Aid Security and COVID-19

Latest available information on COVID-19 developments impacting the security of aid work and operations. Access the **COVID-19 Aid Security Overview Data on HDX** to see the events referred to in this bulletin.

Attacks on Health by Non-State Actor Groups

On 23 March 2020, **UN Secretary General António Guterres** called for a global ceasefire amid the COVID-19 pandemic. Reminding the world that in war-ravaged countries health systems have often collapsed and that health professionals have been targeted, he called on warring parties to cease hostilities, silence guns, stop the artillery, and end airstrikes on civilians. **While a number of conflict actors originally agreed to the ceasefire, many non-state actors did not.**

> See **here** for an overview of other ceasefires.

Insecurity Insight's monitoring of attacks on health care for March and April 2020 show that conflict related violence continued to affect health care in at least 11 countries.

- Despite the COVID-19 concerns, at least four health facilities were closed following damage or attacks in **Afghanistan**, **Cameroon**, **Myanmar**, and **Yemen** reducing access to health care for the population.
- At least five health workers were violently killed in March and April in **Afghanistan**, **Somalia**, **South Sudan**, **Syria** and **Yemen**.
- At least eight health workers were kidnapped between March and April 2020:
    - In South Kivu, **DRC**, an MSF team was held kidnapped for three days.
    - In **Libya**, four health workers from the Ibn Sina Public Hospital in Sirte were reported missing over a two-week period following an 'arrest' by an armed group in the area.
    - In **Burkina Faso**, the chief nurse of Koualou was kidnapped by armed men.
    - In **Yemen**, two workers from the Emirati Red Crescent were kidnapped. They were later found dead.

Loss of trained medical workers during a pandemic weakens the ability to respond effectively.

- Vital COVID-19 equipment was lost and effects the delivery of effective health services. Ambulances were damaged or destroyed by an IED in Garissa county in **Kenya**, fired at in Bani Walid, **Libya** and seized from a hospital in **Libya** and a port in **Yemen**. This not only reduces the available health transports, but also makes it less safe for patients to use health transport when needed.
- The neutrality of health services in conflict was compromised in **Syria** when regime soldiers deployed to a military location using an ambulance.
- Health equipment was broken or ransacked in Bungulu and Lubero in North Kivu, **DRC**, and during an attack on a clinic in Taiz city, **Yemen**. A track transporting medicine was attacked in Mandera country, **Kenya**.

Some events had a direct impact on the COVID-19 response.

- In **Yemen**, ambulances provided by the WHO specifically for the COVID-19 response were stolen. In **Myanmar**, a marked WHO vehicle transporting COVID-19 testing samples came under gunfire. In **Libya**, two health professionals were killed while on their way to a meeting to discuss measures for rehabilitation institutions against COVID-19.

Insecurity Insight
Data on People in Danger

- See **previous bulletin** on the direct impact airstrikes had on quarantine centres in Yemen, and the destruction of equipment reportedly intended for the COVID-19 response in Libya.
- **The full impact of the consequences of attacks on health care on the pandemic will only become apparent with time.**

Sahel region

Cameroon

The Southern Cameroons Defence Forces (SOCADEF) is the only non-state armed group (NSAG) that yielded to the UN Secretary General's call for a ceasefire as a result of the pandemic. In the **North-West and South-West regions**, violence is ongoing despite calls for a COVID-19 ceasefire by the UN Secretary General. Insecurity Insight's monitoring of attacks on health care in Cameroon identified one event attributed to SOCADEF and another perpetrated by an unidentified actor in the Ambazonian region in February 2020.

- **14 May 2020:** Suspected Ambazonian separatists burnt hand washing buckets donated to help prevent the spread of the coronavirus in Mbengwi town, Mbeggwi subdivision Momo, and Menda Nkwe town, Bamenda subdivision, Mezam, in the Nord-Ouest province.

However, violence attributed to Boko Haram in the Far North continues.

- **07 April 2020**: In Toufou village, Mayo-Tsnaga region, Extreme-Nord province, Boko Haram attacked the village, destroying a health centre and killing a civilian. While not reported, it is likely that this health centre will no longer operate.
- Read our Cameroon **monitoring bulletin** for more events.

Burkina Faso, Mali and Niger

While the governments of Mali and Niger declared support for the ceasefire, armed groups operating in the Sahel, in particular Jama'at Nasr al-Islam wal Muslimin (JNIM) (the al-Qaeda umbrella-affiliate), and Islamic State in the Greater Sahara (ISGS) appear to exploit the governments preoccupation with addressing the pandemic to strengthen local support. Peacekeepers are under attack and affected by COVID-19. While the number of attacks increased prior to the begin of the pandemic and included numerous attacks on health care, it is currently unclear whether regular targeting of health facilities continues. Some attacks have been reported:

Burkina Faso

- **04 April 2020:** In Kompienga province (between Koualou and Nadiagou) in the Est Region, the chief nurse of Koualou was kidnapped by armed men while travelling to a medical evacuation in nearby Pama city.
- However, there have been **fewer attacks than in the January to March** period. It is unclear whether this may be due to underreporting during the COVID period or if there has been an actual decline in attacks caused by changing tactics of armed groups.

Stay updated

Information on conflict events affecting health care is difficult to obtain. The events reported are not a comprehensive list. Information will be updated as better information it becomes available.

For regularly updated violent events or threat of violence triggered by the COVID-19 response, go to **HDX** or **subscribe to our bulletins** that cover selected topics. For monthly updates on open-source reported attacks on health care, please the **Attacks on Health Care Monthly News Briefs**.

East and Southern Africa

Democratic Republic of the Congo

Violence against civilians in Kivu and Ituri provinces continues also affecting health care. Mistrust in the Ebola response continued to trigger targeted attacks against health care. Public trust towards international respondents on social media deteriorated dramatically: by mid-April, negative sentiment reached around 75% of total monitored social media content related to the international response. Read our latest report on **Security Media Trends in the DRC** to find out more.

- **11 April 2020**: In Butanuka area, Beu commune, North Kivu province, local residents attacked an Ebola response team and their vehicles. The medical team was in the area in order to disinfect the house of a new Ebola case reported on 10 April. Civil society groups have launched protests against what they describe as the continuation of the Ebola business.
- **13 April 2020**: In Lubero territory, North Kivu province, the Masingi health centre which forms part of the Biena health zone was reportedly ransacked by unidentified armed men, who intimidated the health workers working there.
- **16 April 2020**: In Bungulu commune, Beni city, North Kivu province, youth from the group Veranda Mutsanga attacked and vandalised the Butsili Ebola Treatment Centre whilst protesting against the resurgence of Ebola cases. The perpetrators destroyed a hand washing device, shattered windows, and broke plastic chairs.
- **16 April 2020**: In Bungulu commune, Beni city, North Kivu province, youth from the group Veranda Mutsanga attacked and vandalised the Ngongolio Ebola Treatment Centre whilst protesting against the resurgence of Ebola cases. The perpetrators also stole chairs from the facility.
- **16 April 2020:** In Kanzulili Nzuli commune, Beni city, North Kivu province, youth from the group Veranda Mutsanga attacked and vandalised the Kanzulili Nzuli Ebola Treatment Centre, whilst protesting against the resurgence of Ebola cases. The perpetrators also stole chairs from the facility.
- **16 April 2020:** In Lubero territory, North Kivu province, the Masingi health centre which forms part of the Biena health zone was reportedly attacked and ransacked by a group of armed men. Patients were reportedly intimidated while nurses were tortured in an unspecified manner.
- **16 April 2020:** In Fizi territory, South Kivu province, four MSF Netherlands staff members were ambushed and kidnapped by unidentified armed perpetrators. They were released on 19 April. Two of the suspected kidnappers were later detained on 25 April.

Kenya

While Kenya has mainly in the news of how the security forces have handled the lockdown, Al Shabab and unidentified armed groups continued to attack health related transport near the Kenya-Somalia border.

- **11 March 2020**: In Mandera county, along the Kenya-Somalia border, al Shabaab militants attacked a truck transporting medicine, killing both the driver and assistant as part of an ongoing wider campaign against nonlocal Christians in northeast Kenya.
- **15 March 2020**: In Hulugho, Hulugho, Ijara city, Garissa county, an ambulance was fired at by members of an unidentified armed group, suspected to be Al-Shabaab, immediately after they detonated an IED. Three people were killed as a result.

Somalia

Tensions are running high among the central government, opposition groups and the country's semi-autonomous regions, or federal states, including over preparations for elections due in November.

- **07 April 2020**: In Mogadishu-Yaqshid, Yaqshid district, Banadir region, a doctor was fatally shot at the Suuq Bacaad Market by unidentified gunmen on a motorcycle. The motive is believed to be related to conflict between subclans.

South Sudan

Warring parties have agreed to uphold the existing arrangement on the Cessation of Hostilities supporting the formation of the Transitional Government of Unity[i] but general violence continues to affect health care.

- **29 March 2020**: In Rumbek, Lakes state. Unidentified gunmen shot dead the Director of Administration and Finance at the Salva Kiir Mayardit Women's Hospital near his home.

Asia

Afghanistan

The Taliban rejected the ceasefire offer in late April but have supported the COVID-19 response. Violence against health care continues.

- **12 May 2020**: Gunmen attacked an MSF-supported hospital in Kabul that houses a maternity clinic, killing at least 16 people including two newborn babies. No armed group has claimed responsibility for the attack. The Taliban have denied involvement. The Dasht-e Barchi neighborhood in Kabul, where the hospital is located, is predominantly Shia and has been the location of a number of attacks by the Islamic State of Khorasan Province, a group affiliated with the Islamic State.
- As of May 2020, the WHO Surveillance System on Attacks on Healthcare, reported only one possible event for March and April 2020 related to removal of health assets. However, the rate of attacks on health care in the past, make it likely that there will have been other events that are not yet identified. For events in 2019, read out latest report on **Attacks on Health Care in Afghanistan**.
- **Closure of health facilities**: As of May 2020, the services at the MSF-run maternity hospital in Kabul have been **suspended** following the horrific attack on young mothers, newborn babies, midwifes and nurses.

Myanmar

Ethnic armed groups and the Myanmar military engaged in conflict with impact on health facilities throughout March and April in Rakhine state. On 5 May, the Arakan Army and allied rebel groups extended a unilateral ceasefire until the end of May. On 10 May, the Military declared a unilateral ceasefire due to COVID-19 until the end of August across the country **except in areas in northern Rakhine and Chin State**.

- **13 March 2020**: In Tainnyo village, Mrauk-U township and district, Rakhine state, the Myanmar Army attacked the Tainnyo Hospital as part of a wider attack on several villages. A bullet fired by Myanmar Army soldiers hit a patient inside the hospital.
- **20 April 2020**: In Minbya Township, Mrauk-U District, Rakhine State, a marked WHO vehicle transporting COVID-19 testing samples came under gunfire, resulting in the death of the driver. A health care worker was also injured in the accident. Both Myanmar's army and the non-state armed actor group, United League of Arakan Army, denied responsibility for the attack and accused each other.

New Mobile Guide: Emergency Healthcare in Insecure Settings

Public health emergencies in conflict-affected areas or insecure settings can lead to significant security challenges including attacks on healthcare workers and arson attempts on healthcare facilities. In this 10-min mobile guide, learn how to implement appropriate security risk management measures to enable public health emergency actors and healthcare workers to effectively address security challenges during a public health emergency response or outbreak.

How to access the guide:

If you are new to DisasterReady, you will need to create a free account to access the guide. To sign up:

1. Go to **http://www.disasterready.org**
2. Click 'Sign Up Today'.
3. Fill out all required fields
4. Click 'Log In' when complete.
5. Search 'Emergency Healthcare in Insecure Settings' or click this **link**.

Middle East North Africa

Iraq

Neither Iran nor the United States have shown much sign of any let-up in their battle for influence that has largely played out on Iraqi soil but there are no reports directly related to this conflict having affected health care in the past two months. All reported attacks on health care were directly triggered by the COVID-19 response and are not included here as they were not perpetrated by conflict actors but individuals or communities objecting to COVID-19 related measures. **Stay updated – join our Aid Agency and COVID-19 mailing list.**

Libya

The conflict in Libya also affected health care beyond airstrikes. See **Bulletin 6** for airstrikes in Libya.

- **09 March 2020**: In Bani Walid, Misrata district, an emergency department and an ambulance were attacked and fired at by unknown gunmen. No casualties were reported.
- **13 April 2020**: In Sabratha city, Zawiya district, Tripolitania region and unidentified perpetrators seized three ambulances from the Sabratha Teaching Hospital during armed clashes.
- **23 April 2020**: In Sirte city and district, Tripolitania region, four health workers (two doctors, one nurse and one hospital staff) working for Ibn Sina Public Hospital were reported missing over a two-week period. There are reports that all of them were arrested by one of the armed groups in the area.

Syria

While airstrikes have been halted other violence that affects healthcare continues. See **Bulletin 6** for airstrikes in Syria.

- **Around 01 March 2020**: In an unidentified location, Syrian regime soldiers deployed to a military location using an ambulance, in violation of international humanitarian law.
- **14 March 2020**: In al Atareb city, Aleppo governorate, Hay'at Tahrir al Sham militia shot a male ambulance driver working for the Qatar Red Crescent during a raid on his brother's house.
- **14 March 2020**: In Ariha town and district, Idlib governorate, unidentified armed men broke into the subbranch of the SARC, during which staff and volunteers were detained, property was damaged, and aid was stolen.

Yemen

On the ground violence also continues in Yemen affecting health care. See **Bulletin 6** for airstrikes in Yemen.

- **20 March 2020**: In Aden, two male Emirati Red Crescent aid workers were kidnapped by unidentified armed perpetrators. They were later found dead.
- **29 March 2020**: Pro-STC forces in six military vehicles stormed the port of Aden and looted nine ambulances provided by the WHO. According to at least one source, the shipment is being detained by pro-STC gunmen.
- **04 April 2020**: In Dhale city and governorate, a hand grenade of unidentified origin was thrown at the An Nasr Hospital, injuring two civilians, and forcing its management to close the facility in protest over the attack.
- **11 April 2020**: In Al Qahirah area, Taiz governorate, unidentified perpetrators fired light weapons towards Ar Rawdah Hospital, killing one civilian and injuring another.
- **15 April 2020**: In Taizz city and governorate, a medical clinic was reportedly stormed by pro-Hadi security forces affiliated with Islah. The perpetrators looted the clinic and attacked the owner of the facility as well as some female patients.
- **28 April 2020**: In Al Fajir area, Qaatabah town, Ad Dali governorate, a male pharmacist from Ibb governorate who was distributing medicines in Ad Dali was reportedly killed by Houthi forces at a checkpoint after refusing to pay taxes.

Implications for the COVID-19 response

The global COVID-19 response will be less effective if health systems are under attack from conflict violence. The impact of conflict violence has a much wider impact on the health response where people are displaced and live in cramped temporary accommodation. Under such conditions, the virus is likely to remain a threat for a long-time. It is likely that the virus will resurface in conflict affected areas for months to come. This will not only increase the death toll among some of the poorest populations on earth. It will also remain a threat to peacekeepers and aidworkers who are then like to spread the virus further as they move between different fragile and conflict affected locations possibly reintroducing the virus to other highly vulnerable populations.

The measures to contain the pandemic has far reaching livelihood implications for populations at risk including the poorest in conflict affected countries. It is therefore vital that the pandemic is rapidly brought under control in conflict settings. Attacks on health care during the pandemic response are a serious concern that hamper these objectives that will lengthen the time and will deepen the economic consequences for populations at risk. The international community needs to work together to address these challenges.