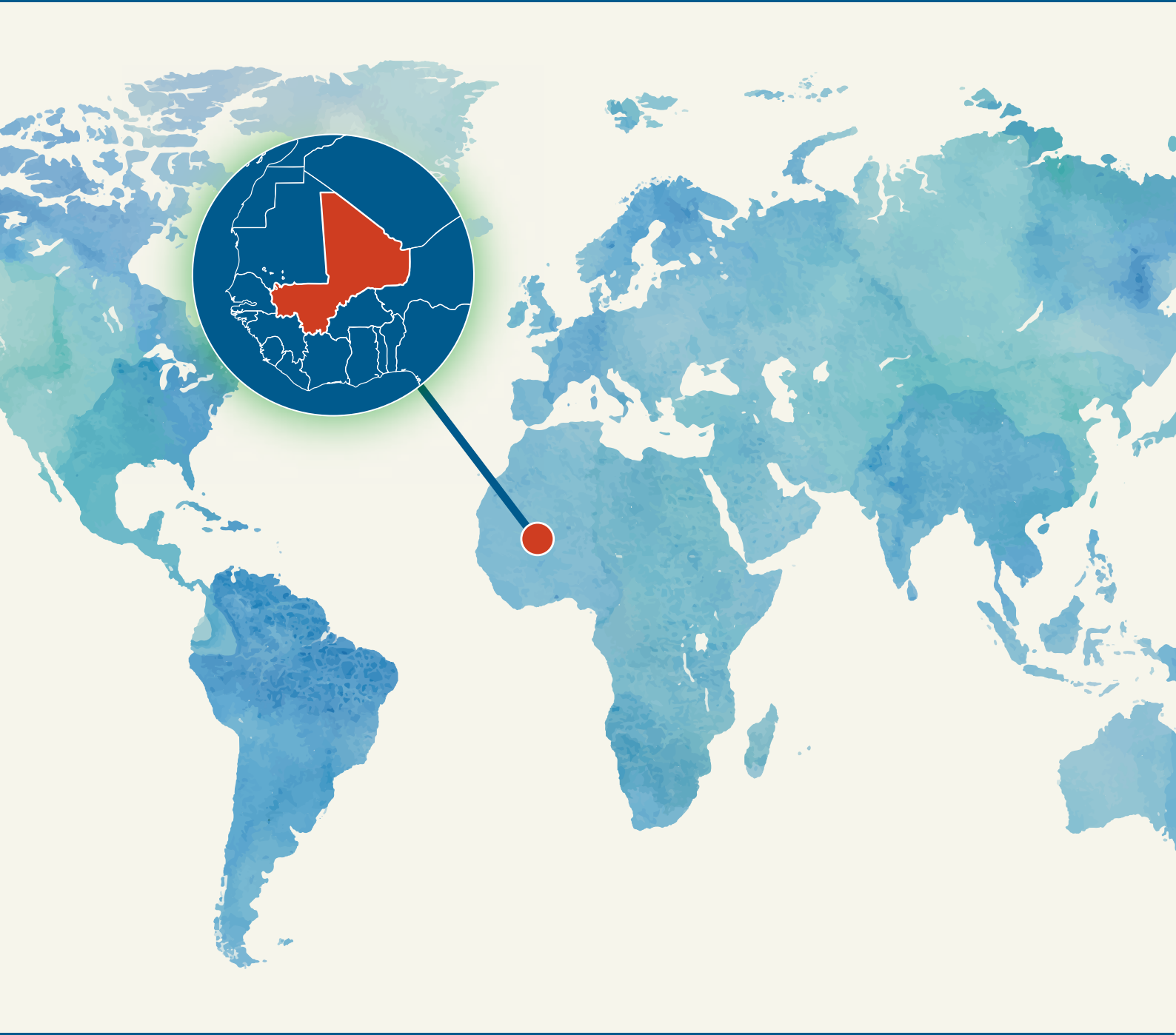


MALI

Violence Against Health Care in Conflict 2021



Letter from the Chair



During the past 18 months the list of health care systems that have been destroyed or severely compromised by war-related violence lengthened. Three-quarters of the health facilities in Ethiopia's Tigray region were destroyed or damaged in the conflict that began in November 2020. In the now-forgotten conflict in Gaza in the spring of 2021, 30 health facilities were damaged. In Myanmar the public health system has all but collapsed since the coup in February 2021, because many hospitals have been occupied by the military, while COVID-19, HIV, TB, and malaria programs stalled and 300 health workers were arrested. Then in February 2022 Russia began attacking hospitals, ambulances, and health workers during its invasion of Ukraine. By the end of April 2022, The World Health Organizations confirmed almost 200 such attacks.

The past year was marked by continued international failure to prevent such attacks and hold perpetrators to account. Governments' expressions of horror at the violence continued without being accompanied by action. By the fifth anniversary of the passing of UN Security Council Resolution 2286, in which governments committed to concrete actions to prevent such attacks and increase accountability, very little had been done. Nor did the Security Council consider new course corrections to implement the resolution's requirements.

At the same time, one of the foundations of action, the WHO's systems for tracking attacks, remained inadequate to its function. Except for reporting in Myanmar and Ukraine, where widespread attention increased pressure to collect data, the system severely under-reported incidents. In Ethiopia, despite the effective destruction of the health system and the murder of health workers in Tigray region and other attacks in Afar and Amhara regions, the WHO reported zero attacks in the country for the whole of 2021. This failure no doubt contributed to the lack of global attention to the dire situation in Ethiopia. When the WHO system did report, it continued to withhold information essential to understanding what took place and where attacks occurred.

There were some advances in the area of accountability. Germany obtained a conviction of a Syrian war criminal under principles of universal jurisdiction (although not for crimes involving attacks on health care). The prosecutor of the International Criminal Court (ICC) accepted Ukraine's request to investigate alleged war crimes there. But these cases did not address the continuing structural problem that permits the five permanent members of the Security Council to block certain referrals to the ICC, but nevertheless are a sign that accountability may finally be on the increase.

Perhaps 2022 will be an inflection point, as images and reports of attacks on health care and their consequences in Ukraine continue to go viral, accompanied by frequent and loud demands for accountability – but it won't be if the lassitude of the international community continues.

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

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

 [Methodology | Full Report](#)



On February 1, 2021 Katiba Macina fighters kidnapped six health INGO employees – three men and three women – in Mali’s Mopti region. The three women were released later that day, while the men were held until February 24.¹

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



18

REPORTED INCIDENTS



29

HEALTH WORKERS KIDNAPPED

↓ Source: 2021 SHCC Mali Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 18 incidents of violence against or obstruction of health care in Mali in 2021, compared to 11 in 2020.² Twenty-nine health workers were kidnapped in these incidents in 2021.

This factsheet is based on the dataset [2021 SHCC Health Care Mali Data](#), which is available for download on the Humanitarian Data Exchange (HDX).³

THE CONTEXT

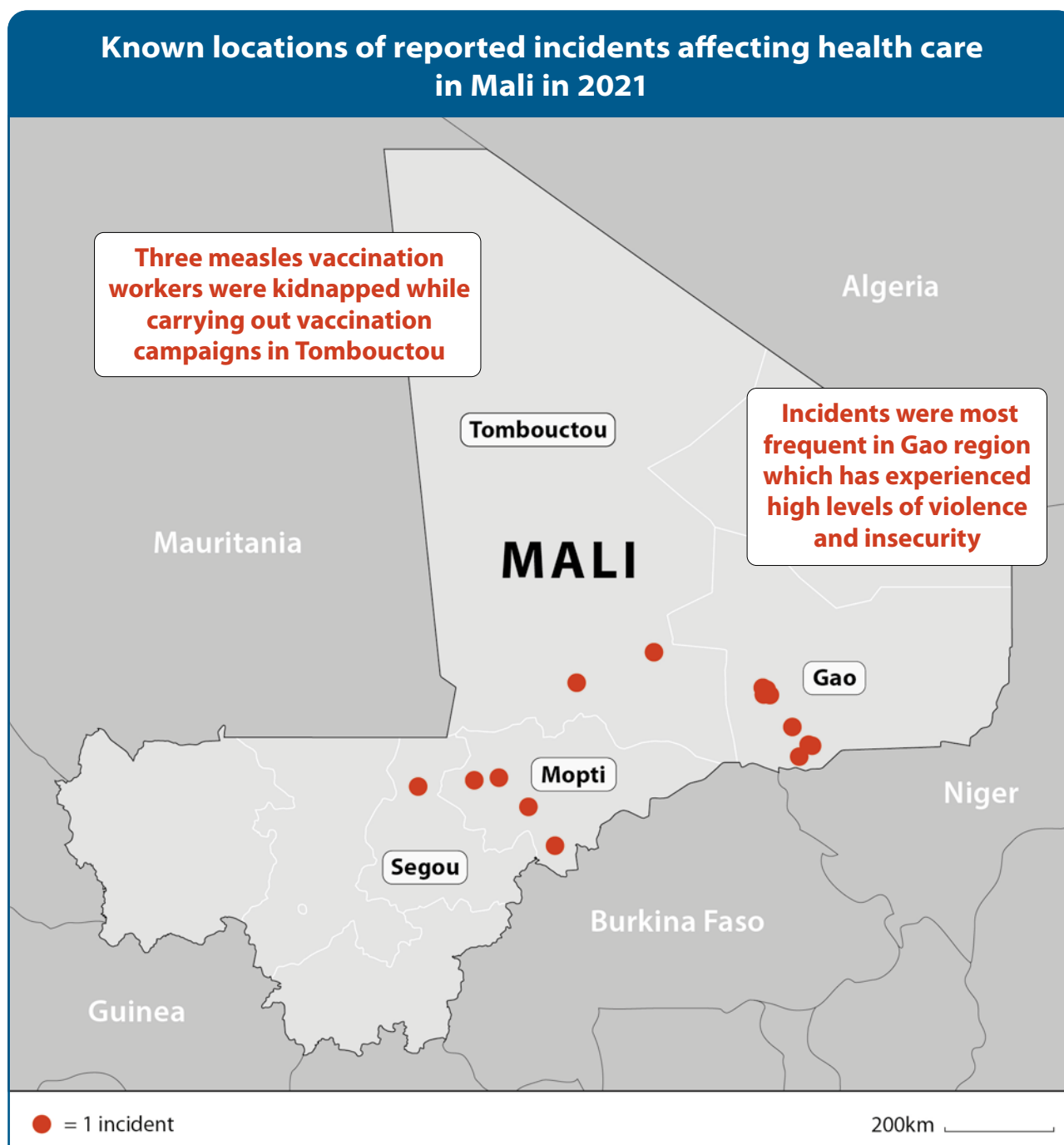
Colonel Assimi Goïta seized power in Mali in August 2020 following disputed parliamentary elections and deposed the transitional civilian government in May 2021. An ongoing insurgency continues in the northern and central regions of the country, perpetrated by groups such as the National Movement for the Liberation of Azwad (MNLA), Jama’at Nusrat al Islam wal Muslimin (JNIM), and Islamic State West Africa Province (ISWAP).

Health workers have been particularly affected by an increase in kidnappings of civilians and aid workers by armed groups. According to data collected by the Armed Conflict Location & Event Data Project, more kidnappings took place in Mali in the first eight months of 2021 than in any prior year.⁴ Katiba Macina (a subgroup of JNIM), ISWAP, and other jihadist groups are believed to have been responsible for many of the kidnappings.



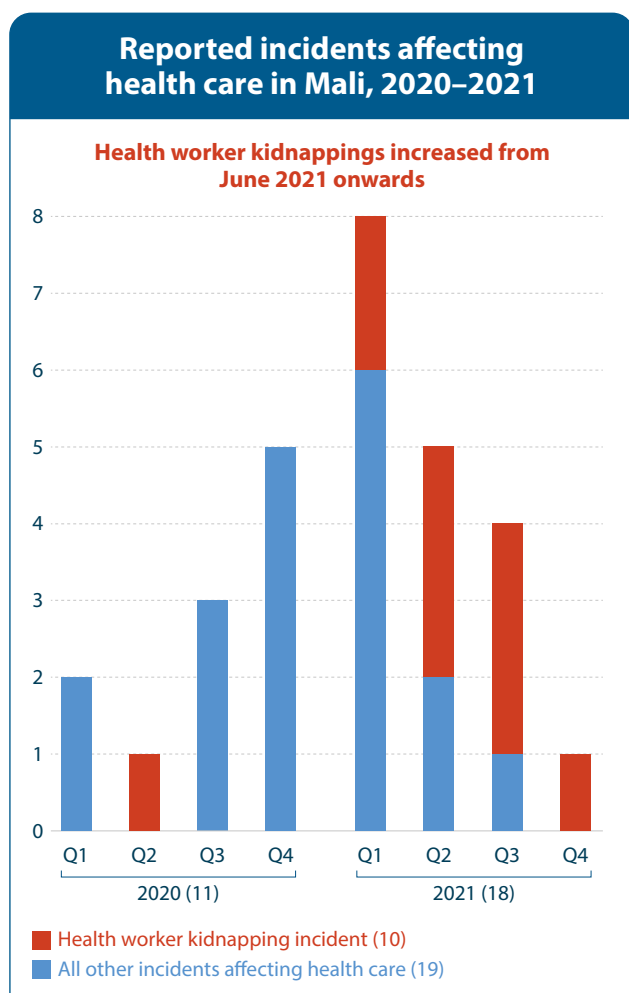
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Eighteen incidents of violence against or obstruction of health care were reported in Mali in 2021, compared to 11 in 2020. Incidents were reported in four of Mali's eight regions, and were most frequent in Gao region, which has experienced high levels of violence and insecurity. Incidents peaked in June and July, when 17 health workers were kidnapped in four incidents.





Half of the 18 reported incidents of violence against or obstruction of health care involved the kidnapping of health workers. This was a marked change from 2020, when only one health worker was reported to have been kidnapped.⁵ Health worker kidnappings increased from June 2021 onwards.



In total, at least 29 health workers were kidnapped in nine incidents during 2021. The majority of victims were employed by health INGOs and in most cases were abducted in groups of up to three or four people. In two incidents 15 health workers were kidnapped by ISWAP fighters in Gao region and Katiba Macina fighters in Mopti region.⁶

Health worker kidnappings commonly took place while staff were traveling to provide health care to remote areas of the country; often the vehicles they were in were seized by their abductors. In the ISWAP mass kidnappings in Gao region, however, eight INGO health workers were abducted from a health center.⁷

In total, 12 health workers were released unharmed after a short period of one to three days. The status of 17 others, including three measles vaccination workers who were kidnapped in two separate incidents in May and June in Tombouctou region, remains unclear.⁸

Health infrastructure in Gao region was also subjected to violence in 2021. Health centers and a pharmacy were ransacked and medicines looted, and ambulances were seized.

PERPETRATORS



Members of ISWAP, Katiba Macina, and unidentified non-state armed groups were reported to have perpetrated violence against or obstructed health care in Mali in 2021.⁹ In most cases these perpetrators were armed with firearms.

ISWAP fighters in Gao region kidnapped five male and three female INGO health workers from a health center in June 2021.¹⁰

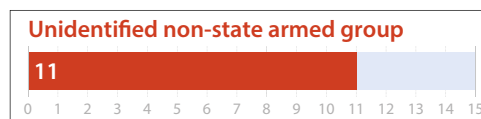


Katiba Macina fighters kidnapped ten INGO health workers in Mopti and Ségou regions. All were released. In Tombouctou region the group abducted a health worker and driver participating in a measles vaccination campaign. Their status remains unclear.¹¹





Unidentified non-state armed groups ambushed health vehicles and kidnapped three health workers in Mopti region and two others in Tombouctou region. In Gao region unidentified non-state armed groups kidnapped a Nigerian doctor working for a French INGO, ransacked health clinics and stole medicines, and hijacked ambulances.



IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE



Health services

According to OCHA, 21 health facilities were no longer functioning in Mali at the end of 2021 and 82 were only partially functioning.¹² According to the WHO, the country faced a shortage of health workers, in particular in remote areas far from the capital, including areas where several documented attacks targeting health workers have taken place.¹³

Attacks on health workers further affected the already-struggling health system. The kidnapping of health workers contributed to the deaths of at least one ill patient who succumbed to their injuries because staff were abducted or prevented from giving them vital medical care and support.¹⁴ The abduction in May 2021 in Tombouctou region of staff traveling as part of a measles vaccination campaign¹⁵ may be one of the reasons why both UNICEF and the WHO reported a doubling in the number of measles cases recorded in Mali in 2021 compared to 2020, a trend that appears to be continuing into 2022.¹⁶



Access to health care

Widespread insecurity in the areas affected by the insurgency limited access to health care, especially in northern Mali. Rural populations did not attempt to access health care because of fears that roads were mined or that armed groups might attack them if they traveled to obtain health care.¹⁷ Furthermore, the provision of health services across the country was significantly affected by insecurity and COVID-19 in 2021, with a 31% decrease in curative consultations and a 24% decrease in vaccination coverage.¹⁸

It is likely that attacks on health care further contributed to the low availability of emergency reproductive, obstetric, and neonatal health services in Mali in 2021, e.g. less than 50% of women give birth with the assistance of qualified health workers.¹⁹



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 27301.
- 2 <https://shcc.pub/2021SHCCMali>.
- 3 Three incidents that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care (SSA).
- 4 <https://acleddata.com/data-export-tool/>.
- 5 <https://shcc.pub/2021SHCCMali>.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 27301; 28407.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28407.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28142; 28550.
- 9 Details of the perpetrators were recorded in 15 incidents. The perpetrators of three incidents were not identified.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28407.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28142.
- 12 [mli_hno_2022_mali_synthese_.pdf](#) (reliefweb.int).
- 13 <https://www.who.int/workforcealliance/countries/mli/en/>.
- 14 <https://msf.org.uk/article/mali-patient-dies-after-msf-ambulance-violently-held-armed-men>.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Mali Health Data. Incident number 28142.
- 16 https://www.unicef.org/mali/media/3591/file/Humanitarian_Situation_Report_2021.pdf;
- 17 <https://apps.who.int/iris/bitstream/handle/10665/345876/OEW40-270903102021.pdf>.
- 18 <https://msf.org.uk/article/mali-insecurity-has-created-unprecedented-humanitarian-crisis>.
- 19 <https://reliefweb.int/report/mali/mali-aper-u-des-besoins-humanitaires-2022-version-synth-se-janvier-2022>.
- 20 <https://www.humanitarianresponse.info/en/operations/mali/document/bulletin-du-cluster-sant%C3%A9-mali-novembre-decembre-2021>.

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

Safeguarding Health in Conflict Coalition
615 N. Wolfe Street, E7143, Baltimore, MD 21205
Jenny Jun, safeguardinghcc@gmail.com