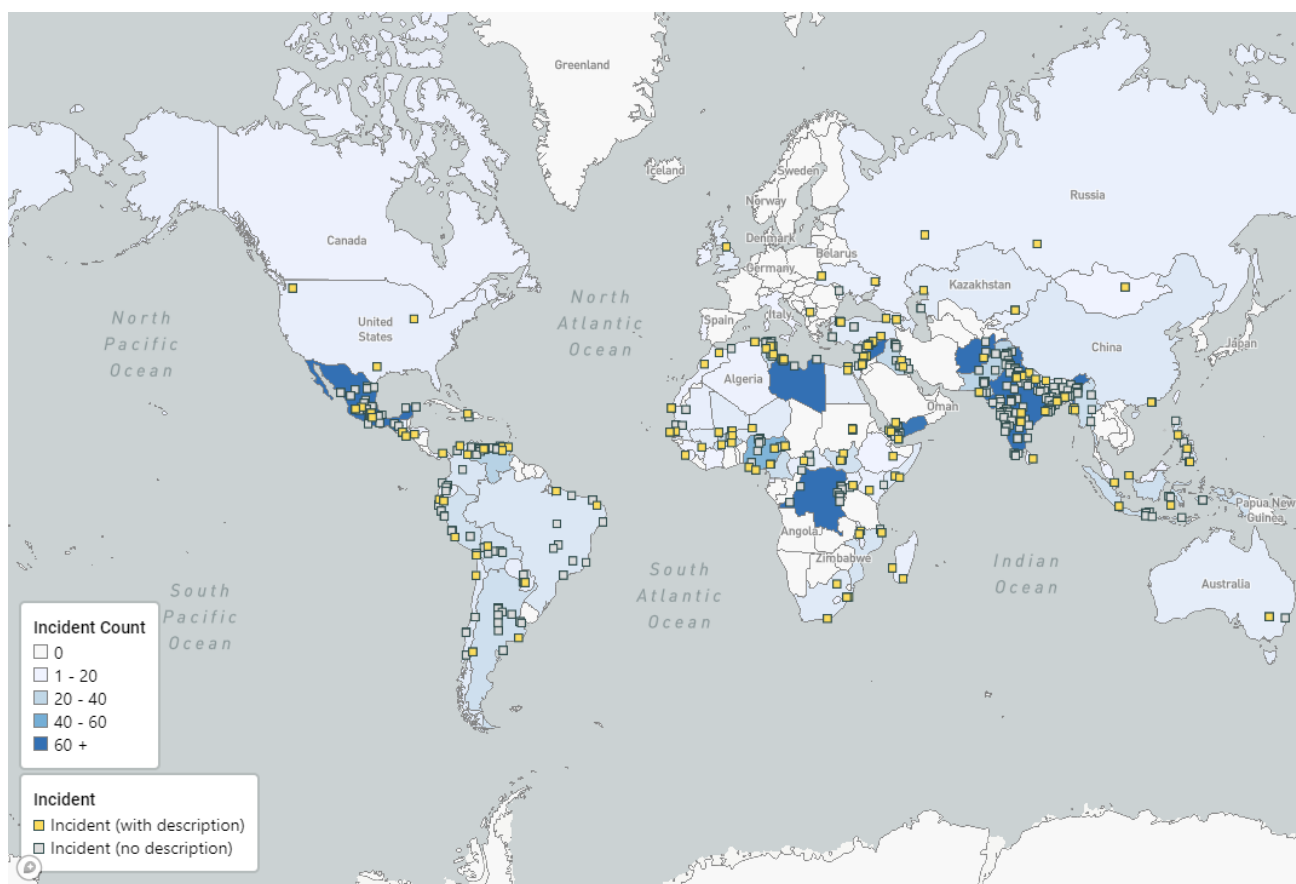


Attacked and Threatened: Health care at risk

Categories and definitions



**SAFEGUARDING
HEALTH
IN CONFLICT**



Data: [Five-year review Violence Against or Obstruction of Health Care 2016-2020 Data](#) on [HDX Insecurity Insight](#)

Version May 2021

This document provides definitions for the data displayed on the Interactive Map '[Attacked and Threatened: Health care at risk](#)'.

For data collection and coding procedures, please see '[Methodology](#)'.

Incident categories

All incidents: Incidents affecting health care. Any reported act of verbal or physical violence, obstruction, or threat of violence that interferes with the availability of, access to, 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. Most incidents are classified in one or multiple categories below. Some incidents reported by the [WHO SSA](#) could not be classified further due to lack of detail.

Conflict: Any reported act of verbal or physical violence, obstruction, or threat of violence against health care providers perpetrated by conflict actors. See methodology for conflict [definition](#). It includes incidents that took place in contexts of political violence when the state force that perpetrated the violence is listed on UCDPs list of 'One-sided violence' conflicts. It also includes COVID, Ebola and vaccination-related incidents when they were perpetrated by conflict actors.

COVID-19 related: Any reported act of verbal or physical violence, obstruction, or threat of violence directly linked to COVID-19 health measures or that directly interferes with the availability of, access to, and delivery of COVID-related health services. This includes conflict-related incidents when the perpetrator is a conflict party or political incidents when the perpetrator was a state force harming health workers during COVID-19 related protests.

Ebola-related: Any reported act of verbal or physical violence, obstruction, or threat of violence directly linked to Ebola health measures or that directly interferes with the availability of, access to, and delivery of Ebola - related health services. This includes conflict-related incidents when the perpetrator is a conflict party or where the event occurred in settings of protracted conflict. It includes political incidents when the perpetrator was a state force harming health workers during Ebola-related protests.

Political: Any reported act of verbal or physical violence, obstruction, or threat of violence committed during situations of political protest and civil unrest. When such violence is committed by state forces included on UCDP's list of 'One-side violence conflicts' the incidents are also included under conflict-related.

Vaccination: Any reported act of verbal or physical violence, obstruction, or threat of violence committed against vaccinators, community health workers supporting vaccinators or other health officials engaged in vaccination roll outs. When the vaccination covered COVID-19 or Ebola, these will include COVID-19 and Ebola related events.

Dates: From: To: Displays the date range of selected incidents. The system automatically shows the present calendar date. Due to the time required for data processing, the latest entries are usually about a month behind.

Incidents globally: Displays the total number of reported incidents for the selected category and data range.

Incident count: Provides information on the colour code used to display the number of reported incidents for the selected period by country.

Incident: Shows the symbol used for individual incidents and the colour code used to identify the incidents with added information (coloured yellow).

Country data: Clicking on a country will display the data for the chosen category for the selected country and data range.

For additional global figures, such as health workers killed and kidnapped, please visit the data visualisation page on the [Humanitarian Data Exchange](#).

Health facilities damaged

Number of incidents in which health facilities were damaged: Note that this count of the number of incidents is different from the number of health facilities damaged. In some incidents more than one health facility was attacked, or the same facility was attacked more than once during the chosen time period in multiple events.

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

Health facility affected: Describes incidents in which at least one health facility was damaged or destroyed.

Health workers affected¹

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 or medics not named here.

Health workers killed: The number of health workers reportedly killed.

Note: Health workers who are killed while in captivity following a kidnapping are counted as 'kidnapped' and not 'killed'. Health workers who were injured and who then died of their injuries are counted as killed and not injured.

Health workers kidnapped: The number of health workers reportedly kidnapped.

Note: Health workers killed while in captivity are counted as 'kidnapped' and not 'killed'.

Health workers injured: The numbers of health workers reportedly injured.

Note: Health workers who are injured in one incident and subsequently injured again in a different incident on a different date are counted separately.

Reported perpetrator

These categories describe the type of perpetrator(s) named in the incident. Perpetrator categories are presented in alphabetical order. On the map, only the applicable perpetrator categories for the chosen data category, period and selected country are displayed.

Employee: A current or former employee of the aid agency or health provider.

Multiple: This refers to multiple perpetrators from different categories involved in the incident.

NSA (non-state actor): A perpetrator who is part of a named or unnamed armed group that is not part of the state's law enforcement, military, or security apparatus and who is either involved in a state-based armed conflict with a government or is engaged with an NSA in a non-state conflict, or engages in one-sided violence, based on UCDP [definitions](#). This includes all organised armed groups such as private armies, rebel or guerrilla groups, and terrorist groups. It includes unidentified or unnamed groups of armed individuals (e.g. a group of unidentified 'armed men') if the incident description refers in a generic sense to rebels or extremists or groups

¹ Number of health workers affected: Note that this count of the number of individuals is different from the number of incidents in which health workers came to harm when more than one health worker experienced effects in the same incidents. However, the method used here is not able to identify when the same health worker may have been injured more than once in multiple incidents. In practical terms, however, this is a very rare occurrence. No health worker can be killed more than once. When health workers are kidnaped multiple times, this is usually reported and would be recorded. It is theoretically possible that the same health workers are injured in one incident and later killed in another. In such incidents the same health worker would be counted twice.

in some form affiliated with the military or using military-type structures or equipment (e.g. wearing army fatigues, etc.), without indicating a linkage to any state army. This does *not* include private security actors or unidentified or unnamed groups of armed individuals (e.g. a group of unidentified 'armed men') who commit robberies, burglaries, theft or fraud.

No information: No information on the perpetrator is available.

Patient/family: The direct beneficiary of health care or a relative of a patient receiving health care.

Police: Part of the state law enforcement apparatus (e.g. police or 'security forces'), but not military forces or private security actors.

Protestors: The perpetrator is described in the report as a protestor, demonstrator or concerned citizen.

State military: This refers to a military actor involved in active combat or in a non-combat function (e.g. manning a checkpoint, committing atrocities). This (a) could occur in a country classified as experiencing an international or non-international conflict based on [Rulac](#) classifications; or (b) could involve a government and/or the armed forces of a controlling authority in a territory engaged in conflict with another party (armed conflict) based on UCDP [definitions](#); or (c) could be considered to be one-sided violence, based on UCDP [definitions](#). State actors must be soldiers of a state army who at the time of the incident may act under orders and within the context of a specific military objective that involves combat, the use of force in some form, as well as other military activities outside of IHL. Also included are state soldiers' non-combat activities such as manning a checkpoint, carrying out a search, or issuing general evacuation orders. Also included are activities that are not part of their formal duties (such as crime, extortion, sexual violence, etc.), as well as one-sided violence against civilians. Where the distinction between state and non-state armed forces is unclear (such as in a contested political context), the party controlling the country's capital is defined as the state actor.

Vigilante: A member of a paramilitary or vigilante group not under direct or official command of the state security forces. The individual may act in support of the state security forces or on behalf of communities or individual community members.

Weapon category used

These categories describe the type of weapon used in an incident. Weapon categories are presented in alphabetical order. On the map, only the applicable weapon category for the chosen data category, period and selected country are displayed.

Arson: Any instrument or material associated with fire-making (e.g. matches, kerosene, propellant).

Firearms: Any of the following: assault rifle (e.g. Kalashnikov AK47 or variant, M16, etc.), machine gun, sub-machine gun, pistol, or revolver.

Explosive weapon: Any of the following: aerial bomb, missile, mortar shell.

IEDs (improvised explosive device): Any of the following: car, suicide or roadside bomb improvised from materiel not specifically designed for that purpose; grenade.

Knife: Any of the following: axe, blunt instrument, dagger, machete or sword.

Liquid: Any of the following: anti-bacterial gel, bleach, hot beverage or cooked rice/gruel.

No information: No information about the weapon is available.

Police weapon: Any of the following: taser, live or rubber bullet, tear gas or water cannon.

Stones: Any of the following: rocks, stones, sticks.

For COVID-19 related incidents only

COVID-19 related motive for violence: Reference to an incident that affected COVID-related health measures describes: (a) the activity performed by health professionals when the attack occurred; (b) specific COVID-19 health measures people objected to; or (c) the specific COVID-19 activity affected by the incident. COVID-19 related motive for violence are presented in alphabetical order. On the map, only the applicable COVID-19 related motive for the chosen data category, period and selected country are displayed.

These include the following:

Objection to hospitals or buildings being used to treat COVID-19 patients: Resistance to hospitalisation to treat COVID-19 in a hospital ward; opposition to the use of hospitals to treat COVID-19 patients; damage to and destruction of hospitals treating COVID-19 patients; resistance to quarantine measures or opposition to the presence of quarantine centres; and damage to or destruction of quarantine centres.

Objection to medical health measures: Resistance to medical tests to check for COVID-19 infections or antibodies; opposition to changes in local burial or cremation customs and practices, such as prohibiting relatives from attending funeral ceremonies, or from seeing the deceased before burial/ cremation; and protests against the use of specific burial locations for COVID-19 victims.

Objection to public health measures: Resistance to disinfection; attacks on workers carrying out disinfection activities; resistance to COVID-19 sensitisation campaigns; attacks on individuals engaged in sensitisation campaigns; opposition to social distancing measures that take the form of protests or violence against health providers; or resistance to contact-tracing activities.

Speaking out against health management: Health workers speaking out against difficulties in their work, such as the lack of personal protective equipment or being criticised/disciplined for reporting higher infection rates than those of the government.

Vaccinations: Resistance or opposition to COVID-19 vaccinations or other vaccination campaigns; or protests related to the mismanagement of vaccination supplies.

Way to and from work: The health worker was en route to/from work when the incident happened.

Incident descriptions

For selected incidents, identifiable by a yellow square , an incident description can be viewed by clicking on the square.

Incident code: A unique code used to identify the incident is included in brackets after the incident description.

Notes

The list of individual incidents can be downloaded from the [Humanitarian Data Exchange](#).

For any questions, please contact: info@insecurityinsight.org

Suggested citation for data from the interactive map:

Insecurity Insight. [year]. 'Attacked and Threatened: Health care at risk.' Interactive Map. <https://map.insecurityinsight.org/health/> accessed [day] [month] [year].

International Council of Nurses (ICN) survey results

For 32 countries, summarised survey results from National Nursing Associations (NNAs) can be viewed by clicking on the square. For any questions related to the survey, please contact: info@icn.org
www.insecurityinsight.org

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