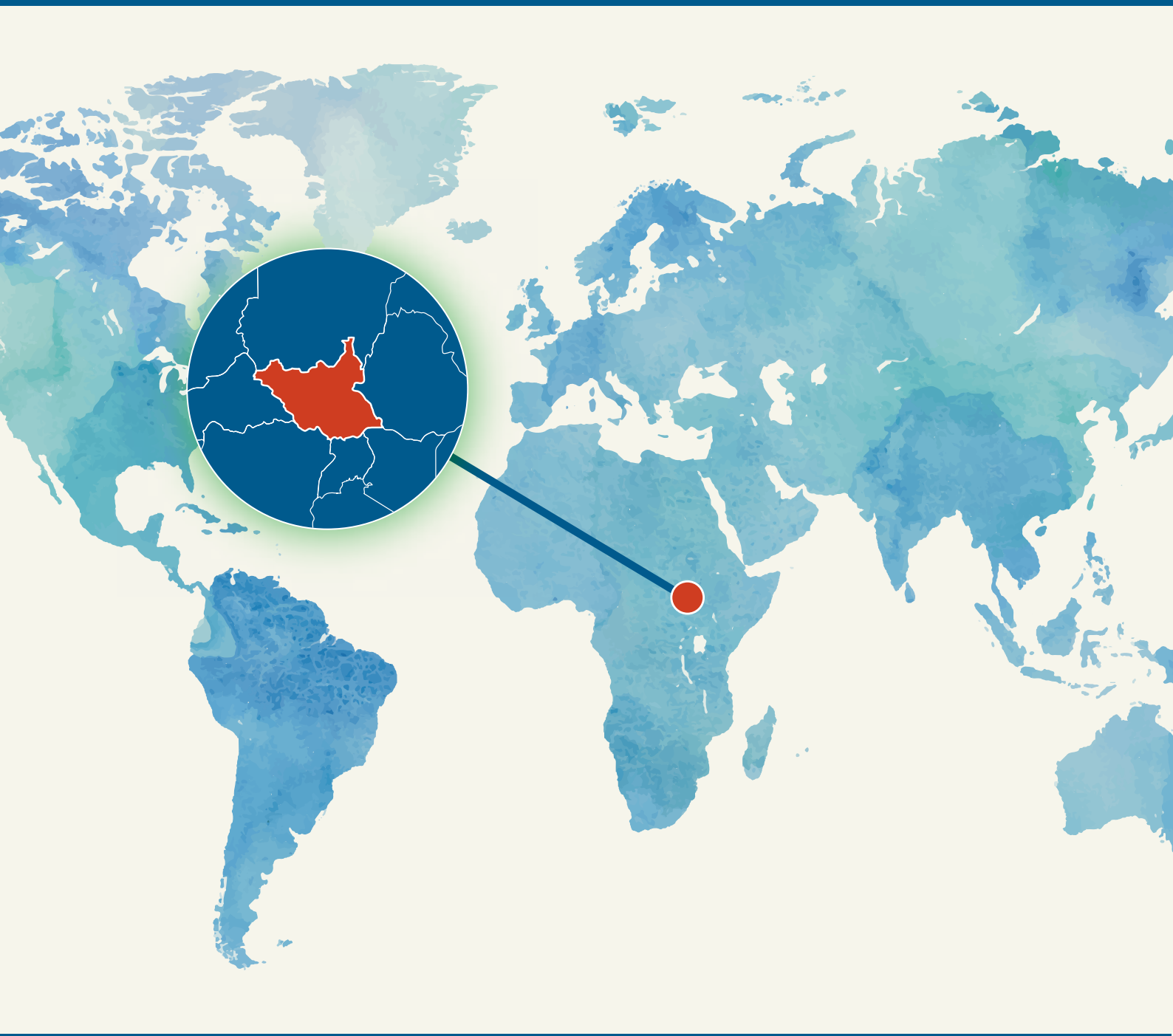


# SOUTH SUDAN

## 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, appearing to read 'Len Rubenstein'.

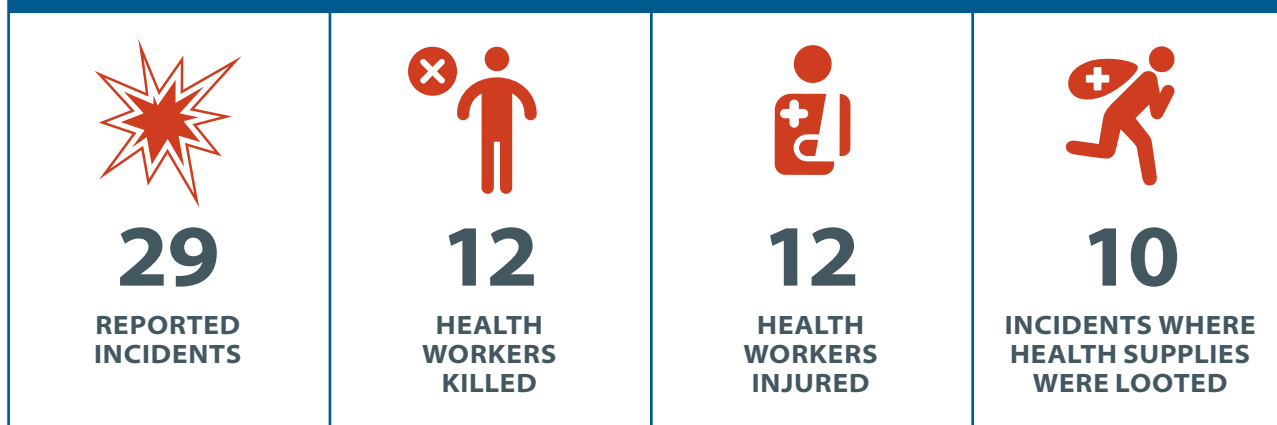
Len Rubenstein  
*Chair, Safeguarding Health in Conflict Coalition*

[!\[\]\(6059a5aa8b4ca7bb793408023d6c6e42\_img.jpg\) Methodology | Full Report](#)



On June 7, 2021 armed herdsmen ambushed a health vehicle and killed two South Sudanese health workers as they returned from a health facility in South Sudan's Lakes state.<sup>1</sup>

## REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2021 SHCC South Sudan Health Data

## OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 29 incidents of violence against or obstruction of health care in South Sudan in 2021. This was an increase from 2020, when 19 such incidents were documented, although killings of health workers in 2021 decreased from the previous year.<sup>2</sup>

In these incidents vital medical supplies were looted, while 12 health workers were arrested, and 12 others were injured.

This factsheet is based on the dataset [2021 SHCC South Sudan Health Data](#), which is available for download on the Humanitarian Data Exchange (HDX).<sup>3</sup>

## THE CONTEXT

Peace remained fragile in South Sudan in 2021, and violence continued despite a 2018 peace treaty. The Equatoria states remained the main areas with high levels of violence, where the National Salvation Front (NAS) is leading a major insurgency against the government. Western Equatoria saw an increase in civilian attacks between June and October. Clashes were particularly intense in the state's Tambura county and mainly involved the local government-sponsored South Sudan People's Defense Forces (SSPDF) and the Sudan People's Liberation Army in Opposition.<sup>4</sup> Ongoing clashes to the south and west of the South Sudanese capital, Juba, displaced thousands of people.

Violent clashes between pastoralists and farm workers increased in Jonglei state, where sporadic rainfall in the context of wider climate change reduced the available farm and grazing lands. In May 2021



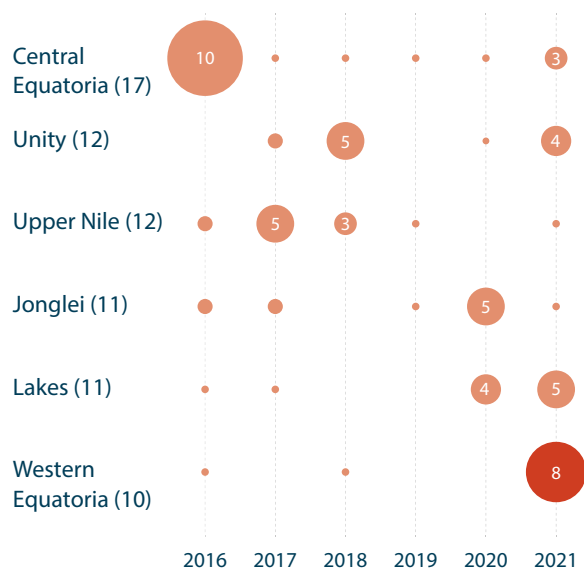
intercommunal violence killed at least 300 civilians. Similar tensions between pastoralists and farmers occurred in Warrap and Unity states, with cattle rustling across state borders and clashes over farmland resulting in civilian deaths.

## VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Incidents were recorded in nearly all of South Sudan's states and administrative areas and were most frequent in Western Equatoria due to increased conflict as various militias vied to gain control of the state.<sup>5</sup> This was a change from 2020, when high numbers of incidents were reported in Jonglei state.

### Known locations of reported incidents affecting health care in South Sudan, 2016–2021, by state<sup>6</sup>

**For the first time, incidents were most frequent in Western Equatoria state in 2021**



Health transport was also misused as general transport, putting health workers at risk. In Central Equatoria state a soldier requested a lift between barracks from an ambulance that was subsequently attacked, although there is no evidence that the presence of the soldier triggered the attack.<sup>7</sup> Health workers and mobile medical teams were harmed when a convoy of ambulances was ambushed and in home invasions during armed cattle raids.

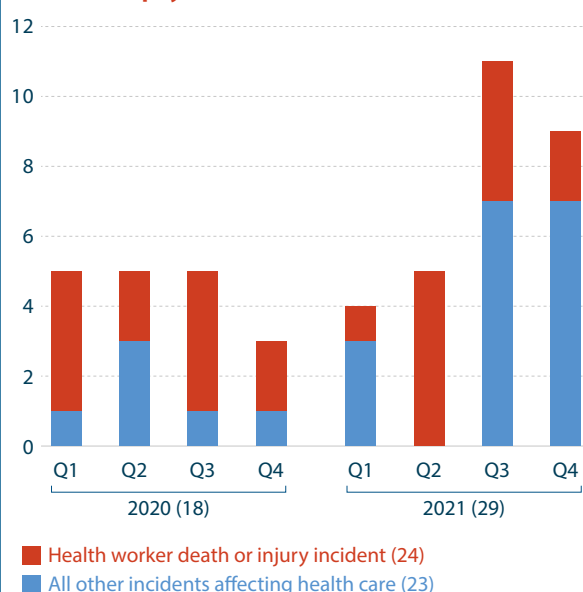
Five health workers were arrested by police officers and another by the military. The reasons for these arrests were unclear.<sup>8</sup>

In total, 12 health workers were killed and another 12 injured in 2021, compared to 19 in 2020. Health workers and mobile medical teams were harmed when the convoy or ambulance they were traveling in was ambushed, in an attack on a health facility, and in home invasions during armed cattle raids. May was a particularly deadly month, with two health workers killed and another two injured in three separate incidents in Eastern Equatoria, Lakes, and Unity states.

Health facilities were raided, looted, and attacked at least ten times during intercommunal violence in Unity and Warrap states and the Equatoria region.

### Reported health worker deaths and injured incidents in South Sudan, 2020–2021, by month

**A third of reported incidents in 2021 recorded physical harm to health workers**





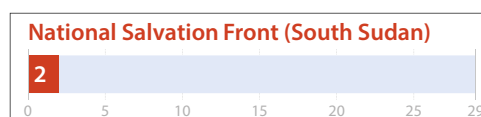
## PERPETRATORS

Members of unidentified non-state armed groups, the National Police Service, the SSPDF, and the NAS, and armed herdsmen were reported to have perpetrated violence against or obstructed health care in South Sudan in 2021. In most cases these perpetrators were armed with firearms and in one case committed arson.

**Armed herdsmen** in Lakes state killed two South Sudanese health workers working for an INGO after ambushing their vehicle as they returned from a health facility in June. Two other aid workers were also injured during the attack.<sup>9</sup>



**NAS** fighters in Central Equatoria state looted medical supplies from a health facility in March and set a health center and ambulance on fire and looted medicines during an attack on a refugee camp in August. An unspecified number of health workers and Sudanese and Congolese refugees were also abducted. An NAS spokesperson refuted these allegations and blamed SSPDF forces.<sup>10</sup>



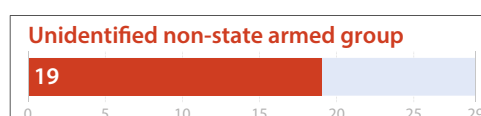
**National Police Service** officers arrested four health workers in separate incidents in Northern Bahr al Ghazal, Lakes, Upper Nile, and Western Equatoria states. In Northern Bahr al Ghazal, **police** arrested a health worker for assisting in an abortion.<sup>11</sup>



**SSPDF** members in Western Equatoria state detained a health worker and forcibly closed a primary health care facility following an accusation by a local witch doctor that the facility's chief was possessed by evil spirits. The hospital was able to resume its work a week later after interventions from local authorities.<sup>12</sup> In Lakes state **SSPDF** members ambushed a mobile medical team, injuring a health worker.<sup>13</sup>



Members of **unidentified non-state armed groups** in Western Equatoria state raided health facilities, looted medical supplies and, in August, shot and killed a health worker traveling to a health facility.<sup>14</sup> In Unity state two doctors working for INGOs were shot and killed (one in May and one in December), and health facilities were looted amid intercommunal clashes between Mayendit and Lear armed youth in early December.<sup>15</sup>



A polio vaccination team traveling in Lakes state in February was attacked by **gunmen** who shot and killed four of the health workers and injured another four. Another health worker was reported missing.<sup>16</sup>

In Eastern Equatoria state an INGO ambulance was shot at in late January, and in Warrap state a hospital was looted and destroyed during clashes in July between **armed youth**, who also set fire to a school, civilian housing, and other unspecified buildings.<sup>17</sup>



## IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE



### Health services

More than half of South Sudan's 2,300 health facilities were non-functional in 2021 for a variety of reasons, including insecurity.<sup>18</sup> With only one physician for every 65,000 people in the country, there is a severe shortage of all categories of trained health professionals. As a coping mechanism people rely on inadequately trained or low-skilled health workers to provide their health care.<sup>19</sup>

Intercommunal violence, cattle raiding, and revenge attacks between opposing armed groups led to the suspension of humanitarian operations, including health programs, in Unity, Warrap, and Western Equatoria states. Programs were suspended and health staff relocated due to increasing insecurity in May, July, and October 2021.

The influx of people into Bentiu refugee camp throughout 2021 overwhelmed the MSF hospital there. By January 2022 over 100,000 individuals were biometrically registered as active beneficiaries in the camp, which was established in 2013. Many more people were living in the open, outside of IDP camps after fleeing their homes. Dire living conditions caused outbreaks of many infectious diseases across the country, including measles, hepatitis, typhoid, and cholera.<sup>20</sup>



### Access to health care

Countrywide, 80% of the population reported barriers to accessing health services.<sup>21</sup> Insecurity made people reluctant to make the long journeys required to access health care.

Routine vaccination campaigns were disrupted because vaccination teams were attacked and killed while traveling around the country. After having been declared polio free by the WHO in August 2020, a new polio outbreak began in South Sudan just a month later.<sup>22</sup> A nationwide vaccination program planned for February 2021 suffered a major setback when unidentified men attacked a vaccination team in Lakes state. Three people died, four were wounded, and the whereabouts of one is still unknown.<sup>23</sup> The program resumed in May 2021, but polio has since been recorded in every state of South Sudan.<sup>24</sup> In Pibor state a vaccination campaign was delayed in October following the evacuation of health workers after targeted threats against them.<sup>25</sup>

Low vaccination rates are also the main driver of the ongoing measles outbreak. Over 70% of current cases are infants less than a year old who have not yet been vaccinated.<sup>26</sup>

Reduced access to health care also set back the fight against malaria. MSF mobile clinics reported seeing children in particular with life-threatening malaria complications that would have been treatable had they received medical care sooner.<sup>27</sup>



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 28408.
- 2 <https://shcc.pub/2021SHCCSouthSudan>.
- 3 Reports on 12 incidents not reported elsewhere were provided by the International NGO Safety Organisation's Conflict and Humanitarian Data Centre.
- 4 <https://www.amnesty.org/en/latest/news/2021/12/south-sudan-survivors-describe-killings-mass-displacement-and-terror-amid-fighting-in-western-equatoria/>.
- 5 <https://www.thenewhumanitarian.org/news-feature/2022/2/16/South-Sudan-peace-deal-sparked-conflict-town-war-tambura>.
- 6 This chart shows the states where nine or more incidents were reported in the period 2016–2021.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 29288.
- 8 These incidents, which were not reported elsewhere, were reported by the WHO Surveillance System for Attacks on Health Care. Further information, including the identity of the perpetrators, the weapons used, and the locations of the incidents, is not available.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 28408.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 28974.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 662.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 29248.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 27487.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 666.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 27830; 30621.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 27159.
- 17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 31381.
- 18 <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-overview-2022-february-2022>.
- 19 <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-overview-2022-february-2022>.
- 20 <https://msf.org.uk/sites/default/files/MSF-SS-Report-Web-SinglePages-DEF.pdf>.
- 21 <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-overview-2022-february-2022>.
- 22 <https://www.aa.com.tr/en/africa/south-sudan-records-15-new-polio-cases/2014621>.
- 23 <https://southsudan.un.org/en/112131-deputy-representative-secretary-general-resident-and-humanitarian-coordinator-dsrgchc>.
- 24 <https://www.unicef.org/southsudan/stories/24-million-children-vaccinated-against-polio>.
- 25 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC South Sudan Health Data. Incident number 29827.
- 26 <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/measles---number-of-reported-cases>.
- 27 <https://msf.org.uk/article/how-we-do-it-msfs-seasonal-malaria-prevention-campaigns>.



# **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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