriving more than four million people of access to health care.*

Burkina Faso

👍 SOCIAL MEDIA MONITORING

On February 8, 2023 armed men ambushed and attacked a marked MSF vehicle in Boucle du Mouhoun region resulting in the deaths of two staff members, while two others managed to escape. As a result, MSF suspended its activities in the region except for vitally urgent aid. Analysis of social media sentiment by Insecurity Insight appearing on Facebook and X (formerly Twitter) following this incident highlighted how the humanitarian principles – and the principle of neutrality in particular – were misperceived in the online social media space.

In December 2023, following a deadly attack on the town of Djibo in Sahel region by JNIM militants, a viral audio clip alleged that the Burkinabè Red Cross had prior knowledge of the attack and had time to evacuate, thereby implying that inappropriate contact had occurred between the Red Cross and the non-state actor. Sentiment analysis by Insecurity Insight of social media posts highlighted how violence against health care providers can make them more vulnerable to disinformation regarding their intentions.

12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident number 44895.

13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident number 44847.

14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident number 44848.

15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident numbers 44898; 40063; 44867; 37709.

16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident numbers 44851; 42803.

17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident number 44898.

18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident number 44849.

19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident number 39193.

20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident number 44881.

21 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident numbers 39615; 40469.

22 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident numbers 44848; 38306.

CAMEROON

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

31
REPORTED INCIDENTS

6
HEALTH WORKERS KIDNAPPED

Source: 2023 CMR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 31 incidents of violence against or obstruction of health care in Cameroon in 2023, compared to 30 in 2022. In these incidents, six health workers were kidnapped. This factsheet is based on the dataset 2023 CMR SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

According to the Armed Conflict Location & Event Data Project, incidents of political violence increased by almost 30% in Cameroon in 2023 compared with the previous year.[23] The upsurge occurred as clashes continued between armed groups, including Ambazonian separatists and the Cameroon Armed Forces (CAF) in the Anglophone North West and South West regions, and in the Far North region between the CAF, Boko Haram, and the non-state group Islamic State West Africa Province (ISWAP). Over 1,000 people were killed during the violence, many of them civilians.[24] Abductions of civilians, especially in the north, added to insecurity.

Monkeypox and cholera outbreaks continued, with the spread of the latter facilitated by the floods that ravaged Cameroon's capital, Yaoundé, and surrounding areas in October. In total, over one million people were internally displaced and 4.7 million were estimated to require humanitarian assistance in 2023, of which 1.8 million were in dire need of water, sanitation, and health (WASH) services.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

A similar number of incidents of violence against or obstruction of health care were recorded between 2022 and 2023. More than three-quarters of incidents were documented in the anglophone North West and South West regions, a pattern that reflected the geographical concentration of incidents in the previous two years. Seven incidents were recorded in the Far North region, one more than in 2022. Nearly 75% of incidents took place at health centers. Most cases affected health care providers working in national health structures, as in 2022. NGOs were directly affected in three incidents in North West.[25]

Ambazonian separatists and CAF troops were frequently named as perpetrators of incidents of violence against or obstruction of health care in North West and South West regions. Boko Haram fighters were named in three incidents in Far North, while in other attacks the attackers remained unidentified. In the majority of incidents, these conflict parties were armed with guns, although in two incidents in South West, health facilities were set on fire.[26] Separatists set an abandoned health center alight in May and CAF forces burnt down another center as punishment for treating separatists in July.

North West and South West anglophone regions

In total, 24 incidents of violence against or obstruction of health care were reported in the anglophone regions in 2023, similar to 2022. Most incidents occurred in North West's southern Mezam and Momo departments and the bordering Manyu department in South West region. Separatists and unidentified attackers kidnapped health workers, while CAF forces raided hospitals, injuring and arresting health workers and patients they suspected of links to opposition groups. Banso Baptist Hospital was stormed twice by CAF forces in search of separatists.[27]

Six health workers were kidnapped by separatists and unidentified attackers in five incidents in 2023, compared to 28 kidnapped in ten incidents in 2022. In one incident, separatists kidnapped a health worker they accused of not treating one of their wounded fighters.[28] Three of the six kidnapping victims were released, including two staff taken by an armed group on allegations that they had failed to inform the group that they were working in the area who were released after partially paying the ransom demanded by the kidnappers.[29] The fates of the remaining staff were not recorded.

In 2023, six health workers were arrested during three hospital raids by CAF forces searching for opposition fighters. In one case where a nurse was detained, two patients suspected of links to opposition groups were taken from a hospital in North West and killed. The nurse's whereabouts were not recorded.[30]

An LNGO female nurse was killed by a stray bullet fired by a CAF soldier while returning home from work in Kumbo town, North West region.[31]

Known locations of reported incidents affecting health care in Northwest and Southwest anglophone regions, Cameroon, 2021-2023

High numbers were recorded in Northwest's southern Mezam and Momo departments and the bordering Manyu in Southwest in 2023.

2021   2022   2023

CAMEROON
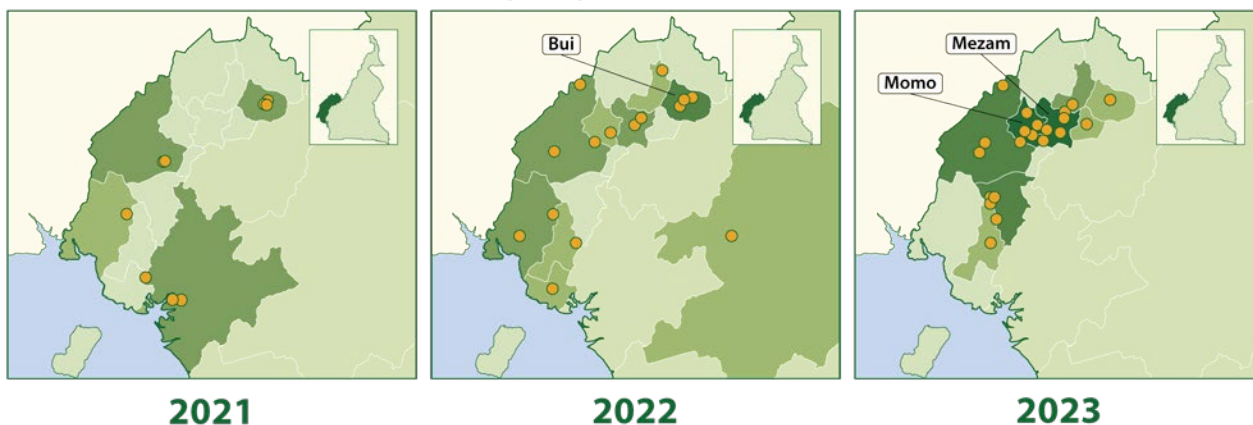
Far North

Seven incidents of violence against or obstruction of health care were recorded in Far North, a similar number to the six in 2022. Most were recorded in Mayo-Tsanaga department, with one in Mayo-Sava. This was a change from 2022, when cases were more common in Logone-et-Chari department. Most incidents involved the looting of medical supplies from health centers, with one attempted kidnapping by Boko Haram of health workers traveling to provide care in Mayo-Sava.[32] Ouzal Health Center in Mayo-Tsanaga was attacked twice in January and February, once by Boko Haram fighters and the other by unidentified attackers.[33]

Known locations of reported incidents affecting health care in Far North region, Cameroon, 2021-2023

Most incidents in 2023 were recorded in Mayo-Tsanaga department, compared to Logone-et-Chari department in 2022.

2021   2022   2023
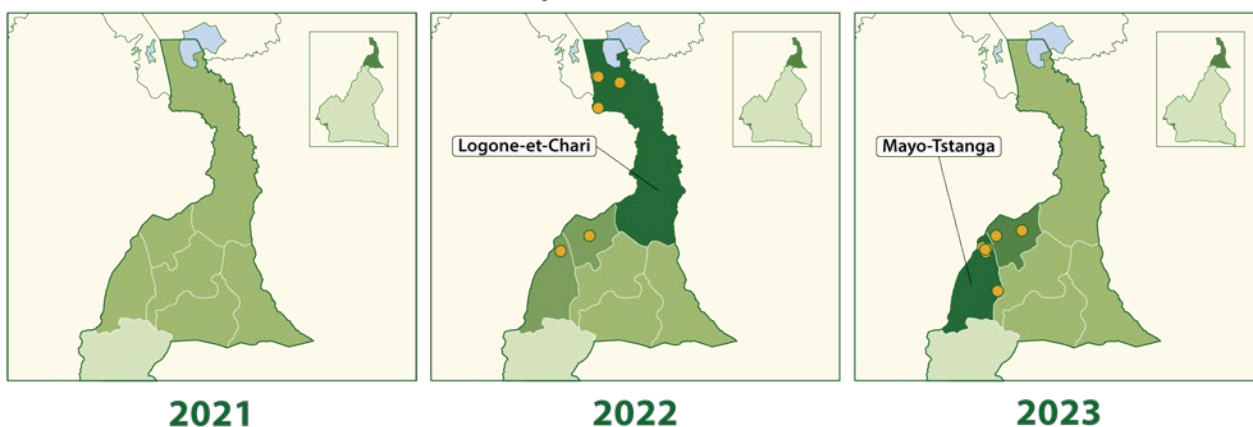
THE IMPACT OF ATTACKS ON HEALTH CARE

Access to health care has been severely disrupted in several parts of Cameroon. In North West and South West regions, the stationing of health workers and the availability of medical equipment and supplies were "considerably limited" by attacks on facilities and health workers and the risk of violence recurring. In Far North, some health facilities have remained closed for many years after suffering repeated violent attacks perpetrated by non-state actors.

Insecurity also made it more difficult to recruit and retain health workers. One estimate suggested that a third of recently graduated doctors in Cameroon had chosen to migrate abroad, where they could earn higher salaries in safer working environments. Some health workers were also reported to have resigned from their positions in North West and South West regions due to "fear of reprisals" from conflict parties. This exacerbated shortages of health workers. The latest available data suggests there is only one doctor per 10,000 people in Cameroon.

Health worker shortages are most acute in remote rural areas. It is common for populations in these areas seeking health care to have to travel over 10 km to reach health workers at a health facility, in areas with inadequate transport infrastructure where people seeking health care sometimes have to cross rivers. This has resulted in some resorting to using less effective traditional forms of medication.

23 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.

24 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.

25 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident numbers 40087; 45333; 45369.

26 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident numbers 45331; 45337.

27 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident numbers 40087; 40099.

28 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 45335.

29 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 45333.

30 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 40083.

31 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 45369.

32 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 40525.

33 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 37043; 37883.

Central African Republic

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

41
REPORTED INCIDENTS

5
HEALTH WORKERS KIDNAPPED

Source: 2023 CAF SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 41 incidents of violence against or obstruction of health care in the Central African Republic (CAR) in 2023, compared to 32 in 2022. At least five health workers were kidnapped. The actual number of incidents is likely higher due to under-reporting. This factsheet is based on the dataset 2023 CAF SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Conflict and insecurity persisted in the CAR throughout 2023. According to the Armed Conflict Location & Event Data Project, there was a 13% increase in reported incidents of political violence in 2023.[34] Violence was spread widely across the country and especially frequent in the neighboring western prefectures of Ouham, Ouham-Pendé, and Nana-Mambere, where the rebel group Coalition of Patriots for Change (CPC), the CAR Armed Forces (FACA), and the rebel group Return, Reclamation, and Rehabilitation (3R) are in a state of armed conflict that impacts on health care, displacement, and family separation. A faction of the Union for Peace (UPC) armed group is reportedly active alongside the Lord's Resistance Army and a new Zande self-defense group in the southeast of the country.

The outbreak of war in Sudan in mid-April added to humanitarian needs in bordering states, with the CAR having received over 25,000 people from Sudan by the end of 2023, most of whom arrived in the northeast of the country. In 2023, 3.4 million people – more than half of the country's population – were estimated to require humanitarian assistance and protection.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Reported incidents of violence against or obstruction of health care increased in 2023 and were spread over eight of the CAR's 20 prefectures. Nearly two-thirds of cases were recorded in the first six months of 2023, coinciding with a CPC rebel offensive against government forces.

Eight incidents were attributed to CPC fighters, who were often armed with AK-47 or assault rifles and stole supplies from staff traveling to provide medical care to remote areas. 3R fighters attempted to kidnap a health worker and stole medical supplies in Ouham-Pendé in December.[35] For the first year in SHCC reporting, attacks on health care by UPC rebels were recorded in Haut-Mbomou prefecture in October. In this attack, a clearly marked INGO ambulance on an emergency call was ambushed and money demanded from the staff in exchange for their release.[36] In other attacks, the perpetrators remained unidentified.[37]

Violence at or towards mobile health clinics was the predominant form of violence against health care in the country.[38] In most of these cases, health workers were not harmed, suggesting that access to health supplies was an important motivation behind these incidents.

Health workers kidnapped and injured

At least five health workers were kidnapped in three incidents in 2023, compared to three in the same number of incidents in 2022. Four were kidnapped by CPC rebels in Bamingui-Bangoran and Ouham, and the fifth was involved in the previously mentioned 3R kidnapping attempt.[39] Ten health workers were assaulted or injured in five incidents, with two occurring within four days of each other in late August in Batangafo town, Ouham-Fafa prefecture.[40] The second incident prompted the INGO that was targeted to temporarily suspend operations to support health centers on the outskirts of Batangafo.

Reported incidents affecting health care in CAR, 2023

High numbers were recorded in the first five months of 2023, coinciding with a CPC rebel offensive against government forces
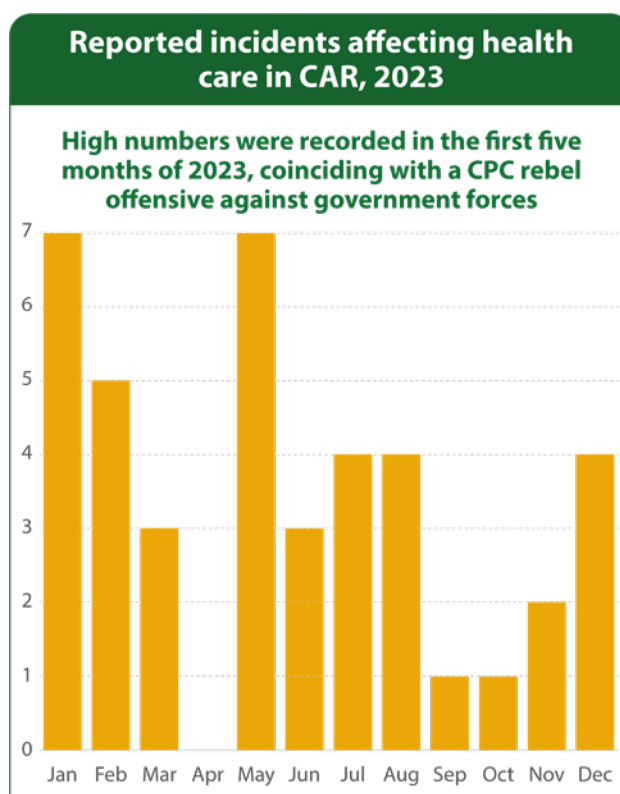
THE IMPACT OF ATTACKS ON HEALTH CARE

Because the CAR is one of the world's poorest countries and has witnessed decades of political instability, the country's health system is chronically weak, which is evident in severe shortages of health workers and infrastructure, especially in remote areas. World Bank data suggests there are only 0.1 physicians per 1,000 people in the CAR. Consequently, the country is heavily dependent on INGOs to supply formally qualified medical professionals, and many health facilities are staffed only by birth attendants who lack formal medical qualifications and support.[41]

The overall impact of attacks on health care has been devastating, exacerbating weaknesses in the country's health system. Violence at health facilities has often resulted in patients being scared of visiting facilities, which has led to health conditions going undiagnosed and untreated.[42] Moreover, the perception that health facilities are unsafe has sometimes led patients to self-discharge themselves against medical advice ahead of the completion of their prescribed treatment.[43]

For other patients, gaining physical access to health facilities and treatment has been extremely challenging. This is both due to direct attacks on health care and broader insecurity. Data collected between August

Central African Republic

2022 and March 2023 suggested that 42% of health facilities in the CAR were only partially accessible, with insecurity cited as the main contributor to this state of affairs in 40% of incidents. It is equally challenging for health workers to travel to remote health care-seeking populations who cannot reach health facilities themselves, given that approximately 70% of the CAR's territory is under the de facto control of non-state armed groups.[44] Even if people can travel to health facilities, 55% of these facilities were either only partially functional or not functioning at all, according to the data collected between August 2022 and March 2023. While shortages of medical equipment, staff, and supplies were the most frequently named reasons, insecurity was cited in 12% of cases.

> *Violence at health facilities has often resulted in patients being scared of visiting facilities, which has led to health conditions going undiagnosed and untreated.*

The consequences of attacks on health care for the wellbeing and working environment of health workers has also been severe. The experience of a group of INGO health workers in 2023 in the northeast of the CAR close to the border with South Darfur in Sudan is illustrative. The health workers were left traumatized following the killing of one of their colleagues by a militia from Darfur after the outbreak of the war in Sudan in mid-April 2023. Despite this, the health workers continued to work while experiencing threats and violence directed at them by Darfurian militias on an almost weekly basis over several months.[45] Simultaneously, the influx of forcibly displaced people into the CAR from Sudan who required medical treatment increased the psychological and physical demands on health workers, underscoring the multitude of challenges they faced, with cumulative impacts for their wellbeing.[46]

National health workers have been especially vulnerable. Often, they have substantially less formal training than INGO health workers, receive lower salaries, and lack access to developed support structures.[47] In particular, there is a severe lack of mental health support for these health workers, who have often suffered multiple traumatic incidents. The latest available data suggests that there are only 0.022 psychiatrists working in the mental health sector per 100,000 population in the CAR.

34 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.

35 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CAF SHCC Health Care Data. Incident number 45416.

36 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CAF SHCC Health Care Data. Incident number 42012.

37 These incidents, which have not been reported elsewhere, were reported by the World Health Organization Surveillance System for Attacks on Health Care (WHO SSA). Further information, including the identity of the perpetrators, the weapons used, and the locations of the incidents, is not available.

38 These incidents, which have not been reported elsewhere, were reported by the WHO SSA. Further information, including the identity of the perpetrators, the weapons used, and the locations of the incidents, is not available.

39 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CAF SHCC Health Care Data. Incident numbers 45415; 45298; 45416.

40 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CAF SHCC Health Care Data. Incident numbers 40599; 40600.

41 Key informant 1, interview by video call, February 23, 2024.

42 Key informant 1, interview by video call, February 23, 2024.

43 Key informant 1, interview by video call February 23, 2024.

44 Key informant 1, interview by video call, February 23, 2024; Key informant 2, interview by video call, March 18, 2024.

45 Key informant 2, interview by video call, March 18, 2024.

46 Key informant 2, interview by video call, March 18, 2024.

47 Key informant 1, interview by video call, February 23, 2024.

Democratic Republic of the Congo (DRC)

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

115	**41**	**34**
REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED

Source: 2023 COD SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 115 incidents of violence against or obstruction of health care in the Democratic Republic of the Congo (DRC) in 2023, compared to 136 in 2022. In these incidents, 41 health workers were kidnapped, while health supplies were looted at least 34 times. This factsheet is based on the dataset 2023 COD SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Conflict and insecurity persisted in the DRC throughout 2023. At least 100 armed groups remained active in the eastern provinces of North Kivu, Ituri, South Kivu, and Tanganyika. The March 23 Movement (M23) rebel group made large territorial gains in North Kivu in 2023. This followed a major M23 offensive against the Armed Forces of the DRC (FARDC) in 2022 after several years of inactivity. The violence affected civilians, with over 1,200 being killed in Ituri province between January and October 2023 according to the Kivu Security Tracker. By late October 2023, almost seven million people were internally displaced in the DRC, the majority of whom were in the country's eastern provinces. Intercommunal conflict continued in the western Mai-Ndombe province between primarily Teke and Yaka communities and killed hundreds of people.

Violence also increased towards the end of 2023 in the run-up to the national elections held in December. Humanitarian needs were exacerbated by one of the world's largest cholera outbreaks that killed 462 people in the country in 2023. The spread of cholera increased in early 2024 following the country's deadliest flooding in 60 years.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care in the DRC were at their highest during the first four months of 2023, led by increasing incidents attributed to M23 in Rutshuru territory in North Kivu province. Cases were documented in eight of the DRC's 26 provinces and, as in previous years, were most

frequent in North Kivu. Reports increased in Haut-Katanga and decreased in Ituri and South Kivu in 2023. A similar number of cases were recorded in Maniema and Tanganyika as in previous years. Almost half of the incidents took place at health centers. As in previous years, most incidents affected health care providers working in national health structures. NGOs were directly affected in nine incidents and Red Cross societies in one.

Known locations of reported incidents affecting health care in the DRC, 2021-2023

High numbers continued to be recorded in North and South Kivu and Ituri in 2023. Incidents increased in Haut-Katanga and Maniema between 2022 and 2023.

2021   2022   2023
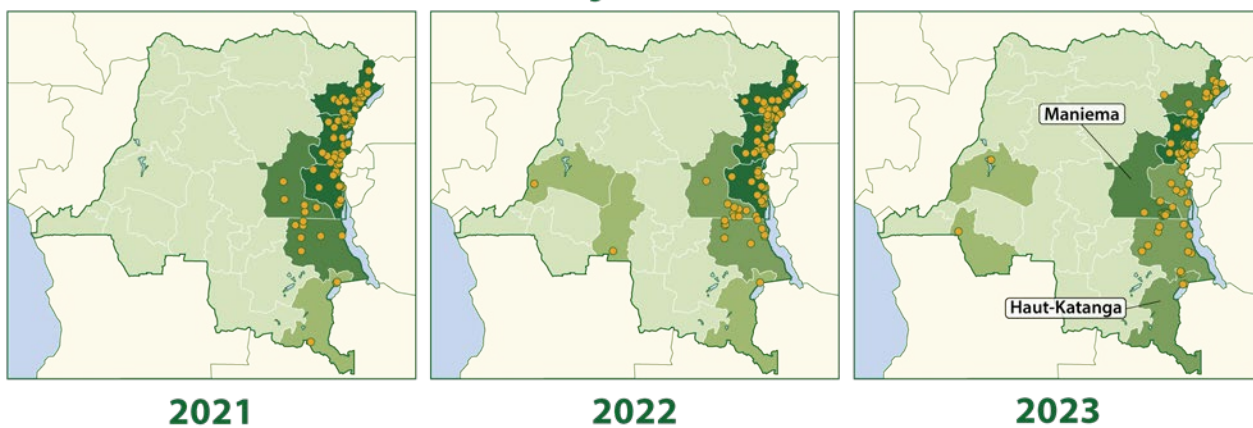
Explosive weapons use

Explosives were used in five attacks on health care in the DRC in 2023. In North Kivu, shelling damaged two hospitals and killed a nurse during fighting between the FARDC and M23 rebels in Rutshuru territory, and rebel Allied Democratic Forces (ADF) fighters planted a homemade bomb inside a health center in Beni territory.[48] In Ituri, a hand grenade was planted at a health center in Bunia city by an unidentified armed group.[49] The psychological impacts of attacks affected staff and patients in profound ways, resulting in a reduced-skilled workforce and barriers to people seeking health care, with wide-ranging consequences for individuals and public health.

Reported incidents in Eastern DRC

Of the 115 incidents of violence against or obstruction of health care recorded in 2023, 108 occurred in eastern DRC in the provinces of Ituri, Maniema, North and South Kivu, and Tanganyika. Over 20% were attributed to the MaiMai militia. The ADF, Cooperative for the Economic Development of Congo (CODECO), Collective of Movements for Change/Self-Defense Force of Congolese People (CMC-FDP), FARDC, M23, Nduma Defense of Congo/Guidon, Résistants patriotes congolais/Force de frappe (Pareco/FF), Twa Ethnic Militia, Union of Revolutionaries for the Defense of the Congolese People, and Union des Patriotes were also frequently named, but not to the same extent. In other attacks, the attackers remained unidentified. These conflict parties killed, kidnapped, injured, and threatened health workers, looted health supplies, and damaged and vandalized health centers.

Democratic Republic of the Congo (DRC)

Reported incidents of explosive weapons use impacting health care in Ituri and North Kivu provinces, DRC, 2023

An unidentified armed group planted a hand grenade at a health center in Bunia city (March).

ADF fighters planted a homemade bomb inside a health center in Beni territory (July).

Shelling damaged two hospitals and killed a nurse during fighting between the FARDC and M23 rebels in Rutshuru territory (January, October, November).

Ituri

North Kivu

Uganda

Rwanda

100km
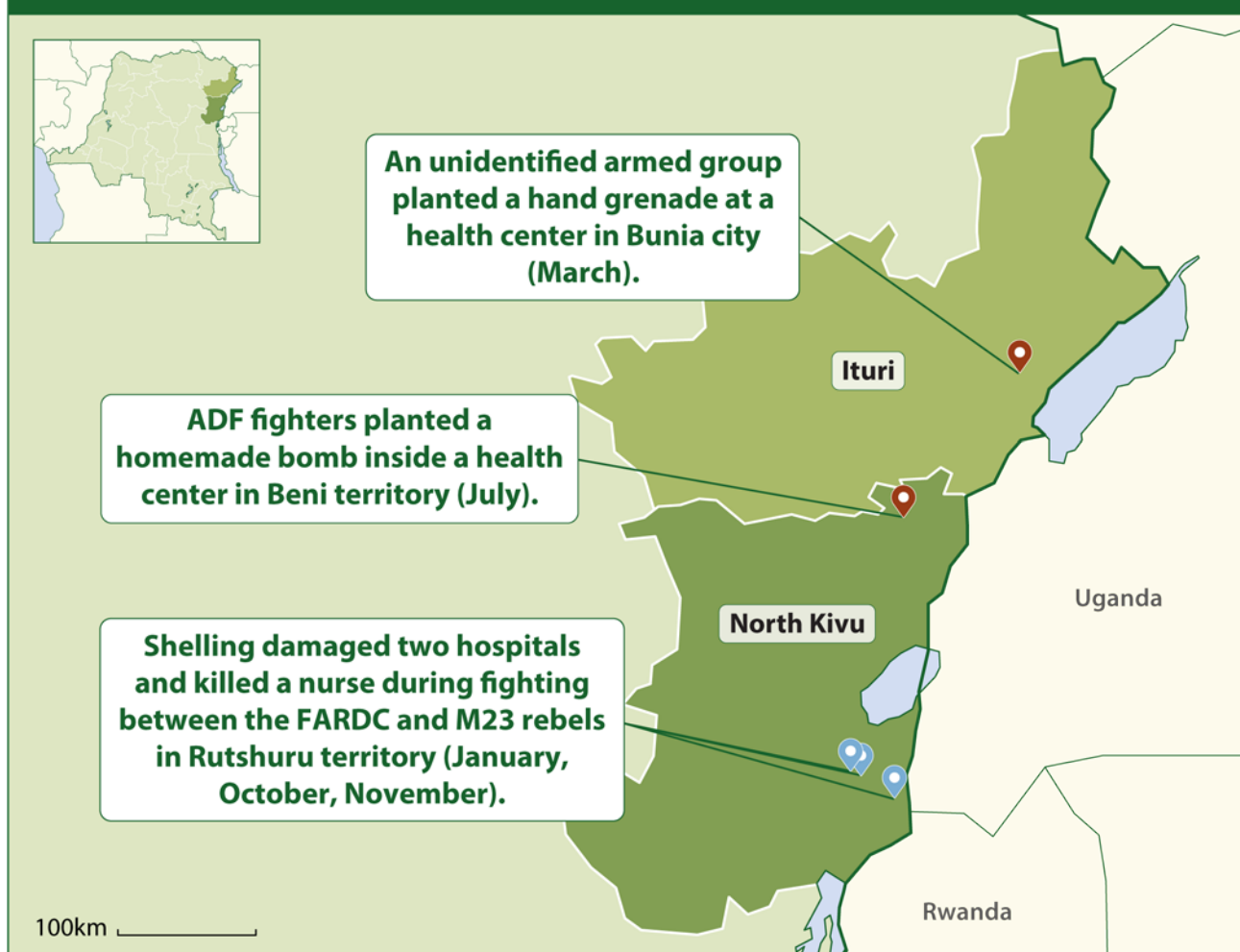
In total, 37 health workers, including 16 nurses, were kidnapped in 20 incidents in eastern DRC in 2023, compared to 50 kidnapped in 30 incidents in 2022. Staff were kidnapped from health facilities, at home, or while they were traveling to or from work, in a pattern that reflects previous years. In most cases, staff were kidnapped on their own or in small groups of up to three. Three staff were beaten and kidnapped and medicine was stolen from a health facility by Pareco/FF in Beni.[50] The exception were 11 medical students kidnapped from a health facility in Beni territory by the ADF.[51] Twenty of the 37 kidnapping victims were released unharmed, while often ransoms were demanded as a condition for their release, suggesting that health workers were targeted for their perceived wealth. The exception was when M23 kidnapped a nurse in North Kivu on accusations that he was collaborating with the CMC and took him to their military camp and executed him.[52] The fates of the remaining staff were not recorded.

Vital medicine, solar panels, and equipment were taken from health centers and pharmacies in eastern DRC at least 32 times in 2023, similar to previous years. In some cases, health facilities were vandalized during lootings, including Birambizo Reference Hospital in Rutshuru, which was looted and vandalized twice on the same day.[53] In most cases, staff were not harmed (with the exceptions of the previously mentioned

three staff members who were kidnapped, eight who were injured, and two who were killed), suggesting that access to health supplies was an important motivation behind these incidents. On at least four occasions, health facilities were looted and then set on fire in North Kivu.[54]

At least 11 health workers in eastern DRC were killed in separate incidents in 2023, one less than in 2022. The ADF, CODECO, CMC-FDP, FARDC, M23, Nduma Defense of Renewed Congo/Guidon, and unidentified attackers were all named as perpetrators. Health worker killings took place at health facilities, during road travel, and inside their homes. In addition to the previously mentioned nurse who was executed by the ADF, five health workers were shot and killed, three fatally stabbed, and one died during a mortar attack. ADF fighters stabbed and killed two of the 11 affected health workers during the looting of medical supplies from hospitals in Ituri and North Kivu.[55]

All other provinces

Five incidents of violence against or obstruction of health care in Haut-Katanga were attributed to Mai Mai Kata Katanga fighters, who kidnapped two health workers and looted health supplies. Mobondo militiamen kidnapped a doctor belonging to the Teke ethnic group in Kwango and a nurse in Mai-Ndombe province, both of whom were later killed.[56]

Democratic Republic of the Congo (DRC)

THE IMPACT OF ATTACKS ON HEALTH CARE

As many as <u>7.4 million people</u> in the DRC were in need of external assistance to access health care in 2023. Insecurity Insight, the International Rescue Committee, the Researching the Impact of Attacks on Healthcare project, and the University of Bukavu carried out a <u>study</u> in three health zones in the Kivus looking at the impacts of three attacks in 2023 on maternal and children's health care services. Using a mixed quantitative and qualitative approach and collecting primary data in January and February 2024, the study documented the following immediate and longer-term impacts on maternal and children's health services.

- **Impact on maternal health services**: Assisted deliveries dropped significantly (e.g. more than 75% in Kirindera, one of the areas studied) for more than three months after the attacks. Even after health facilities were reopened, health care staff and pregnant women were afraid to visit facilities during the night and to spend the night there. Instead, women preferred to travel long distances to give birth in remote health facilities, or to attempt home births with increased risks of complications, suggesting that attacks on health facilities have a strong impact on elective health services.

- **Preventive services** provided during the day were the first services to be offered again after one of the affected health facilities reopened after an attack. However, they were of a poorer quality than before the attack due to reduced availability of micronutrient supplementation, family planning supplies, and preventive treatment for malaria.

- **Impact on under-five-year-olds**: The main recorded impact on children under five included the worsening of their nutritional status. Attacks disrupted nutritional monitoring, and the looting of nutritional supplies left facilities without the inputs required to continue treatment. In all the sites that were visited, some former malnourished children had relapsed after the attacks.

- In one site, **vaccination activities** were severely compromised after the stock of vaccines and the refrigerator used to store them had been destroyed during the attack.

- Overall, a **decline in the quality of care to women and children** was noted by almost all interviewed health staff even months after the affected clinics reopened, following the slow replenishment of stocks and traumatization of the health care workforce. In addition, health facilities in the DRC generally operate largely on a self-financing basis, using money collected from patients to finance their activities. As such, a reduction in use affects the facilities' operating budgets.

- **Drivers of the severity and duration of impact**: The main differences in the severity and duration of the impact of the attacks were driven by the ability of the health authorities and community to respond to an attack, whether the facility was able to stay open or had to temporarily close, and the availability to communities of alternative health services within traveling distance. An attack in Kufulo was part of a larger attack resulting in the displacement of a large part of the community and resulting in the loss of livelihoods. This increased the demand for health services.

- **Coping mechanisms**: Communities coped with the lack of access to health care by traveling to alternative health centers. At one site, community members were forced to visit health staff in the bush, where they had fled after an attack. The use of traditional medicine or self-medication was also commonly reported.

> *In one site, vaccination activities were severely compromised after the stock of vaccines and the refrigerator used to store them had been destroyed during the attack.*

- **Responses prioritized**: In the aftermath of the attacks, health teams, health authorities, and communities provided resources to support the reopening of health facilities and increase access to services. When asked about what was needed to reduce the impact of attacks such as these, community members, affected health personnel, and health authorities prioritized the following interventions:

  - rehabilitate destroyed health care structures;
  - replace looted or damaged medical equipment and ensure that a minimum package of services is available to the population;
  - provide psychological support for health care personnel and the community;
  - improve health care staff remuneration to increase their motivation to return to work under difficult conditions;
  - provide staff with security training;
  - enter into agreements with local police to secure health centers in collaboration with the local community and construct fences around health centers;
  - set up a community alert system in collaboration with law enforcement agencies;
  - raise awareness among the authorities and armed groups of the importance of protecting health centers and guaranteeing access to health care for the local population; and
  - promote community access to health services by providing the affected population with a means of transport to take them to health centers and return them to their homes after receiving treatment.

48 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 45084, 45097; 41051; 45123.

49 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident number 38128.

50 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident number 45098.

51 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident number 40118.

52 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident number 45147.

53 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 37732; 37739.

54 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 36857; 41156; 38077; 45151.

55 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 45153; 38077.

56 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 39617; 42804.

Ethiopia 2022-2023

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KILLED
2023	
14	4
2022	
13	4

Source: 2022-2023 ETH SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 14 incidents of violence against or obstruction of health care in Ethiopia in 2023, 13 in 2022, and 64 in 2021, when the last SHCC Ethiopia country chapter was published.[57] In 2023, at least four health workers were killed. The actual number of incidents and the severity of the problem are likely much greater, because of probable under-reporting. This factsheet is based on the dataset 2022-2023 ETH SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Despite an end to the conflict in Tigray following a cessation of hostilities agreement between the Tigray People's Liberation Front (TPLF) and the Ethiopian central government in November 2022, 2023 saw an escalation of conflict in neighboring Amhara and Oromia regions between the Ethiopian government and regional security forces.

In the Amhara region, violent protests and militia activity escalated following attempts by the government to integrate regional security forces into the national security services. In August 2023, the Ethiopian federal cabinet declared a six-month state of emergency and the Amhara region was placed under military command.

Tensions and fighting in the Oromia region also increased, and in November a third attempt at holding peace talks between the Ethiopian government and the Oromo Liberation Army (OLA) failed.

All parties to the conflict have been accused of human rights abuses, including violence affecting health care. Ongoing conflict and insecurity, internal displacement, telecommunications blackouts, and natural hazards, including floods and drought, all increased humanitarian needs in the country in 2023.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care in 2023 were spread over three regions. Cases tripled in Oromia and doubled in Amhara during armed conflict between Ethiopian government forces and various ethnic militias. This was a change from previous years, when incidents were largely recorded in Tigray during the armed conflict that lasted from November 2020 to November 2022 between the Ethiopian National Defense Force (ENDF) and TPLF. Fewer incidents were documented in Afar in 2022 and 2023.

In 2023, as in previous years, most incidents affected health care providers working in public health structures. Red Cross societies were directly affected on two occasions. A similar number of health workers were killed in 2023 as in 2022. Two health workers were killed in a drone strike in Amhara and two were shot and killed in Oromia.[58] Incidents where health facilities were damaged decreased from 2022 to 2023.

A quarter of the violence against or obstruction of health care in 2023 was attributed to the ENDF. Health workers in Amhara and Oromia faced pressure from government forces, who accused them of treating and/ or affiliating with Fano (an ethno-nationalist Amhara militia) or the OLA. TPLF forces in Afar region were named as perpetrators of violence on two occasions and the OLA in Oromia on one. Fano militia in Amhara region hijacked a convoy loaded with medical supplies on route to Tigray's Mekelle city.[59] In other attacks, the attackers remained unidentified.

Explosive weapons use

Reported incidents where the ENDF used drones armed with explosives impacting health care in Amhara and Tigray regions, Ethiopia, 2021-2023

INGO health worker killed and another injured in a drone strike on civilians (October 2022).

Health worker injured in a double-tap strike while treating victims of a previous attack (September 2022).

Hospital destroyed in ENDF drone and fighter jet air strikes (December 2021).

Vicinity of Mekelle General Hospital hit, causing damage (August 2022).

Ambulance hit and destroyed and three health workers killed and another injured in a drone strike (November 2023).

Korem Hospital hit, killing a health worker and injuring five others (December 2021).

One incident in Amhara impacting health care in 2023 involved explosive weapons use, compared to three incidents in Tigray in 2022.[60] On November 30, 2023 the ENDF carried out two drone strikes in Delanta woreda (district). The first strike around 5:55 p.m. hit an ambulance transporting medicine from Dessie to Delanta, killing an ambulance driver and pharmacist, wounding the head administrator of a hospital, and destroying the ambulance.[61] The second drone strike hit Goshiamba Kebele, not far from the scene of the first incident. Confirmation of the attack was delayed for nearly a week due to communications restrictions imposed by local authorities. During the Tigray war, the ENDF, the only armed drone operator in the country, regularly deployed armed drones against opposition forces, killing hundreds of civilians and destroying vital infrastructure, including hospitals. The psychological impacts of attacks affected staff and patients in profound ways, resulting in a reduced-skilled workforce and barriers to people seeking health care, with wide-ranging consequences for individuals and public health.

Amhara Region

At least six incidents of violence against or obstruction of health care were recorded in Amhara in 2023, compared to three in 2022. Health facilities were raided and burned down, ambulances damaged, health workers threatened and injured, and medical supplies looted. Three of the six incidents were attributed to ENDF forces who, as well as perpetrating the November drone strike, shot and injured a health worker and arrested other health workers at Tibebe Ghion Specialized Hospital in October after accusing them of having ties to Fano militia.[62] Later that month, ENDF soldiers raided the hospital and opened fire on staff before dragging six patients from their beds and executing them.[63]

Fano militia stole the previously mentioned medical supplies, and Amhara regional special police forces and local militia burned down a health center, a mosque, and homes in Jilye Tumuga woreda.[64] Unidentified perpetrators shot at an Ethiopian Red Cross ambulance that was transporting a pregnant woman to a health facility, wounding an ambulance driver and a midwife.[65]

Oromia Region

Six incidents of violence against or obstruction of health care were recorded in Oromia in 2023, compared to two in 2022. Health workers were arrested and shot, and at least one ambulance was set on fire. ENDF forces arrested a doctor on suspicion of collaborating with the OLA and shot and killed a doctor they accused of providing medical treatment to Fano militia.[66] OLA forces burned down a health center during a wider attack on the area.[67] Other attackers shot at an ambulance, killing a health worker; looted beds, equipment, surgical sets, and medicines from a health facility; and set an Ethiopian Red Cross ambulance stationed at Haru District Health Center on fire.[68]

Afar Region

Two incidents of violence against or obstruction of health care were attributed to TPLF forces in Afar. Both incidents took place at health facilities on January 25, 2023, during which the TPLF fired at the INGO ALERT German Hospital and attacked the Bureau of Health, damaging four mobile health team vehicles that were used to treat displaced people.[69]

THE IMPACT OF ATTACKS ON HEALTH CARE

According to the WHO, conflict, drought, and displacement drove widespread malnutrition and disease outbreaks in Tigray and Amhara. In Amhara, ongoing conflict and road blockades resulted in restrictions on movement, impeding patients' access to health facilities and disrupting supply chains, which contributed

to a shortage of medical supplies in the region. These disruptions led to some <u>health facilities providing partial services</u> due to lack of medical supplies, while one hospital reported being <u>unable to obtain blood supplies</u> due to road closures, making it difficult for health care workers to treat patients. Road blockades made it harder to move medical supplies and medication from major cities to other areas, resulting in broader impacts on the population and the health care system in the affected areas. Road blockades also prevented ambulances from reaching patients or health centers, and health workers faced intimidation and threats during these obstructions.[70]

Violence and insecurity impacted health facilities, with <u>Finote Selam Hospital</u> in Amhara region ceasing its operations in September 2023 as a result of high levels of violence and insecurity in the area. Health workers at the hospital reported facing pressure from government forces, who accused them of treating Fano militants.[71]
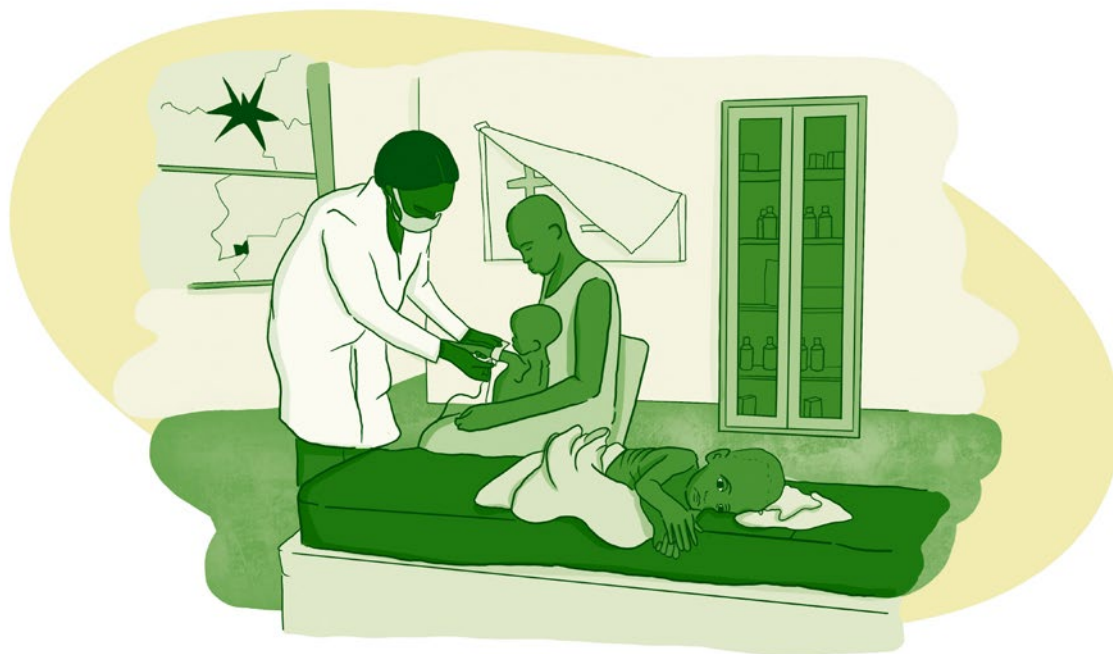
In the Oromia region, patients were <u>unable to receive urgent care</u> due to the minimal functioning of health facilities and lack of medical supplies following widespread looting of or damage to health infrastructure. Violence against health care affected the country's ability to cope with public health emergencies, particularly in regions most affected by conflict. Ethiopia was experiencing a <u>prolonged cholera outbreak</u> that began in August 2022. Both Amhara and Oromia reported some of the highest numbers of cases; however, due to <u>communications challenges</u> caused primarily by internet blackouts, it was difficult to collect proper disease data, and figures were likely to be an underestimate. Additionally, conflict and instability made it difficult for cholera response activities to be implemented, contributing to the further spread of the disease. The regions were also dealing with outbreaks of <u>malaria, measles, and dengue fever</u>, which placed additional strain on an already struggling health care system.

As a result of the strain placed on the health care system due to trauma-related injuries and increasing cases of communicable diseases, the country's public health system was overstretched and struggling to cope. As a result, some patients were being sent to private pharmacies, which had reportedly been over-charging for medication, leaving the local communities unable to access medication.[72]

Although the conflict in Tigray had ended, the scale of destruction continued to have a massive impact on the health system. Health facilities were still reporting shortages of medication, or that obtaining supplies had taken some time.[73] Additionally, women and girls who had suffered widespread conflict-related sexual violence were still coping with underaddressed health needs, since many damaged health facilities remained unrepaired or non-operational, primarily due to the widespread looting and destruction of health facilities.

> *In Amhara, ongoing conflict and road blockades resulted in restrictions on movement, impeding patients' access to health facilities and disrupting supply chains, which contributed to a shortage of medical supplies in the region.*

57   The SHCC report contains a country chapter when at least 15 incidents of violence against health care were reported in one calendar year or at least 30 incidents over multiple years. The reported incidents from Ethiopia were included in the total figures for past years, but because the SHCC report did not list these incidents individually in 2022, the recorded incidents are listed here.

58   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident numbers 39622; 42805; 39618.

59   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident number 38307.

60   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident numbers 42805; 35100; 34853; 34565.

61   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident number 42805.

62   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident number 44615.

63   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident number 42013.

64   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident number 39136.

65   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident number 38478.

66   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident number 38757.

67   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident number 42168.

68   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident numbers 39618; 44618; 44617.

69   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident numbers 36184; 36185.

70   Key Informant Interview (28th March 2024).

71   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ETH SHCC Health Care Data. Incident number 44615.

72   Key Informant Interview (28 March 2024).

73   Key Informant Interview (28 March 2024).

Haiti 2022-2023

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED	INCIDENTS WHERE HEALTH FACILITIES WERE RAIDED
2023		
40	33	8
2022		
9	10	9

Source: 2022-2023 HTI SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 40 incidents of violence against or obstruction of health care in Haiti in 2023 and nine in 2022, compared to 15 in 2021, when the last SHCC report chapter on Haiti was published.[74] In these 40 incidents, at least 33 health workers were kidnapped and health facilities were forcibly entered on eight separate occasions. This factsheet is based on the dataset 2022-2023 HTI SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Following the assassination of President Jovenel Moïse in 2021, violence rapidly increased in Haiti, primarily in and around Port-au-Prince, as criminal gangs and vigilante groups vied for control over certain areas, with direct impacts on health care. According to the Armed Conflict Location & Event Data Project, in 2023 the number of gangs actively contributing to violence doubled and there was a 60% increase in violence perpetrated by gangs compared to 2021. By the end of 2023, around 80% of Port-au-Prince was controlled by gangs, while violence began to spread to other departments, such as Artibonite.

Kidnappings increased in Port-au-Prince at the start of 2023 after police forces suspended services in certain parts of the city in protest over their limited resources for tackling violence, forcing some hospitals to suspend their operations due to a risk of further insecurity in the area. Fighting between gangs affiliated with G9 and G-Pèp coalitions increased and spread to new areas, which forced civilians to form self-defense groups in an attempt to tackle the gang violence, further contributing to increasing insecurity.

Haiti 2022-2023

According to UNICEF, by the end of 2023 around 5.5 million people were estimated to need humanitarian assistance and faced difficulties accessing basic necessities, including health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care more than quadrupled in Haiti from 2022 to 2023, reflecting the wider deterioration in security in the country over this period. More than three-quarters of incidents took place in Ouest department, particularly Port-au-Prince arrondissement, following a pattern that reflects the geographic concentration of incidents in previous years. New cases were recorded in Artibonite, Centre, and Nord departments in 2023.

Known locations of reported incidents affecting health care in Haiti, 2021-2023

Incidents more than quadrupled between 2022 and 2023. Most took place in Port-au-Prince arrondissement, as in previous years. New cases were recorded in Artibonite, Centre and Nord in 2023.

2021   2022   2023
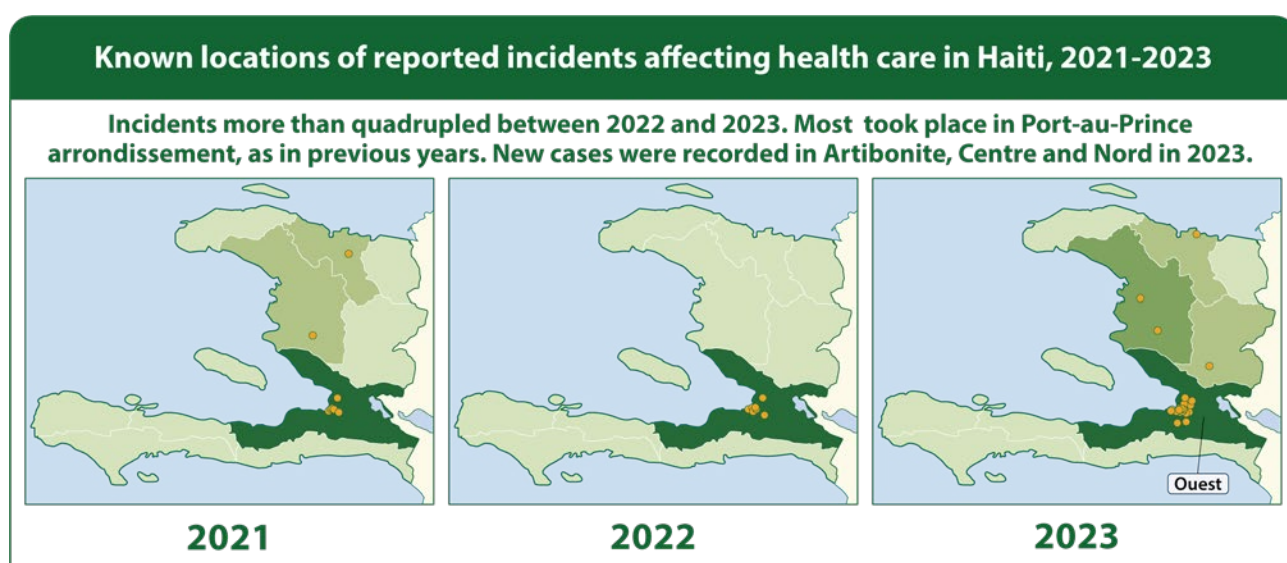
Health worker kidnappings increased in 2023, with most affecting staff working for the national health structure in Port-au-Prince arrondissement, Ouest. Hospital raids and invasions directly affected NGOs and were more widely dispersed in Artibonite, Centre, Nord, and wider Ouest.

Most incidents of violence against or obstruction of health care were attributed to gang members or unidentified men with guns. In March 2023, 400 Mawozo gang members kidnapped a doctor from his private clinic in Port-au-Prince and invaded Justinien Hospital in Cap-Haitien, Nord department.[75] For the first time since the SHCC began monitoring the situation in Haiti, Kokorat San Ras gang members were named as perpetrators of violence against health care in the country in 2023. During the incident, Kokorat San Ras gang members kidnapped a nurse for ransom in Artibonite in December.[76] In February, four incidents involved Haitian police officers in Port-au-Prince arrondissement searching NGO-supported hospitals in Tabarre and Turgeau, and NGO ambulances in Delmas and Tabarre.[77]

> *As a result of the insecurity, only 4% of the population in Cité Soleil neighborhood made use of public health infrastructure.*

Haiti 2022-2023

Reported incidents affecting health care in Haiti, 2023

Health worker kidnappings were mostly reported in Port-au-Prince arrondissement. Hospital invasions were recorded in Artibonite, Centre, Nord, and wider Ouest.

Health worker kidnapping incident (27)
Incident where a health facility was invaded (8)

20km
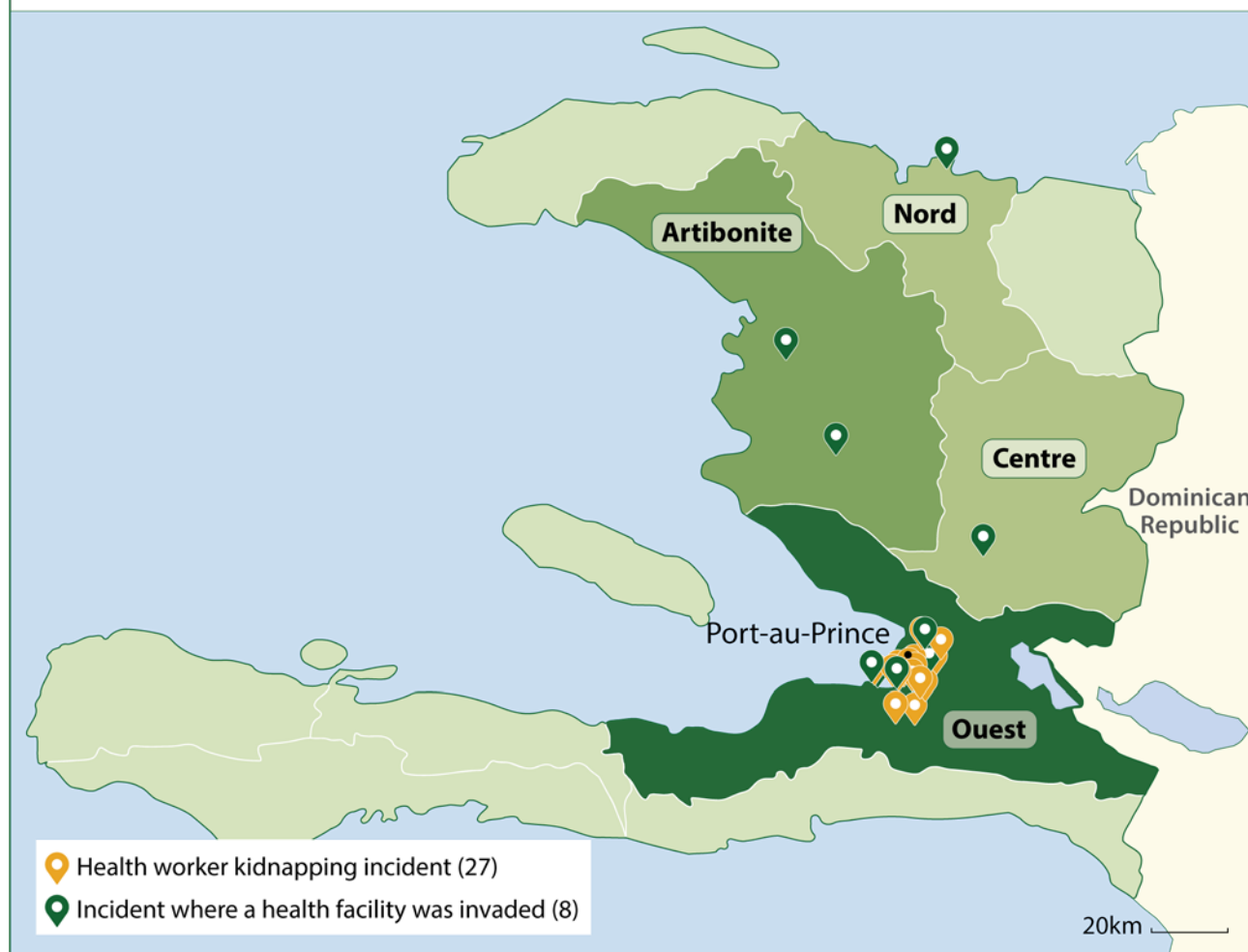
Health workers kidnapped

In total, 33 health workers were kidnapped in 27 incidents in 2023, compared to ten in five incidents in 2022. Most kidnappings took place in Port-au-Prince arrondissement, with one in Artibonite involving the previously mentioned nurse and another in Croix des Bouquet, Ouest department.[78] Staff were kidnapped outside a hospital, at home, or as they traveled to or from work, a pattern that reflected previous years. Most kidnapped staff worked for the national health structure and four were employed by an NGO. Twenty-one of the 33 kidnapped heath workers were doctors, including an epidemiologist, a gynecologist, and a urologist. Twenty-two were male and six female.[79] Most kidnapped staff were released unharmed after one to 13 days, and often ransoms were demanded as a condition for their release, suggesting that health workers were targeted for their perceived wealth. The exceptions were two incidents in Petionville, where a kidnapped doctor was killed by gang members in February and a doctor was shot resisting abduction by gang members in April.[80] The fates of the remaining staff were not recorded.

Health facilities attacked

NGO-supported health facilities were attacked by gang members or unidentified men armed with guns at least eight times in 2023, compared to one in 2022. Among the hospitals forcefully entered in 2023 were Justinien Hospital (Nord), Mirebalais Hospital (Centre), Raoul Pierre Louis Hospital (Ouest), and Tabarre Hospital (Ouest).[81] Often medical services were temporarily suspended in response to these attacks. Two patients were kidnapped by gang members who attacked hospitals in Port-au-Prince's Carrefour and Tabarre neighborhoods.[82] In Carrefour, the patient was dragged from Raoul Pierre Louis Hospital's emergency department, taken outside, and shot dead.[83] In other incidents, a hospital was hit by gunfire during fighting between rival gangs in March in Cité Soleil, Port-au-Prince. A 70-year-old man was shot as he crossed the street to access the hospital. In response, the facility was temporarily closed.[84]

THE IMPACT OF ATTACKS ON HEALTH CARE

With about 300 gangs active across Haiti and most of the capital under gang control, health facilities and health workers increasingly found themselves on the front lines of the conflict, operating in a very complex and insecure environment. Humanitarian organizations and health workers were often required to coordinate with multiple gangs to be able to deliver aid and access communities. Often health workers were unable to reach certain areas or had to stop operating in specific areas due to heightening insecurity. In October 2023, the Haitian Red Cross reported that it had been forced to limit its ambulance services to certain localities in the capital as a result of increasing insecurity and limited financial, material, and human resources to maintain its activities. Additionally, communities were also restricted to their neighborhood and were unable to cross into territories controlled by other gangs, making access to health care increasingly difficult.

Many health facilities were forced to suspend operations due to high levels of insecurity in the area, placing both health workers and patients at risk. In Cité Soleil neighborhood, an area heavily affected by violence in the past years, by March 2023 only one private hospital and one Médecins Sans Frontières (MSF) clinic were still open after MSF was forced to temporarily close its clinic in the area on March 8 due to the "intolerable risks" of increasing gang violence. As a result of the insecurity, only 4% of the population in this neighborhood made use of public health infrastructure.

Communities in Haiti, including communities of health workers, were very exposed to violence. According to a survey carried out by MSF, 14.5% of correspondents living in Cité Solei had witnessed extreme violence, including murders or lynchings in the streets. Health workers were forced to witness violence in their day-to-day lives and faced almost daily threats of kidnappings, roadblocks, and verbal and armed attacks, placing a huge strain on their mental health that is likely to have long-lasting effects. Mental health services for the community, including health care workers, are inadequate to handle the increasing mental health needs of the population.

74 The SHCC report contains a country chapter when at least 15 incidents of violence against health care were reported in one calendar year or at least 30 incidents were reported over multiple years. The reported incidents from Haiti were included in the total figures for the past years, but because the SHCC report did not list these incidents individually in 2022, the recorded incidents are listed here.

75 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 HTI SHCC Health Care Data. Incident numbers 38343; 38342.

76 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 HTI SHCC Health Care Data. Incident number 42853.

77 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 HTI SHCC Health Care Data. Incident numbers 41503; 41502; 41500, 44970.

78 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 HTI SHCC Health Care Data. Incident number 44981.

79 The profession and gender of the remaining staff were not recorded.

80 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 HTI SHCC Health Care Data. Incident numbers 38017; 38499.

81 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 HTI SHCC Health Care Data. Incident numbers 38342; 42161; 42161; 37174; 38289.

82 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 HTI SHCC Health Care Data. Incident numbers 37174.39852.

83 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 HTI SHCC Health Care Data. Incident number 37174.

84 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 HTI SHCC Health Care Data. Incident number 38289.

India (Manipur state only)

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

24	**7**	**6**
REPORTED INCIDENTS	**INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED**	**INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED**

Source: 2023 IND SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 24 incidents of violence against or obstruction of health care in India's Manipur state in 2023. In these incidents, health supplies were looted at least seven times and health facilities damaged or destroyed on six occasions. This factsheet is based on the dataset 2023 IND SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

On May 3, 2023 violence broke out between the Meitei and Kuki-Zomi ethnic groups in Churachandpur town in northeast India's Manipur state. Around 219 people were killed, thousands injured, and more than 60,000 displaced and living in relief camps. Incidents of sexual violence were also reported. The state government was unable to curb the violence and as a result "Manipur is now divided into ethnic zones" by human-made borders, with the Meiteis in Imphal valley and the Kuki-Zomis in the hills. Divisions between these ethnic groups have become deep-rooted and ethnic armed groups have been revitalized.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

At least 24 incidents of violence against or obstruction of health care were reported between May and November 2023. Nearly a third of incidents were recorded in May, after violence erupted between the Meitei and Kuki-Zomi ethnic groups. Half of the incidents were attributed to individuals from the Meitei ethnic group. Other named perpetrators included individuals from the Kuki-Zomi and Meira Paibi ethnic groups and police. In other attacks, the attackers remained unidentified.

India (Manipur state only)

Violence against health care in Manipur state, 2023

Conflicts in which violence against health care becomes a consistent pattern, frequently starts with extreme levels of violence against the health system.
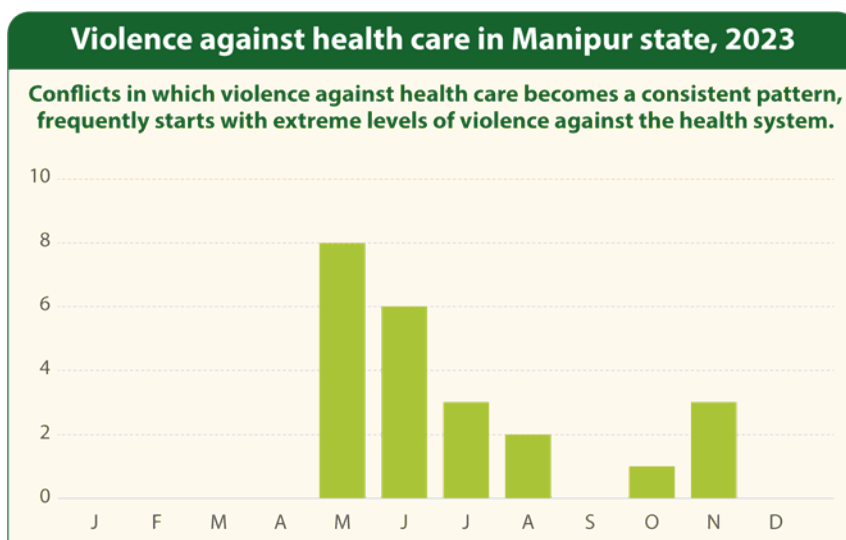
Health supplies looted

Vital medical supplies were looted on at least seven occasions. Most lootings took place at health facilities, with one involving a health vehicle transporting immunization vaccines for children under ten years of age being looted by a Meitei and Meira Paibi mob in August.[85] Four lootings took place on May 4, during which a gynecology clinic was looted by a Meitei mob who were protected by the Manipur police, a diagnostic center was looted and destroyed by a Meira Paibi mob, a hospital was ransacked and looted by a Meitei mob, and a clinic was looted and destroyed by a Kuki-Zomi mob.[86]

Health facilities destroyed

Six incidents recorded health facilities being damaged or destroyed. Most damage occurred during lootings. One of the only facilities for the rehabilitation of women drug addicts in Churachandpur town was burned down by a Meitei mob, and a bomb of unidentified origin exploded at the office of a chief medical officer in Senapati, partially destroying an immunization center and malaria prevention center.[87]

Health workers killed, kidnapped, assaulted, and threatened

At least two health workers were killed in Manipur state in 2023, including a male NGO ambulance driver who was beaten and hacked to death by a Meitei mob while transporting around seven passengers from Imphal to Lamka on May 3.[88] The incident took place in front of Moirang police station, but police reportedly did not intervene in the brutal attack. The next day, a nursing student was beaten until she lost consciousness by a female-led Meitei mob inside the campus of Nightingale Nursing Institute.[89] According to witnesses, the perpetrators shouted "rape her, kill her, burn her" during the brutal attack. A female nurse was briefly kidnapped on her way to work at Nongpok Sekmai Primary Health Center in the morning of July 16.[90] She was rescued on the same day by police.

Obstruction to health care

At least six incidents involved obstructions to health care. Five were attributed to a Meitei mob blocking highways and preventing vital medicine from reaching people in need between June and July. The Committee on Tribal Unity reimposed a blockade on the crucial Dimapur-Imphal National Highway 2 in protest against the national government's alleged failure to ensure the availability of essentials in the hills and to protect the Kuki-Zomi community following the killing of three Kuki villagers.[91]

India (Manipur state only)

Reported incidents incidents affecting health care in Manipur State, 2023

Ethnic violence included attacks on a gynecological center and a health vehicle transporting immunization vaccines for children.
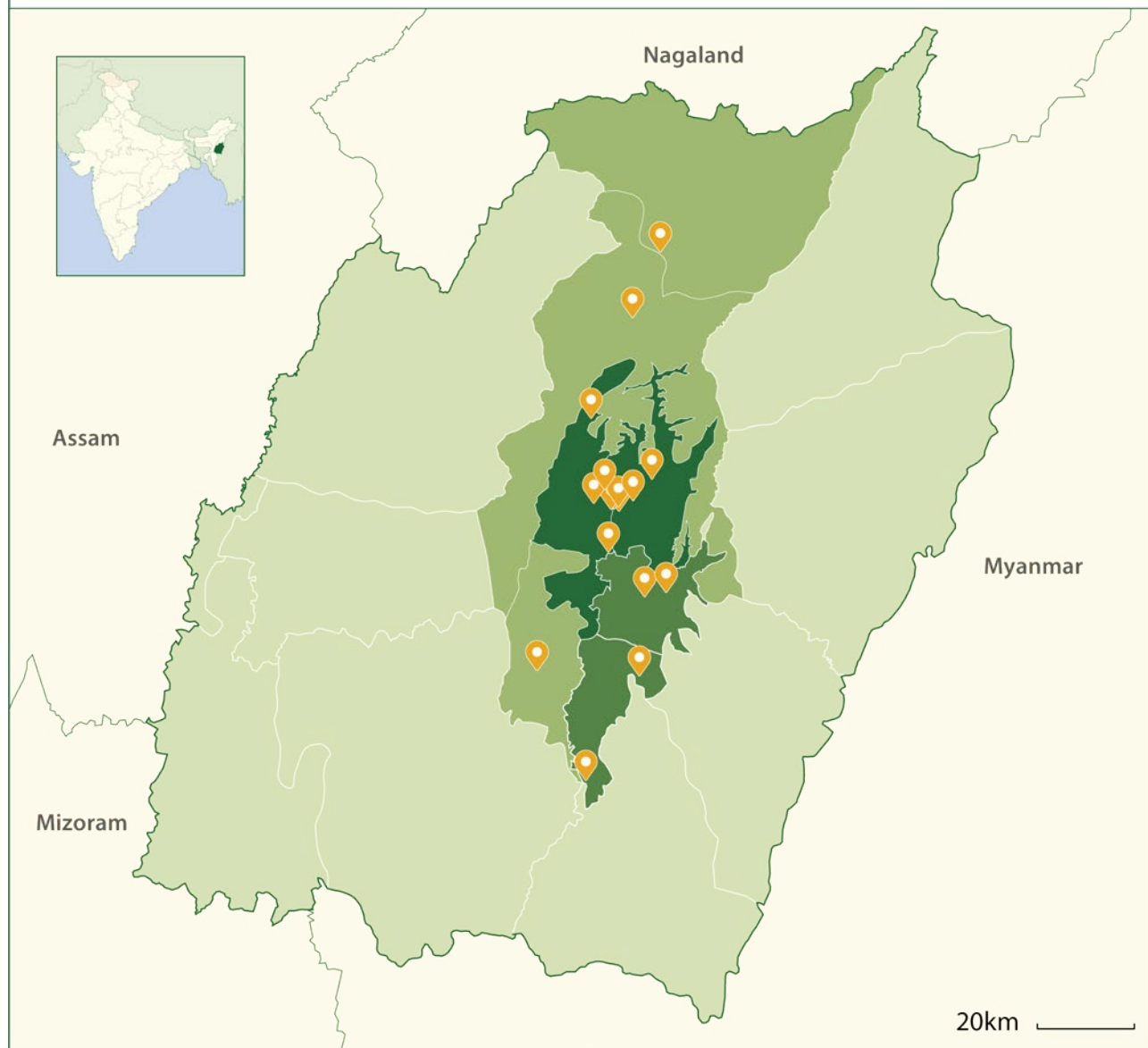
THE IMPACT OF ATTACKS ON HEALTH CARE

The human-made borders separating the two communities, which are patrolled by the Indian Armed Forces, the Border Security Force, the Assam Rifles, the Central Reserve Police Force, and armed volunteers from both sides, have made it impossible for either community to cross into the other's area. This has impacted communities' ability to access health care, particularly since tertiary government hospitals and top private hospitals in the state are located in Imphal city, which is inaccessible to the Kuki-Zomis. As a result, Kuki-Zomi civilians who had been receiving treatment in Imphal no longer had access to such treatment.

In Churachandpur town (which is Kuki-Zomi majority) there was only one district hospital, and the remaining private hospitals did not have an intensive care unit or specialized doctors, placing a greater burden on the district hospital. Patients needing specialized care were required to travel to neighboring states, with some journeys taking over 12 hours. However, not all patients were able to afford to travel for such treatment, with some patients foregoing treatment since it was not financially viable. The district hospital in Churachandpur also faced a shortage of resources, particularly since supply chains, including the transportation of medicines from Imphal to the Manipur hills, were impeded due to fighting and insecurity. A doctor working in the district hospital's surgery department reported that as a result of a shortages of medicine and equipment, elective surgeries were suspended.

Doctors and health care workers were also impacted by the violence. In Churachandpur town at least 13 Meitei doctors were moved to other locations where their community was predominant. As a result, the hospital was understaffed.

85   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 IND SHCC Health Care Data. Incident number 45897.
86   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 IND SHCC Health Care Data. Incident numbers 45753; 45754; 45755; 45752.
87   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 IND SHCC Health Care Data. Incident numbers 45782; 45952.
88   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 IND SHCC Health Care Data. Incident number 45749.
89   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 IND SHCC Health Care Data. Incident number 45751.
90   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 IND SHCC Health Care Data. Incident number 45896.
91   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 IND SHCC Health Care Data. Incident number 45831.

Israel

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

33	**22**
REPORTED INCIDENTS	**HEALTH WORKERS KILLED**

↓ *Source: 2023 SHCC Health Care Israel Data*

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 33 incidents of violence against or obstruction of health care in Israel in 2023. In these incidents, at least 22 health workers were killed. This factsheet is based on the dataset 2023 ISR SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

On the morning of October 7, 2023, Hamas fighters, together with various other armed groups and armed individuals from Gaza, crossed into Israel and attacked "kibbutzim" communities and army bases along Israel's southern border with the Gaza Strip. The attack lasted many hours and included the forced entry into homes, community buildings, and shelters and the deliberate killing of almost 1,200 women, children, and men, most of whom were civilians. The fighters kidnapped more than 240 people and took them as hostages into Gaza. Israelis living in southern Israel close to the Gaza Strip were used to sirens warning of attacks and rocket fire from Palestinian armed groups in Gaza; however, the Israeli authorities were caught off guard by the scale of the October 7 attack, and survivors spent hours without water, electricity, or food while in hiding.

The Supernova Sukkot Gathering in Re'im district (an open-air music festival) and Kibbutz Be'eri close to the festival's location were most affected, with 364 festival goers and about 100 kibbutz residents being killed. In response to the attack, the Israel Defense Forces (IDF) launched Operation Swords of Iron involving intense aerial bombing campaigns and ground operations in the Gaza Strip, which is covered in the section on the occupied Palestinian territories in this report.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care were spread over three Israeli districts, with the majority taking place in the South district and one each in Negev and Re'im. Most incidents affected Magen David Adom (MDA, Israel's emergency, medical, and disaster service equivalent to the Red Cross) staff

members/volunteers, with one reported incident directly affecting an INGO and two incidents affecting private health care organizations.

The majority of cases involved health workers being shot at, while five reports of explosive weapons use were recorded in the South district. A missile strike injured an Indian nurse; rockets hit and damaged Barzilai Medical Center in the southern city of Ashkelon on three occasions, including a maternity ward; and a male local NGO volunteer was killed by shrapnel from an Israeli tank shell that hit the house where he, his wife, and 12 other hostages were being held.[92] Two female and one male MDA volunteers were killed separately while actively fighting Hamas militants as part of Operation Swords of Iron.[93]

Known locations of reported incidents affecting health care in Israel, 2023

Barzilai Medical Centre in Ashkelon was damaged three times.

22 health workers were killed, five injured, and five kidnapped between October 7 and 16, 2023.

Five health workers were kidnapped from three kibbutzim.
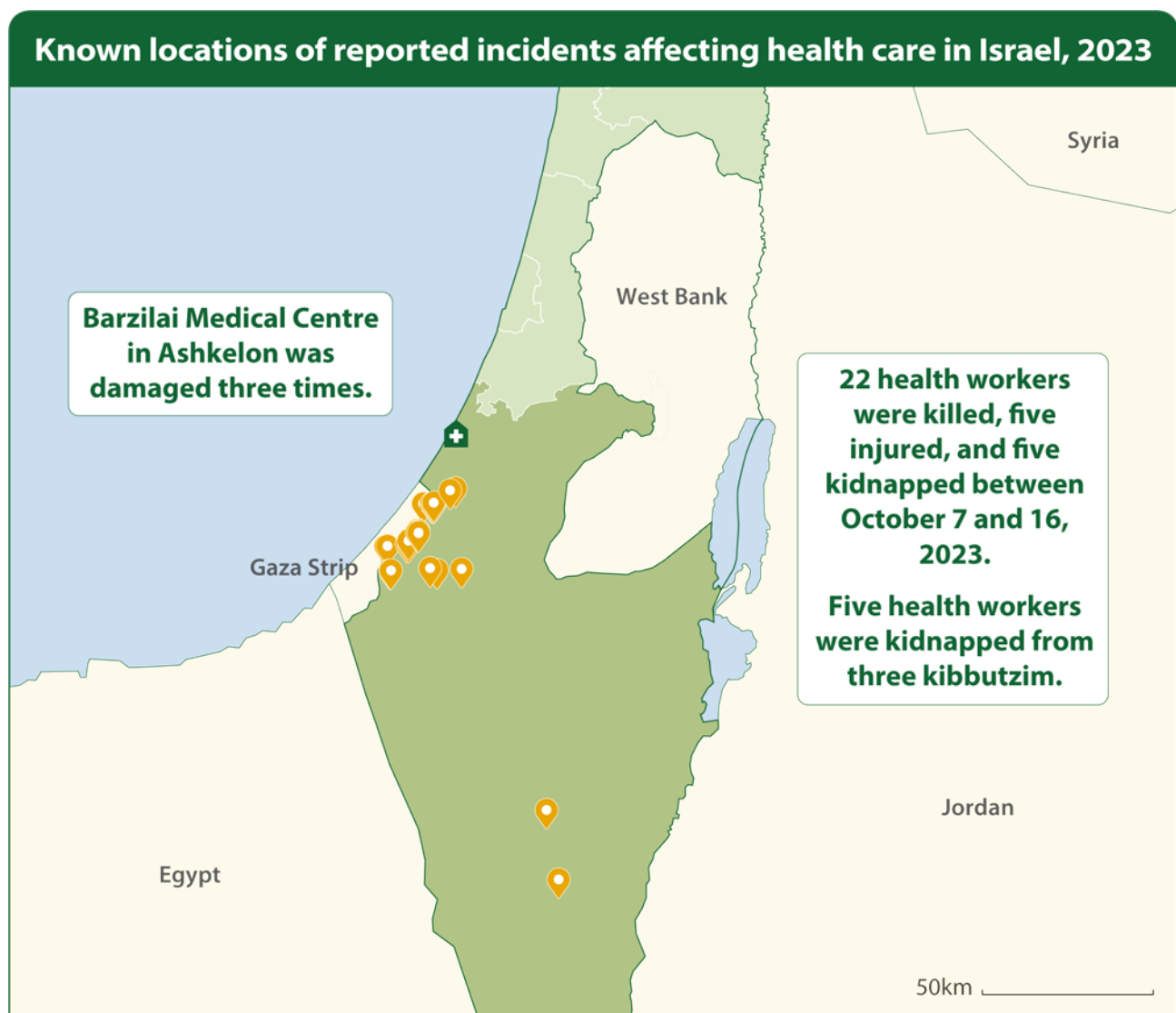
Health workers killed, injured, and kidnapped

In total, 22 health workers were killed, five injured, and five kidnapped between October 7 and 16, 2023. Eighteen were male and 13 female.[94] At least 22 health workers, including volunteer paramedics, a nurse, a Peruvian-Israeli doctor, and a Canadian medic, were killed in 21 incidents. A female international NGO health worker was kidnapped and five other health workers were killed in the attack on Kibbutz Be'eri in

the South district. Four were killed while providing care to injured people, including a medic and a doctor who were shot and killed inside a clinic.[95] Two male health workers were killed while providing medical care to people injured in the Supernova Sukkot Gathering/Re'im music festival attack, including a former Canadian-Israeli military medic and an off-duty paramedic who was shot and killed by Hamas while he was bandaging a wounded person.[96] After he was killed, his ambulance was taken and driven into the Gaza Strip.[97] Another paramedic was shot and killed as he was traveling in an ambulance to Ofakim town, South district, to treat injured people.[98]

At least five health workers were kidnapped from three kibbutzim. Three out of the five were employed by the charity group Road to Recovery. A former INGO staff member and an MDA volunteer paramedic who was abducted together with his wife and two daughters from Kibbutz Nachal were taken into the Gaza Strip.[99] On November 27, his wife and daughters were released as part of a temporary ceasefire deal. On December 1, Israeli forces confirmed his death while in captivity.[100] A husband and wife who were both Road to Recovery volunteers were kidnapped by Hamas fighters.[101] The wife was released on October 23, 2023.[102] Another Road to Recovery volunteer was kidnapped and later appeared in a Hamas video.[103] The fates of the remaining staff were not recorded.

THE IMPACT OF ATTACKS ON HEALTH CARE

Throughout October, thousands of rockets and mortars were fired at Israel from the Gaza Strip. Israel's Iron Dome air defense system intercepted approximately 2,000 rockets, while others landed in open areas or struck civilian sites. Consequently, due to the persistent threat of rocket fire, two medical centers in southern Israel that treated most casualties during the first days of the conflict were forced to relocate some of their wards to more sheltered areas or to underground complexes. These medical centers, along with a third in Ashdod, provided health care to people in southern Israel. In Tel Aviv, a medical center moved one of its departments to its emergency underground facility as a precaution against potential missile attacks from Iran.[104]

Following the October 7 attacks, there has been a surge in cases of post-traumatic stress disorder (PTSD), depression, and anxiety in Israel, with one in three Israelis reporting symptoms of PTSD. According to the IDF, in the first four weeks after the October 7 attacks there was an increase in soldiers and reservists seeking assistance from the IDF mental health hotline, which was set up immediately at the start of the conflict. Front line and emergency workers who attended to the victims of the attacks and who themselves or their families were personally affected by the attacks could be at a heightened risk of developing symptoms of PTSD.

Some communities near the Gaza Strip had developed friendly relations with individuals from Gaza, some of whom worked in their kibbutzim. Road to Recovery frequently drove Palestinians needing medical care from the Erez border crossing with Gaza to receive treatment at Israeli hospitals. During the October 7 attacks, four of the charities' volunteers were killed and three were taken hostage into Gaza. Although some members of the group have expressed their intention to continue their work and their work has continued in the West Bank, others have stopped or decided to focus on other aid activities inside Israel. Donations to the charity group have also reportedly slowed, with direct consequences for patients.

92 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident numbers 40982; 40978; 44760; 44761; 45130.

93 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident numbers 41594; 41599; 41593.

94 The gender of one staff member was not recorded.

95 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident number 41576.

96 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident numbers 43878; 41578.

97 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident number 41578.

98 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident number 40979.

99 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident number 44680.

100 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident number 44680.

101 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident number 45131.

102 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident number 45131.

103 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident number 45132.

104 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 ISR SHCC Health Care Data. Incident number 41126.

Mali

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

41
REPORTED INCIDENTS

29
HEALTH WORKERS KIDNAPPED

Source: 2023 MLI SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 41 incidents of violence against or obstruction of health care in Mali in 2023, compared to 51 in 2022. At least 29 health workers were kidnapped in these incidents. This factsheet is based on the dataset 2023 MLI SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

The situation in Mali continued to deteriorate in 2023 as conflict and insecurity intensified in northern Gao and Mopti regions bordering northwest Burkina Faso (both areas of increasing armed conflict), as well as central Tombouctou. The UN peacekeeping force, MINUSMA, was ordered to leave the country in June, leaving communities in these regions at further risk as fighting increased towards the end of the year.

According to the Armed Conflict Location & Event Data Project, there was a 38% increase in violence against civilians in 2023 compared to the previous year, with incidents remaining high in northern Mali. Here Jama'a Nusrat ul-Islam wa al-Muslimin (JNIM) and the non-state group Islamic State in Sahel (EIS), the Malian Armed Forces (FAMa), and the Russian-government-linked Africa Corps (formerly Wagner Group) private military company (which sent 1,000 mercenaries to support the junta) are in armed conflict.[105] All parties have been accused of human rights abuses and violence against civilians, including attacks on and threats to health care.

Humanitarian needs remained high, with an estimated 32% of the population in need of assistance and protection. Access to humanitarian assistance was challenging, and heightened conflict and insecurity restricted communities' access to health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care were recorded throughout 2023 in eight of Mali's regions. High numbers continued to be documented in Gao, Mopti, and Tombouctou, a pattern that reflects the geographic concentration of incidents in previous years. Incidents were also recorded in Kidal, Koulikoro, Menaka, Ségou, and Sikasso regions in 2023.

Mali

Known locations of reported incidents affecting health care in Mali, 2021-2023

High numbers continued to be documented in Gao, Mopti, and Tombouctou bordering north-western Burkina Faso in 2023.

2021   **2022**   **2023**
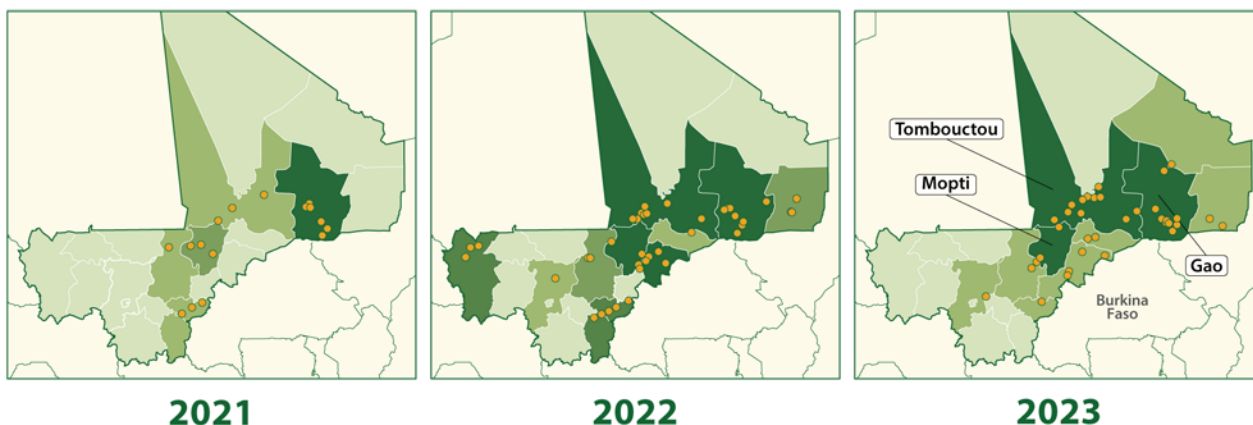
Note: The boundaries in these maps reflect 2023 districts.

High incident numbers were attributed to JNIM fighters armed with guns in all eight regions except Kidal, reflecting the group's presence across large areas of the country. EIS was named as perpetrator on five occasions, an increase from three in 2022. Eight incidents were linked to Africa Corps in Gao, Mopti, and Tombouctou, a sharp increase from two in 2022, suggesting the group's growing presence in Mali's conflict-affected regions. Four of these eight incidents involving Africa Corps were part of a joint force with FAMa, with one together with the Imghad Tuareg Self-Defense Group and Allies militia. This is the first time SHCC had reported an attack on health care by this Gao-based pro-government militia group, which killed two volunteer health workers from the Idourfane community in an attack on civilians in Gao in January.[106] FAMa troops arrested a health worker and five other civilians in Kidal for unspecified reasons and searched the home of a health worker in Gao during a wider security operation.[107] In other attacks, the attackers remained unidentified.

As in previous years, most incidents affected health care providers working in national health structures. NGOs were directly affected in two incidents, and one each affected the United Nations and Red Cross. Half of all incidents occurred while staff were traveling to provide medical care to remote areas.

The majority of cases involved health worker kidnappings and killings, similar to previous years. Health centers were raided, set ablaze, and vandalized on five occasions by FAMa, JNIM, and Africa Corps in Gao, Mopti, and Tombouctou. The actual figure was likely higher and the severity of the problem was likely much greater, because many incidents went unreported.

Health workers kidnapped and killed

At least 29 health workers were kidnapped in 18 incidents in 2023, compared to 26 in 11 incidents in 2022. Most kidnappings were attributed to JNIM fighters, with two attributed to EIS in Menaka.[108] Kidnappings took place while staff traveled to provide medical care to remote areas, although one health worker was seized from their home in Tombouctou.[109] Often the ambulance or vehicle they were in was hijacked, and staff were later released unharmed. Sometimes ransoms were demanded as a condition for their release, suggesting that health workers were targeted for their perceived wealth. Twelve of the 29 kidnapping victims were released within 24 hours. The fates of the remaining staff were not recorded.

Mali

Six health workers were shot and killed in five incidents in 2023, the same as in 2022. Four, including the previously mentioned two health volunteers in Gao, an ambulance driver, and a health center manager, were killed in attacks involving Africa Corps.[110] A nurse and a health center manager were killed in separate EIS attacks in Ansongo cercle (administrative subdivision) in Gao.[111]

THE IMPACT OF ATTACKS ON HEALTH CARE

Mali faces a variety of health challenges, including high maternal and child mortality rates, which are further exacerbated by persistent conflict and insecurity. According to a Malian Ministry of Health survey, approximately 8.8% of the population reside over 15 kilometers from a health center. Access to health care is even more limited in conflict-affected areas. According to a midwife working in a hospital in Mopti region, women often come to the hospital to give birth "as a last resort," primarily due to the difficult and dangerous journey to reach a hospital from rural areas, and there are reports of some patients reportedly not managing to reach hospitals safely. Ambulances transporting patients are often held up on the way to a hospital, increasing journey times, and some areas are not accessible to health workers or NGOs.

Mali faces a chronic shortage of health workers, with an estimated one doctor per 10,000 people. Attacks on health workers further exacerbates this shortage and has left certain areas without an adequate number of trained staff. In November 2023, Médecins Sans Frontières was forced to evacuate its teams in two towns in the Ségou region because it was unable to secure its staff's safety. After this evacuation, health care was no longer available in Nampalari rural commune.

Some areas under the control of non-state armed groups experienced partial or total blockades, including Tombouctou city, which was seized by JNIM in August. The blockades prevented goods and basic necessities from entering by road, river, and air. The city's population was cut off from basic services and the city and surrounding areas were almost inaccessible, forcing NGOs in the area to restrict movement and activities and causing medicine, logistic equipment, and fuel shortages.

> *Mali faces a chronic shortage of health workers, with an estimated one doctor per 10,000 people.*

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105 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.
106 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MLI SHCC Health Care Data. Incident number 38119.
107 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MLI SHCC Health Care Data. Incident numbers 44897; 41598.
108 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MLI SHCC Health Care Data. Incident numbers 42170; 44871.
109 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MLI SHCC Health Care Data. Incident number 39796.
110 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MLI SHCC Health Care Data. Incident numbers 38479; 42808.
111 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 BFA SHCC Health Care Data. Incident numbers 41643; 42561.

Myanmar

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

418 REPORTED INCIDENTS	**133** INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	**102** HEALTH WORKERS ARRESTED	**53** INCIDENTS WHERE HEALTH FACILITIES WERE OCCUPIED	**37** HEALTH WORKERS KILLED

Source: 2023 MMR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 418 incidents of violence against or obstruction of health care in Myanmar in 2023, compared to 280 in 2022. In these incidents, 37 health workers were killed; health facilities were damaged or destroyed, and occupied. In addition, 102 health workers were arrested and 37 were killed. This factsheet is based on the dataset 2023 MMR SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Another year of pernicious armed violence took place in Myanmar in 2023, with fighting continuing to primarily be concentrated between the junta-aligned Myanmar national armed forces (Tatmadaw), several ethnic armed organizations (EAOs), and local defense forces (LDFs). A total of 255 of Myanmar's 330 townships, or nearly 80%, had been impacted by armed clashes. Violence escalated in late October following armed opposition groups' launch of Operation 1027 in Shan state. These groups included the Arakan Army (AA), Myanmar National Democratic Alliance Army, and Ta'ang National Liberation Army – which are known collectively as the Three Brotherhood Alliance. The Myanmar armed forces responded with air strikes and artillery shelling targeting civilians, but suffered setbacks when Three Brotherhood Alliance forces captured multiple strategic border crossings into China from Shan state at the end of 2023.

Large numbers of health workers continued to be active in the anti-coup Civil Disobedience Movement (CDM). In 2023, this led to many health workers providing care clandestinely to populations in conflict-affected areas, frequently with restricted supplies of services and medication.

Access for international aid agencies has repeatedly been restricted by the junta despite severe needs, and 18.6 million people (a third of Myanmar's population) are expected to require humanitarian assistance in 2024.

Myanmar

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care increased by a third in 2023 and were widely dispersed across seven regions, seven states, one union territory, one self-administered division, and five self-administered zones, the same as in 2022. Most were recorded in the northern central areas surrounding the cities of Sagaing and Mandalay, and where Sagaing, Magway, and Mandalay regions border one another, reflecting the overall concentration of fighting in these areas where opposition groups' resistance to military rule is high.[112] Incidents also occurred in Shan state bordering Sagaing and Mandalay, especially after Operation 1027. Cases adversely affecting health care continued in Rakhine state.

Known locations of reported incidents affecting health care in Myanmar, 2021-2023

High numbers continued to be reported in Sagaing in 2023. Cases nearly doubled in Mandalay, Magway, and Shan between 2022 and 2023 and continued in Rakhine.

2021   **2022**   **2023**
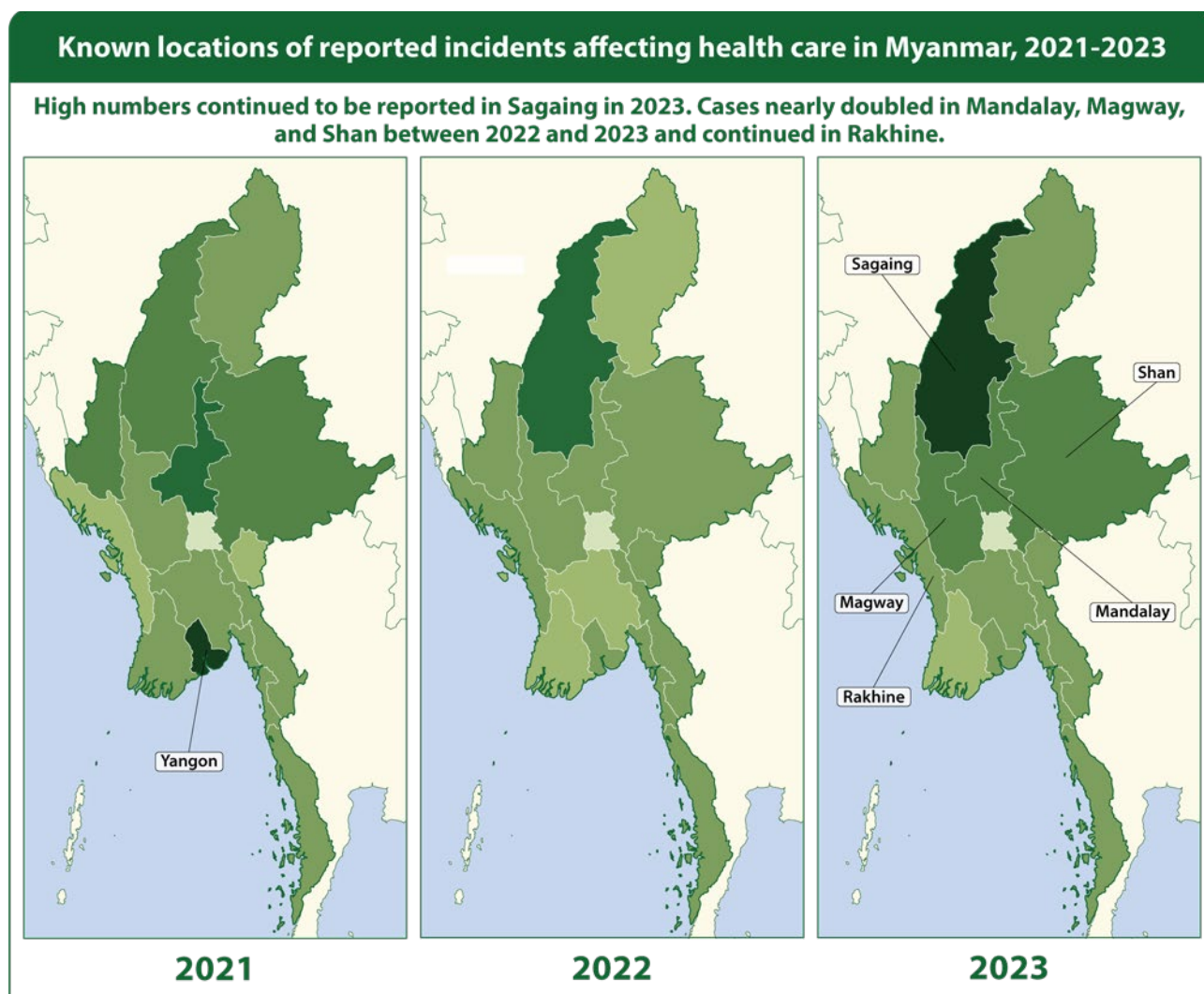
Similar to previous years, most incidents were attributed to the Myanmar armed forces. EAOs that included the AA, the Chinland Defense Force, the Karen National Liberation Army, and Pyi-thu-sit, Pyu-saw-htee, and Swan-arr-shin militias were named in some incidents, but less often than the Tatmadaw.

As in previous years, incidents mostly affected staff working for the national health structure. Five incidents directly affected NGOs in Rakhine state and nine in Tanintharyi region, and involved the arrest of 12 NGO health workers. The Myanmar Red Cross was affected in three incidents.

Myanmar

Health worker kidnappings quadrupled, while a similar number of health workers were arrested and killed between 2022 and 2023. Health workers were threatened and harassed by conflict parties, including being warned by resistance fighters that they must join the CDM, while facing the risk of being targeted with violence or arrested by the Myanmar armed forces for doing so.[113] Cases of health facilities being occupied by the Myanmar military, militia, and other allies more than tripled in 2023 compared to 2022. Most involved the Myanmar armed forces using health facilities as bunkers or bases for military operations. These occupations were most frequent in Sagaing region, but were dispersed across 12 other areas. Opposition forces increasingly used drones armed with explosives to attack Myanmar armed forces occupying health facilities.

Reported incidents of explosive weapons use impacting health care in Myanmar, 2023

Airstrikes often affected health care in Kayah, Sagaing and Shan while drone-delivered explosives were mostly recorded in Sagaing.

Drone-delivered explosive weapons use affecting health care (26)

Aircraft-delivered explosive weapons use affecting health care (39)

200km

Myanmar
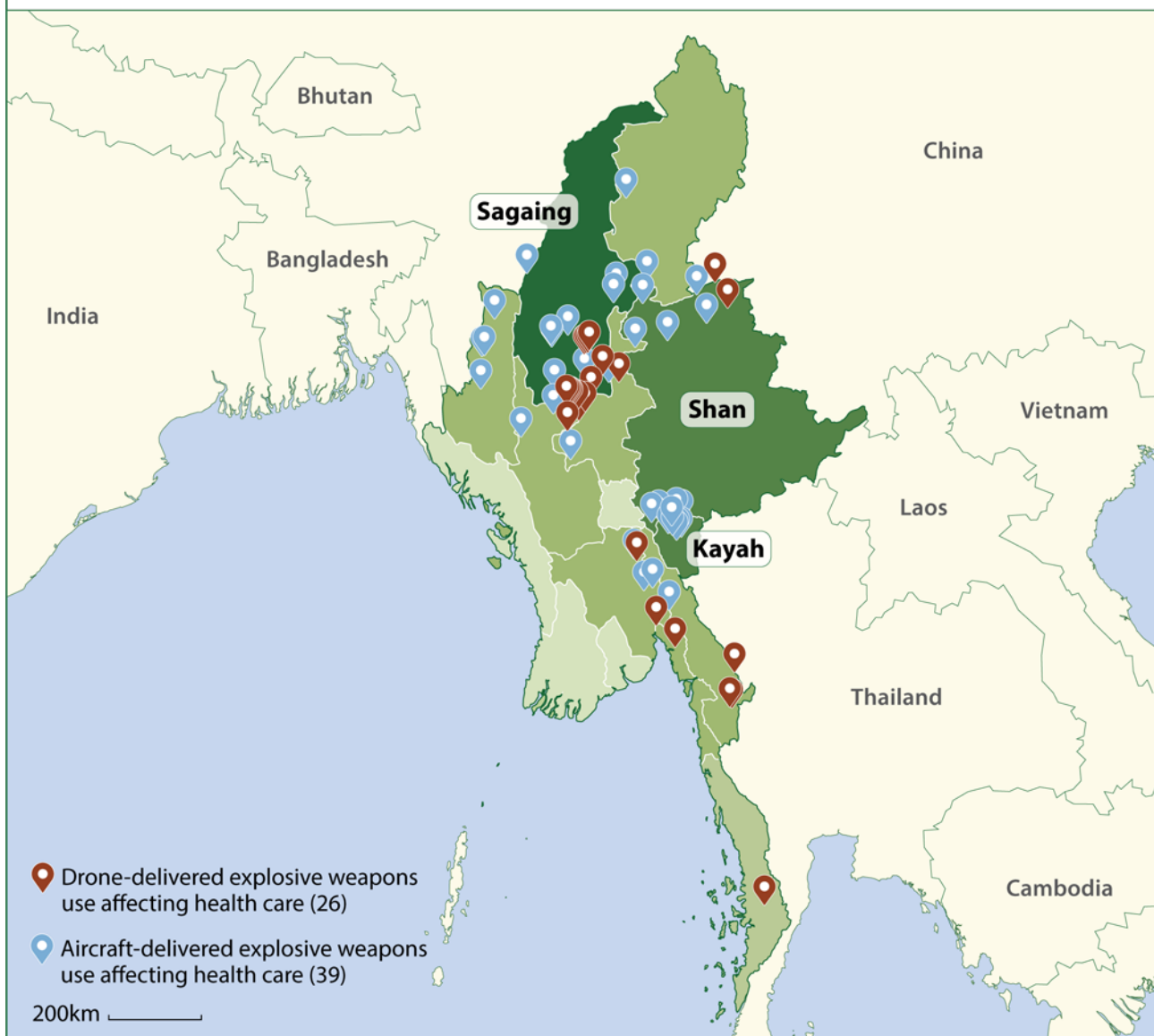
The damaging or destruction of health facilities more than tripled in 2023 compared to the previous year. More than half of the attacks occurred in Sagaing, Magway, and Mandalay, but were spread across 13 other areas. Ten or more incidents in which health facilities were damaged or destroyed were also recorded in Kayah, Shan, and Chin states. Damage was most frequently caused by aircraft-delivered explosive weapons launched by the Myanmar armed forces. In a smaller proportion of incidents, health facilities were damaged by artillery-launched explosive weapons and destroyed during Myanmar armed forces arson attacks.

Sagaing, Magway and Mandalay regions

A total of 188 incidents were reported in Sagaing, Magway, and Mandalay regions, an increase from 118 in 2022 and 165 in 2021. The rise was mainly driven by violence in Sagaing, where the number of incidents rose from 73 in 2022 to 114 in 2023. Nearly 40% of incidents in these regions reported damage to health facilities. Incidents were most frequent in November, which was consistent with an increase in the overall intensity of conflict between the Myanmar armed forces and resistance groups in

Reported incidents of explosive weapons use impacting health care in Myanmar, 2021-2023

The use of aircraft-delivered explosives to attack health care facilities continued at a higher level in 2023 compared to past years. Similarly, the use of drone-delivered explosives that adversely affected health care was reported more frequently than in previous years.

■ Drone-delivered explosive weapons use affecting health care (27)
■ Aircraft-delivered explosive weapons use affecting health care (63)

Sagaing in that month.[114] From April, local resistance forces increasingly used drones armed with explosive weapons to attack Myanmar armed forces occupying health facilities. The Ye-U Traditional Medicine Hospital in Ye-U township, Sagaing region, which was occupied by the Myanmar armed forces, was damaged on seven separate occasions in July, September, October, and November, with all of these incidents attributed to armed resistance groups.[115] On at least two occasions health facilities were damaged due to the large-area effects of explosive weapons, which shattered the windows of hospitals.[116]

In 17 incidents, health facilities were destroyed in Sagaing, Magway, and Mandalay in 2023. The majority of these facilities were torched by the Myanmar armed forces in arson attacks between January and August. Often, the destruction occurred during wider attacks in which other civilian infrastructure, including schools, houses, and libraries, was also attacked, while in two incidents the facility itself appeared to be targeted.[117] Many of the destroyed facilities were operated by health workers associated with the CDM. In one incident in Monywa town in January, a LNGO-operated health facility was reportedly destroyed after being raided by the Myanmar armed forces, which also looted medicines and ambulances and arrested the head monk of the NGO.[118] Trenches were reportedly dug around the hospital following its destruction, suggesting it had been repurposed for military use.[119]

> *Many of the destroyed facilities were operated by health workers associated with the CDM.*

Myanmar

In 25 incidents in 2023, at least 44 health workers, including doctors, program heads, nurses, and pharmacy owners, were arrested by the Myanmar armed forces in Sagaing, Magway, and Mandalay. The actual number of incidents and the severity of the problem are likely much greater, because of probable under-reporting. The incidents were most frequent in Mandalay and were spread widely across the year. Health workers were arrested at their homes, at health facilities during raids by the Myanmar armed forces, and at military checkpoints. Often, health workers were accused of having affiliations with or providing medication to resistance forces. Some health workers were arrested while fleeing Myanmar, including a CDM-affiliated doctor who was arrested by the junta police force as she was leaving for Thailand.[120] Some of the arrested health workers worked for NGOs, including an INGO health officer arrested together with three doctors by the junta authorities and security forces in Tanintharyi region.[121] A military doctor, arrested in May for sharing political posts on his social media, was accused under the Defense Act Section 32 of being an ally of enemy pro-democratic groups, and given a death sentence by the Military Court of Myanmar in August.

At least 17 health workers, including nurses, doctors, heads of programs, a medical student, and a military medic, were killed in separate incidents in Sagaing, Magway, and Mandalay in 2023. Health workers were killed at health facilities, while traveling, and inside their homes. Nearly half of the reported health worker killings were in the Mandalay region, with six health workers killed in Sagaing and three in Magway. Most were killed by the Myanmar armed forces using firearms and were often accused of being affiliated with the CDM. In one incident, a doctor was shot dead by two gunmen in her private general practice clinic in Paleik town, Mandalay. She was reportedly killed for forcing CDM-affiliated health workers to return to work.[122]

Twelve health workers were kidnapped in eight separate incidents, compared to one incident in 2022 and none in 2021. Most health worker kidnappings were recorded in Sagaing, with one in Magway and two in Mandalay. Most kidnappings were attributed to armed resistance groups. In one incident, a female nurse and two family members were allegedly used as human shields by LDFs following their abduction.[123] Seven of the 12 kidnapped health workers were released. The fates of the remaining staff were not recorded.

Violence against health care in Myanmar, February 2021-December 2023

Conflicts in which violence against health care becomes a consistent pattern, frequently starts with extreme levels of violence against the health system.

Myanmar
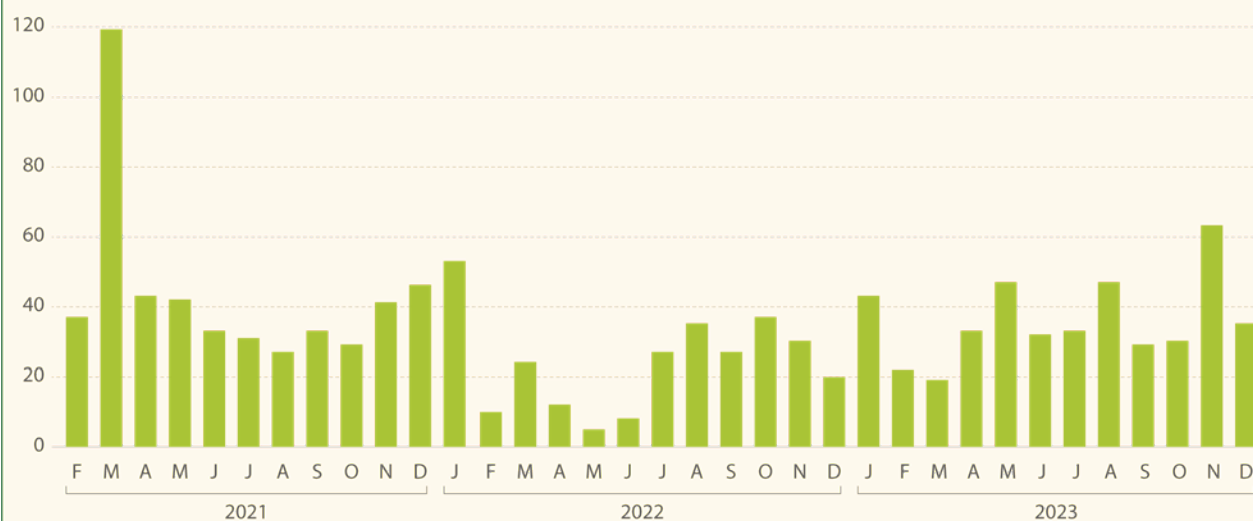
Incidents in Shan State

Incidents in Shan state doubled from 15 in 2022 to 33 in 2023, and it is the only region besides Sagaing, Magway, and Mandalay in which 30 or more incidents were reported in 2023. Health facilities were damaged and occupied and health workers arrested, killed, and kidnapped. Cases were most frequent following the October launch of Operation 1027 and their location shifted from mainly southern Shan state to northern Shan, where all the incidents were recorded and where fighting related to Operation 1027 was concentrated.

On ten occasions, health facilities were damaged in Shan state in 2023. Most incidents occurred in northern Shan and were caused by aircraft-delivered explosive weapons launched by the Myanmar armed forces during their efforts to halt the Three Brotherhood Alliance offensive in November and December. Often, nearby civilian infrastructure, including schools, electricity infrastructure, and houses, were also damaged in these attacks. At least two nurses and a hospital guard were injured when the health facility they were working in was hit and damaged.[124] Twice in November, the Ta'ang National Liberation Army, a member of the Three Brotherhood Alliance, was named as occupying the Namkham Township Hospital in northern Shan.[125] Nurses were reportedly forced to provide medication to the armed group, which led some health workers to leave their duty station, contributing to the hospital becoming dysfunctional.[126] The Myanmar armed forces also occupied a health facility beside a village hall in southern Shan.[127]

Twelve health workers were arrested by the armed forces in eight incidents in northern, eastern, and southern Shan before the launch of Operation 1027. Most were CDM-affiliated people who were arrested at their homes or following the inspection of private clinics. Three male military doctors serving with the Myanmar armed forces were kidnapped in separate incidents attributed to LDFs, and a military medic with the Kachin Independence Army (KIA) was killed during fighting between the KIA and the Myanmar armed forces.[128] A traditional medicine practitioner was killed at his home while off duty by artillery shelling of unidentified origin in December.

> *Twice in November, the Ta'ang National Liberation Army, a member of the Three Brotherhood Alliance, was named as occupying the Namkham Township Hospital in northern Shan.*

Incidents in remaining administrative areas

A total of 196 incidents were reported across 11 administrative areas. Chin, Kayin, Kayah, Tanintharyi, Rakhine, Yangon, and Bago all recorded 20 or more incidents. Health facilities were damaged or destroyed in 53 incidents, mostly in Kayah, Chin, and Bago. On most occasions, health facilities were damaged by aircraft-delivered explosive weapons launched by the Myanmar armed forces. In other cases, damage was caused by firearms and artillery used by the armed forces and Chinland Defense Force.

Health facilities were occupied in 25 incidents, which were most frequent in Kayin state, but were also dispersed across eight administrative areas. All except three were attributed to the Myanmar armed forces, and in one incident to a local militia allied with the armed forces.[129] In some occupations, the health facilities became sites of fighting. In November, a joint force of resistance groups and EAOs attacked and seized control of a hospital previously occupied by the armed forces in Kayah.[130]

Myanmar

At least 50 health workers, including doctors, ambulance drivers, nurses, LNGO presidents, and health facility guards, were arrested in 36 incidents across nine administrative areas. As in other administrative areas, those arrested were often accused of being associated with the CDM or resistance groups. In one incident in Bago region in January, a female CDM nurse was reportedly sexually abused, shot dead, and burned by the Myanmar armed forces following her arrest under the pretext of her not disclosing the location of an LDF camp to the military.[131]

> *On most occasions, health facilities were damaged by aircraft-delivered explosive weapons launched by the Myanmar armed forces*

Health workers were also warned by opposition armed groups against cooperating with the military. In July, a warning was issued by local resistance forces in Myeik district, Tanintharyi region, to five local NGOs forbidding them from providing aid to or cooperating with the Myanmar armed forces.[132]

Five health workers, including a local NGO president accused of being a military informant and two nurses, were kidnapped in two incidents in Tanintharyi region and one incident in Kachin state also in September.[133] Two of those abducted in Tanintharyi region were male LNGO ambulance drivers who were accused of being military informants and taken by unidentified armed individuals.[134] They were declared to be dead in an official statement by a local resistance group two weeks later.[135]

The transport of medication was also repeatedly impeded by the Myanmar armed forces, especially in the context of intense fighting. In October, the transport of medicines, fuel, rice, and cooking oil was restricted by the Myanmar armed forces in Nyaunglebin district, Bago region, following heightened clashes with EAOs.[136]

Myanmar

THE IMPACT OF ATTACKS ON HEALTH CARE

Even before the 2021 coup, Myanmar's health system was weak and suffered from chronic underinvestment. There were only 0.8 physicians per 1,000 people in Myanmar before the coup, one of the lowest figures in the South-East Asia region. Between 2000 and 2020, Myanmar spent an average of only 3.15% of its gross domestic product on health care, less than a third of the proportion estimated to be required for Myanmar to achieve the UN Sustainable Development Goals (SDGs) by 2030.[137] The funding shortfall has since deteriorated further. Between 2022 and 2023, government health spending underwent a 36% decline, despite increased demand for treatment, given the casualties inflicted during the violence.

The attacks on health care severely exacerbated the pre-existing weaknesses of the health care system and created severe barriers preventing people in need from accessing treatment. Only a "patchwork" of services led by the Ministry of Health remain operational in 2023, but with a shortage of human resources in areas controlled by the Myanmar armed forces. The situation was dire in opposition-controlled areas, where there was "heavy reliance" on local partners to provide health care to communities. Health workers in these areas provided care informally or through "secret" makeshift hospitals to mitigate the risk of being violently targeted by the Myanmar armed forces. Consequently, treatment-seeking populations lacked permanent and visible health facilities that they could rely on for treatment.

> *Health workers have described vaccines to be "like a precious treasure" owing to the difficulty of sourcing them, and it has been suggested that vaccines have been distributed largely only in Tatmadaw-controlled areas.*

The personal impact of the violence on health workers has been equally dire. Intense psychological trauma has resulted from dangerous operating environments in which health workers have often lost colleagues or themselves been injured.[138] This has been amplified by large numbers of health workers having gone without formal incomes for the past three years, with some providing care informally.[139] Some have survived on personal savings, while others started selling clothes or flowers in addition to their medical work or were dependent on charity.[140]

For early career health workers, the bleakness of their situation has been aggravated by the absence of clear professional career trajectories following the collapse of much of Myanmar's formal health system.

Obtaining medication for diseases, including tuberculosis and diabetes, and antiviral drugs for HIV has remained difficult. In some areas such as the conflict-affected province of Karenni on the Thai-Myanmar border, confirmed malaria cases have increased by 1,000% since the coup, drastically increasing the demand for anti-malarial treatments. For individuals in areas where medication has been available, inflation of approximately 20% in the 2022-2023 period increased economic access barriers to obtaining it. Health workers have described vaccines to be "like a precious treasure" owing to the difficulty of sourcing them, and it has been suggested that vaccines have been distributed largely only in Tatmadaw-controlled areas. Most children in areas where there are no junta health services do not have access to the expanded program of immunization. Disruption in childhood immunization could affect countries outside of Myanmar if these diseases re-emerge. Combined, these medicine shortages have alarming health implications.

112 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 11, 2024.

113 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 38810.

114 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 11, 2024.

115 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 39905; 40128; 40129; 40130; 40886; 41552; 42430; 41552; 40886; 40130; 40129; 40128; 39905.

116 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 43021; 38659.

117 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 38656; 3871.

118 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 41053.

119 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 37076.

120 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 36859.

121 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40256.

122 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 38894.

123 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 36702.

124 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 38719; 42463; 42671.

125 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 42557; 42677.

126 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 42557; 42677.

127 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40900.

128 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 37654; 43129; 41794.

129 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 42435.

130 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 42457.

131 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 37707.

132 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40123.

133 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident numbers 40890 40904; 40911.

134 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40890.

135   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 40890.

136 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 MMR SHCC Health Care Data. Incident number 41585.

137 Accessed February 25, 2024. The estimate of the investment required to meet the SDGs by 2030 was made in 2019.

138 Key informant 3, interview by video call, February 20, 2024.

139 Key informant 3, interview by video call, February 20, 2024.

140 Key informant 3, interview by video call, February 20, 2024.

Niger 2021-2023

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED
2023	
18	7
2022	
13	0
2021	
4	1

Source: 2021-2023 NER SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 18 incidents of violence against or obstruction of health care in Niger in 2023, compared to 13 in 2022 and four in 2021.[141] In 2023, at least seven health workers were kidnapped. This factsheet is based on the dataset 2021-2023 NER SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Violence persisted in Niger in 2023, but according to the Armed Conflict Location & Event Data Project was reported to have been at a lower intensity than in preceding years.[142] Insurgencies continued by Islamist armed groups, including the non-state group Islamic State Sahel Province (ISSP) and Jama'at Nasr al-Islam wal Muslimin (JNIM), especially in the Tillabéri region, and by Islamic State West Africa Province (ISWAP), particularly in the southeastern Diffa region.

Niger's president was ousted in a military-led coup d'état in July. Subsequent sanctions imposed by the Economic Community of West African States (ECOWAS) disrupted the import of supplies of essential items, including food aid.[143] Obstacles to accessing basic services, including health care, were also created when Nigeria cut electricity supplies to Niger, which had previously been dependent on Nigeria for 70% of its electricity. Uncertainty for aid agencies arose at the end of August when the military government declared that UN agencies and INGOs must cease activities in military "operation zones."

Severe flooding affecting large areas of Niger and a diphtheria outbreak in July in the Zinder region that later spread across the country further exacerbated humanitarian needs in 2023.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care increased slightly in 2023 and were documented in three of Niger's seven regions. Reports were most frequent in the first six months of the year. From 2022 to 2023, cases more than doubled in the Tillabéri region, particularly in Say and Tera departments bordering northeastern Burkina Faso. One incident was reported in each of Diffa and Tahoua regions in 2023, similar to previous years.

Known locations of reported incidents affecting health care in Niger, 2021-2023

Incidents more than doubled in the Tillabéri region bordering north-eastern Burkina Faso and southern Mali between 2022 and 2023.

2021   2022   2023
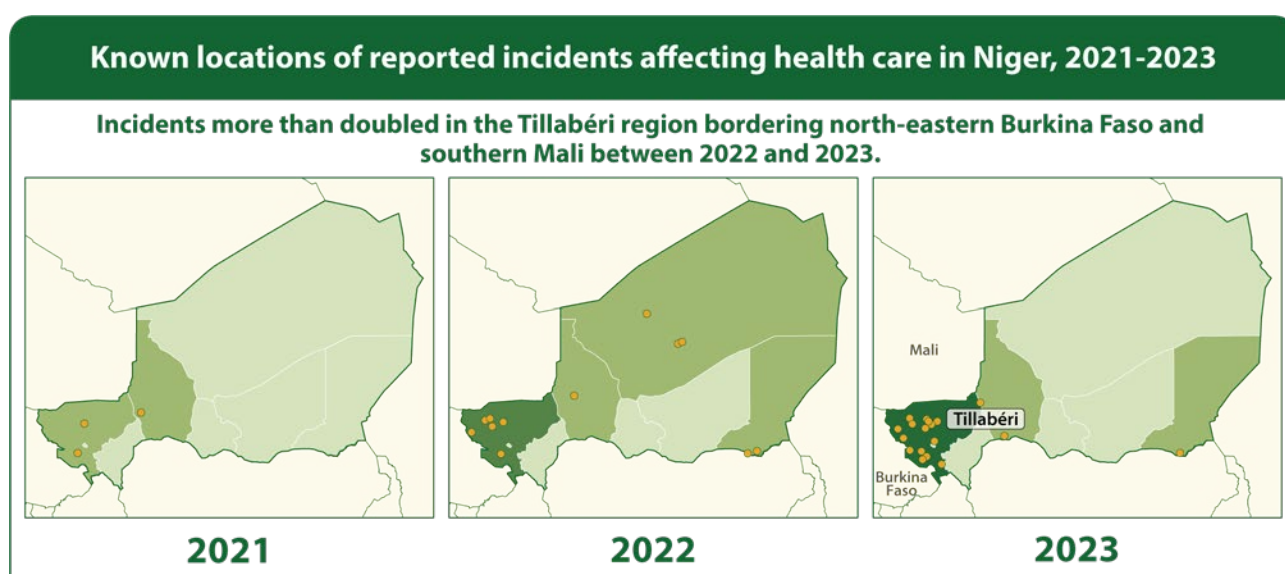
Ten reported incidents were attributed to ISSP forces armed with firearms in Tillabéri, an increase from five in 2022, reflecting the group's growing presence in the region. JNIM fighters armed with guns were named as perpetrators of five incidents between March and November. The SHCC last reported a JNIM attack on health care in Niger in 2021. ISWAP fighters armed with guns robbed medical supplies from a health center in Diffa during a night attack. Nigerien police arrested three health workers at a health center for treating a man suspected of being a leader of a criminal group in Tahoua.[144] All were later released. The attackers remained unidentified in other attacks.

Two-thirds of incidents took place at health centers. As in 2022, the looting of medical supplies and ambulance hijackings were the types of incidents that were frequently reported in 2023. Health worker kidnappings increased in 2023. Most incidents affected health care providers working in national health structures, while an NGO was directly affected in one incident in Tillabéri.

Health worker kidnappings

Seven health workers were kidnapped in five incidents, compared to no kidnappings in 2022. In Tillabéri, these kidnappings were attributed to JNIM and ISSP. Four were nurses, including two who were kidnapped from a health center by ISSP fighters to provide care to wounded fighters.[145] Both were released a few hours later. Kidnappings took place at health centers, while staff traveled to provide medical care to remote areas,

and during wider attacks on civilians. Kidnapped staff were mostly taken on their own or with another colleague, with one nurse being taken together with ten civilians. At least four of the seven kidnapped health workers were released within 24 hours, while the fates of the remaining were not recorded.

Reported incidents affecting health care in Niger, 2023

Most incidents involved vital medical supplies being robbed from health centers and ambulance hijackings in the Tillabéri region. Health worker kidnappings increased from zero incidents in 2022 to five in 2023.

Incident where health supplies or ambulance were hijacked (12)

Health worker kidnapping incident (5)

200km
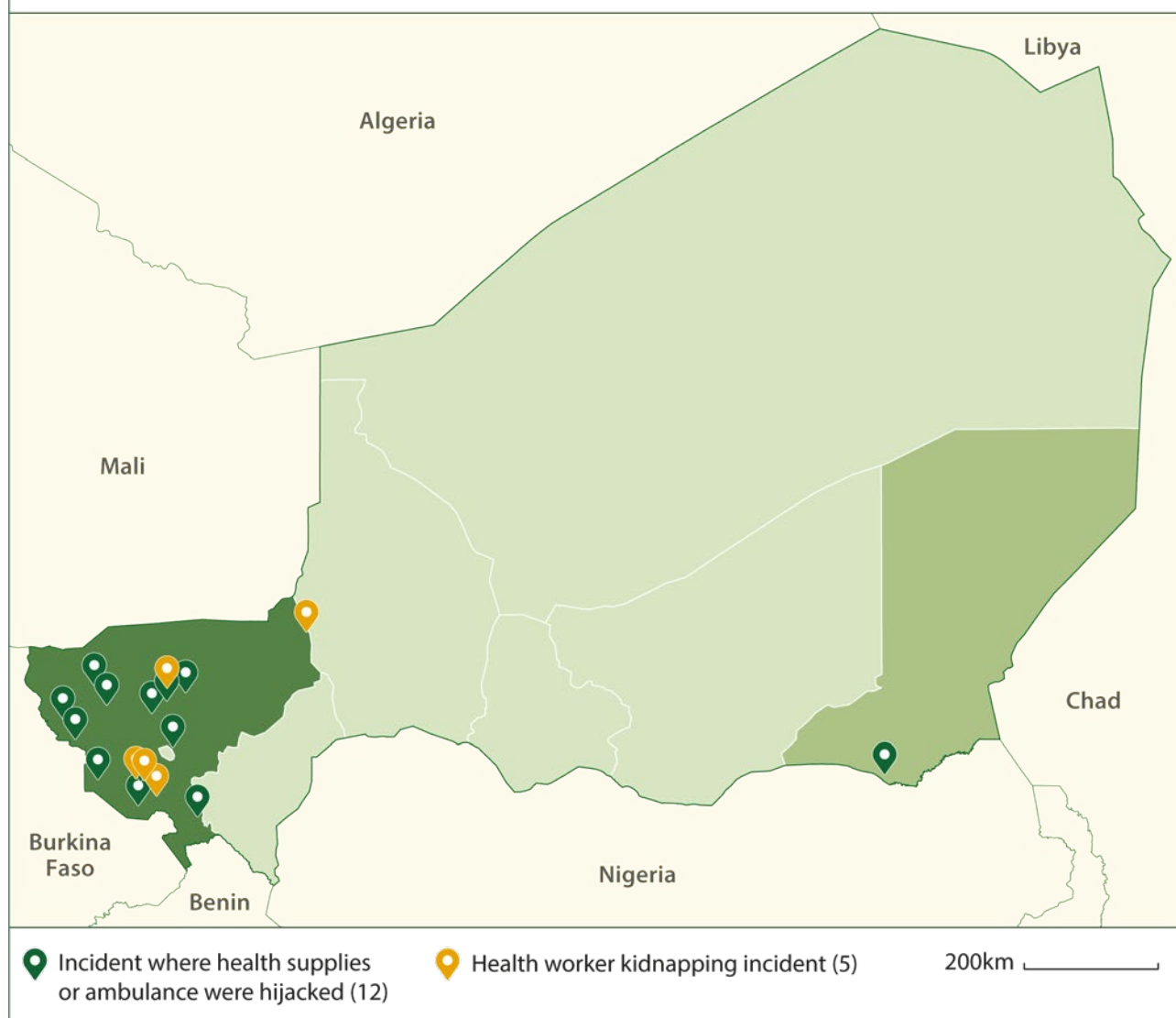
Health transportation stolen or hijacked and health supplies looted

Vital medicine and equipment were looted or ambulances hijacked by JNIM, ISSP, and ISWAP fighters. Most incidents took place at health centers or while staff were traveling by road during working hours. In most lootings, health workers were not harmed, suggesting that access to health supplies was an important motivation behind these incidents. The exception was when JNIM fighters kidnapped two NGO drivers and stole their vehicles and medicines. Both were later released.[146] The looting of medical supplies temporarily reduces access to vital medication.

THE IMPACT OF ATTACKS ON HEALTH CARE

As one of the world's poorest countries and with a ranking of 189 out of 193 countries on the Human Development Index, Niger has a health care system that has suffered from long-term weaknesses. This is evident in the poor availability of medicines and inadequate numbers of trained health workers. The latest available data from 2020 suggests there are only four doctors per 100,000 people in Niger, one of the lowest ratios of any country. In 2023, an INGO employee in southern Niger commented that there were no radiology facilities and only two doctors in his closest district hospital that 500,000 people depended on. Moreover, the role of one of these doctors largely involved administrative tasks, leaving little time to treat patients.

Attacks on health care in Niger therefore further undermined an already fragile health system that is inadequate to meet the population's needs. Among other impacts and combined with broader insecurity, these attacks contributed to populations seeking health care being unable to access such care. Among the 5% of health service delivery units reported as partially or wholly inaccessible in Niger and assessed as part of data collection undertaken between January and July 2023, insecurity was cited as the main cause in 69% of cases. Furthermore, in the same report, insecurity was often cited as a cause of the dysfunction of 5% of health facilities in the country. A lack of medical supplies was named in 16% of cases. It is possible that in some instances incidents of looting contributed to the medical supply shortages.

> *The latest available data from 2020 suggests there are only four doctor per 100,000 people in Niger, one of the lowest ratios of any country.*

Overall, the fragile security situation in Niger hampers efforts to improve patient outcomes. The country suffers high maternal mortality rates, while malaria is estimated to account for 28% of all illnesses and half of all recorded deaths.

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141   The SHCC report contains a chapter on a country when at least 15 incidents of violence against health care were reported in one calendar year or at least 30 incidents over multiple years. This is the first Niger country chapter.
142   Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.
143   Niger's airspace was reopened in early September 2023. Mali and Burkina Faso did not implement the ECOWAS sanctions, which were lifted in February 2024.
144   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NER SHCC Health Care Data. Incident numbers 41650; 41655.
145   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NER SHCC Health Care Data. Incident number 45003.
146   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NER SHCC Health Care Data. Incident number 41646.

Nigeria

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

19
REPORTED INCIDENTS

19
HEALTH WORKERS KIDNAPPED

Source: 2023 SHCC Health Care Nigeria Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 19 incidents of violence against or obstruction of health care in Nigeria in 2023, compared to 47 in 2022. At least 19 health workers were kidnapped in 12 incidents. The actual number of incidents and the severity of the problem are likely much greater because of probable under-reporting. This factsheet is based on the dataset 2023 NGA SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Over the past two decades, Nigeria has grappled with multiple and complex national security threats. In the northeast of the country, Jama'tu Ahlis Sunna Lidda'awati wal-Jihad (JAS) and non-state group Islamic State West Africa Province (ISWAP) continued to carry out attacks and expanded their activities, destabilizing the region and displacing thousands of people.

In the country's northwest, what began as occasional clashes between farmers and herders competing over increasingly scarce land and water resources has evolved into generalized violence against civilians perpetrated by armed groups, which are locally known as bandits. These incidents have been reported predominantly in Zamfara state, as well as in areas bordering Sokoto, Katsina, and Kaduna states.

In the central belt, violence between herders and farming communities has spread southwards, and other long-standing disputes continued in the Niger Delta and the southeast, including a violent militancy in the Niger Delta targeting oil companies and secessionist campaigns by groups such as the Indigenous People of Biafra in the southeast.

In the northeast, Nigerian security forces carried out counter-insurgency operations targeting non-state armed groups; however, communities the security forces described as "insurgent strongholds" were also harmed. During these operations, Nigerian forces destroyed villages, crops, and livestock, displaced communities, and created "garrison towns" where humanitarian agencies working in them were only able to travel between them by helicopter.[147] Most of the roads outside these towns were inaccessible, and as a result aid agencies, including health care providers, were unable to assist or access outlying communities. According to estimates, over one million people lived in these areas.

Nigeria

Continued attacks on civilians and civilian infrastructure, particularly in the northeast, but increasingly in other parts of the country, particularly in the northwest, made communities more vulnerable.

Environmental disasters also increased humanitarian needs across the country. In July 2023, a state of emergency over food insecurity was declared, with malnutrition levels especially high in northeast and northwest Nigeria.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

The number of incidents of violence against or obstruction of health care more than halved and the number of states reporting cases nearly halved in 2023, compared to 2022.[148] Reports in the BAY states decreased from 17 in Borno and Yobe combined in 2022 to three in Borno in 2023.[149] New cases were reported in Nasarawa and Osun states in 2023. As in previous years, in 2023 the majority of incidents affected health care providers working in national health structures. INGOs were directly affected in two of the three cases recorded in Borno. In the country as a whole, health worker kidnappings nearly halved in 2023.
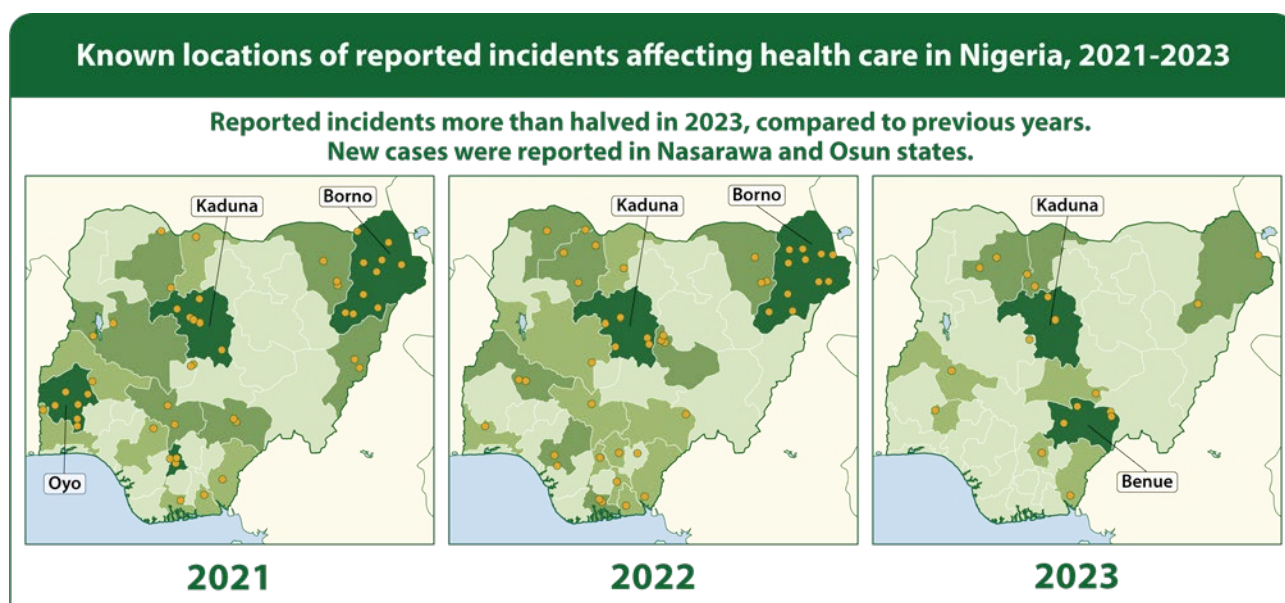
Known locations of reported incidents affecting health care in Nigeria, 2021-2023

Reported incidents more than halved in 2023, compared to previous years.
New cases were reported in Nasarawa and Osun states.

2021 — **2022** — **2023**

Most incidents of violence against or obstruction of health care were attributed to unidentified men with guns killing and kidnapping health workers. Two health facilities were looted of vital medical supplies and set ablaze in Borno.[150] ISWAP was named as perpetrator on two occasions in Borno in 2023, compared to seven in 2022. The group looted and set one of the previously mentioned hospitals on fire and kidnapped three INGO health workers and two security guards from a guest house.[151] Two were freed by the Nigerian Armed Forces the following month. Katsina militia kidnapped two on-duty health workers in Katsina state.[152] No identified cases attributed to Boko Haram were reported in 2023, compared to one in 2022. In other attacks, the attackers remained unidentified.

Nigeria

Reported incidents affecting health care in Nigeria, 2023

Health facilities were looted and set on fire in Borno.
Health worker killings and kidnappings were more widely dispersed.

Health worker killing or kidnapping incident (17)

Incident in which a health facility was looted or set on fire (2)

200km
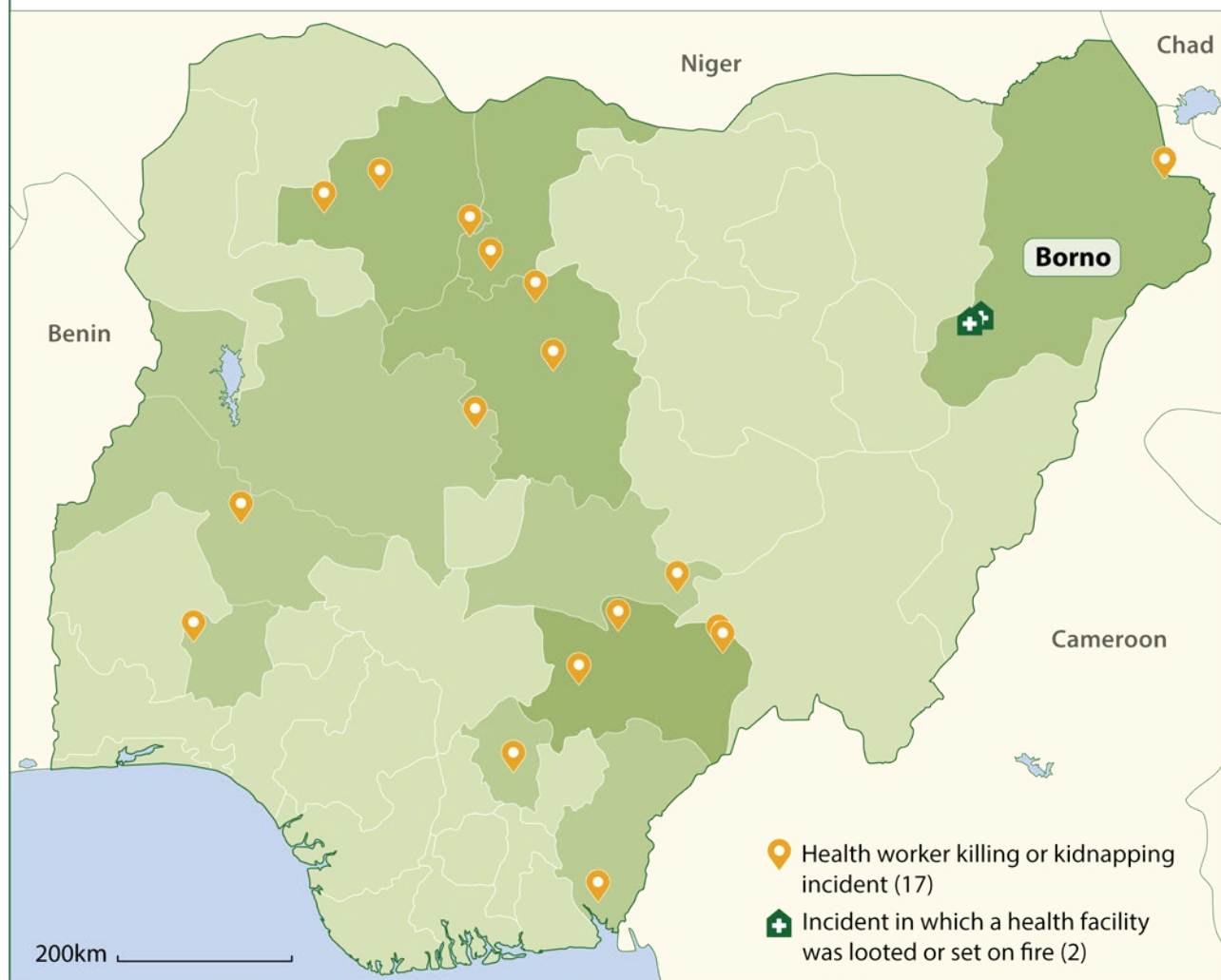
Health workers killed and kidnapped

Nineteen health workers were kidnapped in 12 incidents in 2023, compared to 37 in 21 incidents in 2022. Kidnappings were recorded in eight states and mostly occurred while victims were at home and traveling to or from work. The two exceptions were two health workers who were abducted from the University of Nigeria Teaching Hospital in Enugu and the Dongon-Dawa Healthcare Facility in Katsina.[153] As in previous years, ransoms were demanded as a condition for release in several kidnapping cases, suggesting staff may have been targeted for their perceived wealth. Nine of the 19 kidnapping victims were released while the fates of the remaining staff were not recorded.

Six health workers were killed in five incidents in 2023, a similar number to 2022. Most health worker killings involved staff being shot, but a doctor was attacked and killed with a machete by armed men on a motorcycle in Nasarawa state.[154] Staff were killed inside their homes, while traveling to and from work, and during wider attacks on civilians. Four were male doctors, while the gender of the remaining two nurses was not reported.

Nigeria

On November 17, 2022, a Médecins du Monde (Doctors of the World, or MdM) staff member was killed by a Nigerian soldier at Damboa military base in Borno state.

For more than two years since then, MdM has been calling for complete transparency around the circumstances of the attack, publicly through a statement published shortly after the incident, and privately to both Nigerian civilian and military authorities and UN officials. MdM representatives traveled multiple times to the country in the aftermath of the incident to try and achieve accountability, including in 2023, and MdM also asked other stakeholders for support. However, more than a year later, MdM continues to request a copy of the military report on the incident, but without success.

Full transparency regarding the circumstances of the attack remains key to ensuring that the drivers of the assault are known, and all involved stakeholders need to take measures to improve the safety and security of all humanitarian workers in Borno state.

THE IMPACT OF ATTACKS ON HEALTH CARE

The health sector identified over five million people in need in the so-called BAY states (Borno, Adamawa, and Yobe) states in northeast Nigeria. Only 62% of health facilities in these states were fully functioning, with the remainder providing limited or no support due to an absence of staff and medical equipment, and insecurity. High incidence of tuberculosis and high rates of maternal and neonatal mortality remained key public health concerns.

Nigeria

The impact on nutrition services was noted by respondents to a 2022 survey undertaken by the International Rescue Committee and partners, with such services being impacted in more than half of the incidents reported in northeast Nigeria, adversely affecting the nutritional status of children dependent on such services. The looting of nutrition supplies was specifically mentioned as the main reason for services being interrupted.

The northwest region had some of the worst health indicators in the country, with communities unable to reach health facilities and carry out livelihood activities due to insecurity and conflict. According to a UNICEF smart survey conducted in 2022, severe acute malnutrition (SAM) rates in Katsina, Sokoto, and Zamfara were above the emergency threshold with the SAM burden doubling from 275,000 children in December 2021 to 531,000 children in the 2022 lean season.

Médecins Sans Frontières (MSF) reported the impact of insecurity and attacks in northwest Nigeria and stated, "When people fall sick, their families are forced to weigh up the risks of traveling to a health facility against staying put without medical care." Escalating violence impacted the work of aid agencies, with security constraints hampering access to specific areas. MSF reported that one of its teams suspended services at an in-patient malnutrition facility in Zamfara state in a context of widespread malnutrition.

In mid-2022 and continuing well into 2023, the country grappled with multiple diphtheria outbreaks, with Kano, Yobe, and Katsina states reporting the most cases.

> *The northwest region had some of the worst health indicators in the country, with communities unable to reach health facilities and carry out livelihood activities due to insecurity and conflict.*

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147   Public presentation given on March 19, 2024 at the European Humanitarian Forum.
148   This is likely due to under-reporting and does not necessarily reflect a downward trend in violence.
149   This may be due to restrictions imposed by the Nigerian military.
150   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident numbers 37103; 44822.
151   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident numbers 37103; 38640.
152   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident number 40905.
153   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident numbers 42566; 41015.
154   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident number 42085.

Occupied Palestinian Territory

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KILLED	INCIDENTS WHERE HEALTH FACILITIES DAMAGED OR DESTROYED	HEALTH WORKERS ARRESTED	ACCESS TO HEALTH CARE OBSTRUCTED
GAZA				
498	143	124	162	76
WEST BANK AND EAST JERUSALEM				
183	3	9	59	91

Source: 2023 PSE SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 761 incidents of violence against or obstruction of health care in the occupied Palestinian territory (oPt) in 2023, compared to 172 in 2022. In total, 498 incidents took place in the Gaza Strip, where 143 health workers were killed, 162 arrested, and health facilities damaged or destroyed at least 124 times. Insecurity Insight recorded the 143 health worker killings, cross-checked individual events and names, and did not re-report aggregate figures. The work of collating a complete list of health workers killed based on information provided in different formats by different organizations is ongoing. This cross-checking process is complex and is designed to avoid double counting the same individuals in cases when sources report different victim information about the same individual. The lack of a consistent standard for transcribing Arab names into Latin script-based languages complicates the matching process. Other groups have cited higher numbers. Healthcare Workers Watch - Palestine – an independent initiative – cited 398 health workers killed, while the UN reported 490. In the West Bank, including East Jerusalem, 183 incidents were recorded, 59 health workers were arrested, and access to health care was obstructed on 91 occasions.[155] This factsheet is based on the dataset 2023 PSE SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Following the October 7 attack on Israel by Hamas-led fighters, together with various armed groups and armed individuals from Gaza (which is covered in the section on Israel), Israel launched Operation Swords of Iron with an intense aerial bombing campaign and, later, ground raids into the Gaza Strip. After six months of war, more than 33,000 Palestinians have been killed, the majority of whom are women and

children, thousands more are missing under the rubble of collapsed buildings, more than 90% of Gaza's population are displaced, and much of the territory is in ruins. During these six months, the Israeli army, has attacked numerous hospitals, and as a result, as of April 6, 2024 only ten out of 36 hospitals in Gaza were still functioning at a limited capacity. Due to the total siege imposed on Gaza by the Israeli authorities since October 9, 2023, hospitals and health centers have suffered from a severe lack of fuel, medical supplies, and food.

Compared to 2022, political violence in the West Bank had increased by 50% prior to October 7 due to a rise in settler violence and Israel Defense Forces (IDF) military raids, and the re-emergence of Palestinian armed groups. Between January 1 and October 6, 2023, Israeli forces killed 205 Palestinians, including 40 children, more than in any other year since 2005. Following October 7, attacks by Israeli settlers more than doubled and Israeli military raids occurred on an almost daily basis, particularly on refugee camps. During these raids, violence against health care and the destruction of roads and civilian infrastructure sharply increased. Ambulances were frequently obstructed, and during military raids inside camps, particularly Jenin Refugee Camp, Israeli forces surrounded various hospitals in the vicinity, obstructing access to health care and threatening health workers and patients.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Gaza Strip

At least 498 incidents of violence against or obstruction of health care were recorded in the Gaza Strip, with all but six occurring after October 7. In total, 489 incidents were attributed to the IDF, including the Israel Border Police. Six incidents involved six IDF military medics being killed during active fighting and another involved the bombing of Al-Ahli Arab Hospital on October 17. Responsibility has not been firmly established for these incidents.[156]

Violence against health care in the oPt, 2023

Conflicts in which violence against health care becomes a consistent pattern, frequently starts with extreme levels of violence against the health system.

Hospitals and field hospitals were shelled by Israeli artillery and tank fire and subjected to Israeli air and missile strikes. The vicinity of hospitals and health facilities were hit multiple times by airstrikes destroying main roads and surrounding buildings and hindering medical crews ability to reach casualties and wounded Palestinians. Ambulance drivers, doctors, dentists, gynecologists, hospital staff, janitors, laboratory technicians, medical students, nurses, opticians, orthopedists, paramedics, pharmacists, psychologists, physiotherapists, program heads/administrators, surgeons, and volunteers from local humanitarian relief groups were killed, injured, and arrested. In several cases, entire families that had multiple members who were medical professionals were killed in single attacks, usually while they were at home.

Incidents of violence against or obstruction of health care were recorded in all five of Gaza's governorates and were most frequent in Gaza City and North Gaza. Cases increased in the remaining three governorates
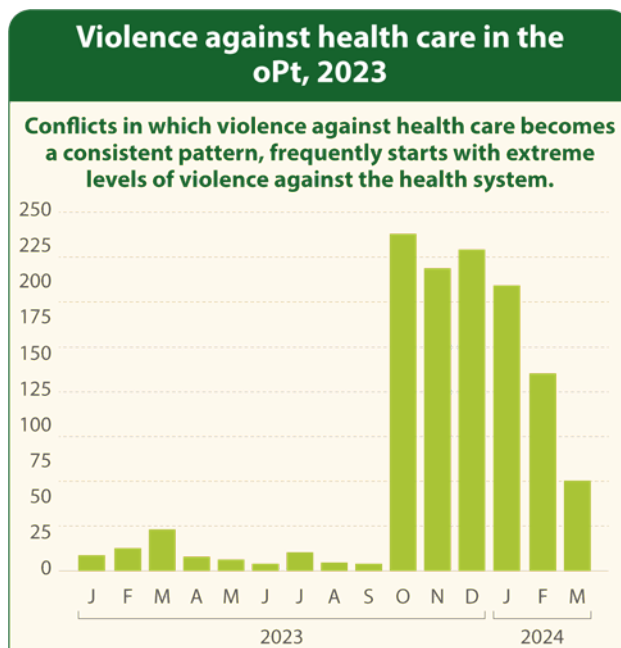
(Deir Al-Balah, Khan Younis, and Rafah) as the IDF worked its way southwards. Over a third of reports were recorded during the first month of the IDF's assault on the Gaza Strip, and on average more than five incidents were recorded every day. At least six incidents took place during the November 24-30 ceasefire, during which Al-Shifa Hospital and a dialysis center, which had reopened that same day, were damaged, an ICRC driver was killed together with his family members, and five health workers were arrested, including a surgeon at Indonesian Hospital, who was arrested following the Israeli-ordered evacuation of the hospital while he was traveling south on the IDF-designated safe route.[157]

Known locations of reported incidents in the Gaza Strip, October 07 - December 31, 2023

Most incidents were recorded in Gaza and North Gaza. Cases increased in Khan Younis and Rafah as the IDF moved southwards in its military offensive.

October 2023 — North Gaza 25, Gaza 74, Deir al-Balah 11, Khan Yunis 17, Rafah 6

November 2023 — North Gaza 36, Gaza 96, Deir al-Balah 13, Khan Yunis 7, Rafah 1

December 2023 — North Gaza 60, Gaza 32, Deir al-Balah 26, Khan Yunis 52, Rafah 4

Health facilities damaged or destroyed

Health facilities were damaged at least 124 times in the Gaza Strip between October and December 2023, including seven occasions in which facilities were completely destroyed. Clinics, dialysis centers, emergency medical posts, and hospitals, including children's and maternity facilities, were damaged, raided, or destroyed.

At least 30 health facilities were impacted on multiple occasions, including Al-Shifa Hospital in Gaza City, which was impacted 40 times. Over a two-week period in November, Al-Shifa Hospital was hit by IDF airstrikes on an almost daily basis, damaging or destroying various departments including the outpatient clinic, ICU, surgical unit and X-ray department. The hospital's electricity generator, solar panels and oxygen pipes were also extensively damaged. During this time, the hospital was surrounded by Israeli forces who reportedly shot at anyone moving inside the building and prevented ambulances from entering or leaving the complex. On November 15, IDF bulldozers and tanks advanced into the complex, destroying the mortuary and damaging the maternity ward. Following the IDFs withdrawal, the hospital was left non-operational. During the November ceasefire the hospital began operating at a limited capacity; however, it was raided again on December 18 and again for 14 days in March 2024 where the IDF used fully besieged the complex. At least three health workers were killed and dozens of people were left detained and trapped inside the hospital without adequate food or water supplies. According to the World Health Organization, 21 patients died from malnutrition during the siege. The IDF withdrew on April 1, after completely destroying and devastating the facility and surrounding area. Bodies were subsequently discovered decomposing in the hospital's courtyard.

At least 11 other health facilities were raided by the IDF, including the Al-Awda Hospital, Indonesian Hospital, and Kamal Adwan Hospital. Three health facilities were repurposed into IDF command centers or military bases, including the Turkish-Palestinian Friendship Hospital, the only cancer hospital in Gaza.[158]

Known health facilities affected by violence in the Gaza Strip, October 07 - December 31, 2023

At least 30 of Gaza's health facilities were impacted on multiple occasions, including Al-Shifa Hospital in Gaza city 40 times and Al-Awda Hospital in North Gaza 25 times.

Al-Shifa Hospital (40 times)
Al Quds Hospital (24 times)
North Gaza (85 times)
Kamal Adwan Hospital (20 times)
Al-Awda Hospital (25 times)
Al-Aqsa Martyrs Hospital (4 times)
Gaza (132 times)
Indonesian Hospital (24 times)
Deir al-Balah (8 times)
Al Kuwaiti Hospital (2 times)
Nasser Hospital (21 times)
Khan Yunis (51 times)
Al-Amal Hospital (16 times)
Rafah (5 times)
European Gaza Hospital (11 times)

2km

Health workers killed, arrested, and injured

The IDF arrested or detained at least 162 health workers in 35 incidents in the Gaza Strip between October and December 2023. At least 26 health workers were still held captive as of March 15, 2024, while the fates of the remaining detainees were not recorded. Many are still missing and the ICRC has been denied access to them. Arrests and detentions usually occurred during military raids or IDF-enforced evacuations of health

facilities, at temporary checkpoints, and in some cases during mass civilian arrest campaigns. At least 20 staff were arrested in 14 incidents while traveling on the IDF-designated safe route in northern Gaza. Health workers were reportedly interrogated, tortured, and threatened while being held. When the Indonesian Hospital was raided, the director of the surgery department was arrested and left naked at the Kerem Abu Salem crossing upon his release two months later.[159] Photos of released detained staff often showed signs of malnutrition and possible brutality.

Three mass arrest incidents involving 105 health workers took place in December. Two were recorded in Jabalia, while one incident included 21 health workers, among them six INGO staff at Al-Awda Hospital, being detained, stripped naked, and interrogated for four hours before being sent back to the hospital.[160] The hospital director was taken away and his whereabouts remain unclear. In the third incident, around 70 staff at Kamal Adwan Hospital were forcibly removed from the hospital and taken to an unknown location.[161] The remaining staff were ordered to move all patients and their caregivers into one building and were denied electricity, water, or food. On the following day, five doctors and all female staff were released after being interrogated and beaten.[162]

At least 143 health workers were killed and 86 reported injured in the Gaza Strip between October and December 2023.[163] Health workers were frequently killed or injured by IDF-launched explosive weapons inside health facilities, at home, in IDP refugee camps, while traveling on the IDF-designated safe route in northern Gaza to deliver supplies or reach injured civilians, and while providing emergency medical care to people injured in previous attacks.[164] Eight were shot and killed by IDF snipers. Six of these eight were killed by snipers stationed around Al-Awda Hospital in Beit Lahia city, North Gaza.[165]

> *Photos of released detained staff often showed signs of malnutrition and possible brutality.*

Obstructions to health care

Access to health care was obstructed on at least 77 occasions in the Gaza Strip between October and December 2023. Health facilities were given evacuation orders by the IDF, the work of emergency responders was obstructed by inaccessible roads due to surrounding mass destruction, and relentless bombings and shelling, and patients were denied evacuation or their evacuation was delayed, including newborn babies who died waiting to be evacuated from Al-Shifa Hospital. Hospital electricity sources were cut off and fuel and medical supplies restricted.

Explosive weapons use

At least 309 reported incidents of violence against or obstruction of health care recorded IDF-launched explosive weapons impacting health care. Most of the 309 incidents recorded air-delivered explosives weapon use, with 61 involving ground-launched missiles, rockets, and shelling.[166] Drones armed with explosives were used by the IDF on four occasions between November 6 and December 24, damaging Al-Shifa Hospital, Kamal Adwan Hospital, and the Palestine Red Crescent Society (PRCS) Al-Amal Hospital.[167] At least 96 incident reports recorded the IDF using explosive weapons near or in the vicinity of hospitals, which often killed and injured people in the area and impeded patients' access to health care. When explosive weapons are used in populated areas, they often have wide-area effects and cause death and destruction beyond the intended target, resulting in reverberating adverse effects on the health sector.

THE IMPACT OF ATTACKS ON HEALTH CARE IN THE GAZA STRIP

In a few months spanning late 2023 and the first few months of 2024, Gaza's health care system has been almost completely and systematically devastated and destroyed. Almost all hospitals and health centers across the strip have been impacted by the intense aerial bombardment campaign and the ground incursion into Gaza. More than two-thirds of hospitals in Gaza are not functioning – either due to lack of resources or as a result of severe damage by explosive weapons. The remainder are partly functioning and are overwhelmed with an influx of patients and a shortage of resources, staff, and food due to the ongoing blockade. Health workers have been forced to work with a severe shortage of medical supplies, fuel, food, and water. Surgeons have reported carrying out surgeries under torch light due to the lack of electricity and in some cases have been forced to carry out these surgeries without proper anesthesia. Health workers have been forced to work under very insecure and dangerous conditions, especially when hospitals were besieged by Israeli forces and snipers for weeks, trapping health workers, patients, and displaced persons with limited supplies of food and water.

> *When women give birth, there is "no pain medication, anesthesia or hygiene materials" due to a lack of resources.*

Additionally, the war has massively disrupted patients' continuity of care. Chronically ill patients, including 1,200 dialysis patients, have been "unable to receive care." After the Turkish-Palestinian Hospital stopped operating after being severely damaged and running out of fuel, around 10,000 cancer patients were left without the necessary special care, medicines, and treatment. Additionally, since October 7, 2023 less than 50% of patients who had applied for permits to leave the Gaza Strip through Rafah for specialized health care have been given permits, of which only 80% were able to do so. Although vaccinations have entered the Gaza Strip, their administration is difficult, since most people are displaced and living in tents or temporary shelters. There were approximately 60,000 newborn babies in Gaza who would normally receive vaccinations, but who were unable to do so due to difficulty in accessing medical services. In December 2023, UNICEF and its partners reported that over 600,000 vaccination doses against communicable diseases had reached Gaza, and they started administering these doses to children. Maternity services have also been severely disrupted since the start of the war. Across the Gaza Strip few hospitals are still able to provide maternity services, and those that do have a limited number of beds available and fewer midwives and doctors than normal. Additionally, when women give birth, there is "no pain medication, anesthesia or hygiene materials" due to a lack of resources. As a result, and due to the threat of the health facility being hit by bombing, some women are avoiding follow-up appointments, just going into the hospital to deliver and leaving immediately after. Others are giving birth inside their tents because they are either unable to reach a hospital or all the delivery rooms are full. The head of the Department of Obstetrics and Gynecology at Al-Awda Hospital described how the hospital, which at the time was the only one in the north still providing maternity services, had run out of antibiotics and emergency drugs used in obstetrics. Additionally, women who needed blood transfusions were unable to receive them since they were no longer available at the hospital. Furthermore, some women were not able to attend pre-natal and post-natal check-ups, since fewer facilities were providing these services.

Health workers have been working continuously in an extremely stressful and dangerous environment. Most health care workers have been working around the clock since the start of the conflict and are exhausted. Additionally, many health workers are also mourning the deaths of their loved ones. While many are extremely traumatized, currently no psychological support is available for them.

The destruction of health care infrastructure, universities, and medical institutions has left prospective and current medical students with nowhere to study or train. The killing and detention of hundreds of health care workers, including specialists, hospital directors, heads of departments, and medical students, will likely have an adverse impact on the future of the health care system in Gaza and its rapidly diminishing ability to rebuild the health system, given the extent of the destruction of medical infrastructure.

West Bank including East Jerusalem

At least 183 incidents of violence against or obstruction of health care were recorded in the West Bank and East Jerusalem in 2023. Health workers were arrested and threatened, health facilities raided, and ambulances obstructed and searched. Incidents were recorded throughout 2023, with 64 occurring before October 7, which is similar to the number recorded for the whole of 2022. In July, the INGO Medical Aid for Palestinians (MAP) started to supply bulletproof vests to PRCS teams to protect them from rising settler and military violence.

Obstruction to health care

Ambulances and health workers were prevented from providing vital medical care to people in need at least 91 times in 2023, compared to 60 in 2022. Most obstructions occurred during road travel or at checkpoints where staff were forced to transfer patients to another ambulance under the long-existing "back-to-back" (B2B) method of transferring a patient to a different ambulance when crossing from the West Bank to Jerusalem. The process often involved ambulances being searched, while staff were harassed and prevented from providing care to patients. Ambulances and health workers were also prevented from accessing people in need of medical assistance at refugee camps. Obstructions also took place outside or near hospitals, including Ibn Sina Specialist Hospital and Thabet Thabet Hospital. On one occasion, ambulances carrying patients outside Jenin Governmental Hospital were stopped by Israeli soldiers and paramedics, and ambulance drivers were forced out, stripped, and forced to kneel in the street.[168]

Health worker arrests, detentions, and killings

In total, 59 health workers were arrested or detained in 30 incidents in the West Bank and East Jerusalem in 2023. Arrests and detentions were recorded during the transport of patients to and from health facilities, during military raids at refugee camps, where staff were prevented from treating people injured by the IDF, or while staff were in their homes. Of the 59 staff held, 11 were released the same day. The fates of the remaining staff were not recorded.

Three health workers were shot and killed by the IDF in the West Bank and East Jerusalem in 2023. During one incident, a pharmaceutical sales representative on his way to work was shot and killed when he turned his vehicle around at the entrance of Beit Ainun village, north of Hebron due to a temporary checkpoint.[169]

Occupied Palestinian Territory

Known locations of reported incidents in West Bank and East Jerusalem, 2023

Incidents were recorded throughout 2023 but increased after 7 October. Health workers were arrested, threatened, health facilities raided and ambulances obstructed and searched.
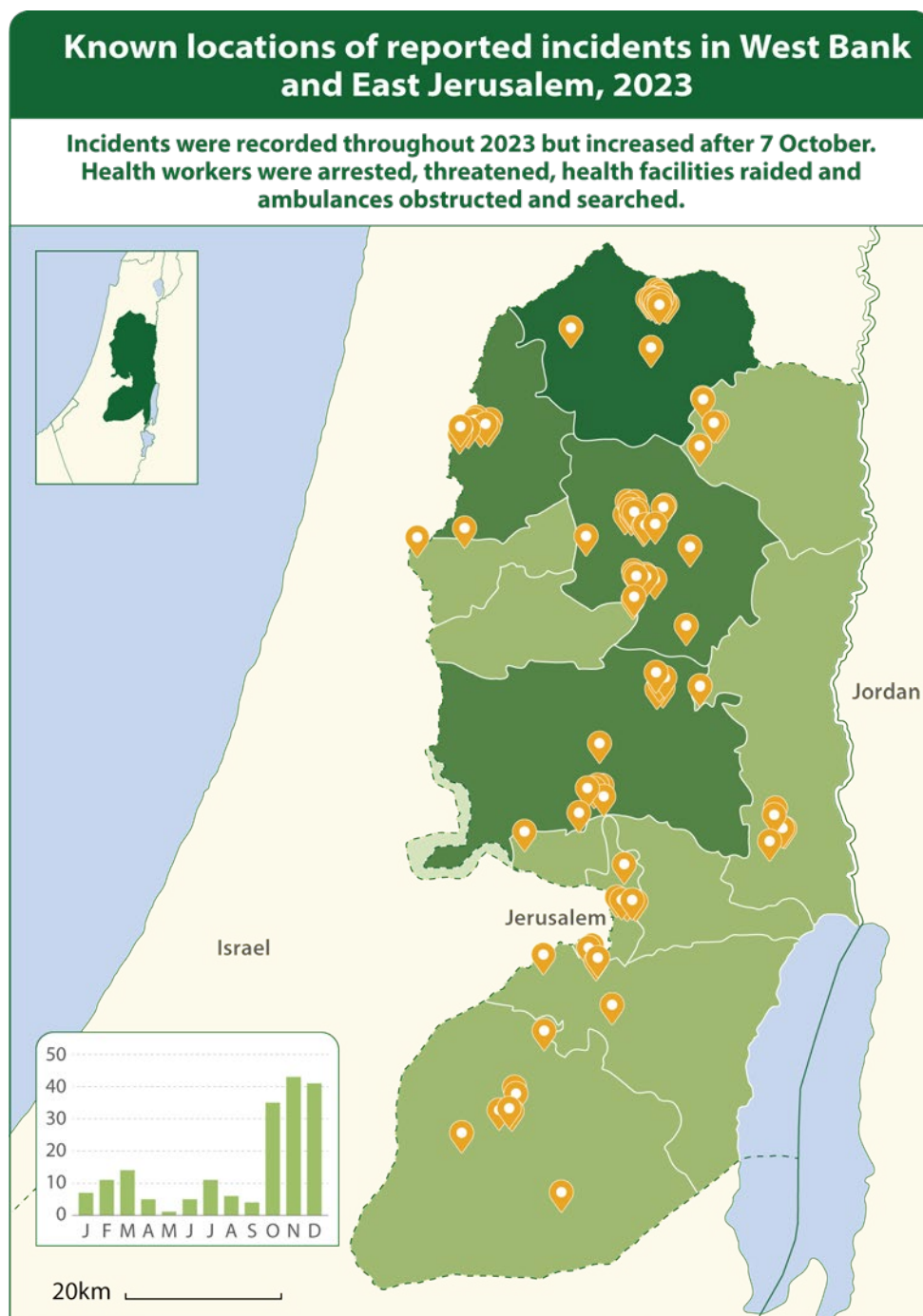
Health facilities damaged

Health facilities in the West Bank and East Jerusalem were damaged on at least nine occasions in 2023. Most cases were attributed to IDF forces armed with guns, while unidentified attackers were recorded in one incident. The affected health facilities included Al-Aqsa Mosque Clinic, Ibn Sina Specialist Hospital, and Jenin Governmental Hospital.[170] Four health facilities were damaged inside Jenin, Shu'fat, and Tulkarem refugee camps. Damage frequently occurred during military raids, including on an UNRWA clinic inside Shu'fat Refugee Camp, which was damaged by explosive weapons twice on November 13.[171]

THE IMPACT OF ATTACKS ON HEALTH CARE IN THE WEST BANK AND EAST JERUSALEM

The health care system in the West Bank has also been impacted by continued threats and violence against health care. Ambulances are frequently blocked by Israeli forces, which has resulted in patients either bleeding out or experiencing complications due to the delayed medical treatment, placing them at risk. First responders working in refugee camps have faced threats, beatings, and humiliating treatment and are scared that they could be attacked at any time.[172] As a result, some volunteer community-led first responders have decided to stop working due to the risks involved.[173]

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155 Eighty incidents were recorded by the WHO Surveillance System for Attacks on Health Care without specifying the location, and no additional source could be identified to determine the locations of the reported incidents.

156 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident numbers 45157; 44679; 45167; 45166; 45168; 45169; 41195.

157 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident numbers 42303; 42321; 42306; 42197; 42320; 42180.

158 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident number 44677.

159 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident number 44013.

160 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident number 42689.

161 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident number 42614.

162 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident numbers 42689; 42614.

163 The number of injured health workers is likely a severe undercount. According to studies, the historical ratio of injured to killed would be expected to be at least three to one, and thus we would expect over a thousand injured; see Nonfatal Casualties and the Changing Costs of War | Belfer Center for Science and International Affairs.

164 This does not include the previously mentioned six IDF military medics.

165 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident numbers 42477; 42533; 42534; 42822; 42848.

166 In 48 incidents, the explosive and platform type were not recorded.

167 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident numbers 41739; 42447; 43209.

168 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident number 42846.

169 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident number 43003.

170 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident numbers 38608; 39789; 36927.

171 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 PSE SHCC Health Care Data. Incident numbers 42335; 42760.

172 Key informant interview, March 7, 2024.

173 Key informant interview, March 7, 2024.

Somalia 2021-2023 (including Puntland and Somaliland)

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KILLED	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/DESTROYED
2023		
21	12	8
2022		
12	2	5
2021		
9	2	3

Source: 2021-2023 SOM SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 21 incidents of violence against or obstruction of health care in Somalia, including Puntland and Somaliland in 2023, 12 in 2022 and nine in 2021, compared to ten in 2020, when the last SHCC report chapter on Somalia was published.[174] In 2023, 12 health workers were killed and health facilities were damaged on eight occasions. This factsheet is based on the dataset 2021-2023 SOM SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Multiple security challenges continued to undermine access to health care in Somalia in 2023. An offensive launched by Somalia's armed forces against the Al-Shabaab terrorist group in central and southern Somalia in August 2022 continued into 2023, with fighting being particularly intense in the southern Lower Shabelle and Banadir regions. Although weakened, Al-Shabaab remained a powerful political force, committing indiscriminate attacks that killed hundreds of civilians.

In February 2023, violence broke out in the disputed city of Las Anod between militia of the Dhulbahante clan and the armed forces of Somaliland. Almost 200,000 people were displaced and several hundred people were killed as a result of the violence. An INGO health care provider was also forced to suspend operations following multiple attacks on hospitals and health workers.

Humanitarian needs were further challenged by Somalia's worst drought since 1981 and flooding that displaced 1.2 million people and destroyed latrines, contributing to a cholera outbreak. The first suspected cholera case was reported in early December 2023; by early February 2024 over 400 cases and nine fatalities had been recorded.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care increased from 12 incidents in 2022 to 21 in 2023. Ten incidents occurred in the context of the armed conflict in the disputed Las Anod area between Somaliland armed forces and local Dhulbahante militias, compared to zero during previous years. Incidents continued to take place in the Somali capital, Mogadishu, in 2023, where three health workers were shot and killed in three incidents, including a national female UN polio vaccinator who was shot dead while going house to house on a vaccination campaign in April.[175] From 2020 to 2023 a total of seven health care-related incidents were reported in Mogadishu, while new cases were reported in Galgaduud and Mudug regions in 2023. Incidents were also reported in Sool, Gedo, Hiiraan, and Lower Shabelle.

Known locations of reported incidents affecting health care in Somalia, including Puntland and Somaliland, 2021-2023

In 2023 there was a rise in incidents in the contested Las Anod region between Somaliland armed forces and local Dhulbahante militias.
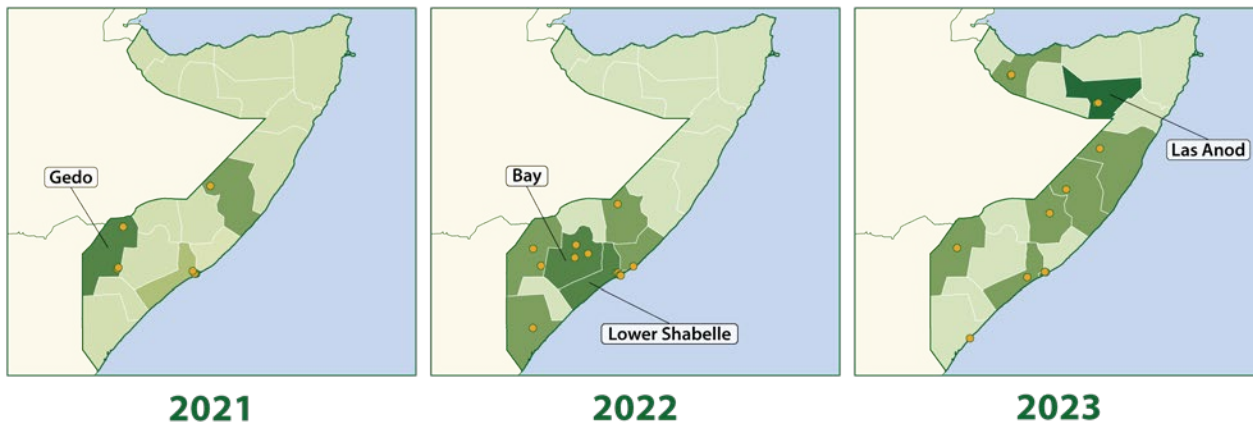
Damage to health facilities was commonly reported in Las Anod. Health worker killings were more widely dispersed and increased from two in 2022 to 12 in 2023. Recorded incidents affected health care providers working in public health structures, NGOs, and UN agencies.

Four cases of violence against or obstruction of health care were attributed to Al-Shabaab fighters in 2023, compared to six in 2022 and two in 2021. All four in 2023 were recorded between June and September and involved staff who were affiliated with an NGO or the WHO. A WHO national female staff member was killed in an attack on the Pearl Beach Hotel and Restaurant in Mogadishu; the head of an NGO hospital was shot and injured while he was on his way home in the Lower Shabelle region; five NGO health workers and a male civilian were kidnapped and released after their families and relatives paid a ransom in Hiiraan; and a truck carrying medical supplies that had been rented by an NGO was hijacked in Gedo.[176]

Four Habar Gedir-Yabadhaalo Ayr militiamen shot and killed a doctor and his brother in a reported clan revenge attack in Galgaduud region in December.[177] All four were apprehended and remained in custody as of April 9, 2024. In another incident in September 2023, a gunman dressed in a security uniform accompanied by two other unarmed individuals shot and killed a doctor inside his health center in Mudug.[178] In other attacks, the attackers remained unidentified.

Known locations of reported incidents affecting health care in Somalia, including Puntland and Somaliland, 2023

Damage to health facilities were commonly reported in Las Anod district while health worker killings were more widely dispersed across Somalia.

Djibouti

Ethiopia

Las Anod

The INGO-supported Las Anod General Hospital was hit five times by ground-launched mortar bombs and artillery shelling, damaging the solar power system and the hospital's oxygen plant, and pausing the work of the pediatrics ward and blood bank services.

Kenya

Health worker killing, injuring or kidnapping incident (12)

Health facility damaged (8)

200km

Las Anod area

Ten incidents of violence against or obstruction of health care were recorded in the area of the disputed city of Las Anod between February and July 2023. Four incidents were attributed to the Somaliland armed forces. In other attacks, the attackers remained unidentified. Eight incidents were recorded of explosive

weapons use damaging hospitals and harming health workers. The INGO-supported Las Anod General Hospital was hit five times by ground-launched mortar bombs and artillery shelling, damaging the solar power system and the hospital's oxygen plant, and pausing the work of the pediatrics ward and blood bank services.[179] The last attack occurred on July 8, wounded seven hospital staff and three caretakers, and caused significant damage to the facility.[180] In response, the INGO withdrew its staff and support.[181]

The WHO reported an attack on another health facility on July 11 that killed and injured health workers and patients and destroyed two ambulances.[182] While there was no mention of explosives being used, the pattern of past explosive weapons use in Las Anod suggests that explosives may have been used in this incident. On July 15, the Government of the Republic of Somaliland issued a press release stating that it was "deeply disturbed by the recent statement from the World Health Organization (WHO) about the conflict in Las Anod." No further incidents were identified in Las Anod since that date. When explosive weapons are used in populated areas, they often have wide-area effects and cause death and destruction beyond the intended target, resulting in reverberating adverse effects on the health sector.

Three health workers were killed in Las Anod in 2023, including a female nurse killed amid fighting, a male nurse volunteer killed by a stray bullet while working inside Las Anod General Hospital, which was also hit by shells, and a paramedic who died in hospital from injuries sustained when the ambulance he was traveling in was hit by unidentified munitions.[183]

THE IMPACT OF ATTACKS ON HEALTH CARE

Decades of violence have stifled the development of Somalia's health care system. This is evident in shortages of essential health workers. The latest available data suggests nurse, midwife and doctor levels are only four per 10,000 people in Somalia with a shortage of approximately 24,000 health workers to meet minimum requirements. In remote rural areas, especially those affected by violence, the access of Somalia's civilian population to health care workers is likely to be especially difficult. The availability of freely accessible public health facilities is also severely limited, even in large urban areas such as Mogadishu, while few people can afford the alternative of private treatment. This has created further barriers to health care and contributed to high child and maternal mortality rates.

> *The latest available data suggests nurse, midwife and doctor levels are only four per 10,000 people in Somalia with a shortage of approximately 24,000 health workers to meet minimum requirements.*

The pre-existing weaknesses of Somalia's health care system make the impact of attacks on health care particularly acute. As already noted, following the serious damage sustained to the Los Anod General Hospital, the INGO supporting the hospital announced that it could no longer continue its operations due to security concerns. This was the only public hospital in Los Anod, meaning that there were limited options for people to seek care elsewhere at a time when treatment for injuries was in high demand due to the intensity of the violence in the city. The impact of violence on national health workers is especially great in such instances. Following the INGO's announcement that it would be withdrawing, hopes were expressed that local health workers would continue working "on a volunteer basis," potentially adding to their financial burdens and psychological trauma, given their harrowing operating environment.

Attacks on health care coupled with broader insecurity have further undermined health care access and quality by causing many INGOs to conduct remote management of their operations from Nairobi in Kenya, which is a substantial distance away from the populations being served. While helping safeguard staff security, this has had the unintended consequences of increasing operational costs and reducing the ability to effectively assess and respond to context-specific health needs in Somalia, especially in remote areas.

174   The SHCC report contains a country chapter when at least 15 incidents of violence against health care were reported in one calendar year or at least 30 incidents over multiple years. The reported incidents from Somalia, including Puntland and Somaliland, were included in the total figures for the past years, but because the SHCC report did not list these incidents individually in 2022, the recorded incidents are listed here.

175   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SOM SHCC Health Care Data. Incident numbers 38692, 38675; 39500.

176   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SOM SHCC Health Care Data. Incident numbers 39620; 41442; 39500; 41025.

177   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SOM SHCC Health Care Data. Incident number 43181.

178   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SOM SHCC Health Care Data. Incident number 40648.

179   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SOM SHCC Health Care Data. Incident numbers 37817; 44597; 37930.

180   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SOM SHCC Health Care Data. Incident number 40157.

181   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SOM SHCC Health Care Data. Incident number 40157.

182   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SOM SHCC Health Care Data. Incident number 40158.

183   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SOM SHCC Health Care Data. Incident numbers 37925; 37744; 44596.

South Sudan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

12	**6**	**5**
REPORTED INCIDENTS	HEALTH WORKERS KILLED	HEALTH WORKERS ARRESTED

Source: 2023 SSD SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 12 incidents of violence against or obstruction of health care in South Sudan in 2023, compared to 32 in 2022. In these incidents, at least six health workers were killed and five others arrested. The actual number of incidents and the severity of the problem are likely much greater because of probable under-reporting. This factsheet is based on the dataset 2023 SSD SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Conflict and insecurity persisted in South Sudan throughout 2023. According to the Armed Conflict Location & Event Data Project, violence against civilians continued in 2023 at similar rates to previous years and was particularly prevalent in the states of Central, Eastern, and Western Equatoria.[184] Armed Dinka Bor tribespeople, and South Sudan People's Defence Forces (SSPDF) and Sudan People's Liberation Army in Opposition (SPLA-IO) personnel were accused of violence against civilians, including attacks on and threats to health care.

An estimated 9.4 million people in South Sudan needed humanitarian assistance in 2023, or 76% of the population. The Sudan conflict triggered the influx of refugees, returnees, and asylum seekers to South Sudan. Between April 2023 and January 31, 2024, registered border crossings of over 500,000 people from Sudan to South Sudan were recorded, with most people arriving in remote and hard-to-reach locations that lacked essential services, including health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care were dispersed over seven of South Sudan's ten states and one of its three administrative areas. Incidents mostly affected NGOs, Red Cross societies, and the United Nations (UN), while four incidents affected national health structures. The majority of cases recorded threats or armed violence towards health workers, while two incidents of medical supplies being stolen from health facilities were reported.[185] Most incidents were recorded at health facilities or while staff

traveled to provide medical care to remote areas. A male midwife was whipped 150 times with a cane by SSPDF soldiers for inadvertently crossing a checkpoint marked by ashes on the ground while shopping at a market in Awerial county, Lakes state.[186] Four Red Cross volunteers working on COVID-19 vaccination and Ebola awareness campaigns were taken from their homes in Central Equatoria by suspected armed Dinka Bor and shot and killed together with other community members.[187]

Two incidents of violence against or obstruction of health care were attributed to armed Dinka Bor cattle herders in Central Equatoria who stole medical supplies from a health center and killed the previously mentioned Red Cross volunteers.[188] SPLA-IO forces arrested four Women Training and Promotion (WATAP) program staff members as they were traveling to visit a health facility that the program was building in Western Bahr el Ghazal state. They were reportedly freed after paying SSP 250,000 (USD 1,919) as ransom.[189] In Northern Bahr el Ghazal, the National Security Services temporarily detained a UN staff member over delays in the payment of incentives to locally hired aid workers who had supported the UN organization during a vaccination campaign.[190] In other attacks, the attackers remained unidentified.

Reported incidents affecting health care in South Sudan, 2023

Incidents were widely dispersed and mostly recorded threats or armed violence towards health workers.

Health worker killing, injuring or arrest incident (10)

Incident where a health facility was looted (2)

100km

South Sudan
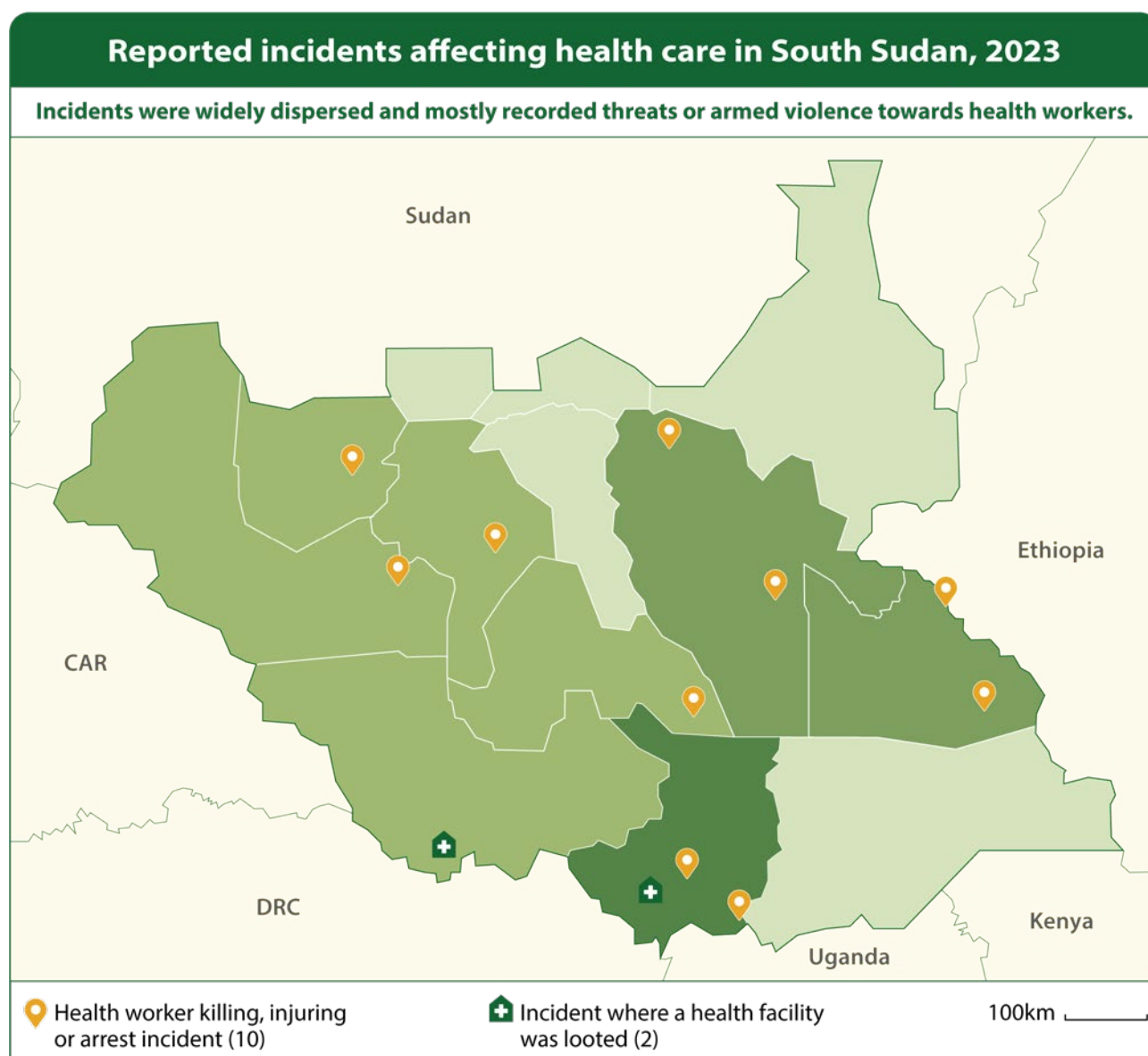
Health workers killed, injured, and arrested

At least six health workers were killed in three incidents in 2023. Along with the Red Cross volunteers mentioned above, a nurse was killed in a road ambush by unidentified perpetrators in Warrap state and a security guard at an NGO-supported health center was stabbed and killed by three men after he refused them entry into the facility in Central Equatoria.[191] Five health workers were arrested by police in two incidents in 2023, including the previously mentioned four WATAP workers and the UN staff member.[192] Nine health workers were injured in 2023, including a health worker and female caregiver who were shot and injured by stray bullets during an attack on the Médecins Sans Frontières-run Old Fangak Hospital emergency room in Jonglei.[193]

👍🔍 SOCIAL MEDIA MONITORING

In February 2023, four Red Cross volunteers working on COVID-19 vaccination and Ebola awareness campaigns in Central Equatoria were kidnapped from their homes together with other civilians and killed by suspected armed Dinka Bor herders. Although social media monitoring by Insecurity Insight did not find any evidence of disinformation targeting the Red Cross prior to the attack, a minority of users who were sympathetic to the herders alleged that the volunteers formed part of the Equatoria-based National Salvation Front (NSF) rebel group. These findings suggested that the herders and their sympathizers equated Red Cross aid activities among local Equatorian communities with collaboration with their enemy, the NSF.

THE IMPACT OF ATTACKS ON HEALTH CARE

South Sudan is facing a severe health crisis, with over 8.9 million people in need of humanitarian assistance to meet their health needs. The under-five mortality rate is approximately 99 deaths per 1,000 live births.

Decades of attacks against health care have eroded the very limited capacity of the health system to cope. According to the Health Cluster, only 25% of health facilities across the country provide the minimum level of services. There is a widespread shortage of trained, skilled health workers.

While up-to-date information on the impact of attacks on communities is scarce, a study showed that for months after an attack, communities faced additional obstacles in accessing health services, including a widespread fear of visiting a health facility that has been exposed to violence.

South Sudan

184   Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.

185   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SSD SHCC Health Care Data. Incident numbers 44823; 41741.

186   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SSD SHCC Health Care Data. Incident number 38676.

187   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SSD SHCC Health Care Data. Incident number 37133.

188   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SSD SHCC Health Care Data. Incident numbers 41741; 37133.

189   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SSD SHCC Health Care Data. Incident number 39628.

190   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SSD SHCC Health Care Data. Incident number 44499.

191   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SSD SHCC Health Care Data. Incident numbers 43182; 40871.

192   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SSD SHCC Health Care Data. Incident numbers 39628; 44499.

193   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SSD SHCC Health Care Data. Incident number 38214.

Sudan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

257	**63**	**56**	**57**	**41**
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	INCIDENTS WHERE HEALTH FACILITIES WERE OCCUPIED

Source: 2023 SDN SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 257 incidents of violence against or obstruction of health care in Sudan in 2023, compared to 54 in 2022. In these incidents, 56 health workers were killed; vital medicines were looted; and health facilities were damaged, destroyed, and occupied. This factsheet is based on the dataset 2023 SDN SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

In mid-April 2023, fighting broke out between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF), a paramilitary group that had been slated for integration into the government. The violence quickly spread across the country and was especially fierce in Khartoum and the states of Darfur and Kordofan, where a range of armed actors were active as well as the RSF and SAF. Throughout the conflict, civilians faced grave protection threats. These include the reported massacre by the RSF of at least 1,000 civilians in El Geneina, West Darfur, in June 2023.

The conflict also created what has been described as the "world's largest internal displacement crisis" with more than ten million people being displaced by January 2024, including nine million internally within Sudan. This has contributed to severe food insecurity, with 700,000 children expected to suffer from malnutrition in the country in 2024, exacerbating the pressures on health workers and facilities treating such conditions. Aid agency and health responses have been complicated by recurrent internet and communications blackouts.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care dramatically increased in Sudan in 2023. All except two incidents occurred on or after 15 April, with at least 27 incidents taking place on the day fighting first broke out in Khartoum state. Hospitals, clinics, and medical warehouses were bombed, shelled, and taken over, and repurposed as military bases. In addition to patients, health workers, including an

anesthetist, dentist, pharmacist, and ophthalmology consultant, were killed, injured, kidnapped, and arrested. Drugs, medical supplies, and equipment were looted and repeatedly blocked from entering the country. Humanitarian actors were denied visas or faced delays in obtaining them.

Cases were widely dispersed across 12 of the country's states, with over half being recorded in the highly urbanized Khartoum. High numbers of incidents were also reported in the Darfur states and North Kordofan compared to previous years, with new cases in Gezira and West Kordofan states being reported from August onwards. Two incidents affected INGOs in Port Sudan, where many humanitarian agencies relocated due to the relative security compared with in Khartoum. Two-thirds of incidents took place at health facilities, with at least 25 facilities reporting multiple incidents of threats and violence. Many of Sudan's most well-equipped hospitals are located in central Khartoum, where the most intense fighting between the SAF and RSF took place, requiring doctors to shield themselves and their patients from gunfire and bombardment.

Violence against health care in Sudan, 2023

Conflicts in which violence against health care becomes a consistent pattern, frequently starts with extreme levels of violence against the health system.

Known locations of reported incidents affecting health care in Sudan, 2021-2023

Over half of incidents were recorded in the highly urbanized Khartoum in 2023, as in previous years. Cases increased in the Darfur states, Gezira and North Kordofan in 2023, compared to previous years.

2021   2022   2023

As in previous years, most incidents affected health care providers working in national health structures. NGOs, the Sudanese Red Crescent Society, and UN agencies were directly affected in 26 incidents.

Health worker killings sharply increased in 2023, particularly in Khartoum. Damage to health facilities mainly occurred during fighting between the RSF and SAF in Khartoum, and often involved explosive weapons use. The looting of vital medicines and supplies was more rife in Darfur and often occurred during wider attacks on health facilities that were stormed by conflict parties. Hospital takeovers mostly involved the RSF and were common in Khartoum.

Sudan

Around half of the cases of violence against or obstruction of health care were attributed to the RSF, whose forces were typically armed with guns. SAF forces were also named, but less often. State intelligence forces arrested health workers in Khartoum, while Arab nomads and militias looted health facilities, seized vehicles, and harmed health workers in West and South Darfur. In other attacks, the attackers remained unidentified.

Explosive weapons use

Reported incidents of explosive weapons use impacting health care in Sudan, 2023

Most incidents involved ground-launched explosive weapons damaging health facilities in Khartoum, with less frequent cases in Central and South Darfur and North Kordofan. Nine air-launched explosive weapons were recorded as damaging hospitals and harming health workers in Khartoum.

Incidents where ground-launched explosive weapons were used (26)

Incidents where air-delivered explosive weapons were used (9)

At least 54 incidents impacting health care in Sudan in 2023 involved explosive weapons use, compared to one in 2022.[194] Most involved ground-launched mortar shelling, missiles, and rockets damaging health facilities, including children's departments and maternity wards, teaching hospitals, pharmacies, and

warehouses in Khartoum. The INGO-supported Al Nao Hospital in Omdurman was twice hit by RSF shelling, resulting in some patients avoiding seeking medical treatment due to trauma and fear of the hospital being shelled again. Explosive weapons also damaged hospitals and harmed health workers in Nyala city (South Darfur), Zalingei town (Central Darfur), and El Obeid city (North Kordofan). All were areas of fierce fighting between the RSF and SAF that left thousands of civilians killed or displaced, and unable to receive humanitarian aid due to the fighting.

Nine cases were recorded of air-launched explosive weapons impacting health care in Khartoum. Seven involved SAF military aircraft dropping explosive weapons in residential areas that damaged hospitals and medical centers, including Al Baraha Hospital, Al Roumi Medical Centre, and Ibrahim Malik Teaching Hospital.[195] Most of these incidents occurred between April and May, with one recorded in August. Drones armed with explosives were used in two attacks on health care in Sudan, the first such cases since the SHCC began monitoring attacks on health care in 2016. Both incidents were attributed to the RSF and damaged hospitals at or near SAF military infrastructure.[196] While the source of the drones used in these two cases is unclear, the United Arab Emirates (UAE) and other regional actors, including Eritrea and Libya, are possibilities. The UAE is the RSF's main ally and reportedly also supplied the Ethiopian military and Yemeni Joint Forces with drones.

Eleven health workers were killed by explosive weapons use in 2023. All but one incident took place in Khartoum.[197] Six staff members were killed inside their homes, including two Egyptian doctors (an anesthetist and her dentist sister), who were killed when their home in central Khartoum was hit by shelling during fighting between the RSF and SAF.[198] Snipers on rooftops and ongoing shelling made it difficult to transport their bodies to the cemetery, and they were buried in their garden under medical supervision. A video of the burials went viral on social media in Sudan, sparking outrage and demands that the combatants should stop turning residential areas into battlegrounds.[199]

Several other incidents were recorded of air strikes and shelling near or in the vicinity of hospitals, killing and injuring civilians in the area, and often forcing health care providers to suspend medical services, which in turn impeded patients' access to health care. When explosive weapons are used in populated areas, they often have wide-area effects and cause death and destruction beyond the intended target, resulting in reverberating adverse effects on the health sector. This was particularly true of Sudan in 2023.

Damage to Health Facilities

Health facilities were damaged or destroyed on at least 63 occasions in 2023, the majority of which occurred in Khartoum, with the remaining incidents spread across the Darfur states and one incident in North Kordofan. Most damage was caused by explosive weapons, with health centers, pharmacies, and an immunization center set on fire on seven occasions during wider attacks on civilians and following the looting of health supplies in Khartoum and Central, West, and South Darfur. In most arson attacks, staff were not harmed. The exception was the previously mentioned six staff members who were killed in Khartoum.

Health supplies looted

In 2023, vital medicine and equipment were looted on at least 57 occasions from health centers, medical warehouses, pharmacies, and an immunization center by the RSF, SAF, militia, National Intelligence and Security Service agents, and unidentified attackers. These incidents were most frequent in the Darfur states.

In most lootings, perpetrators were armed with guns. There were three cases of health facilities being looted then set on fire, including Zalingei Hospital and a Ministry of Health building during an assault on Zalingei town (Central Darfur) by RSF soldiers on June 27.[200] Lootings mainly occurred during wider attacks on civilians and an INGO-supported hospital in Kreinik locality (West Darfur) by unidentified perpetrators. Three volunteers were arrested at Ombada Hospital (Khartoum) by military intelligence forces, while health workers at Blue Nile Hospital (Omdurman) were beaten by suspected SAF forces.[201] There were several reports of looted medication being sold at markets.

Health worker killings, kidnappings, arrests, and victims of sexual violence

At least 56 health workers were killed in 43 incidents, compared to 13 in six incidents in 2022. Nearly half of these incidents were recorded in Khartoum and mostly involved perpetrators shooting and killing health workers working inside hospitals, clinics, or their homes, with RSF forces most commonly identified as the perpetrators. In one incident, six health workers, including a laboratory specialist, four doctors, and a pharmacist, were shot and killed and patients beaten in an attack on the Shaheed Hospital in Khartoum in June by suspected RSF forces when one of the unit's commanders died after doctors tried to save his life.[202] The hospital laboratory was also burned down, and the hospital was forcibly evacuated, causing it to close. The RSF, however, denied the accusation.[203] In addition to the 11 staff killed by explosive weapons, Dr Bushra Ibnauf Sulieman – a Sudanese-American medic – was attacked and stabbed in front of his family outside his house in Khartoum by unidentified perpetrators and died days later in hospital.[204] The doctor was a founder and director of a doctors' humanitarian group, the Sudanese American Medical Association.

At least 28 health workers were kidnapped in six incidents in Khartoum, Gezira, South Darfur, and one unspecified location in 2023, compared to five staff taken in one incident in South Kordofan in 2022. Health workers were abducted from hospitals and their homes, often on their own or with another colleague. Twenty doctors from the Italian Hospital were kidnapped by the RSF and allied militias after they were accused of treating SAF soldiers.[205] Three of the 28 kidnapping victims were released after 24 hours. The fates of the remaining staff were not recorded.

Sudan

At least 20 health workers were arrested in ten incidents in 2023, compared to 13 in five incidents in 2022. Staff were arrested on accusations of supporting opposing conflict parties or having participated in pro-democracy campaigns. Often staff were beaten or threatened, and in one case a staff member had their head shaved while they were detained.[206] A doctor arrested by the RSF and taken to a sports facility in Khartoum was later executed on suspicions of SAF affiliation.[207]

Repurposing of health facilities

Health facilities were taken over and occupied on at least 41 occasions in 2023, often for several weeks. These incidents most frequently involved the RSF in Khartoum, with three attributed to the SAF. Ahmed Qasem Cardiac Surgery and Kidney Transplant Center (Khartoum), El Fasher Children's Specialist Hospital (North Darfur), and Kas Hospital (South Darfur) were among the facilities that were occupied. On six occasions, health facilities were repurposed for non-medical purposes, including as a military base or otherwise to plan military activities. Snipers were often positioned on hospital rooftops and armed personnel stationed inside health buildings. RSF members twice forcefully evicted patients from hospital wards, and the facility was repurposed for the use of wounded RSF personnel.[208]

On one occasion, the SAF requisitioned medical supplies and equipment allocated to the national health system from an aid warehouse and took the stolen goods to a military hospital in Khartoum.[209] The misuse of health facilities for non-medical purposes exposed patients and health care workers to a greater risk of violence. The repurposing of facilities for military medical care severely limited civilian access to health care. The seizure of health infrastructure, including medical equipment, which often occurs during (or immediately after) occupation, further disrupted the provision of health care.

SOCIAL MEDIA MONITORING IN SUDAN IN 2023

Following the outbreak of conflict in April 2023, Insecurity Insight's social media monitoring program detected disinformation and attacks on the Sudanese Doctors' Syndicate, a professional organization of Sudanese doctors, for its neutral position in the armed conflict. Social media users, in particular supporters of the SAF, accused the syndicate of being partial towards the RSF and of collaborating with armed militia. Apart from disinformation, Insecurity Insight found instances of threats of violence towards the syndicate for its perceived support for the militia. These findings suggested that humanitarian principles, including the principles of neutrality and of providing impartial access to health care or aid, seemed to be perceived by some users as providing support for the opposing conflict party.

Subsequent monitoring suggested that the criticism of the Sudanese Doctors' Syndicate's neutral position on social media extended to other humanitarian organizations. In the aftermath of an attack on a Médecins Sans Frontières (MSF) convoy in southern Khartoum, social media users reacted very negatively to the INGO's neutral description of those who perpetrated the attack as "armed men," because users presumed the armed men to be RSF members. Some users threatened the INGO with violence and others argued that the agency deserved the attack.

These cases indicated that the humanitarian principle of neutrality was not widely known among commentators who were active on social media.

Sudan

THE IMPACT OF ATTACKS ON HEALTH CARE

A combination of insecurity, shortages of medical supplies, limited cash to meet operational costs and salaries, and power outages all contributed to the stress experienced by Sudan's health care staff and facilities in 2023. A pediatric specialist at the Nyala Specialist Hospital in South Darfur commented in September that "The dialysis department [at the hospital] has faced repeated interruptions due to power outages, fuel shortages, lack of dialysis aids, and security concerns." Health workers were also among the many people who fled Sudan for their safety, which added to shortages of health workers to operate facilities. The inability of some health care providers to pay staff for multiple months due to cash shortages and subsequent health worker strikes similarly added to pressures on staffing levels. The psychological impacts of attacks affected staff and patients in profound ways, resulting in a reduced-skilled workforce and barriers to potential patients seeking health care, with wide-ranging consequences for individuals and public health.

For those health workers who remained at their posts, conditions were perilous both for them and their patients. Health workers described using the dim light of mobile phones during operations conducted in the dark following electricity blackouts. Fizzy drink bottles were also used to store blood drained from patients injured by gunshots due to shortages of medical equipment. Simultaneously, the number of individuals requiring treatment had risen due to injuries and trauma sustained during the conflict. In a single MSF-supported hospital in Omdurman, Khartoum, health workers treated over 2,100 trauma cases in August alone. These accounted for almost half of all emergency room consultations at the facility.

Volunteers – often operating through "resistance committees" – frequently supported health care provision. Activities undertaken by these volunteers included helping to repair damaged facilities, linking people injured by violence with health workers for treatment, and obtaining medical supplies. However, this sometimes came at great personal cost to the volunteers. In May, a student engineer died after suffering an electric shock while restoring power to a health center in Darfur. "Hospitals lacked staff and supplies to save him," according to a fellow volunteer.

> *Health workers described using the dim light of mobile phones during operations conducted in the dark following electricity blackouts.*

Shortages of medication and medical equipment contributed to black market sales of these items. Social media monitoring by Internews suggested that this included medicines stolen from pharmacies in Sudan being traded at markets in Khartoum.[210] Often, medical items sold on the black market remained expensive, with single emergency blood bags reportedly costing SDG 14,000 (equivalent to over USD 20) in September. Access barriers to health care for women were especially acute. At least five incidents directly affected the provision of women's health care. Among these, maternity wards and hospitals were damaged by shelling and firearms, temporarily closed, and looted. Access to clinical care and psychosocial support for women or children who had suffered sexual violence was also hampered by the broader insecurity and communications blackouts. A female doctor was raped by RSF soldiers while on her way home in Al-Jazirah.[211] The woman did not report the incident to authorities for fear that her reputation and standing in society would be irreparably damaged.[212]
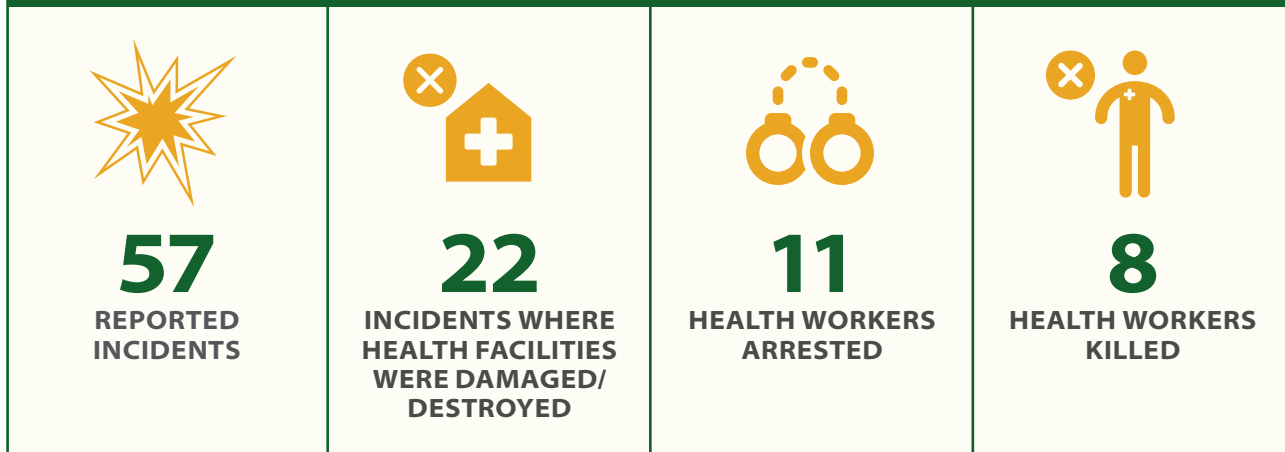
Restoring and improving Sudan's health system will require sustained long-term investment. In September 2023, financial losses to Sudan's health system due to the violence since April 2023 were estimated at USD 700 million.

194   In 11 incidents the type of explosive weapons used was not recorded.
195   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 38643; 38607; 38644.
196   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 40366; 39623.
197   The location of the incident was not recorded.
198   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42237.
199   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42237.
200   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 39751; 39745.
201   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 38545; 39451; 40361.
202   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 39752.
203   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 39752.
204   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 38605.
205   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42138.
206   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 40700.
207   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 40711.
208   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident numbers 41304; 39756.
209   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 39458.
210   Internews. Sudan Humanitarian Flash Update No. 5. October 4, 2023.
211   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42208.
212   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SDN SHCC Health Care Data. Incident number 42208.

Syria

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

57	**22**	**11**	**8**
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS ARRESTED	HEALTH WORKERS KILLED

Source: 2023 SYR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 57 incidents of violence against or obstruction of health care in Syria in 2023, compared to 45 in 2022. In these incidents, health facilities were damaged or destroyed 22 times, 11 health workers were arrested, and eight others were killed. This factsheet is based on the dataset 2023 SYR SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

The protracted crisis in Syria has been ongoing for 13 years, during which health infrastructure has consistently come under attack, devastating the health care system. In both the northwest and northeast of the country, health facilities remained heavily damaged by the ongoing conflict, while many lacked medical supplies or qualified staff.

According to the Armed Conflict Location & Event Data Project,[213] although there was a small decrease in political violence in 2023 compared to 2022, attacks on health care continued across the country. In early October, the Turkish Armed Forces (TAF) carried out extensive bombing campaigns in Al-Hasakah and Aleppo governorates, while the Syrian Armed Forces (SAF) carried out air strikes in Idlib governorate. These bombing campaigns damaged and destroyed both health infrastructure and other civilian infrastructure, killing civilians, including health workers.

Humanitarian needs across the country were substantial, with an estimated 15.3 million people requiring humanitarian assistance in 2023, while a changing geopolitical context further exacerbated the difficulties faced by humanitarian operations.

Syria

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Contrary to the overall decrease in reported violence in Syria, incidents of violence against or obstruction of health care increased in 2023. This was primarily due to increased explosive weapons use during October. Cases were reported in eight governorates in 2023, compared to six the previous year. Reports rose sharply in northwest Idlib and Aleppo governorates and decreased in Deir ez-Zor. Reports were also recorded in the government-controlled Damascus and Rif Dimashq governorates. Nearly two-thirds of incidents took place at health facilities.

Known location of reported incidents affecting health care in Syria, 2021-2023

Incidents increased in north-west Idlib and Aleppo governorates and decreased in Deir Ez-Zor between 2022 and 2023.

2021   2022   2023
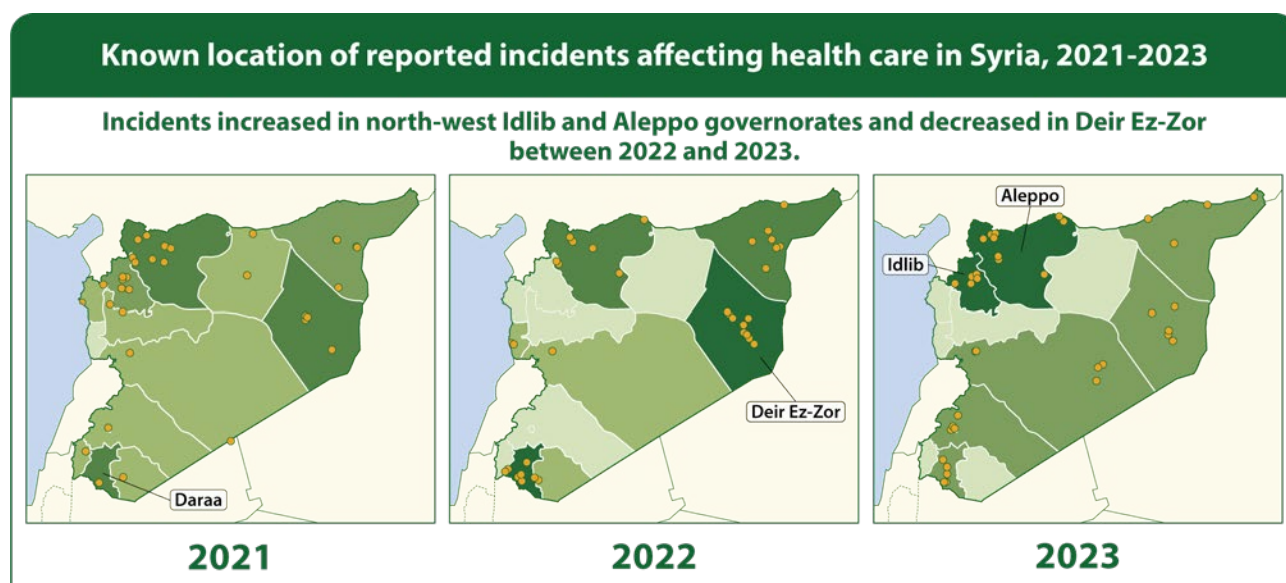
Cases of damage to or the destruction of health facilities nearly doubled in 2023 compared to the previous year, and all but one involved the use of explosive weapons. A similar number of health workers were killed, kidnapped, and arrested in 2023 as in 2022. As in previous years, the majority of incidents affected health care providers working in national health structures in 2023. NGOs were directly affected in eight incidents and a private health provider once.

Most incidents of violence against or obstruction of health care were attributed to the SAF and TAF using explosive weapons in Aleppo, Idlib, and Al-Hasakah. Syrian Public Security Police, the SAF, Turkish police forces, and the Turkish National Intelligence Organization arrested health workers in northwest Syria. Two incidents in which one doctor was arrested in his home and another doctor was assaulted at a private hospital were attributed to the Syrian National Army (SNA), a Turkish-backed non-governmental armed group, and the Al-Hamza Division (which forms part of the SNA) in Afrin district, Aleppo governorate.[214] In northeast Deir ez-Zor, Syria Democratic Forces (SDF), the Kurdish-led armed group, stormed a hospital, forcibly removed health workers, and closed the hospital.[215] Fighters on motorbikes from the non-state group Islamic State attacked the home of a doctor with firearms.[216] In other attacks, attackers remained unidentified.

Explosive weapons use

Incidents involving explosive weapons use affecting health care doubled in 2023 compared to 2022. Most were reported in October, reflecting a marked escalation in the observed patterns of continued violence

against health care in Syria. At least three health facilities were completely destroyed and 19 damaged, and ten ambulances were damaged or destroyed. In addition, four health workers, including a nurse, a paramedic, a doctor, and an LNGO volunteer, were killed.

Ten incidents were attributed to Turkish forces in Al-Hasakah and Aleppo. Most involved air-launched explosive weapons use in October and December with one involving artillery shelling damaging a hospital and injuring four civilians in Tel Refaat city (Aleppo) in June.[217] Turkish forces used drones armed with explosives destroying and damaging health facilities, including Meshtanour Medical Centre and a pharmacy, and killing a doctor. Turkish forces airstrikes damaged a COVID-19 hospital in Ain Al-Arab/Kobani (Aleppo).[218]

Twenty incidents involving explosive weapons use affecting health care were attributed to SAF artillery shelling, missiles, or unspecified explosives. Most were recorded in the northeastern towns of Idlib and Ariha in Idlib governorate, with two in Aleppo.[219] In these incidents, 13 health facilities, including Al-Thawra Health Center, a dialysis hospital, Idlib National Hospital, and Idlib University Hospital, were damaged and three health workers were killed, including an LNGO health volunteer killed by an SAF double-tap air strike in Aleppo.[220] As a result of this escalation in violence, 19 hospitals in Idlib governorate suspended services after SAF ground forces fired over 150 artillery shells and missiles into the area.

Ten incidents involving explosive weapons use affecting health care were attributed to Turkish forces in Al-Hasakah and Aleppo. Most involved air-launched explosive weapons use in October and December, with one involving artillery shelling damaging a hospital and injuring four civilians in Tel Refaat city, Aleppo governorate, in June.[221] Turkish forces using drones armed with explosives destroyed or damaged health facilities, including Meshtanour Medical Center and a pharmacy, and killed a doctor. TAF air strikes damaged a COVID-19 hospital in Ain Al-Arab/Kobani (Aleppo).[222]

Reported incidents of explosive-weapon use affecting health care in Syria, 2023

Incidents increased in October, particularly in Idlib governorate, showing a marked escalation in the observed patterns of continued violence against health care in Syria.

■ Incident where explosive weapons were used (30)
■ All other incidents (28)
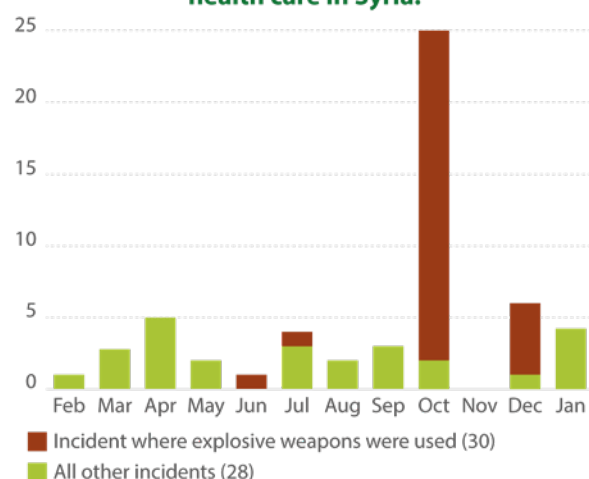
Health workers kidnapped, killed, and arrested

At least 11 health workers, including doctors, nurses, pharmacists, hospital staff, and security guards, were arrested or detained in eight incidents in 2023, compared to 20 in nine incidents in 2022. Seven were arrested by the SNA, the SAF, Turkish National Intelligence forces, and Turkish police forces in Aleppo governorate, and four health workers were arrested by Turkish police forces and the SAF in Al-Hasakah and Deir ez-Zor governorates. Four arrests took place inside health facilities. Three doctors were arrested at their homes in Aleppo governorate and a pharmacist was arrested at a government-controlled checkpoint in Aleppo governorate while on his way to purchase medicines for his pharmacy from government-controlled areas.[223] In Aleppo and Al-Hasakah, three health workers were arrested on allegations of collaborating or affiliating with armed groups. In other cases, the reasons for the arrests were unclear. The fates of all the arrested victims were not recorded.

Syria

Reported incidents of explosive weapons use affecting health care in Syria, 2023

Missiles, rockets and shelling by Syrian forces damaged health facilities 12 times in Idlib. Airstrikes by Turkish armed forces damaged eight health facilities in northeastern Syria.

Armed Forces of Turkey (10)
Syrian Armed Forces (19)

100km
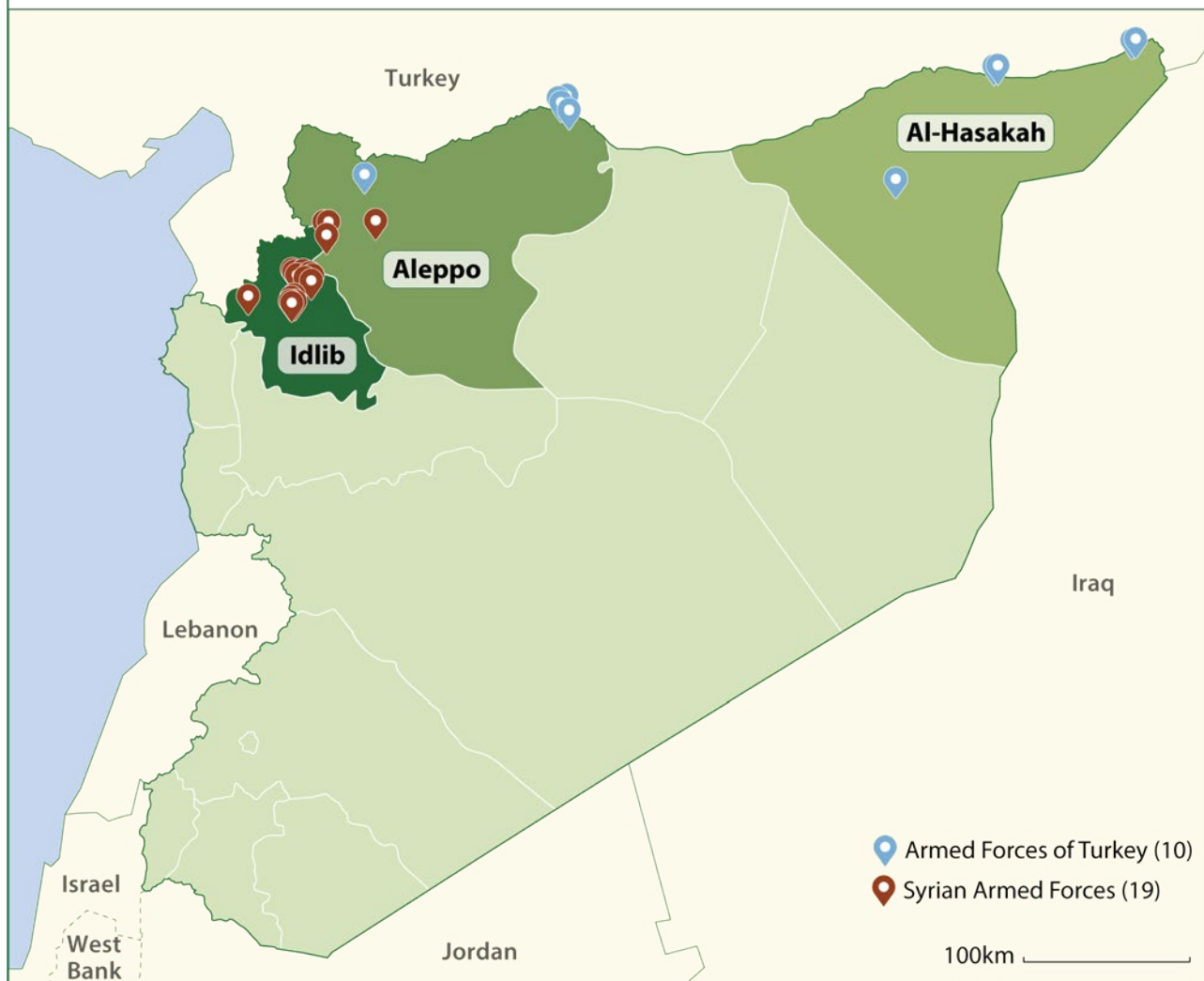
Eight health workers were killed in eight incidents in 2023, the same number as in 2022. Along with the previously mentioned four health care staff killed by explosive weapons use, a dentist, doctor, and medical laboratory technician were shot and killed by unnamed perpetrators in Daraa and Damascus, and a doctor was killed during clashes between the SAF-affiliated Fayez al-Radi group and Syrian military forces in Daraa.[224]

Five health workers were kidnapped by unnamed perpetrators in five incidents in 2023, the same as in 2022. Health worker kidnappings were spread over four governorates and took place at health facilities, including Al Razi Hospital in Homs city, during road travel, and from their homes. Two of the five kidnapped staff were released after their families paid ransoms and another was released after being held for two days.[225] The fates of the remaining staff members were not recorded.

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

A recently published study by Abbara et al. illustrates the impact of the ongoing attacks on health workers in northern Syria. Analysis of qualitative interviews with 40 health workers who had been exposed to violence against health care identified the following issues:

- Health workers reported significant psychological harms, including concerns related to the risk of injury or death for them and their families, along with the onset of burnout, exhaustion, and symptoms of stress. "Actually, psychological wounds are more difficult than physical injuries" (participant 7, a physician).

- The nature of the attacks, including double-tap and repeated attacks on single facilities, resulted in "anticipatory stress" among health workers: these tactics appeared to increase the fear and distress that health workers experienced in the aftermath of an attack on a health facility, who are worrying about additional attacks while they are caring for the victims of the first.

- In addition, health workers were also impacted by the many issues that accompanied conflict in their communities, including food and fuel shortages, unstable pay, attacks on civilians, and their own health issues.

- The research notes possible gendered impacts of attacks on the health workforce: female health workers reported greater concern from their families over their personal security at their workplaces and "face additional pressures as a minority in the workforce, despite a high demand for services such as nursing and gynecology."

- Health workers reported using several personal coping mechanisms to deal with the compounding impacts of the violence, including behavioral, cognitive, emotional, and religious coping. A strong sense of "solidarity" was reported among the interviewed participants, and workers noted the importance of "bonding or talking with colleagues as a means of providing emotional and social support."

- The study notes health workers' needs for psychosocial and mental health support being largely unmet, due to the stigma related to admitting the need for psychological support and the lack of available services.

A forthcoming study by Burbach et al., based on a quantitative analysis of the impact of attacks on 18 health facilities in northwest Syria, finds that, on average, the number of out-patient visits to the facilities dropped by half the day after an attack. A reduction in such visits continued for more than five weeks. The number of births at the hospital decreased by almost 25% in the days after the attack, illustrating the additional barriers preventing pregnant women from accessing the care they need to safely give birth.

A study published by the International Rescue Committee, Physicians for Human Rights, the Syrian American Medical Society, and Syria Relief & Development showed that, among other services, sexual and reproductive health (SRH) care has been limited by the fact that many health care facilities have been built in or relocated to geographic areas far from the front lines, limiting access to SRH services for communities close to conflict zones. The study also showed that in areas where SRH services are largely unavailable, affected populations adopted harmful coping practices, including postponing essential SRH visits and forgoing medication.

213 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.

214 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident numbers 44846; 44843.

215 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident number 44845.

216 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident number 45029.

217 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident number 45010.

218 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident number 41349.

219 The location of one incident was not recorded.

220 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident number 40036.

221 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident number 45010.

222 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident number 41349.

223 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident number 40343.

224 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident number 41792.

225 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 SYR SHCC Health Care Data. Incident numbers 41781, 38253; 37170.

Ukraine

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

394 REPORTED INCIDENTS	**192** INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	**109** HEALTH WORKERS KILLED	**36** INCIDENTS WHERE HEALTH FACILITIES WERE OCCUPIED
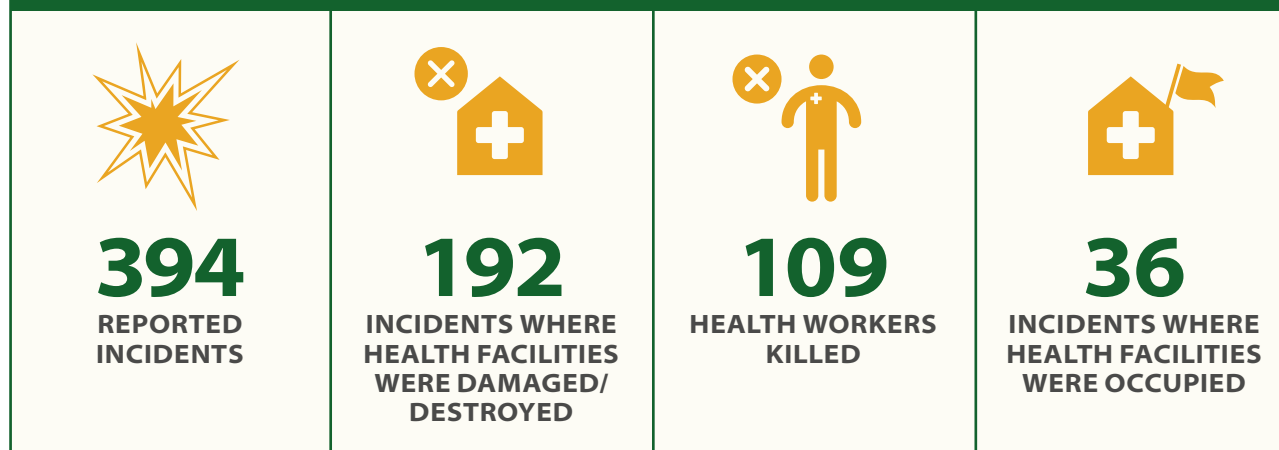
Source: 2023 UKR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 394 incidents of violence against or obstruction of health care in Ukraine in 2023, compared to 885 in 2022. In these incidents, health facilities were damaged or destroyed on at least 192 occasions and occupied by Russian military forces 36 times. In addition, 109 health workers were killed. This factsheet is based on the dataset 2023 UKR SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Following Russia's full-scale invasion of Ukraine in February 2022, fighting persisted in 2023. Russia continued to occupy almost a fifth of Ukrainian territory and inflicted high levels of civilian casualties on Ukraine's population. Large-scale damage and destruction were caused to civilian and energy infrastructure, leaving over 12 million Ukrainians suffering from energy disruptions. Southwest Ukraine also experienced severe flooding affecting over sixty thousand people and killing hundreds following an explosion in June at a dam east of Kherson. About 40% of the Ukrainian population is estimated to require humanitarian assistance in 2024.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care were recorded in 16 of Ukraine's 24 oblasts (regions) and Crimea, with high numbers continuing to be recorded in Donetska and Zaporizka oblasts. Cases increased in southern Khersonska and notably decreased in Chernihivska, Kharkivska, Kyivska, Luhanska, Mykolaivska, Sumska, and Zhytomyrska oblasts. Almost two-thirds of incidents took place at health facilities, with at least 13 facilities affected by threats and violence on multiple occasions. Beryslav Central District Hospital in Khersonska was damaged on six occasions.[226] As in 2022, most incidents affected health care providers working in national health structures, with NGOs directly affected in six incidents and the Ukrainian Red Cross and the ICRC affected in four incidents.

Ukraine

Known locations of reported incidents affecting health care in Ukraine 2022-2023

High numbers continued to be documented in eastern Donetska and Zaporizka oblasts in 2023 with cases increasing in southern Khersonska and decreased in Western Ukraine.

2022

2023

Health worker killings increased in 2023 and health facilities continued to be repurposed by Russian forces as military hospitals and used for non-medical purposes in the temporarily occupied parts of Ukraine. Attacks by drones armed with explosives increasingly impacted health care.

76% of incidents of violence against or obstruction of health care were attributed to Russian Federation military forces. The Armed Forces of Ukraine were named on seven occasions in Donetska, Luhanska, and Zaporizka, where hospitals occupied by Russian forces were damaged in shelling and military medics killed during fighting. In the other attacks, the attackers remained unidentified.

Violence against health care in Ukraine, February 2022-December 2023

Conflicts in which violence against health care becomes a consistent pattern, frequently starts with extreme levels of violence against the health system.
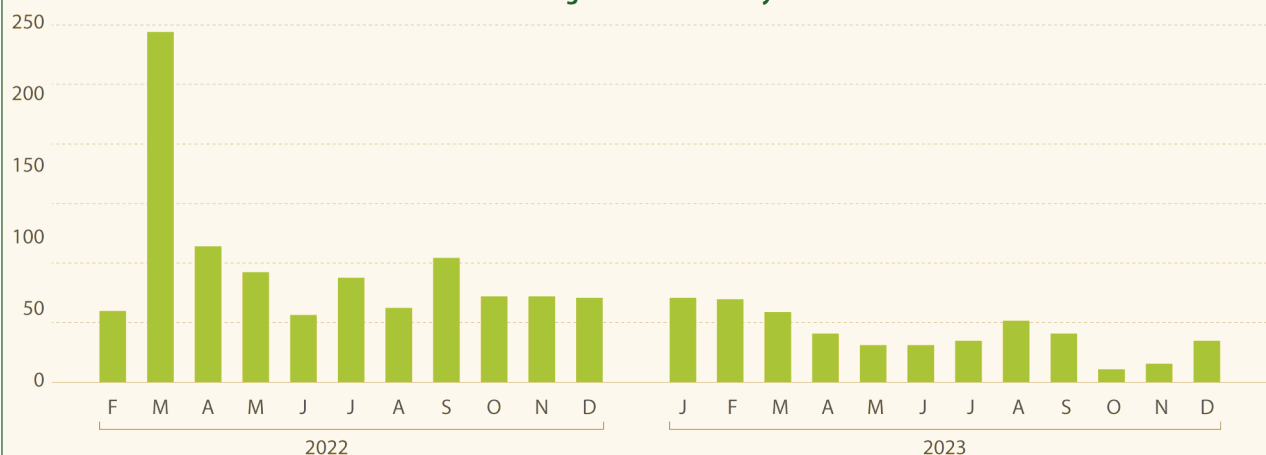
Explosive weapons use

Explosive weapons use impacted health care at least 253 times in 2023. Health workers were killed and injured and hospitals damaged. Most involved artillery and mortar shelling, missiles, mines, and rockets.[227] Russian forces used drones armed with explosives in 17 incidents, compared to two in 2022, and attacks were recorded in Khersonska, Kyivska, Odeska, Zaporizka, and Kharkivska oblasts, a change from the more limited focus of drones affecting health care reported from only Mykolaivka and Zhytomyrska oblasts in 2022. While the company that had manufactured these drones was not recorded in most incidents, on at least one occasion an Iranian-made Shahed-136 drone damaged Kherson Regional Psychiatric Care Institution and injured a doctor as he tried to evacuate the patients from the facility to a bomb shelter.[228] Eight incidents recorded Russian aircraft-delivered explosives impacting health care. Most reports documented damage to health facilities, with two female doctors killed by a Russian-made Kh-22 "Storm" missile in Dnipropetrovsk.[229] The UK Ministry of Defence has criticized this long-range anti-ship missile as being inaccurate.

Reported incidents where Russian forces used explosive weapons impacting health care in Ukraine, 2023

Incidents where ground-launched explosive weapons were used (117)

Incidents where air-delivered explosive weapons were used (35)

100km
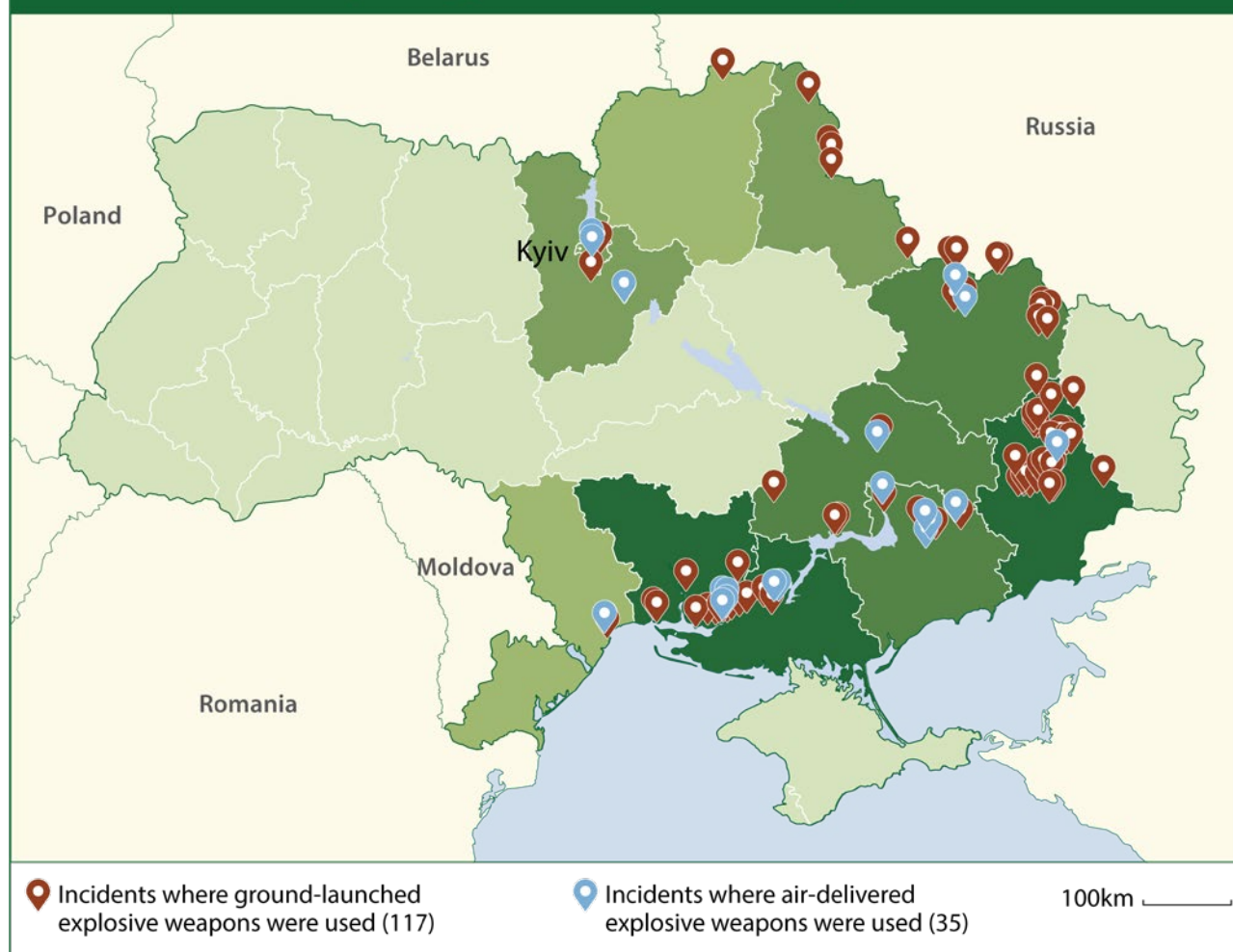
In Bakhmut raion (district), Donetska oblast, Russian forces used cluster munitions in an attack on a cultural center that had been turned into humanitarian facility where aid and health care were provided, leaving the facility inoperable.[230] When explosive weapons are used in populated areas, they often have wide-area effects and cause death and destruction beyond the intended target, resulting in reverberating adverse effects on the health sector.

Health facilities damaged and destroyed

Hospitals, including maternity and children's facilities, pharmacies, and warehouses, were damaged or destroyed on 192 separate occasions in 2023. Most involved explosive weapons used by Russian forces. The exceptions were three incidents where Russian forces fired shots inside a hospital and damaged another, and unidentified attackers fired shots inside a clinic, damaging it.[231] Cases were spread over 13 oblasts, with most taking place in Donetska and Khersonska. Often civilians were killed or injured, and civilian infrastructure was damaged, including Kherson Regional Children's Hospital, which was damaged when Russian forces attacked Kherson city 36 times with artillery, rockets, mortars, tanks, and drones.[232]

ATTACKS ON HEALTH CARE IN UKRAINE

This interactive map documents attacks on health care in Ukraine since the full-scale Russian invasion on February 24, 2022. It is available in English and Ukrainian, and allows viewers to explore where incidents took place and what happened, including, in some cases, via photos. This SHCC factsheet reflects data for 2023 current as of January 15, 2024, but the map and dataset are continuously updated. The map includes events where preventive measures were taken to protect staff and programs and summary that are not counted as "incidents" in this factsheet.

Health workers killed and injured

At least 109 health workers were killed in 101 incidents in 2023, compared to 78 killed in 62 incidents in 2022. Eighty were military medics, with nearly two-thirds killed on the front lines in Donetska and Zaporizka oblasts. In contrast, 22 military medics were killed in 2022, with nearly half of these deaths documented in Donetska oblast. Twenty-nine health workers, including ambulance drivers, doctors, nurses, paramedics, and volunteer health workers, were killed while working inside hospitals, and in one case in their home, or in double-tap attacks while providing medical care to civilians injured in previous Russian attacks. In total, 71 health workers were reported to have been injured in 43 incidents in 2023, compared to 60 reported injured in 38 incidents in 2022. Two-fifths were injured in Beryslav and Kherson raions in Khersonska oblast.

Reported health worker killings in Ukraine, 2022-2023

Military medics killed while providing care to wounded soldiers on the front lines quadrupled from 22 to 80 between 2022 and 2023.

Military medics killed (102)
All other health workers killed (85)

Ukraine
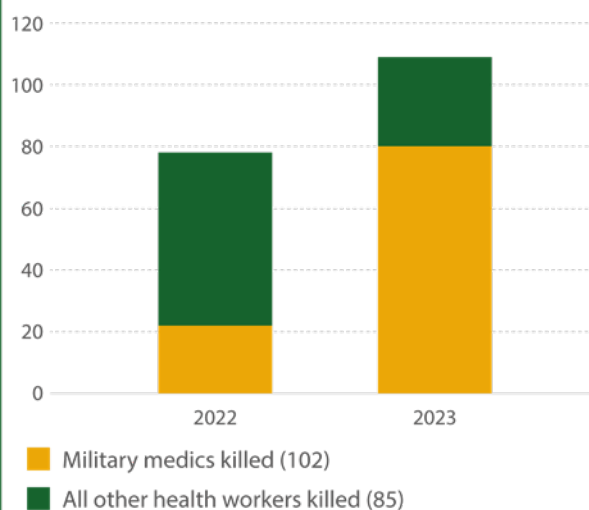
Health facilities repurposed for military use

Fully functioning health facilities were repurposed as military bases or for other non-medical purposes by Russian forces on 36 occasions in 2023, compared to 51 such incidents in 2022. Incidents increased between February and April 2023 and were recorded in four oblasts and Crimea, with most taking place in Luhanska and Zaporizka oblasts. In 22 incidents, Russian forces reportedly forcibly evicted patients and staff from hospitals and used them for the exclusive use of wounded soldiers. In nine cases Russian forces reportedly launched attacks on Ukrainian forces from health facilities. Often during these incidents vital medical supplies and equipment were removed or seized and sometimes taken to hospitals in Russian-occupied areas.

> ### COERCION AND CONTROL: UKRAINE'S HEALTH CARE SYSTEM UNDER RUSSIAN OCCUPATION
>
> This case study reveals lesser-known aspects of Russia's destruction and weaponization of Ukraine's health care system, specifically that Russian armed forces have limited and conditioned civilians' access to health care in temporarily occupied territories. "Our research sheds new light on the grim realities that patients and providers alike are forced to endure in order to access and provide basic health services," said Christina Wille, the director of Insecurity Insight.

THE IMPACT OF ATTACKS ON HEALTH CARE

Health care provision continued to be seriously undermined in 2023, especially in territory under Russian occupation and areas in eastern Ukraine close to front line fighting. For example, among health facilities accessible for data collection in Donetska oblast between November 2022 and May 2023, a third were reported to be non-functional and another third were only partially functioning due to insecurity and damage. This compounded obstacles to accessing health care that already existed in the Russian-occupied territory of Autonomous Crimea as early as 2014, when civilians who did not take up Russian citizenship were barred from receiving medical treatment and obtaining medication. More recently, this has also been the case in the newly occupied territories, where access to health care has become conditioned on a forced change of nationality. A Russian administrator in a town in occupied Khersonska stated in December 2023 that medicines "purchased from the budget of the Russian Federation" would "not be distributed to Ukrainian citizens."

> *Access to health care in the newly occupied territories has become conditioned on a forced change of nationality.*

Many Russian doctors have been deployed to Russian-occupied areas to work alongside and replace Ukrainian doctors, exacerbating the psychological trauma of Ukrainian health workers and undermining the functioning of the health care system due to differences in practices in the two health systems. One Ukrainian health worker commented that Russian doctors "did not understand what electronic databases

were, what confidentiality meant, that not everyone should see the data. They did not communicate with our staff. Our staff were used only as servants."

Across non-occupied parts of Ukraine, the vast majority of health facilities remained functional in 2023. The resilience of the country's health system can partially be attributed to its relatively high baseline quality prior to Russia's full-scale invasion and the rapid repair of many damaged health facilities. Nonetheless, some patients still faced obstacles to accessing treatment.

Economic barriers were the main impediment to receiving treatment in areas outside of Russian-occupied areas. Medication prices continued to rise in 2023, while state budget cuts reduced the Ukrainian Ministry of Health's capacity to purchase medicines. Many Ukrainians had already experienced income losses since the start of Russia's full-scale invasion. The cost was the primary barrier cited by one in ten people who reported being unable to access health care in the previous three months, according to a survey of people in front line areas in Ukraine conducted in September 2023. An insufficient health workforce and the "unavailability of necessary services" were also cited.

Specialized health diagnostic services, including for cancer and associated treatments, continued to be disrupted across Ukraine in 2023, primarily due to the lack of the required medical equipment and personnel. As conditions go undiagnosed and untreated, this is likely to produce long-term negative consequences for Ukrainians.

Substantial investment is required to restore and improve the quality of health care in Ukraine. As of September 1, 2023, damage to health facilities since the start of Russia's full-scale invasion was estimated to have cost the health system USD 2.9 billion.

226   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 UKR SHCC Health Care Data. Incident numbers 37101; 38820; 40254; 40838; 40969; 44479.
227   In 26 incidents the type of explosives used was not recorded.
228   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 UKR SHCC Health Care Data. Incident number 42919.
229   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 UKR SHCC Health Care Data. Incident number 36644.
230   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 UKR SHCC Health Care Data. Incident number 39952.
231   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 UKR SHCC Health Care Data. Incident numbers 36957; 37104; 42642.
232   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 UKR SHCC Health Care Data. Incident number 36750.

Yemen

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

47 REPORTED INCIDENTS	**13** INCIDENTS WHERE HEALTH FACILITIES WERE OCCUPIED	**10** INCIDENTS WHERE HEALTH FACILITIES WERE RAIDED	**7** HEALTH WORKERS KILLED
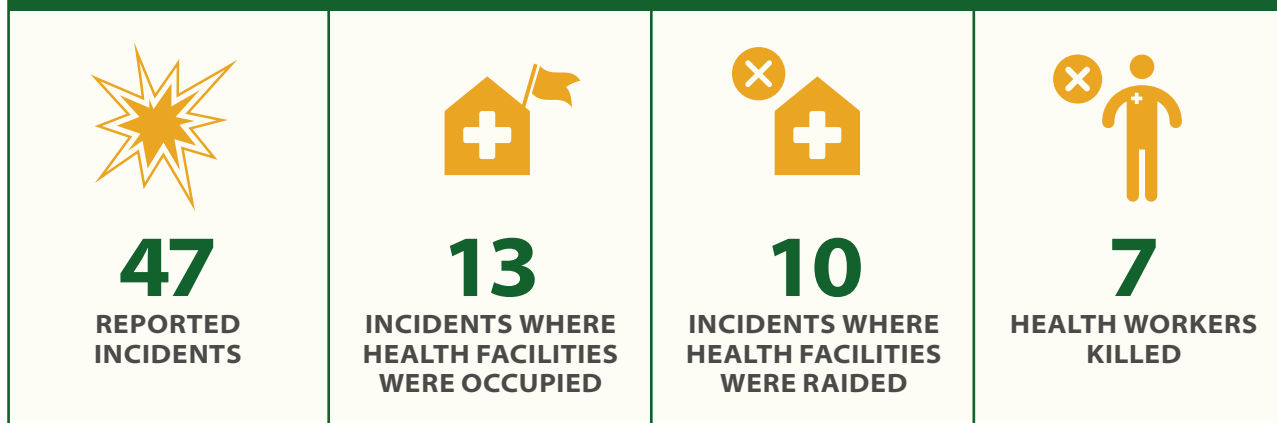
Source: 2023 YEM SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 47 incidents of violence against or obstruction of health care in Yemen in 2023, an increase from 25 in 2022. In these incidents, seven health workers were killed and health facilities were occupied and forcibly entered. This factsheet is based on the dataset 2023 YEM SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

According to the Armed Conflict Location & Event Data Project, in 2023 violence in Yemen occurred at the lowest intensity yet seen during the war, which reflected the continuation of an unofficial truce. However, despite this overall reduction, violence persisted, especially in the western governorates of Ta'izz, Sadah, and Al Hudaydah.[233] The Houthis remained a key political force, exercising de facto control over Sanaa and the northwestern provinces, and over 70% of Yemen's population. The Houthis also conducted multiple attacks targeting Israeli and Western commercial and naval vessels in the Red Sea in the latter part of the year, following the severe escalation of violence in the occupied Palestinian territories in October. Air strikes in Yemen by the Saudi-led coalition in support of the internationally recognized government continued and violence attributed to Al-Qaeda in the Arabian Peninsula (AQAP) increased, mainly in the southern Abyan and Shabwa governorates. Air strikes were also carried out by the West Coast Joint Forces, a coalition of three militias: the Giants Brigade, the Guards of the Republic, and the Tihama Resistance. The joint group was formed in 2019, supported by the United Arab Emirates (UAE), and has the ambition of removing the Houthis from control of Yemen's west coast and northern governorates.

Other notable actors included the Southern Transitional Council (STC), a secessionist political organization opposed to the Houthis and supported by the UAE, which was reported to have also conducted air strikes in Yemen in 2023.[234]

Yemen

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care were spread over 18 governorates in 2023. Recorded incidents increased in Ibb and Raymah governorates and continued in Ta'izz governorate. As in previous years, the majority of incidents affected health care providers working in national health structures in 2023. Two incidents directly affected an INGO. Three-quarters of incidents took place at health centers.

Known locations of reported incidents affecting health care in Yemen, 2021-2023

The highest number of incidents were reported in Abyan and Ibb governorates in 2023.
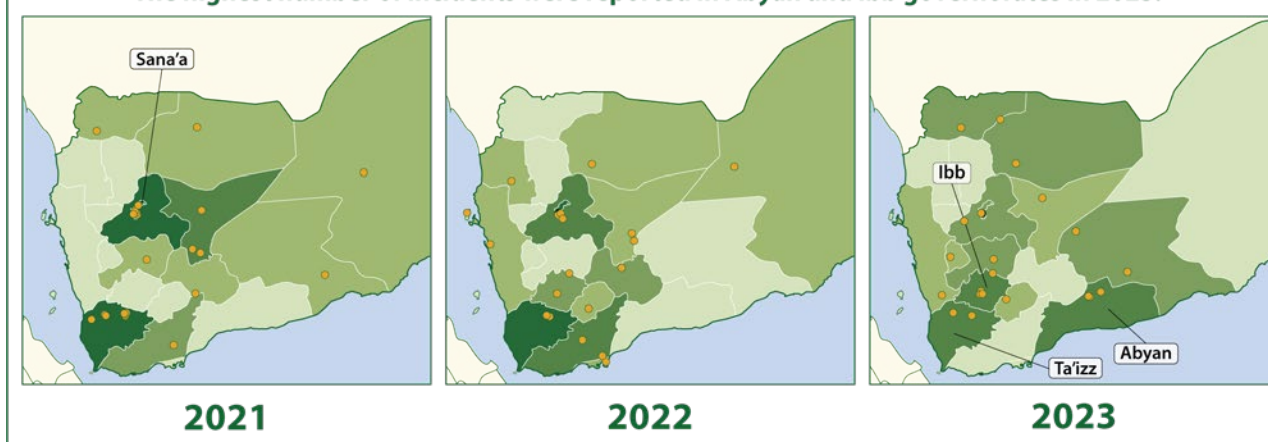
In 2023, health facilities were occupied or raided or damaged by drone-delivered explosive weapons, and ambulances were damaged by improvised explosive devices (IEDs). This was a change from 2022, when health facilities were typically damaged by aircraft-delivered explosives and shelling. Seven health workers were killed in four incidents in 2023, similar to in 2022. Health worker killings included those of a medical student and a pharmacist shot and killed by Houthi gunmen in September and October, respectively.[235] Two INGO health workers were kidnapped in a vehicle ambush by gunmen in Marib governorate and a hospital director was kidnapped by Houthi rebels as he was leaving a hospital in Ibb governorate.[236]

Twenty-five incidents of violence against or obstruction of health care were attributed to Houthi rebels, an increase from five out of a total of 25 incidents in 2022. AQAP members were named as perpetrators on four occasions in 2023, with the last recorded incident attributed to the group in 2020. The pro-government Giants Brigade militia took over Usaylan Hospital in Shabwah governorate in southern Yemen and repurposed it as a base for its fighters.[237] In other attacks, the attackers remained unidentified.

Explosive weapons use

Twelve incidents recorded explosive weapons use affecting health care in 2023, compared to 14 such incidents in 2022. Over half of the recorded incidents involved damage to or the destruction of seven military ambulances belonging to the STC or its affiliates. In addition, four health facilities were damaged and a doctor and his son were injured when a Houthi-planted landmine targeting a tribal leader detonated.[238]

Yemen

Five cases recorded the use of drones armed with explosives in attacks on health care in Al Dali, Al Hudaydah, Dhamar, Sanaa, and Ta'izz governorates in 2023, compared to one in Marib governorate in 2021. Three cases recorded Houthi rebels using drones to drop mortar bombs that damaged two clinics and an STC military ambulance.[239]

Four incidents recorded AQAP-planted IEDs damaging STC military ambulances in Abyan and Shabwah governorates, areas that coincide with the group refocusing its efforts to target STC forces in southern Yemen.[240] When explosive weapons are used in populated areas, they often have wide-area effects and cause death and destruction beyond the intended target, resulting in reverberating adverse effects on the health sector.

Reported incidents of explosive weapons use impacting health care in Yemen, 2021-2023

Drone-delivered explosive weapons and IED detonations were more common in 2023 while airstrikes and shelling were frequent in 2021 and 2022.

Saudi Arabia

Oman

Incidents where drone-delivered explosives or IEDs were used (14)

Incidents where aircraft-delivered explosives, missiles, or shelling were used (19)

Incidents where drone-delivered explosives or IEDs were used (14)

Incidents where aircraft-delivered explosives, missiles, or shelling were used (19)

100km
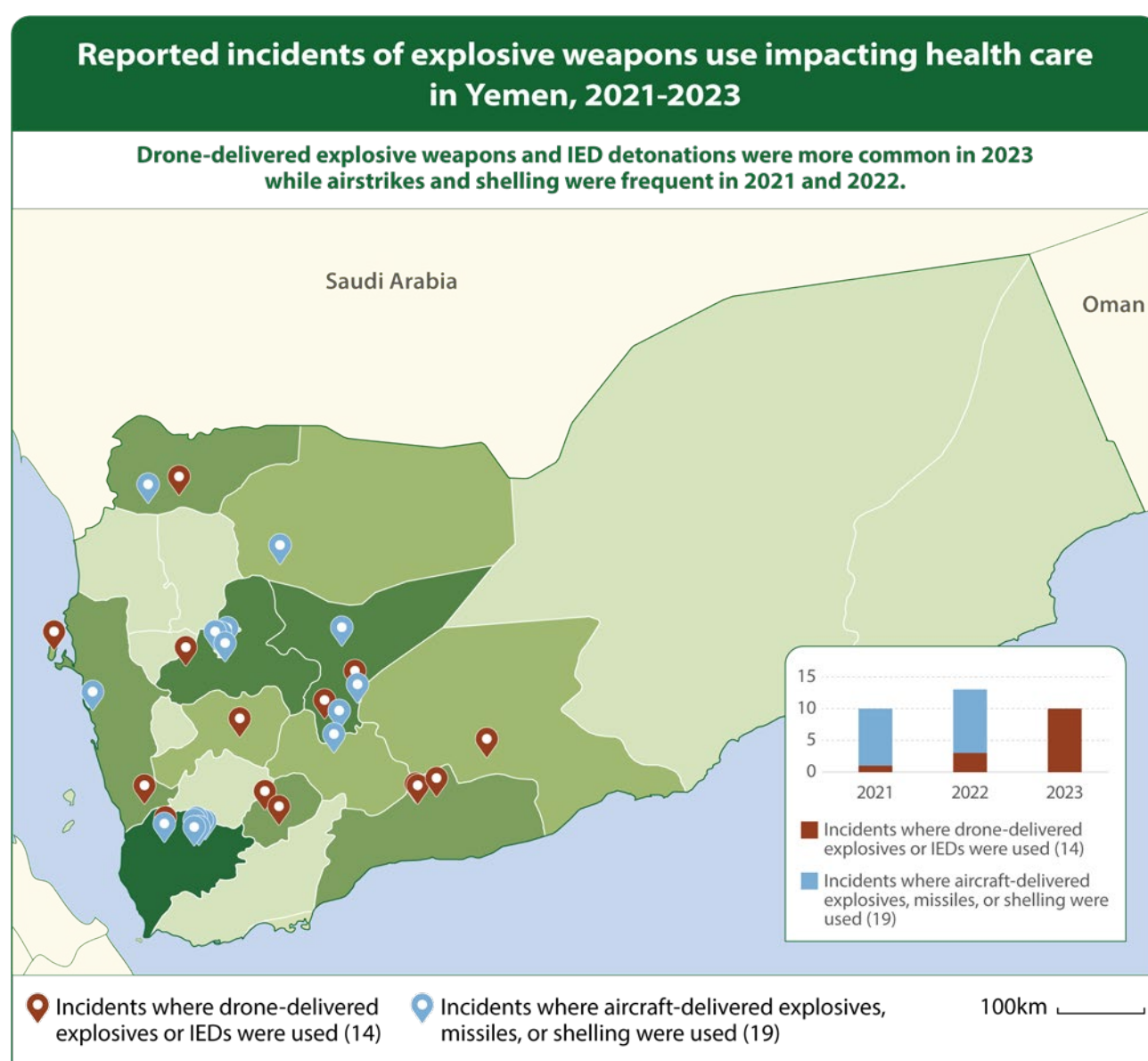
Yemen

The Houthis

Twenty-five incidents of violence against or obstruction of health care were attributed to the Houthi rebels in 2023. Cases were spread over 11 of Yemen's 21 governorates. Houthi rebels armed with firearms forcefully entered four health facilities in Al Jawf, Amanat Al Asimah, Ibb, and Raymah governorates.[241] Two were privately owned facilities, which were raided and repurposed by Houthi rebels in Ibb governorate in January and February.[242] In other cases, the affected facilities were looted of medical equipment, and on one occasion two patients were kidnapped after Houthi rebels stormed a hospital.[243] One of the patients had been injured while fighting the group the day before.[244]

On eight occasions, Houthi rebels took over health facilities to celebrate religious holidays with most taking place during September in Raymah governorate.[245] Health workers were obligated to attend and medical services were suspended for several hours.

Houthi rebels also seriously assaulted a Sudanese doctor in Dhamar after he refused to pay Houthi taxes.[246] The doctor's brother was later killed by a Houthi gunman after speaking out against the assault.

THE IMPACT OF ATTACKS ON HEALTH CARE

Attacks on health care coupled with broader insecurity and violence have had dire consequences in Yemen. The country's total annual expenditure on health care has long been "among the lowest in the world." This expenditure has since reduced in wartime even though demand for treatment has increased due to casualties inflicted during the fighting and the spread of conflict-related diseases. Meanwhile, the political division of Yemen between the de facto control of the Houthis in the north and the internationally recognized government in the south has resulted in the fragmentation of the health care system and an absence of clear governance mechanisms. This, together with the fact that health administrators have often lacked access to basic equipment and services, including computers and internet connections, has contributed to severe limitations on and even the absence of official reporting on health indicators, including life expectancy, fertility, and maternal and infant mortality.

Data collected up to July 2023 suggested that 44% of health facilities in Yemen were only partially functioning or were not functioning at all. Insufficient staff, equipment, finances, and medical supplies were the most frequently cited reasons for this dysfunctionality. Furthermore, several hundred health facilities were assessed to be either "fully damaged" or "partially damaged," suggesting that many health facilities had gone unrepaired years after being initially damaged or destroyed.

The outcomes for health-seeking populations have been harrowing. Large numbers of people suffering from diseases or wounded during the war have been unable to obtain or afford essential treatment. In an interview in 2023, the father of a girl who struggled to walk or stand up straight noted that "She was shot in the back by a sniper. That was in 2016 and the bullet is still lodged inside her [seven years later]."

The wider health needs of the population remain severe. In one hospital in Hajjah governorate, 68% of women admitted to the maternity department in February 2024 were malnourished, an increase from 51% in 2021.

> *She was shot in the back by a sniper. That was in 2016 and the bullet is still lodged inside her [seven years later].*

233   Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 20, 2024.

234   Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 20, 2024.

235   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident numbers 41466; 42055. Two incidents that have not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care. Further information, including the identity of the perpetrators, the weapons used, and the locations of the incidents, is not available.

236   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident numbers 40627; 39654.

237   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident number 36828.

238   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident number 42595.

239   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident numbers 38750; 38169; 39665.

240   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident numbers 39851; 39657; 39656; 41652.

241   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident numbers 40354; 36827; 37186; 37835.

242   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident numbers 37186; 37835.

243   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident number 40354.

244   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident number 40354.

245   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident numbers 46152; 40762; 46151; 46131; 46130; 46165.

246   Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 YEM SHCC Health Care Data. Incident number 39653.

Methodology

This eleventh report of the Safeguarding Health in Conflict Coalition (SHCC) covers 30 countries and territories and provides details on incidents involving threats and violence against health care in 18 countries, one administrative subdivision/region within a country, and one territory that experienced conflict in 2023.[247] For these 20 countries that have their own chapter, the 2023 report further provides information on the impact of violence on health care, including the impact on health workers, health care systems, and people's access to health care, based on multiple secondary sources.

To determine whether a country is considered to have experienced conflict in 2023, the report is based on the system of conflict determination adopted by the Uppsala Conflict Data Program (UCDP).[248] A country, territory, or region within a country is included in the SHCC report if it is included on the UCDP list of one of the three types of conflict (state-based armed conflict, non-state armed conflict, and one-sided violence),[249] and if Insecurity Insight identified at least one attack on health care perpetrated by a conflict actor, which for the purposes of this report is defined as a person affiliated with organized actors in conflict. For 20 countries that reported more than 15 incidents in one year or more than 29 incidents over multiple years, a chapter is included in the report. Incidents from ten other countries are included in the total counts of violence against health care, but neither the incidents nor the situation in the affected countries is described in detail.

Fourteen of the countries covered in factsheets in 2023 were included with country chapters in the 2022 report. For the 2023 report, Israel, India's Manipur state, and Niger were added for the first time, while Ethiopia and Haiti were included again after they were not included in 2022, and their factsheets include data for 2022 and 2023. The reports on Somalia and Niger cover data for the period 2021 to 2023. Data from Azerbaijan, Colombia, Indonesia, Iraq, Kenya, Lebanon, Libya, Mexico, Mozambique, and Pakistan is included in the total count, but these ten countries do not have country chapters in 2023.

The report uses an event-based approach to documenting attacks on health care, which are 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 data cited in this report can be accessed via Attacks on Health Care in Countries in Conflict on Insecurity Insight's page on the Humanitarian Data Exchange (HDX). However, this data does not include the information shared by the International NGO Safety Organisation (INSO), which specifically requested its data not to be included on the HDX. The data for the 20 countries included in this report is made available as individual datasets. The links are provided in the individual country profiles. For the ten countries mentioned above that do not have country chapters on them in the 2023 report, the data is also available via the Humanitarian Data Exchange data grids for the relevant countries, excluding any data shared by the INSO.

The report covers the impact of attacks on health care as far as available reports indicate. It cites secondary sources that usually used mixed-method approaches to summarize the known impacts of attacks on the delivery of and access to health care.

DEFINITION OF ATTACKS ON HEALTH CARE

This 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.*"

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The report focuses on incidents of violence against health care in the context of armed conflict, non-state conflict, or one-sided violence, as defined by UCDP, while the WHO focuses on attacks during emergencies.

INCIDENTS OF VIOLENCE AGAINST HEALTH CARE CAN INCLUDE

In accordance with the WHO's definition, incidents of violence against health care can include bombings, explosions, looting, robberies, hijackings, shootings, gunfire, the forced closure of health facilities, the violent searching of health facilities, fire, arson, the military use of health facilities, the military takeover of health facilities, chemical attacks, cyber attacks, the abduction of health workers, the denial or delay of health services, assaults, forcing staff to act against their ethical principles, executions, torture, violent demonstrations, administrative harassment, obstruction, sexual violence, psychological violence, and threats of violence.

All of these categories have been included insofar as they were reported in sources. However, some forms of violence, such as psychological violence, blockages of access, or threats of violence, are rarely reported. We also record incidents of violence against patients in health facilities when references to the effects of violence on patients are included in descriptions of incidents.

DEFINITION OF CONFLICT

The SHCC report covers three types of conflict as defined by the UCDP for countries that reported at least one incident of violence against health care perpetrated by a conflict actor. The SHCC report includes a country chapter when there have been at least 15 incidents of violence in a country or region and territories or more than 29 incidents over multiple years perpetrated by a conflict actor:[250]

- **State-based armed conflict** is defined as *"a contested incompatibility that concerns government and/ or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths in one calendar year."*

- **Non-state conflict** is defined as *"The use of armed force between two organized armed groups, neither of which is the government of a state, which results in at least 25 battle-related deaths in a year."*[251]

- **One-sided violence** is defined as *"The deliberate use of armed force by the government of a state or by a formally organized group against civilians which results in at least 25 deaths in a year."*

This report is limited to violence perpetrated by conflict actors. Interpersonal violence and violence by patients against health care providers are not included in this report, even when they occurred in conflict-affected countries.

Events are only included when (a) the perpetrator was a member of a party to a conflict, and (b) available evidence suggested that the incident occurred either in the context of a contested incompatibility of territory or as a one-sided act of violence by security forces included on the UCDP list of countries with more than 25 reported deaths from one-sided violence attributed to security forces or non-state armed actors.

Methodology

CONCEPTUALIZATION OF THE IMPACT OF ATTACKS ON HEALTH CARE

The impact of incidents of violence against patients is far-reaching and affects health workers, the functioning of the relevant health system, patients' physical access to health care, and people's perceptions that influence their choices around seeking health care.

Attacks on health care affect health workers psychologically and physically, which frequently results in qualified staff leaving the profession or the area where attacks occurred. Therefore, all violence against health workers perpetrated by conflict parties is included in this report, ranging from incidents that occurred within a health facility, on their way to work or at home, or while out shopping, because all of these incidents affect the wellbeing and sense of safety of health workers and consequently their ability to provide care or willingness to continue to work in highly insecure environments.

The damaging and destruction of physical health infrastructure affect the quality of care that can be provided. Damage can be direct when a health facility is damaged in an attack, or indirect as a consequence of damage to other infrastructure such as electricity or water supplies or the looting of medicines. The impact of individual violent events is spread over time and location, and it is often the cumulative impact of multiple incidents and their diverse effects that create the most concerning impacts that reduce the extent and quality of the care provided.

Insecurity and fear of health systems being the target of attacks also affect how and when people decide to seek medical help. Delays in accessing care can make treatment harder and thereby contribute to worse health outcomes. Various studies focus on different aspects of the impact of attacks on health care and cover different points in time, and the complex consequences of individual incidents remain limited in many cases.

No single data-collection method can fully cover such wide-ranging impacts. The SHCC incident-monitoring system provides the basis of information on incidents that need to be considered, and mixed-method approaches provide the best option to understand the complex impact chains.

DATA ETHICS

The SHCC applies strict principles to ensure responsible, safe, ethical, and effective data management. These principles are based on the IASC Operational Guidance on Data Responsibility in Humanitarian Action and the work of the Data Responsibility Working Group (DRWG), and center around the principles of data security, data privacy, and data use, taking into account that the SHCC's work has a responsibility to health workers, health systems, and humanitarian health care providers.

The key objectives are that:

- data is used to make more informed decisions to protect health workers and the health system; the privacy and security of the information related to people at risk are protected;

- data is shared and disseminated to improve stakeholders' understanding of how conflict affects the delivery of health care; and

- transparency in data sources contributes to the collective improvement of data and information.

Methodology

The SHCC applies data ethics to identify solutions to data dilemmas when competing principles require it to take priority decisions guided by the principle of doing no harm. Based on these considerations, the SHCC reports the available information on the perpetrator of violence. Information on the perpetrator is not only important methodologically to determine if an incident is conflict-related but, most significantly, it provides key information required to develop preventive strategies and mitigation measures that reduce the incidence and impact of attacks and support accountability processes. Because we believe that the key objective of all data work has to be that it can be used to address harm, the SHCC considers the information related to perpetrators and the locations of incidents in countries to be of primary importance. Strict data security principles are applied to personally identifiable information and any information that links to people or organizations at risk from any potential repercussions from conflict parties.

INCLUSION OF INCIDENTS

To describe attacks on health care, the report includes only the incidents that met the inclusion criteria for UCDP-defined types of conflicts and conflict-related perpetrators. Based on this principle, we included the following types of incidents and details in the report dataset:

- incidents affecting health facilities, recording whether they were destroyed, damaged, looted, or occupied by armed individuals/groups;[252]

- incidents affecting health workers, recording whether they were killed, kidnapped, injured, assaulted, arrested, threatened, or experienced sexual violence (when available, we recorded the number of affected patients, although we acknowledge the likely serious under-reporting of these figures);

- incidents affecting health care transport/vehicles, recording whether ambulances or other official health care vehicles were destroyed, damaged, hijacked/stolen, or stopped/delayed; and

- incidents recorded by the WHO Surveillance System for Attacks on Health Care (SSA) for the ten countries included in the system if the WHO confirmed the incidents.

These categories are not mutually exclusive. For example, health workers may be attacked while in a health facility, while using official health transport, or elsewhere.

KEY DEFINITIONS

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

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

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

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

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

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

SOURCES FOR REPORTED INCIDENTS OF ATTACKS ON HEALTH CARE

The aim of this report is to bring together known information on individual attacks on health care from multiple sources. Access to sources differs among countries, and each source has its own strengths and weaknesses. Some differences can be found in the definitions of what constitutes attacks on health care used by the different sources that were used to compile the SHCC dataset. Each source introduces unique reporting and selection biases, which are discussed below.

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

1. information included in Insecurity Insight's <u>Attacks on Health Care Monthly News Briefs</u>, consisting of a combination of media sources, identified through tailormade AI technology, and other publicly shared information from partner networks, such as the <u>Aid Worker Security Database</u> (AWSD) for global data from international aid agencies coordinating health programs; <u>Airwars</u> and the <u>Syrian Observatory for Human Rights</u> (SOHR) and <u>Syrian Network for Human Rights</u> (SNHR) for data on Syria; the <u>Civilian Impact Monitoring Project</u> (CIMP) for data on Yemen; and databases such as that of the <u>Armed Conflict Location & Event Data Project</u> (ACLED);

2. research conducted by a small team of SHCC members to identify additional incidents reported by UN agencies, the media, and other sources;

3. incidents affecting health care shared by the Conflict and Humanitarian Data Centre (CHDC) of the International NGO Safety Organisation (INSO) for 14 countries: Afghanistan, Burkina Faso, Cameroon, the CAR, the DRC, Haiti, Iraq, Mali, Niger, Nigeria, Somalia, South Sudan, Syria, and Ukraine;[253]

4. incidents affecting health care in Somalia shared by the casualty recording network for Somalia, including the Omeria Community Development Organization (OCDO), the Somali Human Rights Association (SOHRA), the Somali Women Development Organization (SOWDO), the Somali Awareness and Social Development Organization (SASDO), the Somali Action for Human Rights Organization (SAHRO), and the Kalkal Human Rights Development Organization (KAHRDO);[254]

5. incidents affecting health care in India's Manipur state shared by the Humanitarian Support and Documentation Project (HSDP), a research collective based in Lamka town, Churachandpur district, Manipur state;

6. incidents affecting health care in Yemen shared by Mwatana for Human Rights, Yemen;

7. information from the WHO SSA on ten countries or territories: Armenia, Burkina Faso, the CAR, Libya, Myanmar, the oPt, South Sudan, Sudan, Ukraine, and Yemen;[255] and

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8. information from casualty recorders in the oPt that tended to be based on names and Israeli ID numbers, but gave no information on the date and location of a particular death, which required complex matching. This work is ongoing.

INCIDENT CODING PRINCIPLES

The general theory and principles of event-based coding were followed. Firstly, care was taken not to enter the same incident more than once. Secondly, the information in text-based event descriptions was turned into data by coding the "six Ws": who did what to whom, where, when and with what weapon. The standard coding principles are set out in the SHCC Overview Data Codebook. Please see www.insecurityinsight.org/projects/healthcare/shcc for full details of SHCC coding and annexes.

IDENTIFYING THE KILLED HEALTH WORKERS: INCIDENT- AND CASUALTY-RECORDING APPROACHES

The SHCC uses an incident-based approach to identify and then classify information. Using the unique place and time of an incident as the key information, all reported information is given a unique classification identification (ID) number. The number of health workers killed during this incident is recorded under the incident details. Multiple health workers killed in the same event are always recorded under the same incident ID number. Under incident-based recording, individuals are recorded as numbers of people killed without necessarily recording their names or ages.

Many human rights/casualty-recording organizations take an individual-based approach to casualty recording. In this approach, each killed individual is recorded under a unique ID number that usually includes the victim's name and age, and circumstances of their death (date and location). Most do not routinely record information regarding the victim's profession.

These two approaches to documentation result in different numbers of conflict deaths that may fuel unhelpful discussion about the "true number." For example, Healthcare Workers Watch - Palestine based its counts on the names of Palestinians killed, using their Israeli-issued personal ID number to identify unique individuals. However, these lists do not include the location or date of the deaths. According to Healthcare Workers Watch - Palestine, 398 health workers were among the individuals killed in 2023, while the UN reported 490 as of and up to April 19, 2024.

Insecurity Insight has recorded 146 health workers killed by analyzing all fatal incident reports where health workers were known to have been among the dead. However, this incident-based approach undercounts the number of health workers killed, because it does not include any killed in incidents where the victim's profession was not immediately identified.

The efforts to combine and reconcile these two separate approaches are extremely time consuming and complex. Both approaches miss vital information, such as names, official ID numbers, profession, or date and location of incidents that would help to match information. The increased standardization of methods for both incident-based and individual-based casualty recording would help to improve the reliability of data and information. Insecurity Insight is working with Airwars on cross-checking all recorded names using a tool designed specifically for this purpose to match partial and full names across multiple datasets, which can then be used to locate individuals across different records where information such as profession might not otherwise have been identified.

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INCLUSION AND CODING OF WHO SSA-REPORTED INCIDENTS

On January 15, 2024 the WHO SSA reported a total of 1,486 attacks on health care in 19 countries and territories for 2023. Information on 174 of these 1,486 incidents was included. A total of 1,312 attacks reported by the SSA could not be included, because the lack of detail made it impossible to determine the nature of the incidents.[256] Any changes to the SSA system after that date are not reflected in the SHCC dataset, but may be noted in the country profiles.

We coded 174 SSA-reported incidents from the ten previously mentioned 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 the SSA-reported incidents we included involved conflict actors (rather than private individuals) and therefore fulfilled the SHCC inclusion criteria. The SSA also does not provide any information on location, except for the country where the incident occurred. The SSA-reported incidents could therefore not be included in the maps showing the affected regions or provinces in the individual country profiles.

SOURCES ON THE IMPACT OF ATTACKS ON HEALTH CARE

Mixed-method studies from a variety of bodies were included in the review of the impact of attacks on health care. These include:

- academic studies;

- applied studies focusing on affected populations or security risk perceptions among health workers; and

- a dedicated study carried out with the International Rescue Committee (IRC) and the Researching the Impact of Attacks on Healthcare (RIAH) project entitled "The Impact of Violence against Health Care on the Health of Children and Mothers." The study is available in <u>English</u> and <u>French</u>.

ANALYTICAL APPROACHES

This report describes the patterns of violence against health care for selected countries based on available information on what happened during these incidents. Most of the details about violence against health care are provided by those who experienced or observed the violence and reported it to others, who then shared this information as an incident report. Only in exceptional cases do perpetrators provide any information about incidents. As a result, all described patterns are those based on the observed facts, such as what uniforms the perpetrators wore, whether they operated alone or in groups, and what weapons systems they had access to. In addition, some details of the location and nature of the attack suggest possible motives. For example, if an armed group forcibly enters a health facility and only loots medicine, it is possible that they carried out the attack because they needed medical supplies for their own fighters. If doctors are kidnapped and a ransom is demanded, it is possible that the health workers were attacked for their perceived wealth. In many other cases, the location of the attack may provide few reliable clues about motives. For example, the fact that a health worker was attacked outside of a health facility is no indication that the attack specifically targeted the health worker because of their profession. The attack may only have been a random one targeting people in the street that happened to be directed at a health worker and happened to occur outside of a health facility, but could have targeted anyone and happened anywhere

Methodology

else. Nonetheless, it remains possible that the attack was indeed directed at a health worker because of their profession, and that the location was chosen for strategic reasons, e.g. because a private home or moving vehicle is a 'softer' target than a more secure health facility where a doctor or nurse may work on wards that are some distance from the entrance. Moreover, there are suggestions that phone tracking may allow targeted attacks to be scheduled at times and locations where health personnel are at their most vulnerable. However, despite this uncertainty as to motive in cases such as these, the location of an attack remains a very important element of the information used to design strategies to improve the safety of health workers.

LIMITATIONS OF THE RESEARCH

This report is based on a dataset of incidents of violence against health care that has been systematically compiled from a range of trusted sources and carefully coded. The figures presented in the report can be cited as the total number of incidents of attacks on health care in 2023 reported or identified by the SHCC. These numbers provide a minimum estimate of the damage to health care from violence and threats of violence that occurred in 2023. However, the severity of the problem is likely much greater, because many incidents probably go unreported and are thus not counted here. Moreover, differences in definitions and biases in individual sources suggest that the contexts that are identified are also not representative of the actual contexts and that the SHCC dataset suffers from reporting and selection bias.

REPORTING AND SELECTION BIAS

"Reporting bias" is the technical term for the possible selective reporting of those who bring the information together. While the SHCC research process tries to avoid any obvious selection bias and focuses the selection process exclusively on selecting incidents based on the inclusion criteria, the SHCC dataset contains selection bias because by bringing together available information from different sources on violence and threats of violence against health care, the SHCC inevitably introduces all the selection bias inherent in the original sources it combines into one dataset. Those who report individual incidents may select or ignore specific incidents 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; and because of deliberate censorship, or disruption of the internet in the country in question, or simple errors of omission. These biases mean that the SHCC's collection of incidents is neither complete nor representative. This has important implications for the conclusions that can be drawn from the data.

The reported numbers of incidents by country should not be compared to those of other countries without considering the factors that affect information flows and possible selection bias. For example, in Ukraine, highly skilled researchers are able to document many incidents without fear of reprisal from authorities in the parts of Ukraine that remained under Ukrainian government control. In the occupied Palestinian territory, courageous reporters continued to document violence and destruction around them, while diaspora networks from Myanmar, Sudan, and Cameroon are important for sharing information with the outside world. In Somalia, strong civil society casualty documentation affects data collection. This resulted in higher numbers of reported incidents reaching the SHCC related to incidents the researchers have access to.

Methodology

In a number of countries, among them Myanmar and Sudan, health professionals jeopardized their and other people's safety by publicly reporting incidents, which is likely to result in more incidents going unreported despite the effective diaspora information networks. Repeated internet blackouts of the kind that occurred in Myanmar and Gaza are also likely to result in some information not being transmitted. Overall, low internet penetration and fear of reprisals are likely to affect reporting from the Sahel and surrounding countries. Parts of northern Nigeria were not easily accessible to outside actors, and this is likely to have impacted information flows from these areas. The withdrawal of registration authorization for key organizations in South Sudan is also likely to have affected the total number of incidents that could be made available to the SHCC in 2023.

ACCURACY OF INFORMATION AND DIFFERING DEFINITIONS

Some organizations record only certain types of incidents, e.g. those involving health facilities or those affecting international aid agencies, while the incident descriptions that are available may also contain errors. In addition, not all organizations that compile information on relevant incidents include all the details that would be necessary to systematically code all aspects of these incidents. In particular, information related to the perpetrator(s) and context of a particular incident is often missing or may be biased in the original source. Also, in some cases, especially those involving robberies and abductions, it is often difficult to ascertain from available information whether the act was committed by a party to the conflict or by criminals. We based our inclusion decisions on judgements about the most likely motivations for an attack.

For some countries, combining available information is challenging when various data collection efforts do not share data in ways that allow information to be cross-checked. Moreover, not all contributors provided access to their original sources and many details were lost in the process, affecting our ability to ensure more accurate and consistent classification.

The reported categories of the contexts in which incidents took place should not be read as describing the full range of particular incidents or how frequently they occur. For example, the killings and kidnappings of doctors or bombings of hospitals are more likely to be captured by reporting systems than the harassment of health workers or looting of medical supplies. These incidents are therefore likely to occur more frequently than reports indicate.

Moreover, this report focuses exclusively on threats and acts of violence committed by conflict parties and does not cover violence by patients, by their families, or linked to workplace settings. This means that the violence observed covers conflict-related violence and reflects patterns of violence committed by conflict actors. This means that it may not reflect the full range of violence experienced by health workers for whom threats and violence by patients, families, and potentially superiors may be a more common experience than attacks by a soldier, policeman, or member of a non-state armed actor group.

Methodology

KNOWN REPORTING AND SELECTION BIASES IN SHCC SOURCES

The dataset on which this report is based suffers from the limitations inherent in the contributors' data sources used to compile the dataset. Some data sources use media reports, while others collect and collate reports through a network of partners, direct observation, or the triangulation of sources. Many information providers use a combination of these methods. Seven possible reporting biases affect the flow of information:

1. In some countries, the media frequently report a wide range of attacks on health care, while in others, formal media outlets report hardly any incidents.

2. In some countries, citizen journalists who carry out their own documentation and investigations are key sources of information. Government-imposed shutdowns of the internet can disrupt such information flows during specific time periods.

3. In some countries, there are very active networks of SHCC partner organizations that contribute information, while in others no such networks exist. Building up networks takes time, and these networks are better developed in countries experiencing long-standing conflicts. Changes in personnel or funding shortfalls can disrupt information flows.

4. In some countries, numerous parallel data-collection processes exist that publish different numbers because of differences in geographic coverage or the ability to reach information providers. If the original data is not shared, it is impossible to cross-check for double reporting of the same events.

5. In some countries, data-collection initiatives may publish data in one year that leads to a sudden rise in reported incidents. If they do not continue this work in subsequent years, the numbers of reported incidents then drop.

6. Incidents occurring in the early stages of conflicts need to be found in a variety of sources until data-collection networks are established.

7. Some organizations do not share incidents, in order to protect their independence and neutrality. In countries where such organizations are key health care providers, information flows can remain very limited.

Methodology

247　In the interests of simplicity, these will all be referred to as "countries" in the discussion that follows.

248　Department of Peace and Conflict Research, Uppsala University. Uppsala Conflict Data Program. https://ucdp.uu.se/, accessed April 21, 2023.

249　https://ucdp.uu.se/. Because the 2023 UCDP country conflict list was not publicly available when this report was being written, we consulted UCDP staff via email to obtain information on the changes related to countries included in the UCDP list for 2023.

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

251　Under this definition, gang violence in Haiti and Mexico are included because gangs are classified as "organized groups" whose activities have resulted in at least 25 battle deaths. However, only Haiti is included as a country chapter for which our monitoring identified 40 incidents, because our monitoring only identified 12 acts of violence against health care attributed to gang violence in Mexico.

252　In the case of the Gaza Strip in the occupied Palestinian territory, the methodology exceptionally also includes incidents of violence, damage, and destruction that occurred in the close vicinity of health facilities, because the geographic characteristics of this narrow strip of land meant that any incident of violence on the limited artery roads directly impeded access for ambulances and individual patients and affected health workers' travel to and from work in important ways.

253　Based on INSO's request, these incidents are not included in the publicly available datasets.

254　CRN members - Somalia - Every Casualty Counts

255　Incidents taken from the WHO SSA do not include any geographic information beyond the country's name, and these incidents are therefore excluded from any maps.

256　The lack of detail in the 715 SSA-reported incidents from the oPt made it too difficult to determine which of these incidents overlapped with the 761 oPt incidents reported by SHCC members. The lack of detail in the 309 SSA-reported incidents from Ukraine made it too difficult to determine which of these incidents overlapped with the 394 Ukrainian incidents reported by SHCC members. Thus, the 761 and 309 SSA-reported incidents from the oPt and Ukraine, respectively, were not incorporated into the report.

Annex

Country	Number of reported incidents	Number of incidents where health facilities were destroyed/damaged	Number of health workers killed	Number of health workers kidnapped	Number of health workers arrested
Afghanistan	109	3	13	2	65
Azerbaijan	2	0	0	0	0
Burkina Faso	49	10	8	12	0
Cameroon	31	6	1	6	6
CAR	41	0	2	4	1
Colombia	11	1	7	2	0
DRC	115	14	11	41	3
Ethiopia	14	3	4	2	3
Haiti	40	3	1	33	0
India	24	6	1	1	0
Indonesia	3	0	0	0	0
Iraq	8	0	6	1	0
Israel	33	3	22	5	0
Kenya	4	0	6	0	0
Lebanon	6	2	0	0	0
Libya	1	0	0	0	0
Mali	41	5	6	29	3
Mexico	12	0	6	9	0
Mozambique	2	0	2	0	0
Myanmar	418	133	37	19	102
Niger	18	0	0	7	3
Nigeria	19	2	6	19	0
oPt	761	133	146	0	223
Pakistan	12	1	3	6	0
Somalia	21	8	12	5	0
South Sudan	12	0	6	0	5
Sudan	257	63	57	28	20
Syria	57	22	8	5	11
Ukraine	394	192	109	1	0
Yemen	47	6	7	3	0
Total	**2562**	**616**	**487**	**240**	**445**

☐ Factsheet and data available   ☐ Data available on HDX

Abbreviations

3R	Return, Reclamation, and Rehabilitation
AA	Arakan Army
ACLED	Armed Conflict Location & Event Data Project
ADF	Allied Democratic Forces
AQAP	Al-Qaeda in the Arabian Peninsula
BAY	Borno, Adamawa and Yobe
B2B	Back-to-back method
CAF	Cameroon Armed Forces
CAR	Central African Republic
CDM	Civil Disobedience Movement
CIMP	Civilian Impact Monitoring Project
CMC-FDP	Collective of Movements for Change/Self-Defense Force of Congolese People
CODECO	Cooperative for the Economic Development of Conro
COTU	Committee on Tribal Unity
COVID-19	Coronavirus Disease 2019
CPC	Coalition of Patriots for Change
CRPF	Central Reserve Police Force
CSPS	Health and Social Promotion Center
DRC	Democratic Republic of the Congo
EAO	Ethnic Armed Organization
ECOWAS	Economic Community of West African States
ENDF	Ethiopian National Defense Force
FACA	CAR's Armed Forces
FAMa	Malian Armed Forces
FARDC	Armed Forces of the Democratic Republic of the Congo
FDLR	Democratic Forces for the Liberation of Rwanda
FF	Force de frappe
GATIA	Imghad Tuareg Self-Defense Group and Allies
GNA	Government of National Accord
HDX	Humanitarian Data Exchange
HIV	Human Immunodeficiency Virus
HSDU	Health service delivery unit
HTS	Hayat Tahrir al-Sham
IED	Improvised explosive device
ICRC	International Committee of the Red Cross
ICU	Intensive care unit
IDP	Internally displaced person

Abbreviations

IDF	Israel Defence Forces
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International non-governmental organization
IRC	International Rescue Committee
ISGS	Islamic State in the Greater Sahara
ISSP	Islamic State Sahel Province
ISWAP	Islamic State West Africa Province
JAS	Jama'tu Ahlis Sunna Lidda'awati wal-Jihad
JNIM	Jama'at Nusrat al-Islam wal Muslimeen
KIA	Kachin Independence Army
KLA	Karen National Liberation Army
LNA	Libyan National Army
LNGO	Local non-governmental organization
M23	March 23 Movement
MAP	Medical Aid for Palestinians
MDA	Magen David Adom
MdM	Médecins du Monde (Doctors of the World)
MINUSMA	The United Nations Multidimensional Integrated Stabilization Mission in Mali
MSF	Médecins Sans Frontières
NDC	Nduma Defense of Congo
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OLA Oromo	Liberation Army
OLF-Shene Oromo	Liberation Army-Shene
oPt	occupied Palestinian territory
OSCE	Organization for Security and Co-operation in Europe
PARECO	Résistants patriotes congolais
PDF	People's Defence Forces
PHR	Physicians for Human Rights
PRCS	Palestinian Red Crescent Society
PTSD	Post-Traumatic Stress Disorder
RIAH	Researching the Impact of Attacks on Healthcare
RSF	Rapid Support Forces
SAF	Sudanese Armed Forces
SAF	Syrian Armed Forces
SDF	Syrian Democratic Forces
SDG	Sudanese Pound

Abbreviations

SHCC	Safeguarding Health in Conflict Coalition
SNA	Syrian National Army
SNHR	Syrian Network for Human Rights
SPLA-IO	Sudan People's Liberation Army in Opposition
SRH	Sexual and reproductive health
SSP	South Sudanese Pound
SSPDF	South Sudan People's Defence Forces
STC	Southern Transitional Council
TAF	Turkish Armed Forces
TNLA	Ta'ang National Liberation Army
TPLF	Tigray People's Liberation Front
UAE	United Arab Emirates
UCDP	Uppsala Conflict Data Program
UPC	Union of Congolese Patriots
UPC	Union for Peace
UN	United Nations
UNICEF	United Nations Children's Fund
UNHAS	UN Humanitarian Air Services
UNAMA	United Nations Assistance Mission in Afghanistan
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WATAP	Women Training and Promotion
WHO	World Health Organization
WHOSSA	World Health Organization Surveillance System of Attacks on Healthcare

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.
www.safeguardinghealth.org