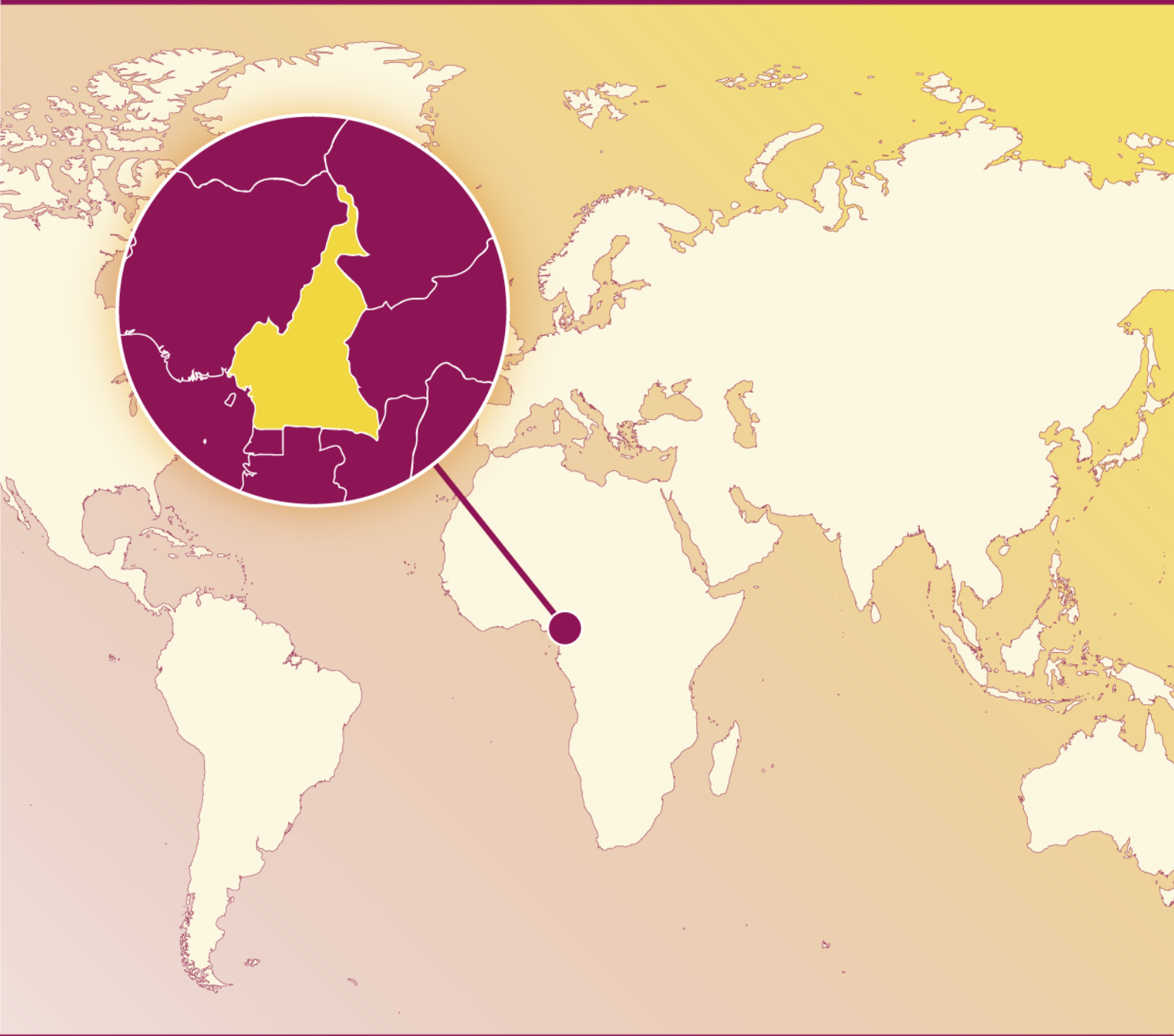


CAMEROON

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, reading "Len Rubenstein".

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

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

OVERVIEW

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

THE CONTEXT

Incidents of political violence in Cameroon persisted throughout 2021 and 2022,¹ reflecting the continuation of the country's two main conflicts. In the anglophone Northwest and Southwest regions, the fight between government forces and Ambazonian separatists seeking independence had particularly significant impacts on access to health care in 2022. Much of the increase in incidents in 2022 was attributable to incidents where health workers and health care providers were accused of bias towards either government forces or separatists, especially in the build-up to the anniversary of the self-proclaimed Ambazonia 'Independence Day' at the start of October. Such accusations were also reported in 2021, albeit to a lesser extent, with one INGO withdrawing all staff from Northwest region in August 2021 following government allegations of pro-separatist bias.²

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



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021 AND 2022

Reported incidents tripled in 2022 compared to 2021, which saw the lowest number of incidents in the 2020-2022 period. The increased number of incidents was partially due to frequent incidents in the anglophone Northwest and Southwest regions, a pattern that reflects the geographic concentration of incidents in the previous two years. Incidents re-emerged in Far North region in 2022, but were less frequently reported than in anglophone regions. Two incidents were reported outside the anglophone regions and Far North. In September 2022, a nurse and security guard were stabbed by armed men in Centre region, while in September 2021, two doctors were assaulted by a patient's family members.³

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

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

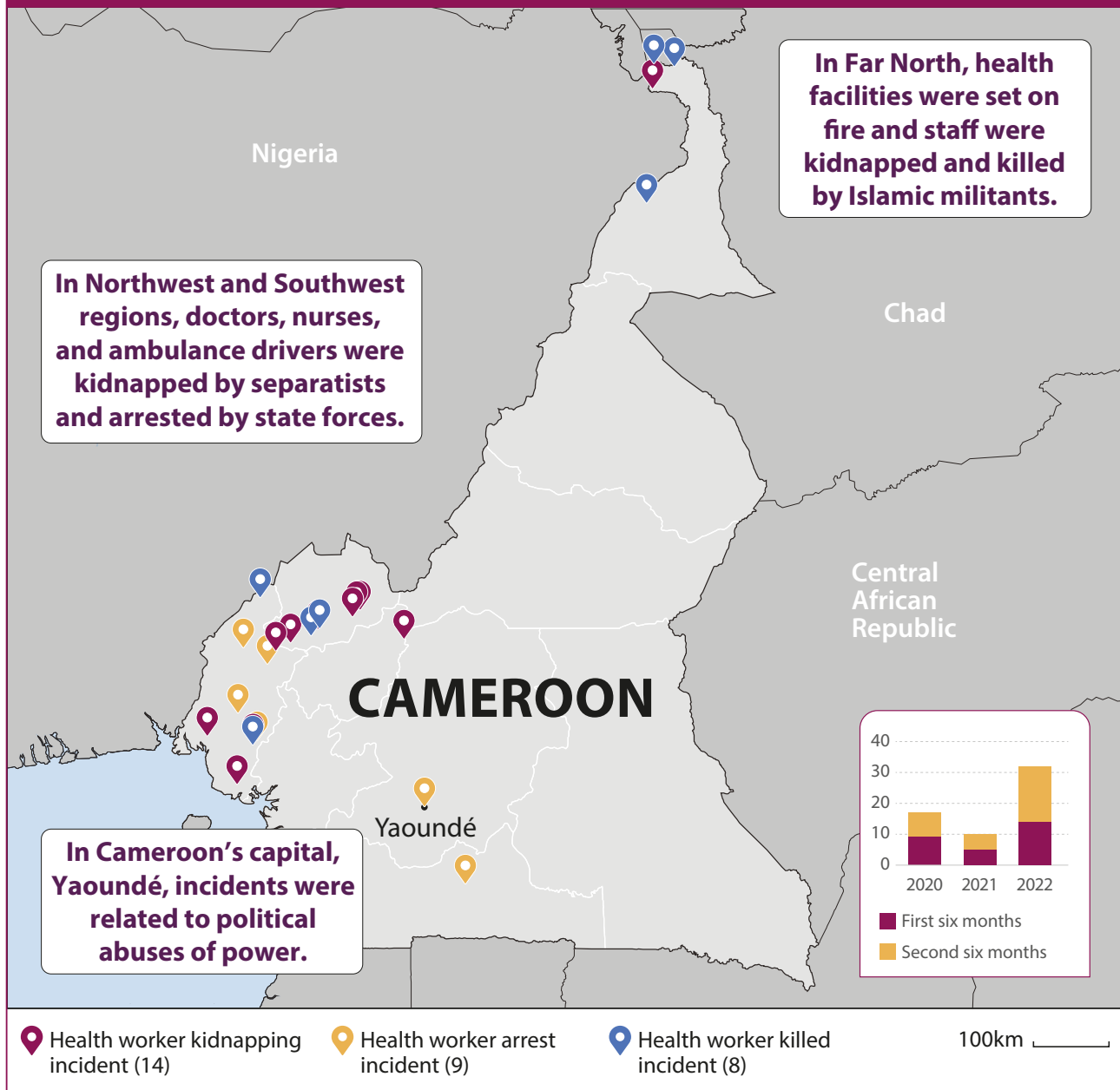
Ambazonian separatists and Cameroon Armed Forces (CAF) troops were frequently named as perpetrators of incidents in Northwest and Southwest in both 2021 and 2022. In 2022, the only named perpetrators of incidents in Far North were ISWAP fighters. This marks a shift from 2021, when no incidents were recorded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

Northwest and Southwest anglophone regions

In total, 25 incidents were reported in the anglophone regions, an increase from seven in 2021 and 11 in 2020. Across these years (2020-2022), most incidents in these regions were reported in Northwest. In 2022, high incident numbers were recorded in September in the build-up to the anniversary of the October 1, 2017 self-proclamation of the Ambazonia Republic. During this period, the Bansa Baptist Hospital in Kumbo, Northwest region, was subjected to threats and violence from CAF forces and separatists, who both accused the hospital of collaborating with the other group on four occasions. On September 4, separatist fighters receiving treatment at the hospital were reportedly dragged from their beds and shot outside the building. A week later, the hospital was stormed and raided by CAF forces, who arrested two health workers and a patient who were accused of having links to separatists.⁴ The hospital was warned that it would face 'serious consequences' if members of the Ambazonian separatist movement were not turned over to the security forces.⁵ Two weeks later, on September 25, three health workers, a security guard, and a pastor were kidnapped by separatists who accused them of collaborating with military forces.⁶ Their fate was not reported.



Reported incidents in Cameroon, 2020-2022



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

Ambazonian separatists, armed groups, and militia in Northwest and Southwest kidnapped at least 28 health workers in 10 incidents in 2022, compared with three in one incident in 2021 and eight in two incidents in 2020. The abducted workers were nurses, doctors, and ambulance drivers, who were taken on their own or in groups of two from hospitals, clinics, or at informal checkpoints while traveling in ambulances to remote areas to provide health care services. Additionally, 15 staff were abducted by armed groups and militia in two incidents in Northwest in September and November 2022.⁷



Reported incidents at Banso Baptist Hospital in Cameroon in September 2022

September 4

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

September 10

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

September 22

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

September 25

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

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

Ransoms were demanded as a condition for the release of kidnapped staff in two incidents in 2022, suggesting that they may have been targeted for their perceived wealth. In one case, two LNGO health workers were released after paying separatists a ransom and ordered to return to Kumbo.⁸ Nine of the 28 staff kidnapped in 2022 were released unharmed by their captors within a few weeks of their abduction, while one suffering from a bullet wound to his leg was released after three weeks in captivity.⁹ The fate of the remaining health workers was not recorded. Armed groups also forcibly abducted staff to provide care to fighters and communities in areas with limited health services. For example, in Northwest, an unidentified armed group abducted a medical officer from a clinic in July 2022 and took them to an undisclosed location to treat wounded fighters.¹⁰ In Southwest, an armed group fatally shot a pharmacy owner for refusing to provide medical treatment to injured fighters in April 2022.¹¹



At least three health workers were killed and two were injured by Ambazonian separatists, armed groups, and militia in the anglophone regions in 2022, compared with no fatal incidents in 2021. In addition to the pharmacy owner, two nurses were killed and a doctor and two nurses injured when their medical vehicles were shot at in road ambushes in Northwest in February and October.¹² Such violence against health workers impacts health providers' ability to maintain safe staffing levels to meet patient needs and affects staff well-being.

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

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

Health worker in Northwest and Southwest regions

State forces in Northwest and Southwest regions

At least 12 health workers were arrested by police and CAF forces in 2022. Together with the five arrested in Northwest in September, police detained seven INGO staff in Southwest in April and June.¹³ Of these seven, four were arrested in April over accusations of complicity with secessionists, while the other three were detained in June at a checkpoint for questioning lasting several hours before being released to return to Buea city, where they had permission to deliver medicine and medical equipment.

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

Health worker in Northwest and Southwest regions

Non-state armed groups in Far North region

On at least six occasions in 2022, non-state armed groups in Far North perpetrated violence impacting health care, whereas no incidents occurred in this region in 2021 and only four occurred in 2020. Health infrastructure was set on fire and health workers were killed or kidnapped by groups armed with guns and knives. On at least one occasion in May 2022, an armed group stole medical equipment and medicines from a health facility and then set the building on fire.¹⁴

Two of the three recorded health worker killings in Far North were attributed to ISWAP fighters. A third health worker was fatally stabbed at home by an armed group who set his motorcycle on fire and threw a grenade at the village church.¹⁵ Five INGO health staff and two Cameroonian security guards were kidnapped from their residence and later released across the border in Nigeria.¹⁶ An armed group attempted to abduct a health worker from his home, but fled after discovering he was not there.¹⁷



THE IMPACT OF ATTACKS ON HEALTH CARE

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



KEY SURVEY FINDINGS

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

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



- 1 Armed Conflict Location & Event Data Project (ACLED) database attribution policy (accessed April 10, 2023).
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 28801.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 34505; 29834.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 36154; 36152.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 36153.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 35230.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 36157; 35714.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 36155.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 36324; 36155; 36157.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 36098.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 31727; 35390; 34999.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 31727; 35390; 34999.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident numbers 32260; 33131.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 35071.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 35035.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 31979.
- 17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2021-2022 SHCC Health Care Cameroon Data. Incident number 36097.

SAFEGUARDING HEALTH IN CONFLICT

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

www.safeguardinghealth.org

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