

2023



# Letter from the Chair



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

The intensity of conflicts characterized by pervasive attacks on health care in recent years declined somewhat in 2023, including in Syria, Yemen, and the Tigray region of Ethiopia. As a result, it might also have been expected that the global trend of violence against health care would turn downward. Instead, from the first days of two

new and catastrophic wars, one in Sudan and the other between Israel and Hamas, health care came under ferocious assault. In both conflicts warring parties killed health workers, attacked facilities, and destroyed health care systems. Meanwhile, attacks on health care in Myanmar and Ukraine continued at a relentless pace, in each case exceeding 1,000 since the start of the conflicts in 2021 and 2022, respectively. In many chronic conflicts, fighting forces continued to kidnap and kill health workers and loot health facilities.

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

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

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

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

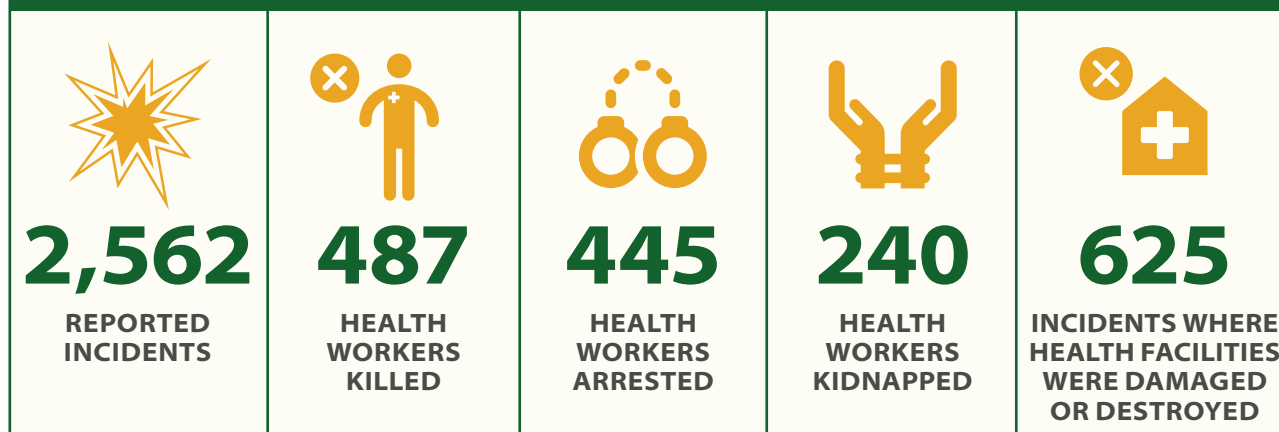
A handwritten signature in black ink, appearing to read 'Len Rubenstein'.

Len Rubenstein  
*Chair, Safeguarding Health in Conflict Coalition*

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# Executive Summary

## REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2023 SHCC Incident Data

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

## OVERVIEW

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

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

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

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

## Reported incidents of violence against or obstruction of health care in 2023

<u>Afghanistan</u>	109
<u>Burkina Faso</u>	49
<u>Cameroon</u>	31
<u>CAR</u>	41
<u>DRC</u>	115
<u>Ethiopia</u>	14
<u>Haiti</u>	40
<u>Manipur state (India)</u>	22
<u>Israel</u>	32
<u>Mali</u>	41
<u>Myanmar</u>	418
<u>Niger</u>	18
<u>Nigeria</u>	19
<u>oPt</u>	761
<u>Somalia</u>	21
<u>South Sudan</u>	12
<u>Sudan</u>	257
<u>Syria</u>	57
<u>Ukraine</u>	395
<u>Yemen</u>	25



## DATA

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

## KILLING OF HEALTH WORKERS

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

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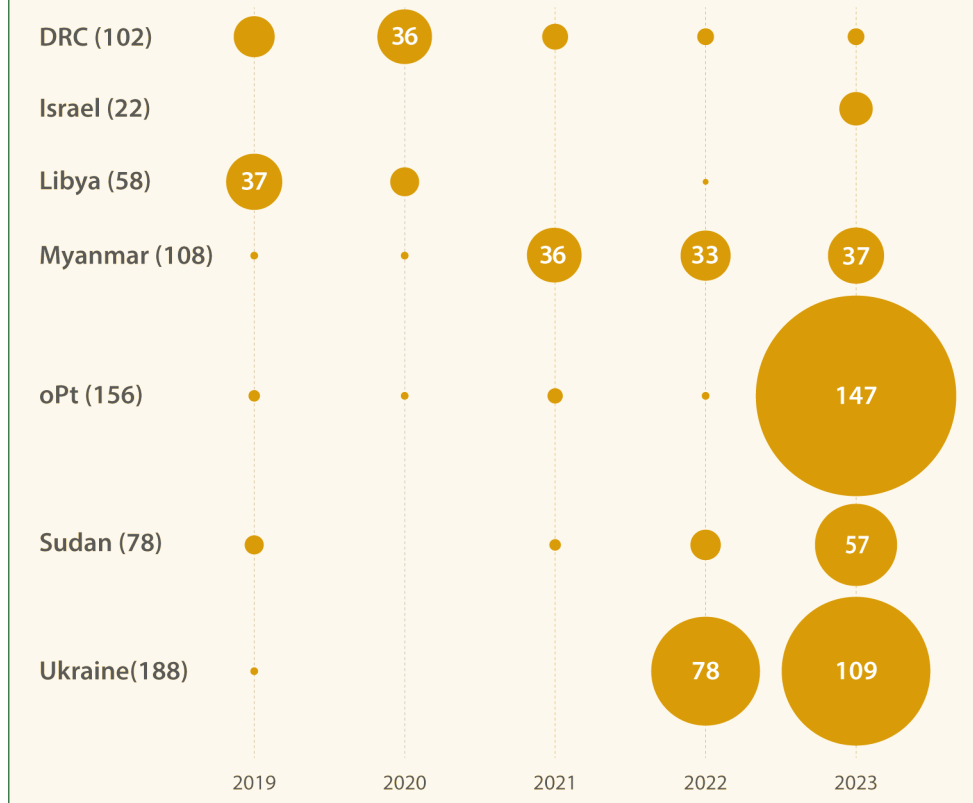
In the oPt, where the highest number of health workers killed in any conflict since 2016 was recorded, health workers from all professions, including ambulance drivers, doctors, dentists, gynecologists, hospital staff, janitors, laboratory technicians, medical students, nurses, opticians, orthopedists,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

## Reported health worker killings, 2019-2023



## Reported health worker killings, 2019-2023<sup>2</sup>

Health worker killings increased in Israel, oPt, Sudan and Ukraine in 2023. Cases continued in Myanmar.



<sup>2</sup> Countries or territories where high numbers of health workers were reportedly killed during the reporting period.



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

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



## SOCIAL MEDIA SENTIMENT AND THE PROTECTION OF HEALTH CARE

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

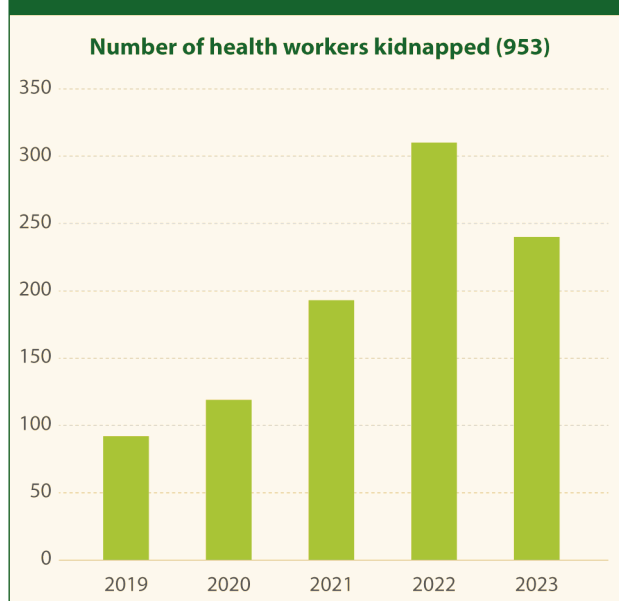
## HEALTH WORKERS KIDNAPPED

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

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 kidnapped health workers were released within days or weeks of being kidnapped, sometimes after ransom demands were made, suggesting that health workers were targeted for their perceived wealth. In other cases, kidnappings occurred at the same time as health facilities were looted. Eight kidnapped health workers were killed by their captors.

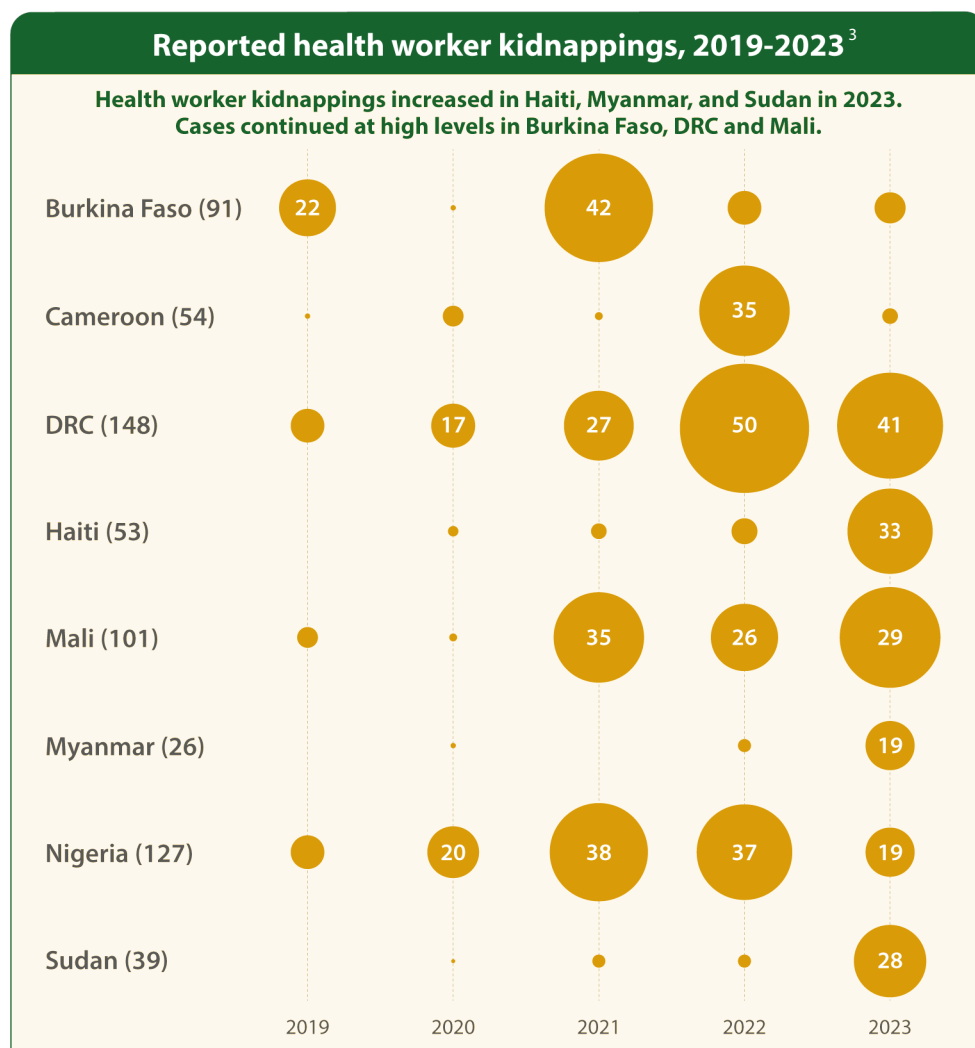
In some countries, among them Cameroon and the DRC, non-state armed groups abducted health workers accused of collaborating with other conflict parties, including for treating a wounded fighter, or based on allegations of failing to communicate their activities in the area.

### Reported health worker kidnappings, 2019-2023



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



## HEALTH WORKERS ARRESTED, DETAINED, AND THREATENED

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

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

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

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

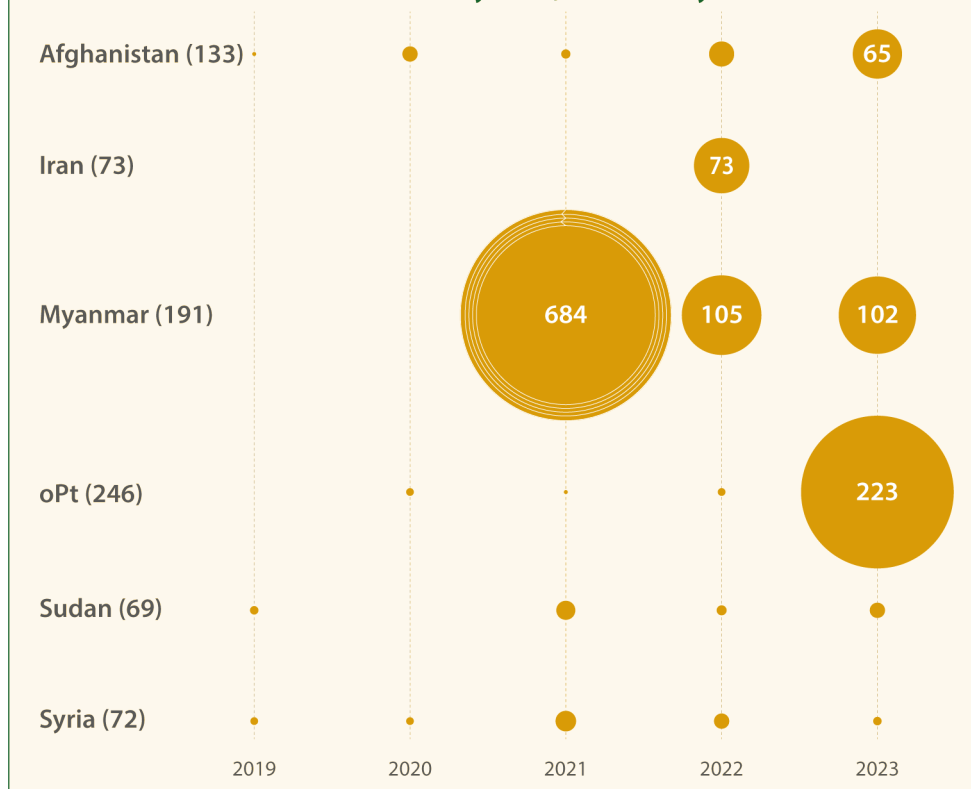
Physical violence and threats towards health workers were the predominant forms of violence against health care in South Sudan, where there is a widespread shortage of trained, skilled health workers.

## Reported health worker arrests, 2019-2023



## Reported health worker arrests, 2019-2023<sup>4</sup>

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



<sup>4</sup> Countries or territories where high numbers of health workers were reportedly arrested during the reporting period.

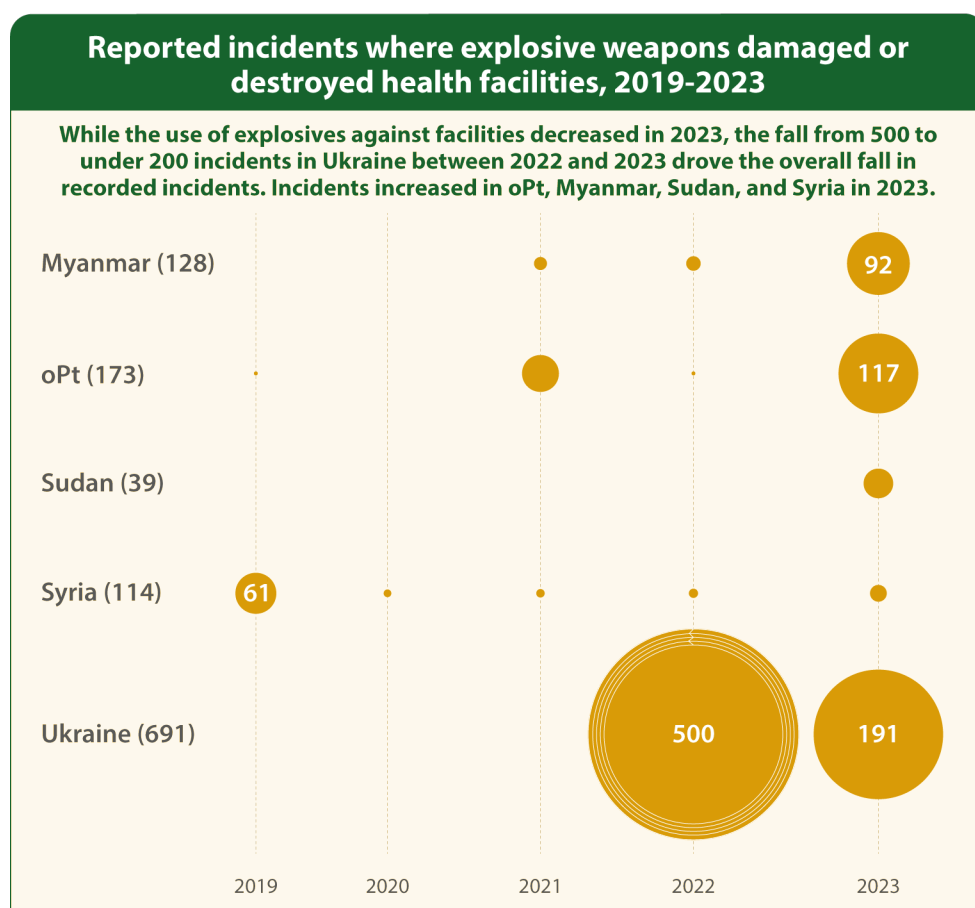


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## VIOLENCE AFFECTING HOSPITALS, HEALTH FACILITIES, AND VEHICLES

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

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



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

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

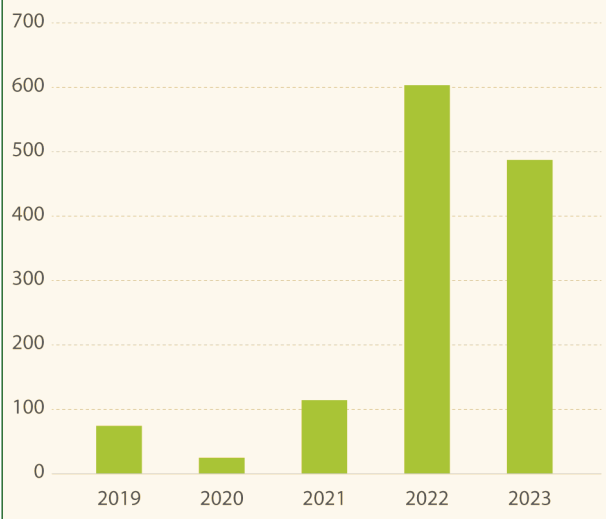
Armed entries into hospitals were also reported from Ethiopia, where soldiers raided the Tibebe Ghion Hospital in Bahir Dar city, Amhara, and opened fire on staff, before dragging six patients from their beds and executing them. Health facilities were also subjected to violent incursions in Yemen. During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

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

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

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

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



## INTERACTIVE GLOBAL MAP

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

## OBSTRUCTION OF HEALTH CARE

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

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## IMPACT ON ACCESS TO HEALTH CARE AND HEALTH SYSTEMS

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

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



### ATTACKS ON VACCINATION CAMPAIGNS

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

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

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

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

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

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



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

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

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



## ATTACKS ON CHILDREN'S HEALTH SERVICES

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


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

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

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

# Annex

Country	Number of reported incidents	Number of incidents where health facilities were destroyed/damaged	Number of health workers killed	Number of health workers kidnapped	Number of health workers arrested
Afghanistan	109	3	13	2	65
Azerbaijan	2	0	0	0	0
Burkina Faso	49	10	8	12	0
Cameroon	31	6	1	6	6
CAR	41	0	2	4	1
Colombia	11	1	7	2	0
DRC	115	14	11	41	3
Ethiopia	14	3	4	2	3
Haiti	40	3	1	33	0
India	24	6	1	1	0
Indonesia	3	0	0	0	0
Iraq	8	0	6	1	0
Israel	33	3	22	5	0
Kenya	4	0	6	0	0
Lebanon	6	2	0	0	0
Libya	1	0	0	0	0
Mali	41	5	6	29	3
Mexico	12	0	6	9	0
Mozambique	2	0	2	0	0
Myanmar	418	133	37	19	102
Niger	18	0	0	7	3
Nigeria	19	2	6	19	0
oPt	761	133	146	0	223
Pakistan	12	1	3	6	0
Somalia	21	8	12	5	0
South Sudan	12	0	6	0	5
Sudan	257	63	57	28	20
Syria	57	22	8	5	11
Ukraine	394	192	109	1	0
Yemen	47	6	7	3	0
<b>Total</b>	<b>2562</b>	<b>616</b>	<b>487</b>	<b>240</b>	<b>445</b>

 Factsheet and data available

 Data available on [HDX](#)



# 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.

Major sections of the report were written by Leonard Rubenstein and Christina Wille. Country factsheets were written by Tim Bishop, Helen Buck, Christa Callus, and Christina Wille from Insecurity Insight and Leonie Tax from the International Rescue Committee.

The report was reviewed by Elizabeth Adams (European Federation of Nurses Associations), Houssam Alnahhas (Physicians for Human Rights), Joe Amon (Drexel University), Carol Bales (IntraHealth), Aseel Baidoun (Medical Aid for Palestinians), Yazid Barhoush (Drexel University), Janine Elya (Center for Public Health and Human Rights), Hoi Shan Fokeladeh (International Council of Nurses), Rohini Haar (University of California, Berkeley), Ezequiel Heffes (Watchlist), Halla Keir (Medical Aid for Palestinians), Uliana Poltavets (Physicians for Human Rights), Nang Nge Nge Phoo (Insecurity Insight), Susannah Sirkin, Leonie Tax (International Rescue Committee), Mwatana for Human Rights, the Nigeria INGO Forum, and the Tropical Health and Education Trust. Alex Potter copyedited the report, Laurence Gerhardt proofread the report and Tutaev Design was responsible for design.

Andrea Axisa, Dina Bennis, Kosta Doknic, Sebastien Duverseau, Kaoutar El Frayji, James Naudi, Nang Nge Nge Phoo and Sarah Straface compiled and Laurence Gerhardt edited the Insecurity Insight News Briefs on Attacks on Health Care that provided the database for the incidents referred to in this report. Christa Callus, Tiago Canelas, Rosie Flanigan, Hanna King, Martyn King, Hasan Mahmood, Elise Ridings, Charlie Roden, Gisele Silva, Heidi Parkes-Smith, Chenoa Sankar, Liam Scorgie, Lina Tumi, Kyle Vella, and Nikki Warren of Insecurity Insight carried out the coding work.

The International NGO Safety Organisation (INSO) provided key data from its Conflict & Humanitarian Data Centre, and data was included for 14 countries: Afghanistan, Burkina Faso, Cameroon, the CAR, the DRC, Haiti, Iraq, Mali, Niger, Nigeria, Somalia, South Sudan, Syria, and Ukraine.<sup>1</sup>



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MEDICAL AID FOR PALESTINIANS



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

This document covers humanitarian aid activities implemented with the financial assistance of the European Union. The work of the Safeguarding Health in Conflict Coalition and Insecurity Insight has been generously supported through the project 'Ending violence against healthcare in conflict: documentation, tools, and data-informed advocacy to stop and prevent attacks' funded by the European Union.

The data collection and report production was co-funded and supported by the Foreign, Commonwealth and Development Office (FCDO) of the UK government through the RIAH project at the Humanitarian and Conflict Response Institute at the University of Manchester.

This report was further supported by data from the International NGO Safety Organisations' (INSO) Conflict & Humanitarian Data Centre.

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.



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Ukrainian Healthcare Center  
University Research Company  
Watchlist on Children and Armed Conflict  
World Vision

# Abbreviations

<b>3R</b>	Return, Reclamation, and Rehabilitation
<b>AA</b>	Arakan Army
<b>ACLED</b>	Armed Conflict Location & Event Data Project
<b>ADF</b>	Allied Democratic Forces
<b>AQAP</b>	Al-Qaeda in the Arabian Peninsula
<b>BAY</b>	Borno, Adamawa and Yobe
<b>B2B</b>	Back-to-back method
<b>CAF</b>	Cameroon Armed Forces
<b>CAR</b>	Central African Republic
<b>CDM</b>	Civil Disobedience Movement
<b>CIMP</b>	Civilian Impact Monitoring Project
<b>CMC-FDP</b>	Collective of Movements for Change/Self-Defense Force of Congolese People
<b>CODECO</b>	Cooperative for the Economic Development of Conro
<b>COTU</b>	Committee on Tribal Unity
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CPC</b>	Coalition of Patriots for Change
<b>CRPF</b>	Central Reserve Police Force
<b>CSPS</b>	Health and Social Promotion Center
<b>DRC</b>	Democratic Republic of the Congo
<b>EAO</b>	Ethnic Armed Organization
<b>ECOWAS</b>	Economic Community of West African States
<b>ENDF</b>	Ethiopian National Defense Force
<b>FACA</b>	CAR's Armed Forces
<b>FAMa</b>	Malian Armed Forces
<b>FARDC</b>	Armed Forces of the Democratic Republic of the Congo
<b>FDLR</b>	Democratic Forces for the Liberation of Rwanda
<b>FF</b>	Force de frappe
<b>GATIA</b>	Imghad Tuareg Self-Defense Group and Allies
<b>GNA</b>	Government of National Accord
<b>HDX</b>	Humanitarian Data Exchange
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSDU</b>	Health service delivery unit
<b>HTS</b>	Hayat Tahrir al-Sham
<b>IED</b>	Improvised explosive device
<b>ICRC</b>	International Committee of the Red Cross
<b>ICU</b>	Intensive care unit
<b>IDP</b>	Internally displaced person

# Abbreviations

<b>IDF</b>	Israel Defence Forces
<b>IFRC</b>	International Federation of Red Cross and Red Crescent Societies
<b>INGO</b>	International non-governmental organization
<b>IRC</b>	International Rescue Committee
<b>ISGS</b>	Islamic State in the Greater Sahara
<b>ISSP</b>	Islamic State Sahel Province
<b>ISWAP</b>	Islamic State West Africa Province
<b>JAS</b>	Jama'tu Ahlis Sunna Lidda'awati wal-Jihad
<b>JNIM</b>	Jama'at Nusrat al-Islam wal Muslimeen
<b>KIA</b>	Kachin Independence Army
<b>KLA</b>	Karen National Liberation Army
<b>LNA</b>	Libyan National Army
<b>LNGO</b>	Local non-governmental organization
<b>M23</b>	March 23 Movement
<b>MAP</b>	Medical Aid for Palestinians
<b>MDA</b>	Magen David Adom
<b>MdM</b>	Médecins du Monde (Doctors of the World)
<b>MINUSMA</b>	The United Nations Multidimensional Integrated Stabilization Mission in Mali
<b>MSF</b>	Médecins Sans Frontières
<b>NDC</b>	Nduma Defense of Congo
<b>NGO</b>	Non-governmental organization
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>OLA Oromo</b>	Liberation Army
<b>OLF-Shene Oromo</b>	Liberation Army-Shene
<b>oPt</b>	occupied Palestinian territory
<b>OSCE</b>	Organization for Security and Co-operation in Europe
<b>PARECO</b>	Résistants patriotes congolais
<b>PDF</b>	People's Defence Forces
<b>PHR</b>	Physicians for Human Rights
<b>PRCS</b>	Palestinian Red Crescent Society
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>RIAH</b>	Researching the Impact of Attacks on Healthcare
<b>RSF</b>	Rapid Support Forces
<b>SAF</b>	Sudanese Armed Forces
<b>SAF</b>	Syrian Armed Forces
<b>SDF</b>	Syrian Democratic Forces
<b>SDG</b>	Sudanese Pound

# Abbreviations

<b>SHCC</b>	Safeguarding Health in Conflict Coalition
<b>SNA</b>	Syrian National Army
<b>SNHR</b>	Syrian Network for Human Rights
<b>SPLA-IO</b>	Sudan People's Liberation Army in Opposition
<b>SRH</b>	Sexual and reproductive health
<b>SSP</b>	South Sudanese Pound
<b>SSPDF</b>	South Sudan People's Defence Forces
<b>STC</b>	Southern Transitional Council
<b>TAF</b>	Turkish Armed Forces
<b>TNLA</b>	Ta'ang National Liberation Army
<b>TPLF</b>	Tigray People's Liberation Front
<b>UAE</b>	United Arab Emirates
<b>UCDP</b>	Uppsala Conflict Data Program
<b>UPC</b>	Union of Congolese Patriots
<b>UPC</b>	Union for Peace
<b>UN</b>	United Nations
<b>UNICEF</b>	United Nations Children's Fund
<b>UNHAS</b>	UN Humanitarian Air Services
<b>UNAMA</b>	United Nations Assistance Mission in Afghanistan
<b>UNRWA</b>	United Nations Relief and Works Agency for Palestine Refugees in the Near East
<b>WATAP</b>	Women Training and Promotion
<b>WHO</b>	World Health Organization
<b>WHOSSA</b>	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.

<https://safeguarding-health.com>

Safeguarding Health in Conflict Coalition  
615 N. Wolfe Street, E7143, Baltimore, MD 21205  
SHCC administrator, [safeguardinghcc@gmail.com](mailto:safeguardinghcc@gmail.com)