MYANMAR

Violence Against Health Care in Conflict

2024

SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight

Data on People in Danger

Letter from the Chair

Assaults on health care in conflicts around the world reached new levels of horror in 2024, exceeding 3,600 incidents, 15% more than in 2023. They consisted of air, missile, and drone strikes; shelling; tank fire; shootings; arson; the looting and takeover of health facilities; and the arrest and detention of health workers. As the descriptions in this report show, each incident brings terror, trauma, and - in too many cases - injury, untreated illness, destruction and death.

By far the largest number of attacks on health care – more than 1,300 – took place in Gaza and the West Bank, far more than we have ever reported in one conflict in one year, including more than double the number of health workers killed. Gaza properly drew global attention for the ferocity and relentlessness of assaults on health care. But we must also reckon with the more than 2,300 attacks in other conflicts, including the hundreds in each of Ukraine, Lebanon, Myanmar and Sudan. The cumulative number of attacks over the course of wars that began in the past three years include more than 1,500 in Myanmar since the military coup in 2021; close to 2,000 in Ukraine since the Russian invasion of Ukraine in 2022, and more than 500 since the outbreak of war in Sudan in 2023.

This onslaught of violence has been accompanied by attempts by perpetrators to limit legal protections for health care and civilians in war, driven, as the International Committee of the Red Cross (ICRC) puts it, by a desire to have more "leeway to kill and detain." Israel has sought to dilute legal requirements of precaution and proportionality during conflict. The new U.S. secretary of defense has called for "a law of war for winners." Simultaneously, campaigns to delegitimize the International Criminal Court (ICC) are underway. The newly inaugurated U.S. president Donald Trump imposed sanctions on ICC staff and even their families for having charged Israelis with war crimes. In 2023, Russia's Duma passed legislation criminalizing cooperation with the ICC or any foreign court or ad hoc tribunal that seeks to hold Russians to account. Hungary announced its plan to withdraw from the ICC, falsely alleging political bias.

These terrible developments threaten to make a mockery of the 10th anniversary of Security Council Resolution 2286 in 2026 and the 50th anniversary of the Additional Protocols of the Geneva Conventions (the law protecting health workers and civilians during armed conflict) in 2027. If this resolution and law are to be more than words, the current approach to protection, amounting to mere admonitions, must be replaced by centering accountability, accompanied by the political will to drive it.

That is the approach long taken by the Coalition, and recently taken by a report *In the Line of Fire*, issued in November 2024 by the World Health Organization and the World Innovation Summit for Health. It called for a new alliance of member states, UN agencies, and NGOs. It recognized that the renewal of long-ignored commitments could not possibly suffice. Instead, UN agencies, international organizations, NGOs, and civil society organizations must rally together to take tough action, including outreach to the International Criminal Court, to impose consequences on the perpetrators of violence. Actions must include states cutting off arms transfers to perpetrators of attacks and employing the power of universal jurisdiction to prosecute. If the laws of humanity are to be upheld and the carnage is to end, governments and all concerned citizens everywhere must find the political courage and will to act.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

Executive Summary | Full Report | Recommendations | Methodology | Data

Myanmar

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	INCIDENTS WHERE HEALTH FACILITIES WERE OCCUPIED	HEALTH WORKERS ARRESTED	HEALTH WORKERS KILLED
2024				
308	135	67	91	31
2023				
420	133	55	102	37
2022				
290	54	16	104	31
2021				
491	30	65	567	36

Source: 2021-2024 MMR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 308 incidents of violence against or obstruction of health care in Myanmar in 2024, compared to 420 in 2023, 290 in 2022 and 491 in 2021. In these incidents, health facilities were damaged 135 times and occupied on 67 occasions. In addition, 91 health workers were arrested and 31 killed.

Fighting between conflict parties since the 2021 military coup has left an estimated 3.3 million people internally displaced and crippled Myanmar's health care system amid profound insecurity.

Damage to health facilities by military aircraft strikes almost doubled in 2024 compared to 2023, as government forces lost more territory.

Travel restrictions and administrative barriers have drastically reduced emergency referrals, with maternal and neonatal mortality rates sharply increasing as a result.

Information on incidents of violence against health care in Myanmar is compiled from open sources, information projects and private sources. See Methodology for further information.

Myanmar

THE CONTEXT

Armed conflict erupted in Myanmar in the wake of the 2021 military coup. This plunged the country into one of the world's most severe humanitarian crises, marked by fighting, political repression and widespread displacement. Revolutionary forces aligned with the National Unity Government (NUG) now claim control of large areas of the country amid violence between several ethnic armed organizations (EAOs), including the Arakan Army (AA), Chinland Defense Force, Karen National Liberation Army, Kachin Independence Army (KIA), Karen National Union (KNU), Myanmar National Democratic Alliance Army (MNDAA), Shanni Nationalities Army (SNA), and United Wa State Army (UWSA), as well as local resistance forces.

Widespread human rights abuses persist, with over 20,000 political detainees, including nearly 4,000 women, in detention under harsh conditions imposed by the Myanmar Armed Forces (MAF).

Conflict has left an estimated 3.3 million people internally displaced and killed nearly 5,000 people since 2021.

The conflict has devastated the economy, driving hyperinflation (25.4% in 2024) and transportation and food costs (148% increase since 2023), which impede humanitarian aid delivery.

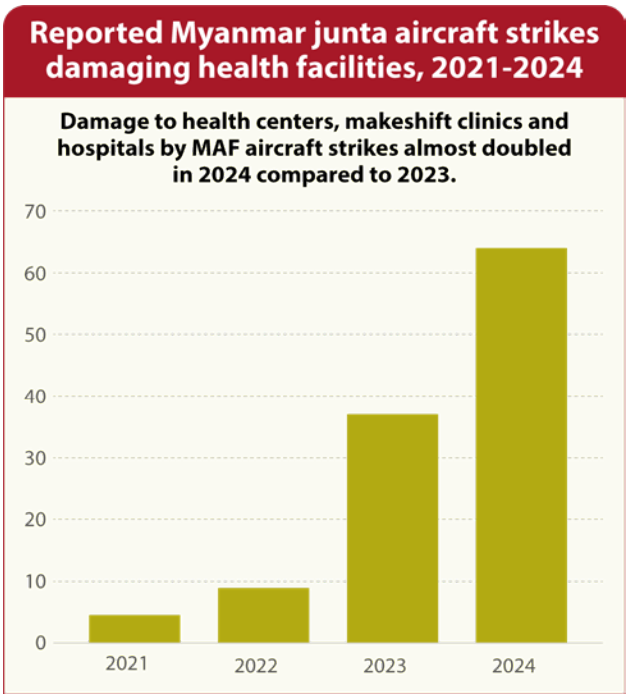
Typhoon Yagi destroyed homes, crops and infrastructure, leaving 1.1 million people struggling to recover.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care were reported throughout 2024 and, as in previous years, were widely dispersed across seven regions, seven states, one union territory, one self-administered division, and five self-administered zones. Most incidents were recorded in Sagaing region, although reports decreased in the region compared to previous years. Incidents tripled in Rakhine state and continued in Mandalay region and Shan state (see below for more details). The overall decrease in incidents in 2024 was driven by a reduction of MAF health worker arrests, except in Mon and Rakhine states, where they increased, as the MAF lost control over more territory. Damage to health facilities caused by MAF aircraft strikes nearly doubled in 2024 compared to 2023. Health worker killings increased in Rakhine and Shan states. Confiscations of medical supplies, medicine shortages caused by blockades and general access constraints continue to be reported.

Most incidents affected health care providers working for a de facto government authority, either health structures set up by the NUG, ethnic health organizations or the General Administration Department of the military junta's State Administrative Council. Private health care providers were impacted in 18 incidents and local NGOs in 16 incidents. Red Cross societies were impacted in two incidents and an INGO once.

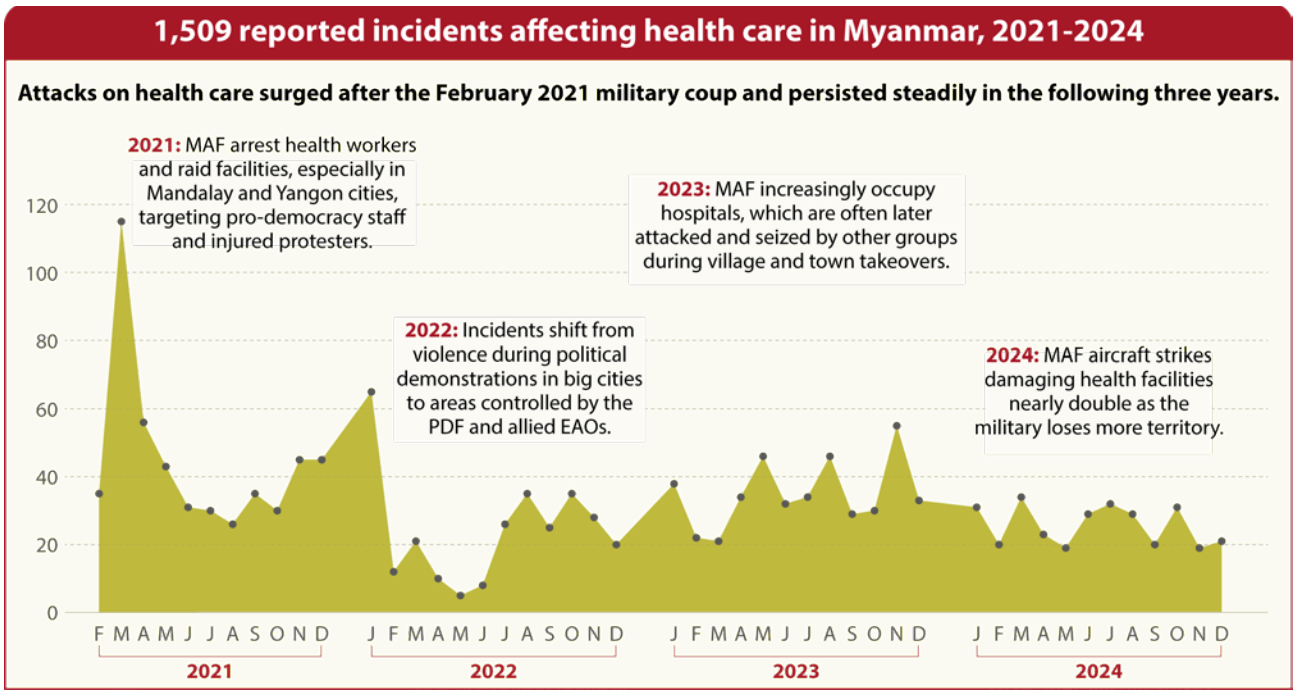
Reported Myanmar junta aircraft strikes damaging health facilities, 2021-2024



Source: Safeguarding Health in Conflict Coalition

Myanmar

Similar to previous years, most incidents were attributed to the MAF. EAOs that included the AA, the Chinland Defense Force and the KIA were named in some incidents. Also mentioned in 2024 were the KNU, MNDAA, SNA and UWSA.



Source: Safeguarding Health in Conflict Coalition

Country-wide impact of attacks on health care

Myanmar's profound insecurity has crippled its health care system. Over 70% of medical professionals have fled the country, leaving a skeletal workforce to operate under life-threatening conditions. Hospitals and clinics have been destroyed, repurposed as military bases, or rendered inoperable due to power outages and fuel shortages.

Travel restrictions and administrative barriers have drastically reduced emergency referrals, with maternal and neonatal mortality rates sharply increasing as a result. In Yangon, MSF operates the only remaining tuberculosis hospital, but aid restrictions and limited resources have curtailed its ability to treat patients, particularly those with drug-resistant TB or HIV. In the context of a systemic suppression of civil liberties, health workers face violence, arbitrary arrest and constant surveillance. The convergence of political repression, economic collapse, natural disasters, and conflict dynamics has created an environment where health workers and civilians alike struggle to survive, highlighting the urgent need for coordinated international action.

Myanmar

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN SAGAING REGION IN 2024

The context

Land and water freight routes were repeatedly blockaded, leading to widespread medical shortages. In August and November, the junta restricted the land and township-level transport of medicine, while in September, blockades along river routes caused critical shortages at private clinics and medical facilities.[1]

Reported incidents

In 2024, at least 69 incidents of violence against or obstruction of health care were recorded in Sagaing region, compared to 116 in 2023, 73 in 2022 and 60 in 2021. Health facilities were damaged by conflict parties' use of explosive weapons 39 times in 2024. Most involved MAF drone- and aircraft-delivered explosive weapons, missiles, and shelling that damaged health centers, clinics, and hospitals during raids in Kanbalu and Katha districts. Health facilities treating patients injured in previous MAF air strikes were damaged, such as a rural health center reportedly treating civilians injured from a raid in a nearby village that was damaged by bombs dropped by a Myanmar military fighter jet.[2] Local resistance forces used drones armed with explosives to drop bombs on MAF troops occupying health facilities in Kanbalu, Shwebo and Yinmabin districts, causing damage. The PDF dropped bombs from drones that damaged traditional medicine hospitals occupied by the MAF in Ye-U town in June,[3] while a joint AA and KIA force attacked a health care facility occupied and used as a bunker base by MAF during a four-day assault in Yinmabin district. The AA-KIA force then used the facility as a sniper post after they had occupied it.[4]

Health facilities were occupied 11 times in Sagaing region in 2024, compared to 22 times in 2023, three in 2022 and six in 2021. Conflict parties including the AA, MAF, and PDF occupied hospitals in villages and towns, mostly in Katha and Yinmabin districts, during armed clashes and in attempts to take over areas. Often other civilian infrastructure, including schools, was also occupied. Hospitals in Yinmabin were used three times for military purposes, serving as MAF command centers and the previously mentioned AA-KIA sniper post.[5]

The MAF arrested six NGO health workers for allegedly providing health services to the PDF, and they were charged under counterterrorism laws. All six were arrested on the same day in three separate coordinated actions in Sagaing city. The use of counterterrorism laws suggested that the MAF was attempting to criminalize humanitarian aid and medical assistance in areas linked to resistance groups.[6]

Local resistance forces detained a female health worker in Kanbalu district for not supporting the anti-junta Civil Disobedience Movement (CDM). She and other female prisoners were sexually harassed by resistance leaders. The harassment was reported to the NUG (government-in-exile), and the health worker was transferred to another base camp. It was unclear whether the perpetrators were held accountable.[7]

The impact of attacks on health care in Sagaing region

In late 2024, health care access in parts of Sagaing region was impacted by conflict-related restrictions. In Kale, Kalewa, Mawlaik, Mingin, Phaungbyin, and Tamu townships, approximately one thousand people living with HIV defaulted from antiretroviral therapy due to mobility constraints following intensified clashes between the Myanmar military, PDF, and EAOs. In December, the Myanmar military further escalated restrictions by confiscating medicine and fuel cargoes at checkpoints, alleging they were intended for resistance forces.

Myanmar

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN RAKHINE STATE IN 2024

The context

In Rakhine state, escalating violence and the systematic denial of aid left the population in dire condition. Since late 2023, widespread destruction, including the burning of villages, has displaced over 327,000 Rohingya, pushing the total number of displaced individuals in the state to over half a million. The MAF imposed widespread restrictions on medicine transport and sales across the state in 2024, causing severe shortages in health facilities and pharmacies. Measures included blocking medical supply routes by road and boat, banning sales in pharmacies and clinics, limiting distribution to three days per week, and imposing total bans in some areas. These measures, which were reportedly aimed at preventing medicine from reaching EAOs, also critically limited civilian access to care. In some areas, health facilities were forced to close entirely, leaving local populations without medical services.

Reported incidents

At least 62 incidents of violence against or obstruction of health care were recorded in Rakhine state in 2024, compared to 19 in 2023, 28 in 2022 and three in 2021. This increase is likely due to escalating conflict and changes in the control of territory in Kyaukpyu and Thandwe districts, where most cases were recorded. Damage to health facilities increased sharply in Rakhine state in 2024 compared to 2023, representing nearly a third of incidents reported in the state. This damage was typically attributed to the MAF's use of fighter jets and artillery. The AA shelled a medical facility, damaging its staff housing and killing three IDPs.[8] Health facilities, including hospitals and makeshift facilities, were damaged by the MAF in areas controlled or contested by the AA, with some of the facilities that were damaged operating under AA control. A station hospital was destroyed and at least 20 civilians, including two nurses and two patients, injured by bombs dropped by a Myanmar military fighter jet in May. At the time of the attack, the hospital had been operated by the AA since its takeover of the township in mid-February.[9] Some damaged health facilities were evacuated before strikes occurred or temporarily went out of service, suggesting pre-strike warnings or prior displacement due to escalating conflict.

Health facilities were taken over and used for non-medical purposes by the AA and MAF at least 13 times in Rakhine state between March and November 2024, a sharp increase from two such incidents in 2023. Hospital occupations were mostly recorded in Kyaukpyu and Thandwe districts, and sometimes facilities were used for military operations, such as when the MAF used a district hospital, a public school, and other civilian infrastructure as bunkers during armed clashes with the AA.[10]

The MAF arrested or detained at least ten health workers in seven incidents in Rakhine state in 2024, similar to previous years. Arrested health workers included nurses, pharmaceutical employees and X-ray technicians, who were often detained by the MAF on accusations of providing health care to or having links with the AA, or while transporting medicines from one conflict-affected area to another. While the fate of most arrested health workers was not recorded, the MAF arrested, tortured and killed two male X-ray technicians in Rakhine state.[11] In December, at least 30 MAF military medics surrendered and were taken as prisoners of war during armed clashes with the AA in Kyaukpyu district.[12]

The impact of attacks on health care in Rakhine state

The situation in Rakhine state is particularly dire. Health services are almost non-existent and MSF and other humanitarian organizations have ceased their operations, leaving entire populations without access

Myanmar

to essential medical services, including maternal care, vaccinations, and emergency referrals, while many patients are dying from preventable health conditions. Routine vaccinations have almost ceased entirely, and women and children face heightened risks due to a lack of prenatal care, sanitary supplies, and nutritional supplements.

Over two million people face acute food insecurity due to blocked trade routes and collapsing agricultural production. The systemic oppression of the Rohingya exacerbates the challenges they have to deal with, because they face severe restrictions on their movement and access to health care, and are often unable to flee violence or seek treatment.

> *Routine vaccinations have almost ceased entirely, and women and children face heightened risks due to a lack of prenatal care, sanitary supplies, and nutritional supplements.*

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN MANDALAY REGION IN 2024

The context

In Mandalay region, the Myanmar military imposed significant restrictions on the transport of medicine and essential supplies. In September, pharmacies and pharmaceutical companies in Mandalay city were prohibited from selling medicines to retailers from Shan state, while trucks carrying medicine cargoes were forced to turn back at military checkpoints, leading to a medicine shortage and price hikes in areas controlled by EAOs in Shan state. Similarly, in August, the transport of medicine and food from Mandalay city to Mogoke town was blocked by the military, with vehicles carrying these supplies being searched and confiscated at a checkpoint, exacerbating shortages in the region. Pharmacies and pharmaceutical companies were also not allowed to sell medicines to retailers.

This factsheet is based on 2021-2024 MMR SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

Reported incidents

At least 44 incidents of violence against or obstruction of health care were recorded in Mandalay region in 2024, similar to the previous two years, and following higher numbers in 2021.

The MAF's occupation of health facilities sharply increased in Mandalay region in 2024, from ten incidents in the period 2021-2023 to 15 in 2024. Hospital occupations typically occurred during raids and military operations, and frequently other types of civilian infrastructure, including schools, were also seized. Some occupied facilities were used for military operations, including mortars being mounted on the rooftops of two private hospitals in Aungmyaythazan district, while health workers and patients were forced to leave a hospital taken over by the MAF in Myingyan.[13]

Incidents of damage to health facilities nearly doubled in Mandalay region in 2024, increasing from seven in 2023 to 12 in 2024. Most damage was caused by MAF air strikes, drone attacks and arson attacks. Local

resistance forces typically damaged health facilities using handmade electroshock rocket missiles. Clinics, health centers, and hospitals were often damaged during armed clashes and raids on villages and towns, such as when a local clinic and at least 150 houses were torched by the Myanmar military during its two-day raid on five villages in Myingyan township.[14]

In total, the MAF arrested 22 health workers in three incidents in Mandalay city between September and October 2024. The arrested health workers included NGO staff, doctors and nurses, who were detained by the MAF on accusations of having links to conflict parties or being affiliated with the CDM. For example, eight local NGO aid workers, including the NGO chairperson and a 14-year-old child, were arrested by MAF forces in plain clothes and taken to Nay Pyi Taw for interrogation, after being accused of providing information to the PDF. A few days later the local NGO office was raided.[15]

The impact of attacks on health care in Mandalay region

Health care access in Mandalay region in 2024 was disrupted by armed conflict, especially in Mogoke town in July, where some public and private medical facilities ceased functioning after many health workers fearing for their safety fled the town and private doctors went into hiding as the military sought medical professionals to treat injured soldiers during the ongoing conflict.

Information on incidents of violence against health care in Myanmar is compiled from open sources, information projects and private sources. Download the data here or on the Humanitarian Data Exchange (HDX).

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN SHAN STATE IN 2024

The context

Shan state is in the eastern part of Myanmar and is bordered by China, Laos, and Thailand. From July 2024, health services in northern Shan state experienced significant disruption due to armed conflict and trade blockades. The MAF imposed restrictions on trade and confiscated goods, including medicine, fuel, rice, and cooking oil, with specific road and river transport routes blocked between Shan state and Kayah (Karenni) state since October. In Kokang self-administrative region, medicine shortages and rising prices occurred due to blockades imposed by both the Myanmar military and the Chinese government, which urged EAOs like the MNDAA and Ta'ang National Liberation Army (TNLA) to agree to a ceasefire. These disruptions began in July, when the Myanmar military blocked the transport of essential items, including medical supplies. Furthermore, in several towns in Kokang, EAOs, particularly the MNDAA, ordered hospitals and schools to close due to intensifying armed clashes. Because of its geographical location on the borders of three other countries, Shan state hosts a high number of communicable diseases, including HIV. Because of blockades and disruptions to medical supply deliveries, its population faces an increasing challenge to obtain access to antiretrovirals and to children's vaccines for routine immunizations. These actions further strained the already limited availability of health care and resources in the state.

Reported incidents

In 2024, similar to previous years, 35 incidents of violence against or obstruction of health care were recorded in northern Shan state amid Operation 1027 carried out by a joint AA-MNDAA-TNAA force known as the Three Brotherhood Alliance, which began in October 2023.

Myanmar

Nearly half of incidents in northern Shan state in 2024 involved damage to health facilities that was attributed to conflict parties using explosive weapons. The MAF primarily damaged health facilities in opposition-held or contested areas using air-dropped explosives, including electroshock rocket missiles and, on one occasion, an armed drone. A joint MNDAA-PDF force was implicated in two incidents in which health facilities were damaged.[16] Several damaged hospitals had been evacuated in advance of attacks or were temporarily out of service following prior alerts amid intensified fighting.

Health facilities were occupied seven times in Shan state between February and July 2024, triple the number recorded in 2023. Conflict parties that included the MAF, the Three Brotherhood Alliance, the PDF, and UWSA occupied both hospitals and other civilian infrastructure in villages and towns across Shan, including schools. The MAF occupied hospitals, which were often subsequently attacked and seized by other conflict parties during their takeover of villages and towns in the state. On one occasion, an occupied facility was used for military operations. Ten health workers were killed in three incidents in Shan state between June and August 2024, compared to two in two incidents in 2023 and one in 2021. Seven nurses and two doctors were killed during armed clashes between the MAF and a joint MNDAA-PDF force attempting to take over an MAF military medical facility.[17] A security guard was killed and two patients were injured by bombs dropped by MAF military jets on a health facility, and a nurse and her mother were killed at their home by MAF artillery shelling during clashes with the TNLA.[18]

The impact of attacks on health care in Shan state

Health care access across several townships in Shan state was severely disrupted due to armed conflict in 2024. In Lashio town, the closure of private hospitals, clinics, and pharmacies reduced health care access after armed clashes between the military and resistance forces. Also, a hospital ceased functioning after most health workers left during the fighting, leaving only three nurses still on duty, while injured patients sought care at military hospitals and private clinics. By July, most INGOs had left the town, while some local NGOs continued to provide ambulance services. In Hsipaw town, a hospital closed due to armed clashes, leaving only nurses on duty. These incidents reflect widespread health care disruptions as armed groups and the Myanmar military clashed in the region.

REPORT SERIES: CONTEXT ANALYSIS AND RECOMMENDATIONS TO PROTECT HEALTH SERVICES IN MYANMAR FROM VIOLENCE AND MITIGATE ITS IMPACT

Violence against health care providers and facilities is a growing concern in Myanmar. While complete prevention may not be possible, awareness, preparedness and strategic planning can help mitigate risks. We encourage health care providers to implement key measures for ensuring the safety of health workers and patients and the continuity of care.

Drawing from Insecurity Insight's comprehensive *Security Risk Management for Health Care Services* handbook (available in Arabic, English, French and Spanish), this series of regional reports covering Mandalay, Kayin, Rakhine, Sagaing and Shan offers concrete measures that health care providers can implement and aims to support local health workers in challenging work environments. See also this special guidance of how to protect health care from drone attacks (available in Burmese on request).

Myanmar

1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 86823; 84390; 84388; 87052.
2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 52042.
3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 58312; 51943.
4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 45472.
5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 43806; 45435; 45473.
6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 46825; 46826; 46823.
7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 45434.
8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 46832.
9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 47096.
10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 86951.
11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 86967.
12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 87436.
13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 58256; 58255; 70159.
14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 46526.
15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 85420.
16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 66604.
17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 66604.
18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 66605; 57829.

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