

AID AND HEALTH WORKER SAFETY AND SECURITY IN THE CONTEXT OF THE COVID-19 PANDEMIC

Between January to June 2020, Insecurity Insight's monitoring identified over 78 events where aid or health workers were killed, kidnapped, injured, or assaulted (KIK), and 103 events where health facilities were damaged or destroyed. This document provides an overview of developments that have affected the safety and security of aid and health workers in the first half of 2020. There are some distinct patterns emerging.

Aid and health worker safety and security All data for the period January to June 2020	Killed 	Kidnapped 	Injured/assaulted 
Aid workers	29	89	42
Health workers	69	34	310
Health workers who worked for an aid agency (included in both counts)	15	20	21

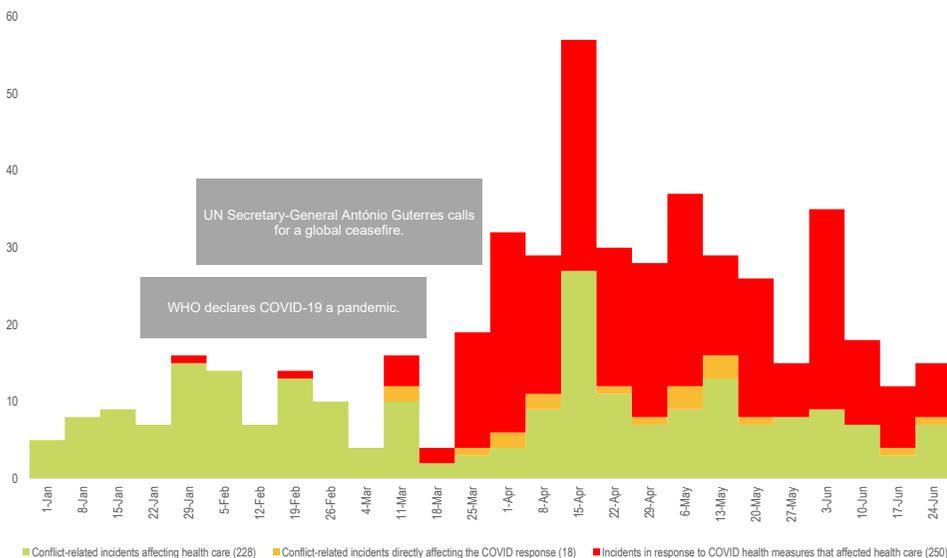
The COVID 19 pandemic has led to a rise in health workers experiencing threats and violence

- As the pandemic spread and, in particular, as lockdowns were enforced, increasing numbers of health workers experienced threats and assaults from patients and their families, and security forces enforcing lockdowns. 69 health workers were killed and 34 kidnapped by **armed groups, state forces and relatives of patients**. The number of reported incidents declined in June, three months after the pandemic was officially declared. Most of the affected health workers work within national structures and are not directly connected to the international aid sector. Only 20% of affected health workers worked in structures connected to international aid, which likely constitutes an over representation as events affecting aid agencies are more frequently reported.

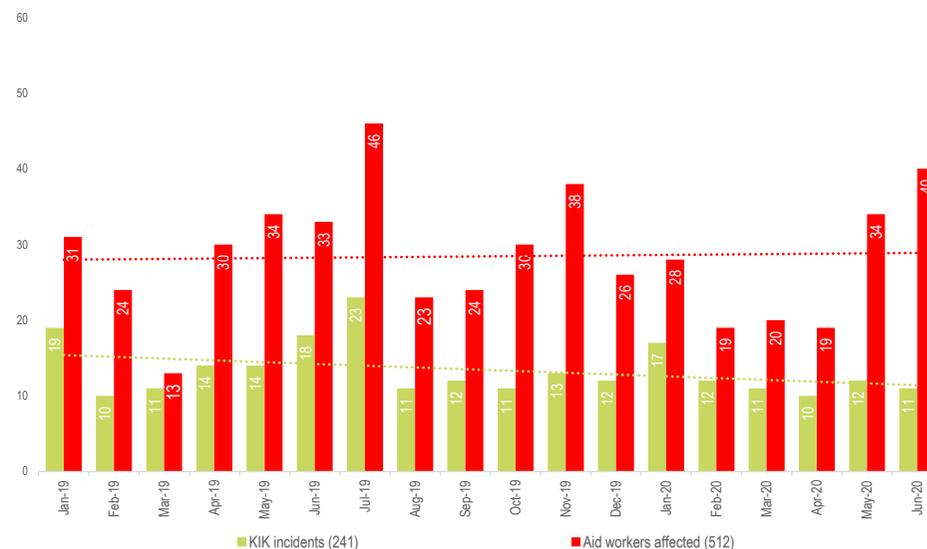
The COVID 19 pandemic has not markedly changed the long-term trends of critical incidents in which aid workers were killed, kidnapped or injured

- In response to the pandemic, many international aid workers were repatriated and local aid workers reduced their movements, which resulted in a decline in the overall number of aid security events. However, critical events continue. The average number of reported critical events per month and average number of affected aid workers per month recorded since the start of the declared pandemic are only slightly below the long-term average. Attacks by non state actors on the aid sector increased in Sub Saharan Africa. Many aid agencies report that their general health programmes have not seen a rise in reported violence against health care.

COVID-19 pandemic: Attacks on health care in 2020 (January-June 2020). Reported attacks on health care in the context of conflict or COVID 19.



Long-term trend in critical events: All critical events where aid workers, including health workers employed by aid agencies, were reportedly killed, kidnapped, injured, or assaulted (January 2019-June 2020)



Conflict and Aid Security

Changing conflict dynamics affect the safety and security of health workers in particular:

- In some countries, ceasefires have reduced the number of reported violent events. In other countries, intense military campaigns led to spikes in reported incidents in particular months.
- In other countries, changes in conflict dynamics have increased the risk of attacks from non-state actors.
- Insecurity Insight recorded 228 conflict related events of violence against healthcare for the period January to June 2020. Insecurity Insight knows of five events in which aid workers working for a member of the Red Cross family, the UN or NGOs were killed or kidnapped in Syria and Yemen during the same period.

Conflicts in the Middle East and North Africa

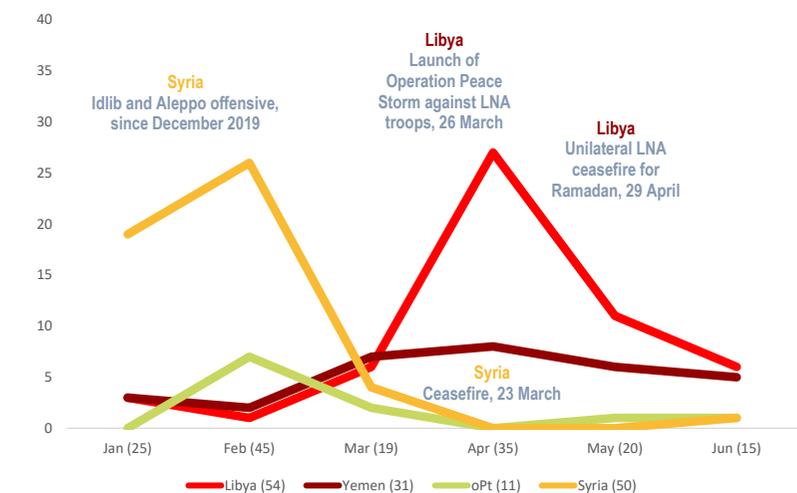
Violence by conflict actors that affected aid and health care decreased in the Occupied Palestinian Territories (oPt). In Syria events decreased from March following high numbers of recorded events at the start of the year. Conflict related violence remains a concern for health providers in Libya and Yemen.

- **Libya:** At least 26 health workers were reported injured and 15 killed so far in 2020. Health facilities were damaged or destroyed on 17 occasions. Many events were reported from the Tripolitania region. Both the Libyan National Army and General National Accord forces using explosive weapons were linked to these events. Events spiked in April 2020.
- **Yemen:** Health facilities were reportedly damaged or destroyed on 15 occasions; at least three health workers were killed and three kidnapped. Many incidents involved explosive weapons and were linked to Houthi authorities and pro-Hadi security forces affiliated with Al Islah forces. Reported events rose in the second quarter of 2020 (from 12 to 19).

As aid agencies have limited numbers of staff on the ground, the changing conflict dynamics affect the safety and security of aid agency employees less often.

The changing risk contexts for local health workers raises important questions about how the aid sector as a whole can support the safety and security of local health and aid providers in high risk contexts.

Number of events affecting health care in the Middle East and North Africa (January-June 2020)



Aid worker: An employee, consultant, contractor or volunteer attached to not-for-profit humanitarian, multi-mandated, or UN.

Health worker: 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 personnel. Some health workers are also aid workers when they are employed by an aid agency providing health care. Most health workers are employed by local health providers, and some local health providers receive international support.

Health worker who works for aid agency: Any health worker employed by a not-for-profit humanitarian or UN aid agency.

Conflict and Aid Security

Sub Saharan Africa



Intercommunal conflict and violence continues to affect aid and health workers in Mali, Nigeria, Somalia and South Sudan in 2020. In June, violence targeting aid workers increased in Niger's Tillaberi region, which borders Mali. The insurgency in Mozambique's Cabo Delgado province has affected aid workers and health facilities from the second quarter of 2020. Some analysts believe that the government's preoccupation with the COVID-19 related response may have strengthened insurgent groups in a **number of countries**. Attacks targeting the 10th Ebola response continued in the DRC, where attacks peaked in April before the emergency was declared over at the end of June.

- **DRC:** Health clinics and Ebola Treatment Centres were vandalised or set on fire on at least eight occasions in the Eastern DRC. Some of this vandalism appears to have been organised using social media. Violence against health facilities by Mai Mai militia continues. At least five health workers were kidnapped. In South Kivu, and armed groups have ambushed health workers on roads. Locals working for international health organisations and local health authorities were most at risk. However, there have been few incident reports of violence against health workers working on the 11th Ebola outbreak in the Equateur region.
- **Niger:** On 24 June, 10 Nigerien LNCO aid workers were kidnapped. While no group has yet claimed responsibility, the Islamic State in West Africa (ISWA) or an Al Qaeda linked group is suspected due to their activity in the region. Six weeks later, on 09 August, six French and one Nigerien INGO aid workers were fatally shot in an ambush while on a tourist trip to the Koure Giraffe Reserve.
- **Nigeria:** At least seven aid workers were kidnapped in Borno state in two separate incidents during **June**. ISWAP militants executed five of them, as shown in an unofficial video released by the group.
- **Mozambique:** Health facilities were damaged or destroyed on at least seven occasions. Many events took place during wider attacks on civilians by armed groups who burnt down health facilities and stole medicines. Events increased in May and June and were linked to a rise in insurgency attacks in Cabo Delgado province that also affected aid access and other civilian facilities, including **schools**. An aid worker was reported kidnapped in Mozambique in Maputo city on 30 April. This is the first reported kidnapping of an aid worker in Mozambique since Insecurity Insight started monitoring events in the mid 1990s.

Anti-outsider sentiments on the rise

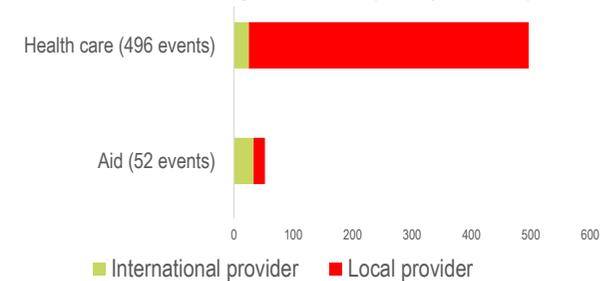
Concerns related to COVID-19 have generally resulted in an increase in hostility to outsiders in particular at the beginning of the pandemic. This has negatively affected the safety and security of some aid workers and some health workers. For example:

Tanzania: An increase in verbal harassment and anti-foreigner sentiment linked to the spread of COVID-19 was reported in Morogoro town.

Get regular and continuous updates on aid workers killed, kidnapped and arrested (KKA) on our HDX home page. Explore the data [here](#). Stay informed on global aid worker security with our new Bi Weekly Aid in Danger News Brief. Sign up [here](#).

- Initiatives monitoring **attacks on health care** have reported a **rise in violence** against health providers. Aid agencies, however, have for the most part not seen a rise in reported violence against their health programmes.
- The graph to the right illustrates the extent to which the reported violence against health workers affects those working for local health structures unconnected to the international aid system (95%). The reasons for this trend are not fully clear.

Killed, injured and kidnapped (KIK) events impacting international providers compared to events impacting local providers (January-June 2020)



Contributing factors might be:

- Violence in the context of COVID-19 may be triggered by many underlying frustrations about governments and societies;
- Local health providers may not be perceived as independent, neutral and impartial;
- Health providers may be a soft target compared to politicians;
- Social media has spread misinformation questioning and discrediting various health measures.

Social Media Monitoring

Rumours, Mis and Disinformation and Incitement to Violence Against the Health Response in Africa



As lockdowns forced more people into remote working and staying at home, rumours, mis- and disinformation related to the local and international health effort and accusations against the international health effort circulated widely. Some of these posts express fears and concerns that can be addressed via community engagement efforts. Some posts are simply misinformed. Other posts appear to deliberately spread disinformation. Some have incited violence against health workers but have also included threats against aid agencies. Such posts require a more concerted effort by the aid community to stop disinformation as they contribute to increasing security risks. Examples of key rumours include:

- The international community is trying to suppress the cure discovered by an African scientist working in Madagascar, is artificially creating the problem to profit financially, or is planning to use Africans for vaccine testing.
- Some rumours are directed at local elites, accusing them of profiteering or limiting access to vital equipment, such as ventilators, to the wealthy.
- This information ranges from freely expressed opinions to hate speech and false accusations. In some cases it includes what appears to be incitement to violence.
- Some disinformation spreads false information of foreigners having brought the virus into a country. In the DRC, deliberate distortion of facts was followed by mobilisation of youths via social media channels who then demonstrated on the streets outside an [aid office](#).
- In Cameroon, separatists accused aid agencies of supporting the government and hindering [independence](#).

Get regular snapshots of social media posts relevant for community acceptance to understand disinformation that can put aid and health workers at risk in Sub Saharan Africa. Sign up [here](#).

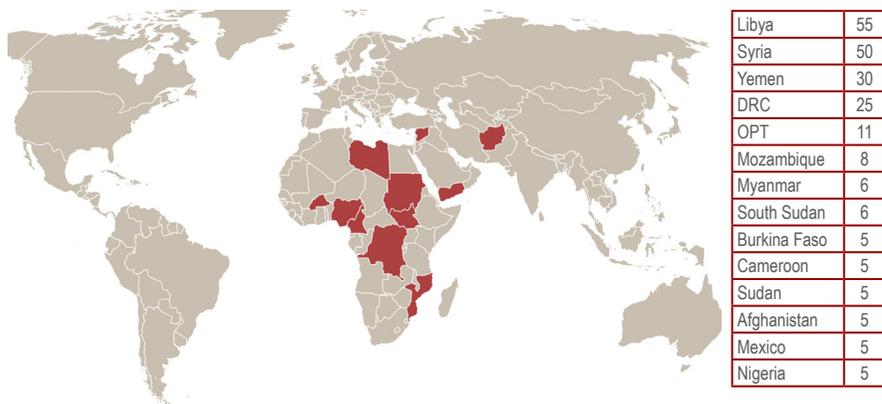
The effects of the COVID-19 pandemic response on health care

The pandemic and the politics of pandemic-related policies have affected the safety and security of health workers in many countries. While health workers around the world have been celebrated and honoured for their relentless commitment to helping others, they have also been subjected to threats and violence while administering care inside hospitals, on their way to or from work, and during COVID-19 health interventions.

Health workers have been spat at, denied travel on public transport, discriminated against by landlords who have refused tenancy or evicted them from their homes, threatened with dismissal by their employers for speaking out over the lack of PPE, and had corrosive liquids thrown at them. International health workers have been subjected to anti-foreigner sentiment, with locals fearing they will bring the virus into their communities either intentionally or unwittingly. The majority of these health workers work within local health structures unconnected to the international aid system. Conflict continues to affect health care.

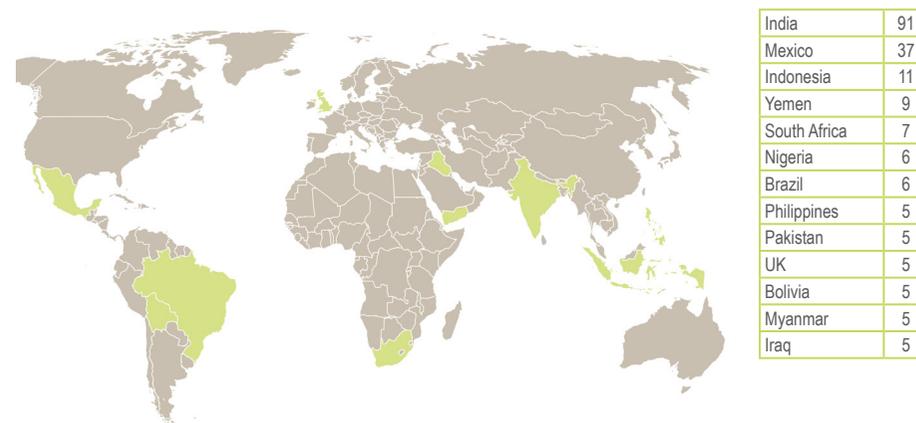
Get the latest available information on violence affecting health care around the world using our [datasets](#) on HDX.

Conflict: Countries with high numbers* of reported incidents perpetrated by conflict parties affecting health care (January-June 2020). This map includes events that occurred in the context of ongoing conflicts (see events coded in red on graph 1 on page 1). Of the 246 recorded events, 21 involved health workers or infrastructure attached to an aid agency.



* Countries where five or more events were reported between January and June 2020.

COVID-19: Countries with high numbers* of reported incidents directly related to the COVID-19 pandemic (January-June 2020). This map includes events in response to COVID health measures (see events coded in green in graph 1 on page 1). Of the 268 recorded events, seven involved health workers or infrastructure attached to an aid agency.



Attack on health care: Any act of verbal or physical violence, obstruction, or threat of violence that interferes with the availability, access, and delivery of curative and/or preventive health services, perpetrated by **state and non state actors, patients or relatives of patients, private individuals and criminals.**

COVID-19 pandemic attack on health care in 2020: Any act of verbal or physical violence, obstruction, or threat of violence that interferes with the availability of, access to, and delivery of health services in the context of the COVID-19 pandemic.

Conflict attack on health care: Any act of verbal or physical violence, obstruction, or threat of violence against health care providers perpetrated by conflict actors.

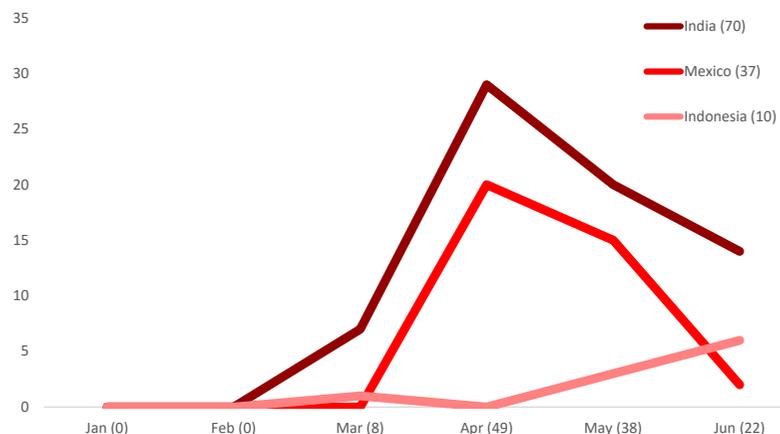
The effects of the COVID-19 pandemic response on health care

The safety and well being of health workers involved in the COVID response remains a concern in many contexts. Some health workers report injuries from assaults. Local community members, police officers, patients or their relatives are reported to have violently attacked health workers. Examples of countries with very high numbers of COVID related violence against health workers:

- India:** Over 145 health workers have reported injuries or assaults directly related to COVID-19 health measures. Five affected health workers were employed by local aid agencies. Police officers, local community members and relatives of patients have assaulted health workers inside hospitals, while staff were on their way to or from work, during burial ceremonies, or while transporting patients to hospital. Attacks were mostly motivated by fear of infection or opposition to COVID-19 screening, burial practices, or tracing efforts.

All data for the period January to June 2020	
Total number of reported incidents affecting health care	496
Conflict: Total reported number of incident against health care perpetrated by conflict parties	246
COVID: Total reported number of incidents in response to COVID health measures that affected health care	268
Total reported number of incidents directly affecting the COVID response perpetrated by conflict parties (events that are included in the count of conflict and COVID related incidents)	18
Total number of countries with reported incidents of violence affecting health care	60
Conflict: Number of countries with reported incidents perpetrated by conflict parties affecting health care	28
COVID: Number of countries with reported COVID 19 related incidents affecting health care	52

Number of events affecting health care in India, Indonesia and Mexico (January-June 2020)



- Indonesia:** At least six health workers reported injuries or threats directly related to COVID-19 health measures. All worked for local health structures. Violence was frequently perpetrated by local community members and mostly took place inside hospitals or at intervention sites over safe burial practices and COVID screening.

- Mexico:** At least 24 health workers reported injuries or assaults directly related to COVID-19 health measures. All worked for local health structures. Violence was frequently perpetrated by local community members and mostly took place in the street or public buildings. Bleach or hot liquid were sprayed on health worker's bodies or faces. Other health workers were physically assaulted and stones were thrown at them resulting from accusations of spreading COVID-19.

Data and limitations

The data presented above are neither complete nor comprehensive, and may differ from other sources. The data summarised above have been systematically compiled from two categories of sources: (a) verified security incidents submitted to Insecurity Insight by Aid in Danger partner agencies and confirmed incidents published on the publicly available WHO Surveillance System for Attacks on Health Care (SSA) dashboard; and (b) open-source information, as published in the Aid Security and the Attacks on Health Care Monthly News Briefs and, ACLED, and other sources. Note that these publicly available sources adopt different methodologies, which are available on the source websites. For more details on Insecurity Insight's methods see [Aid Worker KKA data](#), [SHCC methodology](#) and [COVID methodology](#). The incidents reported in this brief are not a complete nor a representative list of all events that affected aid or health worker safety and security. The events have not been independently verified.