

# IGNORING RED LINES

Violence Against Health Care in Conflict

2022



# 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 that reads "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein  
*Chair, Safeguarding Health in Conflict Coalition*

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# 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

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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.

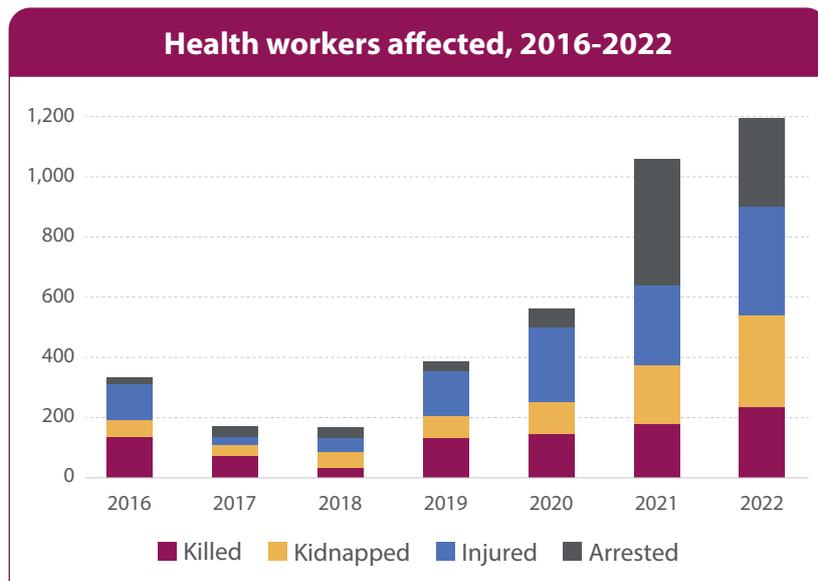
The looting of health facilities, medicines, supplies, and ambulances was common in conflicts throughout the world and was reported in 17 countries, including 104 in Ukraine, 33 in the DRC, 30 in Myanmar, and 15 in Burkina Faso. Some health facilities were vandalized or set on fire as well as looted, 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.



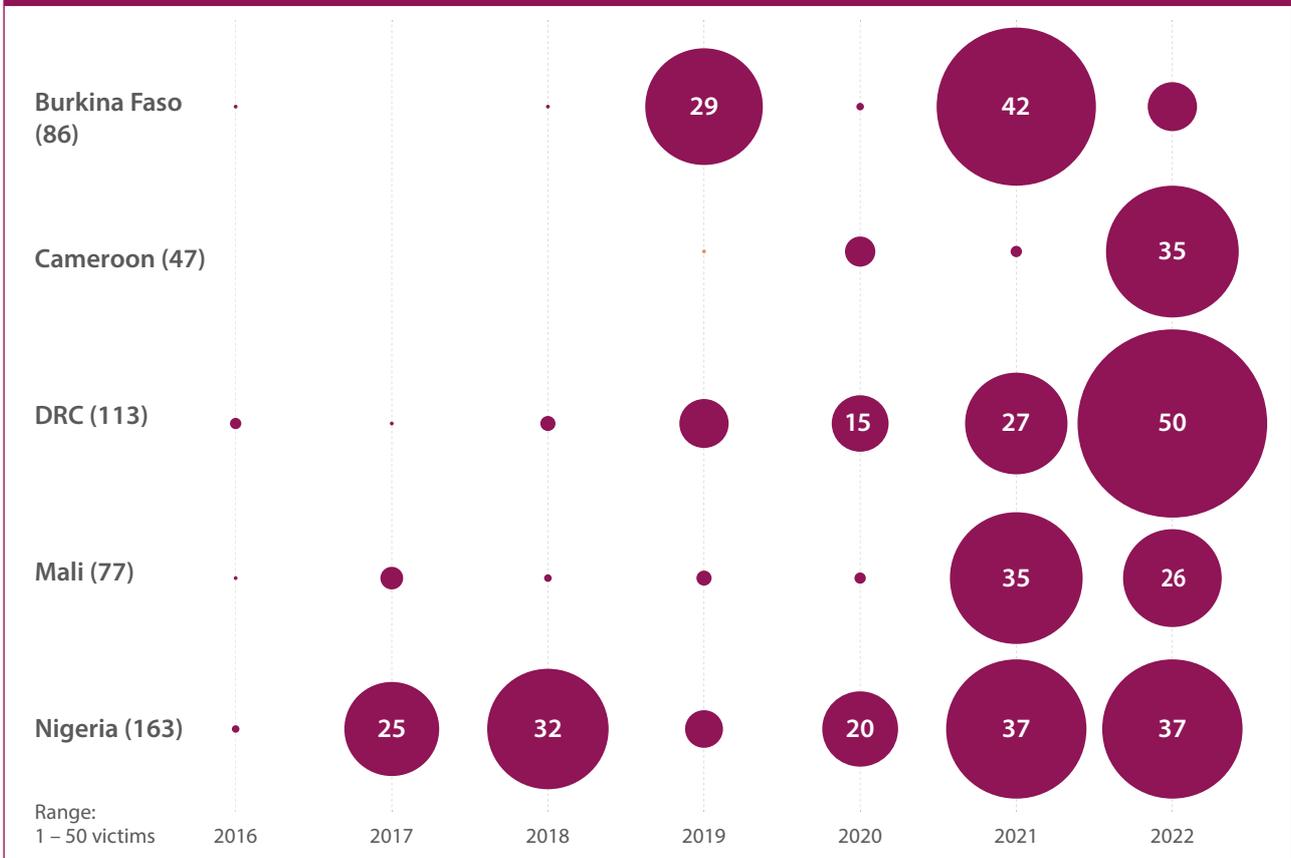
## HEALTH WORKERS KIDNAPPED, ABDUCTED, AND TAKEN AS PRISONERS OF WAR

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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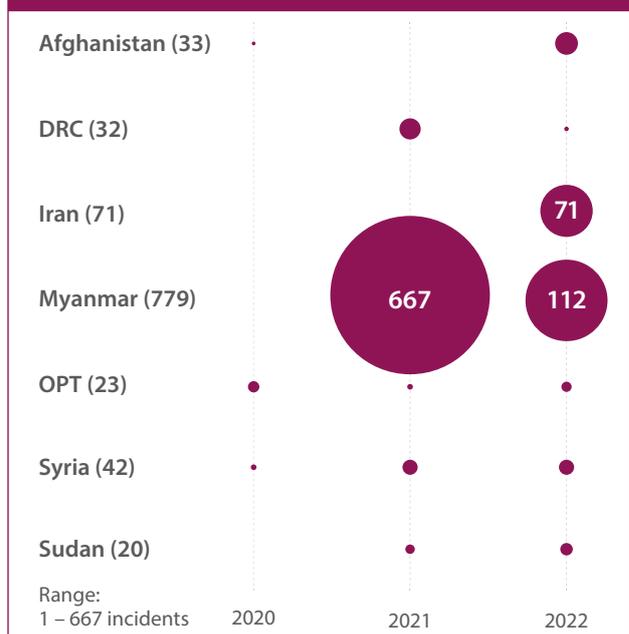
Number of health workers reportedly kidnapped in West and Central Africa, 2016-2022<sup>1</sup>



## 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, 2020-2022<sup>2</sup>



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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 facilities is estimated to be more than USD 2.5 billion, at a time when the need for hospital care increased

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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.

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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.

# Annex

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
<b>Total</b>	<b>1989</b>	<b>232</b>	<b>298</b>	<b>294</b>	<b>704</b>	<b>305</b>

Factsheet 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 Andrea Axisa, Tim Bishop, Helen Buck, Christa Callus, Yomna Elrouby, and Christina Wille from Insecurity Insight.

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), Yazid Barhoush (Drexel University), Erika Dailey (Physicians for Human Rights), Christian De Vos (Physicians for Human Rights), Hoi Shan Fokeladeh (ICN), Rohini Haar (University of California, Berkeley), Ezequiel Heffes (Watchlist), Halla Keir (Medical Aid for Palestinians), Susannah Sirkin, and Rohan Talbot (Medical Aid for Palestinians). Alex Potter copyedited the report, and Tutaev Design was responsible for design.

James Naudi and Nang Nge Nge Phoo compiled and Laurence Gerhardt edited the Insecurity Insight Bi Monthly News Briefs on Attacks on Health Care that provided the database for the incidents referred to in the report.

INSO provided key data from the International NGO Safety Organisations' (INSO) Conflict & Humanitarian Data Centre and data was included for 18 countries: Afghanistan, Burkina Faso, Cameroon, Central African Republic, Colombia, the Democratic Republic of the Congo, Ethiopia, Iraq, Kenya, Mali, Mozambique, Myanmar, Niger, Nigeria, Somalia, South Sudan, Syria, and Ukraine. Christa Callus, Kosta Doknic, Rosie Flanigan, Hanna King, Martyn King, Gisele Silva, Heidi Parkes-Smith and Nikki Warren of Insecurity Insight carried out the coding work.



Physicians for Human Rights



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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.



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

# Abbreviations

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

[www.safeguardinghealth.org](http://www.safeguardinghealth.org)

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