EPIDEMIC OF VIOLENCE

Violence Against Health Care in Conflict

2024

SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight

Data on People in Danger

Contents

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

Acknowledgments

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1 The Conflict & Humanitarian Data Centre is available only to INSO's registered partners and as such, at INSO's request, these incidents are not included in the publicly available datasets.

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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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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED	HEALTH WORKERS ARRESTED	HEALTH WORKERS KIDNAPPED
3,623	1,111	927	473	140

Source: 2024 SHCC Incident Data

OVERVIEW

Never before has the Safeguarding Health in Conflict Coalition (SHCC) recorded such a high number of reported incidents of violence against or obstruction of health care in conflict as in 2024. The SHCC identified 3,623 incidents in 2024, marking a 15% increase from 2023 and a 62% rise from 2022. This increase was driven by intense and persistent violence against health care in Lebanon, Myanmar, the occupied Palestinian territory (oPt), Sudan, and Ukraine, as well as a rise in the number of countries reporting incidents, reaching 36 in 2024, three more than 2023. On average, health care came under attack ten times a day in conflict-affected areas, where health systems are overwhelmed by rising needs, the growing suffering of patients, and increasing conflict-related deaths and intergenerational trauma.

This report includes detailed profiles of 23 countries and territories where many acts of violence against health care took place. These include:

- Africa (Burkina Faso, Cameroon, the Central African Republic [CAR], the Democratic Republic of the Congo [DRC], Ethiopia, Mali, Mozambique, Niger, Nigeria, South Sudan and Sudan);
- Asia (Afghanistan, India's Manipur state, Myanmar and Pakistan);
- the Middle East and Europe (Lebanon, the oPt, Syria, Ukraine and Yemen); and
- the Americas (Colombia, Haiti and Mexico).

As in previous reports, these numbers are likely an undercount, because the collection of data on violence is impeded by insecurity, communications blockages and the reluctance of some entities to share data on violence. In many countries, the looting of health care facilities, threats to health personnel, and the obstruction of access to health care are so common that they are often not reported on a case by-case basis, especially in West and Central Africa.

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VIOLENCE AFFECTING HEALTH FACILITIES IN 2024

Over 1,100 incidents of violence inflicted on health facilities causing damage or destruction occurred in 2024, nearly double those recorded in 2023. This increase was driven by large numbers of incidents in Lebanon, Myanmar, the oPt, Sudan, Syria and Ukraine, with most attributed to the use of explosive weapons. Facilities that were damaged or destroyed included children's hospitals, dental clinics, field hospitals, health clinics, hospitals, medical storage facilities, pharmacies and women's health centers.

In Lebanon and the oPt, several hospitals were hit multiple times by Israel Defense Forces (IDF) air strikes, missiles, and shelling. In Syria, just before the Assad regime's fall in early December, Russian Armed Forces air strikes in opposition-held areas in Aleppo and Idlib governorates damaged multiple health facilities. In Myanmar, health care facilities were hit and damaged by numerous air-delivered explosive weapons launched by conflict parties. In Sudan, during the Rapid Support Forces' (RSF) siege of El Fasher (April-August), health facilities were repeatedly damaged by RSF shelling and Sudan Armed Forces (SAF) air strikes.

Health facilities were taken over and used for non-medical purposes on multiple occasions across 12 countries and territories in 2024. Over 65% of cases were recorded in Myanmar, where the Myanmar Armed Forces (MAF) occupied hospitals, which were often later attacked and seized by other conflict parties.

The looting of clinics, hospitals, and health transport vehicles was prevalent in Cameroon, the CAR, the DRC, Haiti, Mozambique, Niger, and Nigeria. In these incidents, perpetrators took medicine and nutritional supplies from health centers, hospitals and pharmacies, sometimes as part of broader assaults on towns and villages. In some incidents where medical supplies were taken, health workers were also attacked.

Reported incidents of violence against or obstruction of health care in 2024	
AFRICA	
Sudan	276
DRC	84
Cameroon	48
Ethiopia	59
Mali	36
Nigeria	32
Burkina Faso	222
CAR	16
Niger	15
Mozambique	12
South Sudan	8
ASIA	
Myanmar	308
Pakistan	39
Afghanistan	27
India's Manipur state	8
MIDDLE EAST and EUROPE	
oPt	1,361
Lebanon	485
Ukraine	544
Syria	62
Yemen	52
The AMERICAS	
Haiti	39
Mexico	28
Colombia	18
Other countries	47

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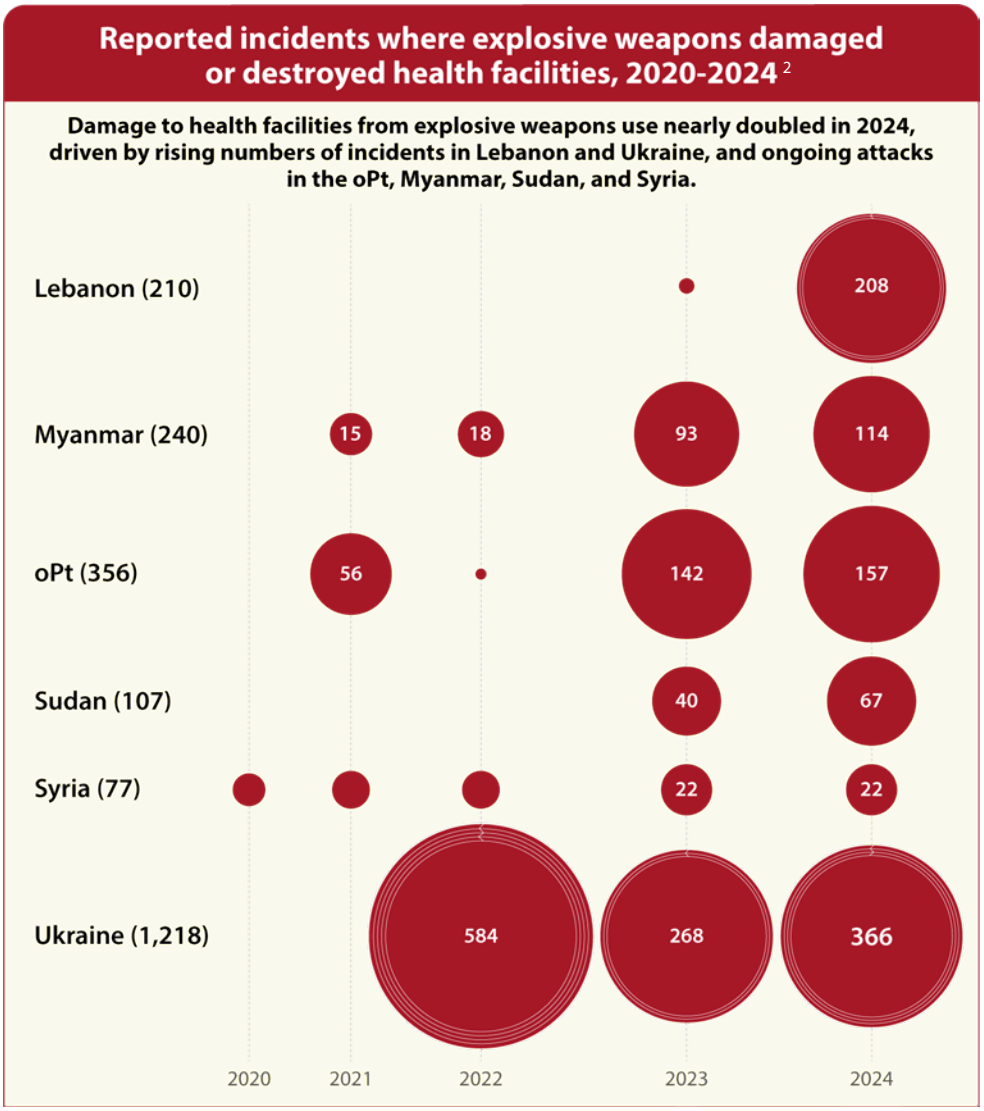

Source: Safeguarding Health in Conflict Coalition

HEALTH WORKERS KILLED IN 2024

More than 900 health workers were killed in 27 countries and territories in 2024, a rise of 21% from 2023.[3] Most of those killed were from conflict-affected communities; of these, 34 worked as local employees of the internationally supported humanitarian system, but the vast majority provided care under a national ministry of health or de facto authorities. Eight of those killed had come from a foreign country to support health care in conflict-affected areas.

Health workers from all professions, including ambulance drivers, doctors, dentists, gynecologists, hospital staff, laboratory technicians, medical students, nurses, opticians, paramedics, pharmacists, surgeons, vaccinators and volunteers from local humanitarian relief groups, were killed in 2024. They were killed while treating patients in hospitals, traveling to remote areas to provide vital medical care, during intercommunal violence, in their homes, and while caring for sick or injured people. Health workers were killed by aircraft and drone strikes, shelling, during hospital raids, and in shootings. Others were killed during recovery and rescue efforts or in "double tap" strikes, while some were tortured and killed in detention or killed after being kidnapped.

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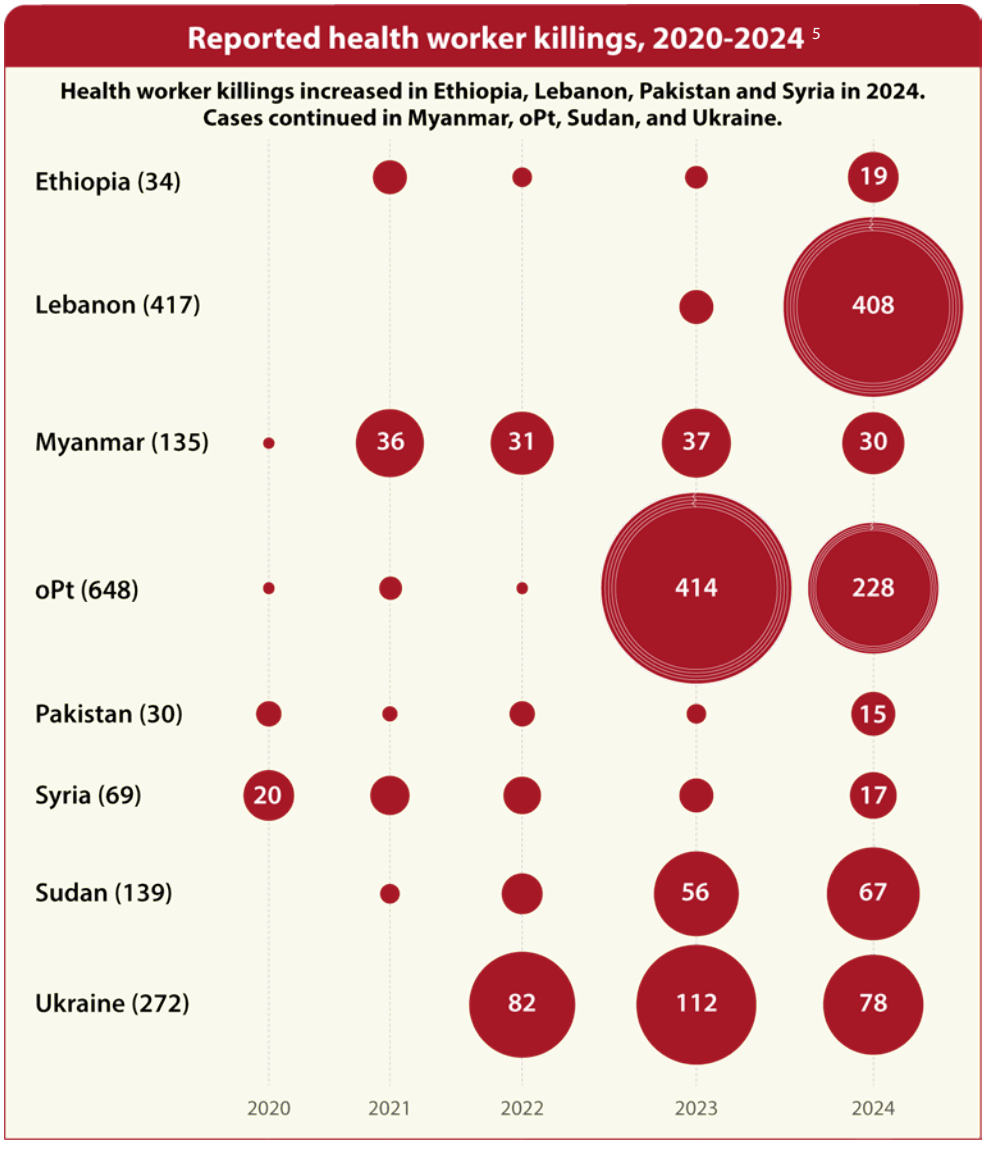
The highest number of health workers killed were reported from Lebanon – at least 408, accounting for nearly 50% of all reported health worker killings in 2024. Most were emergency medical responders killed while engaged in recovery and rescue efforts amid the IDF's Operation Northern Arrow, which lasted from late September until the November 27 ceasefire. In the oPt, the SHCC identified 642 health workers killings since October 7, 2023 for which the date and location of the killing was reported. Other reporting organizations using other methods recorded up to 1,200 health worker killings.[4] Health worker killings in the oPt continued to be attributed to the IDF. The majority were killed at home; many others were killed on duty inside health facilities targeted by Israeli snipers, during hospital raids, and in aircraft and drone strikes or tank shelling.

Health worker killings increased in Ethiopia in 2024, and often involved health workers being shot and killed by gunmen while transporting patients in the Amhara region. In Pakistan, where health worker killings increased fivefold in 2024 compared to 2023, polio vaccinators and other health professionals were killed in targeted shootings. In Syria, health worker killings nearly doubled in 2024 compared to 2023, with six staff killed just before the Assad regime's fall.

Reported health worker killings, 2020-2024 [5]



Source: Safeguarding Health in Conflict Coalition

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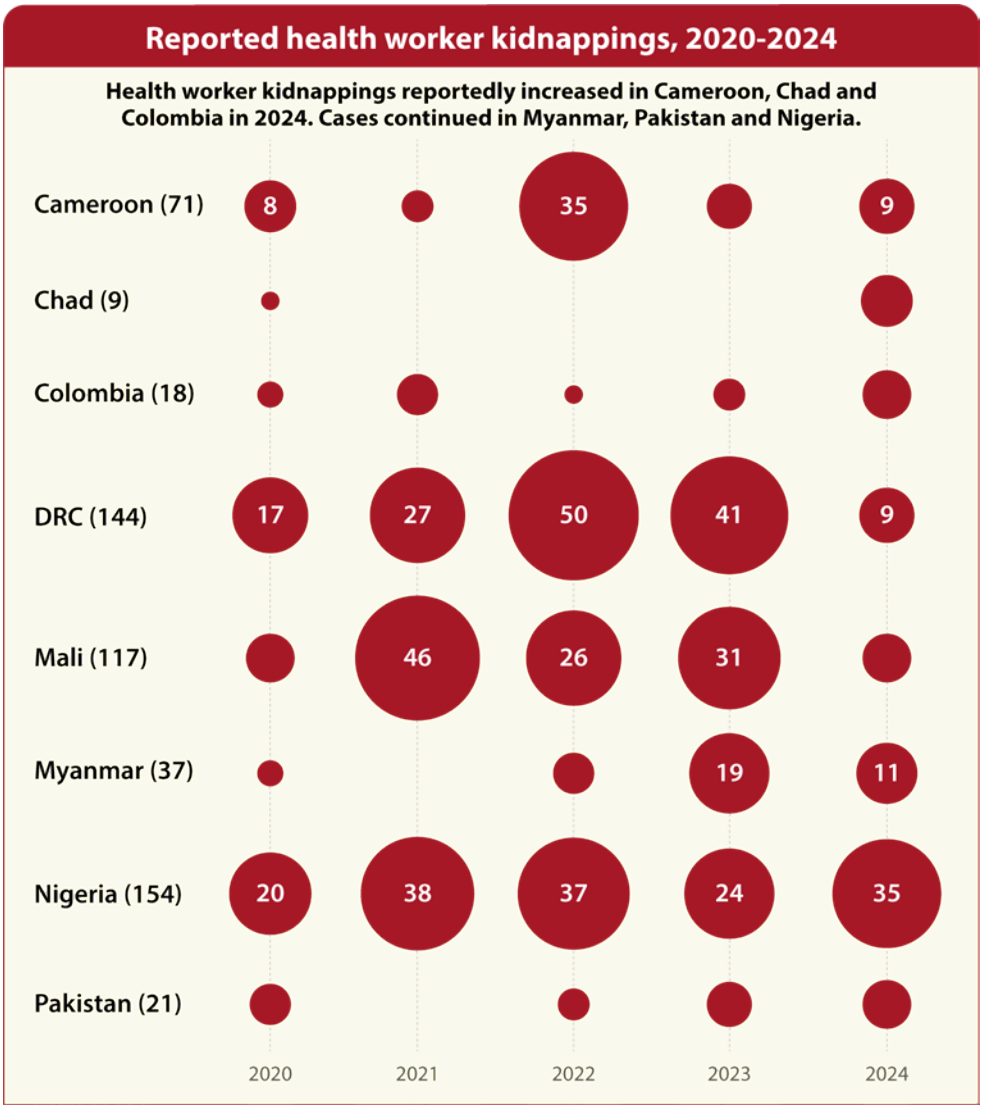
Health worker killings attributed to Russian forces persisted across multiple oblasts on Ukraine's front lines, as well as in urban centers. In Myanmar, health workers continued to be killed in MAF bombings and during armed clashes between the MAF and conflict parties. In Sudan, health workers were shot and killed in their homes, during wider attacks on civilians or in hospital bombings by conflict parties.

HEALTH WORKERS KIDNAPPED IN 2024

At least 140 health workers were kidnapped in 20 countries in 2024, with Nigeria accounting for 25% of global reported incidents, followed by Cameroon. The actual number of incidents and the severity of the problem are likely much greater. Doctors, nurses, midwives, pharmacists, and vaccinators were kidnapped from health facilities, while traveling to or from work or to remote areas to provide health care services, and from their homes. A total of ten kidnapped health workers were killed by their captors in Burkina Faso, Cameroon, Chad, the DRC, Mexico, Myanmar and Nigeria. In Colombia, Cameroon and the DRC, armed groups abducted health workers, sometimes to force them to treat their members. In Pakistan, health worker kidnappings were primarily carried out as a form of coercion against vaccination efforts.



Source: Safeguarding Health in Conflict Coalition

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HEALTH WORKERS ARRESTED IN 2024

More than 470 health workers were reported to have been arrested or detained across 15 countries and territories in 2024. Health workers were arrested during hospital incursions, at home, while traveling on designated safe routes and during mass civilian arrest campaigns.

Over 55% of health worker arrests in 2024 were made by the IDF in the oPt. In Gaza, the IDF detained health workers during hospital raids, while delivering supplies, at Israeli checkpoints and after evacuation orders had been issued. Some detained staff were beaten and forced to strip during their confinement. Four doctors were killed in Israeli prisons, with physical and sexual abuse reported inside detention facilities. In the West Bank and East Jerusalem, health workers were arrested while on duty at health facilities, en route to patients, at home, in refugee camps, and at Israeli checkpoints.

In some countries, among them Cameroon, Myanmar and Sudan, health workers were arrested for allegedly aiding opposition forces, such as by providing medication or care to opposing parties in the conflict or joining pro-democracy movements. In other countries, including Yemen, health workers were arrested for posting what were considered by authorities to be "politically unacceptable" social media posts, while in Afghanistan, arrests occurred for violations of the strict dress code.

Source: Safeguarding Health in Conflict Coalition

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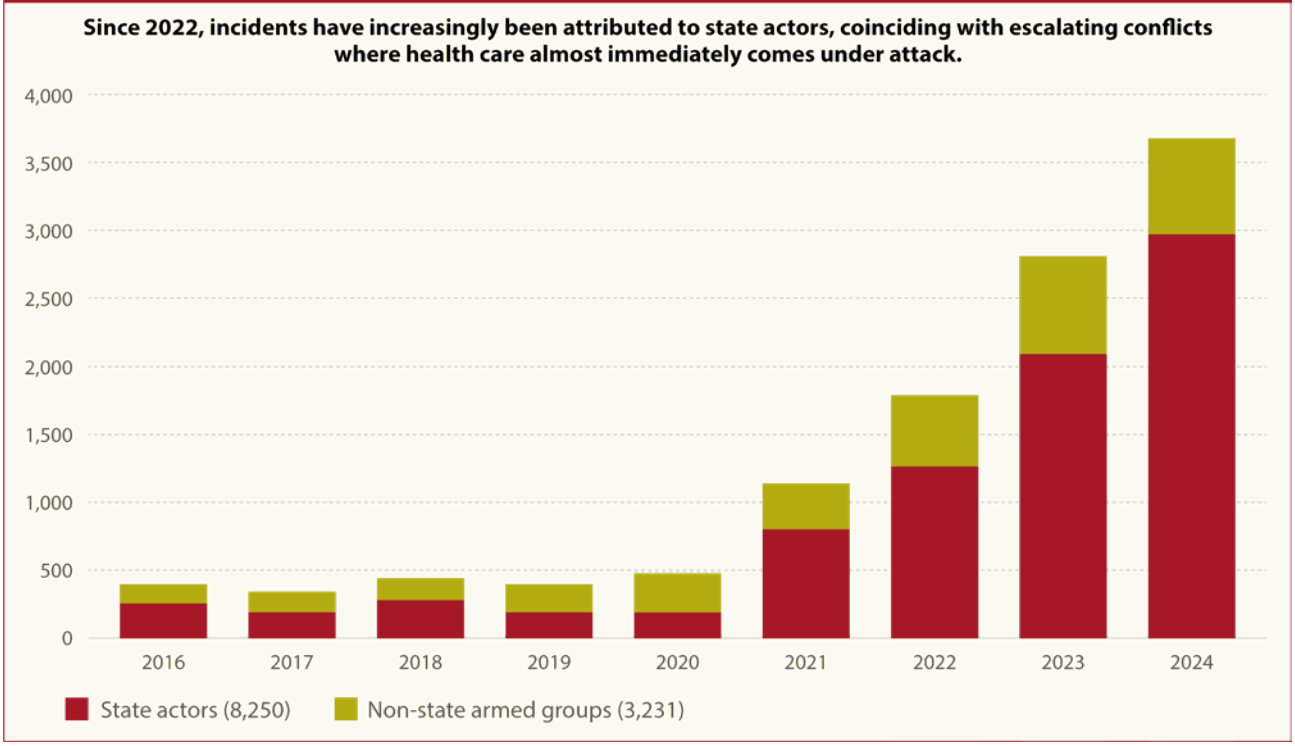
The data in this report is compiled from open sources and partner-agency contributions of information on incidents of violence against and obstruction of health care in 2024, based on the WHO definition of attacks on health care. Access to sources differs among countries, and each source has its own strengths and weaknesses. You can download the report's data on the Humanitarian Data Exchange (HDX), where global and country datasets are available. For the full description of the methodology used and incident verification, please see the section on methodology.

PERPETRATORS

Approximately 81% of incidents of violence against health care in 2024 were attributed to state actors, a percentage that has risen over time together with the more widespread use of explosive weapons systems in urban areas.

Reported incidents of violence against or obstruction of health, 2016 and 2024



Source: Safeguarding Health in Conflict Coalition

Since 2016, state actors have more frequently committed acts of violence against health care than non-state armed groups, except in 2019 and 2020, when non-state armed groups were implicated in more attacks on health care after Syrian government and Russian air strikes were reduced in Syria following a ceasefire in March 2020.

Since the 2021 Myanmar military coup, the number of reported health care attacks attributed to state actors has increased, doubling in 2022 amid the Russian invasion of Ukraine. The pattern escalated further

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to 65% in 2023 and 42% in 2024 during Israel's military operations in Gaza and Lebanon and conflict between the RSF and SAF in Sudan.

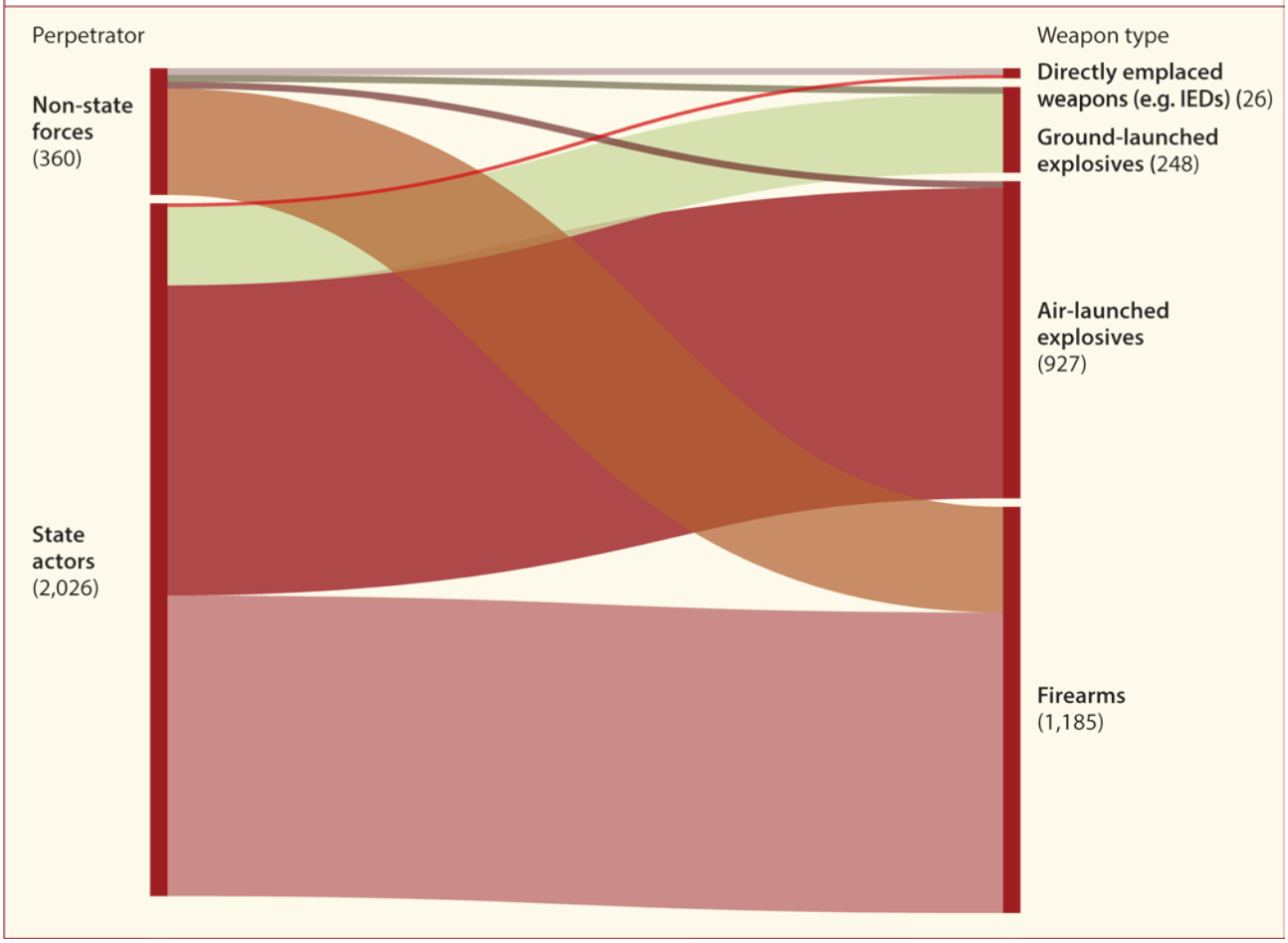
Violence by state actors was reported in 24 countries and territories in 2024, three more than 2023. Over 80% of incidents involving state actors were attributed to them attacking health care in other countries or territories. The vast majority were attributed to Russian forces in Chechnya, Syria, and Ukraine and the IDF in the oPt, Lebanon, and Syria. Other state actors linked to incidents of violence against health care in other territories include Iran's Islamic Revolutionary Guard Corps (in Syria), the South Sudan People's Defence Forces (in Sudan), the Turkish Armed Forces (in Syria) and the Ukrainian Armed Forces (in Russia).

In Myanmar and Sudan, conflict parties committed many attacks on health care in their own country.

In the wake of widespread attacks by state forces on health care, the use of violence by non-state armed actors against health care has also risen since 2019. In 2024, non-state armed groups were more likely to use firearms in incidents of violence against health care.

Reported incidents of violence carried out by known state actors or non-state armed groups and type of weapon used in 2024

State actors were more likely to use air-launched explosive weapons or firearms in incidents of violence against health care, while non-state armed groups were more likely to use firearms.



Source: Safeguarding Health in Conflict Coalition

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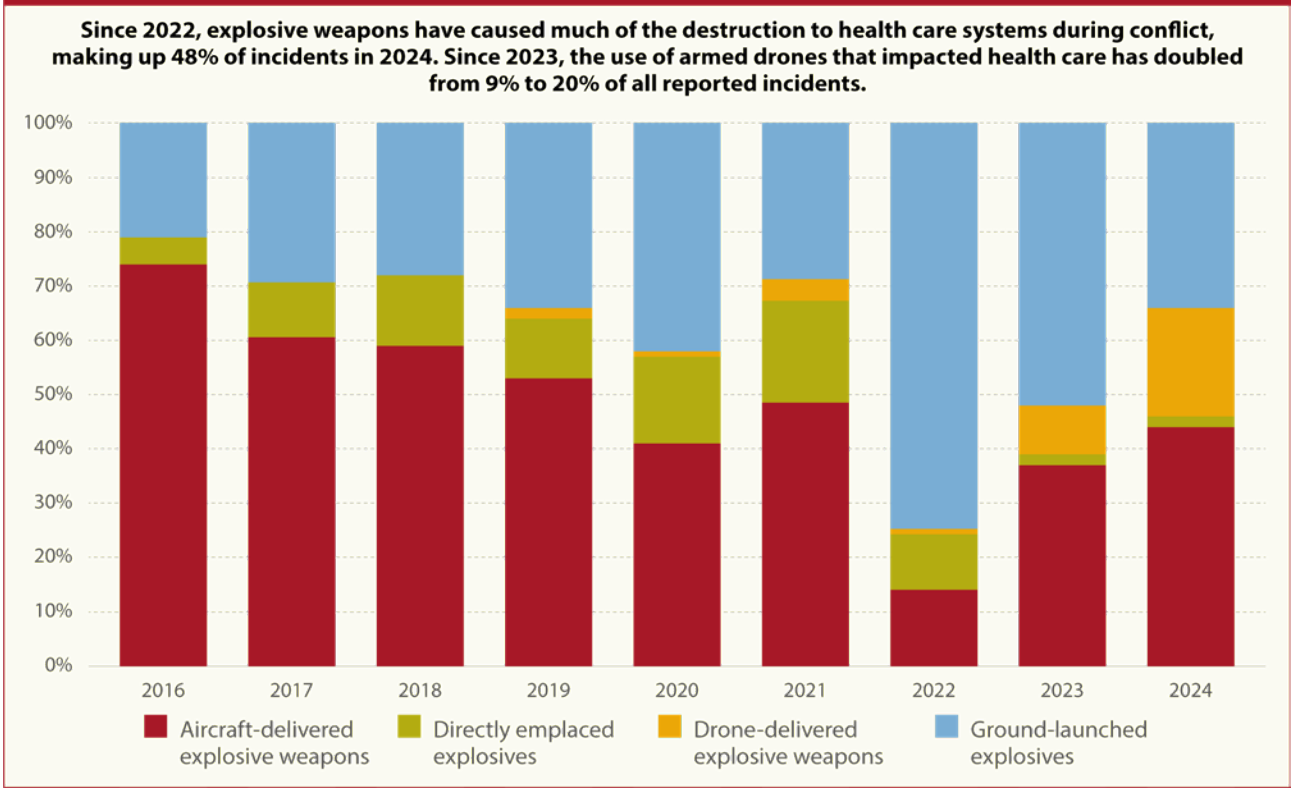
THE GROWING USE OF EXPLOSIVE WEAPONS, INCLUDING DRONES ARMED WITH EXPLOSIVES, IN POPULATED AREAS

Since 2022, the use of explosive weapons affecting health care has increased. In 2023, 36% of all incidents affecting health services involved explosive weapons use, rising to 48% in 2024. The number of incidents in which aircraft delivered explosive weapons that impacted health care doubled in 2024. With the exception of Lebanon, these incidents were recorded in countries and territories that had previously reported similar incidents. The use of drone-delivered explosives that impacted health care services nearly quadrupled in 2024, and occurred in some countries where aircraft strikes were not reported, including Colombia, Niger, and Russia.

Percentage of reported incidents of explosive weapons use affecting health services, and their delivery method, 2016-2024



Source: Safeguarding Health in Conflict Coalition

Among all explosive weapons systems, the use of drone-delivered explosives is growing. Since the first reported use of armed drones that impacted health care during conflict in Syria in 2016, the percentage of drone-delivered explosives among all incidents involving explosive weapons use more than doubled from 9% in 2023 to 20% in 2024. The use of drones in Ukraine, the oPt, Lebanon, Myanmar, and Sudan increased, with cases reported for the first time in 2023 in Burkina Faso, Sudan, and Lebanon. In 2024, over 300 incidents of drone strikes impacting health care were reported from more countries and territories, including new cases in Colombia, Mali, Niger, and Russia.

In 2024, nine named state and two non-state armed actors damaged 148 health facilities and killed at least 59 health workers with drone-delivered explosives. Some drone strikes occurred amid wider attacks on towns, damaging vital infrastructure and killing and injuring civilians. In others, health workers were killed and injured in drone strikes while conducting recovery and rescue operations.

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Rapid technological advances, lower costs and the safety of pilots remotely managing drone operations appear to be driving drone use.

Technological developments that support the accuracy of targeting raise important questions regarding improvements in targeting support. As targeting improves and becomes more accurate, it is likely that drone use in conflict will continue to increase still further.

MEASURES FOR HEALTH CARE PROVIDERS TO MITIGATE THE RISKS POSED BY THE USE OF ARMED DRONES IN MYANMAR

Health care workers in Myanmar face an urgent and growing threat – armed drones targeting hospitals, mobile clinics, and aid operations. These attacks endanger lives and access to critical care. This Insecurity Insight guidance provides practical measures to help health care providers mitigate these risks. From early warning systems to protective strategies for staff, infrastructure and mobile teams, this guide is essential for anyone working to safeguard medical services in Myanmar.

Key takeaways for staff when inside buildings or outside and for health facility managers include guidance on how to organize the provision of health care when drone attacks are a risk and how to approach debris from a crashed armed drone.

THE IMPACT OF ATTACKS ON HEALTH CARE

Health care systems in conflict-affected areas are being overwhelmed by violence, infrastructure destruction, health worker shortages and large-scale displacement. Some health systems that were once resilient are overwhelmed or non-functional, and the most vulnerable people – children, women, the elderly and the chronically ill – are disproportionately affected.

Destruction of health care infrastructure

Health care infrastructure is frequently damaged or destroyed during conflict. More than half of Gaza's hospitals – 20 out of 36 – were rendered non-operational due to direct attacks, damage or lack of supplies in 2024. The remaining hospitals operated at partial capacity, often under siege conditions. In Sudan, less than a quarter of facilities remained functional in conflict-affected states. These widespread closures deprived patients of lifesaving care and forced others to seek care at overcrowded or distant hospitals ill-equipped to meet rising needs.

Widespread attacks on hospitals required surgeries to be carried out in improvised conditions using household items in place of medical tools. In Ukraine, while the health system has been resilient, Russian strikes on energy systems have sometimes forced hospitals to rely on generators and flashlights to perform surgeries. In Lebanon, 100 of 207 health care centers in conflict zones closed in 2024, and 15 hospitals ceased or reduced operations due to damage or insecurity. In Mozambique's Cabo Delgado province, only one out of seven pre-conflict health centers remains operational.

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Disrupted access for patients

Ongoing violence and insecurity have reshaped how populations access health care. In Syria and Nigeria, for example, some patients often delay or avoid seeking care due to fear of violence, often resulting in worsened health outcomes. Displaced communities, such as those in India's Manipur state, Mozambique and Sudan, are particularly affected, living in camps where health services are minimal or reliant on sporadic aid.

Even where facilities remain operational, patients often cannot reach them due to insecurity, movement restrictions or damaged infrastructure. In the West Bank, curfews and military incursions restricted access to antenatal, chronic, and emergency care, while the destruction of roads and the mixing of the contents of sewage and water supply networks created additional health hazards. In Mali, security threats and roadblocks forced patients to travel long distances to find care.

Disproportionate impact on vulnerable populations in need of health care

In many conflicts, maternal and children's health services are affected when women, children, and marginalized communities face major barriers when attempting to access health care. In Gaza, nearly 700,000 women and girls lack access to menstrual hygiene products and nearly 50,000 pregnant women lack safe delivery facilities. In Lebanon, the country's economic collapse and reliance on private care have left Syrian refugees and poor communities without access to basic services. In Yemen, shortages of female health workers restrict access to maternal and reproductive health services due to cultural norms. In Myanmar, systemic restrictions imposed on the Rohingya population severely limit their access to health services, including maternal care and vaccinations.

Humanitarian access challenges

Conflict impedes the ability of humanitarian actors to reach those in need. In Niger and Mali, violence and blockades have made some conflict areas accessible only by air, while NGO expulsions have reduced gaps in services. In Myanmar's Rakhine state, some humanitarian operations have halted entirely, leaving entire populations without formal health care. In Gaza, Israeli authorities have severely limited humanitarian access and blocked most evacuations of severely wounded people who cannot be adequately treated there, with only 121 of over 11,000 urgent medical cases permitted to leave. Entry for health professionals and supplies has also been curtailed.

Health worker shortages and psychological toll

Conflict is exacting a heavy psychological toll on health workers. Across Cameroon, Ethiopia, and the DRC, fear of violence and staff shortages contributed to burnout and attrition. In Gaza, many health workers work while living in tents or sheltering in the hospitals themselves. Exhausted, traumatized, and under-resourced, these professionals operate under dire conditions without critical supplies like anesthetics, antibiotics, or electricity. These experiences not only affect the individuals, but also reduce long-term system resilience.

Long-term damage and delayed recovery

Even after violence subsides, damage to health care systems can last for years. Countries with already weakened health care systems, such as the CAR, the DRC, Syria, and South Sudan, struggle to recover due to underinvestment, workforce shortages, and lack of coordination. In contrast, Ukraine has demonstrated significant resilience through timely infrastructure repairs and health system preparedness.

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THE NEED FOR JUSTICE AND ACCOUNTABILITY

The protection of health care in armed conflict has been a centerpiece of the law of war for over a century and a half. Yet, as this report shows, the rules are flouted with almost routine and cruel regularity. They are also committed with almost complete impunity.

Equally problematic, commitments by governments to take proactive steps to prevent violence against health care have been left unfulfilled. In 2016, the UN Security Council unanimously adopted its first ever resolution calling on states to train their forces in the law of war and require that their troops and commanders obey it, to reform military doctrine to prioritize the protection of health care in military combat operations, and to hold their own soldiers and commanders to account for violations. It also called on states to employ diplomatic, political, and judicial means to impose consequences on states and military forces that do not comply with their obligations. In the years that followed, many resolutions reiterated those requirements. Additionally, in November 2022, 87 states endorsed a Political Declaration on Explosive Weapons in Populated Areas.

As this report shows, however, these commitments have not been embraced where it matters most – in military practice and the pursuit of accountability for perpetrators. There have been occasional domestic investigations, but no international prosecutions.

As a result, the protection of health care in conflicts has been left to those who provide this care. New resources, including a handbook for security risk management for the health sector, offer practical steps to keep health workers safer and health care accessible to patients. While we hope that this guidance can contribute to supporting health managers to keep their services, staff, and patients safe during armed conflict, the job of prevention and protection should not be the responsibility of the potential victims. The recommendations in this report provide a guide to the actions governments, militaries and UN agencies should take to enhance the security of health care during conflict.

The twelfth Safeguarding Health in Conflict Coalition report has been compiled to draw attention to the rising concern about the many factors that lead to so much additional suffering in conflict, despite the laws of war clearly stipulating that health care should be protected during armed conflict. While not discussed in detail, the report also acknowledges that existing systems have been unable to provide adequate protection. The handbook for security risk management for the health sector has been developed to provide guidance on practical steps to keep health workers safer and health care accessible to patients. While we hope that this guidance can contribute to supporting health managers in conflict-affected areas in their challenging task of maintaining health services, we urge the international community to find effective responses that protect local health care systems during conflict.

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THE IMPACT OF ATTACKS ON HEALTH CARE IN CONFLICT: FINDINGS FROM RESEARCHING THE IMPACT OF ATTACKS ON HEALTH CARE (RIAH) PROJECT

For the last five years, researchers from the RIAH project have conducted qualitative studies exploring the impact of attacks on health care in six countries. Their conclusions are laid out below.

Impact is contextual

A deep understanding of context is essential to making sense of how the impact of violent attacks unfolds. The types of attack and the precise nature of the health care system in question are particularly important. Attacks can be part of broader attacks on communities, politically targeted or the result of military strategy. The impact is also closely linked to the health care system: where baseline health provision is sparse, the impact of its disruption is likely greater. In contrast, the impact can be better mitigated when authorities or de facto authorities support the health care system.

Impacts occur at multiple levels

Attacks on health care affect health workers' mental health and well-being, with potential repercussions on their desire to remain part of the system. The impact can be complex if identity-based adversity is a factor, including gender-based violence or societal marginalization, and threats and violence can extend to family members. In other circumstances, health workers experience strong levels of solidarity, which helps to mitigate some negative impacts by giving them a sense of purpose. Attacks on health care also affect the health care system by disrupting service provision. The impact also varies at the population level. For instance, attacks can impact women's attendance at maternal health services or children's access to vaccination programs.

Impact leads to adaptation

Attacks on health care force adaptations in the structure and delivery of health care and in health care-seeking behavior. Notably, due to staff attrition, health care workers operate outside their area of training and engage in task shifting, often with limited or inadequate resources (especially equipment and medicines). The processes and locations of health care services are often changed to adapt to threats, risks, and changing resources. Health care may be provided in "the bush" or clandestine structures. After attacks have occurred, there are changes to how people seek care. In some contexts, the seeking of care is delayed, with adverse and potentially long-lasting impacts. Medical maternity services may be replaced by traditional healers and birth attendants. Some patients also refuse to stay in health facilities overnight due to the fear of attacks.

Understanding the impact of attacks

Multi-method research is crucial for understanding attacks on health care and their impact. Qualitative data reveals specific impacts, while quantitative data better captures broader trends. Diverse, high-quality sources ensure a comprehensive analysis. Yet in many contexts, detailed impact analysis remains sparse.

More information about these impacts is available via the RIAH website: https://riah.manchester.ac.uk/articles/reports/

2 Countries where high numbers of incidents in which explosive weapons damaged or destroyed health facilities were reported during the reporting period.

3 Insecurity Insight carries out backdating and records newly identified incidents of violence against health care. For 2023, 770 incidents have been identified based on these backdated and new incidents shared by partners.

4 Insecurity Insight carries out cross-checking of individual events and names and does not re-report aggregate figures. The work of collating a complete list of health workers killed based on information provided in different formats by different organizations is ongoing. This cross-checking process is complex and aims at avoiding double counting the same individuals in cases when sources report different victim information about the same individual. The lack of a consistent standard in transcribing Arab names into Latin-script-based languages complicates the matching process. The total number of health workers killed is believed to be higher than the current verified number, and we continue to backdate information. For example, while the 2023 SHCC report recorded 143 health worker killings in the oPt, cross-checking against other sources has since increased this number to 414. Reported health worker killings for 2024 continue to be updated.

5 Countries or territories where high numbers of health workers were reportedly killed during the reporting period.

Recommendations

INTRODUCTION

For almost a decade, UN Security Council resolutions and member state declarations have called on states to take proactive steps to prevent attacks on health care during conflict, to employ diplomatic levers and restrict arms transfers in order to impose consequences on parties that attack health care, and to hold perpetrators to account. Yet, with rare exceptions, these calls have been largely ignored.

In November 2004, a joint report of the Qatar Foundation and the World Health Organization, entitled *In the Line of Fire: Protecting Health in Armed Conflict*, called for a new approach. Instead of relying on UN member states and relevant institutions to take action individually, it called for a concerted, collective approach. Its first recommendation is that states should:

> Establish an alliance of committed Member States, UN agencies, international organizations, NGOs, and civil society organizations to exert diplomatic pressure and co-ordinate actions for the protection of healthcare in armed conflict. The alliance would facilitate data sharing, regularly review data collection methods, pool resources, promote robust measures to protect healthcare, and advocate for greater accountability. Initial priorities could include intense advocacy regarding ongoing attacks and diplomatic outreach by Member States to the International Criminal Court. Regional subgroups may be established, such as for the Middle East, Africa and Europe.

The Safeguarding Health in Conflict Coalition supports this recommendation as the foundation upon which all other recommendations that appear in the joint report depend. In addition, we call for the full implementation of the actions listed below.

1. Collectively reject efforts to reinterpret international humanitarian law that undermine its purpose of protecting health care in armed conflict.

UN agencies, member states, and the proposed new alliance should issue formal statements forcefully rejecting interpretations of international humanitarian law that undermine the protection of health care, including efforts to dilute the duties of precaution, proportionality, and the facilitation of humanitarian aid.

2. End impunity

a. *The International Criminal Court should* prioritize investigations and prosecutions of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers in instances where it has jurisdiction, including in its ongoing investigations of possible breaches in the conflicts in Ukraine, Israel/Palestine, and West Darfur in Sudan.

b. *National prosecutors should* engage in investigations under the principle of universal jurisdiction and should similarly prioritize investigations and prosecutions of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers.

c. *UN member states should:*

- **i.** share evidence and fully cooperate with the International Criminal Court in its investigations of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers;

ii. conduct credible, independent, transparent, and thorough investigations of violations of international humanitarian and domestic law in cases of violence or threats against or obstruction of access to health care by their military forces or security personnel. If violations are identified, the states should promptly pursue disciplinary action;

iii. exert diplomatic and other pressures on state security forces and non-state armed groups to cease attacks on the wounded and sick, health facilities, and health workers; to stop using health facilities for military purposes; and to release health workers they have detained for complying with their (i.e. the health workers') ethical duties or exercising their rights of freedom of assembly and expression; and

iv. engage regional human rights bodies to monitor and report on attacks on health care in terms of the authority they have under regional human rights conventions.

d. *The UN Security Council should:*

i. refer allegations of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers to the International Criminal Court where such a referral is required to validate the court's jurisdiction, including in the conflicts in Syria and Myanmar; and

ii. follow through on the commitment of the 2024 UN Pact for the Future to address the need for Security Council reform, including the joint France-Mexico initiative to limit the use of the veto power of permanent members in cases of mass atrocities.

e. *The UN Secretary-General should* name all member states and armed groups that engage in recurrent attacks or threats of attack on hospitals and protected persons in his annual report on Children and Armed Conflict, without regard to political considerations and pressures by member states.

3. Proactively prevent violence against health care

a. *UN member states should:*

i. ratify the international Arms Trade Treaty if they have not done so and enact and implement domestic legislation that prohibits arms transfer and other forms of proxy or partner support for parties to conflicts that violate international humanitarian law; and

ii. repeal counterterrorism and other laws that impose criminal or other penalties on those who offer or provide care consistent with the professional duty of impartiality, and end the obstruction of humanitarian medical assistance to all in need.

b. *National militaries should* review and revise their doctrines, operational protocols, and training to ensure that health care is properly protected, including adopting strict rules banning attacks on health facilities, respecting no-weapons policies, and ensuring safe passage of the wounded.

c. *Donors should* prioritize funding to programs that ensure health services can be provided and accessed safely during conflict. This includes allocating sufficient resources to security management, risk analysis, and protective measures, and supporting international and local health teams.

Recommendations

4. Reform and expand data collection on attacks on health care.

a. *The World Health Organization should* carry forward the commitment contained in the *In the Line of Fire* report to strengthen its methodologies, promote data transparency, share data with other entities that monitor attacks on health care, and collaborate with academic partners to improve data collection methodologies and assess the public health impacts of such attacks.

b. *National ministries of health should* integrate data collection on violence into national surveillance systems to inform prevention and response efforts.

5. Strengthen global, regional, and domestic leadership.

a. *The World Health Organization, the UN Secretary-General, and other UN agencies, including the Office of the High Commissioner for Human Rights, the Office for the Coordination of Humanitarian Affairs, UNICEF, and the Secretary-General's Special Representative on Children in Armed Conflict, should* become consistent, powerful leaders on the protection of health care during conflicts throughout the world by analyzing trends in violence against health care, calling out states and armed groups that attack health care, and mobilizing the global health and health professional communities to demand adherence to international law.

b. *National ministers of health should:*

- **i.** engage with their respective countries' military and security forces and the ministries that oversee them, peacekeepers, armed groups, and front-line health workers with the aim of protecting health care from violence;
- **ii.** strengthen mechanisms to mitigate impacts in the aftermath of violence that could lead to the suspension of health services, including the pre-positioning of emergency stocks, providing information on alternative services, assisting individuals most in need to reach health services, and supporting health workers affected by attacks; and
- **iii.** ensure that resource allocation and planning in preparation for or in the aftermath of attacks is informed by evidence and guided by the voices of those most affected, including health care staff and marginalized groups within the community.

c. *Legislative bodies should* regularly oversee military and security force policies and practices regarding the protection of and respect for health care, including holding hearings on the conduct of military and security forces and enacting legislation to reform military and security operational procedures.

d. *Regional bodies* such as the Economic Community of West African States and the East African Community should promote and support consultation among states to harmonize and coordinate their respective policies on the protection of health care during conflict. The African Union Commission, including its Humanitarian Affairs Division, Social Affairs Division, Peace & Security Department, and Peace & Security Council, should prioritize leadership on the protection of health care across the region and implement its commitments as outlined in the 2021 communiqué on the protection of medical facilities and personnel in armed conflict.

e. *The Health, Nutrition and Protection Clusters should* jointly coordinate activities among their members at the country level to prevent and mitigate violence against health care as part of their response planning and health and protection strategies.

f. *Medical, nursing, public health, and other professional organizations should* expand initiatives to educate their members about violence against health care during conflict, speak out publicly when health care is under assault, and call for action by their respective governments.

5. Support and safeguard health workers and communities.

a. *Ministries of health should:*

- **i.** develop comprehensive programs to support health workers in violence-affected situations by improving their work environments, offering guidance on their rights and responsibilities, designing protection and prevention strategies, and providing training in security risk management and legal and psychosocial support;
- **ii.** provide emergency funds to health workers after episodes of violence; and
- **iii.** regularly communicate with and listen to affected communities and take proactive steps to preserve access to health care when it is under threat.

b. *States and international donors should* provide funding for physical and psychosocial support and programming for health workers in conflict-affected situations, including through emergency funds to mitigate the impacts of attacks, and support research to increase understanding of the burdens of providing care in conflict zones.

c. *Health care professional organizations and humanitarian medical organizations should* regularly express solidarity with colleagues who are under or at risk of attack, including disseminating messages that express respect for their work and stressing the unacceptability of putting them at risk.

Afghanistan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS ARRESTED OR DETAINED FOR QUESTIONING
2024	
27	18
2023	
119	65
2022	
87	33

Source: 2022-2024 AFG SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 27 incidents of violence against or obstruction of health care in Afghanistan in 2024, compared to 119 in 2023 and 87 in 2022. In these incidents, at least 18 health workers were arrested or detained for questioning.

Afghanistan's communities endured significant challenges in accessing basic services, including health care, food and clean water.

Female health workers continued to be arrested or questioned for violating the Taliban's strict dress codes.

With the country having one of the world's highest maternal and infant mortality rates, Afghanistan's clinic closures force pregnant women in remote areas to travel great distances to obtain care, often arriving too late, with fatal consequences.

Information on incidents of violence against health care in Afghanistan is compiled from open sources, aid agency data-sharing mechanisms and information projects. The shrinking presence of aid agencies and freedom has likely reduced reporting of violence against health care. See Methodology for further information.

Afghanistan

THE CONTEXT

Violent clashes between the government forces of the Islamic Emirate of Afghanistan (IEA) and its enemies, the National Resistance Front, which is affiliated with the prior government, and Islamic State Khorasan Province (ISKP) declined. However, the legacy of violence targeting the former regime persists, including through ongoing threats and attacks affecting health care services.

Taliban security forces arbitrarily arrested and detained critics, including health care professionals, and continued to restrict women's and girls' education and participation in the labor market, impacting health services and access to health care. By the end of 2024, all public and private health care training institutions for females were ordered to close[6] and with girls banned from secondary and tertiary education, there will be growing shortages in the future female health care workforce. The shrinking humanitarian and civil space in Afghanistan has also affected information flows on violence against health care.

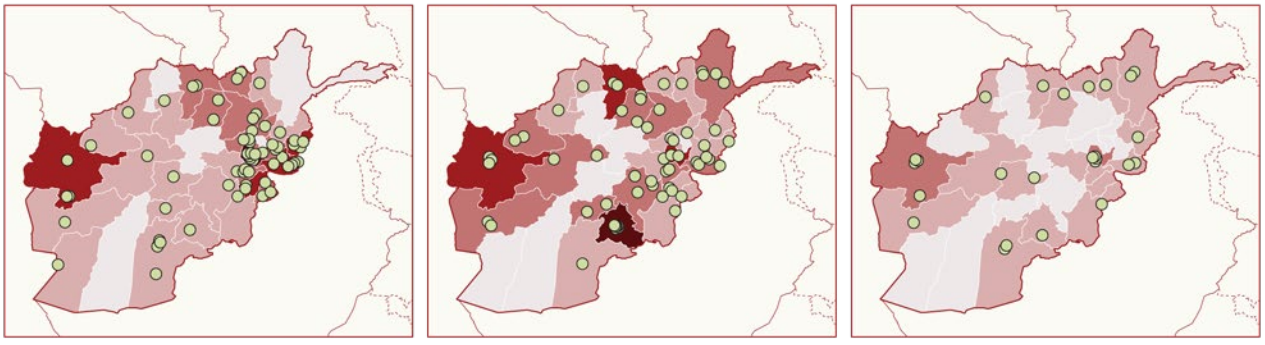
In addition, the country's people continued to face significant challenges in accessing basic services, including health care, food and clean water. Although it is estimated that around 23.7 million people are in need of humanitarian assistance, funding continues to shrink.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

In 2024, ISKP was implicated in the fatal shooting of a dentist and 13 other civilians in Daykundi province.[7] However, most incidents of violence against or obstruction of health care involved health workers encountering threats, intimidation, detentions and limitations on their ability to perform their duties. The majority of cases affected health care providers working for national health structures, with NGOs affected on three occasions and private health care providers on two. In total, 85% of reported incidents were attributed to the Afghan government, police, and intelligence forces. In other incidents, the attackers remained unidentified.

Known locations of reported incidents affecting health care in Afghanistan, 2022-2024

Most incidents in 2024 involved health workers facing threats, harassment, arrests, and restrictions on their ability to work.



Source: Safeguarding Health in Conflict Coalition

Afghanistan

Health workers killed

Between November 15 and December 19, 2024, two doctors were killed by gunmen, one in Takhar and Nangarhar province, with the latter being shot while returning home from work.[8]

Health worker arrests

Between January and July 2024, 18 health workers were arrested or detained for questioning by Taliban government forces in 13 reported incidents, compared to 65 in 39 incidents in 2023 and 33 in 24 incidents in 2022. As in previous years, most of these arrests or detentions took place in hospitals or health care settings and were justified with reference to a wide range of accusations. Health workers, including doctors, nurses, pharmacists, and hospital administrators, were arrested or detained on accusations made by the government's General Directorate of Intelligence of corruption, bribery or theft of medical supplies. The police also conducted arrests using moral policing laws related to dress codes to arrest at least two female health workers at a private clinic.[9] Four of the 18 arrested health workers were released, with the fates of the remaining staff not recorded.

Threats and coercion

Taliban government forces stormed a health center in Herat province overnight, beating and insulting a doctor for insisting on medical neutrality and functionality by criticizing the parking of their military vehicle in the emergency area, and threatened other employees with execution if they resisted.[10]

Health workers have been threatened and coerced in medical settings on multiple occasions to implement political instructions on how to deal with medical needs and ethics such as when Department for the Promotion of Virtue and Prevention of Vice representatives ordered the segregation of male and female staff and prohibited male doctors from treating women without a *mahram* (male guardian).[11]

This factsheet is based on 2022-2024 AFG SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

Afghanistan

THE IMPACT OF ATTACKS ON HEALTH CARE

In 2024, the Afghan health care system continued to struggle due to the loss of international funding after the Taliban takeover, leaving public health care facilities struggling to cover salaries, medical supplies, fuel and oxygen, and severely impacting patient care.

Women's health and access to health care have been disproportionately affected by threats and coercion against the application of internationally recognized medical ethics. Stringent Taliban-imposed rules on women have impacted their ability to access health care services. Women and girls arriving at health care facilities without a male guardian (*mahram*) are being denied treatment and are struggling to access confidential treatment.[12] In some parts of the country, female health workers are also required to bring a male family member to work with them.

> *Taliban authorities banned women from attending nursing and midwifery courses. This ban will further ensure that there will be no midwives, nurses and female medical professionals to assist female patients, and, coupled with the ban on women being treated by male health workers, means that women will not have access to health care.*

Despite a ban on male health workers treating female patients, the number of female health workers is shrinking, due to many female doctors leaving the country since the Taliban takeover and the restriction on women and girls attending secondary and tertiary education, imposed in 2021, which ensures a worsening staff shortage and reduces access to care for women.[13] In December, Taliban authorities banned women from attending nursing and midwifery courses. This ban will further ensure that there will be no midwives, nurses and female medical professionals to assist female patients, and, coupled with the ban on women being treated by male health workers, means that women will not have access to health care.

With one of the world's highest maternal and infant mortality rates, Afghanistan's clinic closures force pregnant women in remote areas to travel long distances for care, often arriving too late, with fatal consequences.

Rising restrictions on women's lives have led to increasing depression and suicide rates, creating a public health crisis. Despite growing mental health needs, the health care system is overwhelmed, with the whole of Herat province – where gender-based violence and female suicide rates are high – having only 25 mental health beds, leaving many without proper care.

Afghanistan

6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 88124.
7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 84947.
8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident numbers 88292; 86372.
9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 43909.
10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 85448
11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 66436.
12 Key informant interview, March 14, 2025.
13 Key informant interview, March 14, 2025.

Burkina Faso

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS		
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH WORKERS KILLED
2024		
22	6	5
2023		
51	21	8
2022		
66	14	4

Source: 2022-2024 BFA SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 22 incidents of violence against or obstruction of health care in Burkina Faso in 2024, compared to 51 in 2023 and 66 in 2022. In these incidents, five health workers were killed and medical supplies were looted. The actual number of incidents and the severity of the problem are likely much greater.

Attacks on health care and broader violence and instability have exacerbated the weaknesses of the country's health care system.

Health workers were killed on accusations of collaborating with JNIM militants.

Nearly one in three health facilities were impacted by violence, with hundreds closed or operating at minimum capacity.

Information on incidents of violence against health care in Burkina Faso is compiled from aid agency data-sharing mechanisms, information projects and open sources. See Methodology for further information.

Burkina Faso

THE CONTEXT

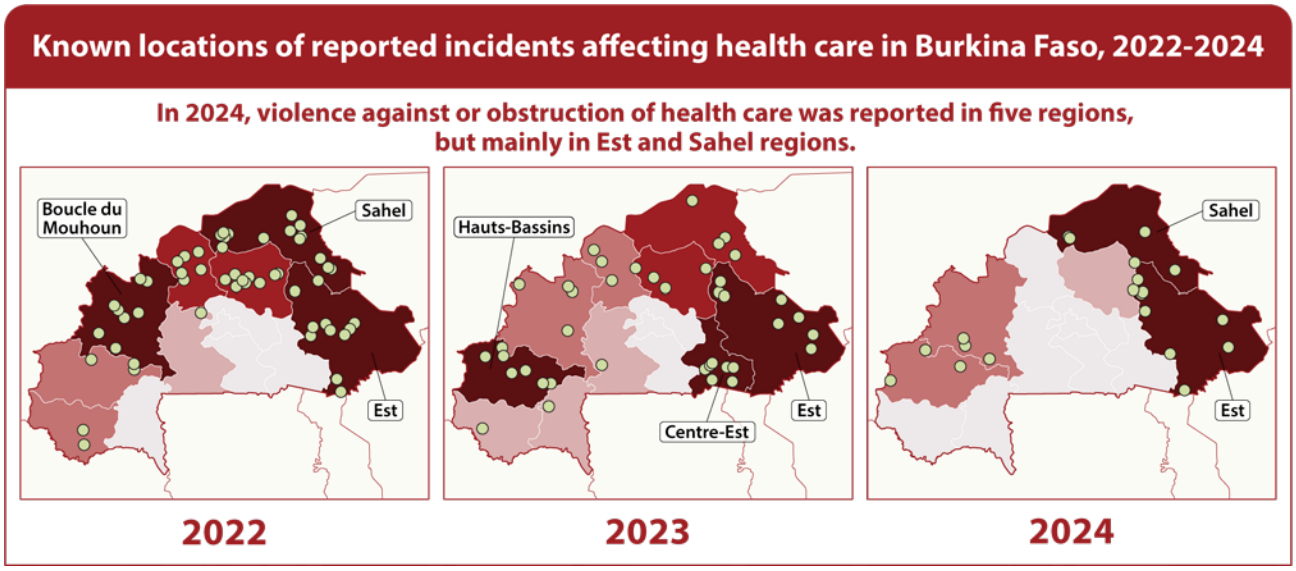
Armed insurgencies have affected Burkina Faso for over a decade, and continued to do so in 2024. Reported violence reduced slightly compared to the previous year, but remained at high levels, especially in the southern and eastern halves of the country in Boucle du Mouhoun, Est, and Sahel regions.[14] After the 2022 coup, the country's military rulers remained in power in 2024 and extended their rule by five years.

The Islamist insurgent groups Jama'at Nusrat al-Islam wal-Muslimin (JNIM) and Islamic State Sahel Province (ISSP) retained de facto control over large areas of territory and continued to impose blockades on urban areas. Members of both groups were accused of massacring civilians, while government forces summarily executed hundreds of civilians as part of a wider crackdown on civilians said to have collaborated with Islamist armed groups.

Around two million people were internally displaced and 6.3 million people were in need of humanitarian assistance.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

In 2024, violence against or obstruction of health care was reported in five of Burkina Faso's regions, but mainly in Est and Sahel regions. Most incidents affected health care providers operating in national health structures, with three affecting an INGO.[15]



Source: Safeguarding Health in Conflict Coalition

JNIM fighters armed with guns were implicated in most incidents. They set fire to health centers; killed, abducted and threatened health workers; and on one occasion fired shells towards a town, hitting the roof of a health center and injuring a nurse.[16] ISSP fighters kidnapped a nurse at an illegal checkpoint in the Sahel; her subsequent whereabouts were not recorded.[17]

Burkina Faso

Reports suggest that the Burkinabé Armed Forces were implicated in the killing of two health workers, including an INGO staff member, after they were accused of collaborating with JNIM militants in Est and Sahel regions.[18]

An unidentified improvised explosive device (IED) was found in a health center courtyard and safely detonated.[19]

This factsheet is based on 2022-2024 BFA SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

Health workers killed

Five health workers were killed in four incidents in 2024. Victims included a pharmacy manager, nurse, and other health care staff who were killed in and around towns and villages in Boucle du Mouhoun, Est, and Sahel regions. In addition to the previously mentioned health workers killed for alleged collaboration with JNIM, other health workers were killed in indiscriminate attacks, such as the abduction and killing of a pharmacy manager during a JNIM assault on a public bus in Gnagna province.[20]

Medical supplies looted

Vital medical supplies were looted from health facilities on at least six occasions in 2024. All reported incidents involved JNIM fighters usually armed with machine guns, AK-47s, and other firearms, who looted medicine and other medical supplies from health centers, pharmaceutical depots, and pharmacies. Lootings occurred as part of broader assaults involving civilian casualties and the destruction of property.

Burkina Faso

Other incidents

On July 17, a health INGO's office in Djibo town was attacked with gunfire, an advanced health post was set on fire, a medical center supported by the INGO was vandalized, and two water distribution sites were targeted, endangering medical care and clean water access amid the broader security crisis.[21]

SOCIAL MEDIA REACTIONS TO THE DJIBO ATTACK

Six days after the coordinated attacks in Djibo on July 17, 2024, which included the vandalizing of a health post during which armed group members stole medical equipment, a video circulated on X allegedly showed JNIM members using the ultrasound machine reportedly taken from the health post. The video reached an estimated 26,200 X users and generated 254 interactions, many of which included misleading or hostile content.

Numerous social media comments misrepresented the incident, accusing the INGO of deliberately assisting armed groups. Statements included:

- *"[the INGO] are terrorist accomplices."*[22]
- *"They use taxpayers' money to buy equipment that ends up with terrorists."*[23]
- *"You are the source of Fake news. You yourself are a terrorist."*[24]

Unsubstantiated allegations of this kind contribute to reputational harm and can compromise the safety of humanitarian personnel. On September 2, 2024, a driver for the INGO in question was killed by Burkinabé forces in Djibo, reportedly after accusations that he was collaborating with armed groups. The motives could not be independently verified, but the incident illustrates the potential real-world impact of online disinformation, in which health care is far too often portrayed as complicit in terrorism, thus legitimizing further violence.

In October 2024, the INGO in question announced its withdrawal from parts of Burkina Faso due to deteriorating security conditions and growing threats to its staff. The organization has emphasized that without assurances of the safety of its teams, it is no longer able to operate effectively in affected areas, leaving a growing number of people without access to health care.

THE IMPACT OF ATTACKS ON HEALTH CARE

Burkina Faso had the ninth lowest Human Development Index globally in 2022, with the latest available data suggesting only one doctor per 10,000 people, which is well below the WHO's recommended doctor-to-population ratio of 1:1,000. Attacks on health care and broader violence and instability have exacerbated the weaknesses of the country's health system.

According to the Burkina Faso Health Cluster, 424 health facilities (17.7% of the total) were closed and 309 health facilities (12.9% of the total) were functioning at minimum levels as of the end of August 2024. Boucle du Mouhoun, Centre-Nord, Nord, and Sahel regions were the most affected and witnessed some of the highest levels of violence in the country in 2024.[25]

Burkina Faso

Attacks on health care and insecurity have directly undermined the functionality of Burkina Faso's health system. After health facilities were struck by gunfire in Djibo in July 2024 following previous attacks in November 2023, the number of health providers in the health district declined when some providers left. Several months later, in October 2024, health providers continued to suspend services.

> *After health facilities were struck by gunfire in Djibo in July 2024 following previous attacks in November 2023, the number of health providers in the health district declined when some providers left.*

The suspension of services at health facilities increases the strain on those that remain open, because more patients become dependent on them, increasing the barriers to health care access in the country. According to surveys conducted by REACH between June and August 2024, around two-thirds of households in Oudalan province in Nord region and Loroum province in Sahel region experienced long waits to obtain access to health care.

14 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed February 26, 2025).
15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 BFA SHCC Health Care Data. Incident numbers 81247; 62942; 62940.
16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 BFA SHCC Health Care Data. Incident number 79531.
17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 BFA SHCC Health Care Data. Incident number 92384.
18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 BFA SHCC Health Care Data. Incident numbers 81247; 79499; 79498.
19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 BFA SHCC Health Care Data. Incident number 84323.
20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 BFA SHCC Health Care Data. Incident number 86131.
21 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 BFA SHCC Health Care Data. Incident numbers 62942; 62941; 62940.
22 *"[les ONG] sont des complices terroristes."*
23 *"Ils utilisent l'argent du contribuable pour acheter des équipements qui finissent avec les terroristes."*
24 *"Toi tu la source de Fake news. Toi même tu es un terroriste."*
25 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed February 26, 2025).

CAMEROON

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH WORKERS KIDNAPPED	HEALTH WORKERS ARRESTED
2024			
48	11	19	10
2023			
34	6	6	7
2022			
32	4	35	14

Source: 2022-2024 CMR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 48 incidents of violence against or obstruction of health care in Cameroon in 2024, compared to 34 in 2023 and 32 in 2022. In these incidents, 19 health workers were kidnapped, ten were arrested, and medical supplies were looted.

Armed conflict, outbreaks of yellow fever and mpox, flooding, and mass displacement have increased demands for humanitarian assistance.

Attacks on health care nearly doubled in the country's Far North region between 2023 and 2024.

Structural barriers, ongoing insecurity, and shortages of skilled health workers have contributed to Cameroon's high maternal and perinatal mortality rates.

Information on incidents of violence against health care in Cameroon is compiled from open sources, aid agency data-sharing mechanisms, and information projects. See Methodology for further information.

CAMEROON

THE CONTEXT

Protracted violence between government forces and non-state armed groups continued in Cameroon in 2024 at a similar intensity to in 2023. Armed violence remained concentrated in Northwest and Southwest regions between Ambazonian separatists and the Cameroon Armed Forces (CAF), while in Far North region the CAF clashed with Boko Haram and Islamic State West Africa Province militants. In 2024, over 2,000 people were reportedly killed, similar to the number killed in 2023.[26]

Suspected yellow fever cases increased in Cameroon, which is one of the most heavily affected countries in Africa. Several mpox cases were reported in the first half of 2024 and, while the situation remained stable, cases of cholera continued to be recorded.

Flooding in Far North region between July and September destroyed or damaged over 56,000 homes. Almost one million people were internally displaced in 2024 and 3.4 million people required humanitarian assistance, further intensifying the country's overall humanitarian needs.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care were reported in four of Cameroon's ten regions in 2024. As in previous years, most incidents occurred in the anglophone Northwest and Southwest regions, where clashes continued between armed groups, including Ambazonian separatists and the CAF. Cases nearly doubled in Far North region between 2023 and 2024, reflecting the overall deterioration in security in the region.

Health worker kidnappings in Northwest region quadrupled, with Ambazonian separatists often named as perpetrators. Looting of medical supplies by Boko Haram and other groups persisted in Far North, particularly in Mezam and Momo departments. In some attacks, the attackers remained unidentified.

Most incidents involved conflict parties using firearms, although in Mezam department a suspected Ambazonian separatist grenade attack targeted a bar near a maternity center entrance and suspected Boko Haram fighters set fire to a health facility in Far North region.[27]

The majority of incidents affected health care providers operating in national health structures, with one incident each affecting a local NGO and INGO.[28]

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

Northwest and Southwest anglophone regions

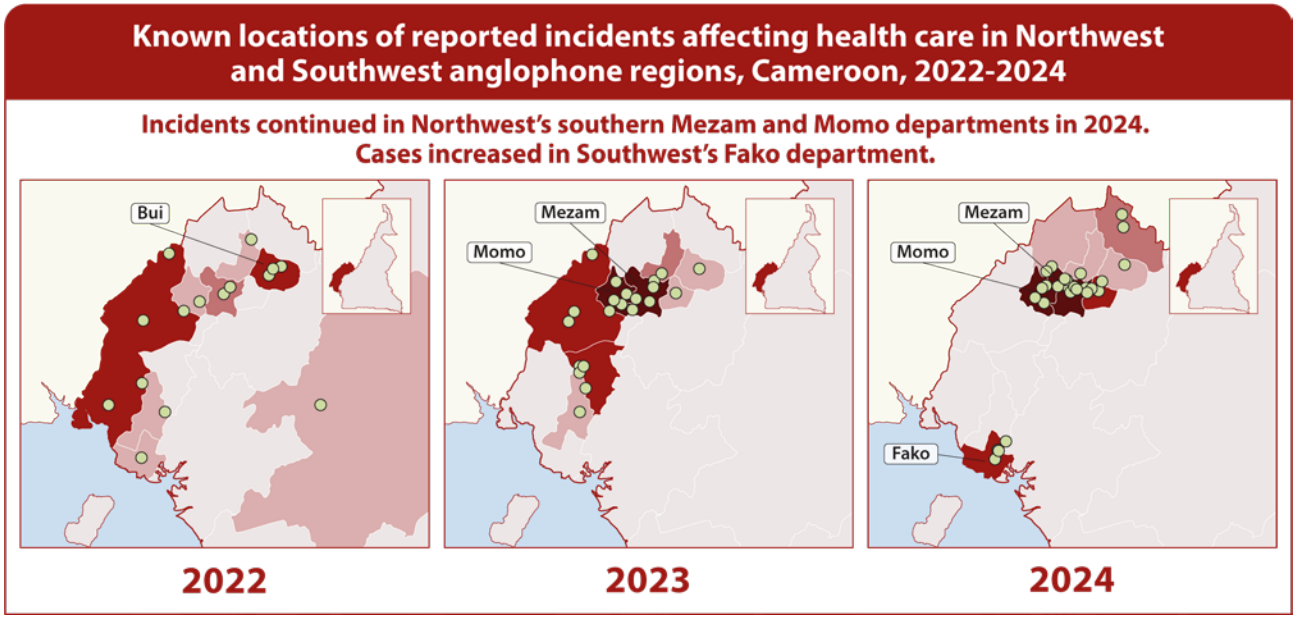
In total, 30 incidents of violence against or obstruction of health care were reported in the anglophone regions in 2024, similar to 2022 reports. As in previous years, the majority of incidents occurred in Northwest's southern Mezam and Momo departments. Cases increased in Fako department, Southwest region.

At least 16 health workers were kidnapped in five incidents in Northwest region in 2024, compared to five in six incidents in 2023. Separatists and unidentified attackers kidnapped health workers from health

centers, project sites, and while they were traveling to remote areas to provide care, especially in Mezam department and surrounding areas. Health workers were kidnapped and accused by their kidnappers of collaborating with opposing forces. In one case, armed men kidnapped a female health worker from her home for allegedly refusing to treat an injured fighter, later releasing her after community intervention.[29] Some abducted health workers were killed, including a local health organization driver who was kidnapped, tied up, and executed by members of an unidentified armed group.[30] The fates of the remaining kidnapped staff were not recorded.[31]

Two nurses were shot and killed by separatists armed with rifles while they were on duty at health centers in Northwest's Mezam department.[32]

Between January and April, 19 health workers were reportedly arrested by Cameroonian police in four incidents in Southwest's Fako department and Northwest's Momo department. The victims included nurses and doctors arrested on accusations of collaborating with or providing medical assistance to opposition forces. Cameroonian police also entered health centers in Northwest region in search of opposition forces, intimidating staff and firing warning shots in the air.



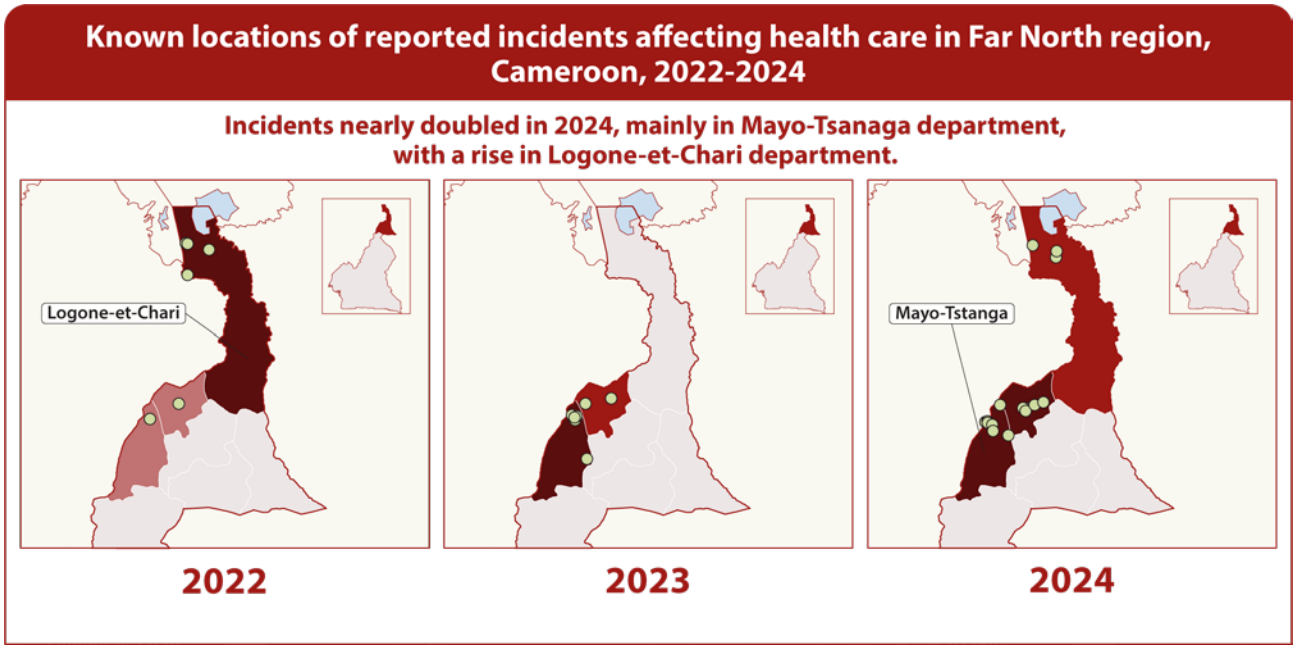
Source: Safeguarding Health in Conflict Coalition

Far North region

Eighteen incidents of violence against or obstruction of health care were recorded in Far North region, compared to nine in 2023. Most cases were recorded in Mayo-Tsanaga department, with a further increase in Logone-et-Chari department in 2024, where cases were more common in 2022.

The majority of incidents involved the looting of medical supplies from health centers by Boko Haram fighters or groups of men armed with rifles. In some incidents where medical supplies were taken, health workers were also attacked. For instance, a health worker was violently attacked and robbed of his motorcycle, medical items, and personal belongings by individuals armed with sticks and bladed weapons while returning home from a medical facility in Mayo-Tsanaga department.[33] He died of his injuries the next day.

CAMEROON



Source: Safeguarding Health in Conflict Coalition

THE IMPACT OF ATTACKS ON HEALTH CARE

Repeated attacks on health care over multiple years have seriously impacted patients' access to health care in conflict-affected areas. Some health facilities in Far North, Northwest and Southwest regions have reportedly been "closed for several years due to repeated attacks by non-state armed groups." The closures added to barriers to health care access, with patients being forced to travel long distances to obtain care, sometimes on foot. Journeys in the anglophone regions were further hindered by roadblocks and restrictions on vehicle movements.

Attacks on health care may have also contributed to health worker shortages. There is only one doctor per 10,000 people in Cameroon, which is far below the WHO's recommended doctor-to-population ratio of 1:1,000.

> *Violence and insecurity in Cameroon's conflict-affected areas constituted a "major threat to progress in HIV epidemic control and a significant contributor to health inequality."*

Violence and fear of repeated attacks have created severe psychological burdens for health workers. Around a third of trained doctors who completed medical school left Cameroon in 2023, often seeking better-paid jobs and improved security conditions in Europe and North America. Violence against health care has also had negative outcomes for patients. One study found that since 2018 violence and insecurity in Cameroon's conflict-affected areas constituted a "major threat to progress in HIV epidemic control and a significant contributor to health inequality." Challenges in safely accessing health facilities for both patients and staff, together with the closure of centers providing essential treatments such as antiretroviral therapy, were identified as key contributing factors.

CAMEROON

Another study found that structural barriers, including insecurity and shortages of skilled health workers, were among the factors contributing to Cameroon having some of the highest maternal and perinatal mortality rates in the world.

26 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed January 17, 2025).
27 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident numbers 54715; 62944.
28 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident numbers 79436; 84542.
29 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident number 92405.
30 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident number 79436.
31 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident numbers 87956; 88092.
32 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident numbers 54717; 84544.
33 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident number 92400.

Central African Republic

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED
2024	
16	8
2023	
41	4
2022	
32	16

Source: 2022–2024 CAF SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 16 incidents of violence against or obstruction of health care in the Central African Republic (CAR) in 2024, compared to 41 in 2023 and 32 in 2022. In these incidents, medical supplies were looted and health workers robbed. The actual number of incidents and the severity of the problem are likely much greater.

An mpox outbreak, flooding and cross-border displacements heightened the country's humanitarian crisis, impacting 2.8 million people.

Vulnerable demographic groups such as the elderly, the displaced and children under five years of age were especially negatively impacted by disruptions to health services.

Attacks on health care caused psychological trauma that forced some health workers to resign, intensifying pressure on the remaining staff.

Information on incidents of violence against health care in the CAR is compiled from open sources, aid agency data-sharing mechanisms and information projects. See Methodology for further information.

Central African Republic

THE CONTEXT

The protracted conflict in the CAR persisted in 2024 at a similar level to 2023,[34] especially outside urban areas, while the number of people reportedly killed slightly increased. The Central African Armed Forces (FACA), accompanied by the Russian mercenary group Africa Corps (formerly the Wagner Group), continued to fight against the Coalition of Patriots for Change (CPC). Azande Ani Kpi Gbe, an ethnically based militia, remained active in southeastern CAR and was accused of targeting civilians sympathetic to the Union for Peace in the CAR (UPC), which is a CPC member. The UPC was itself alleged to have targeted civilians.

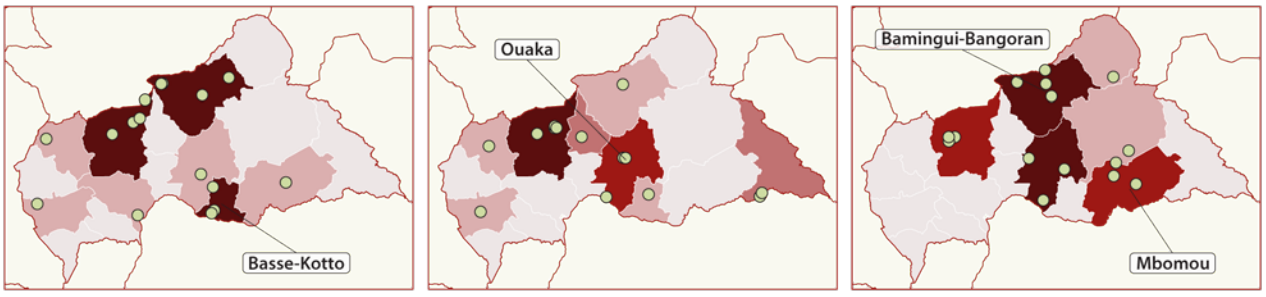
In July, an Mpox outbreak was declared after cases spread to the capital, Bangui. Flooding during the summer months destroyed 1,700 houses. Displacement into the CAR from conflicts in neighboring Chad and Sudan further increased demands on the humanitarian system. Overall, 2.8 million people in the CAR were in need of humanitarian assistance in 2024.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

In 2024, violence against or obstruction of health care was reported in six prefectures, with increasing attacks in Bamingui-Bangoran and Mbomou, where rebels often targeted FACA forces. The majority of incidents were attributed to unidentified men armed with guns. Africa Corps, CPC, UPC and the Popular Front for the Renaissance of the Central African Republic (FPRC) were also named. Most incidents affected health care providers working for national health structures, with one affecting an INGO.[35]

Known locations of reported incidents affecting health care in Central African Republic, 2022-2024

Incidents increased in Bamingui-Bangoran and Mbomou prefectures in 2024, where rebel attacks on FACA forces occurred. Incidents continued to be reported in Ouham and Ouaka prefectures.



Source: Safeguarding Health in Conflict Coalition

Medical supplies looted

The looting of vital medical supplies from health centers was reported on eight occasions in 2024. Lootings were mostly attributed to unidentified men armed with guns, with one report of Africa Corps mercenaries reportedly stealing 14 mattresses from a health center in Yalinga town, Haute-Kotto prefecture.[36] Health centers were sometimes looted as part of broader assaults on towns and villages. For example, civilian homes and a government-backed health facility supported by MSF were robbed by an unidentified armed group in Ouham prefecture during an assault on the Nana-Bakassa commune.[37]

Central African Republic

Health workers attacked

Similarly to previous years, two health workers were killed in two incidents. Suspected UPC militants killed the head of a health post and other civilians in an attack in Mbomou prefecture, while also setting fire to houses.[38] In a separate incident, unidentified armed individuals killed another health worker at his home in Ouham prefecture during a robbery that was likely motivated by the desire for financial gain.[39]

Health workers were frequent victims of armed robberies in 2024. Perpetrators, including elements linked to the CPC and UPC armed groups and unidentified gunmen, ambushed health workers, often while they were traveling by motorcycle or ambulance to provide health care in remote areas. The attackers, who were often armed with assault rifles, stole motorcycles, money and personal belongings.

This factsheet is based on 2022-2024 CAF SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

The CAR is among the poorest countries in the world and ranks 191 of 193 countries on the Human Development Index, resulting in a poorly resourced health system. Recurrent conflict has increased the weakness of the health system, because local staff have limited security or psychological support. The latest data suggest that there are only around six doctors per 100,000 people in the CAR, well below the recommended WHO doctor-to-population ratio of 1:1,000. In 2022, the country had an infant mortality rate of 74 per 1,000 live births and a life expectancy at birth of only 54 years.

INVESTIGATION FINDINGS INTO THE IMMEDIATE AND LONG-TERM EFFECTS OF ATTACKS ON HEALTH CARE IN THE CAR

An academic study published in 2024 examined the impact of attacks on health care in the CAR in the period 2016-2020 by focusing on Ouaka, Haute-Kotto and Vakaga, three conflict-affected prefectures in the country. Among other findings, the study highlighted that attacks on health care had led to:

- extended disruptions to health services, with some health facilities closing permanently;
- vulnerable demographic groups such as the elderly, the displaced and children under five years of age being especially negatively impacted by disruptions to health services; and
- psychological trauma for health workers, leading some to resign from their jobs and resulting in increased pressures on remaining staff.

Key informants for the study said:

- Following attacks on health care, people "were too scared to bring their children to the hospital. Those that lived far preferred to treat their children with traditional medicines, which meant that there were a lot of deaths."
- "The consequences … are that ... health workers … can no longer work there because it's already a question of safety. There was a shortage of staff … but if they're attacked, we can't continue to take the risk of bringing them into danger."

34 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed January 18, 2025).
35 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 84753.
36 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 46894.
37 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 84753.
38 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 46770.
39 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 46770.

Colombia

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED	INCIDENTS AFFECTING EMERGENCY MEDICAL SERVICES
2024		
18	**7**	**7**
2023		
18	**1**	**3**
2022		
13	**3**	**3**

Source: 2022–2024 COL SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 18 incidents of violence against or obstruction of health care in Colombia in 2024, compared to 18 in 2023 and 13 in 2022. In 2024, health facilities were attacked seven times and emergency medical services were attacked on seven occasions. The actual number of incidents and the severity of the problem are likely much greater.

Armed groups have restricted civilian movements to tighten their hold over the areas they control, straining health care systems and causing mass displacement.

Armed groups forcibly abducted health workers and forced them to care for injured fighters and communities under their control.

The increase in extortion and kidnappings attributed to the ELN forced some health workers to flee, leaving local communities without access to health care.

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

Colombia

THE CONTEXT

In 2024, Colombia experienced its highest levels of violence since the 2016 peace deal with Revolutionary Armed Forces of Colombia (FARC); this violence was driven by armed group fragmentation, territorial disputes and renewed clashes with the military. Southwest Colombia saw some of the worst violence, as armed groups linked to coca production and drug trafficking clashed over control of territory. The government's "Total Peace" policy failed to stop groups like the Gulf Clan, the National Liberation Army (ELN), and FARC dissidents from expanding their control over territory. Departments such as Chocó, Cauca, Nariño, and Putumayo faced increased violence, displacement, and movement restrictions.

Between January and May 2024, internal displacement rose by 36% and confinement cases (a method armed groups used to restrict civilian movement and trap populations in order to exert control over a territory and its economy) jumped 171% compared to the same period in 2023. According to OCHA, 53,600 people were confined and 29,200 displaced in parts of Putumayo and Caquetá departments, putting additional pressure on health care systems.

While health care access has improved over the years, rural and marginalized communities remain disproportionately underserved.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care were recorded throughout 2024 and were spread over 12 of Colombia's 32 departments. Cases more than doubled in Cauca department in 2024, representing nearly half of all reported incidents.

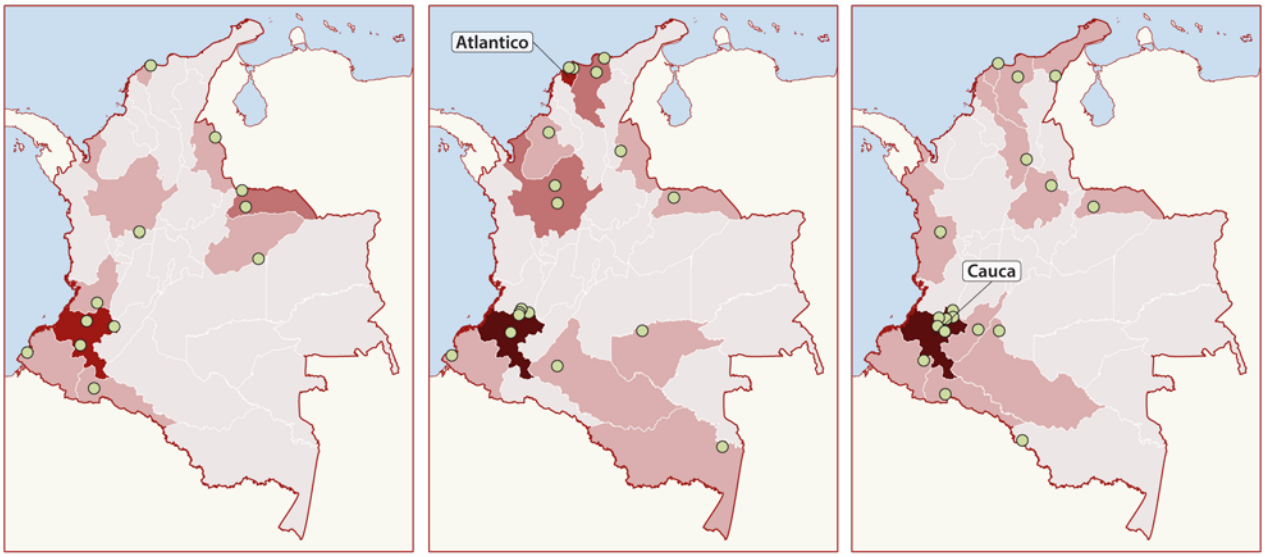
Colombia

Publicly reported incidents of armed violence inside hospitals and pharmacies and attacks on ambulances rose in 2024. Overall, the majority of incidents were attributed to unidentified men armed with guns. In two incidents, the perpetrators claimed responsibility for the attacks. Gulf Clan members on a motorcycle shot and killed a health facility security guard in Magdalena department,[40] and a note signed by the Gulf Clan was left next to his body. ELN members forced an ICRC convoy transporting an injured patient to stop for two hours, and the group issued a statement confirming the incident, stating that the convoy was stopped for verification and security reasons.[41] The use of explosive weapons that impacted health care was reported on two occasions in Colombia in 2024. FARC dissidents launched a drone armed with explosives that struck close to a hospital in Suarez city, injuring three people, including a baby.[42] An improvised explosive device (IED) of unidentified origin was detonated inside a pharmacy in Chocó department, injuring many people.[43]

Most publicly reported incidents affected health care providers working for national health structures, with one publicly reported incident each affecting an NGO and the ICRC.[44]

Known locations of reported incidents affecting health care in Colombia, 2022-2024

The highest number of incidents were recorded in Cauca department in 2024, where violence has increased. In 2023, the highest number of incidents occurred in Atlantico department.



Source: Safeguarding Health in Conflict Coalition

Health facilities attacked

Hospitals and pharmacies were attacked at least seven times in 2024, compared to one publicly reported incident in 2023 and three in 2022. Health facilities were sometimes described as "battlegrounds" where hospitalized patients were fatally shot in planned assassinations. For example, three unidentified individuals dressed as patients entered the High Complexity Hospital in Putumayo department, shot and killed two registered patients, and injured another who later died from his injuries. While the perpetrators were not identified, the Carolina Ramirez FARC dissident group and other local gangs were active in the area.[45] Other incidents in which health facilities were attacked include the previously mentioned drone strike and IED detonation.

Colombia

Attacks on emergency medical services

Emergency medical services were attacked on seven occasions in 2024. Two patients and an ambulance driver were killed and the driver of a river boat ambulance was kidnapped. Two ambulances were ambushed, looted of medical equipment, and set on fire in Huila and Santander departments.[46]

Health workers killed and kidnapped

Six health workers were reportedly kidnapped in two incidents, compared to three in separate incidents in 2023 and one in 2022. Armed groups reportedly abducted staff to provide care to injured fighters and communities under their control in areas with limited health services. For example, five health workers were forcibly taken by an unidentified armed group in Caquetá department and reportedly taken to treat patients for the group.[47] A driver of a river ambulance was kidnapped by three armed men in a boat while he was on a medical mission in Cauca department. He was taken to an undisclosed location, but his ultimate fate was not recorded.[48]

Three health workers were killed in three reported incidents, compared to nine in eight incidents in 2023 and four in four incidents in 2022. Health workers, including a doctor and an ambulance driver, were shot and killed in direct attacks, including an assassination at a medical facility, an ambulance ambush, and a home invasion.

This factsheet is based on 2022-2024 COL SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

The decades of violence in Colombia have had devastating consequences for health care access and the safety of health workers. Entire communities in conflict-affected areas often face the complete absence of medical services when health workers are threatened, kidnapped or forced to flee. The resurgence of extortion-motivated kidnappings by the ELN in 2024 intensified fear among health workers, forcing many to abandon their posts and leaving entire communities without essential health care services.

> *Attacks on health workers perpetuate cycles of violence and deepen inequalities, leaving Colombia's most vulnerable populations without access to critical medical care.*

According to recent research on violence against health care, women health workers – 80% of the health workers in the country – are an essential part of the workforce, yet face disproportionate risks of experiencing violence, with those in rural and lower-paid roles particularly vulnerable to violence. The effects extend beyond physical harm, with medical personnel enduring significant psychological, social and economic consequences after being victims of violence.

Colombia

Mass displacements and confinement have compounded health care access challenges, leaving tens of thousands of people without essential health services. The intersection of gender, race, and class inequalities exacerbates the harm, particularly to indigenous and Afro-Colombian health workers and those in rural areas, who are often exposed to both direct violence and systemic neglect.

Attacks on health workers perpetuate cycles of violence and deepen inequalities, leaving Colombia's most vulnerable populations without access to critical medical care. The government's Mision Medica program represents a positive step through its documentation, advocacy, and response efforts, although additional resources and support are needed to effectively reach underserved communities.

40 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COL SHCC Health Care Data. Incident number 88129.
41 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COL SHCC Health Care Data. Incident number 43997.
42 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COL SHCC Health Care Data. Incident number 58347.
43 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COL SHCC Health Care Data. Incident number 84777.
44 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COL SHCC Health Care Data. Incident numbers 43997; 84778.
45 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COL SHCC Health Care Data. Incident number 88126.
46 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COL SHCC Health Care Data. Incident numbers 80687; 43996.
47 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COL SHCC Health Care Data. Incident number 88136.
48 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COL SHCC Health Care Data. Incident number 84775.

Democratic Republic of the Congo (DRC)

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2024			
84	25	8	9
2023			
118	36	11	41
2022			
136	46	11	50

Source: 2022-2024 COD SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 84 incidents of violence against or obstruction of health care in the Democratic Republic of the Congo (DRC) in 2024, compared to 118 in 2023 and 136 in 2022. In these incidents, eight health workers were killed, nine were kidnapped and medical supplies were looted. The actual number of incidents and the severity of the problem are likely much greater.

Protracted conflict, mpox outbreaks and over-crowded displacements sites strained the DRC's already-fragile health care system.

Attacks on health care doubled in Tanganyika province, where vaccination campaigns were disrupted by threats and violence.

In some areas, health centers operated at up to 4,000% beyond their capacity, placing immense pressure on medical staff, who also had to cope with limited supplies and dangerous conditions.

Information on incidents of violence against health care in the DRC is compiled from aid agency data-sharing mechanisms, information projects, open sources and private sources. See Methodology for further information.

Democratic Republic of the Congo (DRC)

THE CONTEXT

The DRC has been plagued by insecurity and conflict for decades, particularly in its eastern regions. This situation continued in 2024, with armed groups like the March 23 Movement (M23) and Allied Democratic Forces (ADF) establishing control in some areas. In 2024, M23, supported by the Rwandan Defense Force (RDF), expanded its influence in North Kivu province, targeting areas around Goma city and controlling vital resources, further destabilizing the region. The ADF intensified armed violence in Ituri province, with attacks on civilians escalating by 17% compared to 2023, resulting in over 1,300 people being killed.

In August 2024, the UN Security Council adopted Resolution 2746, authorizing the UN Organization Stabilization Mission in the DRC (MONUSCO) to increase support for the Southern African Development Community Mission in the DRC (SAMIDRC), including coordination, information-sharing, and technical assistance, while ensuring compliance with international humanitarian and human rights laws.

Conflict has led to a mass displacement crisis, with 7.2 million people internally displaced as of March 2024, which is one of the largest displaced populations globally. The health sector is among the most severely affected, with more than 8.9 million people unable to access essential medical services due to violence and infrastructure collapse. In 2024, mpox, which had been endemic in parts of the DRC for years, mutated into a more transmissible form in North and South Kivu provinces (hereafter the Kivus), with outbreaks emerging in densely populated areas like Goma and overcrowded displacement sites. The outbreak raised serious concerns that the epidemic would spread amid already-dire living conditions and limited access to health care.

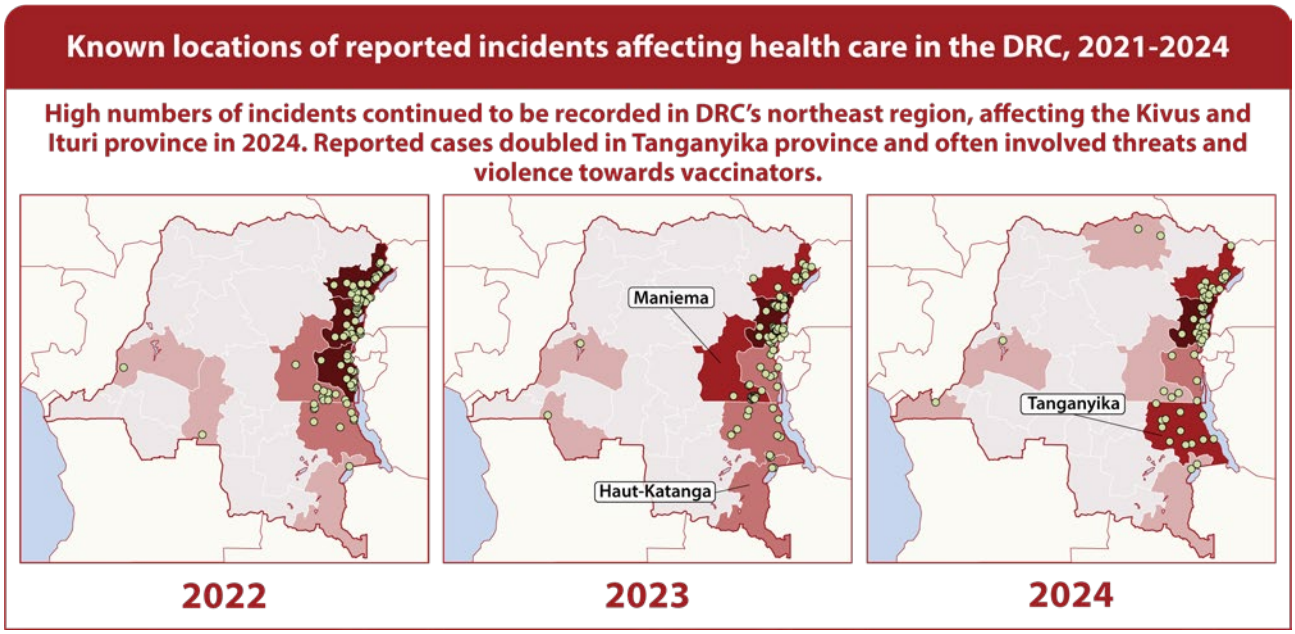
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

The total number of incidents of violence against or obstruction of health care decreased in 2024, but some regions experienced notable increases in attacks. Incidents of this kind continued to be recorded in the DRC's northeastern region, including the Kivus and Ituri province, representing nearly two-thirds of total incidents. Reported cases doubled in Tanganyika province and often involved threats and violence towards vaccinators. Damage to health facilities, the looting of medical supplies, and health worker killings and kidnappings continued in 2024.

Multiple conflict parties continued to be named in recorded incidents, including the ADF, the DRC Armed Forces (FARDC), M23, Mai-Mai Kata Katanga militia, the Cooperative for the Economic Development of Congo (CODECO), and the Union des Patriotes Congolaises (UPC). Reported incidents attributed to Mai-Mai militia decreased in 2024, while new cases were linked to the Collective of Movements for Change in Congo (CMC), Ex-Seleka fighters and the Front for Patriotic Resistance in Ituri (FRPI). These conflict parties killed, kidnapped, injured, and threatened health workers, looted medical supplies, and damaged or vandalized health centers.

Most incidents affected health care providers working for the government health care system, while 16 incidents affected INGOs and two affected local NGOs. Red Cross societies were impacted in three incidents.

Democratic Republic of the Congo (DRC)



Source: Safeguarding Health in Conflict Coalition

Reported incidents in Eastern DRC

At least 77 incidents of violence against or obstruction of health care occurred in eastern DRC in 2024, with most recorded in Ituri and the Kivus. Health centers were set on fire; medical supplies were looted; and health workers were killed, kidnapped and threatened. In Tanganyika province, where reported cases doubled from 2023 to 2024, vaccination campaigns were repeatedly disrupted by threats and violence, such as when Mai-Mai Kata Katanga militia looted and burned a pharmacy and ambushed a vaccination team, destroying vaccines.[49] They also raped two girls in the second attack. Mai-Mai Malaika militia in Maniema province attacked health workers and resources, temporarily kidnapping a hospital administrator over a personal dispute and releasing him after a ransom payment, and stealing pharmaceuticals from a motorcyclist transporting medical supplies.[50]

Looting of vital medical supplies from health facilities was reported on 11 occasions in eastern DRC in 2024, with the ADF, CODECO, Mai-Mai militia, M23 and unidentified men armed with guns reported as perpetrators. The looters stole laboratory equipment, medicine, mattresses, and nutritional supplies from health centers, hospitals, and pharmacies predominately across Ituri and the Kivus. In one incident, CODECO militia attacked the MSF-supported Drodro General Referral Hospital in Ituri province's Djugu territory, looting the hospital, pharmacy, and health center; killing a patient; and forcing staff and patients to flee.[51]

At least eight health workers were kidnapped in seven incidents in eastern DRC in 2024, compared to 37 in 21 incidents in 2023 and 50 in 31 incidents in 2022. Various armed groups, including CMC, ADF rebels, and unidentified attackers, kidnapped health workers, primarily in Rutshuru, Goma, Mantumbi, Kirumba in North Kivu province and Ikoma in South Kivu. Health workers were kidnapped from health centers, from their homes, and on the road on accusations of supporting armed groups and for ransom demands. While the fate of most kidnapped health workers remained unclear, one nurse who had been kidnapped from his workplace was strangled before his body was dumped in a lake and found 14 days later.[52]

Democratic Republic of the Congo (DRC)

At least 11 health workers in eastern DRC were killed in separate incidents in 2023, one less than in 2022. The ADF, CODECO, CMC-FDP, FARDC, M23, Nduma Defense of Renewed Congo/Guidon, and unidentified attackers were all named as perpetrators. Health worker killings took place at health facilities, during road travel, and inside their homes. In addition to the previously mentioned nurse who was executed by the ADF, five health workers were shot and killed, three fatally stabbed, and one died during a mortar attack. ADF fighters stabbed and killed two of the 11 affected health workers during the looting of medical supplies from hospitals in Ituri and North Kivu.[53]

At least seven health workers were killed in six incidents in 2024. Along with the kidnapped and killed nurse, a FARDC soldier under the influence of alcohol shot dead a nurse he alleged was providing medical care to Mai-Mai Kata Katanga rebels.[54]

Health centers, hospitals, and pharmacies were deliberately set on fire at least five times in eastern DRC in 2024 by fighters from the ADF, CODECO, and Mai-Mai Kata Katanga. In some cases, health supplies were looted from facilities before they were set alight as part of broader assaults on towns and villages. For instance, a pharmacy and shops were set ablaze during a raid on a village in North Kivu in which five people were killed, including a policeman. Responsibility for the attack was claimed by the Islamic State armed group.[55] In one case, attempts to set a medical facility on fire were fueled by false accusations that the NGO was receiving funds from the ADF.[56]

SOCIAL MEDIA AND PUBLIC HEALTH: MPOX NARRATIVES IN THE DRC

During the 2024 mpox outbreak in the DRC, online platforms became a space for widespread expressions of mistrust, misinformation, and conspiracies – especially targeting international health actors and local authorities. This environment reflects long-standing grievances around foreign involvement in Africa's health sector and dissatisfaction with domestic governance.

Insecurity Insight's social media monitoring reveals that negative sentiment in the DRC was more pronounced than in other affected countries, with nearly 69% of analyzed comments expressing distrust of or hostility toward the public health response. Common themes included accusations of corruption among local officials, beliefs that international organizations were deliberately spreading disease, and fears that vaccines were being used for sterilization or population control purposes.

Compared to neighboring Uganda or Burundi – where public reactions were more balanced or even supportive – online discourse in the DRC was significantly more polarized. Posts often rejected the legitimacy of the outbreak and questioned the safety and purpose of vaccinations. Many users linked the mpox response to historical patterns of exploitation, reinforcing perceptions that both local and foreign actors prioritize profit or territorial control over genuine care.

This climate of suspicion poses real risks to aid operations in the DRC. Past experiences with Ebola have shown how online hostility can escalate into threats of violence against health workers. In 2024 – and still today – similar dynamics threatened to undermine vaccination campaigns, erode community trust, and hinder crisis responses in the DRC and beyond.

Monitoring social media remains essential, not only to counter harmful misinformation, but also to craft more transparent, locally grounded strategies that resonate positively with affected populations.

Democratic Republic of the Congo (DRC)

All other provinces

In Haut-Katanga province, a nurse was arrested at work by police officers following his refusal to sell his plot of land to the local chief.[57] In Kongo Central, armed men raided a health center and stole patient and facility belongings.[58] In Bas Uele, Ex-Seleka militia kidnapped a nurse from a health center, although the victim was soon released by FARDC forces, while an armed group looted a health center and 35 homes.[59] In Mai-Ndombe, Mobondo militiamen shot and killed the head nurse of Kikongo village.[60]

This factsheet is based on 2022-2024 COD SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Insecurity has critically weakened the DRC's health care system, with attacks on facilities causing closures and shortages, some centers operating at 4,000% overcapacity, and the ongoing mpox outbreak – affecting over 6,000 people, particularly children, with an 8.6% fatality rate – further exposing the system's fragility.

Conflict-induced displacement has worsened health challenges by disrupting essential services like maternal care, immunizations, and chronic disease management, resulting in preventable deaths among vulnerable populations.

The humanitarian crisis has led to a dramatic rise in conflict-related sexual violence, with cases doubling in the first half of 2024 compared to 2023, overwhelming health systems in areas like Goma, where five to seven survivors, including children, were treated daily, leaving many without timely or adequate care and worsening their trauma.

Women and children, who make up most of those needing medical care, face increased risks in overcrowded camps like Bulengo near Goma, where poor WASH facilities and low vaccination rates fuel the spread of diseases like cholera, malaria, and measles, putting further strain on limited health care resources.

CONFLICT AND HUNGER IN THE DRC

Insecurity Insight's January 2025 report *Chronic Insecurity: How Armed Groups Undermine Food Security in Ituri and North Kivu* highlights how sustained violence by armed groups severely disrupted agricultural livelihoods and food access in two of the DRC's eastern provinces. It underscores related humanitarian challenges (including cholera outbreaks and rising malnutrition) linked to displacement, poor sanitation, and overcrowded living conditions. These factors compounded the already-fragile health care landscape in the region, reinforcing the need for secure humanitarian access and stronger support for basic health care and nutrition interventions.

49 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident numbers 87547; 87558.
50 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident numbers 87401; 88462; 87498.
51 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 45446
52 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87058.
53 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident numbers 45153; 38077.
54 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87258.
55 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87886.
56 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87259.
57 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87253.
58 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87609.
59 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident numbers 85098; 45466.
60 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 47324.

Ethiopia

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS		
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED
2024		
59	26	24
2023		
15	4	4
2022		
13	5	3

Source: 2022-2024 ETH SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 59 incidents of violence against or obstruction of health care in Ethiopia in 2024, compared to 15 in 2023 and 13 in 2022. In these incidents, health facilities were damaged or destroyed on 26 occasions and 24 health workers were killed.

Ethiopia's Amhara region faced escalating violence and a humanitarian crisis amid an extended state of emergency, leaving the health care system on the verge of collapse.

Health worker killings in Amhara and the damaging or destruction of health care facilities in Oromia increased amid the escalating conflict.

In Tigray region, blockades have led to critical shortages of oxygen, antibiotics and other life-saving resources.

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

Ethiopia

THE CONTEXT

Ethiopia's conflicts have continued since November 2020, with Amhara region remaining one of the most volatile areas. Following the November 2022 Ethiopia–Tigray peace agreement (the Pretoria Agreement) between the Ethiopian government and the Tigrayan People's Liberation Front (TPLF), the Tigray war formally ended. Nonetheless, peace has not been re-established in the country, with conflicts continuing to escalate in Amhara and Oromia involving the Ethiopian National Defense Force (ENDF), Fano militia, the Oromo Liberation Front–Oromo Liberation Army (OLF-OLA), and OLF-Shene. The situation is further compounded by the continued presence of Amhara armed groups, including Fano militia, and Eritrean troops in parts of the country's north.

The consequences of these conflicts have been profound, particularly in Amhara and Tigray, where displacement and economic collapse have worsened the humanitarian crisis. Over a million Tigrayans live in IDP camps, where outbreaks of cholera, measles and malaria have been reported due to the lack of health care services, while much of northern Ethiopia faces severe food insecurity. According to the UN, nearly 30 million people – about a quarter of the population – are in need of emergency food assistance.

In early 2024, Ethiopia's parliament extended the state of emergency in Amhara, while administrative disruptions combined with sustained violence have undermined access to basic services, leaving the region's health care system on the verge of collapse.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

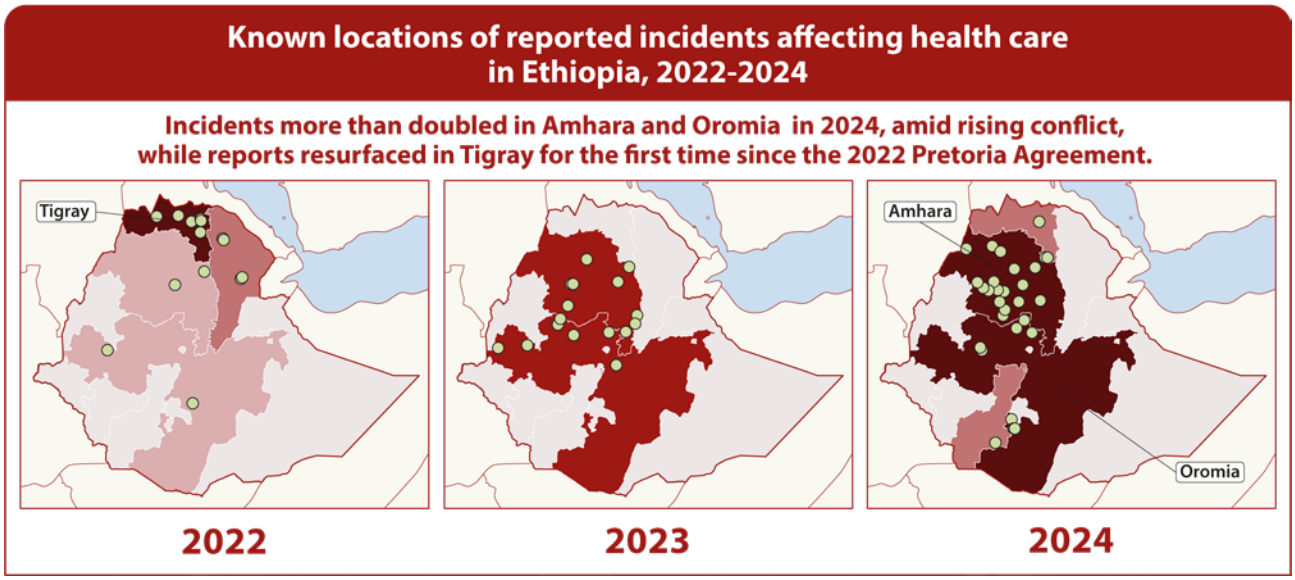
Incidents of reported violence against or obstruction of health care more than tripled between 2023 and 2024, reflecting continued and growing conflict in many parts of Ethiopia over this period. Amhara and Oromia were the most-affected regions, where cases more than doubled between 2023 and 2024, coinciding with high levels of conflict-related violence during this period.

Damage to health facilities escalated in Oromia, while health worker killings intensified in Amhara. Incidents were reported in Tigray for the first time since October 2022, before the Pretoria Agreement. In South Ethiopia Regional State, a hospital was looted and medical equipment stolen during a three-day attack on the area by unidentified attackers.[61]

Violence affecting health care attributed to OLF fighters armed with guns increased sharply in 2024, making up over a third of reported incidents. The ENDF continued to be implicated in incidents, along with Fano militia and the Tigray Defense Forces (TDF), all of which resumed violent activities that impacted health care in 2024. In other attacks, the attackers remained unidentified. The ENDF's use of drones armed with explosives that impacted health care rose from one incident in 2023 to six in 2024.

Most cases affected health care providers working for national health structures. Red Cross societies were directly affected on five occasions and an INGO once.

Ethiopia



Source: Safeguarding Health in Conflict Coalition

Oromia region

In 2024, at least 23 incidents were reported in Oromia region, up from seven in 2023 and two in 2022. These incidents, mainly in rural areas and towns, often targeted health workers in transit or health facilities serving vulnerable populations. Health workers were shot, particularly while transporting patients, and health centers, supplies and equipment were damaged. Several ambulances were ambushed or shot at, leaving drivers and passengers injured.

Most cases were attributed to the OLF-OLA, which vandalized four health stations and 13 health posts in Gelana woreda (district) in early 2024, causing health services to be suspended in nine areas.[62] OLF-OLA militants kidnapped a driver and other health workers from an ambulance in March, only releasing them in late August.[63] OLF-Shene militants attacked health workers traveling as part of a measles vaccination campaign, killing two, including a deputy head of the woreda health office, and injuring a health worker.[64] Fano militia members were named in the fatal shooting of two health workers and the deliberate setting fire to health care vehicles.[65]

Amhara region

At least 31 incidents were reported in Amhara region in 2024, compared to eight in 2023 and two in 2022. Incidents often occurred in East Gojjam, West Gojjam, North Wollo, and South Gondar zones and Bahir Dar city, often involving health workers being shot and killed by unidentified gunmen while transporting patients during road travel. Health workers were also arrested and detained by government forces on accusations of having links to Fano.

ENDF drone strikes in Amhara's North Wollo, East Gojjam, and West Gojjam zones killed five health workers, injured two others, and damaged four medical centers, often during broader attacks on civilians. Maternal health care services in Amhara were impacted by ENDF drone strikes. For example, a health center in North Gojjam was hit by an ENDF drone strike that damaged the maternity department, killed five pregnant women and two other patients, and injured three female health workers.[66] Health facilities were deliberately set on fire by ENDF soldiers, destroying medical supplies and equipment and depriving communities of

Ethiopia

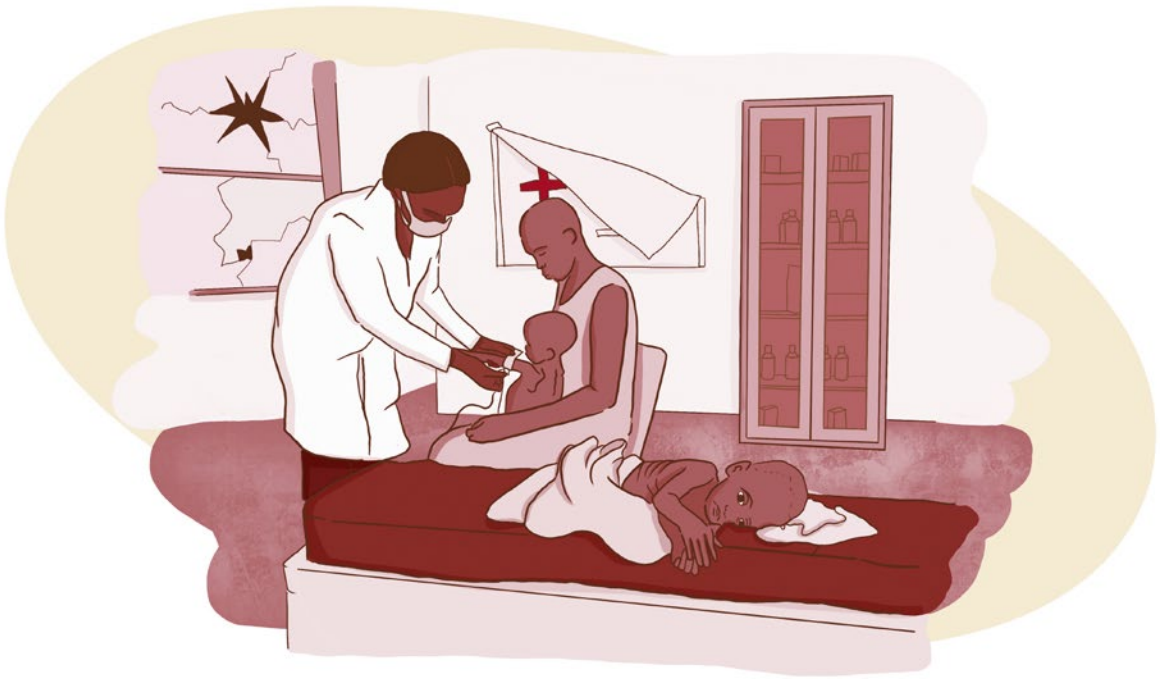
essential care.[67] Health workers were forced to participate in ENDF demonstrations, including being pulled from hospitals in Dessie town to attend a staged protest.[68]

Fano militia seized two Red Cross vehicles, while Kebele communal militia members were named in an incident involving a stray bullet killing a doctor.[69]

Tigray region

In January and February 2024, three attacks reportedly affected Ethiopian Red Cross Society vehicles and personnel in Tigray region. On February 17, suspected TDF fighters reportedly fired at a Red Cross vehicle and a public bus in Ofla woreda, injuring a passenger and damaging both vehicles.[70] In Korem town on the same day, an unidentified armed group reportedly attacked another Red Cross vehicle with gunfire and a grenade while a staff member was inside, shattering its mirrors and windshield.[71] Earlier, on January 12, Tigray state police mistakenly fired at an ambulance transporting a patient, killing the driver.[72]

This factsheet is based on 2022-2024 ETH SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).



THE IMPACT OF ATTACKS ON HEALTH CARE

The ongoing conflict in Ethiopia's Amhara region has inflicted severe and widespread damage on the health care system. Both government forces and non-state armed groups have repeatedly targeted health workers, facilities, and patients. Additionally, according to Human Rights Watch, health workers and patients reported an atmosphere of fear and distrust often caused by the frequent raids conducted to search for patients with gunshot and fragment wounds. These actions have created this atmosphere of fear and distrust, further compromising the ability of medical professionals to deliver effective care.

Ethiopia

In Tigray region, medical supply chains have been severely impacted, with roadblocks and movement restrictions forcing aid agencies to rely on costly air transport to deliver even small quantities of health care goods. These disruptions have led to critical shortages of oxygen, antibiotics, and other life-saving resources, exacerbating disease outbreaks such as cholera, measles, and malaria.

> *Medical supply chains have been severely impacted, with roadblocks and movement restrictions forcing aid agencies to rely on costly air transport to deliver even small quantities of health care goods.*

Health workers have faced harassment, threats and violence, further undermining the health care system. Ambulances have been seized or fired on, making it dangerous for medical personnel to transport patients or supplies.

The lack of basic resources has reached crisis levels. Hospitals report blood transfusion shortages that leave patients waiting weeks for critical care. According to the ICRC, essential services such as surgeries are delayed or canceled due to the unavailability of surgical gloves, oxygen and other necessities.

61 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident number 79441.
62 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident numbers 46177; 46168; 46169; 46170; 46171; 46172; 46173; 46174; 46175; 46176; 46178; 46179; 46180; 46181; 46182; 46183; 46184.
63 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident number 84434.
64 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident number 84784.
65 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident numbers 70492; 88698.
66 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident number 86133.
67 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident numbers 87618; 87613.
68 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident number 88045.
69 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident numbers 46771; 46525.
70 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident number 46529.
71 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident number 46527.
72 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 ETH SHCC Health Care Data. Incident numbers 46529; 46527; 43868.

Haiti

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2024			
39	20	3	4
2023			
42	10	1	33
2022			
10	3	1	12

Source: 2022-2024 HTI SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 39 incidents of violence against or obstruction of health care in Haiti in 2024, compared to 42 in 2023. In these incidents, three health workers were killed and four were kidnapped. Health facilities were attacked on 20 occasions.

Violence, massacres and gang conflict continued to impact health services in 2024.

Rising armed violence in health facilities remains a concern despite a decline in kidnappings.

Haiti's health care system is on the verge of collapse as violence forces facility closures and pregnant women flee to the neighboring Dominican Republic to obtain care.

Information on incidents of violence against health care in Haiti are compiled from open sources, information projects, aid agency data-sharing mechanisms and private sources. See Methodology for further information.

Haiti

THE CONTEXT

Haiti has been plagued by violence since the assassination of President Jovenel Möise in 2021. This violence continued in 2024, with over 5,000 people killed and some 1,400 reported kidnappings by gangs vying for control of territory. Entire communities have reportedly been killed, while sexual violence is widespread and used to terrorize communities and enforce control. Gang violence has forced people to flee their communities, and in 2024 the number of internally displaced persons was over a million. With violence escalating in several neighborhoods in and around Port-au-Prince, on March 3, 2024, Haitian authorities declared a state of emergency in Ouest department. It was expanded to include the whole country in September 2024. In June and July 2024, a group of Kenyan police officers arrived in the country to help combat the rising violence.

It is estimated that at least 5.5 million Haitians require humanitarian assistance, with just 42% of the USD 674 million that was needed being raised for Haiti's humanitarian response.

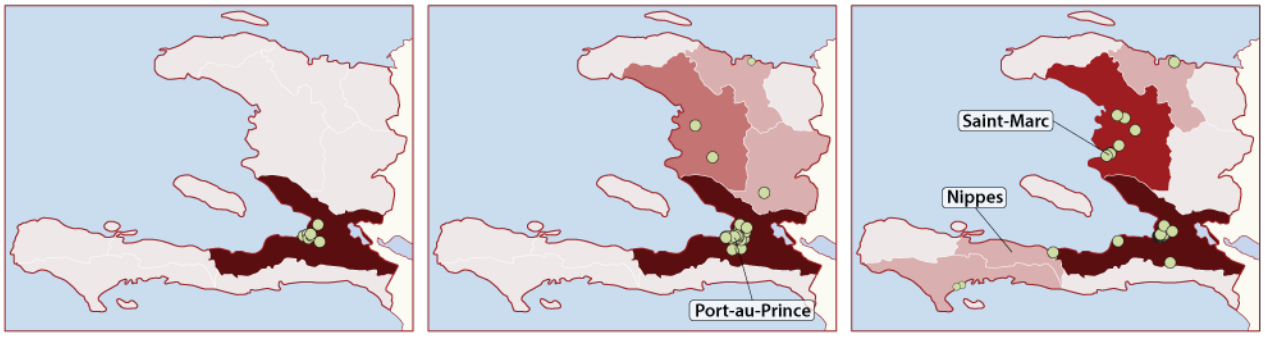
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care were reported throughout 2024, and the numbers rose in February and March during coordinated attacks by armed gangs targeting key institutions, including hospitals, in Port-au-Prince. As in previous years, most incidents were recorded in Ouest department, especially Port-au-Prince arrondissement, while incidents also increased in Arbonite department's Saint-Marc arrondissement. New incidents were recorded in the southern Nippes department in 2024.

There were increasing reports of health centers being used as bases during armed confrontations and looted for supplies. Although reported kidnappings of health workers decreased, targeted killings persisted and patients in hospitals were also targeted. Most reported health care attacks in Haiti in 2024 were carried out by unidentified armed men, with gangs including Base 5 Secondes, Baz Gran Grif de Savien, G9, Kokorat San Ras, and Viv Ansanm implicated in some cases. Haitian police arrested patients receiving treatment inside hospitals and threatened health workers.

Known locations of reported incidents affecting health care in Haiti, 2022-2024

Incidents continued to occur in Ouest department in 2024, particularly Port-au-Prince *arrondissement*, while cases increased in Arbonite department's Saint-Marc *arrondissement*.



Source: Safeguarding Health in Conflict Coalition

Haiti

The majority of incidents affected health care providers working for national health structures, with four incidents affecting INGOs and one a local NGO.[73]

Health facilities attacked

Clinics, health centers, and hospitals were attacked by gang members or unidentified men with guns on at least 20 occasions in 2024, compared to 10 incidents in 2023 and three in 2022. Medical supplies, equipment, and materials were robbed from hospitals and clinics in Ouest. Often, after being robbed, a facility was ransacked, or its energy systems, including solar panels, were damaged or set on fire.

Hospitals and health centers in Haiti were also used as "battlegrounds" for gang violence where hospitalized patients were targeted and shot or stabbed by armed individuals. In some instances, hospitals were seized and used as bases for attacks on police. In April, armed individuals stormed the State University Hospital of Haiti, using it as a headquarters for engaging in fighting against police.[74] When police forces regained control of the hospital in July, it had been seriously damaged, with stripped beds, debris, and bullet-riddled walls.

In other cases, armed perpetrators violently threatened hospital staff to force them to treat their injured associates. For instance, armed individuals held hospital staff at gunpoint in Arbonite department's Saint-Marc *arrondissement* and demanded prompt medical attention for an injured gang member.[75]

Health workers killed and kidnapped

Four health workers were reported kidnapped in four incidents in Haiti in 2024, compared to 33 in 27 incidents in 2023 and 12 in six incidents in 2022. Doctors, including a gynecologist-obstetrician, were kidnapped by gunmen in or around major urban centers in Ouest department's Port-au-Prince and Croix-des-Bouquets arrondissements, where gangs exert territorial control. Ransom payments were demanded in all recorded health worker kidnapping incidents. Kidnapped health workers were typically held for a few days before being released upon payment of a ransom.

Three health workers were reported killed in three incidents in 2024, compared to one each in 2022 and 2023. Health workers were killed in targeted shootings, often at close range, by gunmen while leaving work, traveling home or driving. In two health worker killings, a family member of the victim was also shot and wounded.[76] The third victim was a doctor who was shot in the abdomen by armed gunmen while driving home.[77] The doctor sought treatment at a hospital, but an anesthetist was unable to reach the facility due to heavy gunfire nearby. She was transferred to another health facility, but later died.

This factsheet is based on 2022-2024 HTI SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

The health care system in Haiti, particularly in Port-au-Prince, is on the brink of collapse as a result of the violence that has plagued the country for the past three years. In Port-au-Prince, almost 40% of health facilities have been forced to close as a result of insecurity, violence and looting. Many facilities that remain open have reduced their operations due to limited medication and medical supplies following lootings,

Haiti

difficulties in acquiring supplies as a result of the closure of the international airport in November 2024, and insecurity and roadblocks that impede the transportation of supplies. Facilities that have remained open are difficult to access due to active fighting and roadblocks that restrict patients' movement. Those who do make it to a facility risk being turned away due to lack of resources. As a result, pregnant and postpartum Haitian women are reportedly fleeing to the neighboring Dominican Republic in order to access maternal health care services.

> *Facilities that have remained open are difficult to access due to active fighting and roadblocks that restrict patients' movement. Those who do make it to a facility risk being turned away due to lack of resources.*

Health care providers have been forced to work in very insecure environments and often become targets of violence by armed groups who use intimidation tactics to demand payoffs from health workers, particularly hospital administrators. Additionally, health workers who work on the front lines and are therefore frequently in contact with actors involved in violence are at increased risk of becoming victims themselves. As a result of these conditions, around 40% of health care providers have fled the country.

Many people in Port-au-Prince have moved to rural areas where resources are limited and their only option is to live in makeshift shelters. Displacement camps are overcrowded and their inhabitants lack adequate access to essential services, including food, clean water, and sanitation, increasing health- and protection-related risks.

73 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 HTI SHCC Health Care Data. Incident numbers 86377; 86376; 86375; 86092; 84468; 92452.

74 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 HTI SHCC Health Care Data. Incident numbers 63725; 46257.

75 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 HTI SHCC Health Care Data. Incident number 85893.

76 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 HTI SHCC Health Care Data. Incident numbers 46238; 85722.

77 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 HTI SHCC Health Care Data. Incident number 46238.

India (Manipur state only)

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED
2024	
8	5
2023	
23	9

Source: 2023–2024 IND SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified eight incidents of violence against or obstruction of health care in India's Manipur state in 2024, compared to 23 in 2023, when health facilities were attacked nine times.

Health care continued to be affected by intercommunal violence between the Meitei and Kuki-Zomi communities, which began in May 2023.

A grenade was delivered to a hospital and a bomb thrown at a medical university campus.

Routine immunizations, maternal health services, and treatment for chronic diseases were disrupted.

Information on incidents of violence against health care in India's Manipur state is compiled from open sources and information projects. See Methodology for further information.

THE CONTEXT

Since May 3, 2023, intercommunal violence between the Meitei and Kuki-Zomi communities in Manipur state in north-eastern India has killed at least 260 people and displaced about 60,000, with a 15% increase in violence against civilians compared to the previous year.[78] As a result, the region was partitioned into two ethnic zones, with the Meiteis restricted to the Imphal Valley and the Kuki-Zomis to the surrounding hills. All conflict parties have regularly breached the buffer zone to attack each other, and communities have formed community defense forces to protect themselves. Insurgent groups from both communities have also resurfaced. In February 2025, President's Rule was imposed on the region, placing the state under direct government control.

India (Manipur state only)

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

At least eight incidents of violence against or obstruction of health care were identified in India's Manipur state in 2024. Many of these incidents occurred amid ongoing violence between the Meitei and Kuki-Zomi communities, with the majority being attributed to unidentified individuals who were often masked and armed with guns. Doctors and hospital staff were directly targeted in multiple incidents at children's hospitals, health centers, and pharmacies, such as the shooting of the managing director of the Diabetes Hospital and Research Centre, and the firing of shots at the Angel Children's Hospital and Medilane Eye Care Store. The incident at the Angel Children's Hospital sparked protests.[79]

Individual events were also attributed to other actors. For example, the Kangleipak Communist Party-Military Council kidnapped a medical officer for ransom. He was rescued by police shortly after, leading to four arrests, while armed Kuki-Zomi individuals burned down a village health center in Jiribam district in a night attack.[80]

On two occasions, explosive weapons use that impacted health care was recorded in Manipur state in 2024: two armed individuals posing as medicine delivery workers handed a grenade hidden inside a parcel to hospital staff at the Diabetes Hospital and Research Centre, which was likely to instill fear and disrupt medical services.[81] In the second incident, unidentified attackers threw a bomb at the gate of a doctor's residence inside the Dhanamanjuri University campus, allegedly over suspected extortion.[82]

This factsheet is based on 2023-2024 IND SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Similar to the previous year, the border restrictions imposed on the two communities have made accessing health care particularly difficult – especially for communities living in the hill areas. Essential health services, including routine immunizations, maternal health services, and treatment for chronic diseases, have been disrupted – primarily as a result of patients facing significant barriers in accessing these services and a shift in health services' focus to providing emergency care and treating injuries related to violence. Patients living in rural areas, which lack adequate health care infrastructure, must travel long distances to reach a health facility. This journey may be challenging as a result of checkpoints, blockades, and active fighting that may impact patients' ability to reach the facility. Additionally, once a patient does reach a health facility, they may find that it is understaffed, lacks medical supplies, or may even have closed as a result of the fighting.

Many people have fled violence in their communities and sought shelter in displacement camps, which currently shelter more than 50,000 displaced persons. The conditions in these camps are particularly difficult, and in February 2024, the delivery of state-sponsored relief materials were stopped in some camps, leaving them struggling to cope with demands for medical supplies and dependent on private donations.

Health care workers have also been affected by the conflict. As a result of restrictions of movements, grassroot health providers and patients face harassment and threat. ASHAs (female community health care workers) have been particularly affected by the multitude of checkpoints and blockades when carrying out

their community work. They may be intimidated and harassed by armed or conflict and these restrictions may also disrupt their ability to effectively carry out their work and reach their patient.[83]

Blockades imposed by communities from both ethnic groups have severely hampered the delivery of essential goods, including medicines, and have also increased journey times for health care workers attempting to reach affected areas.

78 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed March 20, 2025).
79 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 IND SHCC Health Care Data. Incident numbers 86373; 60742; 45955; 44583.
80 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 IND SHCC Health Care Data. Incident numbers 86968; 84654.
81 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 IND SHCC Health Care Data. Incident number 58272.
82 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 IND SHCC Health Care Data. Incident number 84787.
83 Key informant interview, March 26, 2025.

Lebanon

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KILLED	HEALTH WORKERS INJURED	INCIDENTS AFFECTING EMERGENCY MEDICAL SERVICES	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED
2024				
485	**408**	**419**	**310**	**208**
2023				
18	**9**	**7**	**9**	**2**

Source: 2023–2024 LBN SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 485 incidents of violence against or obstruction of health care in Lebanon in 2024, compared to 18 in 2023. In these incidents, 408 health workers were killed and 419 injured. Emergency medical services were attacked on at least 310 occasions and health facilities damaged at least 208 times.

The health care system was attacked by Israeli air strikes, resulting in a severe humanitarian crisis and deflated economy.

In the first eight days of the Israel Defense Forces' (IDF) Operation Northern Arrow, 104 health workers were killed and 14 injured, and health facilities were damaged 75 times.

One hundred out of 207 health centers were temporarily closed, and facilities struggled to cope with mass influxes of injured people.

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

THE CONTEXT

From October 8, 2023, armed clashes between Hezbollah and Israel escalated along Lebanon's southern border. In the months that followed, Lebanon endured one of its most severe humanitarian crises in recent years, driven by the intensifying conflict, economic collapse and a failing health care system.[84] In September 2024, hostilities escalated further when, as part of its operation Grim Beeper, Israel triggered explosives

planted in Taiwan-made pagers allegedly used by Hezbollah members, which killed at least three health workers and injured at least 22 inside health facilities and an ambulance.[85] Other pagers exploded in public spaces and killed and injured children.

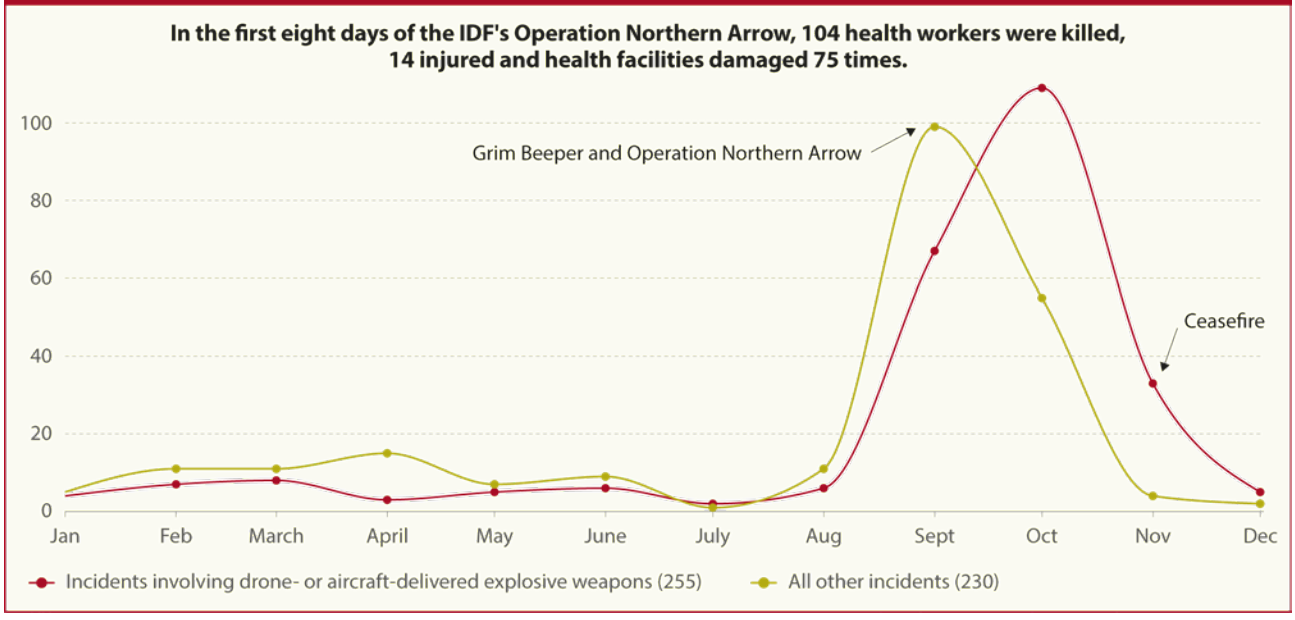
According to the Armed Conflict Location & Event Data (ACLED) project, the IDF carried out over 12,650 air strikes across Lebanon as part of its Operation Northern Arrow between mid-September and November 27, when a ceasefire came into place. This exceeds the bombing of Gaza during the opening days of the IDF military offensive in October. During this period, nearly 4,267 people were killed in Lebanon, including over 248 children, 17,579 were injured, and over 1.3 million people were internally displaced, while another 600,000 fled into Syria. More than 3,600 buildings were destroyed over two weeks in October 2024 alone, with towns in southern Lebanon, including critical civilian infrastructure, being reduced to rubble.

Lebanon's humanitarian crisis is intertwined with its ongoing economic collapse, which has decimated the middle class and driven poverty rates to high levels. The current conflict has exacerbated these challenges, with economic losses estimated at USD 8.5 billion and gross domestic product projected to shrink by 9% in 2024.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care dramatically increased in Lebanon from September 2024. In the first eight days of the IDF's Operation Northern Arrow, 104 health workers were killed, 142 were injured and health facilities were damaged 75 times, accounting for nearly a third of the total reported incidents. This high level of violence affecting Lebanon's health care system continued for the rest 2024. Attacks continued after the November 27 ceasefire, with seven cases recorded between its implementation and December 31. In these incidents, IDF armed drone and aircraft strikes killed four health workers and destroyed an INGO women's and children's health center, and Israeli soldiers besieged the vicinity of Meiss El Jabal Government Hospital using tanks and military vehicles.[86]

Reported incidents affecting health care in Lebanon, 2024



Source: Safeguarding Health in Conflict Coalition

Lebanon

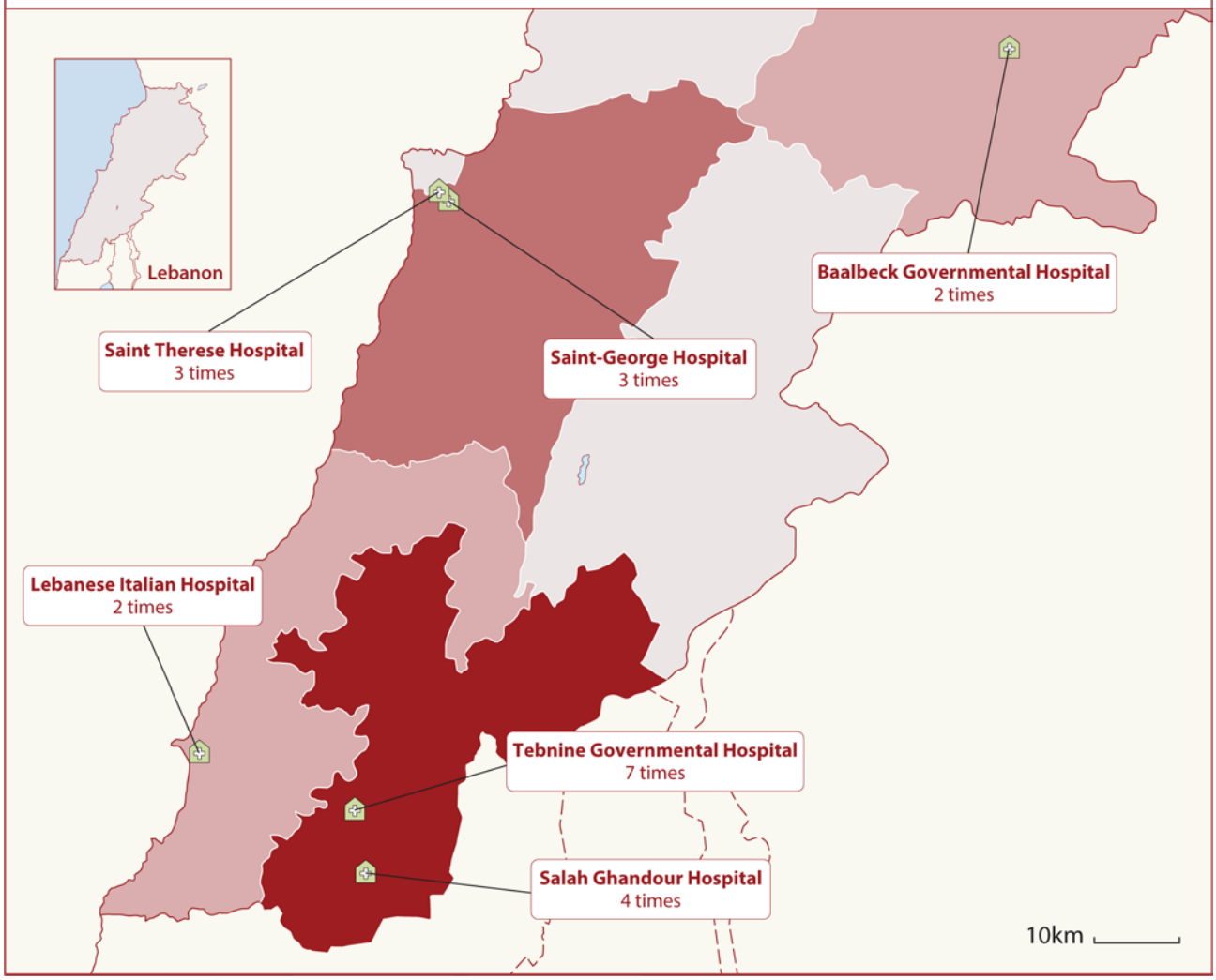
All 485 reported incidents were attributed to the IDF, with 97% involving explosive weapons, including drone and aircraft strikes, shelling, and improvised explosive devices (IEDs), that killed health workers and damaged health facilities and ambulances. In other cases, hospitals that included Baalbek Government Hospital, Ghandour Hospital, and Bahman Hospital were issued with evacuation orders, disrupting health care services, while ambulances were blocked from reaching injured people trapped under rubble.

Throughout 2024, incidents were frequently reported in the Bint Jbeil, Marjayoun, and Nabatieh districts of Nabatieh governorate and the Tyre district of South governorate. From September, incidents spread to Baalbek-Hermel (Baalbek governorate), Beqaa (Western Beqaa), and Baabda district (Mount Lebanon) amid IDF drone and aircraft strikes across Lebanon.

The majority of cases affected health care providers affiliated with Hezbollah or the Amal Movement, while NGOs, Red Cross societies and UN agencies were also affected by attacks.

Known locations of reported incidents affecting health care in Lebanon, 2024

In 2024, frequent incidents occurred in Bint Jbeil, Marjayoun, and Nabatieh districts (Nabatieh governorate) and Tyre district (South governorate). From September, the violence expanded to Baalbek, Baabda, and Western Beqaa districts amid IDF drone and aircraft strikes across Lebanon.



Source: Safeguarding Health in Conflict Coalition

Lebanon

Health workers killed and injured

At least 408 health workers were killed in 175 incidents in 2024, with 25% killed in the first eight days of the IDF's Operation Northern Arrow. Nearly three-quarters of the 408 people who were killed worked in emergency medical services (see below), while doctors, military medics and nurses were also among the victims. At least 25 health workers were killed while inside hospitals and clinics that were hit by IDF drone and aircraft strikes. Health workers were also killed when their homes or public spaces like cafés were bombed, as well as during the beeper attacks.

Attacks on emergency medical services

Emergency medical services were affected by violence at least 310 times in 2024. In total, 351 paramedics were killed and 334 injured, and at least 233 ambulances were damaged or destroyed. Emergency medical workers were killed and injured in IDF drone and aircraft strikes while conducting recovery and rescue efforts and in "double tap" strikes, in which attackers struck an area once and then targeted first responders attempting to evacuate civilians in a second attack. Other emergency workers were killed inside emergency health centers that were hit by bombs. In one large-scale incident, 15 paramedics were killed when a Lebanese Civil Defense center was hit and damaged by Israeli air strikes in Baalbek-Hermel governorate.[87]

This factsheet is based on 2023-2024 LBN SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

Health facilities damaged

In 2024, health facilities were damaged at least 208 times, with 90% of these incidents occurring during Operation Northern Arrow. Clinics, health centers, hospitals, and pharmacies were damaged in IDF drone and aircraft strikes, shelling, and remote-controlled IED detonations. Neonatal units, including in Kharoubi Hospital in Sidon, were damaged twice.[88] Some hospitals were damaged by Israeli air strikes on more than one occasion, including Tebnine Government Hospital, which was damaged seven times, and Salah Ghandour Hospital, which was damaged on four occasions.

> *Reported high rates of psychological trauma and sleep disorders have increased health needs that the health care system cannot meet.*

THE IMPACT OF ATTACKS ON HEALTH CARE

The conflict and resulting displacement crisis have severely strained Lebanon's capacity to provide for its population, and aid agencies were forced to suspend operations, with a significant impact on access to health care.

The UN estimates that over one million IDPs lack adequate shelter, with host families and rental housing bearing the brunt of the burden. The IDF's widespread destruction of homes – over 100,000 units were damaged or destroyed – and infrastructure left countless families without homes and livelihoods. Reported high rates of psychological trauma and sleep disorders have increased health needs that the health care system cannot meet.

Lebanon

Before the resurgence of conflict with Israel, the economic and financial crises in Lebanon had already resulted in the diminished availability of essential medications, with pharmacy stocks dropping by 50%. The ongoing conflict has brought Lebanon's health care system, which was once a regional example despite its inefficiencies, to the brink of collapse. Out of 207 health centers in conflict-affected areas, 100 closed in 2024, and hospitals struggled to cope with a massive influx of injured people. Moreover, 15 out of 153 hospitals ceased their operations or were functioning only partially due to structural damage or security concerns. Nabatieh governorate lost 40% of its hospital bed capacity. As of October 2024, five hospitals had also been evacuated and another five partially evacuated due to structural damage or security concerns. These factors left critical cancer, dialysis and other chronic illnesses patients with little access to care, forcing referrals to already overwhelmed hospitals elsewhere in the country. Hospitals operated with dwindling medical supplies and exhausted health workers. The reliance on private health care and entrenched inequalities in access to services have left marginalized groups, including Syrian refugees, disproportionately affected.

84 Approximately 96,000 people were displaced in northern Israel due to Hezbollah's rocket attacks, with many seeking refuge in shelters and temporary accommodation. Health care was impacted at least twice: an ambulance was damaged and a rocket landed near the entrance of a hospital.

85 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 LBN SHCC Health Care Data. Incident numbers 81248; 85282; 85284; 80752; 81214.

86 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 LBN SHCC Health Care Data. Incident numbers 86339; 86615; 86613; 86617; 86614.

87 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 LBN SHCC Health Care Data. Incident number 85827.

88 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 LBN SHCC Health Care Data. Incident numbers 85120; 85286.

Mali

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED	HEALTH WORKERS ARRESTED
2024		
37	**8**	**8**
2023		
48	**31**	**3**
2022		
57	**26**	**2**

Source: 2022–2024 MLI SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 36 incidents of violence against or obstruction of health care in Mali in 2024, compared to 48 in 2023 and 57 in 2022. In these incidents, at least eight health workers were kidnapped and eight others arrested or detained. The actual number of incidents and the severity of the problem are likely much greater.

JNIM fighters armed with guns were implicated in over a quarter of attacks on health care in 2024.

FAMa reportedly destroyed a health facility in an armed drone strike and arrested health workers during security operations.

Medical supply and staff shortages and health programs suspensions strained Mali's health care system.

Information on incidents of violence against health care in Mali is compiled from open sources, aid agency data-sharing mechanisms, information projects, and private sources. See Methodology for further information.

Mali

THE CONTEXT

Mali continued to suffer from conflict in 2024 although jihadist and separatist violence decreased slightly overall compared to 2023.[89] The military government reneged on its commitment in the 2015 Algiers Accords peace agreement to return to civilian rule in 2024.[90] Islamic State Sahel Province (ISSP) and Jama'at Nusrat al-Islam wal-Muslimin (JNIM) continued their insurgencies in the country's northern and central regions, where they operated against the Malian Armed Forces (FAMa) and the Africa Corps (the former Wagner Group), a Russian-linked mercenary group that supports government forces.

Following the announcement by Mali's junta of the end of the 2015 Algerian brokered peace deal in January 2024, the FAMa and Africa Corps also clashed in July with mainly Tuareg armed groups forming the Permanent Strategic Framework alliance in the northern Kidal region. Armed violence threatened the capital, Bamako, when JNIM militants killed over 50 people in their September attack on the international airport and gendarmerie training school.

Armed group blockades on urban areas continued to undermine humanitarian access, especially in Ménaka, which also experienced severe levels of acute food insecurity, while flooding in the summer months destroyed over 29,000 buildings across Mali, exacerbating humanitarian needs.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Reported incidents of violence against or obstruction of health care occurred throughout 2024, with higher numbers recorded at the start and end of the year, coinciding with the termination of the peace agreement in January and multiple coordinated attacks by armed groups. Incidents were recorded across nine Malian regions, mainly in central Gao and Mopti, as in previous years, with reported cases increasing in Ségou and decreasing in Tombouctou in 2024. ISSP were particularly active in Gao, while JNIM were more active in Mopti and Ségou.

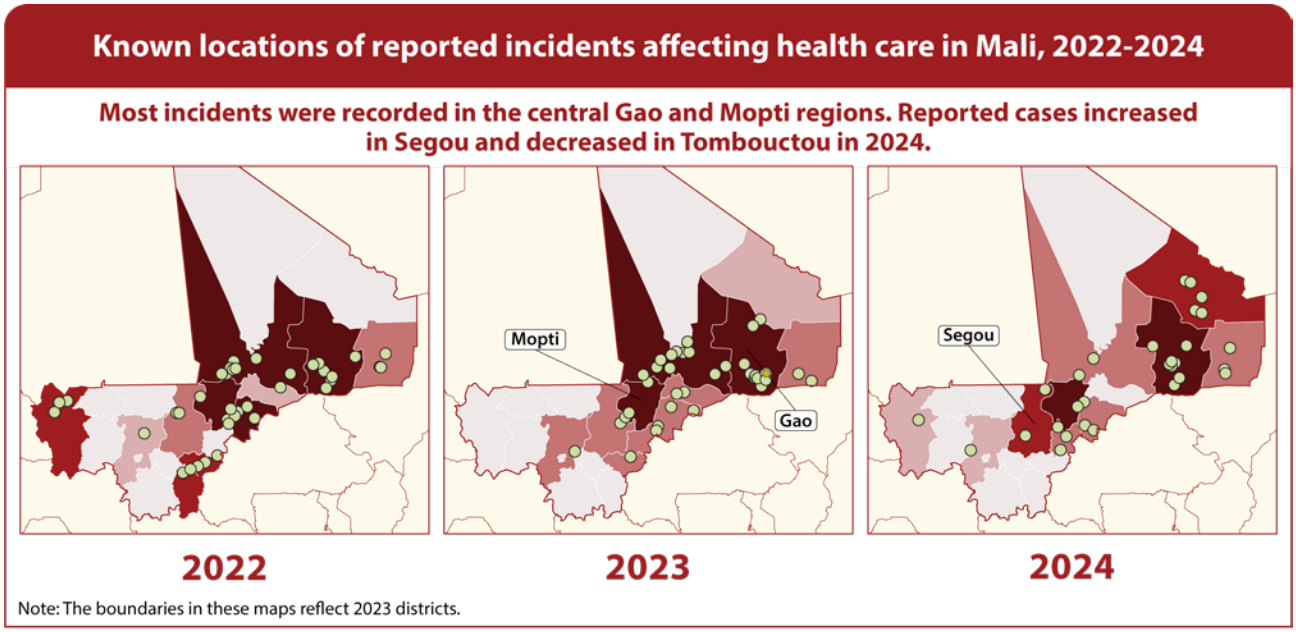
In 2024, reported health worker arrests and detentions increased, while reported kidnappings decreased. Most incidents affected health care providers working for national health structures, with two affecting an INGO and one each Red Cross societies and a private health care provider.[91]

JNIM fighters armed with guns were implicated in ten incidents, with members of the group also firing artillery shells that damaged health centers.[92] ISSP fighters were also cited in attacks on health care in Mali in 2024.

Across Gao, Kidal, Ménaka, Segou, and Tombouctou regions, FAMa troops reportedly searched and damaged medical centers, arrested and later released health workers and patients, and seized medical supplies. FAMa aircraft strikes in Tombouctou and drone attacks in Gao damaged health centers and killed and injured health workers.

Africa Corps mercenaries reportedly detained two health workers in Kidal in January and August.[93] In joint operations, FAMa troops and Africa Corps mercenaries destroyed a Kidal health center with explosives and arrested several health workers, including a nurse and two pharmacy managers.[94] Malian gendarmerie officers were also implicated in attacks on health care in Mali in 2024.

Mali



Source: Safeguarding Health in Conflict Coalition

Health workers kidnapped

Eight health workers were kidnapped in 2024 in five incidents in Gao, Ségou, and Mopti regions, compared to 31 in 20 incidents in 2023 and 26 in 11 incidents in 2022. Reported victims included health workers, pharmacy staff, and community health care leaders who were kidnapped from private clinics, their homes, and while traveling to remote areas to provide care. JNIM militants and unidentified attackers were reported as perpetrators.

In some health worker kidnappings, medical supplies were taken, such as in Gao, where suspected ISSP fighters vandalized a clinic, stole medicines, and abducted a health worker (who later escaped).[95]

Health workers arrested and detained

Eight health workers were arrested or detained in seven incidents in 2024, compared to three in two incidents in 2023 and two in two incidents in 2022. Health workers, including nurses, pharmacists, and INGO health care staff, were arrested by FAMa, Africa Corps mercenaries, and gendarmerie officers, mainly in Kidal, but also in Ménaka. While some detained health workers were released shortly after their arrest, the fates of many staff were not recorded, including a pharmacist detained by police on accusations of collaborating with ISSP and sent to a military camp in Ménaka.[96] Health workers were also arrested during attacks on health facilities, such as in Kidal, where FAMa troops and Africa Corps mercenaries detained a nurse and then bombed a health center.[97]

Health facilities attacked

Hospitals, clinics and pharmacies were attacked on at least 18 occasions in 2024. Health workers and patients were killed, arrested or abducted; medical supplies looted; and health facilities damaged during these attacks.

Mali

JNIM fighters carried out multiple attacks on health facility in 2024, mainly in Mopti region, but also in Gao and Ségou, including the previously mentioned artillery shelling and looting of medical supplies. In other attacks, JNIM fighters set fire to a health center in Mopti after raiding the area and stealing livestock, depriving local communities of medical assistance.[98] Health facilities were attacked and staff threatened, such as when JNIM fighters entered a local health center in Ségou and ordered staff not to treat FAMa wounded.[99]

ISSP fighters invaded health centers and stole medicine and money during wider attacks on villages in Gao region.[100]

This factsheet is based on 2022-2024 MLI SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Mali is among the world's poorest countries and had the sixth lowest Human Development Index globally in 2022. This is reflected in inadequate resources for the health care system. According to the latest data, the country has only one doctor per 10,000 people, which is well below the WHO's recommended doctor-to-population ratio of 1:1,000. Protracted violence in the country since 2012 has exacerbated the health care system's pre-existing weaknesses.

Frequently, attacks on health care, as well as broader insecurity, have led to the suspension of health care services and made care inaccessible to many people seeking care. For example, in November 2024 MSF temporarily suspended medical activities in Nampala commune, Ségou region, after an MSF team and community health workers were "violently attacked and robbed by armed men." MSF was the only INGO present in the area at the time. Across Mali as a whole, violence and insecurity were major factors disrupting health care access. Among the 108 health service delivery units assessed to be either non-functional or only partially functional in Mali as of October 2024, insecurity was cited as a reason in 42% of cases. Similarly, among 304 health service delivery units in Mali reported to be partially accessible as of October 2024, insecurity was cited as a reason in 65% of cases.

> *One INGO noted that it had to provide care to patients in makeshift conditions (on one occasion hidden under a rocky outcrop).*

Blockades and curfews in parts of Mali coupled with limited humanitarian flights to the Ménaka region, which is inaccessible by land for INGOs due to armed group activity, also disrupted health care provision. Reported impacts of these blockades included shortages of medical supplies and difficulties in conducting health assessments. Among other factors, blockades have also meant that mobile medical units have become the only source of health care for many people. One INGO noted that it had to provide care to patients in makeshift conditions (on one occasion hidden under a rocky outcrop) due to the lack of formal health facilities in and around Douentza town in the Mopti region following the displacement of people by conflict.

Mali

SOCIAL MEDIA MONITORING

As part of its social media monitoring in the Sahel, Insecurity Insight tracks publicly accessible online narratives that may affect humanitarian access and the safety of aid workers. In Mali, social media discussions on public platforms about aid organizations throughout 2024 were largely neutral or positive when referencing specific agencies. However, generalized suspicion towards the aid sector persisted, particularly on X, where content often portrayed international assistance as politically driven or harmful to national sovereignty.

These narratives, though broad, can undermine trust in aid and health care delivery and compromise the perceived neutrality of humanitarian workers. Accusations that NGOs promote dependency or serve external agendas risk creating an environment in which community engagement with health services becomes more difficult.

Some user comments expressed skepticism towards international donors and development actors involved in health programming, with claims that they support authoritarian regimes or use aid to spread foreign ideologies. Although not widespread, these views contribute to an atmosphere of doubt that can affect public uptake of essential health interventions, such as vaccination campaigns or WASH services.

Facebook remained the dominant public platform for aid-related posts, with most content produced by local media and civil society networks. This content tended to be factual and neutral in tone. As overall engagement declined towards the end of the year, a small number of coordinated, politically aligned accounts continued to amplify distrust in the aid sector, including organizations providing health support.

89 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed January 1, 2025).
90 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed January 1, 2025).
91 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 70493; 85506; 92415; 43854.
92 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 92422; 92417.
93 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 43854; 70493.
94 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 88025; 46772; 45116.
95 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 92415.
96 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 86533.
97 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 88025.
98 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 92411.
99 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 86323.
100 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 92415; 86324.

Mexico

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2024			
28	18	6	4
2023			
12	4	6	9
2022			
14	9	3	5

Source: 2022-2024 MEX SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 28 incidents of violence against or obstruction of health care in Mexico in 2024, compared to 12 in 2023 and 14 in 2022. In these incidents, six health workers were killed and four kidnapped, and health facilities were attacked 18 times.

Deepening insecurity and health care challenges became increasingly evident amid rising armed group violence in Chiapas, Baja California, Sinaloa, Zacatecas, Quintana Roo, and Guerrero states.

Health facilities became battlegrounds when hospitalized patients were fatally shot or kidnapped by armed individuals.

A climate of insecurity, burnout, and fear among health workers undermined the ability of Mexico's health care system to provide equitable and effective care.

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

Mexico

THE CONTEXT

Persistent violence pervades much of Mexico as armed groups and drug cartels fight for territorial control, sometimes using drones to do so. Over 100,000 people have gone missing in the past six years. Armed groups, fueled in part by the fentanyl trade, human trafficking, and financial extortion, continued to drive much of the violence, exacerbating public insecurity particularly in Chiapas, Baja California, Zacatecas, the State of Mexico (which is commonly known as Edomex), Quintana Roo, and Guerrero states. Despite a new security strategy led by President Sheinbaum, reducing insecurity remains a challenge and only 1% of crimes are prosecuted.

Mexico's health care system faced immense challenges in 2024. The dismantling of Seguro Popular, the country's public health insurance program, has left millions without health insurance and doubled the number of people without access to adequate care.

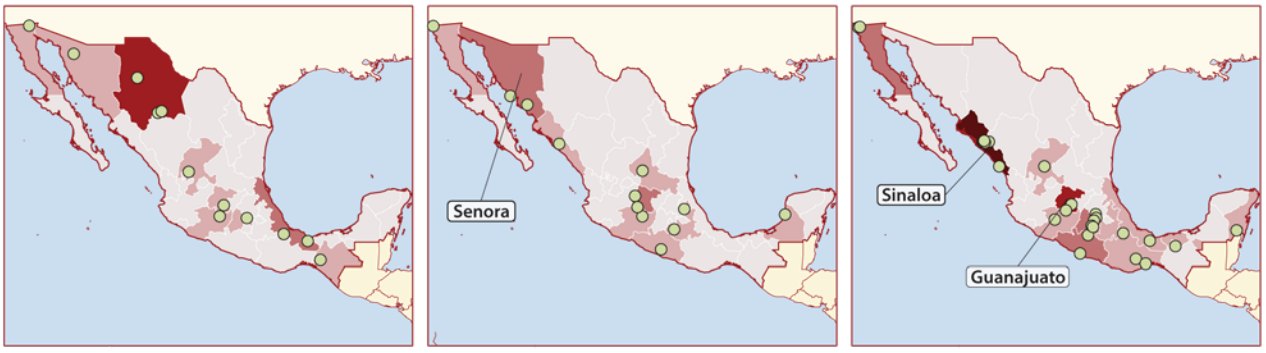
Disparities in health care access persisted, particularly for indigenous and rural populations, who continued to experience systemic discrimination. The many people on the move in Mexico, including refugees and asylum seekers, are often barred from accessing health care, even through a recent study showed that more than half require medical attention.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of reported violence against or obstruction of health care more than doubled in Mexico between 2022 and 2024, reflecting the wider deterioration in security over this period. Sinaloa and Guanajuato were the most affected states, followed by Baja California, coinciding with high levels of violence in these areas. Armed violence inside hospitals, clinics and pharmacies rose in 2024, particularly in Sinaloa state. A similar number of health workers were killed and kidnapped in 2024 as in previous years.

Known locations of reported incidents affecting health care in Mexico, 2022-2024

Most incidents were recorded in Sinaloa state in 2024, where violence has increased. This is a change from 2023, when Sonora state experienced the most incidents. Incidents continued to be reported in Guanajuato state in 2024.



Source: Safeguarding Health in Conflict Coalition

Mexico

The majority of attacks were attributed to unidentified men with guns. On one occasion, an improvised explosive device (IED) was found and safely defused inside a hospital in Sinaloa state, and in another attack two ambulances were set on fire in Guanajuato state.[101]

Most cases affected health care providers working for national health structures, with one incident each affecting an NGO and a private health organization.[102]

Health facilities attacked

Hospitals, clinics, and pharmacies were attacked on at least 18 occasions in 2024, compared to four such incidents in 2023 and nine in 2022. Hospitals and pharmacies often became battlegrounds for gang violence when hospitalized patients were fatally shot or kidnapped by armed individuals. In some cases, health workers were harmed. For example, in Baja California state, armed men entered a pharmacy and opened fire, killing a man and injuring a doctor and another employee. Two non-health workers were also abducted.[103]

In other incidents, hospital staff were threatened and coerced by armed perpetrators to treat their injured associates. For example, a group of approximately 50 people, including at least ten armed men, arrived at José Maria Rodriguez Hospital and took control of the facility for at least 12 hours, demanding priority medical attention for three people with gunshot wounds. Shots were fired in the air and staff were threatened with violence if the treatment of these people was not prioritized.[104]

Health workers killed and kidnapped

Six health workers were killed in five incidents in 2024, compared to six in five incidents in 2023 and three in three incidents in 2022. Victims included doctors, paramedics, nurses and medical facility directors. Some were killed in shootings at medical facilities and ambushes on ambulances.

Kidnappings also continued. Between April and December 2024, four health workers were kidnapped in four incidents, compared to nine in five incidents in 2023 and five in four incidents in 2022. Two health workers were found tied up and dead after disappearing. At least one of these cases was linked to financial extortion.[105] Other health workers were kidnapped for ransom and because of their perceived political connections. One kidnapped doctor was released unharmed after one day of captivity, while the fates of the remaining staff members were not recorded.[106]

Attacks on emergency medical services

Emergency medical services were attacked on three occasions in 2024. The actual number of incidents is likely higher due to under-reporting. Two paramedics and a patient were shot and killed and an ambulance driver and paramedic shot and injured in these attacks. In one instance, an ambulance responding to a false call was ambushed and shot at in Guerrero state, leaving a paramedic injured.[107]

This factsheet is based on 2022-2024 MEX SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

Mexico

THE IMPACT OF ATTACKS ON HEALTH CARE

Ongoing violence in Mexico severely impacts health workers and the broader health care system. Criminal groups have frequently targeted health facilities: in Guanajuato state, where many criminal groups operate, attacks on rehabilitation centers have become a deadly tactic in turf wars between rival gangs. This violence not only endangers patients and staff, but also deters people from seeking care.

In addition to physical violence, health workers face threats when treating people involved in migration and organized crime. Many medical professionals providing care to migrants, who are often victims of kidnapping, torture and abuse, operate in environments with high levels of insecurity.

These conditions create a climate of insecurity, burnout, and fear among health workers, undermining the ability of Mexico's health care system to provide equitable and effective care.

> *These conditions create a climate of insecurity, burnout, and fear among health workers, undermining the ability of Mexico's health care system to provide equitable and effective care.*

101 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MEX SHCC Health Care Data. Incident numbers 88085; 46785.
102 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022-2024 MEX SHCC Health Care Data. Incident numbers 84656; 87044.
103 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022-2024 MEX SHCC Health Care Data. Incident number 84469.
104 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MEX SHCC Health Care Data. Incident number 87976.
105 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MEX SHCC Health Care Data. Incident number 84471.
106 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MEX SHCC Health Care Data. Incident numbers 87956; 88092.
107 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MEX SHCC Health Care Data. Incident number 44001.

Mozambique

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	INCIDENTS WHERE HEALTH FACILITIES WERE SET ON FIRE
2024		
12	5	7
2023		
2	0	0
2022		
7	4	6

Source: 2022-2024 MOZ SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 12 incidents of violence against or obstruction of health care in Mozambique in 2024, compared to two in 2023 and seven in 2022. In these incidents, health facilities were set on fire and medical supplies looted.

The conflict in Cabo Delgado province has devastated public infrastructure, with towns like Mocímboa da Praia seeing the destruction of hospitals, schools, and water systems, leaving health care and other basic services in disarray.

Medicines and medical equipment were looted from hospitals and health centers were set on fire amid escalating violence.

Severe shortages of medical staff and supplies hampered patients' access to care.

Information on incidents of violence against health care in Mozambique is compiled from open sources, aid agency data-sharing mechanisms and information projects. See Methodology for further information.

Mozambique

THE CONTEXT

Mozambique continued to face two internal (non-international) armed conflicts, disrupting public services and access to health care. The Islamist insurgency in Cabo Delgado province continued to destabilize the country's northern provinces, displacing nearly a million people since 2017. Despite military interventions mitigating the worst of the violence, sporadic attacks persist. The conflict has severely damaged public infrastructure in Cabo Delgado, leaving health and basic services in disarray. In towns like Mocímboa da Praia, hospitals, schools and water systems have been destroyed. Displaced people returning to their homes find themselves without access to essential services, and fears of renewed violence hinder further recovery efforts.

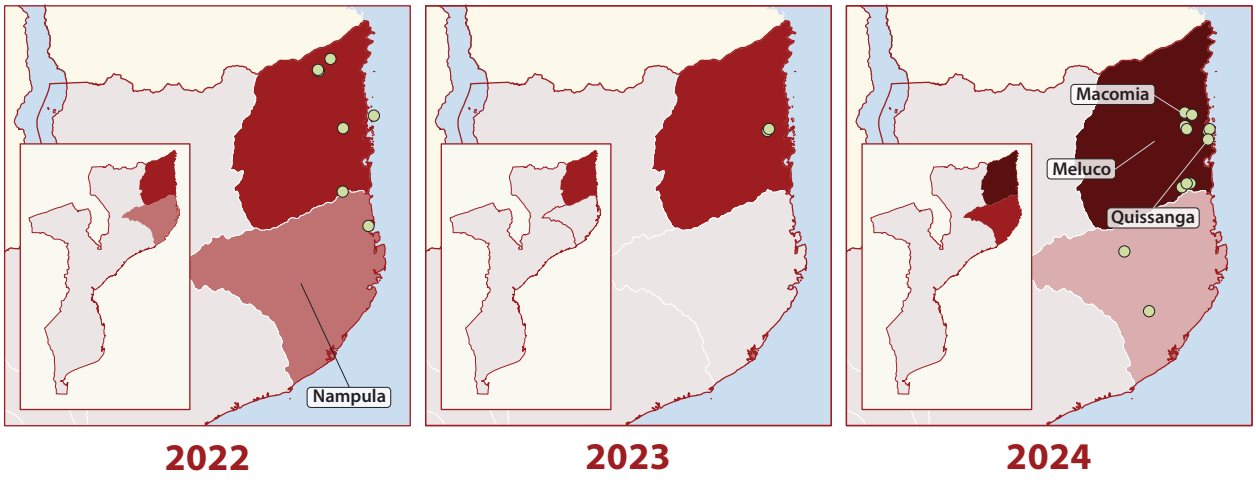
Post-election protests, particularly in Nampula, over alleged fraud by the ruling Frelimo party led to violent crackdowns, leaving at least 300 people dead and forcing tens of thousands to flee, and raising concerns over human rights abuses and political repression.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care increased between 2023 and 2024, reflecting the wider increase in violence in Mozambique over this period. Most incidents were documented in Cabo Delgado province, where insurgency is high, with two reported from neighboring Nampula province.

Known locations of reported incidents affecting health care in Mozambique, 2022-2024

Incidents increased between 2023 and 2024, with high numbers in Cabo Delagdo's Macomia, Meluco, and Quissanga districts, where insurgency continued to destabilize the province.



Source: Safeguarding Health in Conflict Coalition

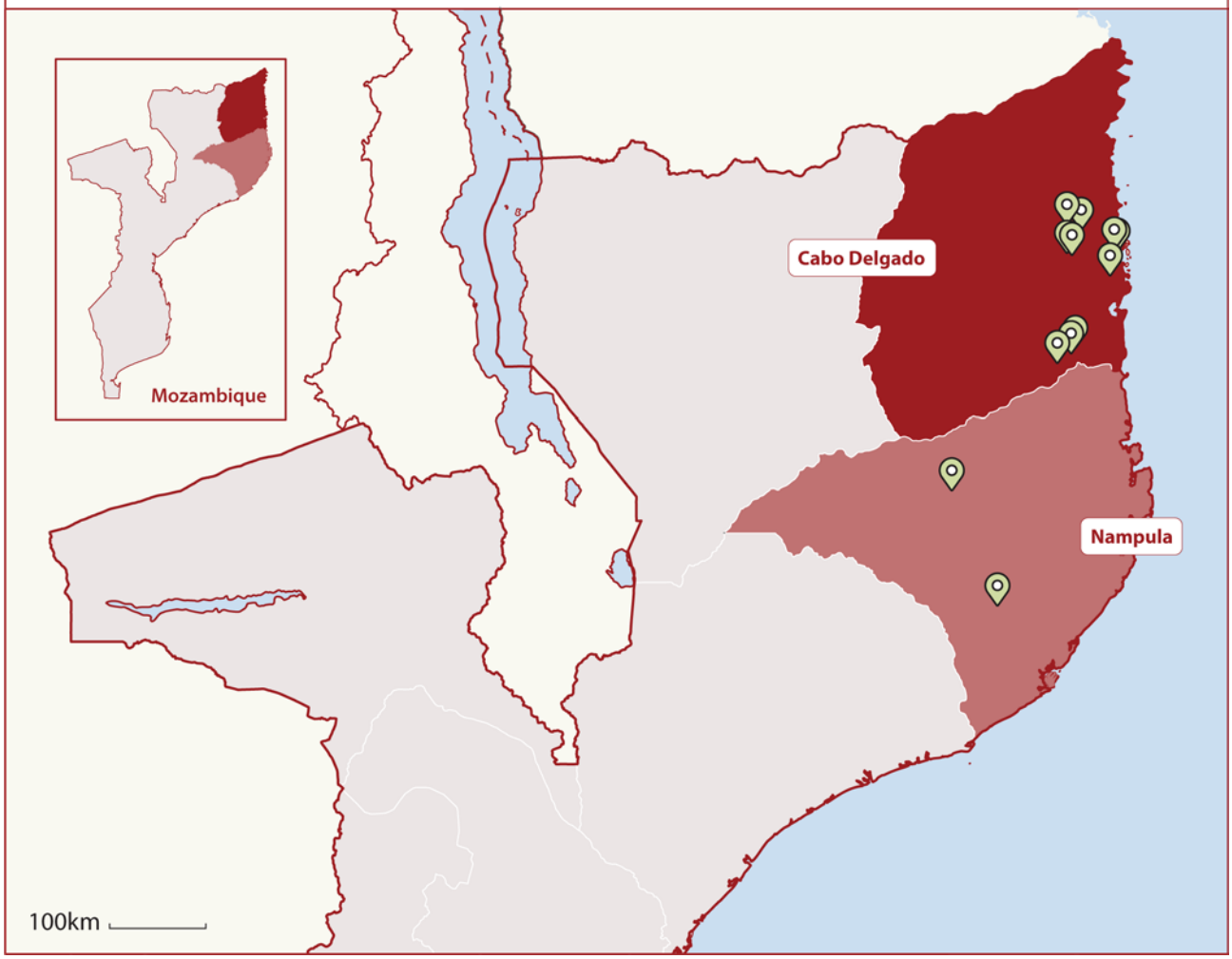
In 2024, attacks on health facilities, including setting them on fire and looting medical supplies, increased, often as part of broader assaults on towns and villages in Cabo Delgado province. These attacks often targeted other civilian infrastructure, including homes and schools, and resulted in the killing, kidnapping, and mass displacement of civilians. In most cases, incidents were attributed to unidentified armed men. On two occasions, Islamic State-affiliated militants looted medical supplies from health centers in wider attacks in Cabo Delgado. The group later claimed responsibility for one of the attacks.[108]

Mozambique

Most incidents affected health care providers working for national health structures, with three affecting NGOs.[109]

Reported incidents affecting health care in Mozambique, 2024

In 2024, health facilities were deliberately set on fire or looted of vital medical supplies, often as part of broader attacks on towns and villages by armed men.



Source: Safeguarding Health in Conflict Coalition

Medical supplies looted

The looting of vital medical supplies, including medicine and equipment from hospitals, health centers, and humanitarian aid storage sites, was reported on seven occasions, mostly in Cabo Delgado province and once in Nampula in 2024. Medical supplies were often looted during broader assaults on local communities. In one looting incident, health workers were kidnapped: six NGO health workers and two aid workers were kidnapped for ransom, and humanitarian food and medical supplies were stolen in Macomia district, Cabo Delgado.[110] At least five of the eight staff members were later released with the fate of the remaining staff not recorded.

Mozambique

Health facilities set on fire

Health centers, hospitals and medical warehouses were set on fire at least five times in 2024. Incidents mainly occurred in the Cabo Delgado districts of Macomia, Meluco, and Quissanga, and often occurred during wider attacks on civilians that led to killings, kidnappings, and mass displacement. For example, a hospital cubicle and a school were set on fire when Islamist militia attacked Chiure district in Cabo Delgado province for a second day.[111] Six people were killed and around 11,000 residents fled. Health facilities were also set on fire following accusations that community health care providers were spreading cholera. For example, a medical warehouse was set alight and two NGO health workers were physically assaulted by a group of individuals after rumors spread that local health care providers were spreading cholera in Nampula province.[112]

This factsheet is based on 2022-2024 MOZ SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

The ongoing instability has left Mozambique's health care system in crisis, with severe consequences for its population. More than half of Mozambicans walk over an hour to reach the nearest health facility, where medicine shortages are common and the health care workforce is severely under-resourced. Mozambique has one of the world's lowest ratios of doctors to population, with only three doctors per 100,000 people, leaving many people without adequate care.

The destruction of health facilities in the conflict-affected province of Cabo Delgado has further exacerbated this crisis. In Macomia city, only one of the seven health centers that existed before the conflict remains operational.

> *Mozambique has one of the highest HIV/AIDS rates globally, with 1.2 million adults infected, 58% of whom are women.*

The health crisis affects many patients seeking basic primary health care, including women, children, those with chronic conditions and HIV/AIDS patients. Mozambique has one of the highest HIV/AIDS rates globally, with 1.2 million adults infected, 58% of whom are women. Mozambique is also a high-risk malaria zone, with children and pregnant women being particularly vulnerable. Between January and September 2024, MSF treated over 82,000 malaria cases in Cabo Delgado alone. However, periodic suspensions of outreach activities due to security concerns left many without life-saving treatment.

The cumulative impact of these challenges underscores the urgent need for comprehensive strategies to restore and strengthen Mozambique's health care system amid ongoing violence and political turmoil.

Mozambique

108 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MOZ SHCC Health Care Data. Incident numbers 91729; 56167.
109 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MOZ Health Care Data. Incident numbers 91728; 59436; 56926.
110 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MOZ SHCC Health Care Data. Incident number 59436.
111 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022-2024 MOZ Health Care Data. Incident number 86578.
112 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MOZ SHCC Health Care Data. Incident number 91728.

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.

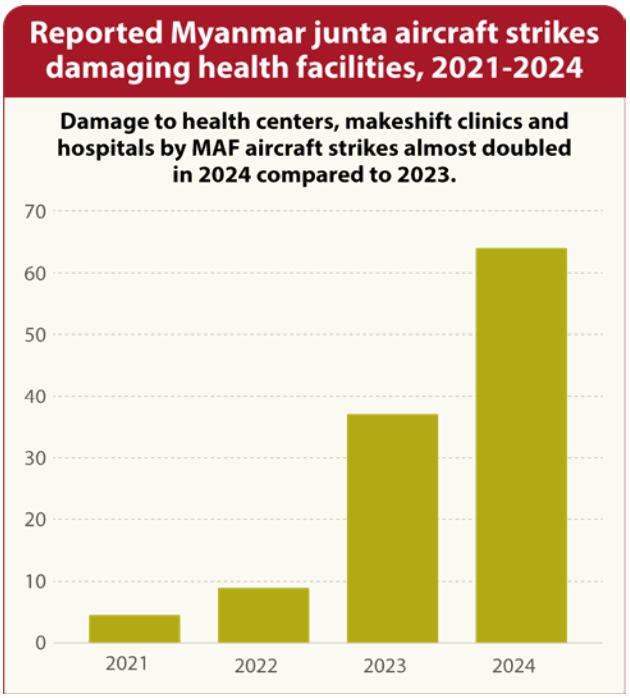
Typhoon Yagi destroyed homes, crops and infrastructure, leaving 1.1 million people struggling to recover.

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.

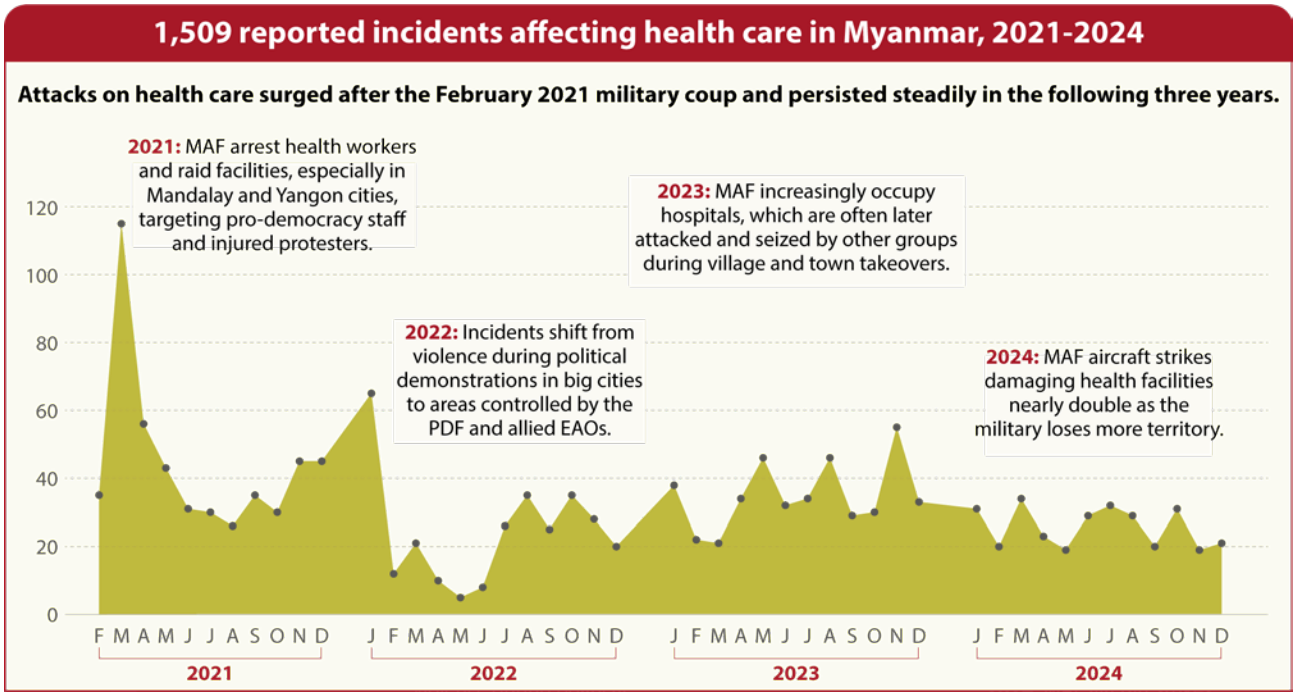
Reported Myanmar junta aircraft strikes damaging health facilities, 2021-2024



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.[113]

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.[114] 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,[115] 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.[116]

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.[117]

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.[118]

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.[119]

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.[120] 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.[121] 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.[122]

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.[123] 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.[124]

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

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.[125]

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.[126]

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.[127]

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.[128] 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.[129] 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.[130]

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).

113 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 86823; 84390; 84388; 87052.
114 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 52042.
115 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 58312; 51943.
116 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 45472.
117 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 43806; 45435; 45473.
118 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 46825; 46826; 46823.
119 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 45434.
120 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 46832.
121 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 47096.
122 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 86951.
123 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 86967.
124 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 87436.
125 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 58256; 58255; 70159.
126 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 46526.
127 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 85420.
128 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 66604.
129 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident number 66604.
130 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2021-2024 MMR SHCC Health Care Data. Incident numbers 66605; 57829.

Niger

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	INCIDENTS WHERE HEALTH FACILITIES WERE SET ON FIRE	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2024				
15	4	3	3	3
2023				
19	5	0	0	7
2022				
14	0	0	1	0

Source: 2022-2024 NER SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 15 incidents of violence against or obstruction of health care in Niger in 2024, compared to 19 in 2023 and 14 in 2022. In these incidents, health facilities were set on fire and medical supplies looted. Three health workers were killed and three kidnapped.

Escalating insecurity and deepened humanitarian crisis strained health care systems.

A suspected Niger Armed Forces drone strike hit a clinic treating victims of an earlier market attack in Tillabéri town.

Inadequate access to quality health services is a key driver of malnutrition.

Information on incidents of violence against health care in Niger is compiled from open sources, aid agency data-sharing mechanisms, information projects and private sources. See Methodology for further information.

Niger

THE CONTEXT

Conflict continued in Niger in 2024, with an increase of nearly 50% in people killed compared to 2023.[131] The military government that seized power in a coup in July 2023 remained in control. Conflict remained most intense in the western Tillabéri region bordering Mali and Burkina Faso, where Jama'at Nusrat al-Islam wal-Muslimin (JNIM) and Islamic State Sahel Province (ISSP) insurgencies continued to oppose the Niger Armed Forces (FAN). The Islamic State West Africa Province (ISWAP) and Boko Haram armed groups carried out repeated attacks against civilians and state security forces in the southeastern Diffa region.[132]

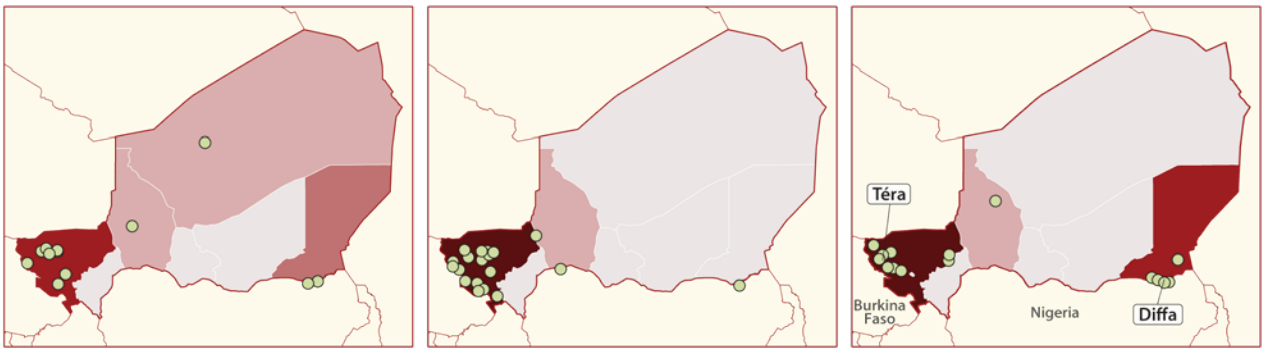
The humanitarian situation was exacerbated by the country's worst flooding since 2020, which reportedly affected 46,500 households and killed over 200 people. Over 500,000 people were internally displaced in 2024 and 3.1 million people were in need of humanitarian assistance.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care were reported in three of Niger's seven regions in 2024. As in previous years, most incidents occurred in the Téra department of Tillabéri region, bordering northeastern Burkina Faso, where conflict remained intense. Reported cases increased in Diffa region in 2024, especially in areas bordering Nigeria's Yobe state, where the FAN fought against the Boko Haram insurgency. All identified incidents affected health care providers working for national health structures.

Known locations of reported incidents affecting health care in Niger, 2022-2024

Incidents continued to be reported in Tillabéri region's Téra department, bordering Burkina Faso, with cases increasing in Diffa region, bordering Nigeria.



Source: Safeguarding Health in Conflict Coalition

In 2024, reports of ambulance hijackings and the looting of medical supplies persisted, and reports of the killing of health workers and health facilities being set on fire increased. For the first time since SHCC began reporting in 2014, a drone armed with explosives was reported to have affected health care in Niger. During the incident, which occurred in October, a suspected FAN drone strike hit a clinic treating injured victims from an earlier strike on a market in Tillabéri town.[133]

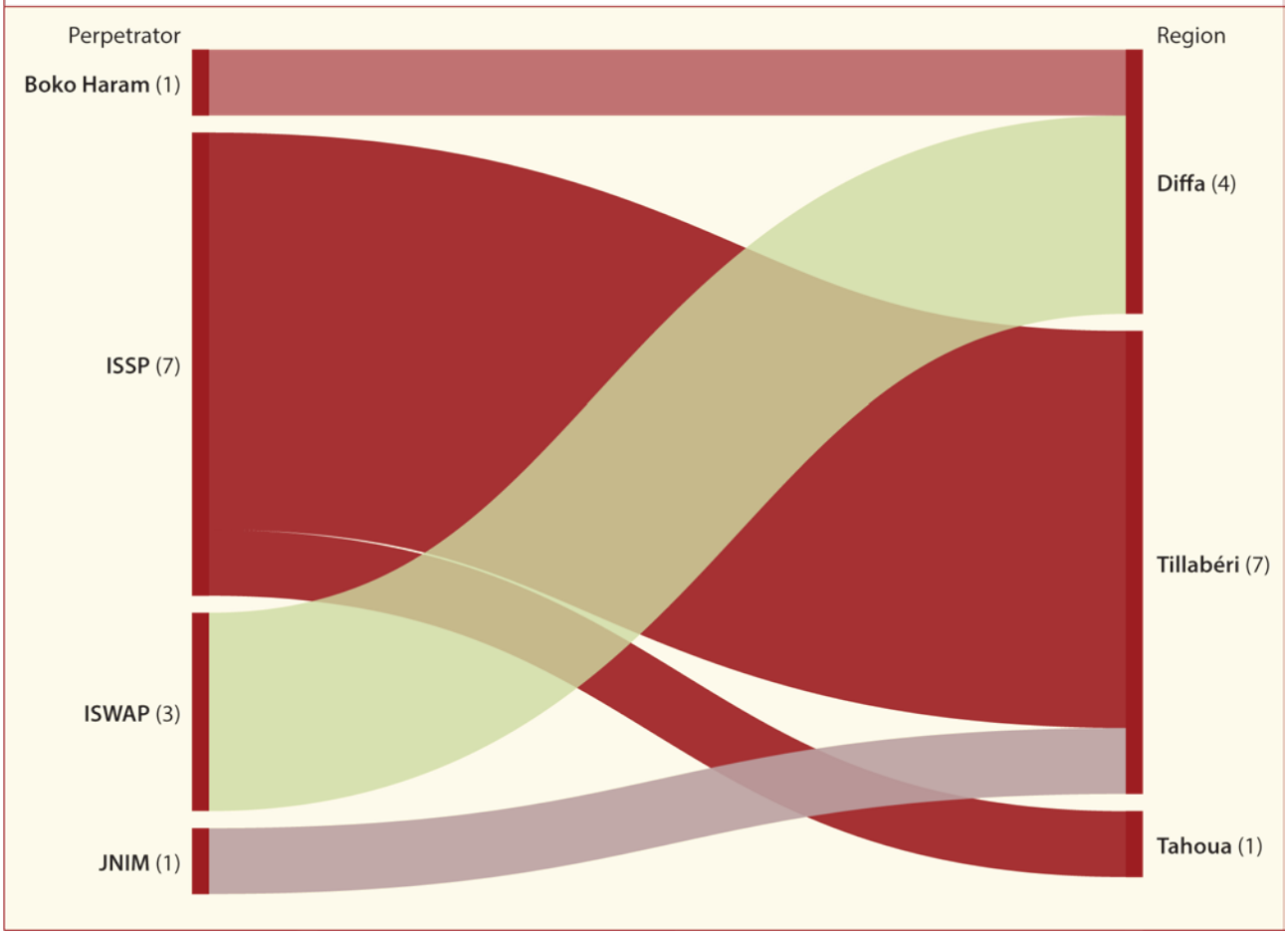
As in previous years, most of the incidents reported in Tillabéri were attributed to ISSP militants armed with firearms. ISWAP fighters in Diffa region were named as perpetrators of three incidents between May and

Niger

October, an increase from one in 2023, reflecting the group's growing presence in the region.[134] Boko Haram fighters in Diffa region ambushed and hijacked an ambulance.[135] This is the first incident the SHCC has identified involving Boko Haram fighters attacking health care in Niger. One incident was attributed to JNIM fighters in Tillabéri in 2024, compared to five in 2023. The perpetrators of other attacks remained unidentified.

Named perpetrators of reported incidents affecting health care in Niger, 2024

More than half of reported incidents were attributed to ISSP. Boko Haram, JNIM and ISWAP were all named as being responsible for violence against health care.



Source: Safeguarding Health in Conflict Coalition

Health facilities set on fire, ambulances stolen and medical supplies looted

At least three health centers were set on fire by ISSP in Tillabéri region and ISWAP in Diffa, either during broader attacks on civilians that resulted in killings or the seizure of medical supplies. Vital medicine and equipment were looted or ambulances hijacked by JNIM, ISSP, and ISWAP fighters, sometimes during assaults on local communities. In one incident, ISWAP fighters attempted to steal medical supplies from a health center, and when they failed, they set the building on fire.[136]

Niger

Health worker kidnappings

Three health workers were killed in two incidents in Niger in 2024. Two health workers were killed when ISSP fighters attacked a health center in Téra town. An ambulance driver was killed, and three others, possibly health workers, were kidnapped after unidentified armed attackers ambushed their ambulance in Niger's southeastern Diffa region, where ISWAP is active.[137] The SHCC last reported the killing of a health worker in Niger in May 2022, when suspected Islamic State militants killed a health worker and other civilians on the Gadobo-Sangara axis in Tillabéri region.

Three health workers were kidnapped in two incidents in 2024, compared to seven in five incidents in 2023. In 2024, Islamic State fighters abducted health workers in the northern departments of Filingué and Téra in Tillabéri region, a shift from 2023, when the department where the highest number of incidents were reported was Say.[138] Health workers were kidnapped during attacks on villages and towns. For example, a health worker and a pharmacist were reportedly kidnapped by ISSP fighters during a raid in March on Ibankan village in Filingué department.[139]

This factsheet is based on 2022-2024 NER SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Niger's health care system suffers from long-term weaknesses that pre-date the current levels of violence and instability. This is reflected in an infant mortality rate of 60 per 1,000 live births and a life expectancy at birth of only 62 years.

Until recent years, all training for doctors and nurses occurred outside of Niger in countries such as Morocco, Senegal, and Burkina Faso. The lack of educational institutions and training facilities has contributed to critical shortages of health workers. According to the Health Resources and Services Availability Monitoring System, this in turn contributed to the non-functioning or partial functioning of Niger's health care facilities. Ongoing violence against health workers and facilities has likely worsened this situation by making the profession less appealing to prospective students.

Protracted violence and insecurity are also likely to have exacerbated constraints limiting the ability of health-care-seeking patients to access treatment. A REACH Initiative survey conducted in May 2024 found that access to health care was "problematic" in a significant proportion of evaluated localities in Tahoua region. Ultimately, factors such as these have translated into negative patient outcomes. For example, the World Health Organization stated in January 2025 that "inadequate access to quality health services" is a key driver of malnutrition in Niger, and insecurity may have contributed to reduced admissions to health facilities for treatment for malnutrition. The expulsion by Niger's government in November 2024 of Acted, a French NGO that supported water, hygiene, and sanitation services among displaced communities, and Action Pour le Bien-Être (APBE), a local NGO, may have exacerbated the situation.

Niger

SOCIAL MEDIA MONITORING

As part of its social media monitoring project across the Sahel, Insecurity Insight tracks public online discourse to help humanitarian organizations anticipate risks, address misinformation and navigate an increasingly politicized information space.

From April to December 2024, social media discourse in Niger – and more broadly across the Sahel – reflected growing skepticism towards international aid. While overall activity declined towards the end of the year, negative narratives remained present, particularly on X, where international organizations were often portrayed as vehicles for foreign interference or to increase their respective home countries' geopolitical influence.

In Niger, criticism shifted from specific agencies to broader concerns about the aid sector itself. Themes included allegations of corruption, espionage and aid dependency, often framed through nationalist or anti-Western lenses. A small number of vocal accounts, some aligned with military governments in the region and exhibiting pro-Russian tendencies, continued to question the presence and motives of foreign NGOs. These narratives echoed trends seen in neighboring Mali and Burkina Faso, indicating a region-wide discourse.

The impact of this sentiment has become increasingly tangible. In November 2024, the French NGO Acted – which had been active in Niger since 2009 and involved in humanitarian and health-related support, including WASH services – was expelled together with the local organization ABPE. The response on social media was notably muted, reflecting either disengagement or apprehension about speaking out. Indeed, at the same time a journalist who publicly criticized the expulsions was arrested, reinforcing concerns about a shrinking space for civic dialogue.

As international aid organizations reassess their roles in this evolving environment, there is a risk that essential services may be disrupted. While the desire for greater national ownership of health and development programs is understandable – and, in many cases, welcome – rapid or politically motivated transitions may leave critical gaps, particularly in communities already facing instability or limited access to care.

131 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed January 1, 2025).
132 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed January 1, 2025).
133 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident number 85536.
134 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident numbers 92449; 92445; 46898.
135 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident number 47360.
136 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident number 92449.
137 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident numbers 85101; 67123.
138 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident numbers 92447; 46299.
139 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident number 46299.

Nigeria

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS		
REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED
2024		
32	35	11
2023		
26	24	2
2022		
47	37	11

Source: 2022-2024 SHCC Health Care Nigeria Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 32 incidents of violence against or obstruction of health care in Nigeria in 2024, compared to 26 in 2023 and 47 in 2022. In these incidents, 35 health workers were kidnapped and medical supplies were looted.

Escalating insecurity strained health care systems and displaced large numbers of people.

Attacks on health care more than tripled in the BAY states between 2023 and 2024.

Katsina, Kaduna and Zamfara states reported significant health care access disruptions, with local health centers inoperable for extended periods.

Information on incidents of violence against health care in Nigeria is compiled from open sources, aid agency data-sharing mechanisms, information projects and private sources. See Methodology for further information.

THE CONTEXT

Heightened insecurity continued to impact Nigeria in 2024, driven by multiple armed groups across different regions. In the northeast BAY (Borno, Adamawa and Yobe) states, Boko Haram and Islamic State

Nigeria

West Africa Province (ISWAP) militants carried out attacks, while in the northwest, criminal bandit groups were responsible for widespread kidnappings and killings. In the southeast, anti-government groups linked to separatist movements also contributed to insecurity and instability.

In 2024, northeastern Nigeria was devastated by severe flooding triggered by the collapse of the Alau Dam following heavy rainfall, which displaced nearly two million people and destroyed vital infrastructure, including health care facilities. Thousands of people were forced to seek refuge in emergency shelters that lacked adequate services, where risks such as gender-based violence, child separation, and theft were reported, particularly impacting women and children. Amid this crisis, a cholera outbreak erupted, fueled by contaminated water sources, poor sanitation, and widespread open defecation, leading to over 10,000 suspected cases and more than 350 deaths nationwide, with children under five especially vulnerable.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

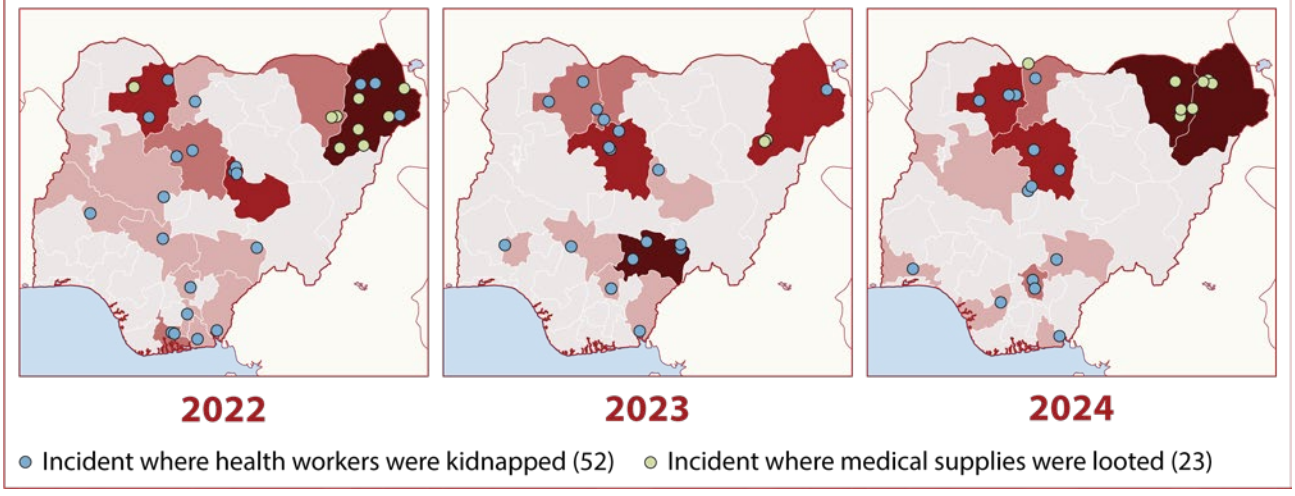
In 2024, reported incidents of violence against or obstruction of health more than tripled in the BAY states, especially in Borno, which experienced severe flooding, disease outbreaks, and continued Boko Haram and ISWAP insurgencies. Incidents continued to be recorded in Kaduna, Katsina and Zamfara states, where communal militia carried out coordinated armed assaults on villages. New cases were reported in Niger, Ogun and Sokoto states.

The looting of medical supplies increased in Borno, while health worker kidnappings rose in other conflict-affected regions. The majority of incidents were attributed to unidentified men armed with guns. In Borno, a Boko Haram suicide bomber targeted mourners near a hospital, while ISWAP looted medical supplies from health centers. In Sokoto, a militia member shot, injured and robbed a nurse on his way home from work.[140]

Most incidents affected health care providers working for national health structures, with four incidents affecting local NGOs.[141]

Known locations of reported incidents affecting health care in Nigeria, 2022-2024

The looting of medical supplies increased in the BAY states in 2024, especially in Borno, while health worker kidnappings continued outside Nigeria's northeast.



Source: Safeguarding Health in Conflict Coalition

Nigeria

Health workers killed and kidnapped

In total, 35 health workers were kidnapped in 15 incidents in Nigeria in 2024, compared to 24 in 18 incidents in 2023 and 37 in 22 incidents in 2023. Victims included doctors, nurses, pharmacists, and hospital staff kidnapped by gunmen and militia from hospitals, clinics, while traveling to remote areas to provide care, or in public spaces. Nineteen medical students and a doctor in Benue state were freed, however, after an NGN 50 million (approximately USD 31,160) ransom demand was paid. Others, including a Kaduna pharmacist, who was abducted with 14 other civilians while watching football, were tortured and killed.[142] The fates of many other kidnapped health workers remained unclear. One kidnapping incident involving nurses took place after an attempted school attack in Kaduna state.[143]

Medical supplies looted

The looting of vital medical supplies from health centers increased in 2024, with all but one in villages and districts in Borno and Yobe states. Armed men, mostly unidentified and armed with rifles, looted medical supplies, ready-to-use therapeutic food, children's vaccines, generators, solar panels, and telecom equipment from health centers, often firing sporadically to instill fear and drive people away. One looting incident included setting fire to a tricycle ambulance, and others were accompanied by damage to and the vandalizing of health centers.[144]

This factsheet is based on 2022-2024 NGA SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

States that included Katsina, Kaduna and Zamfara reported significant disruptions to health care, with entire local health centers being inoperable for extended periods as a result of the violence. Facility closures due to insecurity reduced access to health care in rural and conflict-affected areas and forced residents to travel long distances to state capitals or nearby regions to obtain care.

These challenges exacerbated the country's existing human resource shortages in the health care system, with Nigeria currently reporting only four doctors per 10,000 people, which is far below the WHO's recommended doctor-to-population ratio of 1:1,000.

Violence also affects how communities engage with the health care system. Civilians who have experienced severe insecurity, such as assault or the loss of a household member, demonstrated different health-seeking behaviors compared to others in similarly exposed areas, including lower use of government facilities and lower vaccination rates for children. These patterns indicate that apart from damaging infrastructure and lowering morale, insecurity has a measurable impact on public health outcomes and service utilization.

Nigeria

STILL NO ANSWERS

On November 17, 2022, a Médecins du Monde (Doctors of the World, or MdM) staff member was killed by a Nigerian soldier at Damboa military base in Borno state.

Since then, MdM has been calling for complete transparency around the circumstances of the killing. Calls of this kind have been made publicly through a statement published shortly after the incident and privately to both Nigerian civilian and military authorities and UN officials. MdM's repeated call for answers and access to the military report on the incident remain unsuccessful almost three years later.

Full transparency on the circumstances of the attack remains key to ensuring that the motives for the assault are correctly analyzed, and all involved stakeholders need to take measures to improve the safety and security of all humanitarian workers in Nigeria.

140 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NGA SHCC Health Care Data. Incident numbers 60558; 46128; 86627; 45404.
141 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NGA SHCC Health Care Data. Incident numbers 92377; 92375; 92373; 92365.
142 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NGA SHCC Health Care Data. Incident numbers 70495; 56169.
143 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NGA SHCC Health Care Data. Incident number 84437.
144 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NGA SHCC Health Care Data. Incident numbers 92375; 92373; 92365; 92371.

Occupied Palestinian Territory

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KILLED	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS ARRESTED	ACCESS TO HEALTH CARE OBSTRUCTED
GAZA 2024				
940	218	192	192	157
GAZA 2023				
780	399	150	161	83
WEST BANK AND EAST JERUSALEM 2024				
418	8	13	80	272
WEST BANK AND EAST JERUSALEM 2023				
304	3	6	63	131

Source: 2023–2024 PSE SHCC Health Care Data

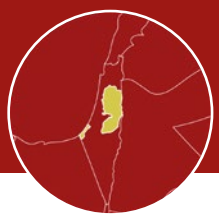
OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 1,361 incidents of violence against or obstruction of health care in the occupied Palestinian territory (oPt) in 2024, compared to 1,170 in 2023.[145]

In the Gaza Strip, where 940 incidents were recorded, there was a 22% increase from 2023, when 770 incidents were recorded. In these incidents, at least 218 health workers were killed and 192 arrested. Health facilities were damaged or destroyed at least 192 times and raided or occupied multiple times. Using different methods, other sources report far higher numbers of health workers killed. According to Healthcare Workers Watch, 1,200 health workers have been killed since October 2023.[146]

In the West Bank, including East Jerusalem, the recorded incidents doubled to 418 incidents in 2024, compared to 208 in 2023. In these incidents, 80 health workers were arrested, 75 injured and eight killed, and health facilities were damaged or destroyed at least 13 times and raided 21 times. Access to health care was blocked or delayed at least 272 times, which left patients without access to medical treatment, proving fatal in some circumstances.

Occupied Palestinian Territory



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

THE CONTEXT

Eighteen months after the Hamas attacks on October 7, 2023 and the Israeli military assault on Gaza that followed, at least 50,000 Palestinians have been killed and over 110,000 injured. The actual numbers are likely to be much higher, with many people, including children, missing or trapped under rubble, while indirect deaths from infectious diseases and destroyed health care facilities, food distribution systems, and other essential infrastructure have not yet been assessed. All 2.1 million people in Gaza face a severe humanitarian crisis, with major barriers to obtaining shelter, water, food, health care services and education. As of March 2025, nearly 70% of all structures in Gaza and over 90% of homes have been destroyed or damaged, while around 90% of Gazans have been forcibly displaced – many multiple times – and are living in makeshift tents. Israeli blockades have severely restricted the transport of vital aid into Gaza, including food, water, fuel and medical supplies. By September 2024, about 96% of the population faced extreme food insecurity.

Throughout the war, Hamas has fired rockets into Israel.

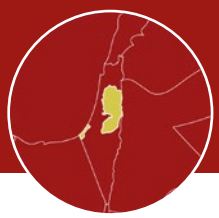
Violence against Palestinians in the West Bank carried out by Israeli forces and Israeli settlers rose by 20% in 2024 compared to the previous year.[147] Since October 2023, Israeli forces have intensified military operations across West Bank towns and refugee camps, conducting raids lasting several hours – sometimes days – that resulted in deaths, mass arrests and detentions, and the destruction of civilian infrastructure. At least 40,000 people have been displaced from Jenin, Tulkarm, Nur Shams and Far'a refugee camps.

Most of the raids have been focused on refugee camps around Jenin, Nablus and Tulkarm. However, they have also affected villages around Ramallah and other areas in the West Bank. Settler violence has also continued to escalate, with settlers conducting violent campaigns under Israeli army protection in villages across the West Bank.

By August 2024, the Israel Defense Forces (IDF) had bulldozed nearly 70% of Jenin's streets and 20 km of its water and sewage networks since it had launched its raids. As a result, 80% of the Jenin camp was left without access to water. Soldiers also demolished shops and bulldozed streets, while preventing tens of thousands of Palestinian civilians from accessing humanitarian aid. Israel's minister of defense has publicly stated that Israeli forces are applying lessons learned in Gaza, in what human rights and aid organizations have dubbed the "Gazafication" of the West Bank.

Since October 7, 2023, at least 930 Palestinians, including children, have been killed and over 15,000 detained by Israeli forces. Across the West Bank, strict movement restrictions have severely impeded access to health care. Israeli forces have systematically segregated Palestinian villages and cities across the West Bank by imposing regular checkpoints and road closures. These increased restrictions on movement have obstructed access to hospitals and health care centers for tens of thousands of Palestinians.

Occupied Palestinian Territory



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN THE GAZA STRIP IN 2024

In 2024, Israeli military operations across the Gaza Strip impacted health services through repeated and sustained attacks on or the obstruction of health care at an unrelenting pace and have dismantled and destroyed the health care system. All of Gaza's hospitals have been struck by attacks using explosive weapons, many of them multiple times. Primary health care facilities have also been subjected to attack with explosive weapons. Incidents occurred throughout Gaza, often increasing in conjunction with IDF movements and ground operations. For example, attacks on health care increased in Rafah governorate from May after the IDF launched a ground assault, while incidents surged in northern Gaza, especially near Jabalia refugee camp, following a military operation between October and December 2024.

In total, 98% of the reported attacks on health care in Gaza were attributed to the IDF.

Palestinian armed groups, including the Al-Qassam Brigades, Al-Aqsa Martyrs' Brigades and Palestinian Islamic Jihad, used explosive weapons near health facilities at least five times.[148] Al-Qassam Brigades fighters also shot and killed an aid worker working for a health care INGO after opening fire at her car.[149]

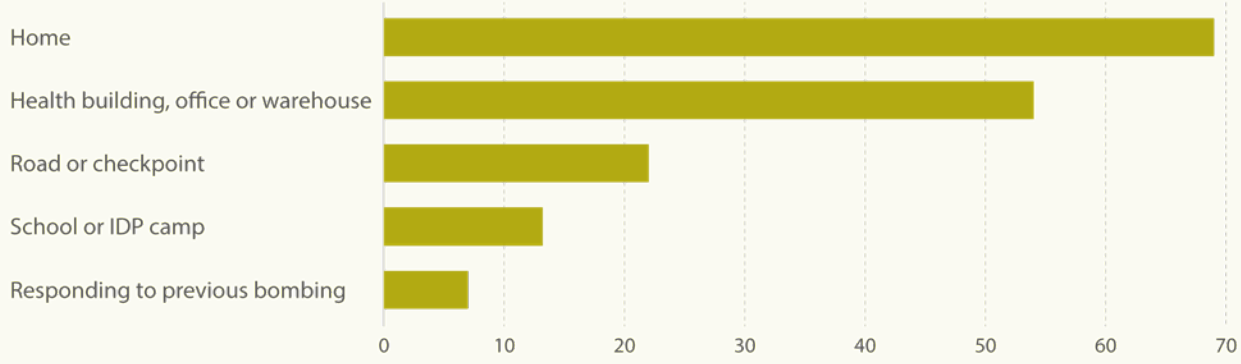
Over two-thirds of incidents affecting health care involved explosive weapons use, mainly drone and aircraft strikes, but also missiles and shelling. In other cases, health facilities were raided, occupied, or besieged, while health workers were killed, arrested, or injured, and faced constant threats to their safety.

Health workers killed

At least 218 health workers were killed in Gaza in 2024, 75% of whom worked for Palestinian-run health services. Over a quarter of the killed health workers were employed by local NGOs or the Palestinian Red Crescent Society (PRCS), with others working for health care INGOs and UN agencies. Information on four Israeli military medics who were killed or injured during active fighting has been publicly reported.

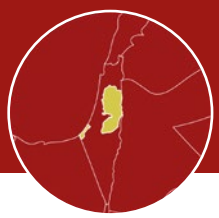
Known locations of health workers killed in 2024

Most were killed at home, while others were killed in Israeli hospital raids, or by Israeli snipers, air and drone strikes, or tank fire. Some were killed during rescue efforts or in "double tap" strikes targeting first responders. Health workers were also killed at checkpoints, during evacuations and in public areas.



Source: Safeguarding Health in Conflict Coalition

Occupied Palestinian Territory



Individuals in the health sector who were killed included doctors, nurses, paramedics, pharmacists, dentists, administrative staff, hospital directors, medical students, hospital guards, cleaners, ambulance personnel and technicians. The majority were killed at home. Others were killed on duty in health facilities targeted by Israeli snipers, during hospital raids, in drone or aircraft strikes or by tank shelling. In other cases, health workers were killed during recovery and rescue efforts and in "double tap" strikes, which involved striking an area once and then targeting first responders attempting to evacuate injured people in a second attack. Health workers were also killed by Israeli air strikes at checkpoints, while following evacuation orders and in public areas.

After a two-week raid on Al-Shifa Hospital in Gaza City in March, at least three health workers were found dead in or near the hospital with multiple gunshot injuries.[150] On April 1, shortly after Israeli forces withdrew from the hospital and its vicinity, the bodies of a doctor and her surgeon son were found at a nearby roundabout with firearm injuries.[151] Five days after the November 15, 2023 raid, the hospital's engineering director, who was on duty during the raid and instrumental in restoring its systems after the raid, was found dead with 15 bullet wounds.[152]

Health workers arrested

During 2024, Israeli forces arrested at least 192 health workers, 78% of them during hospital raids. Other staff were detained while attempting to deliver medical supplies to health facilities, at Israeli checkpoints or after evacuation orders were issued. Detained staff included doctors, nurses, paramedics, ambulance drivers, pharmacists and medical students. At least five hospital directors or heads of departments were arrested during three hospital raids on Kamal Adwan Hospital (in December 2024[153]), Al-Shifa Hospital (March 2024[154]) and Al-Amal Hospital (February 2024[155]).

Arrested health workers were sometimes beaten and forced to strip during their arrest. While the fates of most arrested health workers were not recorded, three health workers died while being held captive[156] in Israeli custody.[157] A doctor was shot and killed shortly after his release ten days after a hospital raid.[158]

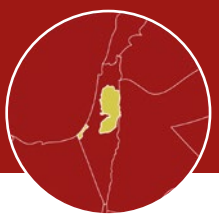
Health facilities damaged or destroyed

In 2024, health facilities were damaged or destroyed at least 192 times, mostly by the IDF using explosive weapons. Children's hospitals, dental clinics, field hospitals, health clinics, hospitals, medical storage facilities, pharmacies, and rehabilitation clinics were all damaged by aircraft and drone strikes, artillery shelling, missiles, tank fire, or gunfire, or by the military bulldozers that accompanied Israeli forces during their incursions into these facilities and their surrounding areas. Some health facilities were damaged or extensively destroyed during raids. For example, after the conclusion of a 14-day Israeli raid on Al-Shifa Hospital in March 2024, the hospital was extensively damaged by explosives and bulldozers, which left it out of service.[159]

Hospitals like Kamal Adwan Hospital (North Gaza), Al-Amal Hospital (Khan Yunis), and Al-Aqsa Martyrs Hospital (Deir al-Balah) were damaged multiple times. Most of these hospitals, such as Al-Shifa Hospital in Gaza city, had already been attacked several times between October and December 2023.

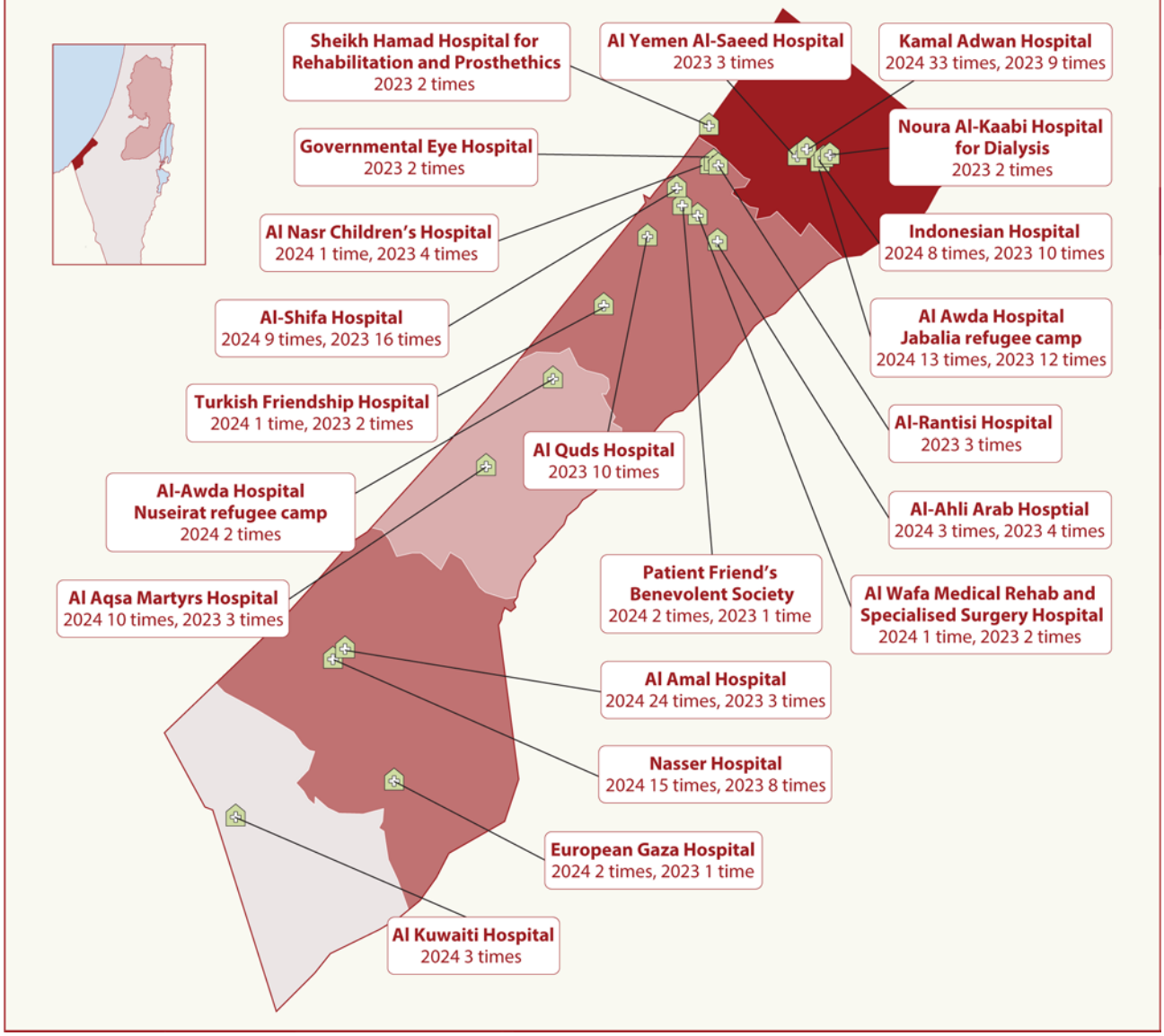
Hospitals and health clinics were shot at by Israeli forces, damaging infrastructure and threatening and injuring staff and patients inside. For example, Israeli snipers shot at the intensive care unit of Kamal Adwan Hospital in North Gaza governorate on December 16, 2024, breaking all the windows and forcing health workers to treat injured patients in corridors.[160] Health facilities were also extensively damaged by Israeli military bulldozers during numerous raids.

Occupied Palestinian Territory



Known hospitals affected by violence in the Gaza Strip multiple times in 2024

Some hospitals had already been damaged by previous bombings or raids that occurred between October and December 2023.

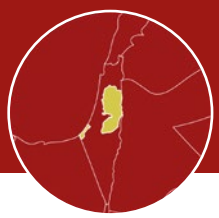


Source: Safeguarding Health in Conflict Coalition

Israeli forces used explosive weapons over 230 times near health facilities in 2024, with blast waves and shrapnel causing direct damage and further destruction nearby, making it unsafe or difficult for medical teams and patients to reach hospitals.

Health facilities raided and occupied

In 2024, Israeli forces raided health facilities at least 28 times in Gaza, Khan Yunis, and North Gaza governorates during ground assaults on nearby areas. Hospital raids often involved mass arrests of health workers, patients, and displaced people, along with damage to infrastructure and medical equipment.



Some raids were preceded by sieges, with Israeli forces – troops, snipers, tanks and armed drones – surrounding hospitals, blocking movement and medical supply deliveries, and, in some cases, firing into the facilities, killing and injuring health workers and patients.

Some hospitals, including Al-Amal Hospital and Nasser Hospital in Khan Yunis, were raided multiple times, with some raids lasting several days. Between January 30 and February 9, Israeli forces forcefully entered the PRCS Al-Amal Hospital four times, firing at PRCS vehicles, including ambulances, and the hospital building. Patients, displaced people and health workers were threatened with evacuation.[161] On February 9, Israeli forces raided the hospital for a fourth time, conducting a ten-hour operation and arresting nine PRCS staff members, including four doctors, as well as patients and their family members.[162] The raid extensively damaged the hospital, and keys for ambulances and other vehicles were seized, preventing staff from operating them. The hospital was raided again for the fifth time on March 24.[163]

Six health care facilities were taken over by Israeli forces and repurposed as military barracks or command centers.[164] For example, Noura Rashid Al-Kaabi Dialysis Hospital in Jabalia refugee camp was repurposed into a military base and operational center by Israeli forces in May 2024,[165] and the Turkish-Palestinian Friendship Hospital, the only cancer hospital in Gaza, was repurposed into a military base in July 2024.[166]

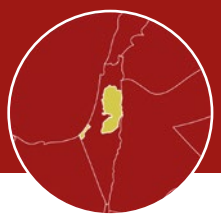
Israel has repeatedly alleged that Hamas has used hospitals for military purposes. We have not received reports on these claims beyond those supplied by Israel.

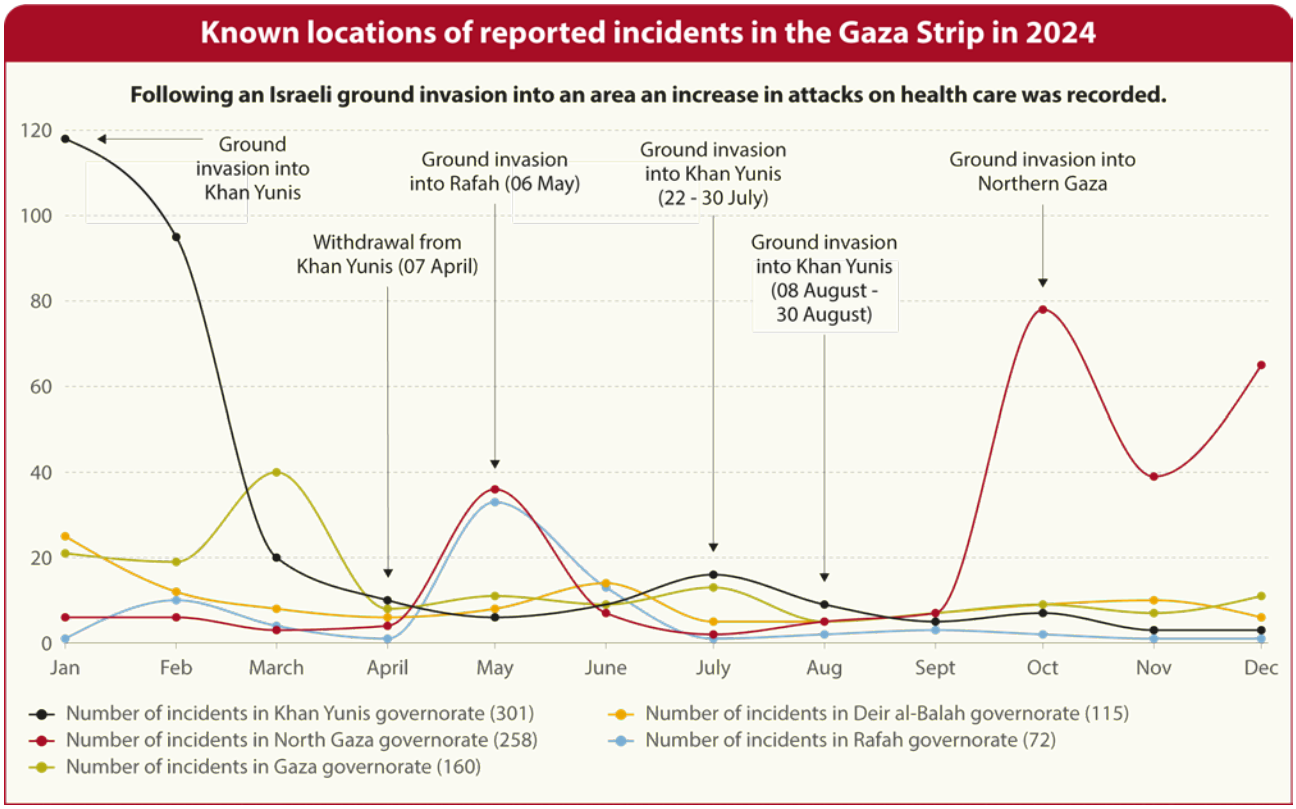
Forced unsafe evacuation of hospitals

Since the start of the Israeli assault on Gaza, almost all the health facilities across the territory have received evacuation orders. In 2024, the IDF issued evacuation orders to at least 34 health facilities in Gaza. Some complied with these orders and suspended health care services. Larger hospitals that provided care to high numbers of patients and displaced populations or could not move severely ill or injured patients were often unable to comply with these evacuation orders. However, most were issued without a viable alternative being available for people to seek health care, especially since extensive evacuation orders affected multiple hospitals and health centers in an area and the remaining health facilities were already barely functioning and struggling to cope. For example, all three major hospitals in Rafah governorate – Abu Youssef al-Najjar Hospital,[167] Al-Kuwaiti Hospital[168] and Al-Hilal Emirate Hospital[169] – were forced to evacuate following an Israeli ground incursion into the governorate on May 6. As a result, by early June, no hospitals were operational.[170]

Ambulances and emergency teams were blocked from reaching the wounded, and both ambulances and UN teams were obstructed during hospital evacuations. In October, WHO and UN teams attempted multiple times to reach Kamal Adwan Hospital in northern Gaza to evacuate patients. On the third attempt, a convoy of seven ambulances and three UN vehicles was halted by Israeli forces for five hours due to nearby fighting. Despite proposing alternative routes, the teams were not permitted to proceed and aborted the mission.[171] Convoys delivering food, fuel and medical supplies were similarly obstructed. In May, a UN mission trying to deliver fuel and ambulances to two hospitals was delayed at an Israeli checkpoint, where soldiers conducted physical searches and demanded biometric checks, forcing the mission to be halted. Additionally, international medical teams were also blocked from being deployed to Gaza to assist with the territory's barely functioning health care system. For example, in October, six medical NGOs were prevented from operating in Gaza, although by the end of the month, the ban had been lifted for at least one of these NGOs.[172]

Occupied Palestinian Territory





Source: Safeguarding Health in Conflict Coalition

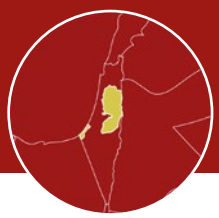
This factsheet is based on 2023-2024 PSE SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF VIOLENCE AGAINST HEALTH CARE ON GAZA'S HEALTH CARE SYSTEM

As a result of the repeated attacks on health care in Gaza, the health care system has been devastated and is barely functioning. By the end of December, only 16 out Gaza's 36 hospitals were partially operational, and most lacked the capacity to treat chronic diseases and complex injuries, because they were overwhelmed by hundreds of casualties from daily bombings. Severe restrictions on the passage of humanitarian aid, including medical supplies and medications, also limited the health system's ability to function. Widespread medical shortages included basics like antibiotics, disinfectants, pain relief medication, and anesthetics, and essential support for war injuries such as prosthetics, wheelchairs, and crutches.

For example, the NGO-support Al-Kuwaiti Hospital was forced to suspend all operations on May 27 after Israeli drone strikes hit the hospital entrance, killing two administrative staff and injuring another.[173] The hospital had been hit ten days before when an Israeli air strike targeted a building opposite it, damaging the hospital's windows, destroying two ambulances and injuring at least five hospital staff.[174] Prior to the Israeli ground operation, Rafah governorate was hosting thousands of displaced Palestinians who had been ordered to evacuate to the area from other places in Gaza, and as a result many INGOs had set up field hospitals in the area, all of which were ordered to evacuate by Israeli forces.[175]

Occupied Palestinian Territory



Nasser Hospital was barely functioning and was being run by many staff who had very little experience of doing so, because so many medical staff had been detained or killed, while some had left when they were able to do so, said Professor Nizam Mamode, a British surgeon who had joined an emergency medical team.

In 2024, health workers in Gaza operated under extreme conditions. They lacked critical supplies and medications, often including anesthetics and antibiotics. They lived in constant fear for their own safety and that of their families, all while seeking to treat complex, life-threatening, traumatic injuries. Since October 2023, most health workers had not stopped working, providing health treatment to the best of their abilities. Like the rest of the population, many have been displaced – often multiple times – with some living in tents or in the hospitals where they work.

The scale of human suffering and limited resources have exposed health workers to traumatic experiences such as having to operate on their own family members or finding the bodies of people they know among the dead. The collapse of the health care system and severe shortages of medical supplies have often left health workers feeling helpless and unable to provide even basic care, further intensifying their psychological strain and trauma.

Nasser Hospital was barely functioning and was being run by many staff who had very little experience of doing so, because so many medical staff had been detained or killed, while some had left when they were able to do so, said Professor Nizam Mamode, a British surgeon who had joined an emergency medical team.

THE IMPACT OF VIOLENCE AGAINST HEALTH CARE ON PALESTINIANS' HEALTH IN THE GAZA STRIP

The few health facilities still functioning In Gaza are overwhelmed by having to treat more than 100,000 injured people, 25% of whom are suffering from major injuries that require ongoing rehabilitation. As of January 2025, the 16 hospitals still partially operating had a collective capacity of just over 1,800 beds. This, together with the Israeli blockades on Gaza that have prevented medical supplies and fuel from entering the territory, as well as the huge number of health workers killed and detained, have dismantled the health care system and left hospitals unable to cope with the overwhelming medical needs. The resulting public health crisis has grown ever larger, disproportionately affecting children, the elderly, pregnant women and those with chronic illnesses. Many patients cannot fully recover in medical facilities and must leave – often to makeshift tents, where they face harsh conditions, including limited hygiene facilities to care for their wounds. As of March 2025, 11,000 to 13,000 people, including over 4,000 children, urgently need medical evacuation from Gaza.

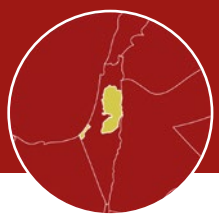
Since the beginning of the aid blockade on Gaza, only a small proportion of patients requiring urgent medical evacuation have been able to leave the territory. It is estimated that up to 12,000 individuals need to be evacuated for life-saving care; however, only 121 patients have been evacuated as of February 24, 2025, including 73 children. Additionally, Human Rights Watch has reported that Israeli authorities have blocked health care workers from entering Gaza, further constraining the capacity of the local health care

system to respond to escalating medical needs. These restrictions affect international humanitarian deployments and impede the delivery of medical supplies, technical support, and training.

In January 2025, UNICEF estimated that 3,000-4,000 children in Gaza had one or more limbs amputated, often without anesthesia, making it the highest per capita rate of child amputees globally. Save the Children warns of a growing generation of child amputees who are without access to the necessary follow-up care. There has been a rise in communicable diseases, including respiratory infections, diarrhea, and outbreaks like Hepatitis A, with over 40,000 confirmed cases, as well as the first polio case in 25 years being reported in August. While at least three child vaccination campaigns have been conducted, access issues have hindered their effectiveness, with about 7,000 children in northern Gaza missing their vaccinations during the October campaign due to an Israeli ground incursion. This increase in communicable diseases is due to people's increased vulnerability, the degradation of WASH facilities, forced displacement leading to overcrowded shelters, lack of adequate shelter and the interruption of vaccination programming.

Patients with non-communicable diseases such as diabetes, heart conditions and cancer also face significant barriers to care.

Women in Gaza have been severely affected by Israel's bombardment and siege, with sexual and reproductive health increasingly at risk. Many women were forced to give birth in unsafe conditions, and premature births increased due to the destruction of health facilities and lack of medical support. Menstrual hygiene is also a concern. As of April 2024, UNFPA estimated that over 690,000 women and adolescent girls faced severe shortages of hygiene products and lacked access to clean, private facilities, often resorting to



improvised materials that increase the risk of infection. Overcrowded shelters and poor sanitation increase infection risks and expose women to protection threats while seeking water, privacy, and dignity.

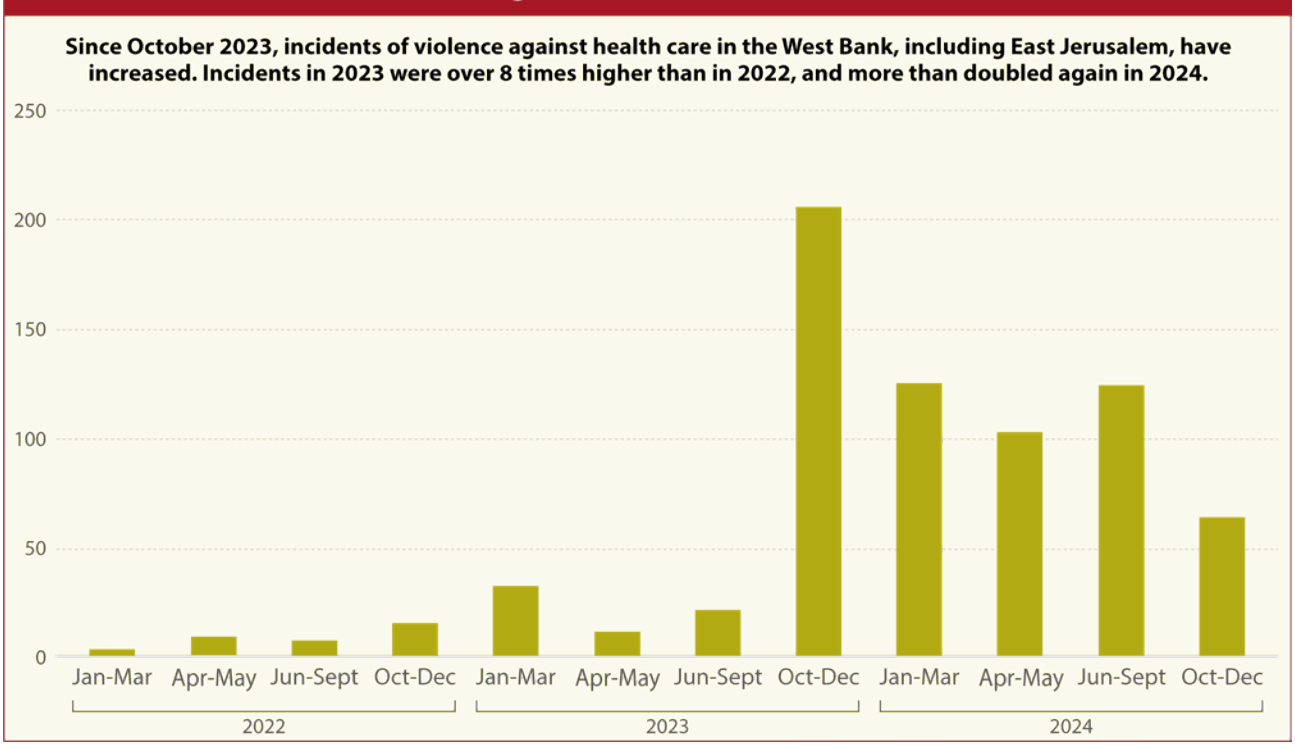
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN THE WEST BANK AND EAST JERUSALEM IN 2024

In 2024, incidents of violence against or obstruction of health care more than doubled in the West Bank and East Jerusalem compared to the previous year. Most were attributed to Israeli forces. On seven occasions, Israeli settlers damaged ambulances by firing or throwing rocks at them.[176] In one incident, an ambulance was stopped and attacked by a group of Israeli settlers while transporting a patient to a nearby hospital. The ambulance driver and a doctor were beaten during the attack.[177] In December 2024, Palestinian National Security Forces were implicated in five incidents in Jenin refugee camp during a large-scale operation, damaging health facilities, surrounding and storming hospitals, searching ambulances, and arresting patients.[178]

Incidents were reported right across the West Bank. A third of incidents occurred inside refugee camps during Israeli security operations in these camps, with Balata, Far'a, Jenin, Nur Shams and Tulkarm refugee camps the most affected.

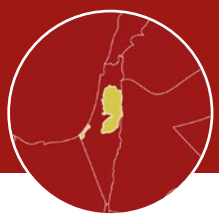
Ambulances and emergency medical teams continued to be obstructed from reaching people in need. Health workers continued to be killed, arrested, and injured, and health facilities were damaged and raided, and access was obstructed.

Reported incidents of violence against healthcare in the West Bank, including East Jerusalem, since 2022



Source: Safeguarding Health in Conflict Coalition

Occupied Palestinian Territory



Obstruction of access to health care

In 2024, there was a significant increase in obstructions to health care in the West Bank and East Jerusalem, with at least 272 incidents identified compared to 131 the previous year. Ambulance teams were obstructed from reaching and assisting patients in the West Bank by Israeli forces at least 257 times in 2024.[179] Ambulances were prevented from reaching the injured, and were frequently held up for several hours at checkpoints, often during broader Israeli security operations in villages, towns, and refugee camps across the West Bank. An ambulance on its way to collect a woman in labor was stopped and detained for an extended period at an Israeli checkpoint. The woman suffered heavy bleeding and lost one of her babies, and was taken to the hospital in critical condition.[180] Patients were detained inside ambulances and paramedics were assaulted, threatened or detained.

Access to health facilities was frequently obstructed when hospitals were surrounded by Israeli forces, health clinics were forcibly closed, and medical services were suspended due to increased insecurity and threats to health workers. In one incident, a barbed wire barrier was installed near an INGO health clinic in Hebron that blocked access to the clinic, which was the only medical facility in the area.[181]

Health workers arrested, detained and killed

At least 80 health workers were arrested and detained by Israeli forces in 2024, compared to 63 in 2023. Health workers were arrested in their homes, hospitals and clinics, while trying to reach patients, inside refugee camps, and at Israeli checkpoints. While the fates of most arrested health workers were not recorded, one health worker was killed after he was detained by Israeli forces at a checkpoint during an IDF security operation.[182]

Eight health workers were reported killed in the West Bank in 2024, compared to three in 2023. Victims included ambulance drivers, paramedics, doctors and medical students who were killed in armed drone strikes or at Israeli checkpoints. In one case, a surgeon was shot and killed by an Israeli sniper in a hospital car park as he was walking toward the hospital.[183]

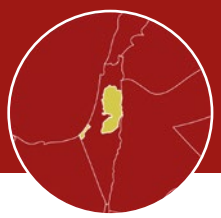
Health facilities raided

In 2024, health facilities across the West Bank were raided by either Israeli or Palestinian forces on at least 21 occasions. During these raids, the forces in question arrested patients and health workers, searched ambulances, and fired inside the facilities.

On at least three occasions, Israeli forces entered three hospitals in Jenin, Nablus and Hebron governorates disguised as medical staff or dressed in civilian clothing. During these incidents, they arrested patients and beat some of the doctors and nurses at the hospital.[184] For example, in January 2024, Israeli forces dressed as doctors and female civilians raided the Ibn Sina Hospital and shot and killed three male patients, assaulted a nurse, and beat the hospital's security guard. The patients were killed in their hospital beds, and the Israeli military claimed they were planning attacks in Israel and hiding in the hospital.[185]

Health facilities damaged

Health facilities were damaged or destroyed at least 13 times in the West Bank in 2024, compared to six times in 2023. Hospitals, clinics, and mobile health units were mostly damaged or destroyed during raids by Israeli forces, who fired into buildings, destroyed medical equipment, and used bulldozers to severely damage facility infrastructure.[186] In at least three incidents, explosive weapons damaged health facilities' infrastructure. Two of these incidents involved raids on facilities in the Nablus and Tulkarm governorates.[187]

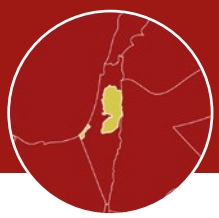


In another incident, Palestinian Authority Security Forces launched a rocket-propelled grenade that damaged the laboratory room of an UNRWA clinic in Jenin refugee camp.[188]

THE IMPACT OF VIOLENCE AGAINST HEALTH CARE IN THE WEST BANK AND EAST JERUSALEM

Increased violence, obstructions of and attacks on health care in the West Bank and East Jerusalem put the health care system under immense pressure. Israeli curfews have also had a detrimental impact on patients' access to health care. Patients with chronic conditions that require regular out-patient treatment are often unable to access facilities for treatment or have to spend a considerable amount of time trying to reach these facilities. Pregnant women face limited access to antenatal, postnatal and delivery care as a result of these movement restrictions, resulting in an increase of childbirths at home. The destruction caused to refugee camps in the West Bank, especially in Tulkarm and Nur Shams camps, has left elderly people, children and especially those with disabilities in an even more precarious situation. The destruction of streets and infrastructure has made it extremely difficult to access essential health care services, and the mixing of the contents of sewage and water networks due to infrastructure damage has posed severe health hazards. The repeated Israeli military incursions have had a profound impact on children with disabilities, particularly those with autism and Down syndrome. These children require daily care, but the ongoing incursions and constant threats of violence prevent them from reaching health centers.

In sum, although health care services and a highly skilled medical workforce are available and physically close to most populated areas, they are rendered inaccessible to those who need them most as a result of repeated attacks on and obstructions of the health care system.



145 In 2024, three incidents were recorded without specifying the location and no additional source could be identified to determine the location of the reported incident. In 2023, 86 such incidents were reported.

146 Insecurity Insight recorded 617 health workers killings, which was carried out by the cross-checking of individual events and names and did not re-report aggregate figures. The work of collating a complete list of health workers killed based on information provided in different formats by different organizations is ongoing. This cross-checking process is complex, and aims to avoid double counting the same individuals in cases when sources report different victim information about the same individual. The lack of a consistent standard in transcribing Arab names into Latin script-based languages complicates the matching process. Other sources have cited higher numbers, e.g. Health Workers Watch - Palestine – an independent initiative – cited 1,200 health workers killed.

147 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed March 2025).

148 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 45620; 45629; 45628; 53682; 87123.

149 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 84477.

150 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 45438.

151 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 45657.

152 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 46272.

153 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 87238.

154 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 45438.

155 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 44124.

156 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 87238; 45438; 44380.

157 This figure refers to health workers arrested and killed while in detention in 2024. In 2023, at least another two health workers were killed while in Israeli detention.

158 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 85623.

159 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 45438.

160 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 87028.

161 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 43866; 44031; 44016; 44287.

162 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 44287.

163 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 87351.

164 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 45635; 49854; 44380; 47224; 60670; 85643.

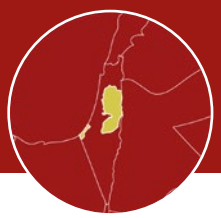
165 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 47224.

166 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 60670.

167 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 46404.

168 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 46816.

169 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 85293.



170 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 85293; 46404.
171 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 84877.
172 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Cara Data. Incident number 85255.
173 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 47157.
174 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 85296.
175 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 49996; 46959; 46660.
176 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 87765; 85186; 91720; 54123; 50327; 87529; 46295.
177 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 85186.
178 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 88062; 87272; 87274; 87273; 88320.
179 It is likely that the exact number of times ambulances and medical teams were obstructed or delayed from carrying out their work is much higher due to reporting differences, and it is likely that not all incidents were reported as they became more and more frequent and routine.
180 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 87776.
181 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 87336.
182 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 70548.
183 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 48202.
184 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 86976 84478; 43863.
185 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 43863.
186 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 78510.
187 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident numbers 64649; 46871.
188 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 PSE SHCC Health Care Data. Incident number 88062.

Pakistan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS AFFECTING VACCINATION CAMPAIGNS	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2024			
39	21	15	7
2023			
12	8	3	6
2022			
16	14	5	3

Source: 2022-2024 PAK SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 39 incidents of violence against or obstruction of health care in Pakistan in 2024, compared to 12 in 2023 and 16 in 2022. In these incidents, polio vaccination campaigns came under attack 25 times, while 15 health workers were killed and seven kidnapped.

Wild poliovirus type 1 remains endemic in Pakistan, with cases increasing from six in 2023 to 74 in 2024.

There was a rise in targeted attacks on polio vaccination teams in the border areas of Khyber Pakhtunkhwa province, where vaccine hesitancy and mistrust are high.

Health worker shortages, rising medication costs and access barriers increased amid widespread distrust of the health care sector.

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

Pakistan

THE CONTEXT

Pakistan continued to face conflicts in 2024, while militant violence and violence against civilians increased.[189] In November 2022, Tehreek-e-Taliban Pakistan (TTP) resumed violent attacks, primarily in Balochistan and Khyber Pakhtunkhwa provinces and the Afghan-Pakistani border areas, after ending a ceasefire, sparking tensions with Afghanistan and prompting Pakistan to expel Afghan refugees in response. Baloch separatist groups increased violent attacks in Balochistan, fueled by long-standing grievances over resource exploitation, political marginalization and the influx of foreign investments, particularly from China.

National and subnational polio vaccination campaigns were held year-round, including in south Khyber Pakhtunkhwa province, where ongoing violence threatens the safety of front line polio vaccination program workers. Vaccination teams often require police escorts, which can increase the rise of attacks by militants targeting security personnel.

Pakistan also faced political instability in 2024, marked by escalating violence, electoral controversy and widespread unrest.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care attributed to organized armed actors more than tripled in Pakistan between 2023 and 2024, reflecting broader instability, growing tensions, and violence during the government polio vaccination campaign.

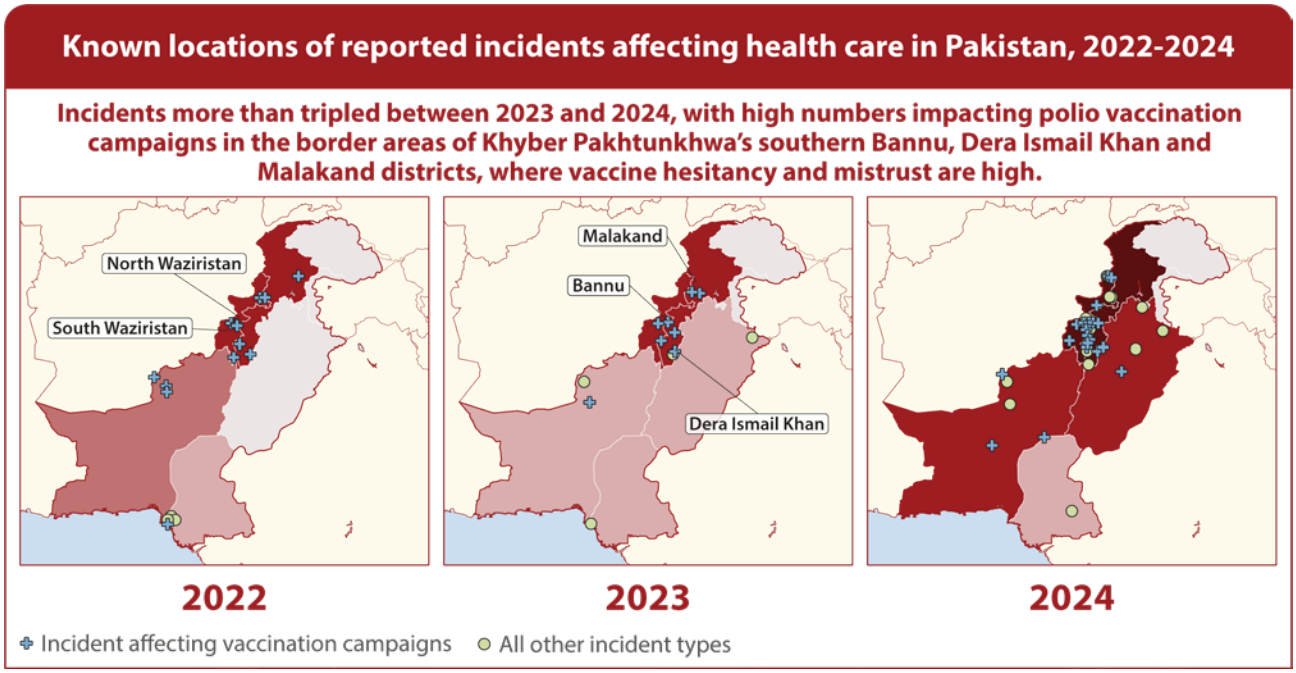
Incidents increased in Khyber Pakhtunkhwa's southern districts of Bannu, Dera Ismail Khan, and Malakand, which are known for security challenges and militant activity. Before then, incidents were more prevalent in the province's North and South Waziristan districts. Cases were also recorded in Balochistan, Punjab and Sindh provinces in 2024.

Attacks on polio vaccination workers and their security escorts mostly involved personnel being shot at or threatened. Similarly, health worker killings escalated, and kidnappings continued. The majority of reported incidents were attributed to unidentified men armed with guns. TTP militants were named in eight incidents, most of which targeted polio vaccination campaigns. Improvised explosive devices (IEDs) planted by Baloch separatists in Balochistan and TTP militants in Peshawar targeted police and military vehicles near medical facilities.

Pakistani intelligence services personnel arrested a Baloch student from a medical college in Punjab and police reportedly killed a doctor accused of sharing blasphemous content on social media in a reported staged encounter in Sindh province. The doctor was first arrested by police in Karachi and later handed over to Mirpur Khas police, who reportedly orchestrated the killing.[190]

Most cases affected health care providers working for national health structures, with one incident affecting a UN agency.[191]

Pakistan



Source: Safeguarding Health in Conflict Coalition

Attacks on vaccination campaigns

Threats or violence against polio workers during vaccination drives were reported on 21 occasions in 2024 and were primarily reported in Khyber Pakhtunkhwa province, but also occurred in Balochistan, Punjab, and Sindh provinces. In total, three vaccinators were killed, seven injured and four kidnapped by armed groups, including the TTP. Several kidnapped polio workers were released on the condition that they would abandon their work. Armed groups, particularly in Khyber Pakhtunkhwa, have long opposed polio vaccination campaigns, often viewing them as foreign interventions or intelligence operations, although such attacks have also aimed to undermine the government.

ATTACKS ON VACCINATION CAMPAIGNS IN PAKISTAN IN 2022

For more information on attacks on vaccination campaigns in Pakistan, explore the 'Attacked and Threatened' global map by selecting vaccinations and zooming in on Pakistan. The map is continually updated with new and backdated reports.

Health workers killed

Between January and September 2024, 15 health workers were killed in 12 incidents, an increase from three in three incidents in 2023 and five in five incidents in 2022. As well as the previously mentioned vaccinators, victims included doctors, pharmaceutical employees, and a dentist, who were shot and killed in targeted shootings in Balochistan, Khyber Pakhtunkhwa, Punjab, and Sindh provinces. Some victims were ambushed and killed outside their homes, while others were attacked at their workplaces or while traveling.

Pakistan

Health workers kidnapped

Seven health workers were kidnapped in six incidents in 2024, similar to 2023. Along with the previously mentioned four vaccinators, a doctor and a pediatrician were kidnapped while returning home from work in Khyber Pakhtunkhwa and Punjab provinces, respectively. Health worker kidnappings were primarily carried out as a form of opposition to vaccination programs in Khyber Pakhtunkhwa. Five kidnapped health workers were released, sometimes after being warned to abandon their work or after the intervention of tribal elders, while others were held for extended periods before their release. The fates of the remaining two staff members were not recorded.[192]

This factsheet is based on 2022-2024 PAK SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Pakistan and Afghanistan are the only two countries where wild poliovirus type 1 remains endemic, with polio cases in Pakistan increasing from six in 2023 to 74 in 2024. Outbreaks were mostly concentrated in Balochistan, Sindh, and Khyber Pakhtunkhwa provinces, where vaccination campaigns often face various challenges, including a historic distrust of foreign health providers and vaccine hesitancy due to misinformation and disinformation. As a result, in September 2024, government officials reported that more than a million children had missed their polio vaccination doses. Attacks on vaccination campaigns further undermined efforts to eliminate polio in Pakistan.

189 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed March 21, 2025).

190 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 PAK SHCC Health Care Data. Incident numbers 87900; 84659.

191 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 PAK SHCC Health Care Data. Incident number 60623.

192 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 PAK SHCC Health Care Data. Incident numbers 84429; 60623.

South Sudan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED
2024	
8	5
2023	
14	0
2022	
36	20

Source: 2022–2024 SSD SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified eight incidents of violence against or obstruction of health care in South Sudan in 2024, compared to 14 in 2023. Five health workers were kidnapped in these incidents. The actual number of incidents and the severity of the problem are likely much greater.

Protracted conflict, a cholera outbreak in October and over nine million people in need of aid have intensified the humanitarian crisis.

Attacks on health care were reported in Central and Eastern Equatoria and Jonglei states, where intercommunal violence remains at high levels.

The health care system suffers from serious long-term weaknesses and shortages of essential health care resources. International aid funding cuts have exacerbated the situation.

Information on incidents of violence against health care in South Sudan is compiled from open sources, information projects and aid agency data-sharing mechanisms. See Methodology for further information.

South Sudan

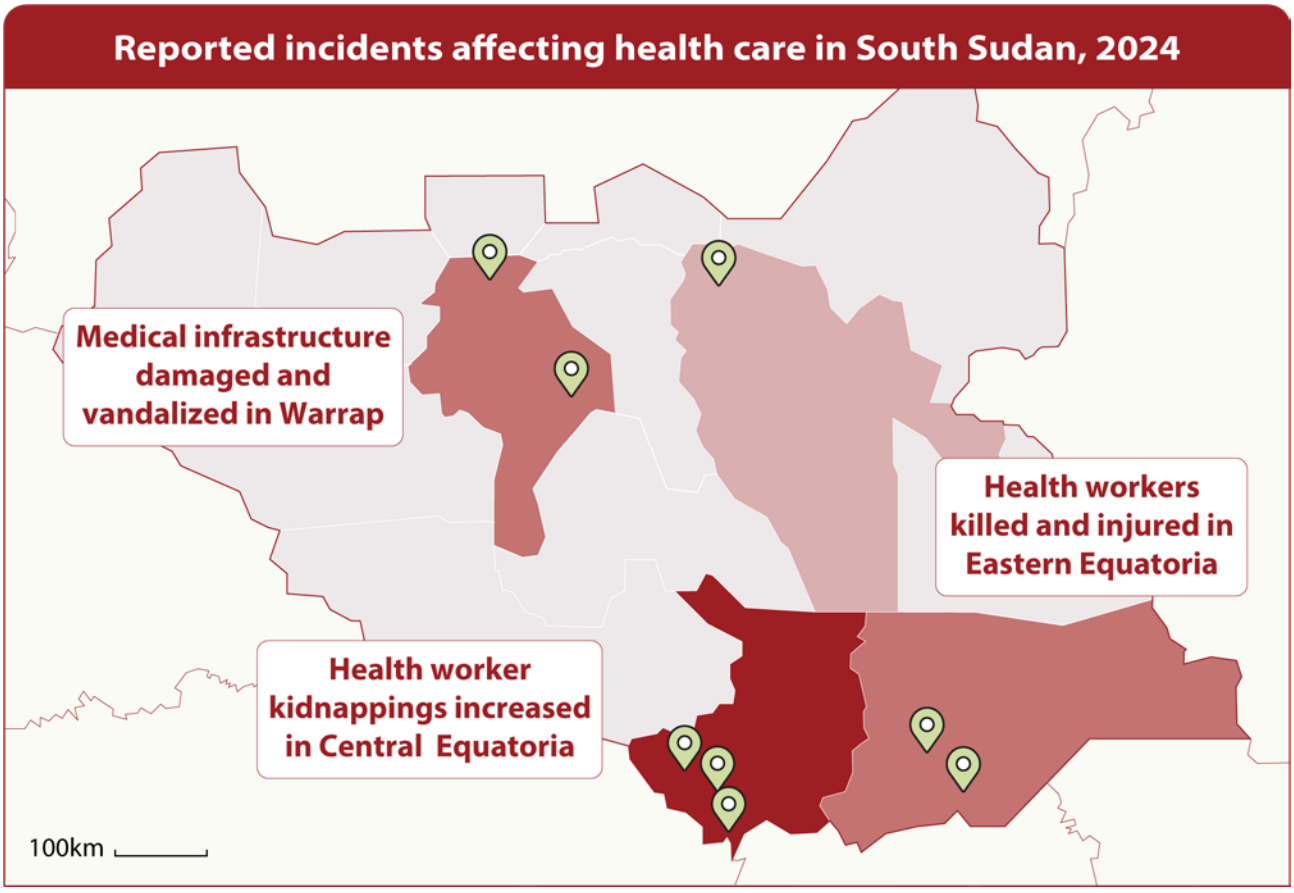
THE CONTEXT

Protracted conflict persisted in South Sudan in 2024. Violence continued to be regularly reported in the states of Jonglei, Warrap, Lakes, and Central and Eastern Equatoria, where a wide variety of militias and armed actors remained engaged in violent conflict. The Murle ethnic militia, which was involved in intercommunal violence in Jonglei state; the National Salvation Front (NSF), which continued an insurgency in Central Equatoria; and the South Sudan armed forces were the most frequently named conflict parties.[193]

Over nine million people – most of the country's population – were in need of humanitarian assistance in South Sudan in 2024. The displacement of over 800,00 people from the war in Sudan to South Sudan and the outbreak of cholera in October 2024 contributed to the severe health care crisis.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

In 2024, incidents of violence against or obstruction of health care were reported in Central and Eastern Equatoria and Jonglei states, where intercommunal violence remains at high levels. Reported health worker kidnappings increased in Central Equatoria. A similar number of incidents affected both health care providers working for the national health care system and NGOs. Most cases were attributed to unidentified armed men. The NSF kidnapped three health workers, while Dinka Akook youth in Warrap state attacked and damaged an ambulance with rifle fire, endangering medical workers.[194]



Source: Safeguarding Health in Conflict Coalition

South Sudan

Health workers killed and kidnapped

Five health workers were reportedly kidnapped in three incidents in 2024, after no incidents in 2023. The NSF and unidentified attackers kidnapped health workers while they were traveling by road to treat patients or transporting medical supplies in Morobo and Yei counties in Central Equatoria state.[195] One staff member was released after 24 hours, while the fates of the remaining staff members were not recorded.

Two health workers were reportedly killed in two incidents in 2024, compared to six in three incidents in 2023 and ten in ten incidents in 2022. In Eastern Equatoria, a health center guard was fatally stabbed after denying entry to three unidentified men, while in Jonglei a doctor was shot and killed by an unidentified armed group inside his compound.[196]

Other incidents

In Warrap, Dinka Akook youth attacked an ambulance with live bullets and gunmen vandalized a medical facility.[197] In Eastern Equatoria, a UN aid worker was stabbed and robbed while transporting salaries for polio vaccination staff.[198]

This factsheet is based on 2022-2024 SSD SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

South Sudan is one of the world's poorest countries and is ranked 192 out of 193 countries on the UN Development Programme Human Development Index. As such, even before the impact of attacks on health care are accounted for, South Sudan's health care system suffers from serious long-term weaknesses and shortages of essential resources. According to the International Medical Corps, there are less than 200 doctors in the whole of South Sudan with its population of over 12 million people, far below the WHO's recommended doctor-to-population ratio of 1:1,000.

Serious funding cuts in international aid to South Sudan since 2022 have exacerbated the situation, and none of the health facilities that closed due to the funding cuts in 2022 had reopened as of early 2025. Health workers in South Sudan also went unpaid for multiple months during 2024.

The funding cuts and overarching weaknesses of the health care system have resulted in the limited functionality of health services. According to the South Sudan Health Cluster, as of January 2025, 35% of health care facilities in South Sudan were either non-functional or had only limited functionality.

Violence and attacks on health care contribute to this situation by disrupting health services. For example, MSF was forced to suspend its health provision activities in Yei, Central Equatoria state, following the abduction of two staff members in September 2024. In areas such as Renk town in Upper Nile state close to the Sudanese border, the arrival of displaced people from Sudan, including hundreds with war wounds, has also intensified pressures on the health care providers that have remained operational.

193 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed March 26, 2025).
194 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SSD SHCC Health Care Data. Incident numbers 84685; 67222; 92425.
195 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SSD SHCC Health Care Data. Incident numbers 84685; 66729; 67222.
196 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SSD SHCC Health Care Data. Incident numbers 84690; 46696.
197 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SSD SHCC Health Care Data. Incident numbers 92425; 43871.
198 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SSD SHCC Health Care Data. Incident number 60062.

Sudan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED
2024			
244	79	66	42
2023			
271	68	55	60

Source: 2023-2024 SDN SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 244 incidents of violence against or obstruction of health care in Sudan in 2024, compared to 271 in 2023. In these incidents, health facilities were damaged 79 times, medical supplies were looted and 66 health workers were killed.

Conflict-related and displacement factors have increased demand for health care provision, including to treat wounds sustained from violence, and the spread of conflict-related diseases such as cholera.

Attacks on health care increased during RSF military offensives in North Darfur between April and August and in Gezira in late October and November.

Some health workers were forced to conduct surgery under dim light in shipping containers buried underground to reduce the likelihood of being violently attacked.

Information on incidents of violence against health care in Sudan is compiled from open sources, private sources, information projects and aid agency data-sharing mechanisms. See Methodology for further information.

THE CONTEXT

The current armed conflict in Sudan broke out in mid-April 2023 between the Sudan Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF), which was previously operated by the Sudanese government, and continued relentlessly in 2024. Other conflict parties included Darfur Arab militias allied to the RSF; the Joint Force of Armed Struggle Movements (JFASM), which declared war on the RSF in April

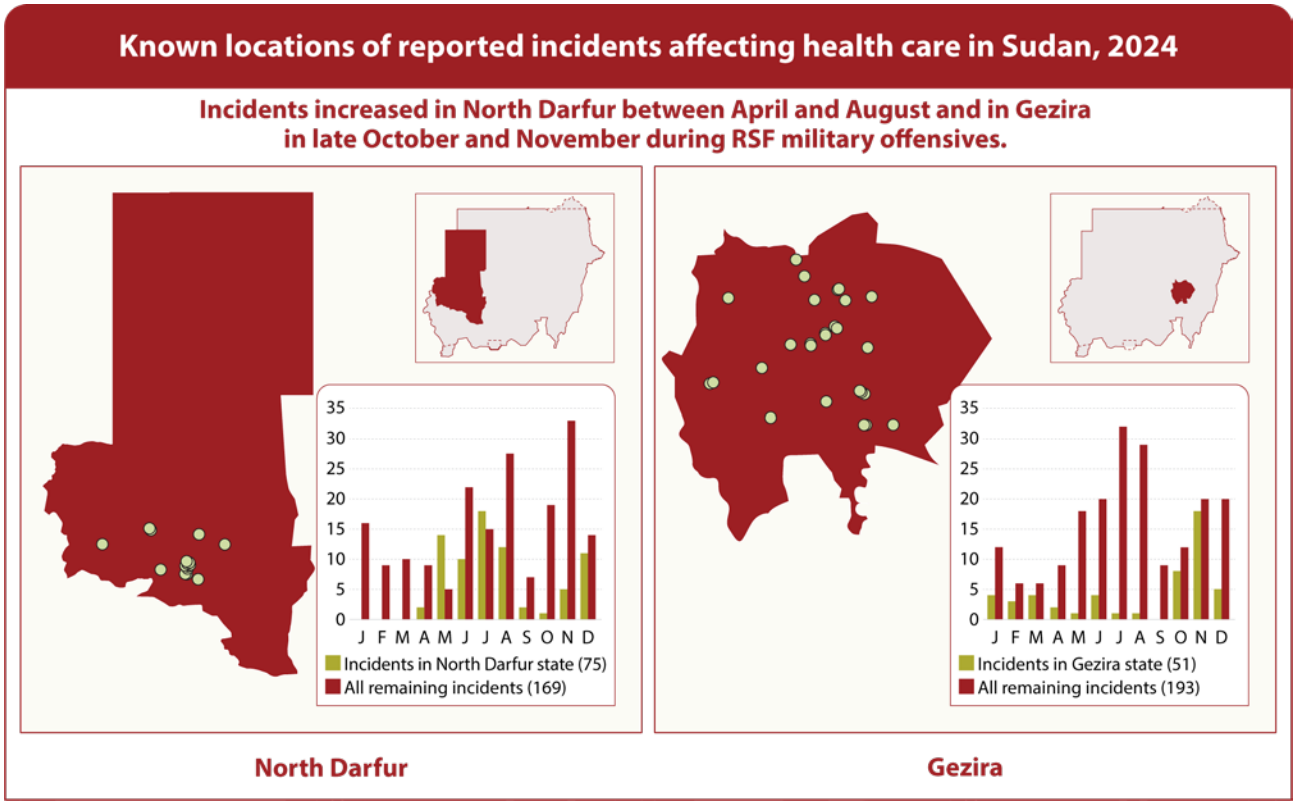
Sudan

2024; and the Sudan People's Liberation Movement/Army-North (SPLM/A-North) Al Hilu faction in South Kordofan state. Armed violence and clashes were especially intense in Khartoum and Gezira states and in the wider Darfur and Kordofan regions.[199]

The conflict continued to have devastating humanitarian and human rights impacts. The RSF was accused of "mass killings" of civilians, sexual violence, and forcibly taking and burning civilian infrastructure. In July 2024, famine conditions were declared in North Darfur, with experts suggesting hundreds of thousands of people could perish. Severe communication blackouts and floods in August 2024 that destroyed an estimated "25,000 shelters and community infrastructures" further exacerbated the crisis. By October 2024, Sudan's displacement crisis had affected 11 million people, making it the "world's largest displacement crisis." On January 7, 2025, the US Department of State issued a determination that the RSF and its allied militias were engaging in genocide in Sudan.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care remained high across 15 of Sudan's 18 states in 2024, with sharp increases reported across Gezira, North Darfur and Sennar states from April to November. In North Darfur, reported incidents rose from ten in 2023 to over 70 in 2024, peaking between April and August during the RSF siege of El Fasher, the state capital, which saw health facilities damaged 37 times, mainly by RSF shelling, but also by SAF air strikes. In Sennar state, incidents increased between June and October as the RSF launched an offensive against the SAF, targeting towns like Sinja and Dinder. Six health workers were killed, health facilities were looted, and Sinja Teaching Hospital was turned into a military base.[200] In Gezira, incidents quadrupled during 2024, with high numbers between late October and



Source: Safeguarding Health in Conflict Coalition

Sudan

November as the RSF attacked towns like Al-Hilaliya, looting health facilities, killing four health workers, and raping three others.

RSF fighters were implicated in about three-quarters of the cases of violence against or obstruction of health care in 2024, with the rest linked to SAF forces or unidentified attackers. These conflict parties damaged and occupied health facilities and killed, injured, and arrested health workers, while drugs, medical supplies, and equipment were looted. Over 70% of incidents affected health care providers working for national health care structures, with the rest affecting INGOs, local NGOs, private providers, Red Cross societies and UN agencies.

Health facilities damaged

Health facilities were damaged at least 79 times in 2024, compared to 68 in 2023. Over half of reported incidents involving damage to health facilities occurred during the RSF's siege of North Darfur's capital city, El Fasher. Some health facilities in the city were damaged multiple times, including the MSF-supported Saudi Obstetrics and Gynecology Hospital, which was reportedly hit and damaged on ten occasions by RSF shelling.[201] The facility's maternity and surgical wards, pharmacy, and water and energy supply systems were all damaged in these attacks. RSF armed drones damaged three other hospitals, including Khartoum's Bashaer Teaching Hospital.[202] At least two hospitals, including the Universal Hospital in Bahri city (one of the largest medical centers in Sudan, and in Africa as a whole), were set on fire by the RSF.[203]

SAF aircraft strikes damaged clinics and hospitals across Sudan, including children's health facilities, medical centers, and an immunizations center.

Children's health facilities were damaged at least eight times in 2024, including the Nyala Hospital for Women and Childbirth, which was hit by SAF air strikes on the city in July.[204]

Health workers killed

At least 66 health workers were killed in 58 incidents in 2024, a similar death toll as in 2023. Ambulance drivers, doctors, gynecologists, medical students, nurses, pharmacists, vaccinators, and other health care staff were shot and killed in their homes, during wider attacks on civilians, or in hospital bombings. Health worker killings were predominantly reported in Gezira, Khartoum, and North Darfur states, with the RSF forces most often identified as the perpetrators. In one incident, a doctor was shot and killed by RSF forces in his home in Khartoum city after they attempted to rape his daughters.[205]

This factsheet is based on 2023-2024 SDN SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Even before the severe escalation of violence in April 2023, Sudan's health care system was fragile following decades of protracted conflict and political and economic instability. The persistence of attacks on health care in 2024 following the already horrific toll from conflict in 2023 continued to produce dire outcomes for health workers and people seeking care.

Sudan

The majority of health workers attached to the country's Ministry of Health have fled due to the conflict. In 80% of cases, a lack of staff was cited as a reason for the partial functioning or fully non-functioning of 1,200 health service delivery units assessed in seven eastern Sudanese states and the Abyei administrative area as of December 2024.

At the same time, conflict-related factors have increased demand for health care provision. These include wounds sustained directly from violence and the spread of conflict-related diseases such as cholera. In the emergency room at one Khartoum hospital, over 9,000 patients – around a third of the total – treated between May 2023 and December 2024 had suffered blast and/or gunshot wounds.

For patients, the overall impact on health care access has been severe. In July 2024, the WHO stated that fewer than 25% of health facilities were functional in the Sudanese states most heavily affected by the conflict; while only 45% of health facilities were functional in other states. This situation has increased the pressure on the remaining facilities, because patients have had fewer options to turn to for treatment. Even if facilities were functional, patients struggled to access facilities due to insecurity in their surrounding areas, sometimes producing tragic outcomes. The director of a Sudanese government unit commenting in late 2024 described the fate of one sexual assault survivor: "She was bleeding, but the family couldn't get her to the health centres because of the security situation and the lack of safe roads. When they finally got her to the hospital, she had blacked out … and then she passed away."

Even for those patients able to access health facilities, the quality of care is likely to have been limited by difficult operating environments and shortages of basic medical equipment and supplies. In El Fasher, some health workers were forced to conduct surgery under dim light in shipping containers buried underground to reduce the likelihood of being violently attacked. Meanwhile, one human rights activist reflecting on the situation in some Sudanese hospitals commented: "There are no gloves. An alternative is nylon bags, and wounds are stitched with clothing thread after boiling it in water and salt."

The collapse of much of Sudan's health care system has contributed to the breakdown of the country's social support systems and limited access to treatment for conditions such as malnutrition, amid large-scale food insecurity. This is likely to have fed into high levels of indirect conflict deaths. Experts assessed in December 2024 that Sudan's famine resulted from "not merely a lack of food but a profound breakdown of health, livelihoods, and social structures."

CONFLICT-INDUCED HUNGER IN SUDAN EXACERBATED BY ATTACKS ON HEALTH CARE

In July 2024, famine conditions were declared in parts of North Darfur. Insecurity Insight's in-depth report – The Sudan Crisis: How Over a Year of Violence and Humanitarian Access Restrictions Have Produced Famine Conditions – outlines how this situation was reached. In particular, among other phenomena it documents repeated patterns of violence in conflict-related incidents, such as the damaging or destruction of markets and food production factories, blockades disrupting food supply chains and humanitarian food aid deliveries, and restrictions on access to agricultural land due to insecurity. It also highlights how the dysfunctionality of much of the country's health care system has exacerbated the impacts of acute food insecurity in the country.

199 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed March 26, 2025).
200 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident number 60689.
201 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident numbers 88033; 87625; 68115; 67255; 60563; 47391; 67981; 70951.
202 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident numbers 92442; 86175; 86862.
203 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident numbers 85110; 43185.
204 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident number 67288.
205 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 SDN SHCC Health Care Data. Incident number 86457.

Syria

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED
2024		
62	25	17
2023		
61	23	9
2022		
45	13	11

Source: 2022-2024 SYR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 62 incidents of violence against or obstruction of health care in Syria in 2024, compared to 61 in 2023 and 45 in 2022. In these incidents, health facilities were damaged 25 times, and 17 health workers were killed.

More than 14 years of conflict has devastated the country's health care system and displaced millions of people.

Russia's and the Assad regime's final attacks on Syria's health care system before the regime's fall damaged 14 facilities and killed six health workers over four days in Aleppo and Idlib.

Attacks on health care were associated with increased displacement, with people often seeking shelter in overcrowded camps or informal settlements that lack adequate water supplies and sanitation facilities.

Information on incidents of violence against health care in Syria is compiled from open sources, information projects, private sources and aid agency data-sharing mechanisms. See Methodology for further information.

Syria

THE CONTEXT

The protracted 14-year conflict in Syria has left at least 16.5 million people in need of humanitarian assistance. Almost all parties to the conflict have been implicated in attacks on health care, although the vast majority of incidents have been attributed to the former Syrian government of Bashar al-Assad and Russian forces, primarily in Idlib and northern Aleppo governorates, both of which were non-government-controlled areas.

Throughout 2024, military attacks by the Assad regime on civilian objects in non-government-controlled areas continued at a similar rate to 2023. However, in December, following a 12-day offensive carried out by a coalition of opposition armed groups, the Assad regime was overthrown, ending more than 50 years of Baath party rule in Syria. Assad fled the country and sought refuge in Russia. Following this, Israeli forces, which had been conducting air strikes on the country throughout 2024, intensified their attacks and extended their military occupation of parts of Syrian territory in violation of a 1974 agreement. Immediately after the collapse of the former regime, neighboring refugee-hosting countries, including Türkiye, Lebanon, and Iraq, deported Syrians back to Syria, and many European countries suspended the processing of Syrians' asylum claims.

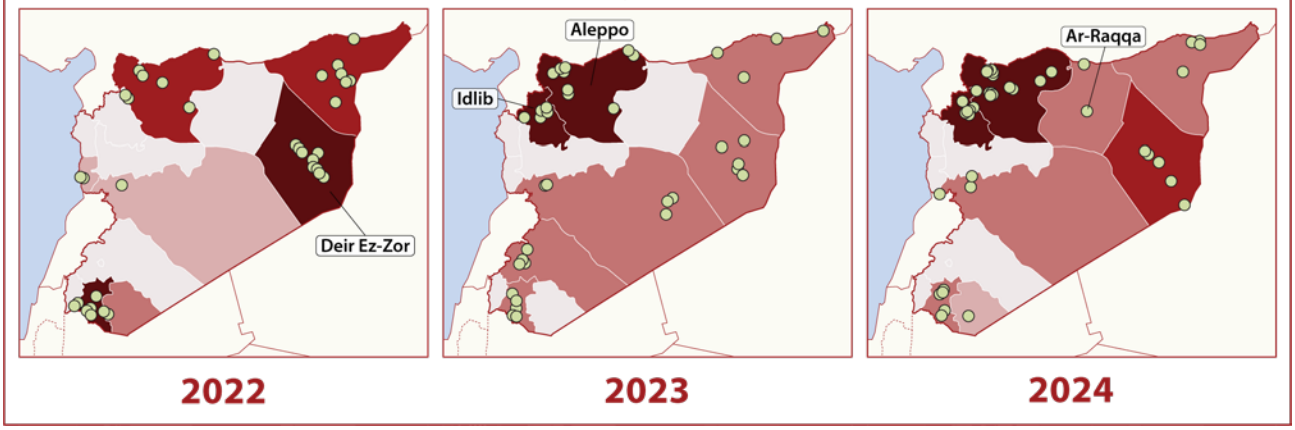
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

As in previous years, in 2024 the majority of incidents of violence against or obstruction of health care were recorded in Idlib and northwest Aleppo governorates, while incidents were also reported in Ar-Raqqa. Multiple conflict parties were named in recorded incidents, with nearly a third attributed to Syrian government and Russian forces acting either as joint forces or on their own.

Turkish forces and the anti-regime Syrian Democratic Forces (SDF) continued to be implicated in attacks on health care in Syria in 2024, mainly in Al-Hasakah governorate, but also in Aleppo. Israel Defense Forces (IDF) air strikes killed two health workers.[206] Ahrar al-Shariqira, the Iranian Revolutionary Guard Corps (IRGC), Iranian-backed militias, and Islamic State (IS) were also named as perpetrators in reports of incidents. In other attacks, the perpetrators were not identified.

Known location of reported incidents affecting health care in Syria, 2022-2024

High incident numbers continued to be recorded in northwest Aleppo and Idlib governorates with reports rising in Ar-Raqqa in 2024.

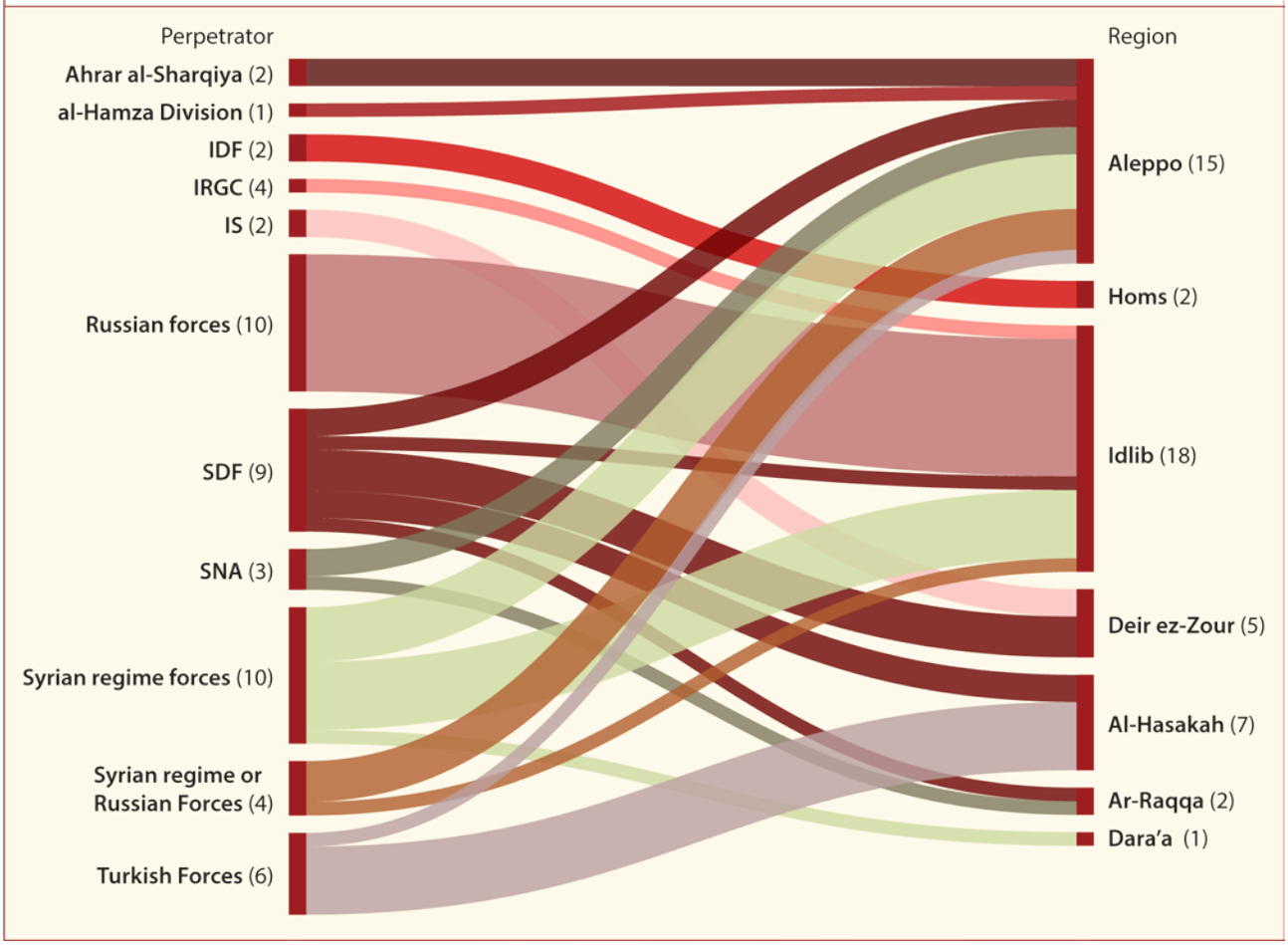


Source: Safeguarding Health in Conflict Coalition

Syria

Named perpetrators of reported incidents affecting health care in Syria, 2024

Multiple conflict parties were named in reported incidents, with nearly a third attributed to Syrian government and Russian forces acting either as joint forces or on their own in Aleppo and Idlib governorates. Violence by Turkish forces that impacted health care was mainly reported in Al-Hasakah governorate, but also in Aleppo, while the SDF attacked health care personnel and infrastructure in Aleppo, Al-Hasakah and Deir ez-Zor governorates.



Source: Safeguarding Health in Conflict Coalition

Most incidents affected health care providers working for local health structures (either government controlled, or rebel controlled in rebel-held areas), with seven incidents each affecting local NGOs and INGOs. Private health care providers and Red Crescent societies were impacted in one incident each.

Aleppo and Idlib governorates (northern Syria)

At least 35 Incidents of violence against or obstruction of health care were reported in the opposition-controlled Aleppo and Idlib governorates, representing over half of all recorded cases in 2024. Between November 30 and December 3, just before the Assad regime's fall, Russian and Syrian jet aircraft bombed opposition-held areas in Aleppo and Idlib. Russian air strikes, mainly in Idlib district and Mount Simeon (Aleppo), damaged at least 14 health facilities and killed six health workers. Damaged health facilities included two children's hospitals in Idlib city. The Avicenna (Ibn Sina) Pediatric Hospital was hit by Russian air strikes while newborn infants were in incubators and pregnant women and staff were inside the facility.

Other damaged facilities included dialysis, forensic medicine, and surgical centers, reflecting the widespread targeted destruction of health care services in Aleppo and Idlib by Russian air strikes over the course of four days. Two university hospitals in Aleppo and Idlib were also hit during these attacks. On December 1, the dialysis center in Aleppo University Hospital was hit by an air strike. This attack occurred in an area that had previously been under government control for almost the entire conflict, but the hospital was bombed only 48 hours after the area was taken over by rebels during their offensive. The hospital was one of the largest functioning in Aleppo and was already struggling to treat the wounded from the rebel offensive when it was struck. The staff, originally from Assad-controlled areas, had never experienced an air strike on their facility, leading to a gap in available staff that was filled by health workers coming from Idlib, who were accustomed to dealing with such attacks.

Deir ez-Zor governorate (eastern Syria)

In Deir ez-Zor, where reported attacks on health care occurred on nine occasions in 2024, IS fighters armed with guns and grenades attacked a health center, injuring three staff members and threw a grenade at a pharmacist's house, demanding that he pay zakat (a mandatory act of charity in Islam and one of the religion's five pillars).[207]

SDF forces in Deir ez-Zor arrested a pharmacist and five family members, taking them to an undisclosed location. They also raided a private hospital, arresting the manager and physically assaulting nurses and employees after a dispute between a midwife and an SDF member's wife. Additionally, the SDF forces conducted an overnight house raid, shooting and killing a nurse they accused of belonging to IS.[208]

Iranian-backed militias, including the Afghan Liwaa Fatemiyoun and the IRCG, took over and occupied the National Hospital and Aysha Hospital in Al-Bukamal city and turned them into military barracks.[209]

Gunmen on motorcycles shot and wounded a doctor and attempted to abduct another doctor, firing live ammunition at him.[210]

Al-Hasakah and Ar-Raqqa governorates (northeast Syria)

At least seven attacks on health care were identified in Al-Hasakah governorate in 2024. As in previous years, most incidents involved Turkish armed drone and artillery strikes. The strikes damaged a physiotherapy center, ambulances and fire engines responding to areas affected by fires caused by Turkish shelling.[211] In addition, a Turkish drone strike hit a power station close to a children's hospital. Attacks by Turkish forces occurred in Al-Hasakah's Qamishli district.

SDF forces in Al-Hasakah arrested a doctor working in his private clinic and raided an NGO-supported hospital, confiscating staff members' mobile phones on allegations they were being used to communicate with Turkish forces in the area. [212]

In Ar-Raqqa, health workers were subjected to abuses of power by local police, including a pediatrician who police officers beat in a clinic in retaliation for him asking them to wait their turn.[213] The doctor was subsequently detained and taken to an undisclosed location, prompting street protests in solidarity with him.

Dar'aa governorate (south Syria)

Gunmen in Dar'aa shot and killed a doctor, wounded a pharmacist, and kidnapped another doctor. Syrian regime forces arrested a dentist on accusations of having links to opposition forces.[214] These attacks took place in Dar'aa As-Sanamain, Dar'aa and Izra districts amid a backdrop of government crackdowns.

Syria

This factsheet is based on 2022-2024 SYR SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

More than 14 years of conflict has left the Syrian health care system struggling to cope. Since the start of the conflict, the health care system was both directly and indirectly affected by violence that had long-lasting effects on the community. Attacks on health care significantly undermined community members' ability to access health care, often forcing affected populations to adopt "harmful coping practices" to avoid visiting these facilities, including postponing essential visits and forgoing medication. Health workers were forcibly displaced by the violence, leading to staff shortages. The risk of a facility coming under attack often prevented community members from seeking medical care. Rayan et al. (2024) recorded up to a 51% drop in outpatient visits and a 23% drop in births in health care facilities following attacks, with effects lasting several weeks. Additionally, the attacks prevented the health care system from meeting community needs. A study by Haar et al. in 2024 interviewed health workers to understand the impact of violence against health care in Syria. Health care workers discussed a ubiquitous impact on all parts of the health system, including on health service delivery, and challenges adversely affecting the retention and morale of health care workers – particularly due to their forced displacement. Additionally, interviewees discussed a general lack of training opportunities and the loss of essential medicines and infrastructure caused by attacks on hospitals, mobile clinics, ambulances, and supply trucks that resulted in extensive damage to these facilities.

As a result, attacks on health care in Syria have been associated with the increased displacement of surrounding communities, with Tarnas et al. (2024) reporting a 55% rise in the number of people displaced in the month following an attack and elevated levels of displacement persisting for up to three months, independently of overall conflict levels.

Displaced populations often sought shelter in camps or informal settlements that were frequently overcrowded and lacked adequate water and sanitation facilities. This placed displaced people at risk of contracting communicable diseases, respiratory infections, and nutritional deficiencies, further exacerbating an already vulnerable population and placing further pressure on an already weakened health care system.

SOCIAL MEDIA MONITORING IN SYRIA

Insecurity Insight conducts social media monitoring to understand how online narratives impact humanitarian responses and the safety of aid operations. In April 2025, the online responses to air strikes on hospitals in Latakia and Tartous revealed widespread outrage and fear for the safety of medical personnel and patients. While condemnation was common, few posts referenced international humanitarian law, which indicates limited public awareness of the legal protections afforded to health care staff, facilities and services during conflict.

Additionally, in the aftermath of the fall of the Assad regime and during a period of significant political transition, Insecurity Insight conducted monitoring to understand perceptions and key concerns

around the humanitarian response in Syria. The resulting report captured both urgent appeals for assistance and widespread public skepticism towards international and local aid actors, particularly the UN and Syrian Arab Red Crescent. Criticisms were often centered on perceived inefficiencies, political affiliations and mistrust rooted in past associations with the former regime. Together, these findings highlight the importance of building trust and improving transparency in humanitarian communications during times of conflict and upheaval.

THE CUMULATIVE AND LONG-TERM IMPACT OF THE DESTRUCTION OR DAMAGING OF HEALTH CARE FACILITIES

Since the start of the Syrian revolution in 2011, health care facilities have been consistently attacked, with long-lasting and devastating impacts on health care. Since 2016, Insecurity Insight has documented at least 467 attacks on health facilities in Syria, 97% of which involved explosive weapons and nearly half of which occurred in Aleppo and Idlib governorates. In 2016, repeated air strikes led to the near-total collapse of eastern Aleppo's health care system, and by November 2016 all the hospitals in the region had shut down due to repeated air strikes.

Repair efforts have been challenging. While international funding has helped to restore some health facilities, many remain non-operational. The Omar bin Abdul-Aziz Hospital, which was hit at least 14 times by explosives between June and December 2016, suffered extensive damage and shut down as a result. Although renovated by Assad forces after their 2016 takeover of Aleppo, it never fully reopened and remains closed as of early 2025. Before the attacks, it provided extensive outpatient services, including maternity and obstetrics, performing around 800 surgeries and 6,000 other services monthly.

Many other facilities remain unrestored and lie unused.

Case study

On April 29, 2016, an air-to-surface missile destroyed the Al-Marjeh primary health center, which had provided over 2,000 consultations monthly and housed one of east Aleppo's few dental clinics. Together with 12 other health centers in the area, it served around 300,000 people. It remains unrepaired and in ruins to this day.

According to the WHO, by the end of 2019 only 33 of 243 health facilities that were assessed in Aleppo governorate were fully functional, while 49 were partially operational and 161 remained non-functional. In 2021, the International Rescue Committee estimated that only 64% of hospitals and 52% of primary health centres were functioning across Syria.

206 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 45423; 86003.
207 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 61125; 71512.
208 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 44498; 86636; 80653.
209 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 67585; 67552.
210 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 47587; 85460.
211 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 43962; 45145; 58277; 58276.
212 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 86635; 92379.
213 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident number 46190.
214 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 SYR SHCC Health Care Data. Incident numbers 61127; 61128; 63592; 86638; 63625.

Ukraine

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED	INCIDENTS AFFECTING EMERGENCY MEDICAL SERVICES	INCIDENTS WHERE HEALTH FACILITIES WERE OCCUPIED
2024				
544	**359**	**78**	**74**	**6**
2023				
478	**251**	**113**	**18**	**37**
2022				
922	**611**	**82**	**30**	**52**

Source: 2022–2024 UKR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 544 incidents of violence against or obstruction of health care in Ukraine in 2024, compared to 478 in 2023 and 922 in 2022. In these incidents, health facilities were damaged at least 359 times. Emergency medical services were attacked on at least 74 occasions and 78 health workers were killed.

Russian forces regularly launched attacks on Ukraine's energy system, affecting health services.

The use of drones armed with explosives that impacted health care surged in 2024.

Quick hospital repairs, temporary service relocations, and 12,000 generators kept some health facilities operational despite damage and power outages.

Information on incidents of violence against health care in Ukraine is compiled from open sources, aid agency data-sharing mechanisms, information projects and private sources. See Methodology for further information.

Ukraine

THE CONTEXT

The war that followed Russia's full-scale invasion of Ukraine in February 2022 continued in 2024. Russian forces had captured almost 4,200 square kilometers of Ukrainian territory and continued to occupy approximately one-fifth of the country.

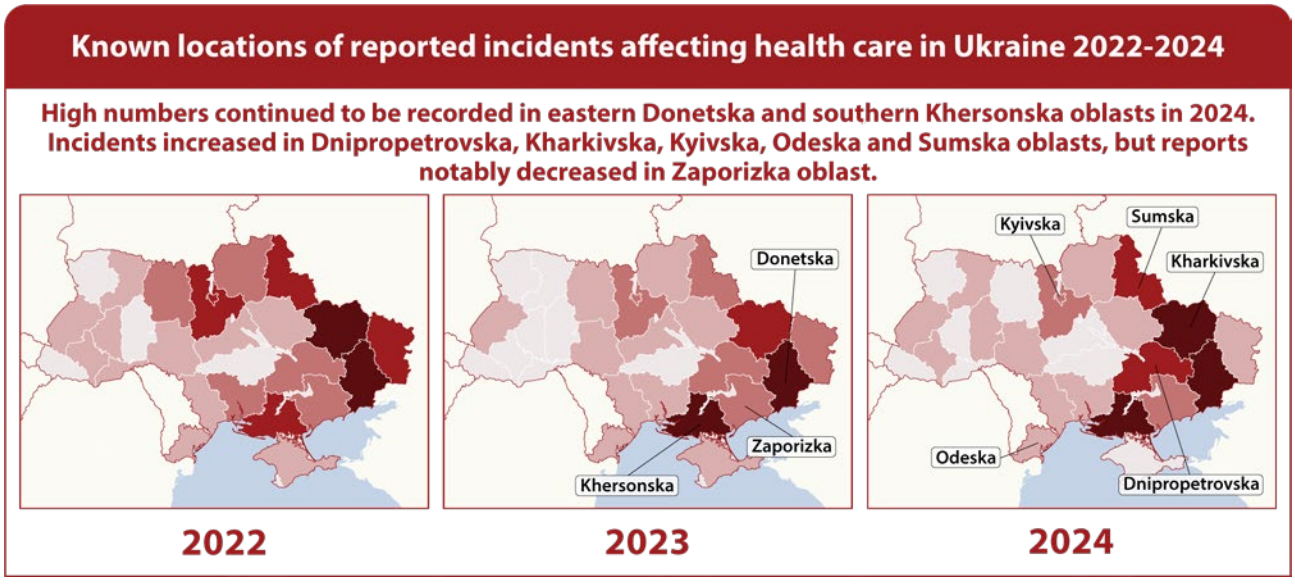
Fighting was primarily concentrated in the east, northeast and south of Ukraine, but Russian attacks on infrastructure, including vital energy infrastructure, were made across the country, resulting in repeated and widespread power outages. Russian attacks had reportedly destroyed all thermal power plants and almost all large hydroelectric power plants by September 2024.

By the end of 2024, estimates suggested that 12.7 million people in Ukraine would require humanitarian assistance in 2025.

Ukraine has launched missiles, and drone strikes inside Russian territory targeting military infrastructure and logistics hubs.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care were recorded throughout 2024 and spread over 19 of Ukraine's 24 oblasts (regions) and Crimea. High numbers continued to be recorded in eastern Donetska and southern Khersonska oblasts in 2024. Incidents increased in Dnipropetrovska, Kharkivska, Kyivska, oblast and Kyiv, Odeska and Sumska oblasts, but reports notably decreased in Zaporizka oblast.



Source: Safeguarding Health in Conflict Coalition

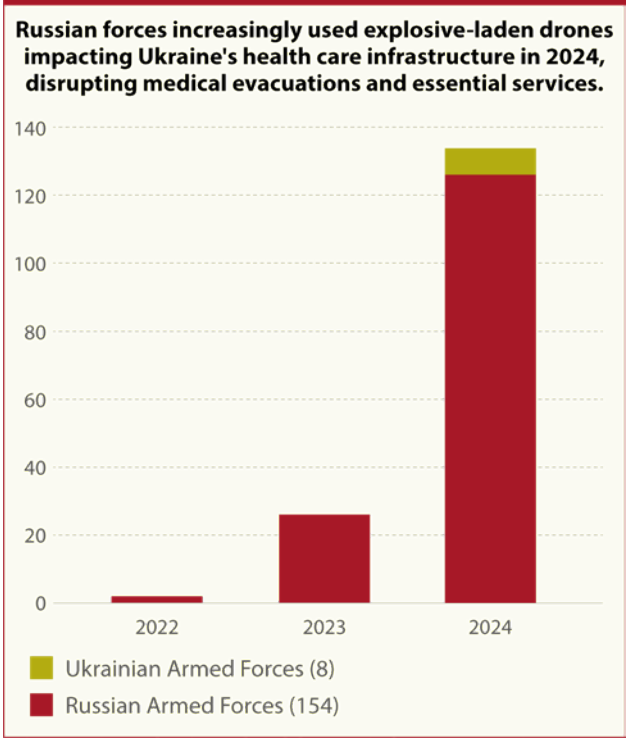
Over 90% of attacks on health care were linked to Russian forces. Ukrainian forces were cited in 16 cases in Dnipropetrovska, Donetska, Kharkivska, and Khersonska oblasts, where artillery and drone strikes near Russian troops hit hospitals, injuring and killing health workers. Other attacks had unidentified perpetrators. In 2024, attacks on emergency medical services more than quadrupled. Damage to and the destruction of health facilities increased, and health worker killings continued.

Ukraine

Russian forces' use of drones armed with explosives that impacted health care surged in 2024, underscoring Russia's growing reliance on these weapons to target critical infrastructure, including health care facilities and ambulances. The drone attacks severely disrupted medical evacuations and the delivery of essential health care services. The nearly constant presence of surveillance and attack drones made rapid medical evacuations nearly impossible during daylight hours, forcing medical teams to adapt by conducting evacuations during brief windows at dawn and dusk.

Most incidents affected health care providers working for national health structures, as in previous years, with NGOs directly affected in nine incidents and a private health care provider and the Ukrainian Red Cross affected in one incident each.

Reported use of drones armed with explosive with impact on health care in Ukraine, 2022-2024



Health facilities damaged or destroyed

During 2024, health facilities in Ukraine were damaged or destroyed at least 367 times, an increase of 36% from 2023. Hospital wards, equipment and windows were damaged. Most of this damage and destruction impacted children's and maternity hospitals, clinics, and pharmacies in Khersonska oblast, with the number of incidents in Donetska oblast being second highest. Hospital attacks took place during broader assaults on villages and towns, during which other civilian infrastructure, including energy supplies, was hit. For example, a health facility, six schools, seven kindergartens, and energy infrastructure were damaged in a Russian drone and missile attack on Dnipro city. Over a hundred patients were evacuated from another hospital and seven kindergartens were temporarily closed due to the lack of heating because of attacks on energy infrastructure.[215]

The Okhmatdyt Children's Hospital in Kyiv – Ukraine's largest pediatric medical facility – was struck during a series of Russian missile attacks on July 8, killing two adults, including a doctor, and a child in the intensive care unit, and injuring over 30 others, among them ten children.[216] The strike knocked out the hospital's power and water supplies, leaving it non-functional for days. The hospital was caring for 627 patients at the time.

Health workers killed and injured

At least 78 health workers were killed in 69 incidents in 2024, compared to 113 in 106 incidents in 2023 and 82 in 64 incidents in 2022. In addition, at least 96 health workers were injured in 63 incidents in 2024, similar to the number in previous years. These incidents occurred across multiple oblasts, with particularly high concentrations in front line oblasts, especially Donetska, Kharkivska, Zaporizka and Odeska. Urban centers away from the front lines, including Kyiv and Dnipro, were also locations of health worker killings and injuries in 2024. Doctors, military and civilian medics, nurses, and paramedics were killed and injured by Russian missile strikes, drone attacks, and artillery fire.

Ukraine

ATTACKS ON HEALTH CARE IN UKRAINE

This interactive map documents attacks on health care in Ukraine since the full-scale Russian invasion on February 24, 2022. It is available in English and Ukrainian and allows viewers to explore where incidents took place and what happened; in some cases, this information is accompanied by photos. Incidents can be filtered by categories, including attacks on child health care and hospitals' energy systems.

This SHCC factsheet reflects data for 2024 current as of January 15, 2025, but the map and dataset are continuously updated. The map includes events where preventive measures were taken to protect staff and programs, which are not counted as incidents in this factsheet.

Attacks on emergency medical services

Emergency medical services were affected by violence at least 74 times in 2024, over four times the number recorded in 2023. These attacks, often carried out by Russian forces using armed drones, missile strikes, and artillery in Kharkivska and Khersonska oblasts, killed at least ten paramedics, injured 47 others, and damaged or destroyed at least 87 ambulances. Most incidents happened while emergency personnel were conducting recovery and rescue operations and in "double tap" strikes (i.e. striking an area once and then targeting first responders in a second attack). Others took place at health facilities or ambulance stations that were hit by bombs or shelling. For example, a paramedic and an ambulance driver were injured and two ambulances damaged when Russian forces shelled a temporary ambulance station in a village in Kharkivska oblast.[217]

This factsheet is based on 2022-2024 SYR SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Russia's full-scale invasion of Ukraine continued to seriously affect health care providers, workers and people seeking health care. The available evidence suggests that the worst impacts of Russia's full-scale invasion on Ukraine's health care system were felt during the first months of the war in 2022. While the functionality of health facilities continued to be affected in 2024, overall the health care system showed resilience despite the high and sustained intensity of attacks on it. As of July 2024, among 11,712 assessed health facilities in Ukraine, 827 (or 7%) were fully or partially damaged and 505 (or 4%) were non-functioning or only partially functioning. The most heavily affected facilities were in eastern Ukraine. The overall resilience of the health care system stems partly from its relatively high base level prior to the full-scale invasion. Additionally, quick repairs of damaged health facilities, the temporary relocation of some health services and the installation of 12,000 generators at health facilities to guard against power outages have supported the health care system's continued functionality.

Some of the worst impacts of Russia's invasion are likely seen in areas of Ukraine under Russian occupation. As early as 2014, civilians in occupied Crimea who refused to accept Russian citizenship were disqualified

Ukraine

from receiving medical treatment. This practice – known as "passportization" – was expanded across Russian-occupied territory following the full-scale invasion. It has also been reported that health care facilities in these areas only offer services to individuals with Russian health insurance, which is dependent on an individual holding Russian citizenship. Difficulties in freely accessing information on life in Russian-occupied Ukraine mean that the full impact of the war on health care provision in these areas is likely to remain unknown.

In 2024, health care was affected by Russian attacks on Ukraine's energy infrastructure, which led to repeated electricity blackouts. One doctor from a maternity hospital in Zaporizhzhia commented: "Surgeries had to be performed with flashlights in cramped conditions, which meant that instead of a conventional hour, it took about 3 hours to complete the surgery."

Surveys conducted by Physicians for Human Rights and Truth Hounds showed that in some cases energy blackouts have resulted in patient deaths and permanent health harms. In addition, 82.9% of respondents reported increased stress, burnout, and other challenges due to the attacks on energy infrastructure and service disruptions, with 27.3% facing these hardships daily.

> *"Surgeries had to be performed with flashlights in cramped conditions, which meant that instead of a conventional hour, it took about 3 hours to complete the surgery."*

At a broader level, constant concerns over violent Russian attacks were an impediment to the normal functioning of patient care. For example, missile alerts often required staff to leave health facility premises and, in some cases, spend time traveling to their nearest shelter, thereby disrupting health care provision. The fear of sirens warning of potential imminent attacks is also reported to have contributed to patients feeling unsafe while in hospital wards.

HEALTH CARE PROVISION DURING RUSSIAN ATTACKS ON UKRAINIAN ENERGY INFRASTRUCTURE

Some of the worst consequences for health care provision in 2024 resulted from the destruction of vital energy infrastructure. A survey by Physicians for Human Rights and Truth Hounds conducted between July and September 2024 of over 2,000 individuals found that due to Russian attacks on energy infrastructure:

- 92.3% of respondents reported "experiencing power outages at their health facility;"
- 66.3% of respondents reported power outages affecting medical procedures at their health facilities;
- 8.4% observed delays to elective surgeries; and
- permanent health harms (36 reports) and deaths (20 reports) were also said to have resulted from disruptions to Ukraine's energy infrastructure.

215 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 UKR SHCC Health Care Data. Incident number 87280.
216 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 UKR SHCC Health Care Data. Incident number 55507.
217 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 UKR SHCC Health Care Data. Incident number 45708.

Yemen

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS ARRESTED	INCIDENTS WHERE HEALTH FACILITIES WERE RAIDED	HEALTH WORKERS KILLED
2024			
52	19	18	6
2023			
47	0	9	7
2022			
25	0	4	7

Source: 2022-2024 YEM SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 52 incidents of violence against or obstruction of health care in Yemen in 2024, compared to 47 in 2023 and 25 in 2022. In these incidents, 19 health workers were arrested and six killed, and health facilities were forcibly entered 18 times.

The country experienced the world's highest number of cholera cases in 2024, with over 249,000 suspected cases and more than 800 related deaths being recorded.

Houthi forces carried out multiple raids on hospitals and clinics for control and resource seizure purposes.

Vaccination programs were disrupted by conflict, and vaccine hesitancy increased, leading to low vaccination coverage.

Information on incidents of violence against health care in Yemen is compiled from open sources, aid agency data-sharing mechanisms and information projects. See Methodology for further information.

Yemen

THE CONTEXT

While the number of reported conflict incidents fell overall compared to 2023, conflict-related violence and clashes persisted, especially in Yemen's southwestern Abyan, Al Hudaydah, Lahij, Shabwah, and Ta'izz governorates.[218]

The Houthis retained de facto control of the country's capital, Sana'a, and surrounding governorates in western Yemen. The internationally recognized government (IRG) based in Aden – and supported militarily by a Saudi-led coalition – remained in conflict with the Houthis and Al-Qaeda in the Arabian Peninsula (AQAP). The UAE-backed Southern Transitional Council (STC) – which was aligned against the Houthis, but in competition with the IRG – retained influence in southern Yemen, especially around Aden and Lahj cities.[219] Israel, the UK and U.S. conducted multiple airstrikes against Houthi infrastructure in 2024, following Houthi missile and drone strikes on international shipping in the Red Sea from November 2023.

The Houthis arbitrarily arrested and forcibly disappeared dozens of UN and NGO officials in areas under their control, possibly as part of a bargaining tool after the IRG moved major banks away from Houthi-controlled areas.

The country experienced the world's highest number of cholera cases in 2024, with over 249,000 suspected cases and more than 800 related deaths recorded. Severe flooding during rainy seasons between April and May and July and September killed at least 240 people, displaced 500,000, and damaged over 34,000 shelters. Overall, 18.2 million people were estimated to be in need of humanitarian assistance.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care were reported throughout 2024, with reports increasing in Aden, Ad Dali', Amanat Al Asimah, and Al Hudaydah governorates and continuing in Ta'izz governorate, where conflict persists.

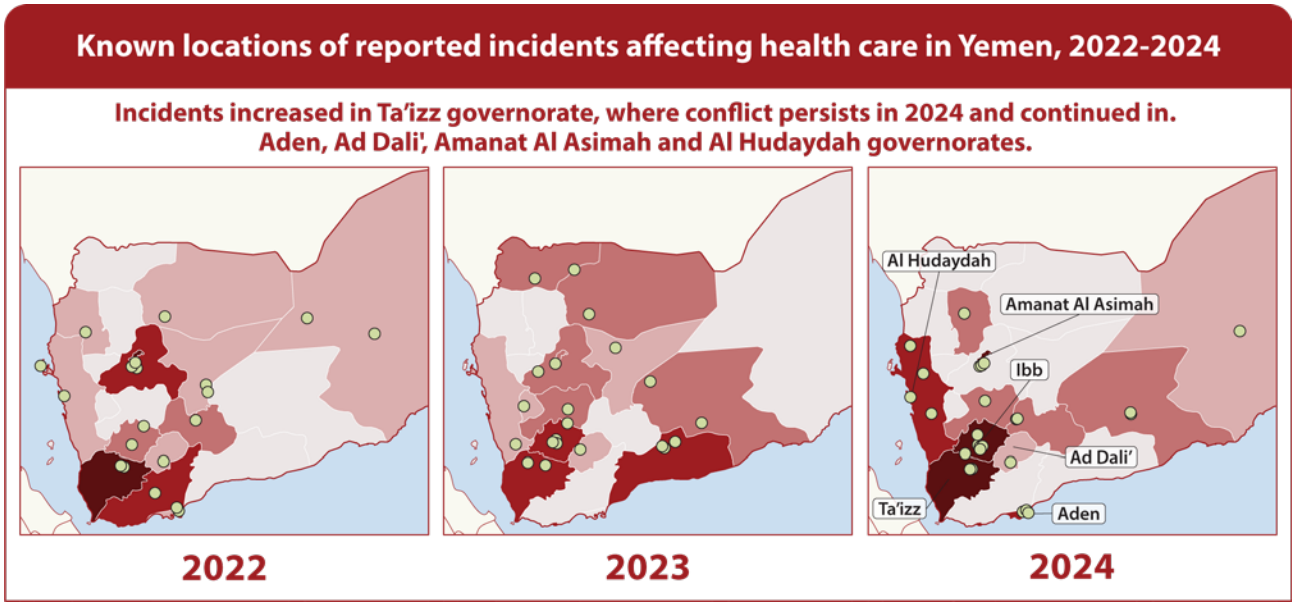
Arrests of health workers increased sharply in 2024, and raids on health facilities continued, with the majority of these incidents being attributed to Houthi forces armed with guns. STC forces were also named as perpetrators. One incident recorded explosive weapons use in 2024, a decrease from 2023, when improvised explosive devices (IEDs) and drones armed with explosives were often reported in attacks on health care.

Most cases affected health care providers working for national health structures, with seven affecting private health organizations and two affecting INGOs.[220]

Health workers arrested

At least 19 health workers were arrested or detained in 13 incidents, which is a sharp rise from 2023, when no incidents were identified. Most arrests were carried out by Houthi forces, with one case involving STC forces in Aden detaining six health care staff on suspicions of having links to the Houthis.[221] Arrested health workers included doctors, nurses, and hospital managers who were detained in hospitals, homes, and public spaces. Some arrested health workers were accused of medical neglect, including a Russian doctor blamed for a Houthi leader's wife's death, while others were targeted for online opinions supporting the Assad regime's removal in Syria.[222] One doctor, who was reportedly arrested for unspecified reasons in his house, was tortured and killed by Houthi forces.[223]

Yemen



Source: Safeguarding Health in Conflict Coalition

Health workers killed

Six health workers were killed in six incidents in 2024, similar to numbers in previous years. Multiple doctors and nurses were shot and killed in public spaces, such as markets, hospitals, or near their homes, often by unidentified gunmen. Members of the STC Shabwani Elite forces shot a nurse at a checkpoint as he was on his way home from a hospital shift, and Houthi forces were implicated in the killing of the previously mentioned doctor they had arrested.

Health facilities raided and occupied

Health facilities were raided at least 19 times in 2024, double the number reported in 2023. Houthi forces carried out multiple raids on hospitals and clinics. In some raids, staff and patients, including those in in critical condition, were forced to leave the facility. A medical diagnostic center was raided and forcibly taken over by Houthi forces following a dispute between the doctor and the landlord, and a Ministry of Defense medical warehouse near Aden International Airport was raided and looted of supplies by STC forces.[224]

Health facilities were were taken over and used for non-medical purposes on six occasions in 2024. Sometimes facilities were used for military operations, such as when the STC used a health center as a military training center in Lahij governorate. The health centre stopped services as a result, depriving approximately 10,000 people of medical services.[225] Kharkivska oblast.[226]

This factsheet is based on 2022-2024 YEM SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Even before the start of the civil war in 2014, Yemen's health care system was fragile after decades of political instability, protracted violence and low investment in health care infrastructure. Armed conflict has weakened the system still further.

Yemen

Violence and economic turmoil have produced working environments in which people are fearful for their safety, and have led to many health workers going unpaid or receiving "inconsistent salaries". Consequently, many health workers have left Yemen since 2014 for better pay and working conditions elsewhere, including most of the 1,200 foreign health workers who were previously working in the country and locally trained health workers, creating a "brain drain."

Health worker shortages have played a major factor in weakening the health care system in Yemen. As of February 2024, among 5,257 health care delivery units assessed in Yemen, 40% were either only partially functional or non-functional, with the lowest levels of functionality reported in Al Bayda and Sa'dah governorates. A lack of staff was cited as a reason for this dysfunctionality in 79% of cases and a lack of equipment in 53% of cases. Particularly high shortages of female health care workers have created acute barriers to health care access for sexual and reproductive health services, since social customs often require females to only be treated by female health care workers.

Conflict-related factors continued to create intense demands on Yemen's health care system despite a reduction in the intensity of violence over the previous two years. Between May and June 2024 alone, the Yemen Health Cluster reported that over 1,000 patients were treated for conflict-related trauma. Unclean water supplies – partly caused by damage to essential infrastructure during the war – have continued to spread cholera. Vaccination programs have been disrupted by the conflict and vaccine hesitancy has reportedly increased, leading to low vaccination coverage.

The continued fragmentation of health care delivery between areas under the de facto control of the Houthis, on the one hand, and the IRG, on the other hand, has complicated the coordination of health policies. In turn, it has contributed to the lack of an effective country-wide health information system, limiting the availability of data for health policy analysts to develop evidence-informed policies.

Combined, these factors have intensified pressures on the remaining health workers and functioning facilities.

218 Armed Conflict Location & Event Data (ACLED) database attribution policy, https://acleddata.com/privacy-policy/ (accessed January 17,2025).
219 ACAPS, "Yemen: Areas of Control," https://data.humdata.org/dataset/yemen-areas-of-control (accessed February 18, 2025).
220 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 YEM SHCC Health Care Data. Incident numbers 59885; 60175; 60176; 58315; 58345; 58346; 60174; 58313; 88645.
221 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 YEM SHCC Health Care Data. Incident number 88650.
222 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 YEM SHCC Health Care Data. Incident numbers 61131; 88654.
223 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 YEM SHCC Health Care Data. Incident number 44494.
224 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 YEM SHCC Health Care Data. Incident numbers 67684; 88651.
225 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 YEM SHCC Health Care Data. Incident number 95261.
226 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 UKR SHCC Health Care Data. Incident number 45708.

The REACH program

THE REACH PROGRAM FOR SAFE VACCINE DELIVERY IN CONFLICT- AFFECTED AREAS

Health workers delivering vaccines in conflict-affected settings often face threats of violence and insecurity. The Reaching Every Child in Humanitarian Settings (REACH) consortium led by the International Rescue Committee (IRC) and funded under Gavi, the Vaccine Alliance's Humanitarian Partnerships through its Zero-Dose Immunization Program (ZIP), works with 15 national organizations in six countries and supports health care workers in the areas where national immunization programs cannot operate. REACH not only enables vaccine delivery but also helps to restore trust in regions cut off from health care systems for years – or even decades.

The program prioritizes humanitarian principles and is rooted in vigilance, trust, and care. REACH begins with security risk analysis, using an IRC template that helps to identify key safety and security risks, their impact, and potential contingency plans to mitigate these risks. These steps are accompanied by specialized security training and real-time monitoring and clearance procedures for field movement and program implementation.

REACH is also founded on ongoing dialogue with local authorities, non-state armed groups, clan elders and religious leaders. Through this ongoing dialogue, the consortium negotiates both formal and informal access agreements rooted in trust and humanitarian neutrality.

When security incidents occur, a robust, multi-tiered incident response and crisis management system enables rapid decision-making to protect personnel, maintain the continuity of critical health services, and offer psychosocial support.

The REACH program demonstrates that health worker protection and equitable vaccine delivery are not opposing goals but are codependent. By embedding safety strategies in its operational model, REACH offers a replicable approach for reaching children in the most fragile and complex environments, without compromising the well-being of those on the front lines.

Methodology

REPORT COVERAGE

This twelfth report of the Safeguarding Health in Conflict Coalition (SHCC) covers 36 countries and territories and provides details on incidents involving threats and violence against health care in 23 countries, one administrative subdivision/region within a country, and one territory that experienced conflict in 2024.[227] For these 23 countries that have their own chapter, the 2024 report further provides information on the impact of violence on health care, including the impact on health workers, health care systems and people's access to health care, based on multiple secondary sources.

To determine whether a country is considered to have experienced conflict in 2024, the report is based on the system of conflict determination adopted by the Uppsala Conflict Data Program (UCDP).[228] A country, territory, or region within a country is included in the SHCC report if it is included on the UCDP list of one of the three types of conflict (state-based armed conflict, non-state armed conflict and one-sided violence),[229] and if Insecurity Insight identified at least one attack on health care perpetrated by a conflict actor, which for the purposes of this report is defined as a person affiliated with organized actors involved in armed conflict. A chapter is included in the report for 23 countries that reported more than 15 incidents in one year or more than 31 incidents over multiple years. Incidents from ten other countries are included in the total count of violence against health care, but neither the incidents nor the situation in the affected countries is described in detail.

Eighteen of the countries covered with country chapters in 2024 had country chapters in the 2023 report. For the 2024 report, detailed country chapters for Colombia and Lebanon were added for the first time, while detailed descriptions were included for Mexico, Mozambique, and Pakistan after no detailed chapter was included in 2023. Data from Burundi, Chad, Chechnya, Indonesia, Iran, Iraq, Israel, Kenya, Libya, the Philippines, Papua New Guinea, Russia, and Somalia is included in the total count, but these 13 countries do not have country chapters in the 2024 report.

DATA SOURCES

The report uses an event-based approach to documenting attacks on health care, which are referred to as "incidents" throughout the report. To prepare this report, event-based information from multiple sources was cross-checked and consolidated into a single dataset of recorded incidents that were coded using standard definitions. Each country chapter lists the principal sources used to compile the dataset, referring to "open sources" when incidents were reported by edited media, "private sources" when information was received through personal networks, "aid agency data-sharing mechanisms" when the information was provided by an aid agency or the International NGO Safety Organisation (INSO), and "information projects" when information was added through cross-checking with the World Health Organization (WHO) Surveillance System for Attacks on Health Care (SSA) and Armed Conflict Location & Event Data (ACLED) project; the Aid Worker Security Database (AWSD), Airwars, the Syrian Observatory for Human Rights (SOHR), and the Syrian Network for Human Rights (SNHR) for data on Syria; and the Civilian Impact Monitoring Project (CIMP) for data on Yemen.

The data cited in this report can be accessed via Attacks on Health Care in Countries in Conflict on Insecurity Insight's page on the Humanitarian Data Exchange (HDX). However, some incidents are not included in these lists when the individual/organization providing the data explicitly requested that information on these incidents should not be shared further. No incidents shared through the INSO are included in these lists. The data for the 23 countries included in this report is made available as individual datasets. The links

are provided in the individual country chapters. For the 13 countries mentioned above that do not have country chapters about them in the 2024 report, the data is also available via the Humanitarian Data Exchange data grids for the relevant countries, excluding any data shared by the INSO.

The report covers the impact of attacks on health care as far as available reports indicate. It cites secondary sources that usually used mixed-method approaches to summarize the known impacts of attacks on the delivery of and access to health care.

INCREASED COMMUNICATION AND DOCUMENTATION: THE GROWING INFORMATION ABOUT INCIDENTS OF VIOLENCE AGAINST HEALTH CARE

The rise in violence against health care during conflict has been accompanied by a growing number of firsthand reports from witnesses in conflict zones. In some conflicts, rising smartphone access, like in the occupied Palestinian territory (oPt), Myanmar, Sudan, and Ukraine, has led to more incidents being recorded and shared on social media, and this is becoming an emerging form of citizen journalism. Professional journalists have also increased their reporting and scrutiny of what occurs during a conflict using verification standards. This process is revolutionizing conflict information by prioritizing the perspectives of the affected health workers and patients, gradually replacing "official reports" from the parties involved in conflict and traditional war reporting driven by external observers who made individual choices of what to describe (or omit) for audiences at home. These changes in information flows require reporting mechanisms to be adapted accordingly. Customized search functions can help to identify relevant reports to review and record for analysis. In some cases, lawyers and NGOs are also using videos and other sources of information of this kind as evidence in legal proceedings.

This trend is not occurring at the same levels in all conflicts. Lower levels of smartphone use and internet penetration rates and higher levels of censorship affect the extent to which individuals and communities can report experiences directly, and thus circumvent intermediaries. For example in Ethiopia, internet restrictions that are often imposed for political reasons can limit individuals' ability to document or share such events. There can also be marked regional differences within one country, as is the case in Sudan, where frequent reports are being shared from the capital, Khartoum, but where structural differences mean that less information is published in areas that experience extreme levels of violence, such as the wider Darfur region or Gezira state. In Myanmar, fear of repressions limits reporting in areas controlled by the Myanmar Armed Forces. However, information from contested areas – where aid agencies lack access, but locals may feel safe – is essential for tracking incidents of violence.

Growing social media access has also allowed individuals and networks to undermine public health messaging and humanitarian principles by portraying health care in certain areas or for certain patients as support for terrorism, dependency, or corruption. The erosion of positive perceptions has contributed to attempts to justify violence against health care providers.

In protracted crises where there is a strong NGO presence, aid agency data-sharing mechanisms are key to tracking violence against the health sector. However, these mechanisms can favor internationally supported health programs and often depend on non-essential staff to implement them, leading to reduced information if agencies scale back their activities due to security or funding issues.

Methodology

DEFINITION OF ATTACKS ON HEALTH CARE

This report follows the WHO's definition of an attack on health care: *"any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access and delivery of curative and/or preventive health services."*

The report focuses on incidents of violence against health care in the context of armed conflict, non-state armed conflict or one-sided violence, as defined by the UCDP, while the WHO focuses on attacks during emergencies.

In accordance with the WHO's definition, incidents of violence against health care can include bombings, explosions, looting, robberies, hijackings, shootings, gunfire, the forced closure of health facilities, the violent searching of health facilities, fire, arson, the military use of health facilities, the military takeover of health facilities, chemical attacks, cyber attacks, the abduction of health workers, the denial or delay of health services, assaults, forcing staff to act against their ethical principles, executions, torture, violent demonstrations, administrative harassment, obstruction, sexual violence, psychological violence, and threats of violence.

All these categories have been included insofar as they were reported in sources. However, some forms of violence, such as psychological violence, blockages of access to health care or threats of violence, are rarely reported. We also record incidents of violence against patients in health facilities when references to the effects of violence on patients are included in the descriptions of incidents.

DEFINITION OF CONFLICT

The SHCC report covers three types of conflict as defined by the UCDP for countries that reported at least one incident of violence against health care perpetrated by a conflict actor:[230]

- **State-based armed conflict** is defined as *"a contested incompatibility that concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths in one calendar year."*
- **Non-state armed conflict** is defined as *"The use of armed force between two organized armed groups, neither of which is the government of a state, which results in at least 25 battle-related deaths in a year."*[231]
- **One-sided violence** is defined as *"The deliberate use of armed force by the government of a state or by a formally organized group against civilians which results in at least 25 deaths in a year."*

This report is limited to violence perpetrated by conflict actors. Interpersonal violence and violence by patients against health care providers are not included in this report, even when they occurred in conflict-affected countries.

Incidents are only included when (a) the perpetrator was a member of a party to a conflict, and (b) available evidence suggested that the incident occurred either in the context of a contested incompatibility of territory or as a one-sided act of violence by security forces included on the UCDP list of countries with more than 25 reported deaths from one-sided violence attributed to security forces or non-state armed actors.

Methodology

CONCEPTUALIZATION OF THE IMPACT OF ATTACKS ON HEALTH CARE

The impact of incidents of violence against patients is far-reaching and affects health workers, the functioning of the relevant health system, patients' physical access to health care, and people's perceptions that influence their choices around seeking health care.

Attacks on health care affect health workers psychologically and physically, which frequently results in qualified staff leaving the profession or the area where attacks occur. Therefore, all violence against health workers perpetrated by conflict parties is included in this report, ranging from incidents that occurred within a health facility to those that impacted them on their way to work, or at home, or while out shopping, because all of these incidents affect the well-being and sense of safety of health workers, and consequently their ability to provide care or willingness to continue to work in highly insecure environments.

The damaging and destruction of physical health care infrastructure affect the quality of care that can be provided. Damage can be direct when a health facility is damaged in an attack, or indirect as a consequence of damage to other infrastructure such as electricity or water supplies or the looting of medicines. The impact of individual violent events is spread over time and location, and it is often the cumulative impact of multiple incidents and their diverse effects that create the most concerning impacts that reduce the extent and quality of the care provided.

Insecurity and fear of health systems being the target of attacks also affect how and when people decide to seek medical help. Delays in accessing care can make treatment harder and thereby contribute to worse health outcomes. Various studies focus on different aspects of the impact of attacks on health care and cover different points in time, and information on the complex consequences of individual incidents remains limited in many cases.

No single data-collection method can fully cover such wide-ranging impacts. The SHCC incident-monitoring system provides the basis for deciding whether incidents need to be considered, and mixed-method approaches provide the best option to understand the complex impact chains.

DATA MANAGEMENT ETHICS

The SHCC applies strict principles to ensure responsible, safe, ethical and effective data management. These principles are based on the IASC *Operational Guidance on Data Responsibility in Humanitarian Action* and the work of the Data Responsibility Working Group (DRWG), and center around the principles of data security, data privacy, and data use, taking into account that the SHCC's work has a responsibility to health workers, health systems, and humanitarian health care providers.

The key objectives are that:

- data is used to make more informed decisions to protect health workers and the health care system;
- the privacy and security of the information related to people at risk are protected;
- data is shared and disseminated to improve stakeholders' understanding of how conflict affects the delivery of health care; and
- transparency regarding data sources contributes to the collective improvement of data and information.

Methodology

The SHCC applies data ethics to identify solutions to data-related dilemmas when competing principles require it to take priority decisions guided by the principle of doing no harm. Based on these considerations, the SHCC reports the available information on the perpetrator(s) of violence. Information on the perpetrator(s) is not only important methodologically to determine if an incident is conflict-related, but, most significantly, it provides key information required to develop preventive strategies and mitigation measures that reduce the incidence and impact of attacks and to support accountability processes. Because we believe that the key objective of all data work has to be that it can be used to address harm, the SHCC considers the information related to perpetrators and the locations of incidents in countries to be of primary importance. Strict data security principles are applied to personally identifiable information and to any information that links to people or organizations at risk from any potential repercussions from conflict parties.

INCLUSION OF INCIDENTS

To describe attacks on health care, the report includes only incidents that met the inclusion criteria for UCDP-defined types of conflicts and the conflict-related perpetrators of such attacks. Based on this principle, we included the following types of incidents and details in the report dataset:

- incidents affecting health facilities, recording whether they were destroyed, damaged, looted or occupied by armed individuals/groups;[232]
- incidents affecting health workers, recording whether they were killed, kidnapped, injured, assaulted, arrested, threatened or experienced sexual violence (when available, we recorded the number of affected patients, although we acknowledge the likely serious under-reporting of these figures);
- incidents affecting health care transport/vehicles, recording whether ambulances or other official health care vehicles were destroyed, damaged, hijacked/stolen, or stopped/delayed; and
- incidents recorded by the WHO SSA for the ten countries covered by the system if the WHO confirmed the incidents.

These categories are not mutually exclusive. For example, health workers may be attacked while in a health facility, while using official health care transport or elsewhere.

KEY DEFINITIONS

Health worker: Refers to any person working in a professional or voluntary capacity in the provision of health services or who provides direct support to patients, including administrators, ambulance personnel, community health workers, dentists, doctors, government health officials, hospital staff, medical education staff, nurses, midwives, paramedics, physiotherapists, surgeons, vaccination workers, volunteers, or any other health-related personnel not named here.

Health worker affected: Refers to incidents in which at least one health worker was killed, injured, kidnapped, or arrested, or experienced sexual violence, threats, or harassment.

Health facility: Refers to any facility that provides direct health-related support to patients, including clinics, hospitals, laboratories, makeshift hospitals, medical education facilities, mobile clinics, pharmacies, warehouses, or any other health facility not named here.

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Health facility affected: Refers to incidents in which at least one health facility was damaged, destroyed, or subjected to armed entry, military occupation, looting, or bombing in the vicinity.

Health transport/vehicle: Refers to any vehicle used to transport any injured or ill person or woman in labor to a health facility to receive medical care.

Health transport/vehicle affected: Refers to incidents in which at least one ambulance or other health transport/vehicle was damaged, destroyed, hijacked, or delayed with or without a person requiring medical assistance on board.

SOURCES OF REPORTED INCIDENTS OF ATTACKS ON HEALTH CARE

The aim of this report is to bring together known information on individual attacks on health care gathered from multiple sources. Access to sources differs among countries, and each source has its own strengths and weaknesses. Some differences can be found in the definitions of what constitutes attacks on health care used by the different sources that were used to compile the SHCC dataset. Each source introduces unique reporting and selection biases, which are discussed below.

To identify incidents that meet the inclusion criteria, we used a range of distinct sources that provide a combination of media-reported incidents and incidents reported by partners and network organizations:

1. information included in Insecurity Insight's Attacks on Health Care Monthly News Briefs, consisting of a combination of media sources identified through tailormade AI technology and other publicly shared information from partner networks, such as the Aid Worker Security Database (AWSD) for global data from international aid agencies coordinating health programs; Airwars and the Syrian Observatory for Human Rights (SOHR) and Syrian Network for Human Rights (SNHR) for data on Syria; the Civilian Impact Monitoring Project (CIMP) for data on Yemen; and databases such as that of the Armed Conflict Location & Event Data (ACLED) project;
2. research conducted by a small team of SHCC members to identify additional incidents reported by UN agencies, the media and other sources;
3. curated incidents affecting health care from the Conflict & Humanitarian Data Centre (CHDC) shared by the INSO for 15 countries: Afghanistan, Burkina Faso, Cameroon, the CAR, the DRC, Haiti, Mali, Mozambique, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria, and Ukraine;[233]
4. incidents affecting health care in Ethiopia shared by the Amhara Association of America, Ethiopia;
5. incidents affecting health care in Yemen shared by Mwatana for Human Rights, Yemen;
6. information from the WHO SSA on ten countries or territories: Armenia, Burkina Faso, the CAR, Libya, Myanmar, the oPt, South Sudan, Sudan, Ukraine and Yemen;[234] and
7. information from casualty recorders in the oPt that tended to be based on names and Israeli ID numbers, but gave no information on the date and location of a particular death, which required complex matching. This work is ongoing.

Methodology

SEEING FROM AFAR: REMOTE SENSING, ACCOUNTABILITY AND THE GEOGRAPHY OF ATTACKS ON HEALTH CARE

The SHCC and its partners are continually seeking to expand their sources of reliable information. Our colleagues at the Yale Humanitarian Research Lab (YHRL) have used remote sensing technologies – such as satellite imagery and geospatial analysis – to add to the documentation of attacks, assess their impacts, and support accountability.

For example, the YHRL's analysis of damage to health infrastructure in Mariupol, Ukraine, which combined before-and-after satellite imagery with open-source intelligence and geolocation data, helped to identify the widespread destruction of health facilities, including the city's central maternity hospital, which was struck while patients and staff were inside it.[235]

In Gaza, remote sensing methods showed that during the first month of the 2023 bombardment campaign, health care facilities sustained damage at rates statistically similar to non-medical buildings.[236] In Khartoum state and across Sudan, satellite data has helped to corroborate accounts of aerial bombardments near hospitals and the destruction of mobile medical units.[237] Remote sensing can be a source of information when communications are impeded because of a lack of electricity and if health workers and others face serious personal risks by reporting health care-related incidents. It can also be relevant to mitigation efforts and the work of war crimes investigators.

Although it is very powerful, remote sensing has limitations, e.g. the inability to obtain information on events and impacts inside facilities, the identity of perpetrators, and the circumstances of an attack. When combined with ground-level sources, however, it can add to the evidence of attacks and their consequences. In addition, appropriate standards are needed to integrate geolocation data and damage verification procedures.

INCIDENT CODING PRINCIPLES

The general theory and principles of event-based coding were followed. Firstly, care was taken not to enter the same incident more than once. Secondly, the information in text-based event descriptions was turned into data by coding the "six Ws": **w**ho did **w**hat to **w**hom, **w**here, **w**hen and with what **w**eapon. The standard coding principles are set out in the SHCC *Overview Data Codebook*. Please see www.insecurityinsight.org/projects/healthcare/shcc for full details of SHCC coding and annexes.

IDENTIFYING HEALTH WORKER FATALITIES: INCIDENT- AND CASUALTY-RECORDING APPROACHES

The SHCC uses an incident-based approach to identify and then classify information. Using the unique place and time of an incident as the key information, all reported information is given a unique classification identification (ID) number. The number of health workers killed during a particular incident is recorded under the incident details. Multiple health workers killed in the same event are always recorded under the same incident ID number. In incident-based recording,

individuals are recorded as numbers of people killed without necessarily recording their names or ages.

Many human rights/casualty-recording organizations take an individual-based approach to the recording of fatal casualties. In this approach, each killed individual is recorded under a unique ID number that usually includes the victim's name and age, and the circumstances of their death (date and location). Most do not routinely record information regarding the victim's profession.

These two approaches to documentation result in different numbers of conflict deaths that may fuel unhelpful discussions about the "true number" of casualties For example, Healthcare Workers Watch - Palestine based its counts on the names of Palestinians killed, using their Israeli-issued personal ID number to identify unique individuals. However, these lists do not include the location or date of the deaths. According to this source, 1,200 health workers had been killed since in October 2023, while the UN reported more than 1,000 health worker fatalities.

Insecurity Insight has recorded 624 health workers killed in Gaza and 23 in the West Bank in 2024 by analyzing all fatal incident reports where health workers were known to have been among the dead. However, this incident-based approach undercounts the number of health workers killed, because it does not include any health workers killed in incidents where the victim's profession was not immediately identified. Cross-checking against other sources is continuing and numbers will change. For example, by the time the 2023 SHCC report was published in May 2024, Insecurity Insight had recorded 146 health worker deaths for 2023, but a year later, 414 health worker deaths are on record for the same period of 2023 as a result of continuous cross-checking against sources.

Efforts to combine and reconcile these two separate approaches are extremely time-consuming and complex. Both approaches miss vital information, such as names, official ID numbers, profession, or the date and location of incidents that would help to match information. The increased standardization of methods for both incident-based and individual-based casualty recording would help to improve the reliability of data and information. Insecurity Insight is working with Airwars on cross-checking all recorded names using a tool designed specifically for this purpose to match partial and full names across multiple datasets, which can then be used to locate individuals across different records where information such as profession might not otherwise have been identified.

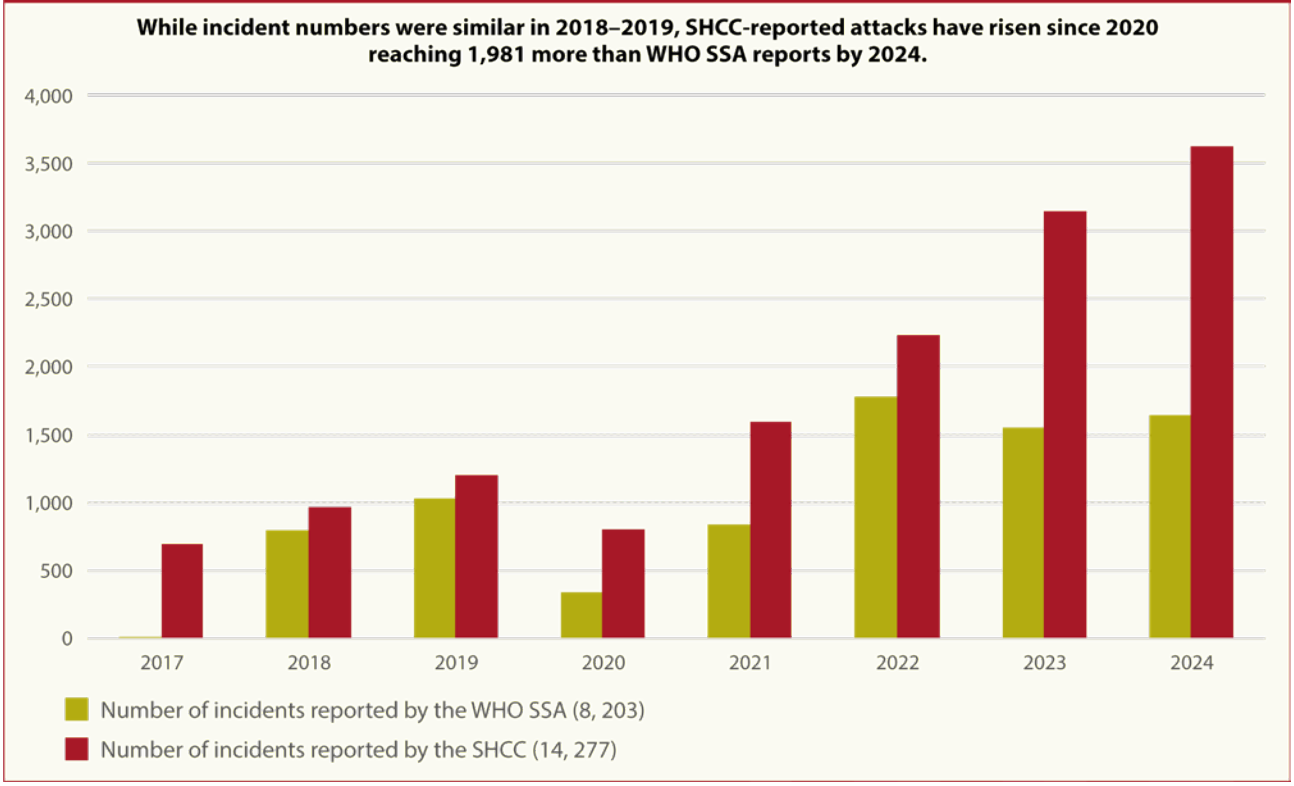
INCLUSION AND CODING OF WHO SSA-REPORTED INCIDENTS

Insecurity Insight has continuously cross-checked information against the data contained in the WHO SSA database. As of April 29, 2025, the WHO SSA reported a total of 1,640 attacks on health care in 16 countries for 2024. For the same period the SHCC reported 3,607 incidents across 36 countries for 2024. Moreover, SHCC data recorded an overall increase of reported incidents of 15% for 2024 compared to 2023, and a 62% increase compared to 2022. The WHO SSA data recorded an increase in reported events for 2024 of 6% compared to 2023, but this still constituted a 7% decrease from the number of incidents reported in 2022.

While the numbers of reported incidents were not very different for 2018 and 2019, SHCC-reported incidents have continued to increase over the past years compared to WHO SSA reports. In 2020, the SHCC reported 460 more incidents than the SSA, while for 2024, the SHCC reported 1,981 more incidents than the SSA.

Methodology

Incidents reported by the SHCC and the WHO SSA, 2017-2024



Source: Safeguarding Health in Conflict Coalition

Cross-checking individual incidents against the information collected by the SHCC remains challenging, since the WHO SSA does not provide any information on location, except for the country where the incident occurred. Yet such cross-checking is important to estimate overall numbers. A detailed assessment of differences in data for 2017 found a similar number of incidents reported, but event-by-event comparison found only a 12.9% overlap of reported incidents and thus suggested considerable under-reporting in both datasets.[238] Since then, Insecurity Insight has invested in improved online search functions with the pro bono help of leading tech companies.[239] This is likely to have contributed to better coverage of incidents reported from open sources. It is also likely that the WHO SSA has better access to information about incidents that are confidentially reported through the aid system.

INCIDENTS REPORTED BY THE SHCC AND WHO SSA IN 2024

In 2024, the SHCC reported more incidents than the WHO SSA in nearly all countries covered by the WHO SSA, with the largest differences in the oPt, Lebanon, Myanmar and Sudan. The WHO SSA reported more incidents only in Syria, while reporting matched in Israel.

Methodology

Country	Number of incidents reported by the SHCC in 2024	Number of incidents reported by the WHO SSA in 2024
Afghanistan	27	2
Burkina Faso	22	13
CAR	16	8
DRC	84	28
Haiti	39	22
Israel	5	5
Lebanon	485	149
Mali	36	5
Myanmar	308	30
Nigeria	32	7
oPt	1,361	729
Russian Federation	4	2
Somalia	10	3
Sudan	276	72
Syrian Arab Republic	62	84
Ukraine	544	486
Other countries	312	–
Total	**3,623**	**1,645**

SOURCES OF INFORMATION ON THE IMPACT OF ATTACKS ON HEALTH CARE

Mixed-method studies from a variety of sources were included in the review of the impact of attacks on health care. These include:

- academic studies;
- applied studies focusing on affected populations or security risk perceptions among health workers; and
- a dedicated study carried out with the International Rescue Committee (IRC) and the Researching the Impact of Attacks on Healthcare (RIAH) project entitled The Impact of Violence against Health Care on *the Health of Children and Mothers*. The study is available in English and French.

ANALYTICAL APPROACHES

This report describes the patterns of violence against health care for selected countries based on available information on what happened during recorded incidents. Most of the details about violence against health care are provided by those who experienced or observed the violence and reported it to others, who then shared this information as an incident report. Only in exceptional cases do perpetrators provide any information about incidents. As a result, all described patterns are those based on the observed facts,

such as what uniforms the perpetrators wore, whether they operated alone or in groups, and what weapons systems they had access to. In addition, some details of the location and nature of the attack suggest possible motives. For example, if members of an armed group forcibly enter a health facility and only loot medicine, it is possible that they carried out the attack because they needed medical supplies for the group's fighters. If doctors are kidnapped and a ransom is demanded, it is possible that the health workers were attacked for their perceived wealth. In many other cases, the location of the attack may provide few reliable clues about motives. For example, the fact that a health worker was attacked immediately outside a health facility is no indication that the attack specifically targeted the health worker because of their profession. The attack may only have been a random one targeting people in the street that happened to be directed at a health worker and happened to occur outside a health facility but could have targeted anyone and happened anywhere else. Nonetheless, it remains possible that the attack was indeed directed at a health worker because of their profession, and that the location was chosen for strategic reasons, e.g. because a private home or moving vehicle is a "softer" target than a more secure health facility where a doctor or nurse may work in wards that are some distance from the entrance. Moreover, there are suggestions that phone tracking may allow targeted attacks to be scheduled at times and locations where health personnel are at their most vulnerable. However, despite this uncertainty as to motive in cases such as these, the location of an attack remains a very important element of the information used to design strategies to improve the safety of health workers.

LIMITATIONS OF THE RESEARCH

This report is based on a dataset of incidents of violence against health care that has been systematically compiled from a range of trusted sources and carefully coded. The figures presented in the report can be cited as the total number of incidents of attacks on health care in 2024 reported or identified by the SHCC. These numbers provide a minimum estimate of the damage to health care from violence and threats of violence that occurred in 2024. However, the severity of the problem is likely much greater, because many incidents probably go unreported and are thus not counted here. Moreover, differences in definitions and biases in individual sources suggest that the contexts that are identified are also not representative of the actual contexts and that the SHCC dataset suffers from reporting and selection bias.

REPORTING AND SELECTION BIAS

"Reporting bias" is the technical term for the possible selective reporting of those who bring the information obtained from a variety of sources together into one dataset. While the SHCC research process tries to avoid any obvious selection bias and focuses the selection process exclusively on selecting incidents based on carefully selected inclusion criteria, the SHCC dataset contains selection bias because by bringing together available information from different sources on violence and threats of violence against health care, the SHCC inevitably introduces all the selection bias inherent in the original sources it combines into one dataset. Those who report individual incidents may select or ignore specific incidents for a range of reasons, including editorial choices, when the source is a media outlet; lack of knowledge, because the affected communities had no connection to the body compiling the information in the first place; and because of deliberate censorship, or internet disruptions in the country in question, or simple errors of omission. These biases mean that the SHCC's collection of incidents is neither complete nor representative. This has important implications for the conclusions that can be drawn from the data.

Methodology

1. **The reported numbers of incidents by country should not be compared to those of other countries without taking into account the factors that affect information flows and possible selection bias.**
   For example, in Ukraine, highly skilled researchers are able to document many incidents without fear of reprisal from authorities in the parts of Ukraine that remained under Ukrainian government control. In the oPt, courageous reporters continued to document the violence and destruction occurring around them, while diaspora networks from Myanmar, Sudan, and Cameroon are important sources of information shared with the outside world. This resulted in higher numbers of reported incidents reaching the SHCC related to incidents these researchers and reporters have access to.

   In a number of countries, among them Myanmar and Sudan, health professionals could jeopardize their and other people's safety by publicly reporting incidents, which is likely to result in more incidents going unreported despite the effective diaspora information networks. Repeated internet blackouts of the kind that occurred in Myanmar and Gaza are also likely to result in some information not being transmitted. Overall, low internet penetration and fear of reprisals are likely to affect reporting from the Sahel and surrounding countries. Parts of northern Nigeria were not easily accessible to outside actors, and this is likely to have impacted information flows from these areas. The withdrawal of registration authorization for key organizations in South Sudan is also likely to have affected the total number of incidents that were reported and therefore made available to the SHCC in 2024.

2. **The accuracy of the information and definitions of what constitutes an attack on health care may vary.**
   Some organizations record only certain types of incidents, e.g. those involving health facilities or those affecting international aid agencies, while the incident descriptions that are available may also contain errors. In addition, not all organizations that compile information on relevant incidents include all the details that would be necessary to systematically code all aspects of these incidents. In particular, information related to the perpetrator(s) and context of a particular incident is often missing or may be biased in the original source. Also, in some cases, especially those involving robberies and abductions, it is often difficult to ascertain from available information whether the act was committed by a party to the conflict or by criminals. We based our decisions to include information of this kind on judgements about the most likely motivations for an attack, without claiming to be completely accurate.

   For some countries, combining available information is challenging when various data collection efforts do not share data in ways that allow information to be cross-checked. Moreover, not all contributors provided access to their original sources and many details were lost in the process, affecting our ability to ensure more accurate and consistent classification.

3. **The reported categories of the contexts in which incidents took place should not be read as describing the full range of incidents or how frequently they occur.**
   For example, the killings and kidnappings of doctors or bombings of hospitals are more likely to be captured by reporting systems than the harassment of health workers or looting of medical supplies. These incidents are therefore likely to occur more frequently than reports indicate.

   Moreover, this report focuses exclusively on threats and acts of violence committed by conflict parties and does not cover violence by patients, by their families, or linked to workplace settings. This

means that the violence observed covers conflict-related violence and reflects patterns of violence committed by conflict actors. This means that it may not reflect the full range of violence experienced by health workers for whom threats made and violence inflicted by patients, families, and potentially superiors may be a more common experience than attacks by a soldier, police officer, or member of a non-state armed actor group.

KNOWN REPORTING AND SELECTION BIASES IN SHCC SOURCES

The dataset on which this report is based suffers from the limitations inherent in the contributors' data sources used to compile the dataset. Some data sources use media reports, while others collect and collate reports through a network of partners, direct observation, or the triangulation of sources. Many information providers use a combination of these methods. Seven possible reporting biases affect the flow of information:

1. In some countries, the media frequently report a wide range of attacks on health care, while in others, formal media outlets report hardly any such incidents.
2. In some countries, citizen journalists who carry out their own documentation and investigations are key sources of information. Government-imposed shutdowns of the internet can disrupt such information flows during specific time periods.
3. In some countries, there are very active networks of SHCC partner organizations that contribute information, while in others no such networks exist. Building up networks takes time, and these networks are better developed in countries experiencing long-standing conflicts. Changes in personnel or funding shortfalls can disrupt information flows.
4. In some countries, numerous parallel data-collection processes exist that publish different numbers because of differences in geographic coverage or the ability to reach information providers. If the original data is not shared, it is impossible to cross-check for double reporting of the same events.
5. In ssome countries, data-collection initiatives may publish data in one year that leads to a sudden rise in reported incidents. If they do not continue this work in subsequent years, the numbers of reported incidents then drop.
6. Incidents occurring in the early stages of conflicts need to be found in a variety of sources until data-collection networks are established.
7. Some organizations do not share incidents in order to protect their independence and neutrality. In countries where such organizations are key health care providers, information flows can remain very limited.

Methodology

227 In the interests of simplicity, these will all be referred to as "countries" in the discussion that follows.
228 Department of Peace and Conflict Research, Uppsala University. Uppsala Conflict Data Program. https://ucdp.uu.se/ (accessed April 7, 2025).
229 https://ucdp.uu.se/. Because the 2024 UCDP country conflict list was not publicly available when this report was being written, we consulted UCDP staff via email to obtain information on the changes related to countries included in the UCDP list for 2024.
230 Department of Peace and Conflict Research, Uppsala University. UCDP Definitions. https://www.pcr.uu.se/research/ucdp/definitions/.
231 Under this definition, gang violence in Haiti and Mexico are included because gangs are classified as "organized groups" whose activities have resulted in at least 25 battle deaths. Also included is violence in India's Manipur state as non-state violence between Kuki-Zomis and Meiteis.
232 In the case of the Gaza Strip in the oPt, the methodology exceptionally also includes incidents of violence, damage, and destruction that occurred in the close vicinity of health facilities, because the geographic characteristics of this narrow strip of land meant that any incident of violence on the limited arterial roads directly impeded access for ambulances and individual patients, and affected health workers' travel to and from work in important ways.
233 The Conflict & Humanitarian Data Centre is available only to INSO's registered partners and as such, at INSO's request, these incidents are not included in the publicly available datasets.
234 Incidents taken from the WHO SSA do not include any geographic information beyond the country's name, and these incidents are therefore excluded from any maps.
235 Poole DN, Andersen D, Raymond NA, Parham J, Howarth C, Hathaway OA, et al. The effect of conflict on damage to medical facilities in Mariupol, Ukraine: A quasi-experimental study. PLOS Glob Public Health 2025;5:e0003950.
236 Poole DN, Andersen D, Raymond NA, Grace R, Smith T, Khoshnood K, et al. Damage to medical complexes in the Gaza Strip during the Israel–Hamas war: a geospatial analysis. BMJ Glob Health 2024;9:e014768. https://doi.org/10.1136/bmjgh-2023-014768.
237 Ahmed Z, Ahmed Alnoor F, Awadalla A, Crystal C. Widespread damage to healthcare facilities in Khartoum State, Sudan. New Haven, CT USA: 2024.
238 https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-023-00498-w
239 https://arxiv.org/abs/2410.06370

Abbreviations

3R	Return, Reclamation, and Rehabilitation
AA	Arakan Army
ACLED	Armed Conflict Location & Event Data Project
ADF	Allied Democratic Forces
AQAP	Al-Qaeda in the Arabian Peninsula
BAY	Borno, Adamawa and Yobe
B2B	Back-to-back method
B2B	Back-to-back method
CAF	Cameroon Armed Forces
CAR	Central African Republic
CDM	Civil Disobedience Movement
CIMP	Civilian Impact Monitoring Project
CMC-FDP	Collective of Movements for Change/Self-Defense Force of Congolese People
CODECO	Cooperative for the Economic Development of Conro
COTU	Committee on Tribal Unity
COVID-19	Coronavirus Disease 2019
CPC	Coalition of Patriots for Change
CRPF	Central Reserve Police Force
CSPS	Health and Social Promotion Center
DRC	Democratic Republic of the Congo
EAO	Ethnic Armed Organization
ECOWAS	Economic Community of West African States
ENDF	Ethiopian National Defense Force
FACA	CAR's Armed Forces
FAMa	Malian Armed Forces
FARDC	Armed Forces of the Democratic Republic of the Congo
FDLR	Democratic Forces for the Liberation of Rwanda
FF	Force de frappe
GATIA	Imghad Tuareg Self-Defense Group and Allies
GNA	Government of National Accord
HDX	Humanitarian Data Exchange
HIV	Human Immunodeficiency Virus
HSDU	Health service delivery unit
HTS	Hayat Tahrir al-Sham
IED	Improvised explosive device
ICRC	International Committee of the Red Cross
ICU	Intensive care unit

Abbreviations

IDP	Internally displaced person
IDF	Israel Defense Forces
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International non-governmental organization
IRC	International Rescue Committee
ISGS	Islamic State in the Greater Sahara
ISSP	Islamic State Sahel Province
ISWAP	Islamic State West Africa Province
JAS	Jama'tu Ahlis Sunna Lidda'awati wal-Jihad
JNIM	Jama'at Nusrat al-Islam wal Muslimeen
KIA	Kachin Independence Army
KLA	Karen National Liberation Army
LNA	Libyan National Army
LNGO	Local non-governmental organization
M23	March 23 Movement
MAP	Medical Aid for Palestinians
MDA	Magen David Adom
MdM	Médecins du Monde (Doctors of the World)
MINUSMA	The United Nations Multidimensional Integrated Stabilization Mission in Mali
MSF	Médecins Sans Frontières
NDC	Nduma Defense of Congo
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OLA Oromo	Liberation Army
OLF-Shene Oromo	Liberation Army-Shene
oPt	occupied Palestinian territory
OSCE	Organization for Security and Co-operation in Europe
PARECO	Résistants patriotes congolais
PDF	People's Defense Forces
PHR	Physicians for Human Rights
PRCS	Palestinian Red Crescent Society
PTSD	Post-Traumatic Stress Disorder
RIAH	Researching the Impact of Attacks on Healthcare
RSF	Rapid Support Forces
SAF	Sudanese Armed Forces
SAF	Syrian Armed Forces
SDF	Syrian Democratic Forces

Abbreviations

SDG	Sudanese Pound
SHCC	Safeguarding Health in Conflict Coalition
SNA	Syrian National Army
SNHR	Syrian Network for Human Rights
SPLA-IO	Sudan People's Liberation Army in Opposition
SRH	Sexual and reproductive health
SSP	South Sudanese Pound
SSPDF	South Sudan People's Defence Forces
STC	Southern Transitional Council
TAF	Turkish Armed Forces
TNLA	Ta'ang National Liberation Army
TPLF	Tigray People's Liberation Front
UAE	United Arab Emirates
UCDP	Uppsala Conflict Data Program
UPC	Union of Congolese Patriots
UPC	Union for Peace
UN	United Nations
UNICEF	United Nations Children's Fund
UNHAS	UN Humanitarian Air Services
UNAMA	United Nations Assistance Mission in Afghanistan
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WATAP	Women Training and Promotion
WHO	World Health Organization
WHOSSA	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.
https://safeguarding-health.com

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