Update September 2020

Throughout 2020, conflict actors perpetrated violence against health care providers every week. After the COVID-19 pandemic was declared in March 2020, conflict parties around the world seemed to pause to evaluate the situation, but within a week, the number of recorded conflict incidents that affected health care started to climb again, peaking during the week of April 15th 2020.

Overall, COVID-19 does not appear to be affecting the patterns of conflict-related violence against health care in an obvious way. Conflict-related violence against health care is driven by the strategic logic of conflict actors. COVID-19 is one of many factors influencing conflict strategies. However, COVID-19 compounds the impact of such violence.

Health systems are vital during the pandemic. Damage and destruction of health care facilities and the killing and kidnapping of health personnel undermines all health care, including the COVID-19 response. It remains, therefore, important that the changing conflict dynamics that affect health care are well understood. This brief provides an overview of the most recent conflict-violence trends and their impact on health care in 2020.

Access the latest available information on violence affecting health care around the world using Insecurity Insight’s datasets on HDX.

Latest trends in conflict-related events impacting health care

- Between January and July 2020, monitoring by Insecurity Insight identified 398 conflict-related events affecting health care in 33 countries and territories.
- Reported events rose in Cameroon and Syria in July. Violence remains a concern for health providers in Afghanistan, DRC, Libya, and Yemen.
- In Mexico, where an increasing number of organised crime groups are jostling for turf, there has been an increase in conflict-related violence affected health care in recent months.

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Cameroon

Thirteen events have been reported from Cameroon between January and July, compared to eight recorded by the Safeguarding Health in Conflict Coalition (SHCC) for all of 2019.

- Boko Haram set two health facilities on fire in February and March in Mayo-Sava, and another in April in Mayo-Tsanaga, Far North region. The attacks on health care are largely part of small-scale attacks on civilians, mostly using machetes and fire. Civilians are killed, women mutilated, children kidnapped, a school burnt down, and houses set ablaze in these attacks. Health facilities may have been targeted to obtain treatment for sick fighters and families. On 9 September, Boko Haram looted medical and food supplies from a private Catholic health centre in Mayo-Sava that had already been targeted in March. Security analysts have reported chaos in the Boko Haram camp following the deaths of over 200 fighters and their families from cholera.

- Suspected Ambazonian separatists burnt supplies intended to prevent the spread of COVID-19 on 14 May in the Northwest region departments of Mezam and Momo for unclear reasons. In the Southwest region, Ambazonian separatists kidnapped and killed a Cameroonian INGO volunteer community health worker on 7 July.

- Police officers arrested nine Cameroonian volunteers from Survie-Cameroon-Survival Initiative while they were handing out masks and sanitizing gel on 11 May in Yaounde and on 23 May in the Southern region of Sangmelima in what appears to be a politically-motivated move to crackdown on the opposition. The Survie-Cameroon-Survival Initiative was launched in April by opposition leader Maurice Kamto.

- Military officers stormed the Shisong Hospital in the Northwest city of Kumbo in early July and threatened to remove patients they suspected to be Ambazonian separatists. A nurse was almost beaten for defending the medical treatment of people without discrimination.

Explore this dataset on HDX.

Insecurity Insight’s social media monitoring suggests that local health providers and international humanitarian organisations operating in the Northwest and Southwest regions of Cameroon are increasingly affected by the ongoing conflict between Ambazonian separatists and the Cameroonian military.

The kidnapping and killing of the health worker on 7 July is particularly concerning as it was justified based on the conclusion that the health worker was spying on behalf of the government. Social media can influence to what extent aid providers and health workers are perceived as impartial, neutral and independent.

Interested in regular snapshots of social media posts relevant for community acceptance to understand disinformation that can put health and aid workers at risk in Sub Saharan Africa? Sign up here.
Mexico

The proliferation of criminal organisations in Mexico that display increasingly aggressive behaviour is spreading across the whole country. This violence now also affects health care workers.

- Nine events of violence against health care providers were reported between April and July 2020. The perpetrators are not always clearly identifiable. Not all violence can be ascribed to convolutions of organised crime.
- Several vigilante groups, set up to protect communities from criminal predators, not only clash with criminal groups but, in seizing territory and resorting to extreme violence, some of these autodefensas have started to resemble criminals themselves.
- The increasing spread of such violence, in particular in the Guerrero region, appears to be linked to fragmentation in criminal groups that followed the killing of criminal overlord Arturo Beltrán Leyva in 2009. Since then, organised crime in the state has spread geographically, broadening its range of activities and becoming more dangerous to locals – above all, to those individuals it targets for extortion or suspects of helping competitors. This general violence is now also affecting health professionals and health centres.

Since April, seven Mexican health workers have been killed and fourteen kidnapped, and two hospitals have been stormed.

- Two female health workers were shot and killed in the street on 24 June in Veracruz and on 24 July in Guerrero, and the bodies of five health workers were found on 8 May in Coahuila, 18 June in Morelos and on 21 June in Guerrero. The body of a transgender doctor was discovered on the side of the highway in Morelos on 18 June, in a suspected transphobic attack. She had been reported missing ten days earlier.
- Fourteen health workers were victims of ‘virtual kidnappings’ in May by criminal gangs demanding money from their families. The health workers, who were in Mexico City to help battle COVID-19, were threatened via phone or video calls, with the criminals claiming they had control of the hotel surveillance cameras and warning the workers would be attacked if they tried to leave. They were rescued on 19 May from two hotels in the Tacubaya district by police searching for another kidnap victim.
- Armed groups stormed two hospitals in April in Veracruz and Sonora and another in May in Guerrero, killing patients in suspected targeted attacks. It is unclear if the victims were members of rival gangs or if they were killed in order to silence them.
- Most events took place in Guerrero and Veracruz states, the areas most affected by increasingly violent conflicts between organised groups. However, other incidents have been reported in Mexico City, the Coahuila, Morelos and Sonora states, reflecting the increasing spread of violence across the country. According to the International Crisis Group, there are no indications that these competing groups have any intention of ceasing their activities as a result of the on-going COVID-19 pandemic.

Explore this dataset on HDX.
Democratic Republic of the Congo

Reported events of violence, causing health worker deaths and damage to health facilities, increased during July.

- In Eastern DRC, armed groups, including ADF Forces, killed five Congolese health workers on 12 July in Ituri, 14 July 14 in South Kivu and 21 July in North Kivu. An INGO-supported hospital was looted during the night of 3 to 4 July in South Kivu, and a local pharmacy was robbed and burnt down on 11 July in North Kivu.
- Police officers fired rubber bullets and tear gas at demonstrating doctors on 8 July in South Kivu and on 17 July in Bas-Congo.
- There was no violence against health workers reported affecting the 11th Ebola Response in Equateur.

Explore this [dataset](#) on health workers killed and kidnapped and health facilities set on fire and ransacked during the 10th Ebola response in eastern DRC.

Syria

Reported events of violence against health care providers increased in July following a dramatic drop in March when a ceasefire was called at around the same time as the COVID-19 pandemic was declared.

- Armed groups harmed health workers who were travelling on roads. IS militants shot dead a Syrian nurse while he was travelling on a road in Deir-ez-Zor governorate on 27 July. Unidentified gunmen shot and killed the chairman of the Pharmacists Association while he was travelling with his family in their car in al Bab city, Aleppo governorate on 12 July. His child was also wounded.
- Syrian regime forces damaged the al Amin Medical Centre in Idlib governorate with a missile on 14 July.
- Syrian Defence Forces (SDF), as well as relatives of patients, threatened and harmed health workers inside hospitals. An SDF military council commander beat a doctor and insulted a nurse at Fayhaa Hospital in Deir-ez-Zor governorate on 6 July for not allowing them to film the treatment of injured people, mostly women. The hospital was closed and temporarily relocated to al Hasakah. On 23 July, relatives of an injured SDF fighter opened fire inside the same hospital. No casualties were reported. The facility had reopened the previous day.

Data and limitations

The data presented above are neither complete nor comprehensive and may differ from other sources. The data summarised above has 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 World Health Organisation (WHO) Surveillance System for Attacks on Health Care (SSA) dashboard; and (b) open-source information, as published in 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 SHCC methodology and COVID methodology. The incidents reported in this brief are not a complete nor a representative list of all events that affected health care around the world. The events have not been independently verified.

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