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IGNORING RED LINES

Violence Against Health Care in Conflict

2022



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Letter from the Chair



The more than 1,900 incidents of violence against health care in war and situations of political unrest described in this report are by far the highest number documented by the Safeguarding Health in Conflict Coalition since it began reporting a decade ago. The more than 700 assaults by Russia on health care in Ukraine are the most committed in a single year in one country.

Russia's atrocities in Ukraine have brought global attention to assaults on health care in war, highlighting pervasive violations of long-standing humanitarian norms. But in less visible conflicts and civil strife, the numbers of acts of violence and the stories behind them are equally grim: doctors imprisoned – and sometimes killed – in Myanmar and Iran for treating people in need of care; female health workers in Afghanistan harassed and sometimes beaten as they seek to provide health care for women and children; community health workers murdered in Afghanistan, Pakistan, and elsewhere as they go door to door to immunize children against polio and other infectious diseases.

In the face of the profound harms communities and health workers endure from this violence, the international community has long been passive, even ignoring commitments it has made to prevent attacks and hold perpetrators to account. Impunity for the violence has continued, and even the tracking of attacks has faltered. The World Health Organization's (WHO) system for collecting and disseminating data on attacks on health care in emergencies is plagued by inadequate reporting, lack of transparency, and resistance to reform. After being criticized for reporting zero attacks in Ethiopia despite evidence of looting or damage to hospitals and health centers during the conflict in Tigray, the WHO removed Ethiopia from its public dashboard on attacks on health care.

If we mobilize, however, the war in Ukraine could prove an inflection point. Never have calls for accountability for attacks on health care been as loud and sustained as now. We have an opportunity to press for justice for the people of Ukraine in the face of these atrocities and to extend that demand to people everywhere. The time for accountability for these devastating assaults on health care throughout the world is *now*.

A handwritten signature in black ink, reading "Len Rubenstein".

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

Acknowledgments

This report was produced by members of the Safeguarding Health in Conflict Coalition and Insecurity Insight.

Leonard Rubenstein of the Johns Hopkins Center for Public Health and Human Rights and the Center for Humanitarian Health was the executive editor. Christina Wille and Helen Buck of Insecurity Insight managed the production of the report and led the data collection and analysis processes. Janine Elya, Senior Administrative Coordinator of the Center for Public Health and Human Rights coordinated and fact checked the report.

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Physicians for
Human Rights



Center for Public Health and
Human Rights



UC Berkeley School of Law



Office of
Global Health
Drexel University School of Public Health



Because Health Workers Save Lives.



MEDICAL AID FOR PALESTINIANS



International Federation of
Medical Students' Associations



SAMS



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SHCC Members

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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
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Physicians for Human Rights
Physicians for Human Rights—Israel
Save the Children
Surgeons OverSeas
Syrian American Medical Society
Ukrainian Healthcare Center
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World Vision

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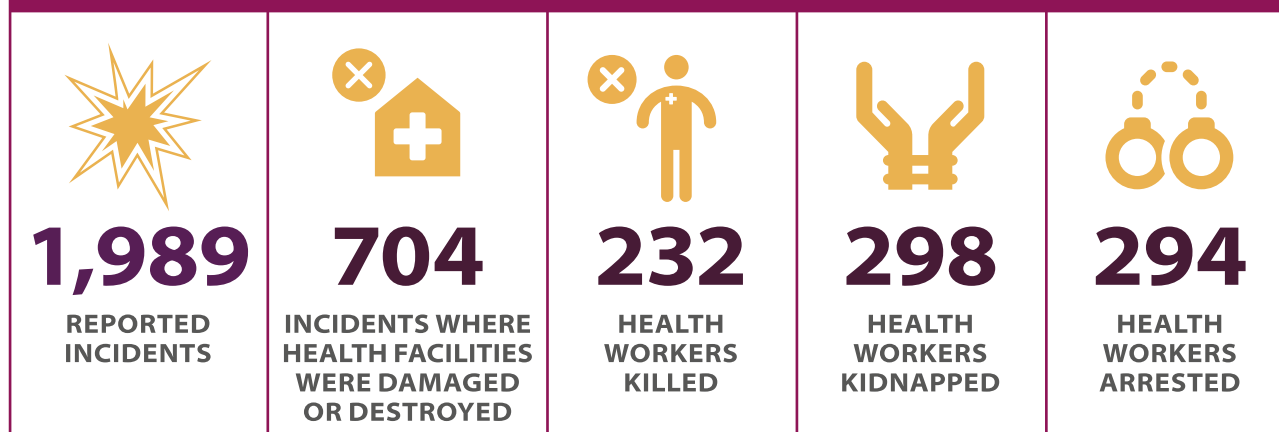
Please note that this report does not represent the official views of all members of the Coalition and the inclusion in the member list should not be taken to reflect the organizations' endorsement of the report's content.

The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Union, the UK government, or INSO. The European Commission and the FCDO are not responsible for any use that may be made of the information contained in the report.



Executive Summary

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2022 SHCC Incident Data

In 2022, the Safeguarding Health in Conflict Coalition (SHCC) documented 1,989 incidents of violence against or obstruction of health care in conflicts across 32 countries and territories. Incidents increased by 45% in 2022 compared to 2021 and marked the highest annual number of incidents that the SHCC has recorded since it began tracking such violence. Violent acts included the deliberate targeting of health facilities with explosive weapons; the burning down and looting of clinics and hospitals; the indiscriminate shelling and bombing of areas where health facilities were located; arrests and kidnapping of and threats against health workers; and the deliberate obstructing of patients' access to health care. This alarming upsurge occurred at a time when tens of millions of people in conflict-affected countries and territories already suffered war, displacement, and staggering deprivation of food and other basic needs.

This report includes profiles of the 16 countries and territories where at least 15 incidents of violence against health care were reported. The country profiles highlight the range of violence that affects the delivery of health care in conflict-affected contexts.

The 782 documented violent incidents against health care in Ukraine following Russia's full-scale invasion in February 2022 and the 271 such incidents in Myanmar following the February 2021 military coup are the highest numbers reported in any of the countries discussed in this report. Together, these reported incidents in contexts of intense conflict account for half of the violent incidents affecting health care in 2022. Violence against health care continued at high levels in countries experiencing protracted conflict, including Afghanistan, the Democratic Republic of the Congo (DRC), Nigeria, South Sudan, the occupied Palestinian territory (oPt), and Yemen. More than a quarter of all reported incidents occurred in these countries and territories.

Data

The data in this report is compiled from open sources and partner-agency contributions of information on incidents of violence and obstruction of health care in 2022 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. Download the report [data](#) on the Humanitarian Data Exchange (HDX), where global and country datasets are available.

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Reported incidents decreased in the Central African Republic (CAR), Ethiopia, and Syria in 2022 compared to 2021. Cases in some countries in West and Central Africa, including Burkina Faso, Cameroon, and Mali, have been increasing. Driven by political instability, in 2022 arrests of health workers increased dramatically in Iran and continued in Myanmar and Sudan. Vaccination campaigns frequently came under attack in Afghanistan and Pakistan, but were also subjected to violence in Mali, Nigeria, South Sudan, and Sudan.

As in previous years, the numbers of violent incidents reported here are likely an undercount, because data collection is impeded by insecurity, communication blockages, and the reluctance of entities to share data on violence. In many countries, looting, threats to health personnel, and the obstruction of patients' access to health care are so common that they are often not reported. As a result, the country profiles of some countries that likely have experienced many acts of violence against health care, including Colombia, Ethiopia, and Somalia, do not appear in this report. Additionally, the gendered impact of violence against health workers in Afghanistan and elsewhere, especially in the context of reproductive health, remains largely unreported.

HEALTH FACILITIES DAMAGED OR DESTROYED

In 2022, at least 704 incidents were reported of health facilities being damaged or destroyed in 25 countries and territories, including 468 in Ukraine, 45 in Myanmar, 29 in the DRC, 12 each in Yemen and Syria, and 11 in Sudan. Health facilities were most frequently damaged by explosive weapons, including from air and drone strikes, improvised explosive devices (IEDs), missiles, and shelling, and the wide-area effects of these explosives. Damage was also caused in arson attacks, lootings, ransackings, and raids. Russian forces repeatedly shelled and bombed health facilities in Ukraine, where at least 50 hospitals were hit multiple times. In Myanmar, incidents in which air and drone strikes hit health facilities tripled in 2022 compared to 2021. Despite the declining overall intensity of the wars in Syria and Yemen, hospitals in those countries continued to be subjected to bombing and shelling. Health facilities were frequently subjected to arson, notably in Myanmar and the DRC. In Afghanistan, damage to health facilities from military action has become rare following the Taliban takeover of power in mid-August 2021.

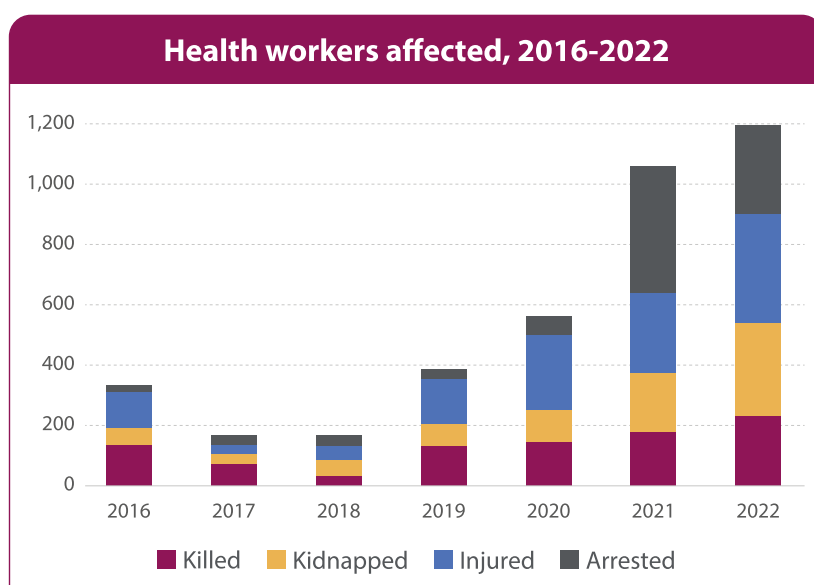
The looting of health facilities, medicines, supplies, and ambulances was common in conflicts throughout the world and was reported in 17 countries, including 104 in Ukraine, 33 in the DRC, 30 in Myanmar, and 15 in Burkina Faso. Some health facilities were vandalized or set on fire as well as looted, which was sometimes accompanied by violence and threats against facility staff. Ambulances were subjected to hijacking and the stealing of supplies in civil wars in West and Central Africa, especially in Burkina Faso.

Over 6,500 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.

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HEALTH WORKERS KILLED

In 2022, over 230 health workers were killed across 26 countries, including 78 in Ukraine, 27 in Myanmar, 26 in Afghanistan, 11 in Sudan, and 10 each in the DRC, South Sudan, and Syria. Health workers were killed while providing care to injured persons; by shelling or air-dropped bombs; and in intercommunal violence, drive-by shootings, and home invasions. Some were tortured to death and others were killed after being kidnapped. Health workers were often injured in the oPt in the context of clashes. In many other contexts, injuries among health workers remain vastly under-reported.



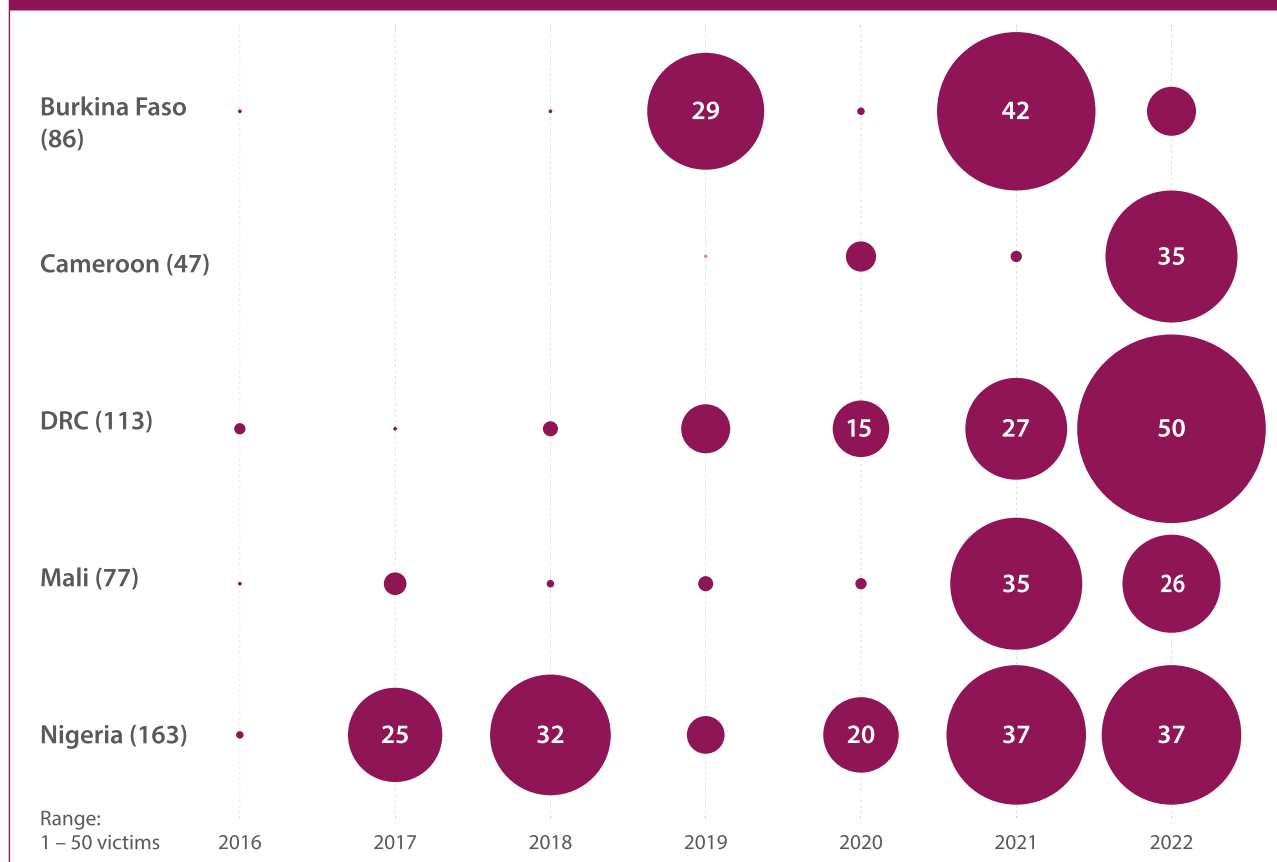
HEALTH WORKERS KIDNAPPED, ABDUCTED, AND TAKEN AS PRISONERS OF WAR

In 2022, at least 298 health workers were kidnapped or taken as prisoners of war (POWs) in 20 countries, including 61 in Ukraine, 50 in the DRC, 37 in Nigeria, 35 in Cameroon, and 26 in Mali. High numbers of health worker kidnappings continued across West and Central Africa, where almost 200 were taken in 2022. Cases increased in the DRC and Cameroon, while decreases were reported in Burkina Faso and Mali. Health worker kidnappings remained common in Nigeria. Health 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 were released within days or weeks of being kidnapped, sometimes after ransom demands were made, but some were killed. In several conflicts, health workers were abducted and forced to provide care to members of armed groups, especially in Nigeria.

Health workers in Ukraine were abducted or imprisoned by Russian forces or people working with Russian personnel and taken as POWs. Many were interrogated and beaten.

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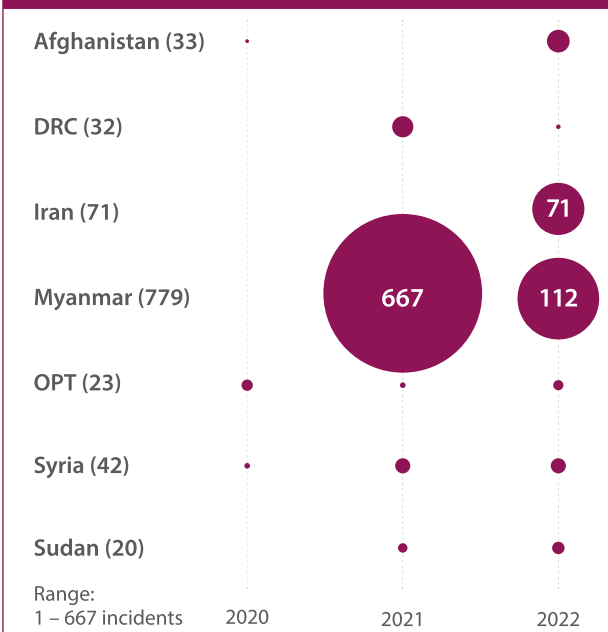
Number of health workers reportedly kidnapped in West and Central Africa, 2016-2022¹



HEALTH WORKERS ARRESTED AND HARASSED

More than 290 health workers were arrested in wars and contexts of intense political conflict across 19 countries and territories in 2022, including 112 in Myanmar, 71 in Iran, 31 in Afghanistan, 19 in Syria, and 14 in Cameroon. Many of them were beaten or tortured in detention. Health workers were arrested and accused of supporting or providing care to forces opposed to the government, for participating in protests or using social media to raise awareness of protests, for speaking out against the misuse of health infrastructure by security forces or reporting the causes of protesters' injuries and deaths, and in hospital raids. Health workers were also subjected to threats and beatings after being accused of practices deemed immoral by state forces and officials. Arrests continued at high levels in Myanmar, with incidents increasing in Afghanistan, Cameroon, and Iran compared to previous years. Health worker arrests persisted in Syria.

Reported health worker arrests, 2020-2022²



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ATTACKS ON VACCINATION CAMPAIGNS IN 2022

Community health workers engaged in vaccination campaigns were attacked on at least 28 occasions in Afghanistan, Mali, Myanmar, Nigeria, Pakistan, South Sudan, and Sudan. Most involved drive-by shootings targeting polio campaigns in Afghanistan and Pakistan, where polio remains endemic and vaccine hesitancy remains high following anti-vaccination propaganda by militant groups. In Afghanistan 10 polio vaccination workers were fatally shot, eight of them in a single day in four separate incidents in Kunduz and Takhar provinces. The UN halted the national polio vaccination campaign in these provinces after the killings.

In May 2023, the WHO declared that COVID-19 was no longer a public health emergency of international concern. In 2022, attacks on health workers and health facilities linked to the COVID-19 pandemic declined compared to 2021. At least six COVID-19 vaccination campaigns were attacked in the DRC, Mali, Myanmar, and South Sudan. Access the [data](#) on HDX.

VIOLENCE AGAINST EMERGENCY MEDICAL RESPONDERS

Emergency medical responders were injured while attempting to evacuate people injured by violence and in fighting. First responders were injured in the oPt, where Israel Defense Forces personnel fired rubber bullets and teargas during clashes, and in Ukraine, while responding to injured persons during aerial bombing and shelling. Military forces in Iran injured health workers assisting injured protesters.

RAIDS ON HEALTH FACILITIES

Security forces who entered hospitals to make arrests or steal supplies often issued threats and committed violence against health workers in these facilities. During these raids, staff were often arrested, ambulances or vital medical supplies were seized, and facilities were damaged. Security forces regularly fired rubber bullets, sound bombs, and teargas. Hospital raids continued at high levels in Myanmar and Sudan, while incidents increased in Cameroon compared to previous years.

OBSTRUCTION OF ACCESS

Except in the oPt, limited data is collected on the obstruction of access to care resulting from sieges, roadblocks, curfews, and checkpoint delays. There were 60 reported incidents in which access to health care was obstructed in the West Bank and Gaza, usually in the context of protests or road closures. Israel's permit system for Gaza residents often delayed or denied patients timely access to care in the West Bank.

IMPACTS OF VIOLENCE AGAINST HEALTH CARE

The violence inflicted on health facilities and health workers had profound short- and long-term consequences by undermining the capacity of health care systems and facilities to provide services. Patients were all too often unable to access care. In Ukraine, the cost of damage to and the destruction of health

Executive Summary

facilities is estimated to be more than USD 2.5 billion, at a time when the need for hospital care increased by more than 10%. This was despite a major reduction of Ukraine's population as people sought refuge in other countries, including almost 90,000 health workers.

Hospital and clinic closures after attacks, looting, and threats often forced patients to travel great distances to access care, at unaffordable costs for many people. The Mada Hospital in Cameroon, for example, was one of the few health facilities equipped to provide comprehensive services, including for treating injuries from explosives. After it was attacked in 2022, thousands of people had no other option than to travel 100 kilometers through an insecure region with poor roads to access hospital treatment. In some cases, the affected population struggled to find information on where else they could go to seek substitute services. A study in Nigeria showed that in half of the reported incidents, communities faced severe difficulties accessing needed health services. The study also showed that even when care was available or a facility was reopened after an attack, patients feared going to the facility because of the risk of another attack.

In many countries, violence decreased the availability of facility-based childbirth, care for chronic disease, and essential medications. In north-west Syria, there is evidence that many pregnant women undergo cesarean sections instead of a vaginal birth to reduce the time spent in a health facility. The suspension of vaccination campaigns because of attacks on community health workers delayed immunization for millions of children or completely deprived them of vaccines. In Myanmar, childhood vaccination rates have been at a record low since the 2021 coup.

Less visible acts, such as the looting of supplies and medication, hijacking of vehicles, blockages at checkpoints, and threats of and arrests of health workers, deprived clinics and hospitals of materials essential for proper treatment. At the end of April, health workers were unable to provide care to 70% of the civilian population due to roadblocks and restrictions imposed by state security forces in Kayah state in eastern Myanmar. In Ukraine, a survey found that in a third of the families who were questioned, at least one family member was unable to access needed medication.

Health workers who experienced violence often suffer severe psychological consequences. A study in South Sudan revealed that 65% of the health workers surveyed reported one or more symptoms of heightened distress, including difficulties sleeping. Meanwhile, a study in Syria showed that while health workers may respond to a single attack with resilience, the experience of multiple attacks over months and years often resulted in their experiencing a sense of hopelessness. In the oPt, medics were sometimes unable to work because of the psychological impacts of ongoing violence against emergency responders.

It is also critical to recognize the cumulative impacts of violence on health care in chronic conflicts over time. In Mali, 20% of the health centers in its northern and central regions were not functioning and almost all the others were only partially functioning. In Yemen, 45% of health facilities were only partially functioning or completely out of service in early 2023 due to shortages of staff, funds, electricity, medicines, supplies, and equipment. An estimated 2.9 million women of reproductive age in Yemen lack access to maternal, child care, and reproductive services, while an estimated 1.1 million children with malnutrition face deteriorating health or even death. In the CAR, only 17 of 59 health structures equipped for obstetric and neonatal emergencies were functioning as of November 2022. In Syria, after years of systematic attacks on health infrastructure and despite efforts to repair and rebuild, 43% of primary health care facilities remain only partially functioning or are not functioning at all.

1 This chart shows the countries and territories where 20 or more health workers were kidnapped in the period 2016-2022.

2 This chart shows the countries and territories where 20 or more incidents were reported in the period 2020-2022.

Recommendations

The incidents of violence reported by the SHCC in 2022 were committed with impunity. While documenting these incidents is an important step, further effective steps are needed to prevent violence against health care and hold the perpetrators accountable.

1. END IMPUNITY

- a.** The International Criminal Court (ICC), national prosecutors, and international investigatory bodies should prioritize cases of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers in all cases where they have jurisdiction.
- b.** The United Nations (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 when the court does not otherwise have jurisdiction; and
 - ii.** adopt a proposal by France, which has been endorsed by more than 100 UN member states, that the five permanent members of the Security Council should refrain from using their veto power in the case of mass atrocities, as determined by an independent panel.
- c.** UN member states should conduct credible, independent, and thorough investigations of violations of international humanitarian and domestic law in cases of violence or threats against or obstruction of access to health care by their military forces or security personnel. If investigations reveal credible allegations of violations, member states should promptly initiate disciplinary processes by court martial or criminal prosecutions, as appropriate.
- d.** The UN Secretary-General should:
 - i.** name all member states and armed groups that engage in recurrent attacks or threats of attack on hospitals and protected persons in his annual report on Children and Armed Conflict, without regard to political considerations and pressures by member states; and
 - ii.** strengthen engagement with parties to conflicts that carry out attacks on health care. Parties should develop, sign, and support the implementation of action plans as provided in the protection mechanism to prevent attacks on schools.

2. STRENGTHEN PREVENTION

- a.** All states that have not done so should ratify the international Arms Trade Treaty and enact domestic legislation that prohibits arms transfer and other forms of proxy or partner support for combatants who violate international humanitarian law.
- b.** National militaries should review and revise military doctrine, protocols, rules of engagement, and training to increase respect for and the protection of health care in situations such as armed entries into medical facilities, passage of the wounded and sick through checkpoints, and other circumstances where health care is at risk due to military operations. The revisions should also include abiding by no-weapons policies in health facilities.
- c.** States should repeal counterterrorism and other laws that impose criminal or other penalties for offering or providing medical care consistent with the professional duty of impartiality and end the obstruction or prevention of humanitarian medical assistance to all in need.

Recommendations

- d.** The Joint Health and Protection Operational Framework established by the UN's Health and Protection Clusters should be leveraged to strengthen the coordination of activities to prevent and mitigate violence against health care in humanitarian settings among lead organizations and members. These activities should be appropriately funded and prioritized in the areas most affected by such violence.
- e.** Humanitarian country team protection strategies should contain an explicit focus on the protection of health care, with a specific goal of preventing violence and reducing its impact on health care workers and infrastructure and civilian populations.

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

- a.** Member states should adopt a World Health Assembly resolution to address deficiencies in the WHO Surveillance System for Attacks on Health Care (SSA) as recommended by the International Peace Institute in a report issued in 2022. The resolution should include concrete steps to improve the external review of data-collection methods and their implementation; the comprehensiveness and transparency of reporting; cooperation and data sharing with civil society, ministries of health, and local health care providers; and the regular external oversight of the SSA.
- 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.** Under appropriate safeguards, NGOs and health care providers should collect and share data on violence inflicted on health care in conflict.

4. STRENGTHEN GLOBAL, REGIONAL, AND DOMESTIC LEADERSHIP

- a.** The WHO and UN Secretary-General should become consistent, powerful leaders on the protection of health care, including by analyzing trends in 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.
- b.** Ministers of health should provide leadership by:
 - i.** engaging with their own countries' military and security forces and the ministries that oversee them, peacekeepers, armed groups, and frontline health workers to find and implement improved methods of protecting health care from violence;
 - ii.** strengthening mechanisms to reduce the impact of violence on affected populations in the immediate aftermath of violence that results in the suspension of health services, including the provision of information on alternative services and support to those most in need of reaching these services; 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 in the community.

Recommendations

- 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 these forces' operational procedures.
- d.** Regional collaboration 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 coordinate their respective policies on the protection of health care in conflict.
- e.** Medical, nursing, and public health 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 governments.

5. SUPPORT HEALTH WORKERS

- a.** Ministries of health should develop comprehensive programs to support health workers in situations of violence through guidance on protection and prevention strategies and the provision of security training and psychosocial support.
- b.** UN members states and international donors should provide funding for psychosocial support and programming for health workers in situations of conflict and support research to increase understanding of the burdens of providing health care in conflict zones.
- c.** Health professional organizations and humanitarian medical organizations should regularly express the strongest possible solidarity with colleagues who are under or at risk of attack.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



81
REPORTED
INCIDENTS



31
HEALTH WORKERS
ARRESTED OR DETAINED
FOR QUESTIONING



26
HEALTH WORKERS
KILLED

↓ Source: 2022 SHCC Health Care Afghanistan Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 81 incidents of violence against or obstruction of health care in Afghanistan in 2022, compared to 107 in [2021](#). At least 31 health workers were arrested and 26 killed in these incidents, undermining health care providers' ability to maintain safe staffing levels to effectively meet patient needs. This factsheet is based on the dataset [2022 SHCC Health Care Afghanistan Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Political violence persisted in Afghanistan in 2022, especially in the northeast between the Taliban, on the one hand, and either the so-called Islamic State (IS) or the Afghan National Resistance Front (ANRF), on the other,³ after the conflict between the Taliban and the Afghan National Defense and Security Forces (ANDSF) ended in mid-August 2021. Simultaneously, the Taliban took over governance of the country. Before the Taliban takeover, international development assistance accounted for [75%](#) of Afghanistan's public expenditure, including the maintenance of the public health system. However, the Taliban's accession to power led international donors to suspend such assistance and impose sanctions on the new regime. This, coupled with drought and a 5.9 magnitude earthquake in June, created a humanitarian crisis. By the end of 2022, [28.3 million](#) people in Afghanistan needed humanitarian assistance.

Restrictions imposed on females exacerbated the crisis. Since December 2021, [women](#) have been required to be accompanied by a 'mahram' or male chaperone when attending health facilities. In late December 2022, the female employees of [over 180](#) local and international NGOs were banned from working. Although the Taliban gave [assurances](#) in January 2023 that women working on health programs were exempt, uncertainty persists for health care providers, because reports suggest that the policy has been implemented inconsistently. The [extension](#) in January 2023 of policies stipulating that doctors should only treat patients of their own sex creates [additional barriers to health care](#).



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

The end of the ANDSF-Taliban conflict in August 2021 led to a shift in how violence affected and obstructed health care. The number of health workers arrested or detained for questioning tripled from 10 arrested in a single incident in 2021 to 31 in 24 incidents across 19 Afghan provinces in 2022. All such incidents were attributed to the Taliban government or police forces. Incidents where health facilities were damaged or destroyed decreased from 22 in 2021 to three in 2022. During the conflict that ended in August 2021, health facilities were often hit by explosive weapons and air or drone strikes, a trend that has since largely ceased.

Recorded incidents took place throughout the year and mostly affected health workers employed by the national health structures. At least one incident affected an LNGO and four affected INGOs. The number of provinces with reported cases increased from 13 in 2021 to 28 in 2022. The 15 provinces that reported incidents in 2022 but not in 2021 were Badghis, Faryab, Ghor, Herat, Khost, Logar, Nimruz, Nuristan, Paktia, Panjshir, Samangan, Takhar, Sar-e Pol, Uruzgan, and Zabul. Incidents doubled compared to 2021 in Baghlan, Balkh, Kabul, Kandahar, Kunar, and Laghman.

Over half of all reported incidents that occurred in 2022 were attributed to Afghan government, police, and intelligence forces that are under the effective control of the Taliban. One incident was attributed to the IS and two to the NRFA. In the remaining incidents, the perpetrators were not identified.

In most incidents, perpetrators carried firearms and in four incidents explosive weapons were used. This included an improvised explosive device (IED) attributed to IS forces targeting a Taliban health official's vehicle in Nangarhar in June, which killed two health workers.⁴ In another incident in Nuristan in February, mortar rounds of unidentified origin damaged an NGO clinic.⁵

Threats and violence against vaccination campaigns increased from seven cases in 2021 to 13 in 2022. The majority targeted polio programs in Kunduz and Herat provinces, a change from 2021, when all but one were in Nangarhar.

HEALTH WORKERS ARRESTED OR DETAINED FOR QUESTIONING

In 2022, Taliban government forces arrested or detained for questioning at least 31 health workers in 24 incidents. Most of these arrests or detentions took place in hospitals or health care settings. Other staff members were arrested at their homes. Health workers were arrested and questioned on accusations of opposition to Taliban rule, alleged links to opposition groups, accusations of immorality, providing treatment to women, possessing photographs on a mobile phone, and refusing to coordinate their work with the Taliban authorities.

In several cases, staff were released following negotiations with elders, while others were freed after sharing their personal details with Taliban government intelligence forces. In most cases, staff were unharmed. In one case, however, a pharmacist was arrested and tortured by Taliban members at his pharmacy following a dispute with a marketplace owner in Nangarhar province in November. The pharmacist was then imprisoned while his property was seized and given to friends of Taliban members.⁶

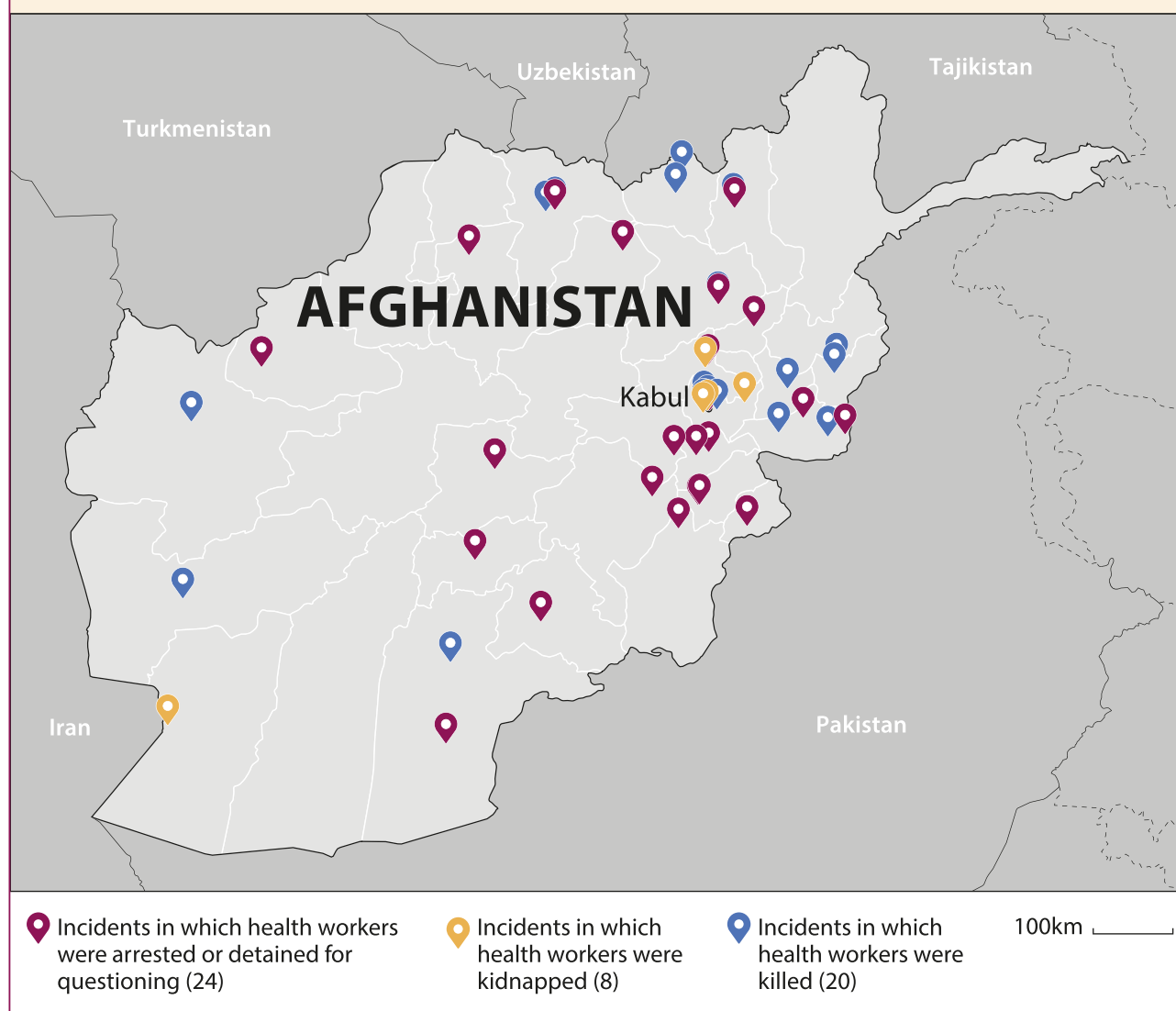


HEALTH WORKERS KILLED

In 2022, 26 health workers, including 10 vaccination workers, were killed in 20 incidents, compared to 32 in 18 incidents in 2021. Health worker killings were spread across 11 provinces, mostly in northeastern Afghanistan. Doctors, nurses, and a laboratory technician were killed in their homes, while traveling to and from work, and in clinics during working hours. In the majority of incidents the perpetrators were not identified. Taliban forces shot and killed two doctors at a checkpoint in Herat province in January, and shot and killed a male polio vaccinator in Kunar in September.⁷ An IS-planted IED killed a Taliban health official in Nangarhar in June.⁸ The NRFA shot and killed five polio vaccinators in two incidents in Kunduz in February.⁹ Other attackers were not identified.

Reported incidents in Afghanistan, 2022

Arrests and detentions of health workers for questioning and incidents in which health workers were killed were mainly dispersed. Health worker kidnappings were largely concentrated in Kabul.





HEALTH WORKERS KIDNAPPED

Eight health workers were kidnapped by unidentified perpetrators in separate incidents in 2022, a similar number to 2021. Seven kidnappings were recorded in the first three months of 2022 and were most often reported in Kabul, with one each in Nimruz and Parwan provinces. All eight victims were of higher professional status and included doctors, a dermatologist, a neurosurgeon, a gynecologist, a professor, and a hospital's head of department. Staff were mostly kidnapped while traveling to or from work and from their homes, with two taken from a clinic and hospital in Kabul. Three victims were released unharmed, while the gynecologist was killed following her abduction in August. Her body was found by Taliban government forces three days later in Kabul.¹⁰ The fate of the remaining four was not recorded.



ATTACKS ON VACCINATION CAMPAIGNS IN AFGHANISTAN IN 2022

Vaccination campaigns in Afghanistan have long been viewed with suspicion following reports of a fake hepatitis vaccination campaign in Pakistan circulated by US intelligence agencies in 2011 and subsequent anti-vaccination propaganda issued by militant groups. In 2022, vaccination campaigns faced threats or violence on at least 13 occasions in incidents attributed to the NRFA, Taliban government and police forces, and other unidentified attackers. Ten vaccinators were fatally shot, including eight polio vaccination workers killed on February 24 during house-to-house visits and while traveling to campaign areas in Kunduz and Takhar provinces.¹¹ In response, the UN suspended the national polio vaccination campaign in these provinces. IEDs attached to vaccination campaign vehicles by unidentified perpetrators detonated in Herat in July and in Nangarhar in October, with a polio worker being severely injured by the latter explosion.¹² In Herat, five vaccinators resigned after a team member received a telephone call from an unidentified individual threatening to kill the vaccination team members if they continued their work.¹³

Despite such challenges, vaccination coverage rose in 2022. During a measles outbreak that saw 76,000 cases and 388 deaths, 8.2 million children aged between six and 59 months received vaccines against the disease. Sixty-five million polio vaccine doses were also delivered to more than nine million children under five years of age, while two wild polio cases were reported in 2022, compared to four in 2021 and 56 in 2020. This progress was supported by the Taliban ending its prohibition on polio vaccinations in November 2021. This prohibition had existed for four years in Taliban-controlled territory after vaccination workers had been accused of spying. The prohibition was applied widely across the country when the Taliban assumed power in August 2021. Despite the lifting of the prohibition in November 2021, continued restrictions on house-to-house vaccination campaigns in favor of mosque-to-mosque or site-to-site campaigns in southern provinces resulted in approximately half of children missing vaccines in these areas.

For more information on attacks on vaccination campaigns in Afghanistan, explore the 'Attacked and Threatened' global map by selecting 'vaccinations' and zooming in on Afghanistan. Access the data on HDX.



Reported vaccine-related incidents in Afghanistan, 2021-2022

Vaccine-related incidents increased to 13 in 2022 and became more dispersed across Afghanistan compared with 2021, when seven incidents were recorded.



 Vaccine-related incidents in 2021 (7)



 Vaccine-related incidents in 2022 (13) 100km ____

Most of the experts and trained staff including nurses and health workers, and doctors, have left the country.

Anonymous health workers in Afghanistan

THE IMPACT OF ATTACKS ON HEALTH CARE

Attacks on and threats against health workers, coupled with international and domestic public policy changes since August 2021, have had severe impacts on Afghanistan's health care workforce. Firstly, there are fewer health workers to treat patients. Over 124,000 civilians have been evacuated from Afghanistan since August 2021, including many health workers. Full-time health workers remaining in Afghanistan have received only intermittent salaries and allowances following the freezing of the Afghan central bank's foreign reserves in late 2021. Salary concerns, combined with the threats to and killings and arrests of health workers, have caused some to leave the profession, while making it less attractive for those considering entering it. In the long-term, the prohibition of women from attending secondary school and university will make it more difficult to replace skilled health workers.

The ability of the remaining health workers to operate effectively has also been compromised. Health workers subject to arrests and kidnapping have suffered long-term mental health difficulties, while the lower numbers of health workers have forced those remaining to work longer and more strenuous hours.



[R]ight now, we don't have community health programs, which is totally donor dependent.
Anonymous health workers in Afghanistan

The shortage of health workers and requirements for women to be accompanied by a male chaperone, led to less access to and lower quality of care. Restrictions requiring doctors only to treat patients of their own sex created significant access barriers. Threats directed at health workers, especially females, have also undermined health care. The weak state of Afghanistan's infrastructure continues to create obstacles to receiving treatment, even for those who are able to reach health facilities. Afghanistan imports 80% of its electricity from Iran and its Central Asian neighbors, but the supply is unreliable. For example, in December Uzbekistan cut power to Afghanistan, citing technical difficulties for doing so. This left Kabul with between one and eight hours of power per day, creating significant obstacles for health care provision.

I'm working in district hospital, but every week I'm the witness of at least two mothers that show up that are dying, we don't have enough drugs.
Anonymous health workers in Afghanistan

Combined, these impacts have translated into devastating health outcomes for patients. While comprehensive data is not available, studies suggest that the consequences are severe. Some examples from a study on maternal and child health are illustrated in the following box.

You simply can't run a health facility without constant and reliable electricity.
INGO adviser in Afghanistan



KEY SURVEY FINDINGS

A study by researchers at Johns Hopkins Bloomberg School of Public Health and colleagues in Afghanistan focusing on maternal and child health interviewed 131 health care professionals operating across Afghanistan's 34 provinces between February and April 2022.¹⁴ The study found the following:

- Almost one-third of respondents said that the 'worsening of working conditions has negatively impacted my ability to provide quality care to women and children.'
- Over a third reported that infant/child mortality has either increased 'a little' or 'a lot.'
- Around a third 'perceive that maternal mortality has increased since August 2021.'



- 3 Armed Conflict Location & Event Data Project (ACLED) database attribution policy (accessed April 21, 2023).
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 33219.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 33368.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 36222.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident numbers 31181; 35243.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 33219.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident numbers 31307; 31764..
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 36244.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident numbers 31307; 31764; 31766; 31767.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident numbers 36132; 35451.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 36133.
- 14 Rabia Jaalazai, Nancy Glass, and Leonard Rubenstein. *The Maternal and Child Health Crisis in Afghanistan*. Johns Hopkins Bloomberg School of Public Health, Center for Humanitarian Health, 2022. http://hopkinshumanitarianhealth.org/assets/documents/Matern-Child-Health-Afghanistan-Report-FINAL_30-Oct_2.pdf.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2022 SHCC Health Care Burkina Faso Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 61 incidents of violence against or obstruction of health care in Burkina Faso in 2022, an increase from 49 in 2021. In these incidents, at least 27 ambulances were stolen and health supplies were looted from health centers, medical warehouses, and pharmacies, undermining health care providers' ability to access people in need and to stock health facilities with the necessary supplies. This factsheet is based on the dataset [2022 SHCC Health Care Burkina Faso Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Armed violence perpetrated by non-state armed groups targeting health infrastructure in Burkina Faso's northeastern Est and Sahel regions including Islamic State Sahel Province (ISSP), Jama'ah Nusrat al-Islam wal-Muslimin (JNIM), and Ansaroul Islam continues to undermine health care delivery.¹⁵ Violence spread westwards throughout 2022, impacting an increasing number of health care providers in the country's Boucle du Mouhoun, Centre-Nord, and Nord regions.

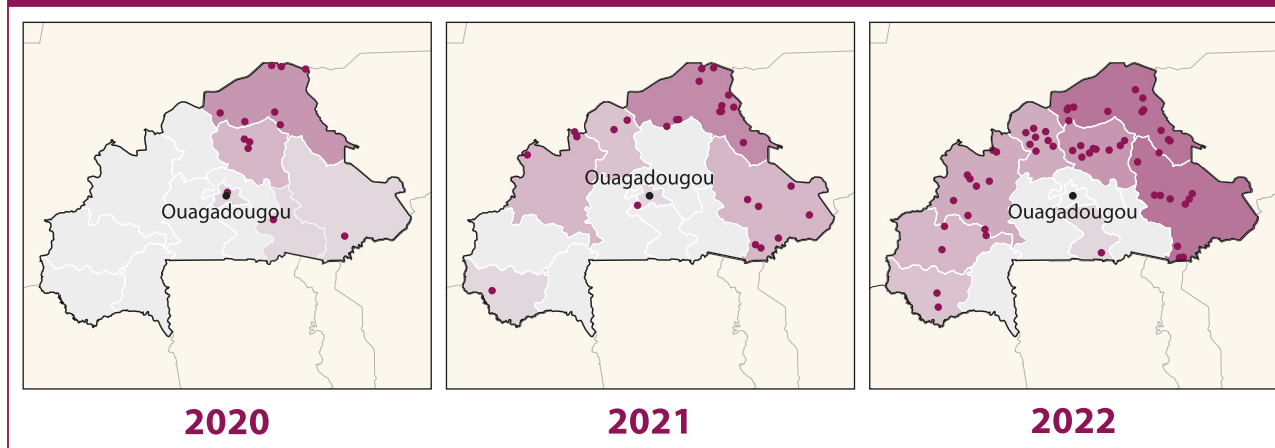
As a result of insecurity, by the end of 2022, 197 health facilities remained closed, double the figure for 2021, and a further 430 were operating at minimum capacity, impacting more than 2.1 million people's ability to access health services, according to UNICEF. Around 50 health workers left the Sahel health zone in August alone and demanded to be redeployed in safer areas due to increasing insecurity.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

All the recorded incidents affected health workers operating in the national health structure in seven of Burkina Faso's 13 regions in 2022. The number of incidents rose by over a fifth in 2022 compared to the previous year, and an increase was particularly marked in Boucle du Mouhoun, Centre-Nord, and Nord regions. High incident numbers continue to be reported in Est and Sahel.



Known locations of reported incidents affecting health care in Burkina Faso, 2020-2022



Ambulance hijackings were frequently reported in 2022, a change from previous years, when health-worker kidnappings were more often recorded. Health worker kidnapping cases decreased in Est, Nord, and Sahel, and increased in Boucle du Mouhoun, where ambulance hijackings were also common. Health worker killings declined from 10 in 2021 to two in 2022. The looting of health supplies remains a concern, because it undermines the ability to provide health care.

Most incidents were attributed to JNIM – an umbrella organization loosely grouping a coalition of distinct Islamist groups, such as the Macina Liberation Front – and its ally Ansaroul Islam. Some attacks, although to a much lesser extent, were attributed to ISSP. In most cases, perpetrators were armed with firearms, and used them to threaten and in some cases kill health workers. In four cases, ambulances were set on fire during wider attacks on civilians in Boucle du Mouhoun, Centre-Nord, and Hauts-Bassin regions, and at an IDP camp in Nord. In a fifth case, an ambulance was damaged when a nearby military convoy hit a JNIM-planted improvised explosive device in Est in September.

HEALTH TRANSPORTATION STOLEN OR HIJACKED

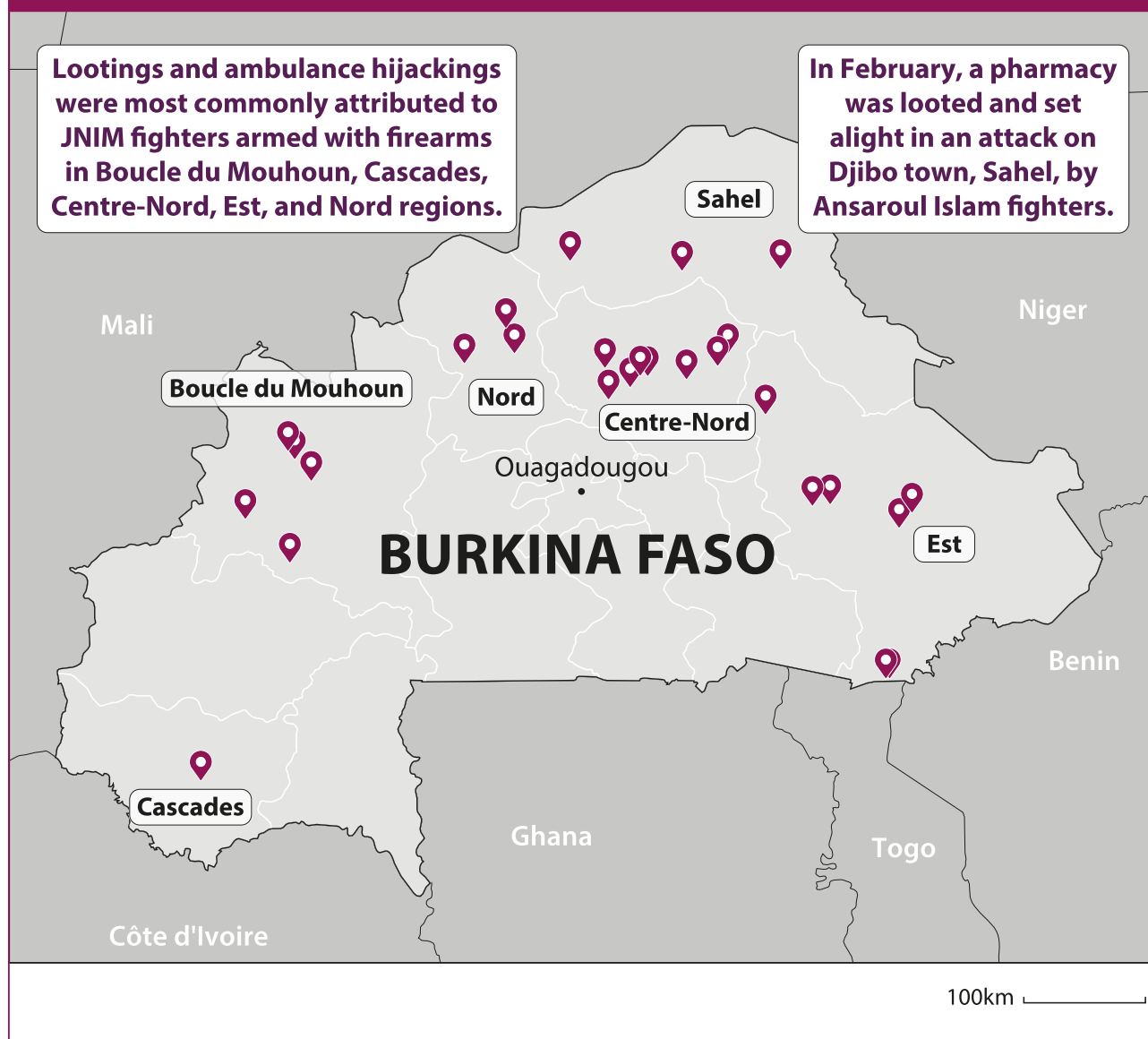
Ambulances were commonly stolen from health centers and in ambushes by JNIM fighters in Boucle du Mouhoun, Cascades, Centre-Nord, and Est regions. Two others were taken by ISSP fighters in Sahel in separate incidents in July, and armed men used a stolen ambulance to travel to Solenzo city in Boucle du Mouhoun, where they burned down a municipal building.¹⁶ While most ambulance hijackings occurred without physical harm to health workers, three incidents involved nurses and ambulance drivers being briefly held before being released and their ambulance being stolen. The reported targeting of ambulances decreases the ability of health providers to access vulnerable civilians in insecure areas.



HEALTH SUPPLIES LOOTED

Vital medicine and equipment were frequently looted from health centers, medical warehouses, and pharmacies in Boucle du Mouhoun, Centre-Nord, Est, and Nord regions, often by JNIM fighters armed with firearms. A pharmacy was looted, and set on fire during an attack on Djibo town, Sahel, by Ansaroul Islam fighters in May.¹⁷ In most lootings health workers were not present, suggesting that access to health supplies was an important motivation behind these incidents. The exception was when a health team was ambushed and robbed of medicine and malnutrition products at gunpoint by JNIM fighters in Est in September.¹⁸ The looting of medical supplies temporarily reduces access to vital medication. Repeated lootings severely affect reliable supplies and can put health workers at risk from frustrated patients and their families.

Reported locations of incidents where health supplies or ambulances were looted or stolen in Burkina Faso in 2022





HEALTH WORKERS KIDNAPPED

At least 11 health workers, including ambulance drivers and nurses, were kidnapped in nine incidents in 2022, compared to 42 in 19 incidents in 2021. Most kidnappings were attributed to JNIM fighters and occurred while staff were traveling in Boucle du Mouhoun, Centre-Nord, and Est regions. Others took place at an illegal checkpoint in Sahel in March, in a home invasion during a wider attack on civilians in Hauts-Bassins in September, and from a health center in Est in November. Seven victims were released after 24 hours, while a nurse who had been kidnapped at an illegal checkpoint was killed in Sahel in March. The fate of the remaining three kidnapping victims was not recorded.

HEALTH WORKER SEXUALLY ASSAULTED, KILLED, AND INJURED

In other incidents affecting health workers, a nurse was attacked and raped in front of her colleagues by JNIM fighters in Sahel region in February, and a health worker and three civilians were killed in an ISSP attack on a mosque in October.¹⁹ In Cascades, an ambulance driver was shot and wounded during fighting between JNIM and Burkinabé Armed Forces soldiers in January.²⁰ In Hauts-Bassin and Nord in October and December, respectively, health workers were ordered to abandon their facilities by an armed group or face unspecified reprisals. Violence against health workers impacts health care providers' ability to maintain staffing levels appropriate for patient needs and affects staff well-being.

15 JNIM is an umbrella organization consisting of a number of semi-independent armed groups that coordinate their activities through the JNIM structure. Ansaroul Islam and JNIM often conduct their attacks together, making it difficult to distinguish between the two when assigning responsibility.

16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Burkina Faso Data. Incident numbers 33548; 36092; 34843.

17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Burkina Faso Data. Incident number 35089.

18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Burkina Faso Data. Incident number 36121.

19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Burkina Faso Data. Incident numbers 31780; 35080.

20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Burkina Faso Data. Incident number 33482.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 10 REPORTED INCIDENTS IN 2021	 3 HEALTH WORKERS KIDNAPPED IN 2021	 31 REPORTED INCIDENTS IN 2022	 35 HEALTH WORKERS KIDNAPPED IN 2022
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↓ Source: 2021-2022 SHCC Health Care Cameroon Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 31 incidents of violence against or obstruction of health care in Cameroon in 2022, compared to 10 in 2021 and 17 in 2020. At least 35 health workers were kidnapped and 12 were arrested in 2022. This was an increase from 2021, when three health workers were kidnapped and four were arrested. These kidnappings greatly impact health care providers' ability to maintain safe staffing levels to effectively meet patient needs. This factsheet is based on the dataset [2021-2022 SHCC Health Care Cameroon Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Incidents of political violence in Cameroon persisted throughout 2021 and 2022,²¹ reflecting the continuation of the country's two main conflicts. In the anglophone Northwest and Southwest regions, the fight between government forces and Ambazonian separatists seeking independence had particularly significant impacts on access to health care in 2022. Much of the increase in incidents in 2022 was attributable to incidents where health workers and health care providers were accused of bias towards either government forces or separatists, especially in the build-up to the anniversary of the self-proclaimed Ambazonia 'Independence Day' at the start of October. Such accusations were also reported in 2021, albeit to a lesser extent, with one INGO withdrawing all staff from Northwest region in August 2021 following government allegations of pro-separatist bias.²²

In Far North region, access to health care was primarily affected by activity by Islamist armed groups, including Islamic State in West Africa Province (ISWAP). Despite Boko Haram's reported resurgence in 2022, all incidents affecting health care in Far North in that year where perpetrators were named were attributed to ISWAP. This contrasts with 2021, when no cases were reported in this region, and 2020, when all incidents there were attributed to Boko Haram. It should be noted that [flooding](#) in Far North region also destroyed almost 20,000 homes in 2022.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021 AND 2022

Reported incidents tripled in 2022 compared to 2021, which saw the lowest number of incidents in the 2020-2022 period. The increased number of incidents was partially due to frequent incidents in the anglophone Northwest and Southwest regions, a pattern that reflects the geographic concentration of incidents in the previous two years. Incidents re-emerged in Far North region in 2022, but were less frequently reported than in anglophone regions. Two incidents were reported outside the anglophone regions and Far North. In September 2022, a nurse and security guard were stabbed by armed men in Centre region, while in September 2021, two doctors were assaulted by a patient's family members.²³

Most incidents affected health care providers operating in national health structures. INGO staff were directly affected on two occasions in 2021 and three in 2022. These incidents involved the injury, arrest, and kidnapping of INGO health workers in Northwest, Southwest, and Far North.

Thirty-five health workers were kidnapped in 11 incidents in 2022. This marked an increase from three abducted in one incident in 2021 and eight abducted in two incidents in 2020. All kidnappings were reported in Northwest and Southwest regions, with the exception of the previously mentioned kidnapping of INGO health workers in Far North. All incidents where health workers were arrested during the 2021-2022 period were located in the anglophone regions. In contrast to the kidnapping and arrest of health workers, the six reported health worker killings in 2022 were equally dispersed across the anglophone regions and Far North. No health worker killings were reported in 2021, while two were reported in 2020.

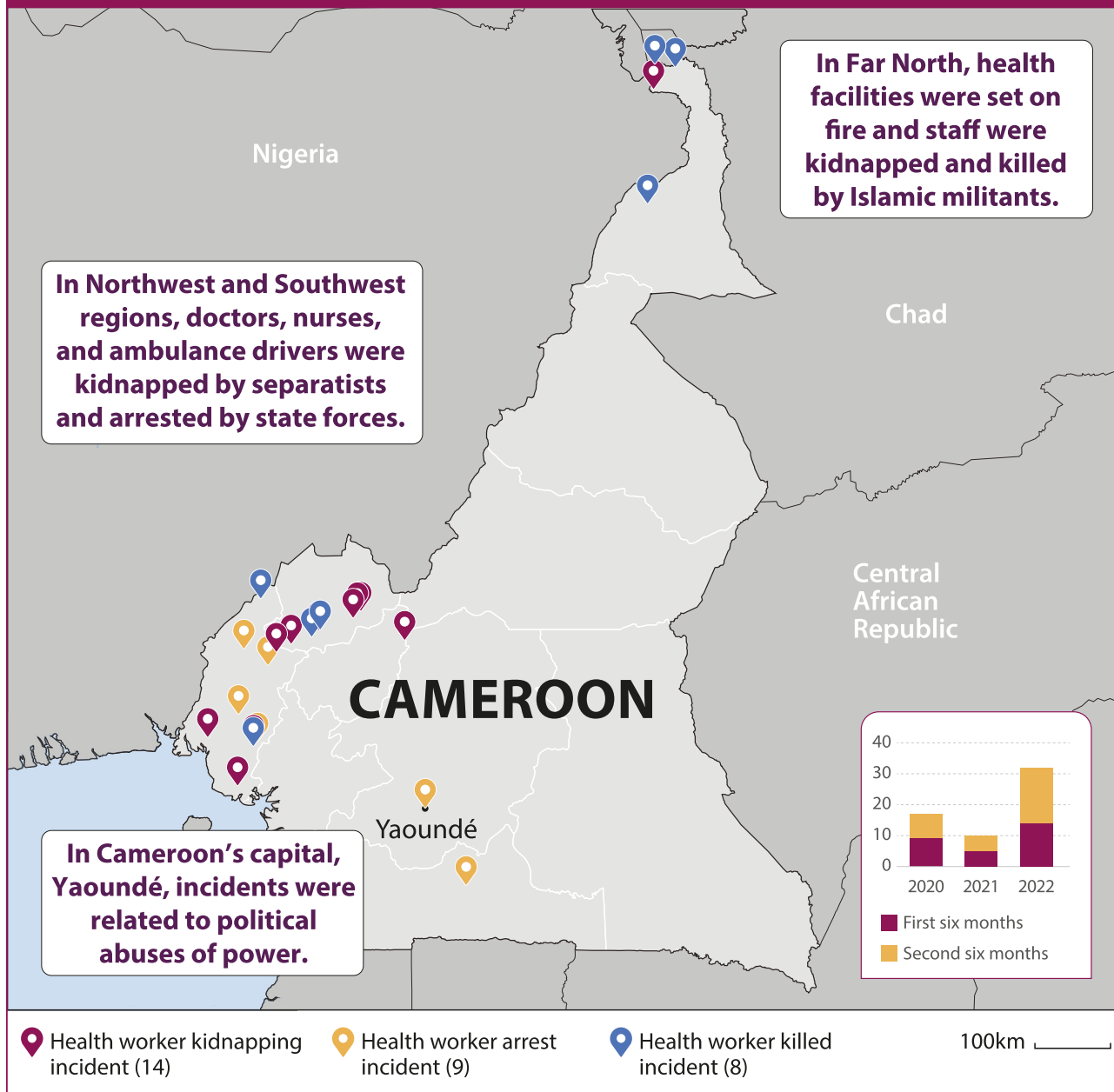
Ambazonian separatists and Cameroon Armed Forces (CAF) troops were frequently named as perpetrators of incidents in Northwest and Southwest in both 2021 and 2022. In 2022, the only named perpetrators of incidents in Far North were ISWAP fighters. This marks a shift from 2021, when no incidents were recorded in Far North, and 2020, when all the incidents in this region were attributed to Boko Haram. In other attacks, the attackers remained unidentified.

Northwest and Southwest anglophone regions

In total, 25 incidents were reported in the anglophone regions, an increase from seven in 2021 and 11 in 2020. Across these years (2020-2022), most incidents in these regions were reported in Northwest. In 2022, high incident numbers were recorded in September in the build-up to the anniversary of the October 1, 2017 self-proclamation of the Ambazonia Republic. During this period, the Banso Baptist Hospital in Kumbo, Northwest region, was subjected to threats and violence from CAF forces and separatists, who both accused the hospital of collaborating with the other group on four occasions. On September 4, separatist fighters receiving treatment at the hospital were reportedly dragged from their beds and shot outside the building. A week later, the hospital was stormed and raided by CAF forces, who arrested two health workers and a patient who were accused of having links to separatists.²⁴ The hospital was warned that it would face 'serious consequences' if members of the Ambazonian separatist movement were not turned over to the security forces.²⁵ Two weeks later, on September 25, three health workers, a security guard, and a pastor were kidnapped by separatists who accused them of collaborating with military forces.²⁶ Their fate was not reported.



Reported incidents in Cameroon, 2020-2022



Ambazonian separatists, armed groups, and militia in Northwest and Southwest regions

Ambazonian separatists, armed groups, and militia in Northwest and Southwest kidnapped at least 28 health workers in 10 incidents in 2022, compared with three in one incident in 2021 and eight in two incidents in 2020. The abducted workers were nurses, doctors, and ambulance drivers, who were taken on their own or in groups of two from hospitals, clinics, or at informal checkpoints while traveling in ambulances to remote areas to provide health care services. Additionally, 15 staff were abducted by armed groups and militia in two incidents in Northwest in September and November 2022.²⁷



Reported incidents at Banso Baptist Hospital in Cameroon in September 2022

September 4

Separatist fighters receiving treatment were dragged from their beds and shot in front of the hospital.

September 10

The hospital received verbal threats from CAF forces who accused the facility of providing medical care to separatists. Later that day, the hospital received an audio message threat via social media from separatists. It was then stormed by government forces, who arrested two male staff and a patient, whom they accused of being separatists.

September 22

Three health staff were arrested at the facility by CAF forces and accused of providing medical care to separatists.

September 25

Three health workers, a security guard, and a pastor were kidnapped from the facility by separatists and accused of collaborating with the CAF.

“We are trapped between two forces [...] we are accused by the one for collaborating with the other, and on the other hand we are accused by the other for betrayal to the one.”
Executive President of the Cameroon Baptist Convention responsible for the Banso Baptist Hospital

Ransoms were demanded as a condition for the release of kidnapped staff in two incidents in 2022, suggesting that they may have been targeted for their perceived wealth. In one case, two LNGO health workers were released after paying separatists a ransom and ordered to return to Kumbo.²⁸ Nine of the 28 staff kidnapped in 2022 were released unharmed by their captors within a few weeks of their abduction, while one suffering from a bullet wound to his leg was released after three weeks in captivity.²⁹ The fate of the remaining health workers was not recorded. Armed groups also forcibly abducted staff to provide care to fighters and communities in areas with limited health services. For example, in Northwest, an unidentified armed group abducted a medical officer from a clinic in July 2022 and took them to an undisclosed location to treat wounded fighters.³⁰ In Southwest, an armed group fatally shot a pharmacy owner for refusing to provide medical treatment to injured fighters in April 2022.³¹



At least three health workers were killed and two were injured by Ambazonian separatists, armed groups, and militia in the anglophone regions in 2022, compared with no fatal incidents in 2021. In addition to the pharmacy owner, two nurses were killed and a doctor and two nurses injured when their medical vehicles were shot at in road ambushes in Northwest in February and October.³² Such violence against health workers impacts health providers' ability to maintain safe staffing levels to meet patient needs and affects staff well-being.

At least three times in 2022, vital medicine and equipment were looted from hospitals during wider attacks on civilians and stolen from ambulances at illegal checkpoints in the anglophone regions by Ambazonian separatists, armed groups, and militia. Isolated incidents involving the looting of medical supplies temporarily reduce access to vital medication. Repeated lootings severely affect health care providers' ability to stock basic supplies and can put health workers at risk from frustrated patients and their families.

Most patients will not come to the hospital at a time when the atmosphere is tense and others will not like to visit this health center especially with people [armed forces] patrolling the streets.

Health worker in Northwest and Southwest regions

State forces in Northwest and Southwest regions

At least 12 health workers were arrested by police and CAF forces in 2022. Together with the five arrested in Northwest in September, police detained seven INGO staff in Southwest in April and June.³³ Of these seven, four were arrested in April over accusations of complicity with secessionists, while the other three were detained in June at a checkpoint for questioning lasting several hours before being released to return to Buea city, where they had permission to deliver medicine and medical equipment.

Sometimes when the insecurity becomes so high, workers drop out and you are stuck with no one to work with. It becomes very difficult to recruit [staff].

Health worker in Northwest and Southwest regions

Non-state armed groups in Far North region

On at least six occasions in 2022, non-state armed groups in Far North perpetrated violence impacting health care, whereas no incidents occurred in this region in 2021 and only four occurred in 2020. Health infrastructure was set on fire and health workers were killed or kidnapped by groups armed with guns and knives. On at least one occasion in May 2022, an armed group stole medical equipment and medicines from a health facility and then set the building on fire.³⁴

Two of the three recorded health worker killings in Far North were attributed to ISWAP fighters. A third health worker was fatally stabbed at home by an armed group who set his motorcycle on fire and threw a grenade at the village church.³⁵ Five INGO health staff and two Cameroonian security guards were kidnapped from their residence and later released across the border in Nigeria.³⁶ An armed group attempted to abduct a health worker from his home, but fled after discovering he was not there.³⁷



THE IMPACT OF ATTACKS ON HEALTH CARE

Access to health care in Cameroon is compromised by violent conflict and threats against health workers and health facilities. This is not only because of often-precarious journeys for patients traveling to hospitals in insecure settings, but also the role insecurity plays in discouraging professionals from entering the health care sector. Thus, kidnappings, killings, and arrests of health workers have long-term impacts beyond the immediate reduction in staff numbers. The temporary closure of health facilities following violence is likely to have resulted in thousands of civilians being deprived of essential health care. The Mada Hospital in Far North region, which closed following the July 2022 ISWAP attack, is one of the few health facilities in the area equipped to treat a range of pathologies, including injuries from improvised explosive devices. Thousands were left with no other option than to travel 100 kilometers through a region affected by insecurity and poor roads to access treatment at the hospital.



KEY SURVEY FINDINGS

A study, conducted by the University of Minnesota between January and March 2022, at the Saint Joseph Catholic Health Center in the Batibo administrative health district in Northwest region used focus group discussions to understand the experiences of 12 health workers. The study found the following:

- Insecurity and shortages of health care personnel were ‘major barriers to healthcare delivery which contributed to [the] underutilization of healthcare services.’
- Killings, threats, and assaults ‘caused panic, leading to unplanned internal displacement of health care workers and their families to other regions for better opportunities.’
- Due to ‘insecurity, panic and uncertainty, health workers frequently came late to work or did not come at all, most often for several days. Others were overburdened with multiple shifts to cover for the absences which led to physical and mental fatigue.’
- Patients often took herbal remedies of limited effectiveness at home, since roads to the hospital were inaccessible due to violence and insecurity.



- 21 Armed Conflict Location & Event Data Project (ACLED) database attribution policy (accessed April 10, 2023).
- 22 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 28801.
- 23 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 34505; 29834.
- 24 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 36154; 36152.
- 25 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 36153.
- 26 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 35230.
- 27 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 36157; 35714.
- 28 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 36155.
- 29 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 36324; 36155; 36157.
- 30 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 36098.
- 31 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 31727; 35390; 34999.
- 32 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 31727; 35390; 34999.
- 33 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 32260; 33131.
- 34 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 35071.
- 35 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 35035.
- 36 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 31979.
- 37 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 36097.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



27

REPORTED INCIDENTS



16

HEALTH SUPPLIES LOOTED

↓ Source: 2022 SHCC Health Care CAR Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 27 incidents of violence against or obstruction of health care in the Central African Republic (CAR) in 2022, compared to 107 in 2021. It is unclear whether this shows a decline in violence or increased difficulties in reporting such incidents. In 2022, health supplies were looted or stolen, undermining health care providers' ability to stock health facilities with the necessary supplies. This factsheet is based on the dataset [2022 SHCC Health Care CAR Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Armed violence by non-state armed groups, including Anti-Balaka and the Coalition of Patriots for Change (CPC), continued to affect health workers and supplies, undermining health care delivery in the CAR. The growing presence of private military companies (PMCs), including the Russian-government-linked Wagner Group, impacted health care. As a result of insecurity, in 2022 services and access to health care continued to deteriorate, increasing the number of civilians with unmet health care needs to 2.8 million by the end of the year.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Incidents were reported throughout the year in six of the CAR's 17 prefectures and often affected health workers working for the national health structure, with three incidents reported to have directly affected INGOs.³⁸

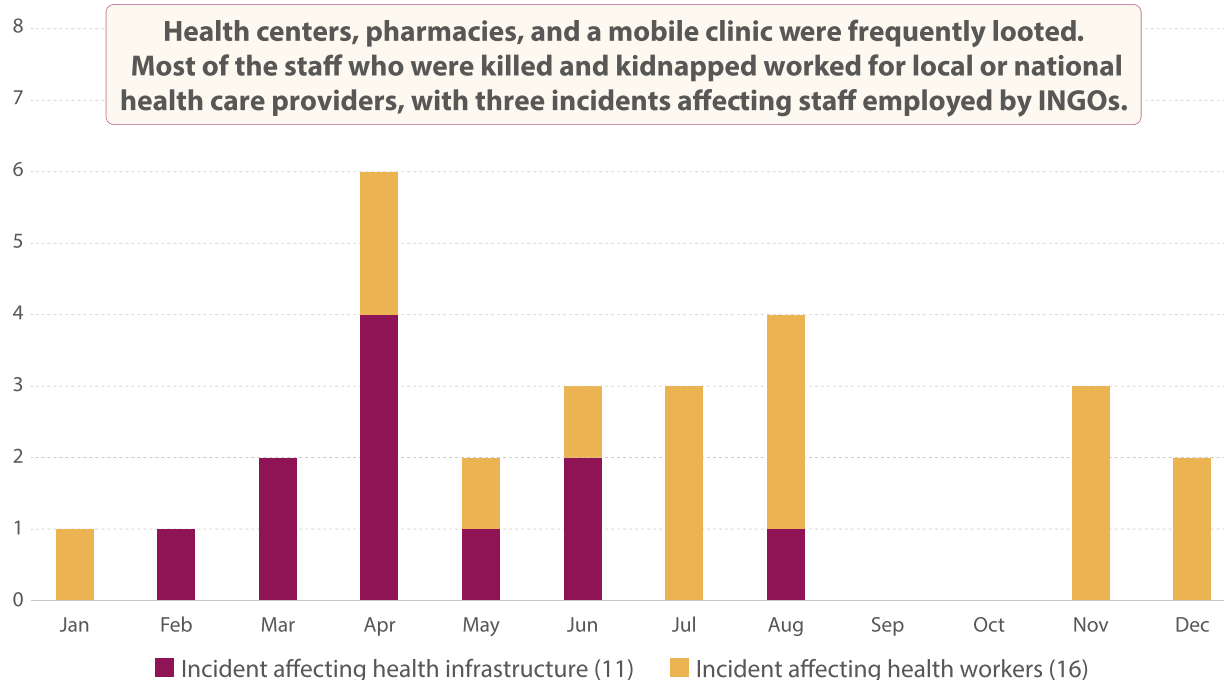
Three health workers were kidnapped in 2022 compared to one in 2021, two of whom were killed by their captors while being held. The looting of health supplies and equipment was the predominant form of violence against health care. There were no reported health worker arrests in 2022 – a change from 2021, when 25 health workers were reported to have been arrested or detained.



Most incidents were attributed to members of named and unnamed non-state armed groups carrying firearms. Anti-Balaka fighters stole medical supplies and equipment from health centers in and around Mobaye city in Basse-Kotto prefecture on three occasions in April and once in May.³⁹ No staff members were physically harmed or present in these incidents. CPC fighters, sometimes armed with AK-47s, stole health supplies and equipment from health workers traveling to provide care to patients living in remote areas. These armed groups also forcefully kidnapped staff to service their fighters and communities in areas with limited health services. For example, CPC fighters attempted to kidnap a health worker and force them to treat those wounded during the July 4 attack on Dimbi, Mbomou prefecture.⁴⁰ In Ouham prefecture, Central African Armed Forces troops shot and injured a national doctor employed by an INGO inside his home in May who later died in hospital.⁴¹ In Ouaka, the Russian-government-linked Wagner Group private military company kidnapped, tortured, and executed a pharmacist who it suspected of providing health care to a rebel leader in June.⁴² In other attacks, the attackers remained unidentified.

Attacks on health care in CAR, 2022

Health centers, pharmacies, and a mobile clinic were frequently looted. Most of the staff who were killed and kidnapped worked for local or national health care providers, with three incidents affecting staff employed by INGOs.



HEALTH SUPPLIES LOOTED

Vital medicine and other health care supplies were looted from health centers and a pharmacy, and stolen from staff traveling to remote areas to provide health care at least 16 times in 2022. During many of these looting incidents, health workers were present, and were threatened, mistreated, and violently robbed by gunmen. On two occasions, staff working for INGOs were threatened, mistreated, and violently robbed when their vehicles were ambushed by armed men in Bamingui-Bangoran and Ouham prefectures.⁴³ The looting of medical supplies temporarily reduces access to vital medication. Repeated lootings severely affect reliable supplies and can put health workers at risk from frustrated patients and their families.



Other incidents affecting health infrastructure included the hijacking of an ambulance transporting vaccines in February, the arson attack on a health facility in March, and the robbing of a mobile clinic in June.⁴⁴

HEALTH WORKERS KILLED AND KIDNAPPED

At least three health workers were kidnapped in 2022. Two were killed by their captors after being kidnapped in June and November. Another was abducted during a road ambush by unidentified perpetrators in November⁴⁵; the health worker's fate was not reported. Violence against health workers impacts health providers' ability to maintain safe staffing levels and affects staff well-being.

THE IMPACT OF ATTACKS ON HEALTH CARE

Continued insecurity and attacks on health workers and centers has devastated the CAR's health system. According to the UN, in 2022 the number of civilians with unmet health care needs increased, with violence targeting health care identified as a critical reason for people's deteriorating access to services and treatment. Out of 59 health structures in the CAR equipped for obstetric and neonatal emergencies, only 17 were functioning as of November 2022 and only 42.9% of births in 2022 were attended by medical personnel. The CAR has one of the highest maternal mortality rates in the world.

38 This data is based on 13 incidents where information on the prefectures where the incidents occurred was included in the reporting. For 14 incidents provided by the WHO SSA, no such information was made available..

39 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care CAR Data. Incident numbers 35036; 35038; 35063; 35072.

40 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care CAR Data. Incident number 36094.

41 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care CAR Data. Incident number 32847.

42 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care CAR Data. Incident numbers 32847; 33558.

43 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care CAR Data. Incident numbers 31140; 33737.

44 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care CAR Data. Incident numbers 36212; 36213; 36217. These three incidents that had not been reported elsewhere were provided by the WHO SSA. Further information on the locations of these incidents is not available.

45 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care CAR Health Data. Incident numbers 33558; 36199; 36200.

Democratic Republic of the Congo (DRC)



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



125
REPORTED
INCIDENTS



50
HEALTH WORKERS
KIDNAPPED



33
HEALTH SUPPLIES
LOOTED



23
ARSON ATTACKS ON
HEALTH FACILITIES



Source: 2022 SHCC Health Care DRC Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 125 incidents of violence against or obstruction of health care in the DRC in 2022, a similar number to 127 in 2021. At least 50 health workers were kidnapped. Health supplies were looted and health centers set on fire, impacting health care providers' ability to maintain safe staffing levels and stock health facilities with the necessary supplies. This factsheet is based on the dataset [2022 SHCC Health Care DRC Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Increased violence by the Allied Democratic Forces (ADF), the resurgent March 23 Movement (M23), and local Mai-Mai militias affected health workers and facilities in northeastern DRC. Threats and violence by local Mai-Mai militias impacted health care providers in Maniema, North and South Kivu, and Tanganyika provinces. Armed responses by Armed Forces of the Democratic Republic of the Congo (FARDC) and police forces to combat violence by armed groups affected health care in northeastern DRC. Such violence harmed health workers and widespread insecurity led to the closure of health facilities, which affected people's access to health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

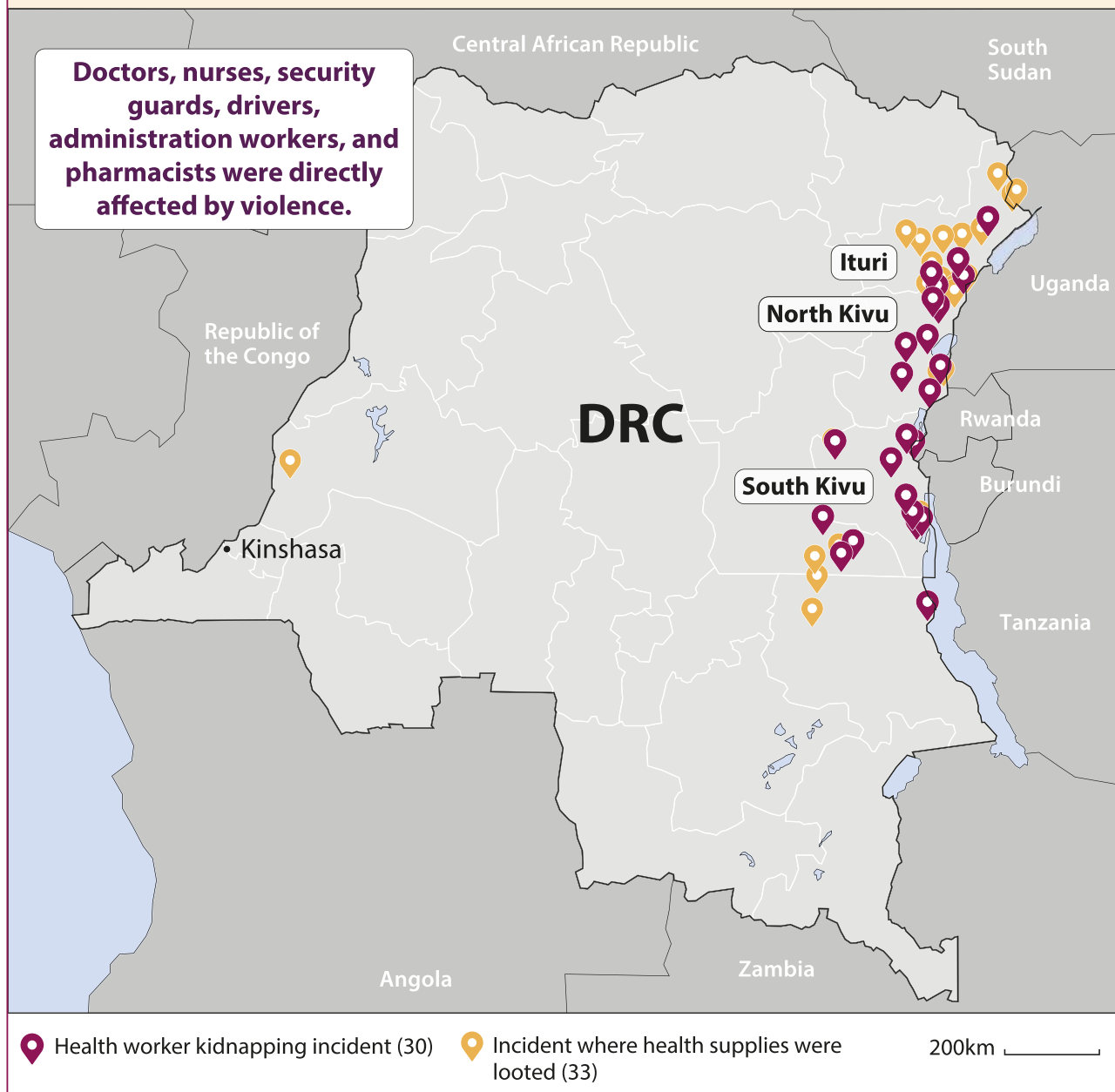
Incidents were reported in eight of the DRC's 26 provinces, with nearly half occurring in North Kivu, a similar trend to previous years. High numbers continued in South Kivu and Ituri, as well as Maniema and Tanganyika. Most incidents affected staff working for the national health structure, with six reported as directly affecting INGOs or LNGOs, four of these in South Kivu. One incident directly affected the International Committee of the Red Cross (ICRC) in Kasai. Health worker killings halved in 2022, from 22 in 2021 to 10.

Democratic Republic of the Congo (DRC)



Reported incidents in the DRC, 2022

Health worker kidnappings were more common along a north-south axis through the Kivus, while the looting of health supplies was frequently reported in Ituri and South Kivu.



The looting of health supplies from health centers, clinics, and pharmacies was most frequent in North Kivu province, followed by Ituri. Members of the ADF, the Coalition of Congolese Democrats, Mai-Mai militias, and the Patriotic and Integrated Forces of Congo were all reported to have looted health facilities in Ituri. Health worker kidnappings were more common in North and South Kivu compared to other provinces. The number of health workers kidnapped nearly doubled in 2022 compared to 2021, and was largely caused by rising cases of abductions by Mai-Mai militias. One kidnapping by the ADF involved four staff members in North Kivu following a raid on a health facility. Arson attacks on health centers were prevalent in North Kivu



and Ituri and were predominantly attributed to the ADF. In one incident in North Kivu in July unidentified perpetrators attacked a church clinic, where they burned at least 13 people to death, including four patients and three infants. According to a military spokesperson, the perpetrators were Dido armed men from the Mai-Mai militia group. However, civil society groups claimed that the ADF carried out the attack.⁴⁶

Nearly half of incidents were attributed to the ADF or Mai-Mai militias. Other non-state armed groups, including Alliance of Patriots for a Free and Sovereign Congo, Cooperative for the Economic Development of Congo (CODECO), M23, Nduma Defense du Congo, and Patriotic Force and Integrationist of Congo, were also identified as perpetrators, but less frequently. Often, these perpetrators were armed with firearms and machetes.

Twelve incidents were attributed to FARDC personnel or police officers in northeastern DRC. In most of these cases, the security forces threatened health workers for treating wounded militia members or refusing to transport members of a militia, while health centers were also violently searched for militia members receiving care. One nurse sustained injuries from being shot at by security forces after being mistaken for a militia member.⁴⁷

HEALTH WORKERS KIDNAPPED, KILLED AND SEXUALLY ASSAULTED

In 2022, at least 50 health workers, including ambulance drivers, doctors, a laboratory worker, nurses, and program staff, were kidnapped in 30 incidents. Approximately half were kidnapped in various provinces by local Mai-Mai militias, who were responsible for several mass kidnapping cases. In a number of such cases, ransoms were demanded in exchange for the victims' release. A smaller number of health workers were kidnapped by ADF and M23 rebels in North Kivu. No ransom demands were reported in these cases.

Most kidnapping victims worked for the national health structure, with only two among the 50 recorded kidnapping victims being employed by an INGO. At least 24 staff members were kidnapped from health facilities in North and South Kivu and Ituri. Other health workers were kidnapped while traveling in a car. Unlike in previous years, when no such incidents were identified, five health workers were also kidnapped from their homes in 2022. In some cases, ransoms were demanded as a condition for their release, suggesting that health workers were targeted for their perceived wealth. In most kidnappings, health workers were not physically harmed. The exception was in Tanganyika in January, when a ransom was demanded for the release of a laboratory worker kidnapped from his home by armed Mai-Mai militia. His body was found in a river two days later; it is unclear whether a ransom was paid.⁴⁸ Approximately half of the 50 kidnapped staff were released within a few weeks of their capture. The fate of the remaining 19 was not recorded.

Health workers were killed during wider attacks on civilians, arson attacks on health facilities, and night break-ins at their homes. A nurse was sexually assaulted during an attempted rape by two men in an armed robbery at a health center in Tanganyika in January.⁴⁹ In South Kivu in December, a nurse was robbed and fatally stabbed by soldiers while he was returning home from work at a hospital.



INTERNATIONAL PUBLIC DEBATES ABOUT ABORTION LAWS AND VIOLENCE AGAINST REPRODUCTIVE HEALTH SERVICES

In the DRC's Ituri province in March 2022, a nurse was stabbed and injured by a police officer in a raid on a hospital for allegedly performing an abortion without consent.⁵⁰ In the DRC, deliberately interrupting a pregnancy can carry a sentence of between five and 10 years of imprisonment for the woman and between five and 15 years for those performing the abortion. The country's ratified Maputo Protocol authorizes abortion in the case of rape and incest and when the life of the woman is at risk.

In the United States, new legal restrictions on abortion rights, including the criminalization of medical care related to abortion that in some cases extends to interventions related to ectopic pregnancies, triggered violence against health centers in 2022. For example, in May an abortion clinic was intentionally set on fire in Wyoming and in June unidentified individuals vandalized an anti-abortion center in Washington, DC.⁵¹ These events occurred in the context of a Supreme Court expected ruling at the time related to women's constitutional right to abortions.

In Malta, health care professionals reported threats from and assaults by individuals opposing abortion rights in the context of a national debate about an amendment to the existing abortion law that would make doctors no longer at risk of up to four year's imprisonment if interventions to help women with severe health issues caused the end of a pregnancy.⁵²

The incident in the DRC is the only one in the current report's database that mentioned abortion or any other reproductive health services in connection with reported violence against health care.

These examples suggest that the inflammatory rhetoric in connection with new restrictions on abortion can trigger violence against health care in contexts where opinions on the subject are highly polarized.

HEALTH SUPPLIES LOOTED

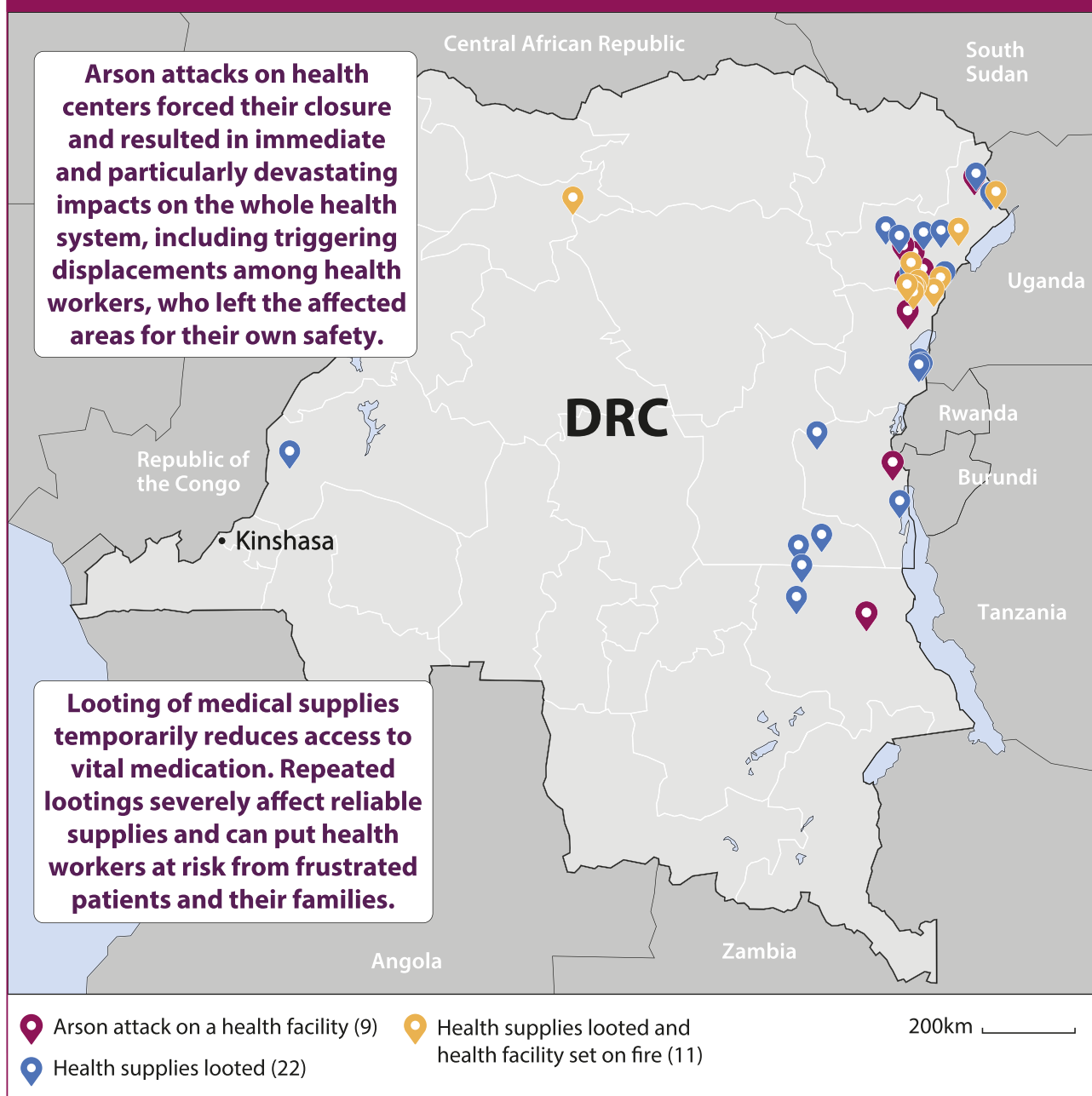
Vital medicine supplies, malnutrition treatment, and equipment were taken from health centers and pharmacies at least 33 times in 2022, a decrease from the 70 in 2021. The two main perpetrators involved in lootings were the ADF and, to a lesser extent, Mai-Mai militias. Lootings were frequent in Ituri and North Kivu, where the targeted health facilities were commonly vandalized or set on fire after being looted. In other cases, health workers were threatened at gunpoint or with machetes and forced to hand over medicines, suggesting access to health supplies as an important motivation behind these incidents. In one incident in Tanganyika in March, a health facility warehouse was robbed of malnutrition treatment by unidentified individuals armed with machetes.⁵³ The looting of medical supplies temporarily reduces access to vital medication. Repeated lootings severely affect reliable supplies and can put health workers at risk from frustrated patients and their families.



ARSON ATTACKS ON HEALTH FACILITIES

Health centers and pharmacies were set on fire on 20 occasions during wider attacks on civilians and following the looting of health supplies in Ituri, North and South Kivu, and Tanganyika provinces. At least three health workers were killed in these cases. In one case, a doctor and a patient were killed when a health center was looted and set on fire as part of a wider ADF attack. Some of the health center's activities restarted two months after the attack.⁵⁴ Armed groups also set fire to health facilities and homes, forcing the displacement of health workers. For example, in Ituri, CODECO fighters attacked a health center, school, and houses and set them on fire.

Looting and arson attacks on health facilities in the DRC, 2022





THE IMPACT OF ATTACKS ON HEALTH CARE

Arson attacks on health centers had an immediate and particularly devastating impact on the whole health system, leading to the closure of health facilities, forcing some health workers to abandon their positions, and displacing patients to neighboring areas.

Insecurity and fighting also affected the health care system. The resurgence of M23 in North Kivu and the escalation of fighting between this rebel group and the FARDC and other armed groups forced some INGOs to withdraw from the conflict-affected areas and some local health structures to stop functioning. For example, Lolwa General Hospital and five other health centers suspended their activities following fighting between M23 rebels and FARDC forces in the area, impacting more than 120,000 civilians living in the Lolwa health zone. In areas in North Kivu occupied by M23 rebels, armed fighters repeatedly looted health facilities, with the consequences outlined above.

High levels of insecurity and displacement hindered access to health care for many in the eastern DRC in particular, with wide-ranging consequences. Widespread population displacement in North Kivu as civilians fled to Goma and surrounding areas to escape M23 rebels added a significant burden on already strained health services. In Rutshuru and Rwanduba health zones, which had received over 124,000 IDPs by July 2022, insecurity made it both difficult and dangerous for humanitarian actors to access these areas, impacting their ability to care for those who had been displaced. In Rutshuru, the lack of infrastructure providing quality care for displaced people aggravated the outbreak of certain epidemics, including cholera and measles for children under five, and endemic diseases, with an increase in mortality among both children and women. The resurgence of cholera cases, especially at IDP sites, remained a major concern. This came at a time of a deteriorating nutrition situation, people's lack of access to farmland and income-generating work, increasing child malnutrition.

The closure of health centers also had an economic impact on staff: while salary payments continued even if health care services were suspended, bonuses based on staff workloads during emergency interventions were suspended after the affected health care centers were closed.



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- 46 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 33856.
 - 47 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 36365.
 - 48 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 31129.
 - 49 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 34203.
 - 50 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 34288. This incident is included in the SHCC dataset because the injury was caused by a police representative in a conflict-affected territory.
 - 51 These two incidents are not included in the SHCC dataset because they are not considered to be conflict-related.
 - 52 This incident is not included in the SHCC dataset because it is not considered to be conflict-related.
 - 53 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 34300.
 - 54 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 36364.
 - 55 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Data. Incident number 37974.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 85 REPORTED INCIDENTS	 71 HEALTH WORKERS ARRESTED	 21 AMBULANCES USED FOR NON-MEDICAL PURPOSES	 4 HEALTH WORKERS KILLED
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↓ Source: 2022 SHCC Health Care Iran Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 85 incidents of violence against or obstruction of health care in Iran in 2022 related to the political protests following the death of Mahsa Amini. During these incidents, at least 71 health workers were arrested and four killed, with security forces commandeering ambulances for non-medical purposes on at least 21 occasions, undermining health care providers' ability to access people in need. This factsheet is based on the dataset [2022 SHCC Health Care Iran Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

In Iran, violence against civilians rose significantly in 2022 during crackdowns on protests that erupted in September following the death of 22-year-old Mahsa Amini, who died after being detained by the Iranian Guidance Patrol. Security officials used violent methods to suppress protesters and limited access to treatments for both health workers on standby and injured protesters. Doctors and other health professionals were at the forefront of protests. [Statements](#) were issued by various medical professionals and medical groups condemning all violence and calling for security forces to refrain from intervening in the treatment of patients.

This factsheet is not a complete picture of all violence against or obstruction of health care in Iran during this period. Many incidents were unrecorded, because the Iranian government blocked Internet access and imposed violent crackdowns on all forms of dissent throughout the country.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

In October 2022, doctors gathered outside the Tehran Medical Council offices joined a protest against security forces' use of violence and obstruction of health care. Security forces responded violently, resulting in a female surgeon being shot and killed; at least 15 doctors being arrested and numerous others were injured by tear gas, batons, and guns firing metal pellets.⁵⁵ The president and vice-president of the Tehran Medical Council [stepped down from their posts](#) in protest, stating that they were unable to carry out their duties in such circumstances.



All recorded incidents affected staff working for the national health structure in 19 of Iran's 31 provinces. Iranian security forces, including police officers, members of the Islamic Revolutionary Guard Corps (IRGC), and plain-clothes security personnel, attacked health care workers and infrastructure almost immediately after protests initially began on September 16, 2022. Iranian security forces frequently indiscriminately fired tear gas, lead pellets, and live bullets near health workers responding to injured protesters, sometimes injuring medical staff. On other occasions, police beat health workers with batons. Access to health care for injured protesters was frequently obstructed and many health staff were arrested for providing health care to protesters. Ambulances were regularly used for non-medical purposes and security forces raided hospitals and prevented families from collecting bodies from hospital morgues.

Health workers arrested in Iran, 2022

Detained health workers were often beaten with batons and other objects, and in some cases were tortured. Those who were released were placed under surveillance, threatened with losing their jobs, and/or banned from leaving the country, having mobile phones, and/or joining political parties. Others were given prison sentences ranging from five to 25 years, in many cases after five-minute court hearings.





HEALTH WORKERS ARRESTED

At least 71 health workers were arrested for protesting, giving medical treatment to injured protesters, reporting the causes of injuries and deaths of protesters, attending memorial services for killed protesters, speaking out against the misuse of health infrastructure by security forces, and using social media to raise awareness of the protests. One dentist was arrested for carrying lidocaine spray, which many health workers used to help treat injured protesters on the streets.⁵⁶

Detained health workers were often beaten with batons and other objects, and in some cases were tortured. Those who were released were placed under surveillance; threatened with losing their jobs; and/or banned from leaving the country, having mobile phones, and/or joining political parties. Others were given prison sentences ranging from five to 25 years, often after five-minute court hearings. At least one doctor was sentenced to death, which was later revoked after widespread condemnation.⁵⁷ However, the fates of the majority of these detained health workers were not recorded. A doctor who was arrested in October and released on bail in December was rearrested in February 2023 and beaten to death while being held in police custody.⁵⁸ As of March 2023, his body remains in the forensics department and his family members have been threatened if they speak about the case.

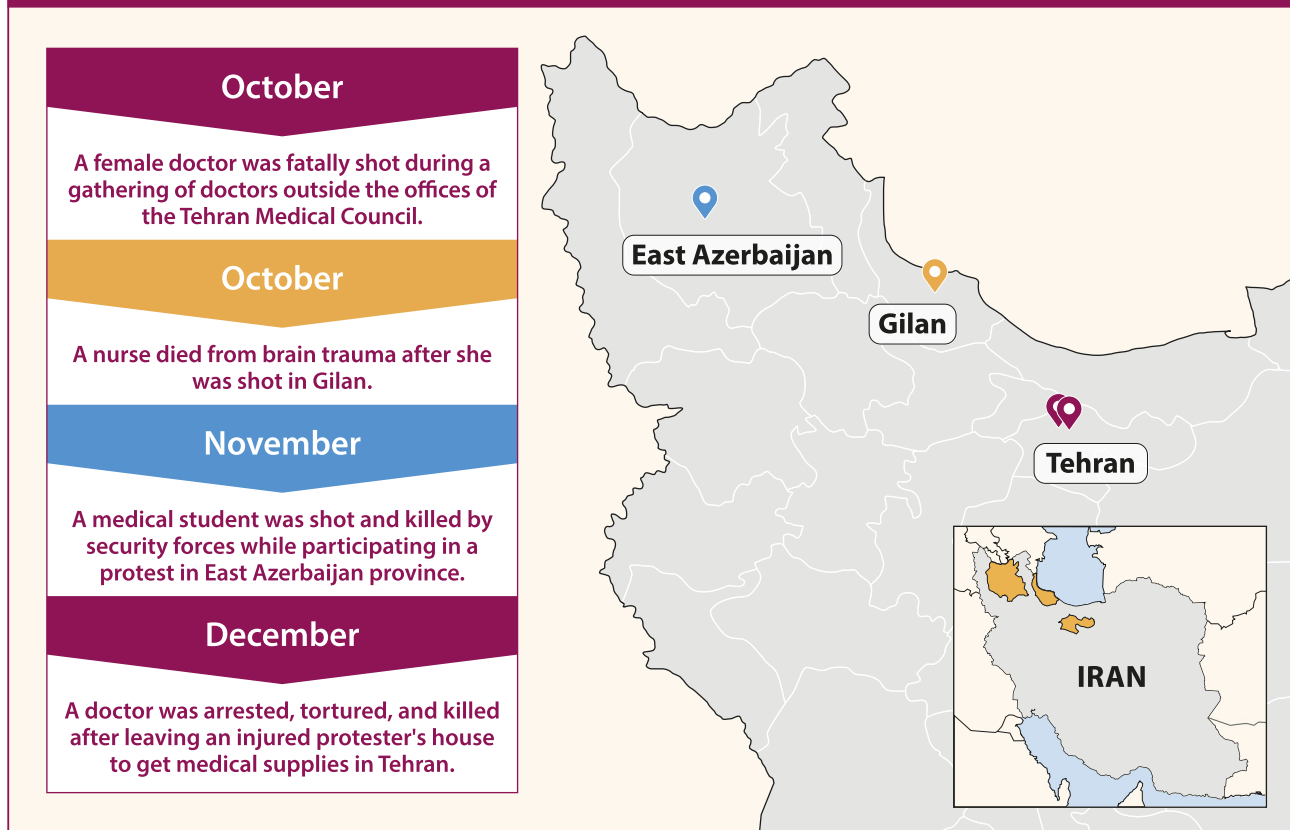
HEALTH WORKERS KILLED

At least four female health workers, including two doctors, a medical student, and a nurse, were killed by security forces in 2022.⁵⁹ Two were killed in October: a female doctor was fatally shot during a gathering of doctors outside the Tehran Medical Council offices, while a nurse was shot and killed by security forces during a peaceful protest in Gilan. Security forces alleged that she died in a traffic accident, and she was buried the next day in the presence of security forces. In November, a medical student was shot and killed by security forces while participating in a protest in East Azerbaijan province. Her family were pressured by security forces to sign a statement saying that their daughter died from an accident; otherwise, the security forces refused to release her body. In December, a doctor was arrested, tortured, and killed after leaving an injured protester's house to get medical supplies in Tehran. The morning after she went missing, police informed her family that she had been killed in a road traffic accident and that they could pick up her body from the morgue. Her injuries were inconsistent with a traffic accident and were more likely a result of torture. A medical examiner reported that they were ordered by security officials not to reveal the true cause of the doctor's death.

In other incidents affecting health workers, doctors were banned from treating injured protesters, ordered to record personal details of injured protesters, and forced to issue falsified documents on how protesters were killed and injured. Female doctors not wearing hijabs were harassed and hospital security guards were replaced by members of the IRGC or Basij (a volunteer paramilitary militia linked to the IRGC).⁶⁰



Locations where health workers were killed in Iran, 2022



OBSTRUCTIONS OF HEALTH CARE

As protests progressed, security officials cracked down violently. Health workers treating protesters in secret reported treating several life-threatening injuries that were likely exacerbated by the lack of access to proper health facilities. Health workers reported treating pellet wounds from bird-shot often fired at close range. These injuries are difficult to treat due to the dozens of tiny bullets that are lodged in the victim's body. Health workers alleged that security officials aimed at civilians' eyes in an attempt to blind them, while doctors in Isfahan and Tehran reported that female protesters were shot in the genitals. These injuries were reportedly treated in secret, either in their or other protesters' homes in make-shift operating rooms or in the dark.

There were also reports of widespread sexual violence against both men and women detained at police stations or in prisons. Health workers were reportedly prevented from treating injuries resulting from sexual violence. For example, in October 2022, a 20-year-old woman was taken to a hospital by members of the IRGC with internal bleeding and signs of rape after being arrested eight days earlier for participating in the protests.⁶¹ Hospital staff called the woman's family, but before they arrived security officials kidnapped the woman and took her to an unknown location. In Mazandaran province, a 19-year-old man was tortured and sexually assaulted after he was arrested at the beginning of October and held in prison. He was taken to a hospital outside the prison for emergency treatment, but was returned to the detention center the following day before he had recovered. He reportedly still suffers from health complications due to the rape and lack of proper treatment.



AMBULANCES USED BY SECURITY FORCES FOR NON-MEDICAL PURPOSES

At least 21 ambulances were commandeered by security forces to transport protesters between police stations and detention facilities in Gilan, Golestan, Isfahan, Kermanshah, and Tehran. In response, protesters attacked ambulances in attempts to rescue civilians who were detained inside the vehicles. Iran's Ministry of Health alleged that over 60 ambulances – which were likely being used by security forces to arrest and transport protesters and regime political rivals to detention centers – were attacked by protesters. On one occasion, an ambulance was set on fire by protesters trying to free other protesters held inside. At least one police officer was seen leaving the ambulance and fleeing the scene.⁶² In other cases, ambulances were moved across cities without license plates or using military placards as identification. In Alborz and Qom, long convoys of ambulances were seen traveling without sirens, suggesting that these vehicles were being used for non-medical purposes.

PATIENTS DENIED ACCESS TO HEALTH CARE

Injured protesters were sometimes taken to police stations instead of hospitals or risked arrest if they sought medical care at hospitals that were under police surveillance. As a result, injured protesters were afraid to seek care at hospitals, with some instead turning to online advice from doctors in and outside Iran on how to self-treat their injuries. An Iranian doctor outside Iran received over 500 Instagram messages from wounded protesters asking for medical advice because they were too afraid to go to a hospital. One nurse warned wounded protesters against calling the country's emergency line and told them to go to trusted private clinics instead.

RAIDS ON HOSPITALS

On at least seven occasions, hospitals in Alborz, Kurdistan, Kermanshah, West Azerbaijan, and Tehran provinces were raided by security forces looking for and arresting protesters seeking medical treatment. Tear gas was often deployed inside hospitals and bodies were stolen from morgues. Victims' relatives were often extorted for money for the return of their family members' bodies, and in one case in Kermanshah in November, security forces prevented staff from operating on a protester with gunshot injuries, leading to his death.⁶³ Also in Kermanshah province, health workers and civilians formed a human circle around a hospital to prevent security officials from entering to arrest injured protesters or remove the bodies of killed protesters. Plain-clothes security personnel were reported to be monitoring medicine sales and emergency treatments at pharmacies. One doctor reported that security officers followed people buying sterile gauze pads and then arrested anyone receiving medical first aid using these pads.⁶⁴



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- 56 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Health Data. Incident number 37900
 - 57 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Data. Incident number 36267.
 - 58 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Data. Incident number 37997.
 - 59 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Data. Incident numbers 37974; 37975; 36423; 37988.
 - 60 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Data. Incident number 38057.
 - 61 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Data. Incident number 35858.
 - 62 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Data. Incident number 35619.
 - 63 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Data. Incident number 38041.
 - 64 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Iran Data. Incident number 38205.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



46

REPORTED INCIDENTS



26

HEALTH WORKERS KIDNAPPED

↓ Source: 2022 SHCC Health Care Mali Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 46 incidents of violence against or obstruction of health care in Mali in 2022, an increase from 20 in 2021. At least 26 health workers were kidnapped in these incidents, undermining health care providers' ability to maintain safe staffing levels and effectively meet patient needs. This factsheet is based on the dataset [2022 SHCC Health Care Mali Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Following a military coup in May 2021, instability persisted and violence increased in Mali in 2022. Incidents of political violence increased by over 40% in 2022 compared to the previous year, according to data from the Armed Conflict Location & Event Data Project.⁶⁵ As in 2021, incidents of political violence were primarily concentrated in Mopti and Gao regions and mainly perpetrated by militants of the Jama'ah Nusrat al-Islam wal-Muslimin (JNIM) and Islamic State Sahel Province (ISSP) non-state armed groups, and the Mali Armed Forces (FAMa), which scaled up its operations against Islamist groups. These developments came as Mali's government shifted its allegiance away from the West. Bases were established in central and northern Mali by mercenaries of the Russian-government-linked Wagner Group. In response, France announced the withdrawal of its 2,400 troops from Mali in February 2022, which was completed by August. In 2022, the presence of private military companies (PMCs) grew in Mali, including the Wagner Group, which has been accused of carrying out attacks on both Islamist militants and civilians in areas where JNIM is active.

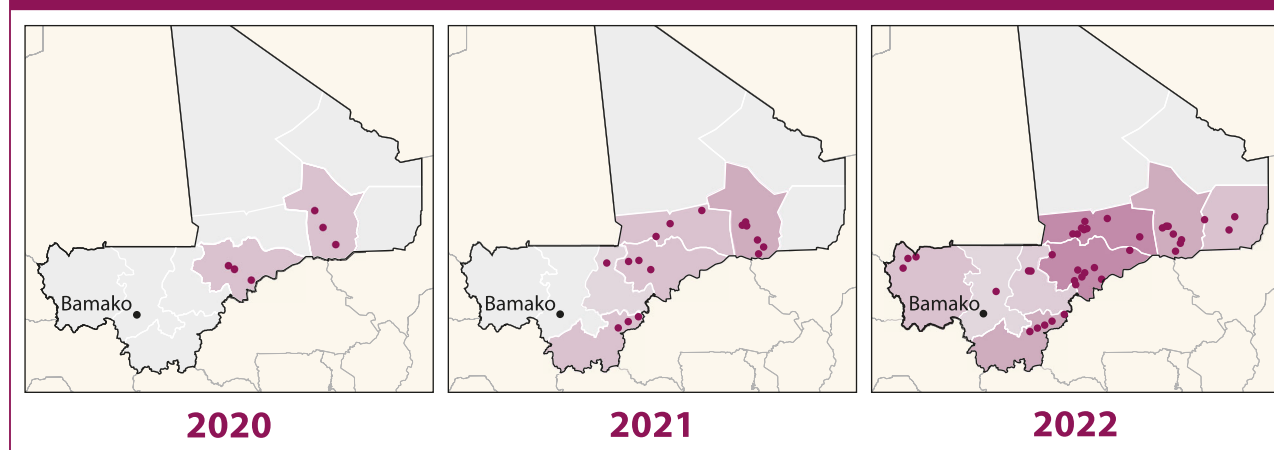
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Incidents affecting health care more than doubled in 2022 compared to 2021, reflecting the broader increase in armed violence in Mali. Most incidents affected health workers working for the national health structure, while three were reported as directly affecting INGOs, and one each affecting the UN and ICRC.



Incidents were recorded throughout the year, and spread from five regions in 2021 to eight in 2022, with cases reported in Kayes, Koulikoro, and Ménaka regions. High numbers continue to be reported in Mopti and Gao regions, both areas of protracted conflict. Cases doubled in Sikasso and Tombouctou compared to 2021, and largely involved the looting of health supplies. Over 75% of health worker kidnappings took place in Mopti and were perpetrated by JNIM. Ambulance hijackings and the looting of medical supplies were more dispersed across Gao, Mopti, Sikasso, and Tombouctou.

Known locations of reported incidents affecting health care in Mali, 2020-2022



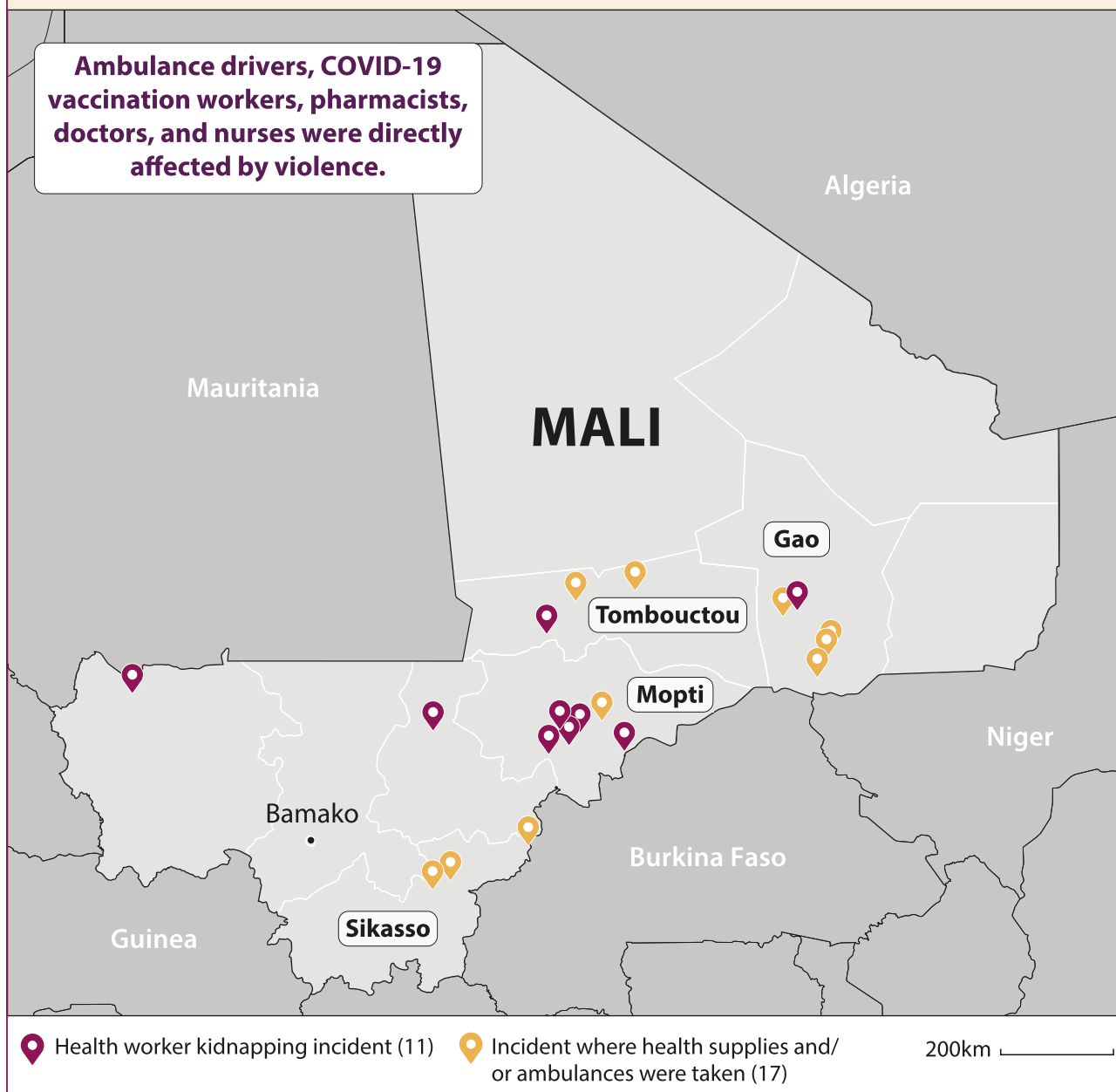
One-third of all reported incidents named JNIM as the perpetrator. JNIM was the named perpetrator of all kidnappings in Mopti region, the kidnapping of two members of a vaccination team in Tombouctou, and the ransacking of health facilities in Gao and Sikasso. Other raids and arson attacks on health facilities in Gao were attributed to ISSP. In most cases, these perpetrators were armed with firearms. In other cases, an ambulance was damaged when a JNIM-planted improvised explosive device detonated near Tombouctou in March, and a health center was set on fire during a wider ISSP attack on civilians in Gao in September.⁶⁶ FAMA personnel were named as the sole perpetrators of four incidents. All but one, in which a health worker was arrested on accusations of providing health care to armed groups in Ségou, were reported in Mopti.⁶⁷ In September, ground-launched shelling and FAMA air strikes targeting JNIM hideouts damaged two health centers.⁶⁸ Two incidents were attributed to FAMA and the Wagner Group in Mopti and involved a male nurse who went missing following an attack on a village in September and a health worker injured in air-to-ground operations in December.⁶⁹ In other attacks, the attackers remained unidentified.



Reported incidents affecting health care in Mali, 2022

Over 75% of health worker kidnappings occurred in Mopti region. The looting of health supplies and ambulances was more dispersed across Gao, Mopti, Sikasso, and Tombouctou.

Ambulance drivers, COVID-19 vaccination workers, pharmacists, doctors, and nurses were directly affected by violence.



HEALTH WORKERS KIDNAPPED

At least 26 health workers were kidnapped in 11 incidents while traveling to or from work, to an INGO base, or to remote areas to provide health care services. Most were taken in Mopti region by alleged JNIM members. Unidentified armed men kidnapped a single health worker in each of Gao, Kayes, and Ségou. The victims – ranging from ambulance drivers to COVID-19 vaccination workers, doctors, and nurses – all worked in the national health structure, except for an INGO health worker who was kidnapped from an INGO base



in Gao and another INGO aid worker kidnapped from their car in Mopti.⁷⁰ Of all those who were kidnapped, approximately half were released within 48 hours, including two female health workers abducted by an armed group in Mopti in November, who were released immediately, while their two male colleagues were held.⁷¹ The fate of 12 kidnapping victims was not recorded. In other incidents affecting health workers, four were killed in hijackings and robberies in Gao and Kayes, and another in unclear circumstances in Tombouctou. Violence against health workers impacts health providers' ability to maintain staffing levels appropriate for patient needs and affects staff well-being.



ATTACKS ON VACCINATION CAMPAIGNS IN MALI IN 2022

A shortage of health workers coupled with staff infections negatively impacted vaccination campaigns in Mali in 2022. While vaccination coverage in children rebounded slightly from a sharp drop in 2020, only 17% of the population received a dose of vaccine against COVID-19 in 2021. Concerns over and misconceptions regarding vaccines likely contributed to this. The Internews group identified 201 rumors, misconceptions, and concerns of communities concerning COVID-19, vaccinations, and other health issues on social media and via face-to-face discussions. In August 2022, JNIM fighters kidnapped two COVID-19 vaccinators in Tombouctou region.⁷² All these factors have a detrimental effect on efforts to vaccinate Malians.

For more information on attacks on vaccination campaigns in Mali, explore the 'Attacked and Threatened' global map by selecting 'vaccinations' and zooming in on Mali. Access the data on HDX.

VIOLENCE AGAINST HEALTH CARE INFRASTRUCTURE

Vital medicine supplies and equipment were looted from health centers and pharmacies. Lootings were frequent in Gao region, as was the case in 2021, but were also reported in Mopti, Sikasso, and Tombouctou. Armed groups stole health supplies to service fighters and communities in areas with limited health services. For example, an armed group stole medicine from a health center in Sikasso to treat its wounded fighters.⁷³ In most lootings, no staff were present, suggesting access to health supplies was an important motivation behind these incidents. The exception was when a pharmacist was injured when suspected JNIM fighters looted a health center in Sikasso.⁷⁴ In other cases, facilities were vandalized or damaged after being looted. The looting of medical supplies temporarily reduces access to vital medication. Repeated lootings severely affect reliable supplies and can put health workers at risk from frustrated patients and their families.

At least eight ambulances or ambulance motorcycles were stolen in 2022, a similar number as in 2021. In most cases, health workers were physically unharmed. However, a health worker was robbed and killed and his ambulance motorcycle stolen by ISSP militants in Gao in October, and two staff were kidnapped in an ambulance hijacking by JNIM fighters in Mopti in November.⁷⁵



In September, two health care centers in Mopti region were damaged during shelling and air strikes by FAMA forces targeting JNIM positions, and in November, a community health center in Koulikoro was raided by JNIM fighters, who threatened to set the center on fire if it were not closed.⁷⁶ The reported targeting of ambulances decreases the ability of health providers to access vulnerable civilians in insecure zones.

THE IMPACT OF ATTACKS ON HEALTH CARE

According to the [European Commission](#), in 2022, one-fifth of health centers in the northern and central regions of Mali were ‘not functioning,’ while the remaining fourth-fifths were ‘only partially’ functioning due to insecurity and lack of staff. Mali has only a [single medical school](#) for training doctors to serve a population exceeding 20 million, which plays an important role in explaining staff shortages.

Violence against health workers led an INGO to ‘suspend planned activities, including research and health surveys identifying disease prevalence.’⁷⁷ Difficulties in conducting research reduce the capacity to design effective public health policies addressing the needs of the country’s population.



KEY SURVEY FINDINGS

A fieldwork-based survey [study](#) conducted in central Mali between May and September 2022 by the Carter Center’s Peace through Health Initiative in collaboration with the country’s Ministry of Health found the following:

- The majority of respondents (ranging from 53% to 95%) in four districts in Mopti and Ségou regions reported difficulty in moving ‘freely in their locality and surrounding area’ as a result of the problematic security situation.
- Similarly, some health workers in the Kokry and Kolongo health areas of Ségou experienced ‘limitations in their travel and difficulties accessing certain villages’ due to risks of violence.



- 65 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, <https://acleddata.com/privacy-policy/> (accessed February 17, 2022).
- 66 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident numbers 34032; 34870.
- 67 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident number 34028.
- 68 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident numbers 35241; 36166.
- 69 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident numbers 34574; 36182.
- 70 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident numbers 36205; 36001.
- 71 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident number 36339.
- 72 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident number 34440.
- 73 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident number 33513.
- 74 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident number 34570.
- 75 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident numbers 35403; 35742.
- 76 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Mali Data. Incident numbers 35241; 36166; 36340.
- 77 In September 2022, a staff member of an international disability organization was shot while driving an NGO-branded vehicle in Mali. As a result of the attack, the organization was forced to suspend planned activities in the region, including research and health surveys identifying disease prevalence in Q4 2022.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2022 SHCC Health Care Myanmar Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 271 incidents of violence against or obstruction of health care in Myanmar in 2022, a decrease from 474 in 2021. In these incidents, 112 health workers were arrested and 27 were killed, undermining health care providers' ability to maintain safe staffing levels to effectively meet patient needs. In addition, health facilities were damaged or destroyed on at least 46 occasions and raided 32 times, impacting the population's access to health care. A total of 103 incidents were related to the ongoing political protests following the February 2021 military coup. The remaining 168 occurred in the context of armed conflicts that erupted before and after the coup. This factsheet is based on the dataset [2022 SHCC Health Care Myanmar Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

In the second year after the military coup on February 1, 2021, the humanitarian and health situation continued to decline in Myanmar, as the ruling junta and its security forces specifically and violently targeted health workers. Those affiliated with the Civil Disobedience Movement (CDM) continued to be arrested.

The current government, the State Administrative Council (SAC), established by the Tatmadaw (Myanmar's military) following the coup, has increasingly declined foreign aid and humanitarian assistance, thereby creating legal and administrative barriers for NGOs attempting to help conflict-affected populations. Human rights abuses by SAC security forces and widespread fighting resulted in the internal displacement of almost [1.2 million people](#) and led to 70,000 fleeing abroad since the coup.

Armed conflict between SAC forces, on the one hand, and various opposition armed groups units under the name of the People's Defence Forces (PDF) and allied ethnic armed organizations (EAOs) on the other hand, have increasingly affected health care in 2022. The opposition National Unity Government (NUG), set up by parliamentarians in office before the coup, has a joint command system with several EAOs that have been fighting the Tatmadaw for decades. In addition, local defense forces (LDFs), are engaged in the conflict, but operate more autonomously from the NUG command structure, and were reported to have directly affected health care in 2022.



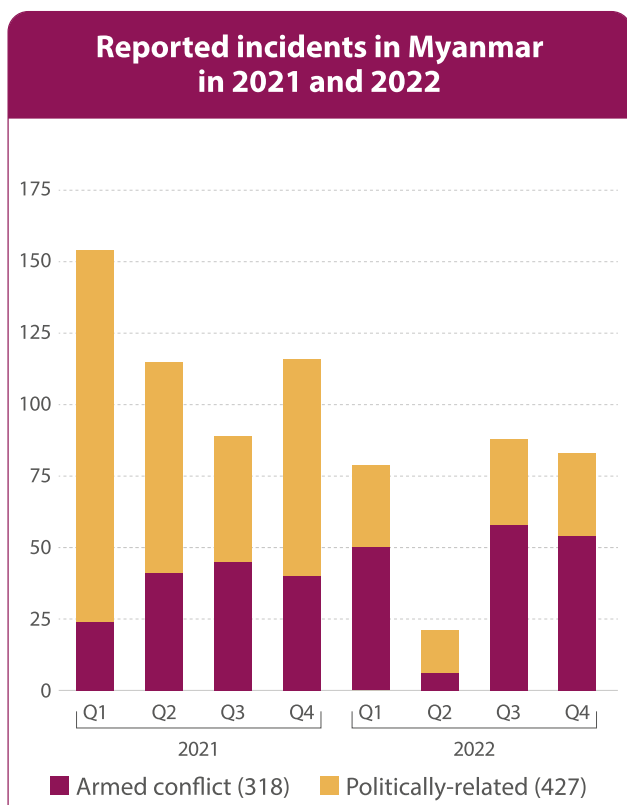
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Most of the 271 incidents affected health workers working for the national health structure, with 12 recorded as directly affecting INGOs or LNGOs. This is a decrease from 2021, when 34 incidents affected LNGOs. Incidents were reported throughout 2022 in 15 of Myanmar's 16 administrative areas (states, regions, union territory, and self-administered division). The number of reported incidents that affected health care were particularly frequent in geographical areas where there was strong resistance to military rule.

There was a shift in the location of most incidents in 2022 from Mandalay and Yangon cities in 2021 to Rakhine state and Sagaing region, reflecting the shift from violence during political demonstrations in big cities in 2021 to areas under control of the PDF or allied EAOs in 2022. Incidents also decreased in Kachin, Kayin, and Shan (North), highlighting how the political unrest contributed to escalating the violence in areas suffering from long-standing grievances. Nearly 80% of incidents recorded in Rakhine and Sagaing were recorded in the second half of 2022.

The regime's targeting of health workers active in the CDM continued in 2022, with 112 health workers reportedly arrested. Many of the 325 who were arrested in 2021 remained in prison. Overall, the incidence of politically linked violence against health care declined throughout 2022 compared to 2021, but the number of armed-conflict-related incidents continued at similar levels to those of the previous year.

SAC forces continued to shrink the humanitarian space throughout 2022 by making it increasingly difficult for health workers, humanitarian organizations, and LNGOs to access patients and communities in conflict-affected areas. From July onwards, there was a rise in incidents specifically targeting LNGOs and crackdowns on health workers associated with LDFs.



Nearly 70% of all the 271 reported incidents were attributed to SAC forces. Armed units opposed to the SAC, including the Arakan Army, the PDF, LDFs, and other militia, also adversely affected health care, but less frequently. Most of these incidents occurred in the context of attacks on SAC forces occupying health facilities and using them for military purposes.

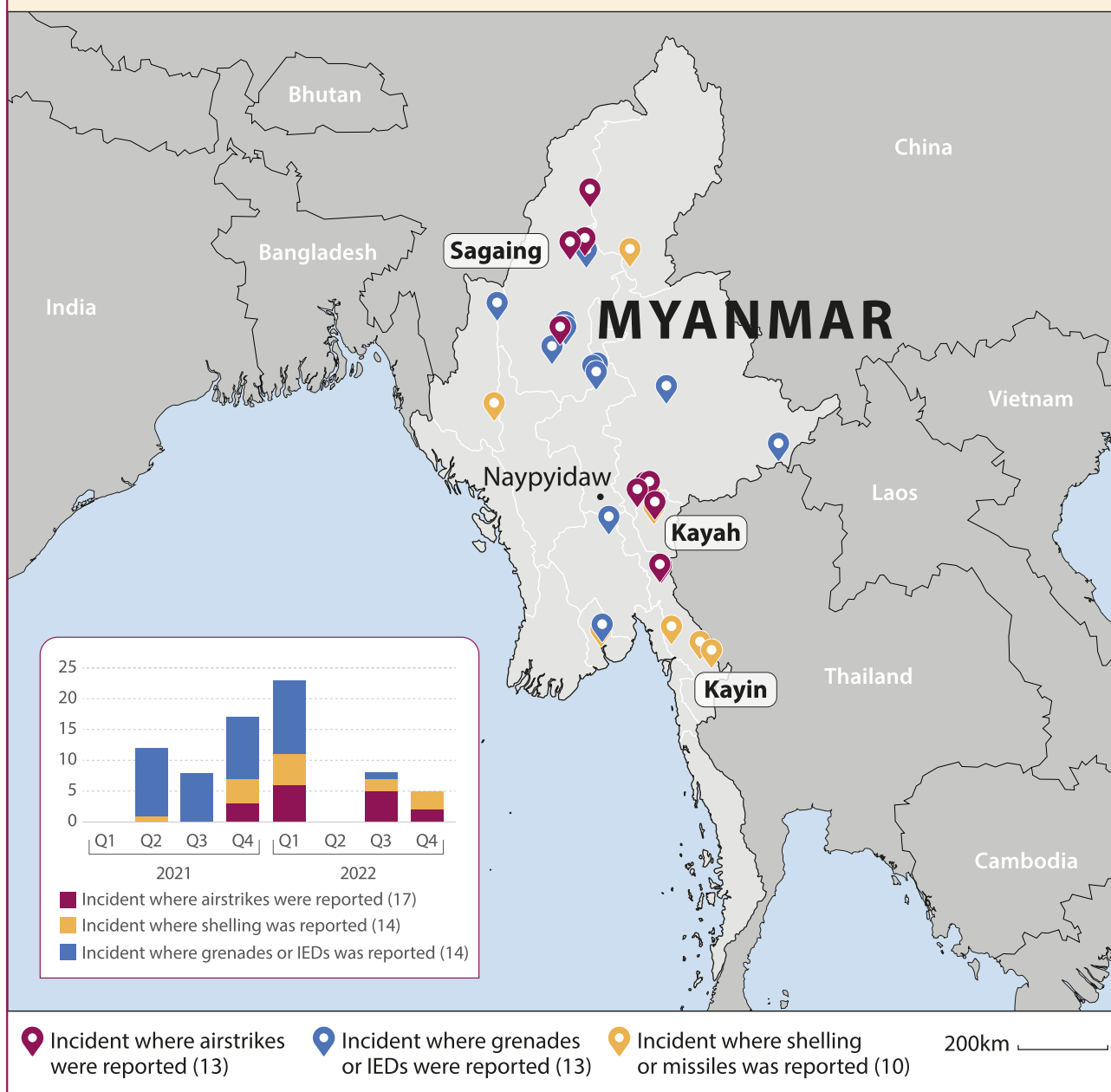
The use of explosive weapons against health facilities continued in 2022, with 36 incidents being reported. Explosive weapons use against health care workers and infrastructure was particularly frequent in Sagaing, where communities had developed strong resistance to the military's rule. SAC forces employed air strikes against health facilities in northern Sagaing and Kayah, while shelling and missiles mainly affected health care providers in Kayin. Improvised explosive device (IED) use was mostly concentrated in the southern Sagaing and Mandalay districts in central Myanmar. Incidents peaked in January, at the end of the



2021-2022 dry season military campaigns. The impact of IEDs on health care was frequently reported in January, with forces opposing the SAC government using them to attack the military's presence in and around health facilities. Fewer incidents were reported during the monsoon season.

Explosive weapons use impacting health care in Myanmar in 2021 and 2022

Airstrikes by SAC forces mostly impacted health care in northern Sagaing and Kayah. Shelling and missiles mainly affected health providers in Kayin. IED use was mostly concentrated in central Myanmar.





At least 13 incidents involving air-launched explosives weapons were recorded in 2022, triple the number that occurred in 2021. These attacks were carried out in Kachin, Kayah, Kayin, and Sagaing and often had a wide-area effect, causing death and destruction beyond the intended target and having reverberating effects on the wider health sector. In August, a local LDF in Sagaing reportedly used a drone armed with explosives to carry out an attack on SAC security forces occupying a make-shift COVID-19 vaccination center set up in a former school.⁷⁸

Shelling and missile use impacting health care increased from four incidents in 2021 to 10 in 2022. Most of these incidents were attributed to SAC forces, with one by the PDF, which shelled a hospital in Sagaing occupied by SAC forces, and another by unidentified attackers, who launched an improvised rocket at a private hospital in Yangon owned by one of the military leaders who organized the 2021 military coup.⁷⁹

HEALTH WORKERS ARRESTED

At least 112 health workers, including ambulance drivers, doctors, nurses, a radiologist, and medical volunteers, were arrested in 2022, compared to 679 in 2021. Only nine arrested health workers were reportedly released. Health workers were arrested on allegations of CDM affiliation, because of the care they provided to injured LDF members or their leadership roles as caregivers in communities, including rural communities and clandestine networks opposed to the military government. Over time, the reasons for arrests shifted from security forces' arresting health workers treating injured protesters to arresting them for allegedly assisting or being affiliated with LDFs or for political activism on social media. This shift reflects the changing context from the violent suppression of demonstrations to army counter-offensives against territories held by LDFs and attempts to silence political opinions on social media. Some detained health workers were given prison sentences ranging from three to 25 years. The fate of the majority of these detained health workers is not known. At least 10 detained health staff, including a midwife and two medical students, were tortured by SAC forces, and five detainees died as a result. In June, the body of one CDM-affiliated health worker was found burned in Magway following their torture by military forces.⁸⁰

In Mindat, our healthcare workers were arrested. There is one nurse who was living in Falam – she wasn't doing anything, just living in her hometown. They accused her of being a [member of the Civil Disobedience Movement] and killed her.

Female health worker in Chin state

HEALTH WORKERS KILLED AND INJURED

During 2022, at least 27 health workers were killed in 22 incidents, a decrease from 36 in 31 incidents in 2021. A similar number were killed by SAC forces and armed groups opposed to the SAC. Health worker killings were widely dispersed and occurred in 11 regions and states, with cases decreasing in Mandalay from 12 in 2021 to one in 2022. Along with the five tortured and killed health workers (see previous section), others also died during attacks on civilians, including air strikes and shelling; while providing health care to injured civilians; and, in one case, following their kidnapping.

At least 23 health workers were injured in 2022, a decrease from 41 in 2021. They were injured in landmine explosions, during detentions and kidnappings, and at SAC checkpoints.



They [military] are ready to shoot you, track you down, and do terrible things.

Female health worker in Kayah state

HEALTH WORKERS KIDNAPPED

At least five health workers were kidnapped in Kachin, Sagaing, and Shan, a change from Mandalay, Tanintharyi, and Yangon in 2021. Three staff members were taken from health facilities in Shan, Sagiang, and an unidentified location. Their fate was not recorded. Along with the health worker who was kidnapped and killed, a midwife was tortured and kidnapped and her husband shot dead by an LDF member in Sagaing.



ATTACKS ON COVID-19 VACCINATION CAMPAIGNS IN MYANMAR IN 2022

COVID-19 vaccination campaigns planned prior to the coup were not effectively rolled out. Lacking supplies, trained staff, and a public outreach mechanism, the state-run health system failed to vaccinate a significant portion of the population. Many people died when the COVID-19 Delta variant spread through the country in the summer of 2022. With a shortage of oxygen and other interventions, treatment options were very limited and few patients received proper care, with the military reportedly blocking some patients' access to medication. Some civilians bought vaccines on the black market; these vaccines are expensive and difficult to obtain. Distrust mounted over the quality of the vaccines produced in Myanmar, and some civilians preferred to purchase vaccines from the private sector. In 2022, COVID-19 vaccination campaigns were violently disrupted on two occasions in Sagaing:

February 2022: An ambulance transporting COVID-19 vaccines struck a landmine in Sagaing.

August 2022: LDFs using an armed drone attacked a COVID-19 vaccination center in Sagaing, targeting the Myanmar military forces occupying the building.

For more information on attacks on vaccination campaigns in Myanmar, explore the 'Attacked and Threatened' global map by selecting 'vaccinations' and zooming in on Myanmar. The map is continually updated with new and backdated reports. Access the data on HDX.

DAMAGE AND DESTRUCTION TO HEALTH FACILITIES AND AMBULANCES

Health facilities were damaged or destroyed on at least 46 occasions in 2022, an increase from 33 in 2021. Clinics, hospitals, pharmacies, and rural health centers were damaged or destroyed in air strikes, shelling, arson attacks, and IED blasts. Most of these incidents took place in Sagaing region, a change from 2021, when the highest number of incidents were recorded in Shan state and Yangon region. In most cases, health workers were unharmed, but one female volunteer was killed and six children injured in an SAC military air strike that destroyed a sub-rural health center in Sagaing.⁸¹



At least 22 ambulances were damaged or destroyed in arson attacks by SAC forces during attacks on civilians or when the vehicles drove over landmines planted by unidentified attackers. High incident numbers were recorded in Sagaing. Five health workers were injured and one was killed in these incidents.

HOSPITALS RAIDS

SAC forces stormed and raided hospitals, health centers, and clinics at least 33 times in 2022, compared to 119 in 2021, as they searched for health workers whom they suspected of being CDM affiliated or for providing care to CDM members. Hospitals raids were widely dispersed, with most occurring in Sagaing, a change from being most notable in Mandalay and Yangon in 2021. Nearly half of these raids took place during the dry season military campaign in November and December. Often, health workers were arrested or injured and ambulances or vital medical supplies seized and facilities damaged during these raids.

ARSON ATTACKS ON HEALTH FACILITIES

Health centers, clinics, pharmacies, and a makeshift clinic in an IDP camp were set on fire on 16 occasions in 2022, a significant increase from one such incident in Yangon in 2021. Three-quarters of the arson attacks were recorded in Magway and Sagaing regions, while six followed the looting or destruction of health supplies and equipment in Chin and Sagaing. SAC forces carried out most of the arson attacks, usually during attacks on civilians and surrounding areas. One incident was attributed to the PDF in Chin.⁸² There were no recorded health worker deaths in these cases. Arson attacks on health centers forced closures and had an immediate and particularly devastating impact on the whole health care system.

OCCUPATION AND MISUSE OF HEALTH FACILITIES

Health facilities in seven states and regions were occupied and used for non-medical purposes on at least 16 occasions in 2022, a decrease from 60 reported cases in 2021. Most such occupations were attributed to SAC forces, who stationed military personnel in and around hospitals buildings and used the positions to attack opposition groups. Members of the Arakan Army occupied hospitals in Rakhine, while the PDF attacked SAC forces occupying hospitals in Sagaing.⁸³ Military occupations of hospitals impact the local population's ability to access health care.

The public hospital may still run, but it is not safe to access.

Volunteer nurse

THE IMPACT OF ATTACKS ON HEALTH CARE

Prior to the coup, Myanmar had a shortage of health workers, with only 0.7 doctors per 1,000 people in 2019. In the past two years of conflict, this shortage has worsened, as health workers are targeted by the military regime and many medical professionals flee or relocate. State hospitals lack human resources and many patients who oppose the military regime refuse to seek care at these facilities.



In January 2022, the SAC announced that health workers' personal information must be given to the Ministry of Health. This order was issued to various government ministries in order to increase arrests of employees sympathetic to the CDM. A shadow health care system among health workers affiliated with the CDM began operating in makeshift clinics with the support of the NUG, and continues to do so. Private clinics have been forced to close and, in some cases, the clinic owners have been arrested following surprise inspections by SAC forces searching for CDM-affiliated health workers or on allegations of providing medical care to the local defense forces.

Reduced access to health care, staff shortages, and distrust of the government have resulted in long-term adverse effects on population health, particularly child health. Childhood immunization rates are at a record low since the coup in 2021, with approximately 1.9 million children requiring catch-up vaccinations. The current measles immunization rate in Myanmar is 2%. With communication and resources limited, disease surveillance and monitoring are not occurring, increasing the likelihood of uncontrolled outbreaks of disease.

Violence against health care has had devastating mental health impacts on health workers. There is increasing evidence that high levels of stress resulting from the widespread violence are causing many health workers to flee or stop providing health care. Over time, such violence has a devastating impact on the quality of care provided by a health care system.

In Rakhine in July, following tension and clashes between ethnic militias and SAC forces, the military imposed movement restrictions requiring NGOs to seek approval from the minister of security and border affairs for their staff to travel. This resulted in delays and cancellations of planned humanitarian activities.

Since the coup, more than 1.2 million people have been displaced by the escalation of the conflict. Many have fled to informal jungle camps with limited access to medication and food. By blockading opposition-controlled areas, SAC forces have deprived displaced civilians of medical and humanitarian aid. Areas with persistent blockades of medical aid include Chin and Kayah states and Sagaing region. Pharmacies have been warned not to sell quantities of medicine without prior approval from SAC authorities, or risk losing their medical licenses. Drivers transporting medicine have been arrested and in some cases tortured, and their supplies confiscated.

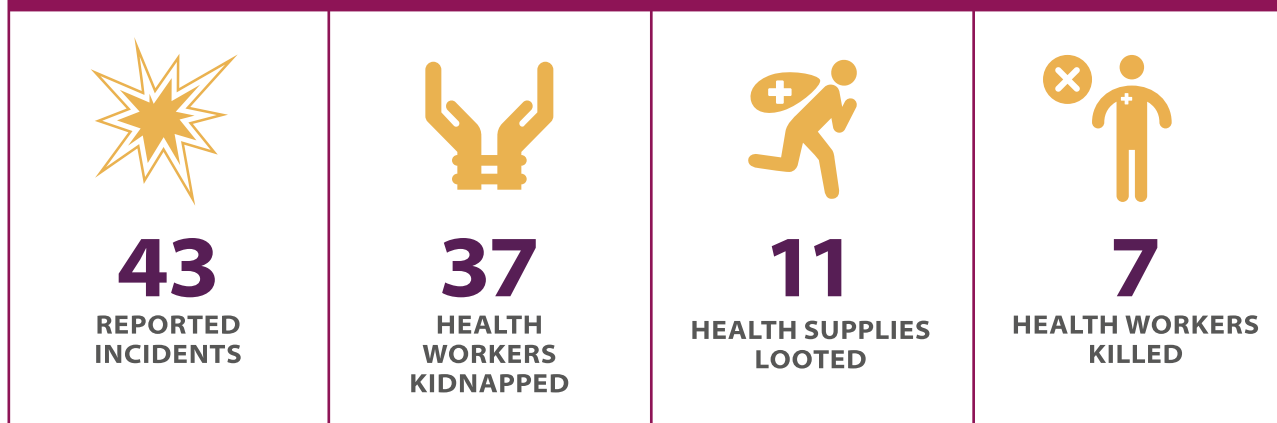
The biggest challenge for me is when... the patient should be taking medicine but I have no medicine to prescribe. That really hits me and upsets me.

Volunteer nurse in Kayah state

- 78 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident number 34327.
- 79 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident numbers 32182; 34251.
- 80 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident number 33268.
- 81 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident number 35504.
- 82 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident number 30288.
- 83 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Myanmar Data. Incident numbers 35244; 32182; 34907; 35144.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2022 SHCC Health Care Nigeria Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 43 incidents of violence against or obstruction of health care in Nigeria in 2022, compared to 56 in 2021. In these incidents, 37 health workers were kidnapped, seven others were killed, and health supplies were looted from pharmacies and health centers. This undermined health care providers' ability to maintain safe staffing levels to effectively meet patient needs and stock health facilities with the necessary supplies. At least 17 incidents took place in Nigeria's northeastern Borno and Yobe states, with 26 reported elsewhere. This factsheet is based on the dataset [2022 SHCC Health Care Nigeria Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Insecurity impacting health care in Nigeria was widespread in 2022. Activity by Boko Haram and Islamic State West Africa Province (ISWAP) non-state groups in Nigeria's northeastern Borno and Yobe states affected health workers and health supplies, while the growing presence of armed groups – locally referred to as 'bandits' – in Niger, Sokoto, and Zamfara states increasingly affected health workers. In southern Nigeria, 29 health workers were kidnapped.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Incidents were reported throughout 2022 and continued to be widespread, occurring in 19 of Nigeria's 36 states. Most incidents affected health workers working for the national health structure, while four were reported as directly affecting LNGOs and INGOs. High numbers were reported in Borno state, where the looting of medical supplies from health centers was frequently reported, as was the case in 2021. In contrast to the looting of medical supplies, which is concentrated in the north of the country, health worker kidnappings and killings were widespread across the country. Elsewhere, incidents doubled in Zamfara state in 2022 from two in 2021 to four.



ISWAP fighters were frequently named as perpetrators of incidents in Borno and Yobe states, with one attributed to Boko Haram in Borno. Nigerian Armed Forces personnel were named as perpetrators of two incidents that involved the arrest of a health worker for treating a ‘bandits’ leader with gunshot injuries in Sokoto state and the fatal stabbing of a female INGO health worker by an intoxicated Nigerian soldier in Borno.⁸⁴ Members of the Eastern Security Network, a paramilitary organization of the Indigenous People of Biafra separatist group, kidnapped a nurse outside her pharmacy in Enugu in October.⁸⁵ Other perpetrators of attacks were not identified. In most cases, perpetrators were armed with firearms. The exceptions were four incidents involving health facilities and ambulances being set on fire by ISWAP fighters in Borno, Kaduna, and Yobe.



STILL LOOKING FOR ANSWERS

On November 17, 2022, a Médecins du Monde (Doctors of the World, or MdM) staff member was killed by a Nigerian soldier while about to board a UN Humanitarian Air Services (UNHAS) helicopter that had just landed at Damboa military base in Borno state. A UNHAS pilot was also injured in the attack, and a dozen humanitarian workers present were put at risk. Because roads to the Damboa area are too dangerous to use, MdM, like other organizations, uses UNHAS flights. UNHAS uses Damboa’s military base, which has a perimeter that is supposed to be safe and secured by the army.

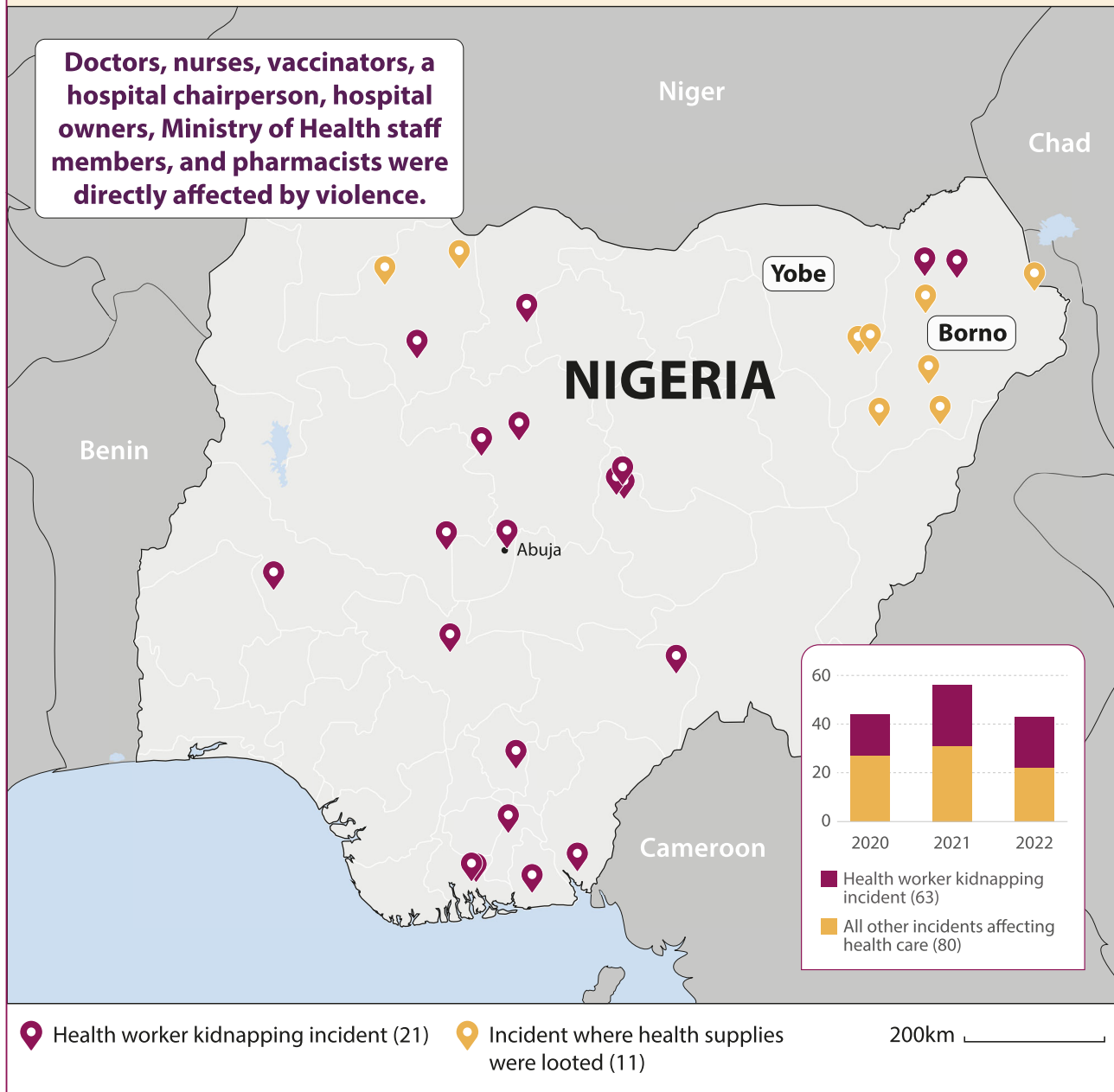
MdM has been calling for complete transparency around the circumstances of the attack, publicly through a statement published shortly after the incident, and privately to both Nigerian civilian and military authorities and UN officials. MdM representatives traveled multiple times to the country in the aftermath of the incident to try and achieve accountability, and MdM also asked other stakeholders for support. The military leadership in the Borno state capital, Maiduguri, apologized to the humanitarian community for the incident and gave assurances that it would try to prevent a similar incident in the future. Yet, several months later, MdM continues to request a copy of the military report on the incident, without success.

Full transparency with MdM on the circumstances of the attack is key to make sure 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.



Reported incidents affecting health care in Nigeria, 2022

The looting of vital medicines was often reported in northeast Nigeria, while 95% of reported health worker kidnapping incidents took place outside of Nigeria's northeast region.



As in the two previous years, almost half of all incidents recorded in 2022 involved the kidnapping of one or more health workers. Most kidnapped health workers were abducted by unidentified attackers outside Nigeria's northeast in areas where kidnappings for profit are common. In Borno state, health worker kidnappings were reported, but less often, with six health workers being abducted by Boko Haram fighters and two by ISWAP. These armed groups also forcibly abducted staff to provide care to fighters and communities in areas with limited health services. For example, Boko Haram kidnapped six staff in December and took them to the group's Mantari camp to treat its wounded fighters.⁸⁶ ISWAP abducted a



principal medical officer in March, who was forced to treat wounded fighters and their families before being released almost a year later in February 2023.⁸⁷ A female doctor kidnapped by ISWAP in August escaped during fighting between ISWAP and Boko Haram in December.⁸⁸

NORTHEASTERN BORNO AND YOBE STATES

Incidents in Borno and Yobe most frequently involved the looting of vital medicine and other health supplies from hospitals and pharmacies. In most cases, no health workers were present, suggesting that access to health supplies was an important motivation for these incidents. The five exceptions were three vaccinators being attacked by gunmen in Yobe in the ambulance in which they were traveling; health workers being kidnapped by Boko Haram and ISWAP in Borno; and ISWAP fighters setting up a makeshift hospital in Borno and supplying it with medical equipment they had stolen during attacks across the state.⁸⁹ Most of the doctors at the hospital were reported to be Libyans or Somalis, who provided treatment to wounded ISWAP fighters while civilians in the area were denied assistance. The looting of medical supplies temporarily reduces access to vital medication. Repeated lootings severely affect reliable supplies and can put health workers at risk from frustrated patients and their families.

Health workers are targeted because they are perceived to be critical to the society and government, and attack on them is believed to cause severe damage on the society, governments and humanitarian entities' efforts in health response.

A nurse in Yobe state

THE IMPACT OF ATTACKS ON HEALTH CARE IN NORTH-EASTERN NIGERIA

A joint study by IRC, GZDI, and FSACI in September 2022 in Borno, Adamawa, and Yobe states revealed the impact of attacks on health facilities and the kidnapping of health staff in northeastern Nigeria. The study included the perspectives of 477 frontline health workers on the main risks they face and the impact of attacks on health care. In all three states, respondents identified kidnapping as the main risk to their safety. They said that attacks by armed groups on health infrastructure and fighting they encountered on their way to or from facilities pose additional significant risks. According to the study, 13% of health facilities were heavily damaged and put out of action as a result of such violence by the end of 2022. In addition, the violence exacerbated the serious shortage of skilled health workers, particularly doctors, nurses, and midwives, because many are reluctant to work in inaccessible rural areas due to ongoing armed conflict.

The suspension of health services, absence of staff, and shortage of medical supplies as the result of violent attacks have had a direct effect on communities' access to health care. After almost half of the reported incidents, communities faced additional difficulties accessing the health services they needed. An immediate impact reported by respondents in the joint study included the unwillingness of the population to visit health services or stay overnight out of fear of attacks. After an incident, it is common for a health facility to close or significantly reduce its services, forcing communities to delay seeking assistance. During protection monitoring activities in the affected areas, communities highlighted the lack of updated information as a main barrier to accessing health care: if a hospital closes, people do not know where else they can go to seek services.



The impact of violence on health services extends to nutritional services provided as part of the health system: respondents reported that access to nutritional services was impacted in one-third of the incidents reported by these respondents. The suspension of ready-to-use therapeutic food distribution, patients' inability to reach facilities, and their general fear of seeking services were the main reasons for the reduced access to these services. This reduced access has occurred in the context of a nutritional crisis, with 1.4 million children under the age of five estimated to suffer from acute malnutrition.



KEY SURVEY FINDINGS

The joint study referred to above detailed the direct impact of the violence plaguing the region and found the following:

- Four out of ten respondents had been exposed to an attack against health care.
- 80% of respondents who had been exposed to an attack experienced at least one more.
- 79% of respondents who experienced or witnessed an attack experienced signs of heightened distress.

OTHER STATES WHERE INCIDENTS WERE REPORTED IN 2022

Incidents recorded outside of Nigeria's northeastern regions often involved health workers working with the national health structure being kidnapped by unidentified attackers. In total, 29 health workers, including doctors, nurses, hospital owners, Ministry of Health staff members, and pharmacists, were kidnapped. Fourteen were abducted from health facilities in Akwa, Enugu, Niger, Rivers, and Zamfara states.⁹⁰ Ten doctors were abducted by 'bandits' together with relatives of patients at a hospital in Niger state in October.⁹¹ The remaining 15 were abducted from their homes, while traveling to or from work, and from a school. At least 13 of the 29 victims were male (almost all doctors), and three female (a doctor and two pharmacists).⁹² Ransoms were demanded as a condition for release in several kidnapping cases, suggesting staff may have been targeted for their perceived wealth. Other incidents affecting health workers included the arrest of a health worker in Sokoto state, the shooting and killing of five staff members, and the killing of a health worker by an attacker using a machete.⁹³

Other incidents involved the destruction of nutritional supplies, the kidnapping of a Ministry of Health staff member in an attack on an INGO-supported health center in Zamfara state, and the hijacking and setting on fire of an ambulance by ISWAP in Kaduna.⁹⁴



ATTACKS ON VACCINATION CAMPAIGNS IN NIGERIA IN 2022

Nigeria has one of the world's least immunized populations. Figures from the [WHO](#) show that in 2021 diphtheria tetanus toxoid and pertussis (DTP3) immunization levels among one-year-olds stood at 56%, compared to 81% globally. Uptake of vaccinations – notably against COVID-19 – has been undermined by concerns over supposed adverse effects and [conspiracy theories](#). In 2022, staff from vaccination campaigns were attacked on two occasions in Yobe and Zamfara states:

Yobe: Three vaccinators were injured when the ambulance they were traveling in was attacked by unidentified perpetrators in July.⁹⁵

Zamfara: A vaccinator was killed by 'bandits' led by Bello Turji, a high-profile bandit leader, in November. The incident came on the [final day](#) of an integrated immunization campaign against measles, meningitis, and COVID-19 in the state that had started the previous month, and followed the 'bandit' group's decision to ban the presence of the Nigerian government in the area.⁹⁶

For more information on attacks on vaccination campaigns in Nigeria, explore the '[Attacked and Threatened](#)' global map by selecting 'vaccinations' and zooming in on Nigeria. The map is continually updated with new and backdated reports. Access the [data](#) on HDX.



- 84 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Nigeria Health Data. Incident numbers: 31647; 35944.
- 85 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Nigeria Health Data. Incident number: 35084.
- 86 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident number 36505.
- 87 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident numbers 36505; 340766.
- 88 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident number 34441.
- 89 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident numbers 35339; 34076; 34441; 36505; 31701.
- 90 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident numbers 36204; 35440; 35128; 35084; 31751.
- 91 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident number 35440.
- 92 There is no gender disaggregated data available for the remaining 10 kidnapped health workers.
- 93 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident numbers 31647; 32138; 33216; 34112; 35086; 36080; 35944.
- 94 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident numbers 35128; 34034; 32468.
- 95 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident number 35339.
- 96 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Nigeria Data. Incident number 36080.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



171

REPORTED
INCIDENTS



136

HEALTH WORKERS
INJURED



60

ACCESS TO
HEALTH CARE OBSTRUCTED



Source: 2022 SHCC Health Care oPt Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 171 incidents of violence against or obstruction of health care in the oPt in 2022, a slight decrease from 196 in 2021.⁹⁷ In these incidents, 136 health workers were injured, and patients' access to health care was obstructed at least 60 times. Violence resulted in the temporary closure of health facilities, and health care was interrupted during hospital raids. Palestinians seeking health care continued to be delayed or denied access to care by Israel's permit system. Closures of crossings and roads further reduced access to health care. This factsheet is based on the dataset [2022 SHCC Health Care oPt Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Political violence in the oPt increased by almost 30% in 2022 compared to 2021, according to incidents documented by the Armed Conflict Location & Event Data Project.⁹⁸ Israeli forces killed 151 Palestinians in the West Bank, the highest number since the UN started systematically counting fatalities in 2005 and a 94% increase on the previous year. This upsurge in violence came as Israeli authorities expanded settlements throughout the West Bank – including East Jerusalem – accompanied by increased settler attacks on Palestinians. In 2022, 10 Israelis, including five settlers, one settlement guard, and four members of the Israeli security forces, were killed by Palestinians in the occupied West Bank.

Livelihoods continued to be severely limited by Israel's policies that restricted both the movement of Palestinians and the development of housing and necessary infrastructure, leading to electricity and sanitation crises in the West Bank.

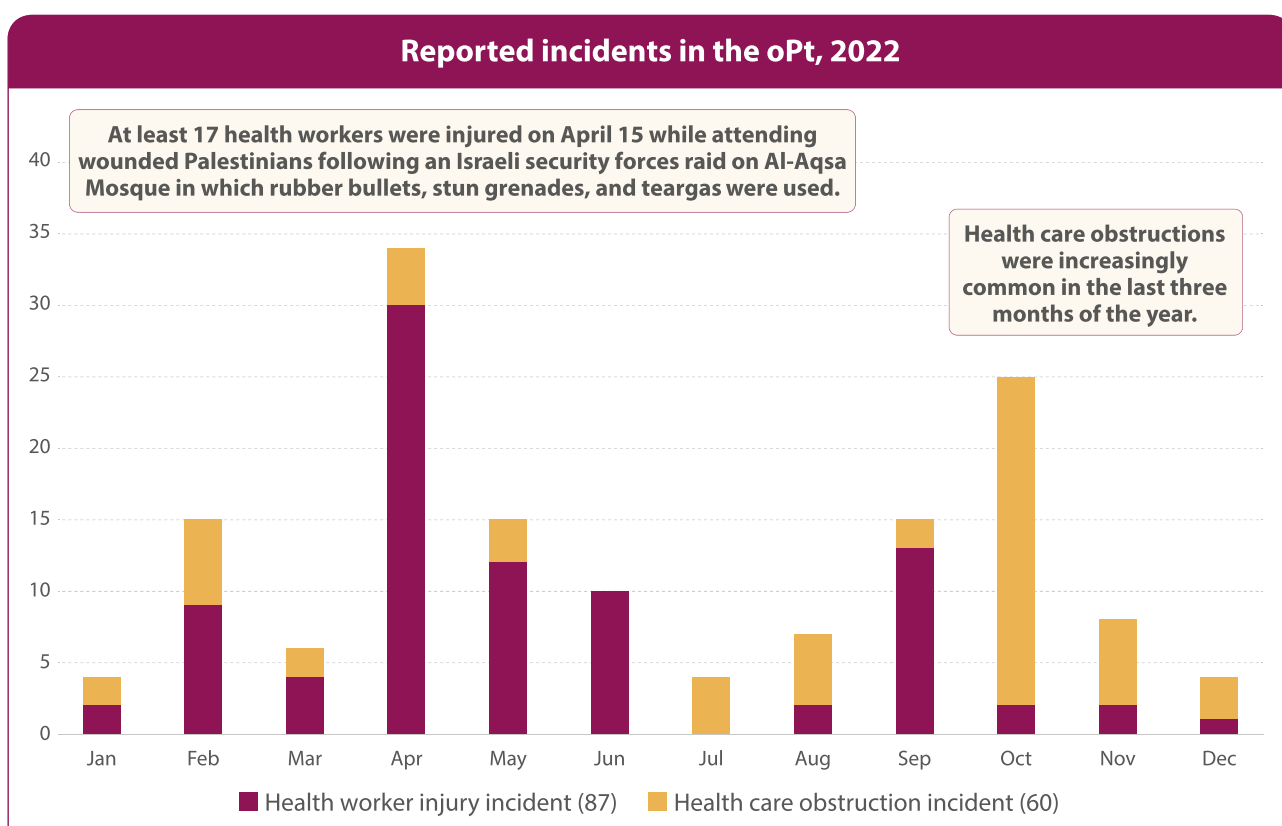
In 2022, a total of 953 Palestinian homes and businesses were demolished across the West Bank, including East Jerusalem, the highest, since 2016. The demolitions displaced over 1,000 people.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Health worker injuries more than doubled from 61 in 2021 to 136 in 2022 and were frequent in April, May, and September, while health care staff were providing care to Palestinians wounded during protests and as a result of violence from Israeli security forces and settlers. Health care was frequently undermined by obstructions in the last three months of the year. Most reported incidents affected health workers working for the national health structure, with seven reported as directly affecting the Palestinian Red Crescent Society (PRCS) and two the UN.

Israel Defense Forces (IDF) soldiers were the most commonly named perpetrators of incidents of violence.⁹⁹ The exception was when Israeli settlers attacked and damaged a vehicle carrying patients at a checkpoint in the West Bank in October.¹⁰⁰



HEALTH WORKERS INJURED

Health workers, including ambulance drivers, doctors, and paramedics, were injured by rubber bullets, tear gas, and, in one case, a gas bomb fired by the IDF. Often, multiple health workers were injured on the same day. On May 13, 14 health workers were injured when armed Israeli police fired teargas grenades, sound bombs, and rubber bullets in the grounds of St Joseph Hospital in East Jerusalem during the funeral of Al Jazeera journalist Shireen Abu Akleh.¹⁰¹



HEALTH WORKERS ARRESTED

Nine health workers were arrested or detained at checkpoints or during protests and clashes, including paramedics and PRCs ambulance drivers. In one case, two paramedics were assaulted while being detained by the IDF after an attack by Israeli settlers on Palestinians in September near an illegal settlement outpost in the West Bank.¹⁰² A male Palestinian doctor and a reported commander in the Al-Aqsa Martyrs Brigades were shot and killed by IDF soldiers in clashes outside a West Bank hospital in October.¹⁰³



HEALTH WORKER TESTIMONIES

Acts of violence have had far-reaching effects on individual health care workers. During an interview conducted by Medical Aid for Palestinians in January 2023, a PRCs paramedic detailed the physical and psychosocial consequences of an 2022 attack by soldiers at a checkpoint when he was trying to provide health care services to injured demonstrators. He and his colleague had to be hospitalized and were unable to work for several weeks:

This attack had a significant impact on our mental health. We were shocked and scared. The attack came out of nowhere, without any prior warning. We felt humiliated. If our work as health workers is not respected, if our PRCs vest and ambulance that clearly display the Red Crescent (protection) emblem can be brutally attacked like this, what is left? This had a major scar in my life. I still feel insecure and humiliated.

Male PRCs paramedic in the oPt

A volunteer paramedic in Nablus Old City also reported his experience as he was trying to assist injured protestors:

I immediately went to respond, and there were another two paramedics behind me. Around five meters before reaching the guy, I was shot in the right side of my upper body [...]. A sniper had been shooting between the two ambulances on site and me. [...] The open wound on my back is the one that hurts the most. Moving is still very painful for me.

Male PRCs paramedic in Nablus Old City, oPt

OBSTRUCTIONS TO HEALTH CARE

Ambulances were blocked at checkpoints and hospital entrances were obstructed at least 60 times in 2022, including by closures of roads and crossings in and out of Palestinian cities. Over a third of the incidents occurred in October, the same month that Israeli forces closed all entrances and exits to the city of Nablus for more than three weeks while they raided the town searching for alleged militants. The closure restricted the city's 170,000 residents' travel, including to access medical care. Similarly, in October, the Shu'fat Refugee

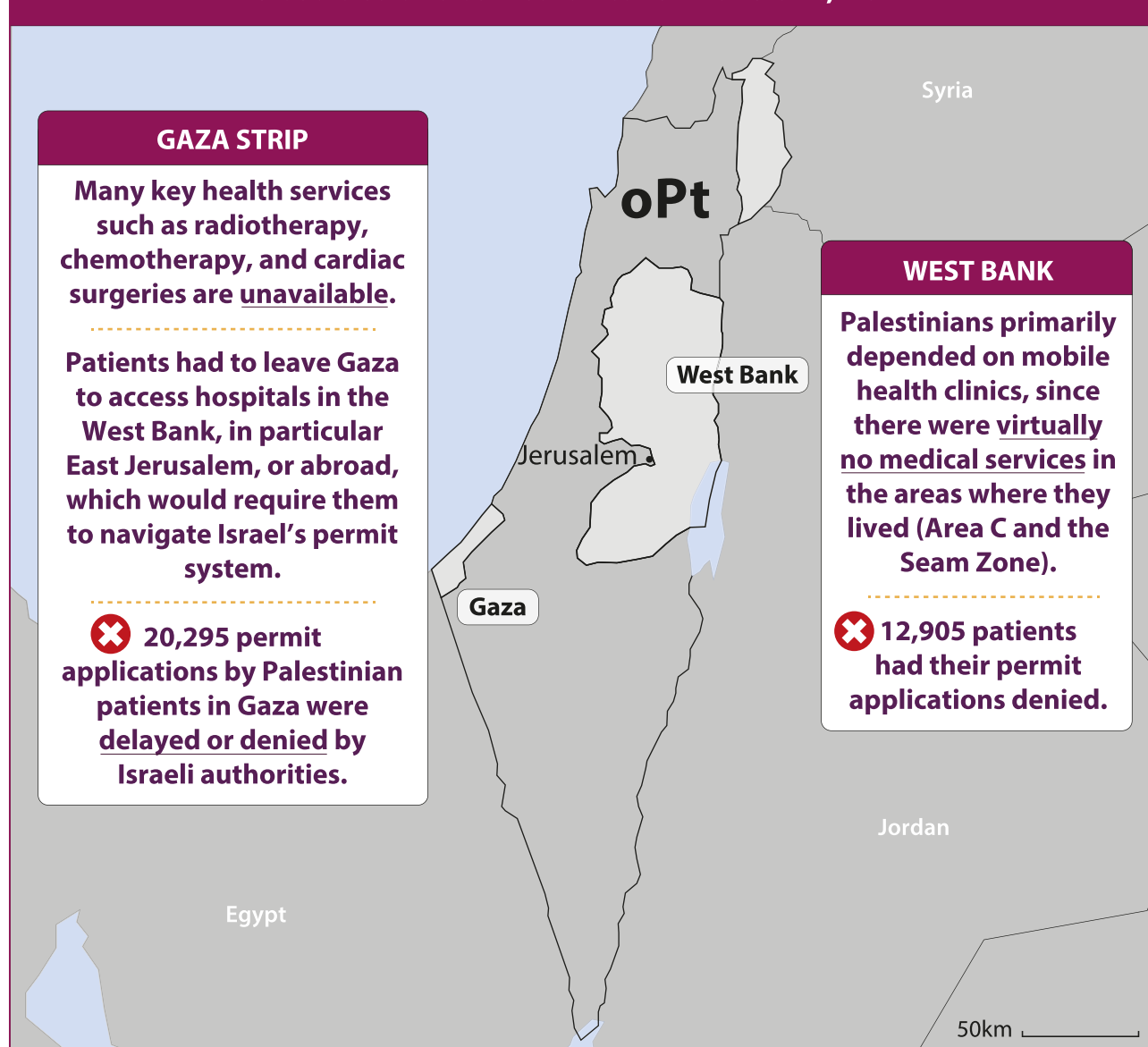
Occupied Palestinian Territory



Camp in the West Bank was closed for four days by the IDF, which cited security reasons for the closure. As a result, patients in the camp could not leave for treatment. Throughout 2022, 92.8% of PRCs ambulances trying to access hospitals in East Jerusalem were denied access and forced to transfer patients to another ambulance. This so-called 'back-to-back' (B2B) process often involved ambulances being searched while staff were harassed and obstructed from providing care to patients.

Hospitals were raided by the IDF searching for alleged suspects. During these raids, IDF personnel often used teargas, rubber bullets, and sound bombs that caused harm and distress to staff. In one case in September, two staff members were injured in an IDF raid on an INGO health facility in the Jenin Refugee Camp in the West Bank. The IDF forces were searching for the perpetrators of an attack that occurred in Tel Aviv in April.¹⁰⁴ The facility, which serves 35,000 people, was damaged by bullets and forced to suspend operations for the day.

Obstructions to health care in the oPt, 2022





THE IMPACT OF ATTACKS ON HEALTH CARE

Palestinians continued to be delayed or prevented from accessing care by Israel's permit system. According to the WHO, 33% of patients' permit applications from Gaza were delayed or denied past the dates of the appointments, while 62% of applications for their companions were delayed or denied. In the West Bank, 15% of patients' permit applications and 20% of companions' applications were denied. In Gaza, permits are often suspended during conflict escalations, meaning that patients injured because of the conflict face additional barriers to obtaining treatment. Multiple patients died in 2022 following permit delays. A 19-month-old baby girl from Khan Younis in the Gaza Strip died in March after access to lifesaving cardiac surgery was delayed for almost three months.

The increasing regularity of Israeli-imposed closures of Palestinian governorates and certain localities in the West Bank not only hindered patients' access to hospitals, but also that of health workers to their workplaces. Of the 47 primary health care facilities in Nablus, 41 were heavily impacted by the abovementioned closure of the city, because staff were unable to reach their places of work. Patients with standing appointments for treatments, including dialysis and chemotherapy, experienced disruptions to their treatment, with health workers reporting a 20% drop in patients keeping their appointments.¹⁰⁵

There is a growing risk of maternal mortality and morbidity due to increased home deliveries as a result of difficulties in reaching hospitals. For example, to avoid crossing checkpoints during the closure of Nablus, women from Beit Furik village were forced to give birth at home or in primary health care facilities that were not equipped for such cases. People with non-communicable diseases and mental health problems also faced difficulties in accessing essential health services.

CANCER TREATMENT IN THE oPt

Cancer treatment has been affected by obstruction of access to health care. A 40-year-old Palestinian woman in Gaza with three children has lived with breast cancer for almost three years. She recalls the difficulties she faced after her permit application for radiotherapy in October 2021 was refused:

'After receiving four rejections for my permit, I asked a human rights organization for help. That was when I finally got my permit approved and traveled to Jerusalem in July 2022 to receive my first radiotherapy session It was delayed for nine months. I was always crying and wondering why I have been receiving rejections.'

Similarly, a 16-year-old from Gaza with leukemia died in January after the permits they needed to receive treatment were denied on three occasions.

In Area C, an estimated 100 vulnerable communities have no or limited access to health care, due to discriminatory planning and zoning policies that prevent communities from building permanent health facilities and paved roads for ambulances to reach the communities. As a result, they are reliant on mobile clinics, which are also at risk of violence from Israeli security forces and settlers.



Moreover, Israel's policies have long-term cumulative impacts on Palestinian communities and the health care system available to them. Permit request denials create barriers for Palestinian health professionals seeking to attend 'external training courses, scientific conferences, and other professional development opportunities that would equip them with up-to-date skills and knowledge.'

A lack of basic resources exacerbated difficulties for hospitals and patients. The work of hospitals in Gaza was impaired in August 2022 when Gaza's only power plant shut down after Israel closed border crossings and prevented fuel supplies from reaching the territory. Following the power plant's shutdown, Mohammad Abu Salmiya, director of the Shifa Medical Complex in Gaza City, noted: 'The electricity crisis only came to exacerbate the sector's woes, paralyzing all departments and especially the intensive care unit, the oxygen-generating stations and nurseries.' The poor state of basic services also increases the pressures on hospitals, since it leads to more patients requiring treatment. For example, a quarter of all childhood diseases in the oPt are caused by water pollution alone.

These impacts feed mental and psychological health problems, especially among children: 54% of Palestinian boys and 47% of Palestinian girls aged six to 12 exhibit emotional and/or behavioral disorders.

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- 97 The number of incidents recorded by the SHCC is lower than that of other organizations. The WHO documented 187 attacks, while the Palestine Red Crescent Society reported 939 incidents, including those affecting its emergency medical teams and ambulances.
- 98 Armed Conflict Location & Event Data Project (ACLED) database attribution policy (accessed February 2, 2023).
- 99 Ninety-five incidents that had not been reported elsewhere were reported by the WHO SSA. Information on the perpetrators or locations is unavailable.
- 100 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident number 35235.
- 101 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident numbers 34407; 34375.
- 102 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident number 34928.
- 103 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident number 35260.
- 104 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care oPt Data. Incident number 35046.
- 105 As of 24th October, compared with the same period prior to the closure.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2022 SHCC Health Care Pakistan Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 16 incidents of violence against or obstruction of health care in Pakistan in 2022, an increase from seven in 2021. Nearly 90% of these incidents involved threats and violence against polio vaccination workers, undermining health care providers' ability to meet vaccination targets. This factsheet is based on the dataset [2022 SHCC Health Care Pakistan Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

The number of recorded incidents is likely lower than the actual number that occurred. There are indications that health workers participating in vaccination campaigns often experience violence and threats every day while carrying out their work, although these incidents are usually not reported.

THE CONTEXT

Increased violence and insecurity along the Afghan-Pakistan border regions and the resurgence of Tehrik-i-Taliban Pakistan (TTP) attacks impacted polio vaccination campaigns in 2022. In April, after a 15-month period of no reported polio outbreaks, a [new case](#) was detected in the violence-hit North Waziristan district on the Afghan border, a high-priority vaccination campaign area. By the end of 2022, the highly infectious wild poliovirus had [paralyzed 20 children](#), leading to an increase in vaccination drives and a subsequent uptick in violence against these programs.

Health services were impacted by catastrophic [floods and landslides](#) during the June-October monsoon period. These natural disasters damaged health facilities, displaced staff, and [disrupted](#) a nationwide polio vaccination campaign organized for August.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

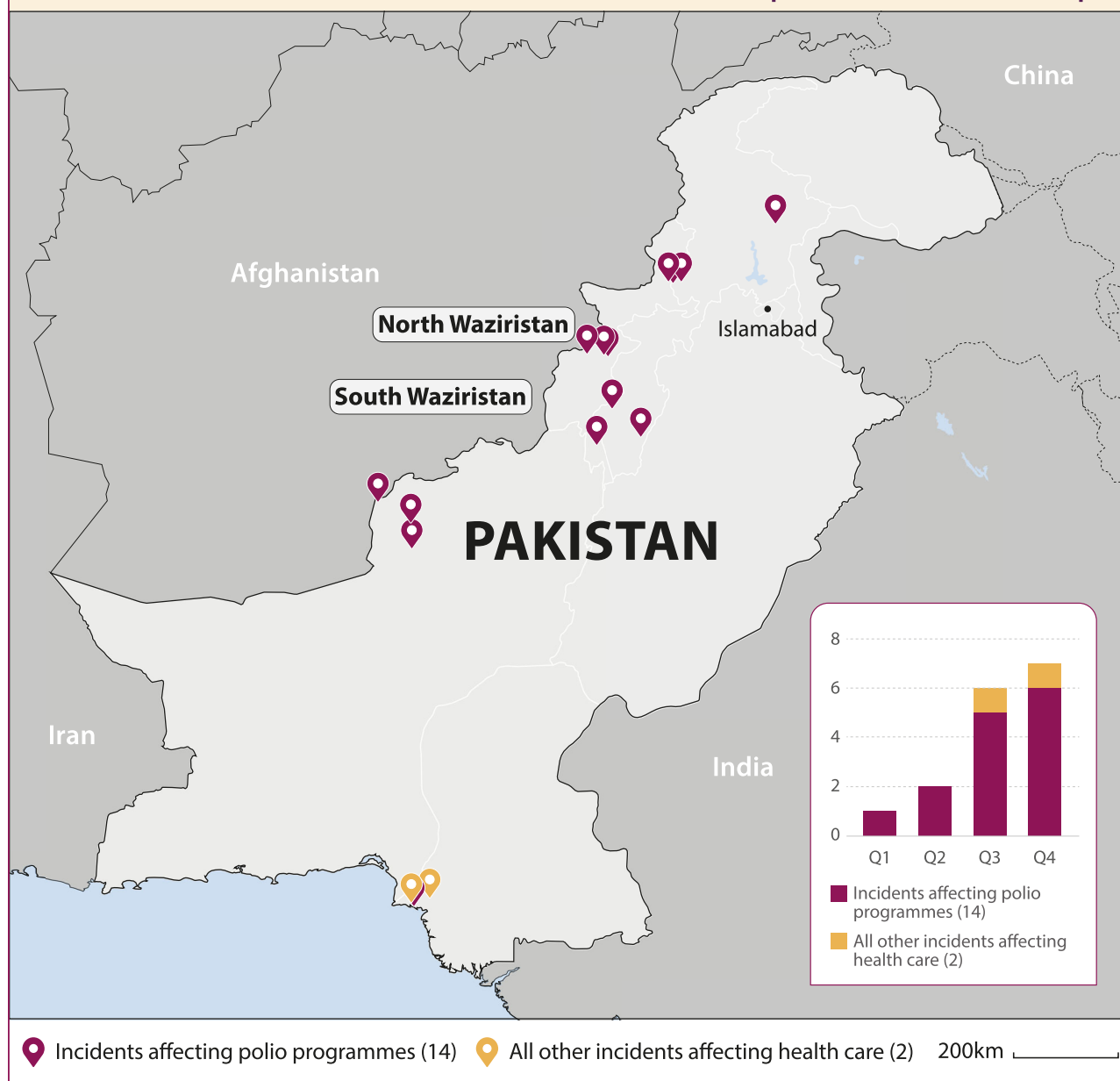
Incidents more than doubled in 2022 compared to 2021, likely reflecting the broader increase in insecurity in Pakistan. Most incidents affected local health care providers, with one reported as directly affecting a UN-funded INGO vaccination program. With one exception, all the incidents were reported after polio cases were detected in April.



Nearly two-thirds of all incidents took place in the border areas of Khyber Pakhtunkhwa province's southern districts. Attacks on and obstructions of health care were also reported in Balochistan and Sindh, but less frequently. The majority of incidents involved threats or violence against polio workers during vaccination drives or at these workers' homes. In contrast, two incidents took place inside health and dental clinics in Sindh.

Locations of reported incidents in Pakistan, 2022

Most incidents occurred in North and South Waziristan districts after new polio cases were detected in April.





In three incidents, TTP militants attacked polio vaccination campaigns, while the Sindhudesh People's Army claimed responsibility for fatally shooting a dentist and his wife and injuring an assistant at a dental clinic in a September attack in Sindh province that is suspected to have been racially motivated.¹⁰⁶ The remaining incidents were attributed to unnamed non-state armed groups. In most cases, these perpetrators were armed with firearms, although improvised explosive devices (IEDs) were utilized in some instances. In September, IEDs were detonated outside the home of a polio worker in Khyber Pakhtunkhwa, causing damage, and a TTP suicide bomber rammed a police convoy escorting a polio vaccination team in Balochistan in November.¹⁰⁷

Three polio workers were killed and a doctor was injured in drive-by shootings in 2022. In addition, a doctor involved in an anti-polio program was kidnapped in Khyber Pakhtunkhwa province in May, and a female and male vaccinator were kidnapped while conducting door-to-door visits and then tortured by their armed captors in Sindh in July.¹⁰⁸ The fates of all three of these workers were not recorded.



ATTACKS ON VACCINATION CAMPAIGNS IN PAKISTAN IN 2022

For more information on attacks on vaccination campaigns in Pakistan, explore the '[Attacked and Threatened](#)' global map by selecting vaccinations and zooming in on Pakistan. The map is continually updated with new and backdated reports. Access the [data](#) on HDX.

Security guards or police escorts often accompany vaccination campaigns for protection. In 2022, eight such guards were killed, 15 injured, and two kidnapped, causing panic and distress to vaccinators and patients who witnessed the attacks, and ultimately disrupting vaccination efforts.

THE IMPACT OF ATTACKS ON HEALTH CARE

Vaccine hesitancy due to misinformation and disinformation in conservative rural areas, coupled with direct violence against these programs, has caused significant setbacks in campaigns to eradicate polio. Balochistan and Khyber Pakhtunkhwa provinces – areas that have a high level of distrust in vaccination campaigns and are considered high-priority areas during vaccination drives – are often targeted by violence.

106 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Pakistan Health Data. Incident number 35281.

107 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Pakistan Health Data. Incident numbers 35169; 36231.

108 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Pakistan Health Data. Incident numbers 32921; 33601



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



24
REPORTED
INCIDENTS



20
HEALTH WORKERS
KIDNAPPED



10
HEALTH WORKERS
KILLED

↓ Source: 2022 SHCC Health Care South Sudan Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 24 incidents of violence against or obstruction of health care in South Sudan in 2022, a similar number to 29 recorded in 2021. At least 20 health workers were kidnapped and 10 killed in these incidents, impacting health care providers' ability to maintain safe staffing levels to effectively meet patient needs. This factsheet is based on the dataset [2022 SHCC Health Care South Sudan Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Armed conflict in South Sudan is widespread, with intercommunal violence in Central and Eastern Equatoria, Jonglei, and Warrap states affecting health care delivery. Threats and violence from parties to the conflict affected health workers in Unity state. Food insecurity also reached the most extreme levels since independence in 2011, which put nutrition programs at even higher risk of having their supplies looted.

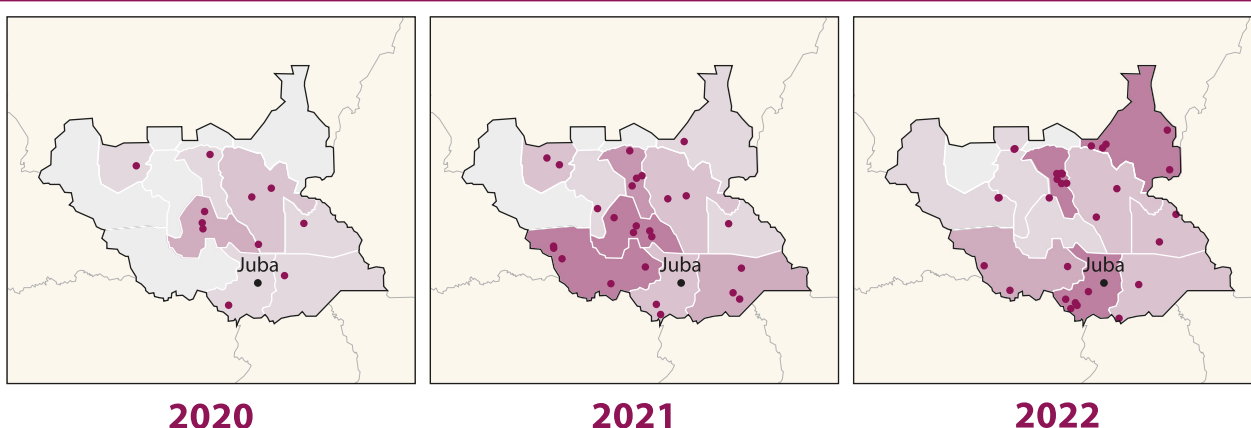
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Incidents were reported throughout 2022 and occurred in nine of South Sudan's 10 states and administrative areas. The highest numbers were documented in Central Equatoria, Jonglei, and Unity states. This represents a change from 2021, when most incidents were reported in Western Equatoria, reflecting the conflict dynamics in the state, where armed violence in the Tambura area decreased significantly by mid-2021. Over two-thirds of incidents recorded threats or armed violence towards health workers, as was the case in 2021. Most of those affected were South Sudanese working for the national health structure, with five incidents reported as directly affecting INGOs and one the UN.



Most incidents were attributed to members of unidentified non-state armed groups. The National Police Service, the South Sudan People's Defense Forces (SSPDF), Sudan People's Liberation Movement/Army in Opposition (SPLM/A-IO), National Salvation Front (NAS), and armed youths were also reported to be perpetrators of at least one incident each. In most cases, perpetrators were armed with firearms, except for a case where a primary health care facility was burned down during fighting between rival militia groups in Lakes state in February, and an instance where a doctor was dragged from a health center and killed in Eastern Equatoria in May.¹⁰⁹

The shifting known locations of reported incidents affecting health care in South Sudan, 2020-2022



WORKERS KILLED, INJURED, OR KIDNAPPED

Twenty health workers were kidnapped in three incidents, with two of these affecting multiple staff: seven South Sudanese INGO staff and 12 community vaccinators were taken by NAS fighters in two abductions in Central Equatoria state. One health worker was kidnapped during a raid on a nutrition site in Upper Nile, in which an NGO aid worker was shot dead, another injured, medicine stolen, and INGO vehicles set on fire.¹¹⁰ Three health workers were reportedly held captive for more than 24 hours by breakaway factions of the SPLM/A-IO known as Kitgwang in Unity in August.¹¹¹

Ten health workers, including doctors, nurses, polio and COVID-19 vaccinators, and health technicians, were killed in 2022. Six worked for the national health structure, three were employed by an INGO, and one by the UN. Most of those killed were fatally shot in direct one-sided violence by unidentified non-state armed groups, with two INGO nurses being killed amid fighting in Unity and Warrap states in February.¹¹²

Three health staff were shot and injured when their vehicle came under fire en route to a health facility in Unity state in February, and a doctor was beaten by SSPDF soldiers and accused of providing treatment to members of a rebel group in Central Equatoria.¹¹³ This violence against health workers impacts health providers' ability to maintain staffing levels that can fulfill patient needs and affects staff well-being.



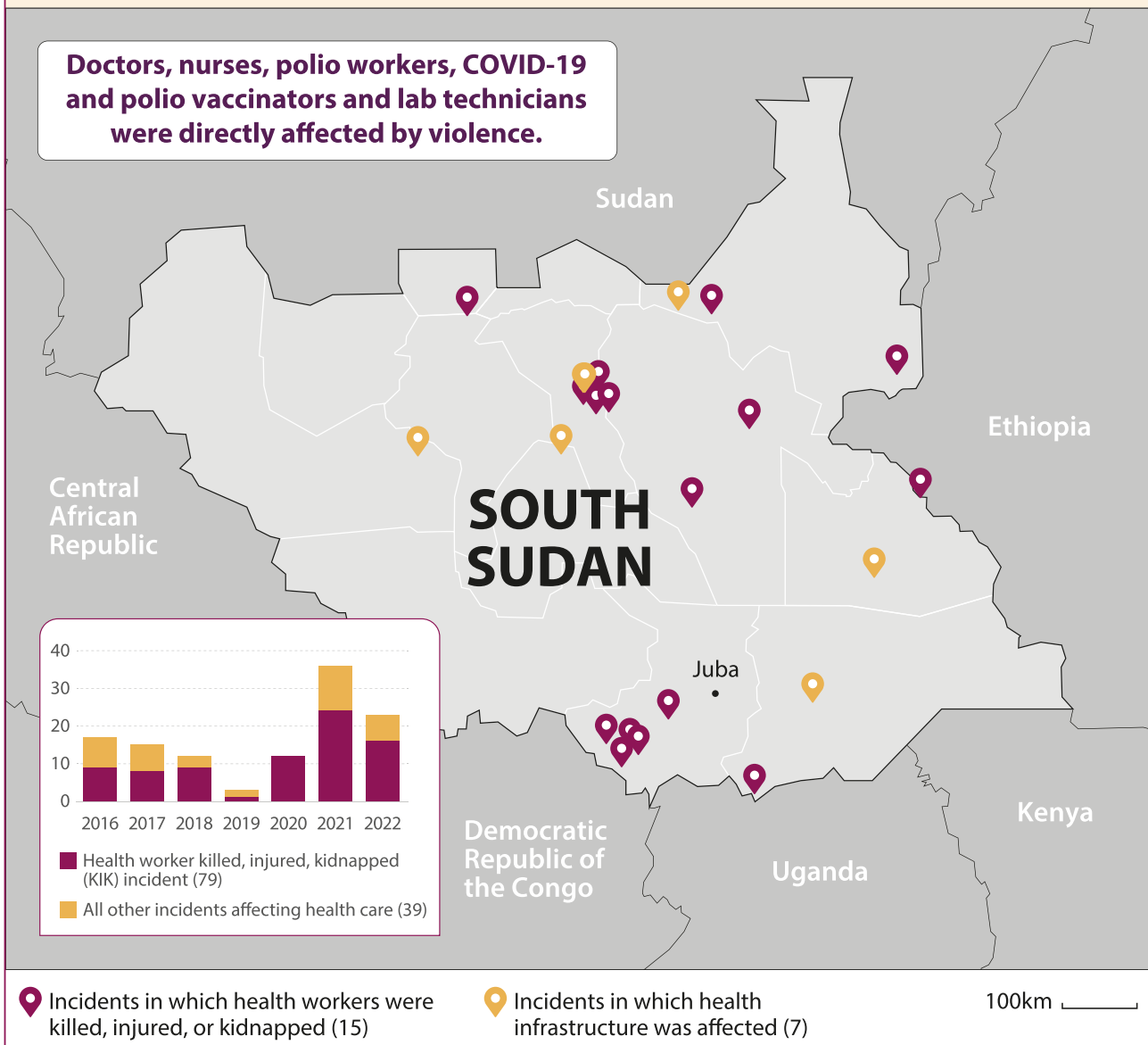
DAMAGE TO HEALTH CARE INFRASTRUCTURE

Vital medicine supplies, malnutrition treatment, and equipment were taken from health facilities by armed groups in Jonglei, Pibor, Central Equatoria, and Western Bahr el Ghazal states. The looting of medical supplies temporarily reduces access to vital medication. Repeated lootings prevent health care providers from stocking vital medicines and can put health workers at risk from frustrated patients and their families. In addition, a primary health care facility was burned down during fighting between rival militia groups that killed 20 civilians and injured eight in Lakes in February.¹¹⁴

Reported incidents affecting health care in South Sudan in 2022

Over two-thirds of incidents affected health workers – a similar trend to previous years. Most of those affected were South Sudanese working for the national health structure. Staff working for NGOs were also affected, but less frequently.

Doctors, nurses, polio workers, COVID-19 and polio vaccinators and lab technicians were directly affected by violence.





ATTACKS ON VACCINATION CAMPAIGNS IN SOUTH SUDAN IN 2022

Outbreaks of measles were a key concern in South Sudan in 2022. Almost 69% of all counties are at high risk of measles outbreaks, with 20 counties identified as measles hotspots and immunization coverage remaining extremely low. Fifty-nine polio cases have been reported since the last outbreak in 2020. In 2022 vaccination campaigns personnel were attacked four times:

Jonglei: An INGO vaccination team was ambushed and robbed of health supplies while en route to an immunization campaign in May.

Central Equatoria: 12 community vaccinators were kidnapped by NAS fighters in August.

Pibor: A COVID-19 vaccinator was fatally shot and robbed by gunmen while en route to deliver a report in September.

Unity: A UN polio worker was killed by a gunman at an IDP camp clinic in September.

For more information on attacks on vaccination campaigns in South Sudan, explore the 'Attacked and Threatened' global map by selecting vaccinations and zooming in on South Sudan. Access the data on HDX.

THE IMPACT OF ATTACKS ON HEALTH CARE

The health crisis in South Sudan is one of the worst in the world: almost half of the country's 12.4 million people are in need of humanitarian assistance to enable them meet their health needs. Maternal mortality is among the highest in the world, with a ratio of 789 deaths per 100,000 live births. According to the WHO, only 11% of health facilities across the country provide the minimum level of services. Attacks on health care were identified as one of the main drivers of this health crisis.

A joint study by IRC, MedAir, CASS, IHO, TRI-South Sudan, and UNH in September 2022 detailed the impact of the violence. The 126 health staff surveyed who witnessed or experienced violent incidents experienced signs of heightened distress, with almost 65% reporting one or more symptoms, including difficulties sleeping. A significant majority did not receive any formal support to help them cope. Not going to work is often used by health workers as a coping mechanism to help them deal with a violent incident. A combined 3.5 years of working days were missed by the 126 respondent health staff following the incidents reported. This health worker attrition, and the overall damage to the health system, makes it more difficult for the population to access lifesaving health care. After 73% of reported incidents, communities faced additional difficulties in accessing the required health services. The reluctance of the population to visit health services out of fear is among the most important immediate effects reported by respondents. Respondents indicated that for half of the incidents, difficulties in accessing health care persisted even three months after the attack. For example, in the three months before armed youths attacked health facilities in Mayendit county, Unity state, these facilities served almost 10,000 patients. During the three months after the attack not even half that number of patients could receive support in these clinics, with only about 4,000 visits reported.¹¹⁵



KEY SURVEY FINDINGS





The joint study referred to above detailed the direct impact of violence on health care and found the following:

- 64% of the 126 respondents who experienced an incident reported little interest or pleasure in doing their work or in their personal lives after the incident.
- 23% reported having trouble falling or staying asleep.
- 23 of the 82 health workers who witnessed an incident had to take time off from work after the experience.
- A combined 1,212 working days, or 3.5 years, were missed by health staff following the incidents reported as part of this survey (on average 50 days per organizational grouping of health staff).
- One out of three respondents did not feel safe when traveling to their place of work, providing health services at a health center, or working in the community.
- Due to the direct impact on health facilities and the relocation of health staff, health facilities in nine areas were forced to suspend services after an incident. Six of these health facilities were closed for more than a month.

- 109 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident numbers 32877; 34070.
- 110 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident number 35917.
- 111 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident number 35351.
- 112 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident numbers 31697; 36950.
- 113 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident numbers 31696; 32696.
- 114 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care South Sudan Data. Incident number 34070.
- 115 South Sudan Health Information System, accessed September 2022.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 53 REPORTED INCIDENTS	 22 ARMED ENTRY OF HOSPITALS	 22 HEALTH WORKERS INJURED	 11 HEALTH WORKERS KILLED
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↓ Source: 2022 SHCC Health Care Sudan Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 53 incidents of violence against or obstruction of health care in Sudan in 2022, a similar number to 52 in 2021. In these incidents, 11 health workers were killed and 22 others injured, and hospitals were raided or forcibly entered at least 22 times, impacting health care providers' ability to maintain safe staffing levels and patient care. Thirty-four incidents were related to the ongoing political protests following the October 2021 military coup. The remaining 19 occurred in the context of the long-standing armed conflicts in Darfur and South Kordofan states. This factsheet is based on the dataset [2022 SHCC Health Care Sudan Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Health workers and facilities continued to be affected by political violence in 2022 following the military coup in October 2021, with incidents of political violence increasing by 69% compared to 2021.¹¹⁶ Intercommunal conflict continued to affect health workers in the Kordofan and Darfur regions. In [South Kordofan](#) state, tribal conflict resulted in the displacement of an estimated 40,000 people, including 6,000 families, while armed groups' attacks on traders and trucks increased. Humanitarian access also declined in areas under the control of the Sudan People's Liberation Movement-North (SPLM-N) following the military coup in October 2021 and subsequent reports of [military movements](#) in readiness for any aggression. The SPLM-N was especially suspicious of individuals entering areas under its control from government-held territory, with three male vaccination workers and two females who had been authorized to enter the area by the transitional government being kidnapped by SPLM-N members in March.¹¹⁷

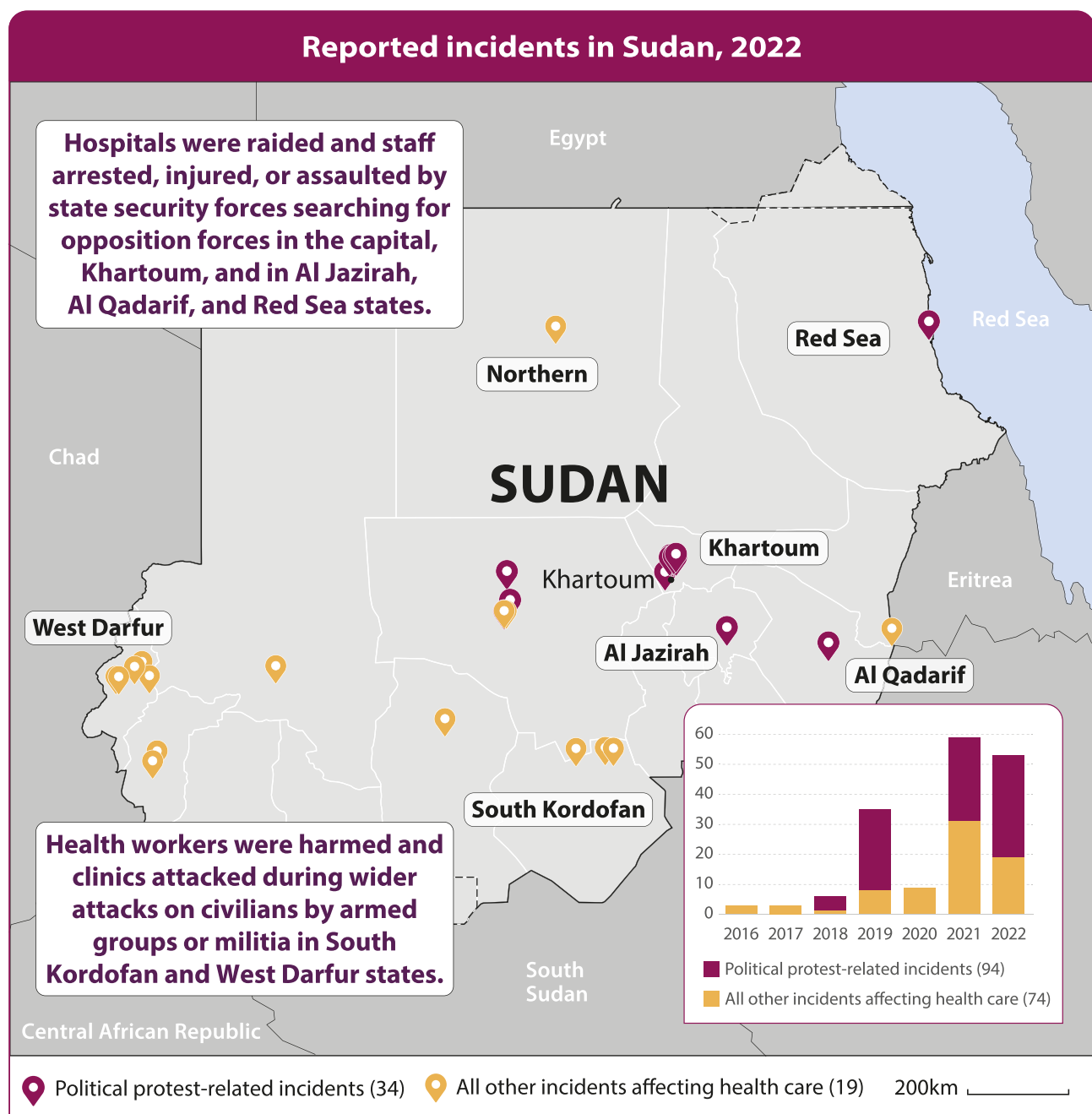
Starting in April, in [West Darfur](#) state hundreds of civilians were killed, their homes burned, and thousands more displaced in attacks by armed Arab tribesmen. The violence was especially high in Kre town and Kulbus district. In one case of [intercommunal violence](#) in late April and early May in and around Kreinik town, health care staff were forced to flee for safety and health care providers reduced services after the killings of health workers and the damaging and looting of health facilities during the violence.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Most incidents affected local health care providers, with two reported as directly affecting INGOs. Approximately three-quarters of the incidents resulted from security forces' violence against political protests, as was the case in [2021](#). Health workers were assaulted and threatened during hospital raids by state security forces searching for opposition members in which teargas was often used. Politically related incidents were also recorded in Al Jazirah, Al Qadarif, and Red Sea states, but less often.

Health workers were harmed and health clinics attacked by named or unnamed non-state armed groups or militia in South Kordofan and Central and West Darfur states during protracted tribal conflict. In most cases, these perpetrators were armed with firearms. A hospital was burned down during an attack on civilians by Arab tribesmen in response to the killing of two Arab nomads in West Darfur in April.¹¹⁸





Political-protest-related violence

In 2022, state security forces stormed hospitals and a blood bank at least 14 times in Khartoum and once in Al Qadarif state. Most of these raids took place in the first three months of the year. Hundreds of health workers protested in late March in Khartoum in a rally organized by the Sudanese Doctors Syndicate against the repeated violence. Incidents continued in April, including security forces' storming a Khartoum hospital and preventing anti-coup protesters from accessing treatment by firing rubber bullets and sound bombs at protesters close to the facility. Often, staff were assaulted, injured, and threatened during raids. State security forces frequently fired teargas, sound bombs, and rubber bullets inside hospitals during raids. In one case in January, a hospital caught fire after police stormed the building and fired teargas inside it. Security forces also beat hospital staff and seized their possessions.

At least 12 health staff members were arrested in four incidents for providing care to injured protesters or on allegations of having links to opposition groups. On one occasion, a doctor was detained and two lawyers were arrested in a hospital raid in Al Qadarif on allegations of their having links to opposition groups. Arrests of health care staff took place inside hospitals and during road travel to and from work.

Conflict-related violence

Violence affecting health care during intercommunal violence in and around Kreinek town in West Darfur, April 24-May 2, 2022

April 24

Two health workers and a civilian were killed in an attack on an INGO-supported teaching hospital by Arab tribesmen, who fired shots inside the building. Staff were evacuated and the pharmacy was looted.

April 24

Two INGO health workers and a civilian were killed by unidentified perpetrators who fired shots inside a hospital and looted medicine.

April 24

A hospital was burned down by Arab tribesmen in response to the killing of two Arab nomads.

May 02

Four LINGO volunteers and a medical assistant were killed at a nutrition center by Arab tribesmen amid a wider attack on the area.



**WEST
DARFUR**





At least 20 incidents occurred in the context of long-standing intercommunal conflict in 2022, a similar number to reported incidents in 2021. Nine of the 11 reported health worker deaths in 2022 occurred during two weeks of intercommunal violence in and around Kreinik town in West Darfur between Arab Rzeigat and African Masalit communities in late April and early May in which almost 200 civilians were killed. On April 24, four health staff were shot and killed inside a hospital in two separate incidents by unidentified attackers. The hospital pharmacy was looted in both incidents. On the same day, Arab tribesmen burned down a hospital. Several days later, at the start of May, four LINGO volunteers and a medical assistant were killed in an attack on a nutrition center in a wider attack on the area. Humanitarian facilities, including water sources and guesthouses housing INGO staff, were also looted.

In South Kordofan state in March, SPLM-N-affiliated gunmen kidnapped three male and two female vaccinators while they were administering measles vaccines to children. The women were released immediately, and the men escaped in January, 2023. Also in South Kordofan, armed men raped two female nurses inside clinics in separate incidents in June.

In Central Darfur state in November, rebels fired shots at a vehicle carrying medicine. In Red Sea state in September, emergency room doctors were assaulted by armed men in military uniforms while working in a hospital.



ATTACKS ON MEASLE VACCINATION CAMPAIGNS IN SUDAN IN 2022

The Federal Ministry of Health reported that by October 21, 2022, a total of 2,708 suspected measles cases had been recorded, as outbreaks continued in Gedaref, Kassala, and North Kordofan states. In the previous year, 82% of all Sudanese children aged below one year had received their first vaccine dose against measles and 64% of those aged 18-24 months had received a second dose. Vaccination campaigns continued in 2022, with one initiative reported in April in East Darfur targeting 30,000 children, including South Sudanese refugees aged between six months and 15 years. While no incidents of violence against vaccination campaigns were reported in the areas most affected by the measles outbreak, in March in South Kordofan SPLM-N-affiliated gunmen kidnapped three male and two female vaccinators while they were administering measles vaccines to children. The two women, who were sisters, were subsequently released, while the three men escaped in early January 2023.

According to reports, the Sudanese transitional government had authorized the public health workers' vaccination activities in a context where the SPLM-N had expressed suspicion about humanitarian workers crossing from government-held areas into SPLM-N-controlled territory. This highlights the importance for an acceptance-based approach to vaccination campaigns and the challenge of ensuring acceptance from all parties when working with multiple partners in conflict-affected areas during a disease outbreak that requires a rapid vaccination response. Complex negotiations between opposing factions can delay important health interventions that may cost lives. Yet frontline health workers pay high personal prices for failure to obtain consent from all conflict parties and health programs can be adversely impacted, with consequences for both health workers and the wider population.

For more information on attacks on vaccination campaigns in Sudan, explore the 'Attacked and Threatened' global map by selecting 'vaccinations' and zooming in on Sudan. The map is continually updated with new and backdated reports. Access the data on HDX.



THE IMPACT OF ATTACKS ON HEALTH CARE

The Sudanese Health Ministry restricted or stopped deliveries of medical supplies to doctors and hospitals following the October 2021 coup. Foreign governments' withholding of humanitarian aid to Sudan due to the coup may also have contributed to shortages. Some health care providers resorted to buying drugs and equipment from the black market or asking patients to purchase key materials and bring them with them for medical consultations or operations, and reserving hospital supplies for emergencies. However, anesthetics purchased illegally tend to be much weaker, which mean that doctors often have to administer triple doses.

*“We ask our patients to buy gloves and syringes before their operation.
We try to save the ones we have for emergency procedures.*

A doctor in Khartoum

Armed-conflict-related violence creates health care access barriers to those most in need. Dr Prince Matthew, an MSF project coordinator, reported that ‘Kreinik Hospital is the only specialized health care facility for about 480,000 people. After the [April 24] attack, key services were disrupted, and the hospital was overwhelmed by the number of patients seeking health care. There were few doctors or nurses to provide treatment.’

Incidents such as these also have further impacts beyond the immediate violence. Many hospital staff fled the Kreinik town area, fearing for their safety following the attack referred to above. The proportion of these workers who have since returned or been replaced to serve patients remains uncertain. In addition, fewer international humanitarian organizations now operate in West Darfur state, due to concerns related to the prevailing violence and insecurity.

116 Armed Conflict Location & Event Data Project (ACLED) database attribution policy (accessed: March 3, 2023).

117 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Sudan Data. Incident number 32031.

118 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Sudan Data. Incident number 32526.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 43 REPORTED INCIDENTS	 19 HEALTH WORKERS ARRESTED	 10 HEALTH WORKERS KILLED	 11 HEALTH FACILITIES DAMAGED OR DESTROYED
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↓ Source: 2022 SHCC Health Care Syria Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 42 incidents of violence against or obstruction of health care in Syria in 2022, a decrease from 82 in 2021. In these incidents, at least 19 health workers were arrested and 10 others killed, impacting health care providers' ability to maintain safe staffing levels. Health facilities were damaged at least 11 times, impacting the population's access to health care. This factsheet is based on the dataset 2022 SHCC Health Care Syria Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

2022 was the 12th year of the Syrian conflict, which has been marked by continuous and systematic attacks on and obstruction of health care. During 2022, conflict parties, including the Syrian Democratic Forces (SDF), Syrian regime forces, and Turkish Armed Forces (TAF), as well as non-state armed groups, including the Islamic State (IS), Hay'at Tahrir al-Sham (HTS), and the Kurdistan Workers' Party (PKK), attacked or obstructed health care in north-east and north-west Syria. Armed violence by unidentified armed groups in Daraa in south-west Syria also impacted health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

The number of Syria's governorates affected by violence against or obstruction of health care halved from 12 in 2021 to six in 2022. Half of the incidents were reported in Syria's eastern Al-Hasakah and Deir ez-Zor governorates. Other incidents took place in Aleppo, Daraa, Homs, and Tartus. Five incidents took place inside IDP camps in Al-Hasakah and Daraa, with three at al-Hol camp. Most incidents affected health care providers working for the national health structure, while eight were recorded as directly affecting NGOs, two the UN, three the Kurdish Red Crescent, and one the ICRC. In 2022, fewer health workers were reported to have been injured and fewer incidents in which medical supplies were looted were recorded, compared to 2021.



Health worker arrests or detentions were most frequent in Deir ez-Zor, while staff killings and kidnappings were generally attributed to unidentified gunmen in Daraa. Reports of explosive weapons use damaging health facilities were common in Aleppo.

The SDF, Syrian regime forces, and the TAF were frequently named as perpetrators of incidents. Incidents attributed to the TAF increased from one incident in 2021 to seven in 2022. All seven involved explosive weapons use in Aleppo and Al-Hasakah. There were no reports of incidents attributed to Russian forces in 2022, compared to five in 2021. The IS was named in the fatal shooting of an LNGO paramedic at al-Hol camp and of an INGO doctor in Deir ez-Zor, and the gunshot injury to another staff member in Deir ez-Zor.¹¹⁹ In Aleppo, SDF forces reportedly shelled a hospital, injuring a patient, and HTS fighters detained an ambulance driver for posting a critical comment on social media.¹²⁰ Suspected PKK fighters attacked and damaged a WHO health building in Al-Hasakah.¹²¹ The perpetrators of incidents that occurred in Daraa were not identified.

At least 13 incidents in 2022 recorded explosive weapons use, a similar number to 2021. All involved damage to health facilities, except two in which a doctor was killed in a car bomb blast in Daraa and a health worker was killed in a double-tap air strike, allegedly by Turkish forces, while on his way to assist people injured in a bombing in Al-Hasakah.¹²² Air-launched explosive weapons use impacting health care increased from one Russian and/or Syrian forces air strike in Hama in 2021 to five TAF air and drone strikes in 2022, three of which took place in Al-Hasakah and two in Aleppo governorates. Double-tap Turkish air strikes on two villages in Al-Hasakah on November 20 destroyed a COVID-19 center and killed the health worker responding to victims of a previous bombing in Al-Hasakah.

HEALTH WORKERS ARRESTED, KILLED, KIDNAPPED, OR INJURED

At least 19 health workers, including ambulance drivers, doctors, pharmacists, and vaccinators, were arrested or detained in 2022, a decrease from 27 in 2021. Along with the ambulance driver in Aleppo, 14 staff members were arrested by Syrian regime forces in Deir ez-Zor and Tartus governorates, and four by the SDF in Deir ez-Zor. The circumstances of most arrests are unclear. The exceptions are the ambulance driver arrested by HTS for posting a critical comment on social media, who is still in captivity, and 12 staff members, including six COVID-19 vaccinators, who were arrested at a hospital by Syrian General Intelligence Directorate personnel in Tartus on corruption allegations and who were later released. On at least one occasion, Syrian regime soldiers detained a male patient in a hospital in Homs.¹²³

At least 10 health workers were killed in 2022, similar to 12 in 2021. Five staff members were killed in Daraa, including the doctor killed in the car bomb blast referred to above and four in drive-by shootings and road ambushes. Three health workers, including an INGO doctor, a male nurse anesthetist, and an LNGO surgeon, were shot dead by gunmen in Deir ez-Zor.¹²⁴ One health worker was killed in Al-Hasakah in the double tap Turkish air strike referred to earlier and another by the IS at al-Hol camp.¹²⁵ Violence against health workers impacts health care providers' ability to maintain safe staffing levels and affects staff well-being.

Health worker kidnappings increased from one in 2021 to five in separate incidents in 2022. Most kidnappings took place when armed men abducted staff traveling in Daraa, while one Kurdish Red Crescent worker was reportedly abducted by armed individuals from al-Hol camp in Al-Hasakah.¹²⁶ A ransom demand was made for the release of a male health worker, but it is unclear if one was paid. The fate of the remaining four was not recorded.



Health workers attacked at Al-Hol camp in Al-Hasakah governorate

Al-Hol camp close to the Syria-Iraq border has a population of almost 55,000, mainly displaced people from the self-proclaimed IS caliphate declared in parts of Syria and Iraq in 2014 (which had largely collapsed by December 2017); it is mainly controlled by the SDF. IS members are active in the camp and use it for indoctrination and recruitment purposes. Violence is a regular occurrence, with over 30 attacks on IDPs and refugees living inside the camp in 2022. According to an MSF report, health care provision in the camp is not able to adequately deal with severe injuries such as gunshot wounds. Security and sanitary conditions in the camp are very poor, and MSF described it as an ‘unsanitary open-air prison.’ Additionally, there is limited access to health care and inconsistent access to medication. Health workers also face obstacles to their ability to refer patients requiring medical treatment beyond what is available in the camp to external medical facilities, particularly if they are not emergencies. The violence has impacted health workers, with at least three NGO staff being attacked while working in the camp in 2022:



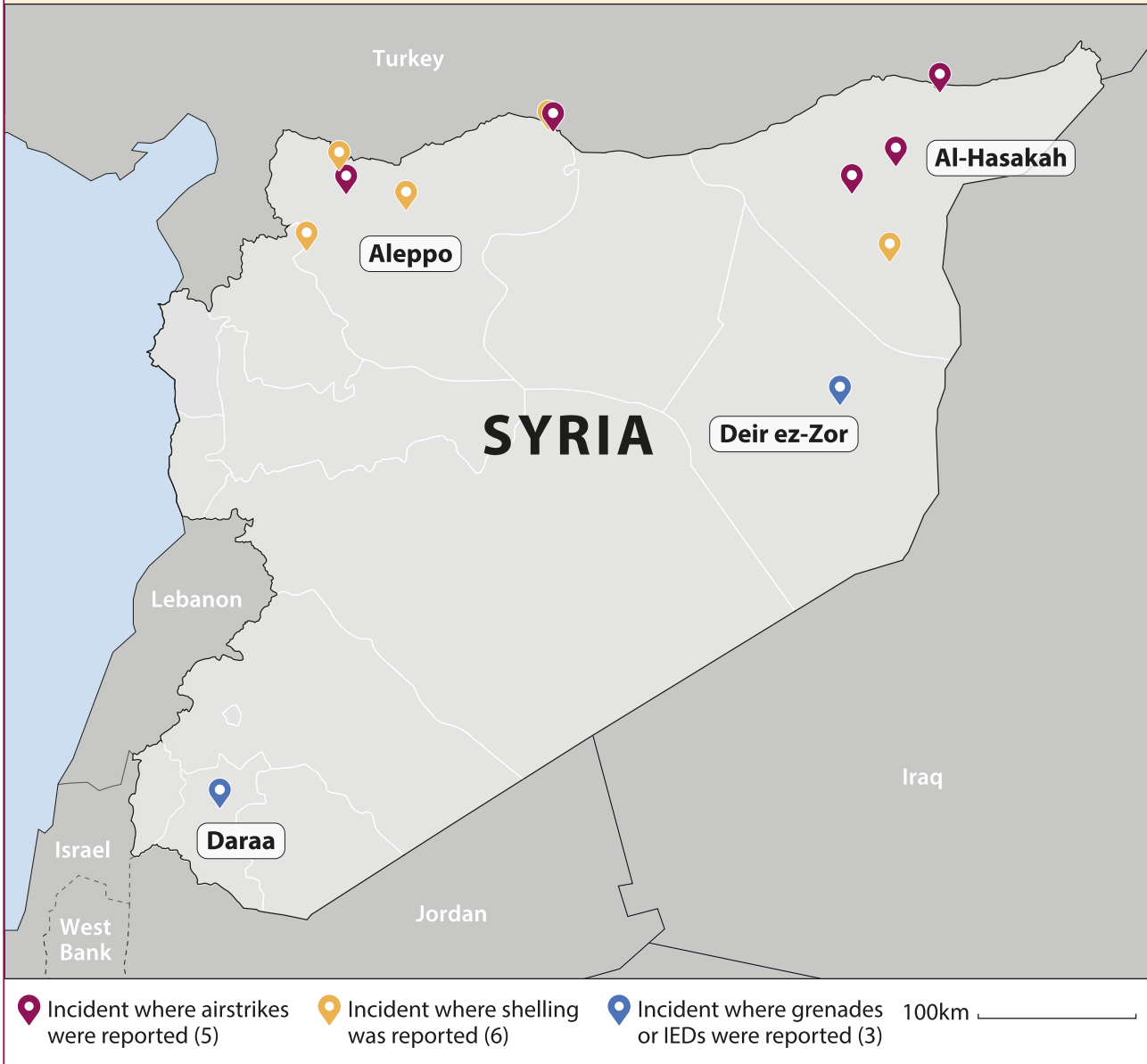
HEALTH FACILITIES DAMAGED

Health facilities, including clinics, hospitals, COVID-19 centers, and a pharmacy, were damaged by explosive weapons on at least 11 occasions in 2022, similar to 15 in 2021. Three health facilities that were damaged were supported by an NGO. Most incidents took place in Aleppo, with others occurring in Al-Hasakah, Daraa, and Deir ez-Zor. The TAF used drones on two occasions to carry out attacks using air-launched explosives, damaging a clinic in Aleppo and an INGO COVID-19 center.¹²⁷ In addition to the Turkish double-tap air strike that destroyed a COVID-19 center, TAF air strikes damaged a hospital under construction in Aleppo in August.¹²⁸ Shelling and rockets damaged clinics and hospitals on five occasions in Aleppo and once in Al-Hasakah, grenades of unidentified origin damaged a UN-supported clinic in an IDP camp in Daraa, and a pharmacy was damaged by SDF forces.¹²⁹ Direct damage to health facilities puts the safety of health workers and patients at risk and the damage to equipment makes the provision of vital care more difficult.



Explosive weapons use impacting health care in Syria, 2022

Health facilities in Syria's northeastern governorates were damaged in air and drone strikes and in shelling. Grenades damaged a UN-supported clinic inside an IDP camp in Daraa and a pharmacy in Deir ez-Zor, and a doctor was killed in a car bomb blast in Daraa.



When health facilities were targeted, we saw pregnant women [only] during labor, instead of four or six times throughout their pregnancy. Some presented with ill-managed anemia. When we asked them why they didn't come for medical care earlier, they said, "Who would dare visit the hospital when it's being targeted? We would be crazy to stay in the hospital".

Female health worker in Idlib



IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE

During the 12 years of conflict in Syria, health care facilities have been deliberately and systematically attacked, and 43% of primary health care facilities are either only partially functioning or not functioning at all.



KEY SURVEY FINDINGS

A joint study by the International Rescue Committee, Physicians for Human Rights, the Syrian American Medical Society, and Syria Relief & Development analyzed the impact of violence against health care on women in northwest Syria trying to access sexual and reproductive health (SRH) services, including maternal health services and abortions, and found the following:





- Fear or experience of bombings, kidnapping, or exploitation all undermine women's ability or willingness to go to clinics, leaving them without care or reliant on informal health care provision.
- The provision of SRH services is limited because health facilities have been built in or relocated to areas far from the front lines. This means that women, including pregnant women, must travel long distances to seek medical care, putting themselves and their unborn and newborn babies at risk, and resulting in horrifying reports of child deaths because of delays in care provision.
- A high number of pregnant women undergo cesarean sections instead of natural births, partly to reduce the time spent in a health care facility.
- In areas where SRH services are largely unavailable, respondents reported negative coping practices, including harmful home medication and postponing essential SRH visits.
- When SRH services are not available or practically inaccessible, there are far-reaching and often undocumented negative consequences for women's health, including for their psychosocial well-being.
- According to the study, the most marginalized women, including those residing in camps, those with a disability, those with limited income, and those married at a young age, are most impacted by the paucity of SRH care.



- 119 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 30855; 33372; 36497.
- 120 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 31770; 34680.
- 121 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident number 35642.
- 122 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 33480; 36043.
- 123 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident number 36502.
- 124 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 31167; 33372; 32223.
- 125 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 36043; 30855.
- 126 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident number 33293.
- 127 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 33006; 34481.
- 128 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident number 36342.
- 129 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Syria Data. Incident numbers 31918; 36056.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 781 REPORTED INCIDENTS	 461 INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED OR DESTROYED	 115 HEALTH TRANSPORTATION VEHICLES DAMAGED OR DESTROYED	 78 HEALTH WORKERS KILLED
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↓ Source: 2022 SHCC Health Care Ukraine Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 781 incidents of violence against or obstruction of health care in Ukraine in 2022.¹³⁰ In these incidents, 78 health workers were killed and health facilities were damaged on at least 461 occasions, undermining health care providers' ability to maintain safe staffing levels to effectively meet patient needs and impacting the population's access to health care. This factsheet is based on the dataset [2022 SHCC Health Care Ukraine Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

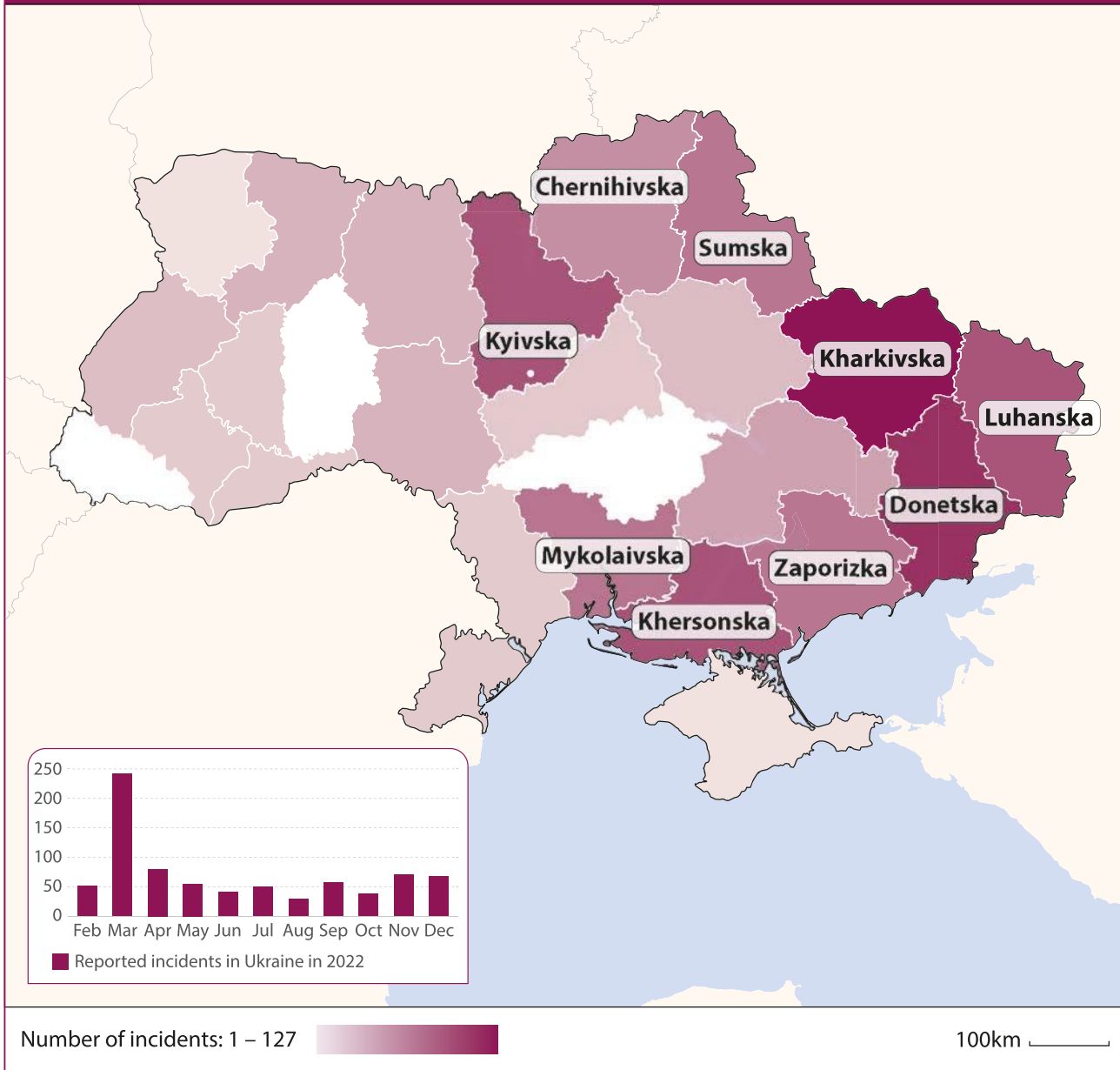
On February 24, 2022, Russia launched its full-scale invasion of Ukraine. While fierce fighting continues, Russian forces have claimed control over much of the eastern oblasts (administrative regions) of Donetsk, Luhanska, and Zaporizka, and also Khersonska in the south. Combined, these oblasts cover approximately a fifth of Ukraine's territory. Russian attacks have led to severe levels of civilian casualties in Ukraine and temporarily left millions without electricity, water, and heating. In the first two months of the war alone, five million Ukrainians left the country in search of refuge. By the start of 2023, 17.6 million people in Ukraine were estimated to require multisectoral humanitarian assistance.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Russian forces carried out attacks on health care on an unprecedented scale in the first weeks of the invasion. During the period from February 24 to March 31, these attacks averaged almost eight each day, with almost 70% of them damaging health facilities. Moreover, violence against health care persisted throughout the year, with an average of more than two incidents recorded each day across the entire year.¹³¹ Russian attacks were recorded in 22 of Ukraine's 24 oblasts, with the highest numbers reported from the Kharkivska and Donetsk oblasts in eastern Ukraine. These incidents most frequently affected Ukraine's national health system. In two incidents, Russian forces shelled the Ukrainian Red Cross Society buildings in Khersonska and Donetsk, including a hospital.¹³²



Known location of reported incidents in Ukraine, by oblast, 2022



HEALTH FACILITIES DAMAGED OR DESTROYED

Clinics, health warehouses, hospitals, clinics, and pharmacies sustained damage at least 279 times in 2022, affecting approximately 11% of all of Ukraine's 2,500 hospitals. Russian Federation military forces were the most commonly named perpetrators of incidents of violence.¹³³ Russian attacks that damaged or destroyed health facilities occurred most frequently in eastern Ukraine, with attacks reported in the oblasts of Donetsk, Kharkivska, and Luhanska, as well as Khersonska in the south and in the capital, Kyiv. In Mariupol, in the southern part of Donetsk almost eight out of ten points of health care service provision (i.e. sites where medical assistance is provided) were either damaged or destroyed.¹³⁴



Russian forces fired missiles with poor precision and accuracy at cities and towns, damaging and destroying civilian infrastructure indiscriminately through the high-explosive warheads' wide-area effects in many other incidents.¹³⁵ In at least one case in Bashtanka, Mykolaivska oblast, the evidence points at Russian forces using a precision-guided missile against a hospital.¹³⁶ In addition, Russian forces used tanks and other types of armed vehicles to shoot at hospitals from relatively short distances. Russian air strikes damaged or destroyed health facilities and infrastructure on 47 occasions, with over half occurring during the first weeks of the full-scale invasion. Russian air strikes were also documented during the rest of the year, mostly in eastern Ukraine. There is strong evidence of cluster munitions having affected hospitals in at least two cases – in Mykolaivska oblast in February and Dnipro oblast in June 2022.¹³⁷ Anti-personnel landmines were discovered in October inside functioning hospitals in Donetskka, Kharkivska, and Khersonska, in areas that had previously been under Russian occupation.

Multiple attacks on the same hospitals, 2022

Russian forces attacked at least 50 hospitals on multiple occasions.





Russian forces damaged or destroyed pharmacies on at least 33 occasions, over half of which occurred in March. This led to deficits of vital medical supplies for local populations seeking medicines, a situation exacerbated in several incidents by the looting of medical supplies from damaged facilities. In addition, Russian forces damaged or destroyed blood transfusion centers on at least nine occasions. In some cases, blood donors and staff were also killed or injured when the centers were struck by shelling or mortar fire.¹³⁸

HEALTH TRANSPORT DAMAGED OR DESTROYED

At least 114 health transportation vehicles, including ambulances, were damaged or destroyed in 43 separate incidents, limiting the ability of emergency responders to reach those in need. Russian forces damaged or destroyed ambulances in the vast majority of these incidents by shelling or gunfire, often while civilians injured by earlier Russian attacks were being transported in the ambulances. Health workers were killed or injured in some of these incidents. In other cases, ambulances were damaged after driving over landmines. In one incident in Kharkivska in October, a landmine killed an ambulance driver and injured a paramedic.¹³⁹

There are health centres where we go to where there's nothing, just walls . . . With no heating and no water, we turn on a generator and a heater and see our patients in such conditions.
A Ukrainian doctor, April 2023

WILL THERE EVER BE ACCOUNTABILITY?

Protecting health care is a shared responsibility of all the parties to an armed conflict. International humanitarian law (IHL), which is the body of law that applies to armed conflicts, sets out detailed rules that seek to protect health care from conflict-related violence, principally by limiting the means and methods of warfare. Health care facilities, providers, and ambulances are further afforded special protection under IHL in order to mitigate the impact of conflict on their work and ensure the delivery of care to the sick and wounded. Targeting health care infrastructure and workers in an armed conflict and carrying out indiscriminate attacks that affect civilian infrastructure – including hospitals and clinics – are war crimes. When committed as part of a state policy on a widespread or systematic basis, such attacks are also crimes against humanity. There is a pressing need to ensure accountability when these crimes are committed.

The Physicians for Human Rights report *Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System* provides 10 detailed case studies illustrating Russia's attacks on hospitals, health care workers, and medical transport in Ukraine since February 2022.¹⁴⁰

The report explains how these attacks may constitute war crimes and crimes against humanity under international law, and require further investigation as part of a comprehensive, multifaceted approach to accountability. This includes enforcement through (1) international criminal law as set out in the Rome Statute of the International Criminal Court (which has jurisdiction over international crimes committed in Ukraine); (2) Ukrainian criminal law; and (3) the principles of universal jurisdiction.

These three avenues are critical and complementary to ensure criminal accountability.



HEALTH SUPPLIES, EQUIPMENT, AND TRANSPORTATION LOOTED

Russian forces looted vital medicine and equipment on at least 66 occasions and stole at least 31 health transport vehicles such as ambulances. The vast majority of looting was committed across Ukraine's eastern oblasts. Russian forces looted facilities when they were withdrawing from Khersonska in November. In one incident, they stole all the medical equipment and ambulances from a Kherson city hospital.¹⁴¹

HEALTH WORKERS KILLED, ABDUCTED, OR TAKEN AS PRISONERS OF WAR

At least 78 health workers, including seven international health workers, were killed in Ukraine in 2022.¹⁴² Over 40% of all health worker deaths were recorded in the oblasts of Donetska and Kharkivska, while other deaths were reported in Chernihivska, Khersonska, Kyivska, Luhanska, Vinnytska, Zaporizka, and Zhytomyrska. Health workers were killed in health facilities, at their homes, while going about their everyday activities, and while providing care to wounded persons, illustrating the range of risks health workers face in Ukraine.

In 2022, 61 health workers were abducted or imprisoned by Russian forces or people working with Russian personnel and taken as prisoners of war (POWs). Many were interrogated and beaten. For example, in March, a laboratory assistant from a Kyiv hospital had his toes amputated after Russian forces tortured him and his father and forced him to wear boots filled with water for a prolonged period. Both were released two months later in a prisoner swap.¹⁴³ In April and May, 42 doctors – 19 females and 23 males – were taken as POWs from the Ilyich metallurgical plant in Donetsk. At least two – both females – were released in October.¹⁴⁴ In one incident in Kherson, a nurse was hanged following her abduction and the theft of her belongings.¹⁴⁵ Russian forces are still thought to hold the vast majority of these abducted health workers.

The number of health workers abducted or held as POWs could be much higher than the number given here due to the lack of verified lists confirming this information.

On the day of capture, the Russian military went around all the floors, making doctors and medical personnel face the wall. The men were stripped to the waist while Russians searched them for military symbols, gunpowder and stains on their fingers, and imprints from the use of weapons on their shoulders.

Doctor at the Regional Intensive Care Hospital in Mariupol that was occupied by Russian forces from March 12, 2022

THE IMPACT OF ATTACKS ON HEALTH CARE

In March 2023, it was estimated that over USD 2.5 billion worth of damage had been caused to medical facilities in Ukraine. In some of the areas most affected, such as Mariupol, approximately 80% of health infrastructure was destroyed.¹⁴⁶ This devastation comes at a time when the provision of health care could not be more important. Tens of thousands of civilians have been injured in the fighting, and hospital admissions, procedures, and encounters in Ukraine increased by 11.1% in 2022 compared to 2021 (despite the overall reduction in the country's population due to people leaving the country for their own safety).



The impact of such destruction on access to health care was most significant in areas occupied by Russia. Corroborated reports show that patients in these regions experienced ‘severe’ access restrictions to essential treatment, facilities, and medicines, which often went unreplenished.¹⁴⁷ Frequently, patients with chronic conditions in Russian-occupied territories were forced to go untreated for months. The full-scale Russian invasion also undermined health care access more broadly across the country. A survey of over 2,000 Ukrainians found that at the start of December 2022, 17% had insufficient access to medical services and medicines, often due to their reduced affordability following price rises. Another recent survey found that in 32% of households, at least one family member had to stop taking medication due to the Russian invasion.

Russian assaults on Ukraine’s energy infrastructure undermined the quality of treatment health facilities can provide and increased access barriers to health care. After Russia’s retreat from Khersonska, shelling in December 2022 resulted in two-thirds of the oblast being cut off from electricity and running water, affecting the ability of health workers to use key equipment in hospitals. Surgeons, for example, were forced to use unreliable headlamps during operations. In December 2022, the Ministry of Health of Ukraine asked regional officials to consider suspending non-essential surgical operations due to the energy crisis.

*“The breathing machines don’t work, the X-ray machines don’t work ...
There is only one portable ultrasound machine.*

Doctor at a children’s hospital in Khersonska

Alongside the health workers who were killed and taken as POWs, thousands have fled the country in search of safety. In total, there were 89,000 fewer health professionals in Ukraine in April 2023 than there were before the Russian invasion. Their departure further exacerbates pressures on health workers remaining in Ukraine, which in turn undermines patient care.

The Russian invasion has also had indirect impacts on vaccination programs, with vaccination rates dropping significantly. Prior to the invasion, Ukraine already had low vaccination rates, and in 2017-2019 experienced Europe’s largest measles outbreak since vaccinations against the disease had become widely available. The most notable reductions in vaccination coverage compared with 2021 were for Haemophilus influenzae type b (Hib), which fell by 16.9%, and hepatitis B (Hep B), which fell by 16.4%. During the first 10 months of the war, only 522,399 first doses of COVID-19 vaccination were administered in Ukraine, representing approximately 1% of the population. Reports of two measles cases at the start of March 2023 following a polio outbreak in 2022 add to concerns over the implications of low vaccination coverage.

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. 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 2022 current as of April 26, 2023, but the map and dataset will be continuously updated.



- 130 The number in the SHCC report published in May 2023 is higher than the number of 707 incidents reported in the report *Destruction and Devastation: One Year of Assault on Ukraine's Health Care System*, which was published on February 21, 2023. The number of SHCC-recorded incidents is lower than that of other organizations. On January 15, 2023, the WHO Surveillance System for Attacks on Health Care (SSA) documented 767 attacks. As of April 26, 2023, the WHO SSA documented 888 attacks in Ukraine in 2022. SHCC data is continuously updated and the number of reported incidents will change as more information becomes available. For the latest updates, see *Attacks on Health Care in Ukraine* (attacksonhealthukraine.org).
- 131 This figure is an average rather than a statement that more than two attacks on health care were recorded on each day throughout this period.
- 132 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Ukraine Data. Incident numbers 36082; 36118.
- 133 Eighty-eight incidents that had not been reported elsewhere were reported by the WHO SSA. Information on the perpetrators or locations is unavailable.
- 134 Ukrainian Healthcare Center (UHC), *How Russia Destroyed Healthcare in Mariupol: A Report by the Ukrainian Healthcare Center*, January 2023. <https://uhc.org.ua/en/2023/01/04/healthcare-in-mariupol/>.
- 135 PHR, *Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System*, February 2023. <https://phr.org/our-work/resources/russias-assault-on-ukraines-health-care-system/>.
- 136 'Case study #4: Bashtanka Multiprofile Hospital (Mykolaivska oblast)', in PHR, *Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System*, February 2023, pp. 30-32. <https://phr.org/our-work/resources/russias-assault-on-ukraines-health-care-system/>.
- 137 Médecins Sans Frontières (MSF). *Between Enemy Lines: The Destruction of Health Care in Ukraine*, March 23, 2023. <https://www.doctorswithoutborders.org/latest/between-enemy-lines-destruction-health-care-ukraine>.
- 138 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Ukraine Data. Incident number 31401.
- 139 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Ukraine Data. Incident number 35147.
- 140 PHR, *Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System*, February 2023. <https://phr.org/our-work/resources/russias-assault-on-ukraines-health-care-system/>.
- 141 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Ukraine Data. Incident number 35777.
- 142 At least 16 of the 78 health workers who were killed were military medics. For more information on the protected status of military medics, see <https://ihl-databases.icrc.org/en/customary-ihl/v1/rule25#:~:text=Medical%20personnel%20exclusively%20assigned%20to,acts%20harmful%20to%20the%20enemy>.
- 143 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Ukraine Data. Incident number 32251.
- 144 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Ukraine Data. Incident number 35827.
- 145 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Ukraine Data. Incident number 35827.
- 146 See UHC, *How Russia Destroyed Healthcare in Mariupol: A Report by the Ukrainian Healthcare Center*, January 2022. <https://uhc.org.ua/en/2023/01/04/healthcare-in-mariupol/>.
- 147 MSF, 'War in Ukraine: MSF Reveals "Absolute" Destruction of Healthcare', March 31, 2023. <https://msf.org.uk/article/war-ukraine-msf-reveals-absolute-destruction-healthcare>.



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 24 REPORTED INCIDENTS	 12 HEALTH FACILITIES DAMAGED OR DESTROYED	 7 HEALTH WORKERS KILLED	 5 HEALTH WORKERS KIDNAPPED
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↓ Source: 2022 SHCC Health Care Yemen Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 24 incidents of violence against or obstruction of health care in Yemen in 2022, a similar number to 20 in 2021. In these incidents, at least seven health workers were killed and five others kidnapped. Health facilities were damaged at least 12 times and this often led to their closure, impacting the population's access to health care. This factsheet is based on the dataset [2022 SHCC Health Care Yemen Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Saudi coalition air strikes continued to impact health facilities in Yemen's northeastern governorates in 2022. Armed violence by Houthi forces affected health care providers in Yemen's southern governorates despite the start of a [UN-mediated truce](#) between Houthi and anti-Houthi forces in April, which succeeded in reducing overall levels of violence. While the truce was slated to end at the beginning of October 2022, it has informally continued until mid-April 2023.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Incidents spread from nine of Yemen's governorates in 2021 to 14 in 2022, with new cases reported in Ad Dali', Aden, Al Bayda', Al Hudaydah, Al Jawf, Hajjah, Ibb, and Sana'a governorates, reflecting the ongoing armed violence in the country. Most incidents affected health care providers from the national health structure, with one reported incident directly affecting an INGO.

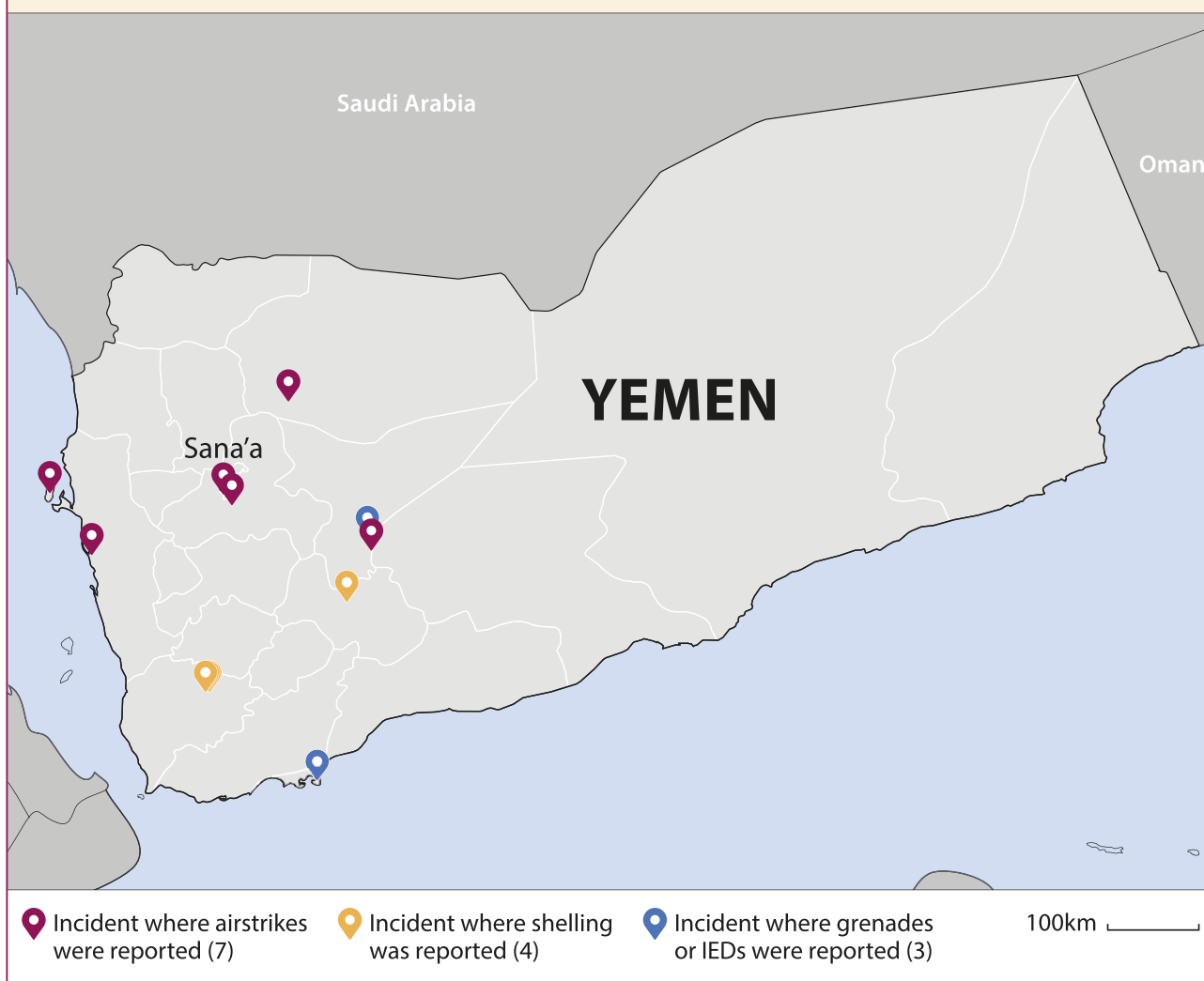
Saudi-led coalition air strikes damaged health facilities on seven occasions in 2022, an increase from four in 2021. All seven air strikes took place between January and March in the northeastern Al Hudaydah, Al Jawf, Amanat Al Asimah, Shabwah, and Sana'a governorates. On January 19, two hospitals in al Wahdah district in Amanat Al Asimah were damaged in air strikes. Five incidents were attributed to Houthi rebels, a similar number to 2021. Houthi rebels shelled a hospital in Taiz, stormed a health center in Ibb, kidnapped a health



worker in Amanat Al Asimah, killed a security guard in Hajjah, and planted landmines near a hospital in Marib in June that detonated and injured a demining project engineer.¹⁴⁸ Two incidents were attributed to Yemeni police. One such incident involved a doctor who was tortured to death while in police custody in Hadhramaut in June; in the other, an ambulance carrying injured 1st Giants Brigade fighters was shot at and damaged by police after clashes erupted in Aden in July. Gunmen suspected to belong to the Taiz Military Axis, which is under the command of the Yemeni army, stole an ambulance in September. Other attackers were not identified.

Locations of explosive weapons use impacting health care in Yemen, 2022

Health facilities in Yemen's northeastern governorates were damaged in Saudi-led coalition air strikes, and health facilities in the country's southern governorates were damaged in shelling, grenade, or improvised explosive device (IED) attacks.





HEALTH FACILITIES DAMAGED

All 12 incidents where health facilities, including hospitals, a warehouse, and a health institute, were damaged involved the use of explosive weapons, including air strikes, grenades, and shelling. Together with the seven incidents involving Saudi-led coalition air strikes, four additional incidents involved shelling, damaging hospitals in Al Bayda' and Taiz governorates. Direct damage to health facilities not only endangers the safety of health workers and patients, but can also lead to the irreparable damaging of equipment necessary for vital care, making the provision of such care more difficult. Other incidents involved the use of explosive weapons near health facilities that impacted access to health care. In June, a car bomb exploded inside a Southern Transitional Council-affiliated Security Belt Forces vehicle parked outside a hospital in Ad Dali', leading to clashes between gunmen wearing military clothing and Security Belt Forces; in the same month, a landmine detonated near a hospital in Marib.¹⁴⁹ In December, grenades were thrown at a health INGO's office in Aden governorate by unidentified attackers, damaging a generator, water pipes, and a fuel tank, which limited the INGO's ability to focus on supporting the health sector.¹⁵⁰

HEALTH WORKERS KILLED OR KIDNAPPED

Seven health workers were reported killed in 2022, compared to three in 2021. Together with the doctor tortured to death while detained at a police station, two hospital guards were killed by unidentified attackers while providing security outside hospitals in Hajjah and Taiz. Four health workers were killed in unclear circumstances in October.

Five health workers were kidnapped in three incidents in 2022, similar to the number in 2021.¹⁵¹ In May, three INGO health staff were kidnapped from their marked vehicles at a checkpoint by tribesmen in Lahij. They were taken together with their vehicles to a nearby location, where they were held all day until they were released after tribal mediation. In November, a health worker was kidnapped by armed men while working inside a hospital in Ibb and a hospital director was abducted by Houthi forces in Amanat al Asima. The fate of these two individuals was not reported. Violence against health workers impacts health providers' ability to maintain safe staffing levels and protect staff well-being.

THE IMPACT OF ATTACKS ON HEALTH CARE

In February 2023, the WHO reported that 46% of all Yemeni health facilities were only partially functioning or completely out of service due to shortages of staff, funds, electricity, medicines, supplies, and equipment. As of 2023, at least 10 million people are estimated to have no access to health care services. Moreover, an estimated 2.9 million women of reproductive age lack access to maternal, child care, and reproductive services, while an estimated 1.1 million children suffering from malnutrition are facing deteriorating health or even death.

According to the ICRC, in February 2023, although a large number of the estimated 4.2 million people who have been displaced by the conflict need urgent and regular access to health care services, such access is challenging. Women and children represent nearly three-quarters of the civilians displaced by the conflict.



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- 148 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Yemen Data. Incident numbers 33010; 35311; 36680; 35264; 33018.
 - 149 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Yemen Data. Incident numbers 33016; 33018.
 - 150 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Yemen Data. Incident number 36269.
 - 151 Insecurity Insight Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Yemen Data. Incident numbers 32908; 36295; 36680.

Methodology

This tenth report of the Safeguarding Health in Conflict Coalition (SHCC) covers 32 countries and territories and provides details on incidents involving threats and violence against health care in 16 countries and territories that experienced conflict in 2022. For these 16 countries, the 2022 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 2022, the report relied on the system of conflict determination adopted by the Uppsala Conflict Data Program (UCDP).¹⁵² A country is included in the SHCC report if it is included on the UCDP list of one of the three types of conflict (including state-based armed conflict, non-state armed conflict, and one-sided violence),¹⁵³ 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 16 countries that reported more than 15 incidents, a country chapter is included in the report. Incidents from these 16 countries are included in the counts, but neither the incidents nor the situation in the affected country is described in detail. Twelve of the countries and territories covered in factsheets in 2022 were included with country chapters in the 2021 report. For the 2022 report, Cameroon, Iran, Pakistan, and Ukraine were added, while Ethiopia, and Haiti do not have country chapters in 2022. Cameroon was included in the 2020 report, but not in that for 2021, and therefore the chapter on Cameroon covers two years (2021-2022).

The report uses an event-based approach to documenting attacks on health care, referred to as 'incidents' throughout the report. To prepare this report, event-based information from multiple sources was cross-checked and consolidated into a single dataset of recorded incidents that were coded using standard definitions. The full 2022 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 16 countries included in this report is made available as individual datasets. The links are provided in the individual country profiles. For these 16 countries, the data is also available via the Humanitarian Data Exchange data grids for the relevant countries.

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.'

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.

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

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

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:¹⁵⁴

- **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 organised armed groups, neither of which is the government of a state, which results in at least 25 battle-related deaths in a year.’
- **One-sided violence** is defined as ‘The deliberate use of armed force by the government of a state or by a formally organised group against civilians which results in at least 25 deaths in a year.’

This report is limited to violence 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.

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 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. The damaging and destruction of physical health infrastructures 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 supply, 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, and mixed-method approaches provide the best option.

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;
- 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 10 countries included in the system, if the WHO confirmed the incidents.

Key definitions

Health worker: Refers to any person working in a professional or voluntary capacity in the provision of health services or who provides direct support to patients, including administrators, ambulance personnel, community health workers, dentists, doctors, government health officials, hospital staff, medical education staff, nurses, midwives, paramedics, physiotherapists, surgeons, vaccination workers, volunteers, or any other health-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.

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

Health transport/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. There are some differences in the definitions of what constitutes attacks on health care used by the different sources that were used to compile the SHCC dataset. Each source introduces unique reporting and selection biases, which are discussed below.

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

1. information included in Insecurity Insight's Attacks on Health Care Monthly News Briefs,¹⁵⁵ which provide a combination of media sources and publicly shared information from partner networks, such as the Aid Worker Security Database (AWSDB)¹⁵⁶ for global data from international aid agencies, coordinating health programs; Airwars¹⁵⁷ and the Syrian Network for Human Rights (SNHR)¹⁵⁸ for data on Syria; the Civilian Impact Monitoring Project (CIMP)¹⁵⁹ for data on Yemen; the International Iranian Physicians and Healthcare¹⁶⁰ for data on Iran and databases such as that of the Armed Conflict Location & Event Data Project (ACLED);¹⁶¹
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 18 countries: Afghanistan, Burkina Faso, Cameroon, CAR, Colombia, DRC, Ethiopia, Iraq, Kenya, Mali, Mozambique, Myanmar, Niger, Nigeria, Somalia, South Sudan, Syria, and Ukraine (information from the CHDC represents nearly a fifth of the data gathered for this report).
4. information from the WHO SSA on 10 countries or territories: Armenia, Burkina Faso, the CAR, Libya, Myanmar, the oPt, South Sudan, Sudan, Ukraine, and Yemen (information from the SSA represents approximately 10% of the data gathered for this report).

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; and
- applied studies focusing on affected populations or security risk perceptions among health workers.

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.

RESPONSIBLE DATA AND INFORMATION SHARING

The SHCC applies strict data responsibility principles to ensure safe, ethical, and effective data management. These principles are based on the IASC Operational Guidance on Data Responsibility in Humanitarian Action¹⁶² and the work of the Data Responsibility Working Group (DRWG),¹⁶³ 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 is 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.

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 its usability 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 AND CODING OF WHO SSA-REPORTED INCIDENTS

On January 15, 2023, the WHO SSA reported a total of 1,031 attacks on health care for 10 countries and territories for 2022. Information on 220 of these 1,031 incidents was included. A total of 811 attacks reported by the SSA could not be included because the lack of detail made it impossible to determine the nature of the incidents.¹⁶⁴ 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 220 SSA-reported incidents from the 10 countries and territories based on the information included on the online SSA dashboard. Since the SSA does not provide information on perpetrators, we assumed that all of the SSA-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.

INCLUSION OF INCIDENTS FROM THE INSO'S CHDC

A total of 316 incidents from the CHDC that fulfilled the SHCC inclusion criteria were included for 18 countries: Afghanistan, Burkina Faso, Cameroon, CAR, Colombia, the DRC, Ethiopia, Iraq, Kenya, Mali, Mozambique, Myanmar, Niger, Nigeria, Somalia, South Sudan, Syria, and Ukraine.

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 2022 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 2022. However, the severity of the problem is likely much greater, because many incidents probably go unreported and are thus not counted here. Moreover, differences in definitions and biases within individual sources suggest that the contexts that are identified are also not representative of the contexts of all incidents.

REPORTING AND SELECTION BIAS

The SHCC dataset suffers from 'reporting bias,' which is the technical term for selective reporting. The SHCC dataset aims to bring together available information from different sources on violence and threats of violence against health care. As a consequence, it suffers from limitations inherent in the information provided by contributors to the SHCC, which differs among the various data contributors. While the SHCC's process of data cleaning focuses exclusively on selecting incidents based on the inclusion criteria, the pool of information accessed by this process depends on the work done by those who first reported the incidents. Events may be selected or ignored for a range of reasons, including editorial choices, when the source is a media outlet; lack of knowledge, because the affected communities had no connection to the body compiling the information in the first place; 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 may not be complete or representative, and that only a selection of incidents are included in the first lists that are used to compile the final SHCC dataset. This dataset therefore only covers a fraction of the relevant evidence and covers incidents in some countries and some types of incidents more widely than others.

The reported numbers of incidents by country should not be compared to those of other countries without considering the factors that affect the flow of information. For example, Russia's full-scale invasion of Ukraine attracted considerable attention, and highly skilled researchers were able to document many incidents without fear of reprisal from authorities in the parts of Ukraine that remained under Ukrainian government control. This resulted in a very high number of reported incidents. By comparison, activists in Iran, Myanmar, and other countries jeopardized their and other people's safety by publicly reporting incidents, which likely resulted in more incidents going unreported.

For some countries, combining available information is challenging when various data collection efforts do not share data in a way that allows information to be cross-checked. Moreover, not all contributors provided access to their original sources and many details were lost in the process, affecting our ability to provide more accurate and consistent classification. This results in two important warnings.

ACCURACY OF INFORMATION AND DIFFERING DEFINITIONS

Some organizations record only certain types of incidents, e.g., those involving health facilities or those affecting international aid agencies, while the incident descriptions that are available may also contain errors. In addition, not all organizations that compile information on relevant incidents include all the details that would be necessary to systematically code all aspects of these incidents. In particular, information related to the perpetrator(s) and context of a particular incident is often missing or may be biased in the original source. Also, in some cases, especially those involving robberies and abductions, it is often difficult to ascertain from available information whether the act was committed by a party to the conflict or by criminals. We based our inclusion decisions on judgements about the most likely motivations.

The 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.

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.

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- 152 Department of Peace and Conflict Research, Uppsala University. Uppsala Conflict Data Program. <https://ucdp.uu.se/> (accessed April 21, 2023).
- 153 <https://ucdp.uu.se/>. Because the 2021 UCDP country conflict list was not publicly available when this report was being written, we consulted UCDP staff via email to obtain information on the changes related to countries included in the UCDP list for 2022.
- 154 Department of Peace and Conflict Research, Uppsala University. UCDP Definitions. <https://www.pcr.uu.se/research/ucdp/definitions/>.
- 155 http://insecurityinsight.org/projects/health_care/monthlynewsbrief.
- 156 <https://aidworkersecurity.org/>.
- 157 <https://airwars.org/>.
- 158 <http://sn4hr.org/>.
- 159 <https://civilianimpactmonitoring.org/>.
- 160 <https://iipha.org/>.
- 161 <https://www.acleddata.com/>.
- 162 IASC Operational Guidance on Data Responsibility in Humanitarian Action | IASC (interagencystandingcommittee.org).
- 163 Data Responsibility Working Group (DRWG) | Topics | ReliefWeb.
- 164 The lack of detail in the 680 SSA-reported incidents from Ukraine made it too difficult to determine which of these incidents overlapped with the 781 Ukrainian incidents reported by SHCC members. Thus, the 680 SSA-reported incidents from Ukraine were not incorporated into the report.

Country	Number of reported incidents	Number of health workers killed	Number of health workers kidnapped	Number of health workers arrested	Number of incidents where health facilities were destroyed/damaged	Number of health transport destroyed/damaged/hijacked/stolen
Afghanistan	81	26	8	31	3	0
Armenia	4	1	1	0	0	2
Burkina Faso	61	2	11	1	9	33
Cameroon	31	6	35	14	2	1
CAR	27	3	3	0	1	1
Colombia	12	4	1	0	0	2
DRC	125	10	50	3	29	25
Ethiopia	12	3	0	2	8	0
Haiti	9	1	10	1	0	0
Honduras	2	0	0	0	1	0
Iran	85	4	0	71	1	23
Iraq	5	2	0	0	0	0
Israel	1	0	0	0	0	0
Kenya	3	0	4	0	2	2
Libya	12	2	0	0	4	2
Mali	46	5	26	4	9	9
Mexico	14	3	5	0	2	1
Morocco	1	0	0	0	0	0
Mozambique	7	0	0	0	4	1
Myanmar	271	27	5	112	46	36
Niger	11	0	0	0	1	1
Nigeria	43	7	37	1	4	3
oPt	171	1	0	9	4	9
Pakistan	16	5	3	0	0	0
Philippines	2	1	0	1	0	0
Somalia	12	2	6	1	5	1
South Sudan	24	10	20	3	2	0
Sudan	53	11	5	13	11	3
Syria	42	10	5	19	11	0
Thailand	1	1	0	0	0	0
Ukraine	781	78	61	8	461	148
Yemen	24	7	5	0	12	2
Total	1989	232	298	294	704	305

☐ Factsheet available
 ☐ Data available on [HDX](#)

Abbreviations

CAR	Central African Republic
CIMP	Civilian Impact Monitoring Project
DRC	Democratic Republic of the Congo
FARDC	Armed Forces of the Democratic Republic of the Congo
FDLR	Democratic Forces for the Liberation of Rwanda
GNA	Government of National Accord
HDX	Humanitarian Data Exchange
HTS	Hayat Tahrir al-Sham
IED	Improvised explosive device
INGO	International nongovernmental organization
ISGS	Islamic State in the Greater Sahara
JNIM	Jama'at Nusrat al-Islam wal Muslimeen
LNA	Libyan National Army
MAP	Medical Aid for Palestinians
NGO	Nongovernmental organization
oPt	occupied Palestinian territory
OSCE	Organization for Security and Co-operation in Europe
PHR	Physicians for Human Rights
RENAMO	Resistência Nacional Moçambicana
SAMS	Syrian American Medical Society
SDF	Syrian Democratic Forces
SHCC	Safeguarding Health in Conflict Coalition
SNHR	Syrian Network for Human Rights
SPLA-IO	Sudan People's Liberation Army in Opposition
SSPDF	South Sudan People's Defence Forces
UCDP	Uppsala Conflict Data Program
UPC	Union of Congolese Patriots
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
WHO	World Health Organization
WHOSSA	World Health Organization Surveillance System of Attacks on Healthcare

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

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