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No respite: Violence against Health Care in Conflict



Physicians for
Human Rights



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SAFEGUARDING HEALTH IN CONFLICT COALITION MEMBERS

Agency Coordinating Body for Afghan Relief and Development (ACBAR)
Alliance of Health Organizations (Afghanistan)
American Public Health Association
Canadian Federation of Nurses Unions
Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health
Consortium of Universities for Global Health
Defenders for Medical Impartiality
Doctors for Human Rights (UK)
Doctors of the World USA
Egyptian Initiative for Personal Rights
European Federation of Nurses
Friends of the Global Fund Africa (Friends Africa)
Global Health Council
Global Health through Education, Training and Service (GHETS)
Harvard Humanitarian Initiative
Human Rights Center, UC Berkeley, School of Law
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Hunger Reduction International
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International Council of Nurses
International Federation of Health and Human Rights Organisations
International Federation of Medical Students' Associations (IFMSA)
International Health Protection Initiative International Rehabilitation Council for Torture Victims
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Johns Hopkins Center for Humanitarian Health
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Syrian American Medical Society
University Research Company
Watchlist on Children and Armed Conflict
World Vision

LETTER FROM THE CHAIR



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

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

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

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

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

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

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

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

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

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

LETTER FROM THE CHAIR

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

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

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

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

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



Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

EXECUTIVE SUMMARY



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

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

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

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

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

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

EXECUTIVE SUMMARY

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

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

METHODS AND LIMITATIONS

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

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

TRENDS IN 17 SELECTED COUNTRIES AND TERRITORIES

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

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

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

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

COUNTRIES OF LONGSTANDING CONCERN

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

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

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

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

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

ANALYSIS

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

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

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

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

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

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

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

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

COUNTRIES OF GROWING CONCERN

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

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

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

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

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

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

ANALYSIS

VIOLENCE AGAINST HEALTH WORKERS

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

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

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

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

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

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

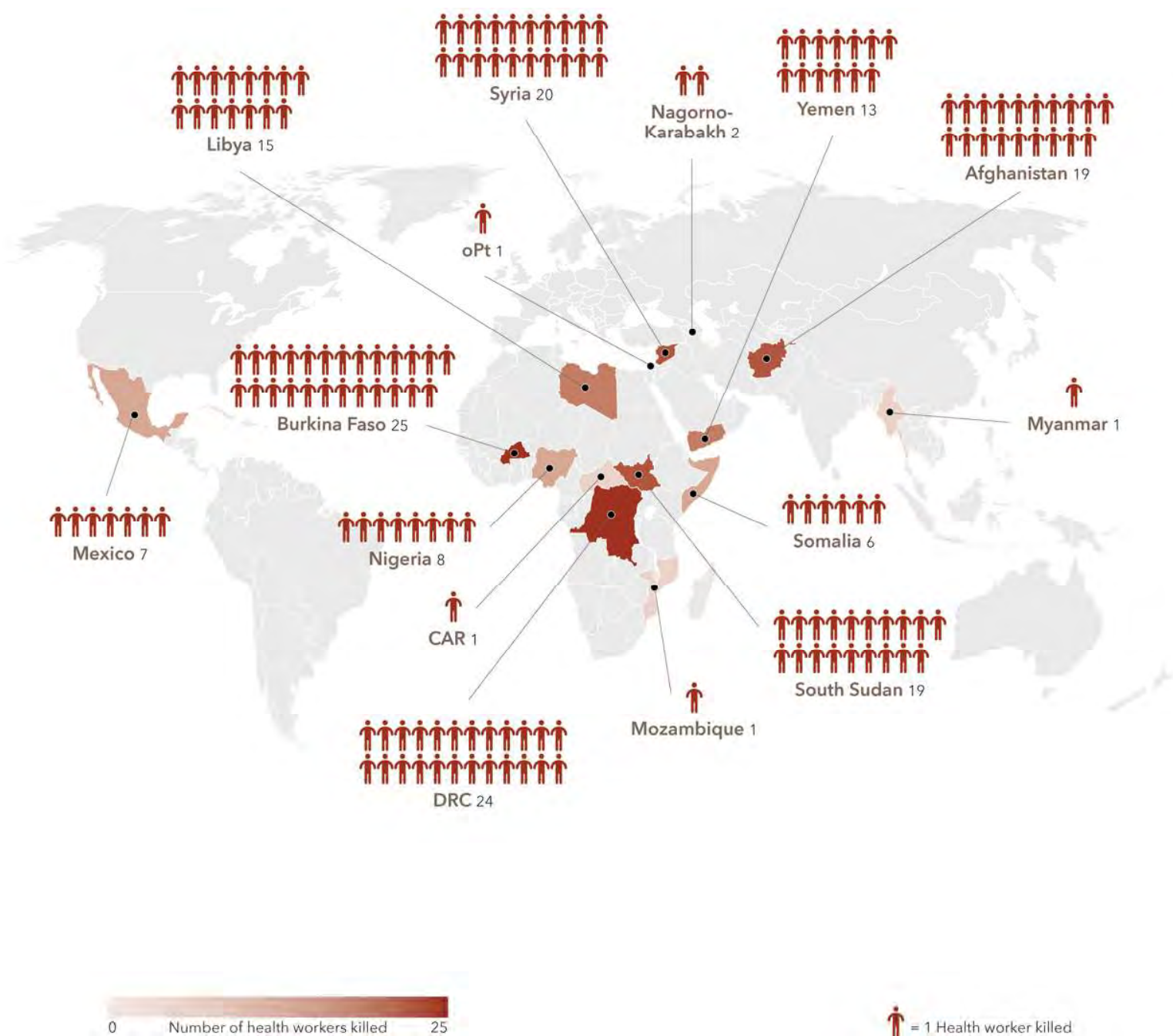
EXAMPLES OF VIOLENCE AGAINST HEALTH WORKERS

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

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

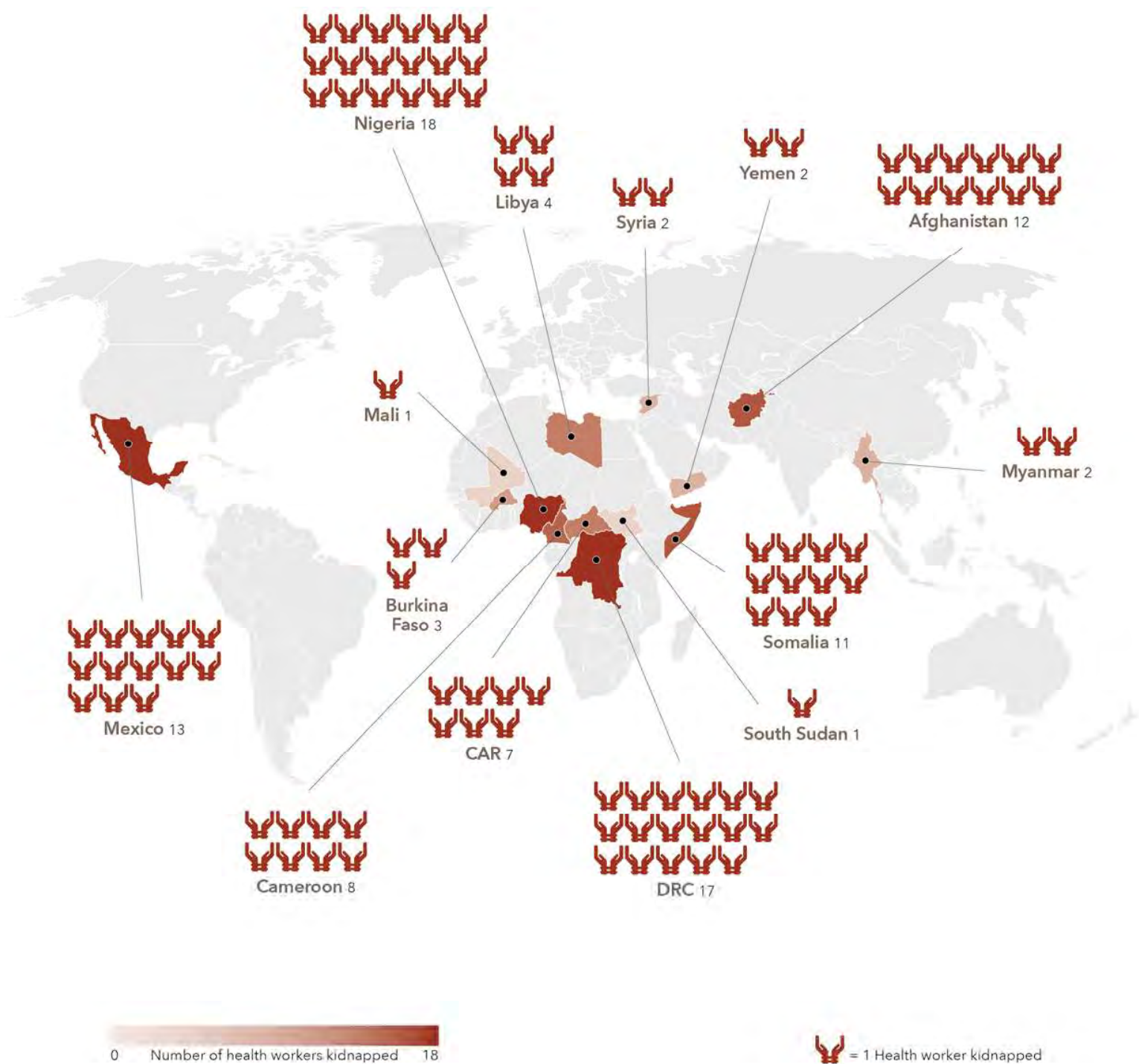
ANALYSIS

NUMBER OF HEALTH WORKERS KILLED IN 2020



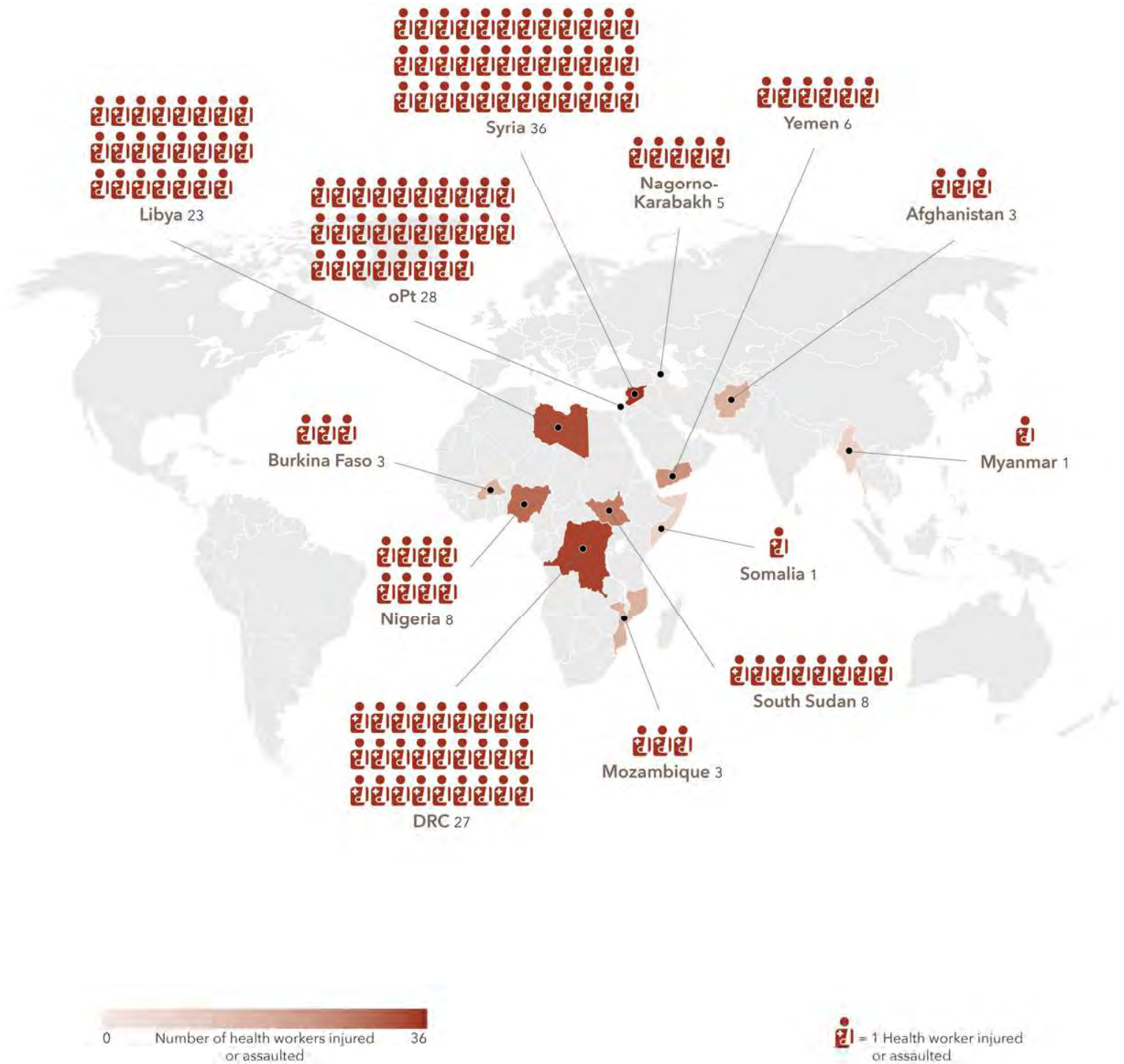
ANALYSIS

NUMBER OF HEALTH WORKERS KIDNAPPED IN 2020



ANALYSIS

NUMBER OF HEALTH WORKERS INJURED OR ASSAULTED IN 2020



ANALYSIS

VIOLENCE AGAINST HEALTH FACILITIES AND TRANSPORT

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

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

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

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

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

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

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

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

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

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

EXAMPLES OF VIOLENCE AGAINST HEALTH FACILITIES AND TRANSPORTS

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

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

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



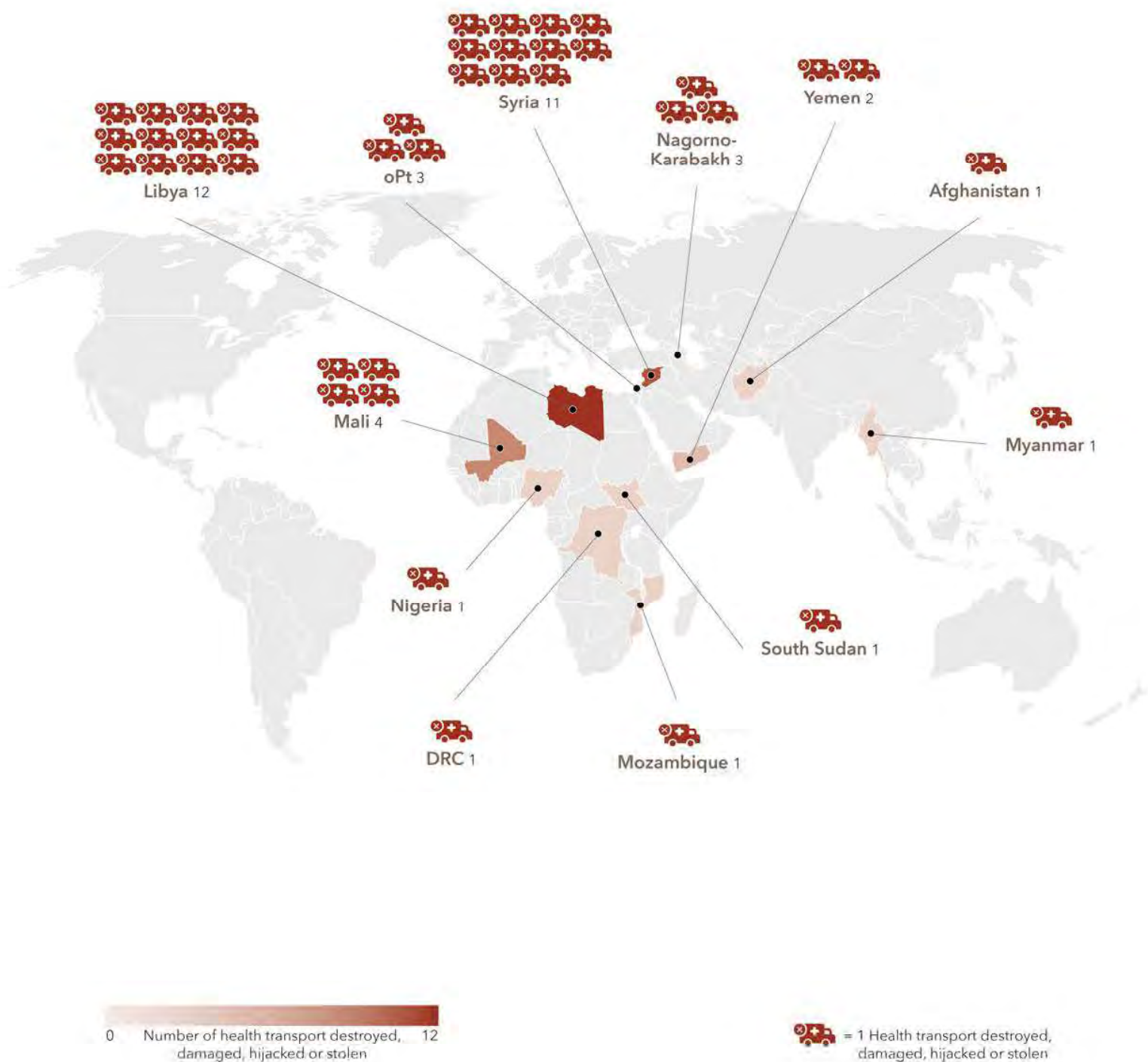
ANALYSIS

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

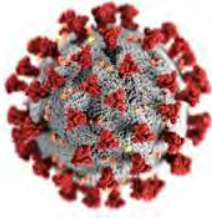


ANALYSIS

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



ANALYSIS



VIOLENCE IN THE CONTEXT OF THE COVID-19 RESPONSE

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

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

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

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

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

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

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

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

ANALYSIS

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

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

RECOMMENDATIONS

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

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

- a.** Review and revise military doctrine, protocols, rules of engagement, and training to increase respect for and protection of health care in situations such as armed entries into medical facilities, passage of the wounded and sick at checkpoints, and other circumstances where health care is at risk due to military operations. The revisions should also include abiding by no-weapons policies in health facilities;
- b.** Discipline soldiers and other security personnel who interfere with, obstruct, threaten, or assault health personnel engaged in health care activities, as well as the operation of health facilities, consistent with their mission and ethical obligations;
- c.** Strengthen national mechanisms for thorough, impartial, and independent investigations into alleged violations of obligations to respect and protect health care in conflict and for the prosecution of alleged perpetrators;
- d.** Reform counter-terrorism measures and other laws to exclude criminal or other penalties for health workers offering or providing care consistent with the professional duty of impartiality;
- e.** Actively collect data on violence against health care, including developing systems to receive information from NGOs and civil society organizations regarding acts that interfere with, obstruct, threaten, and assault health workers, facilities and transport engaged in health care activities; and
- f.** Assess arms sales to determine whether countries or entities using the arms have committed acts of violence against health care.

2. The Secretary-General should:

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

RECOMMENDATIONS

3. The UN Security Council should:

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

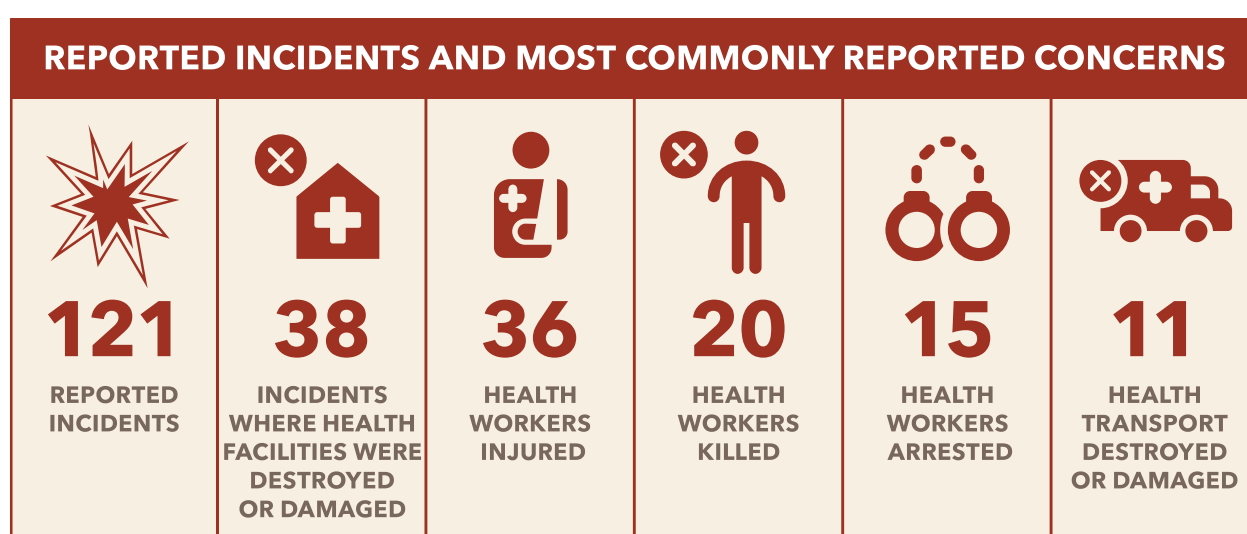
4. Armed groups should sign the Deed of Commitment on the protection of health care initiated by Geneva Call.

5. Data collection and sharing

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

SYRIA

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



↓ Source: 2020 SHCC Health Care Syria Data

OVERVIEW

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

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

THE CONTEXT

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

SYRIA

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

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

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

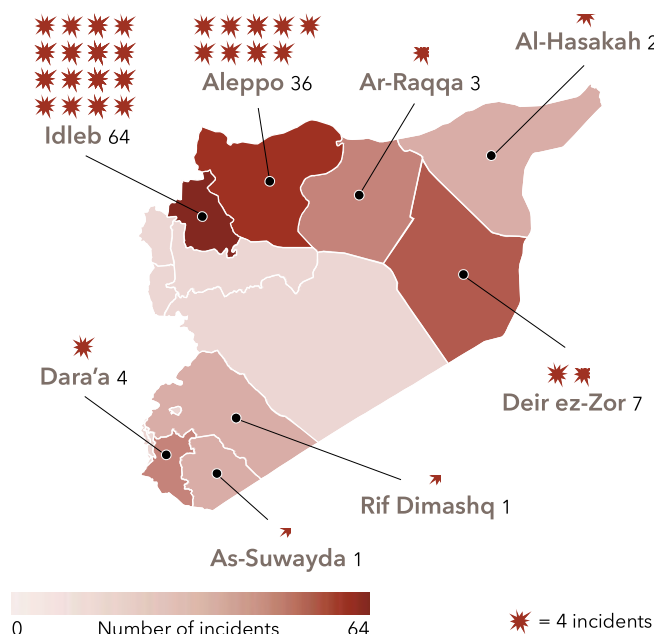
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2020

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

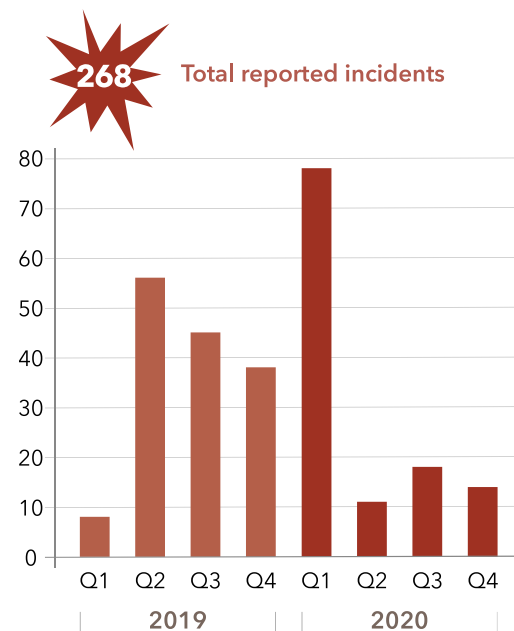


SYRIA

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



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



Source: 2020 SHCC Health Care Syria Data

PERPETRATORS AND WEAPONS USE

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

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

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

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

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

SYRIA

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

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

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

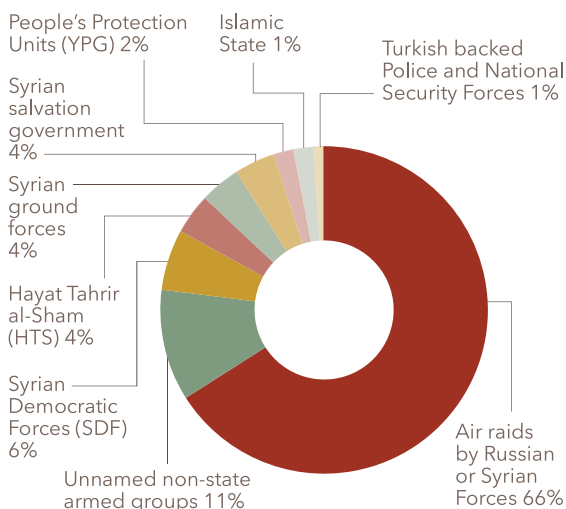
Forces of the **Syrian Salvation Government** – the de facto government in Idleb – arrested hospital administration officers and doctors inside hospitals and government buildings.^{192,193}

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

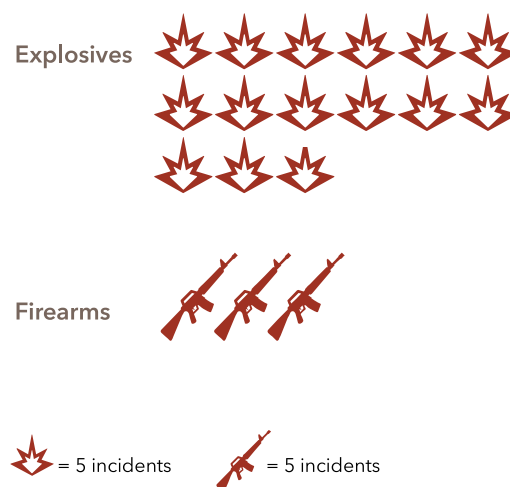
Islamic State militants shot and killed a nurse travelling between villages in Deir-ez-Zor governorate and damaged an INGO's medical mobile unit in an IED explosion in Al-Hasakah governorate.^{196,197}

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

Reported perpetrators²⁰⁰



Reported weapons used²⁰¹



Source: 2020 SHCC Health Care Syria Data

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