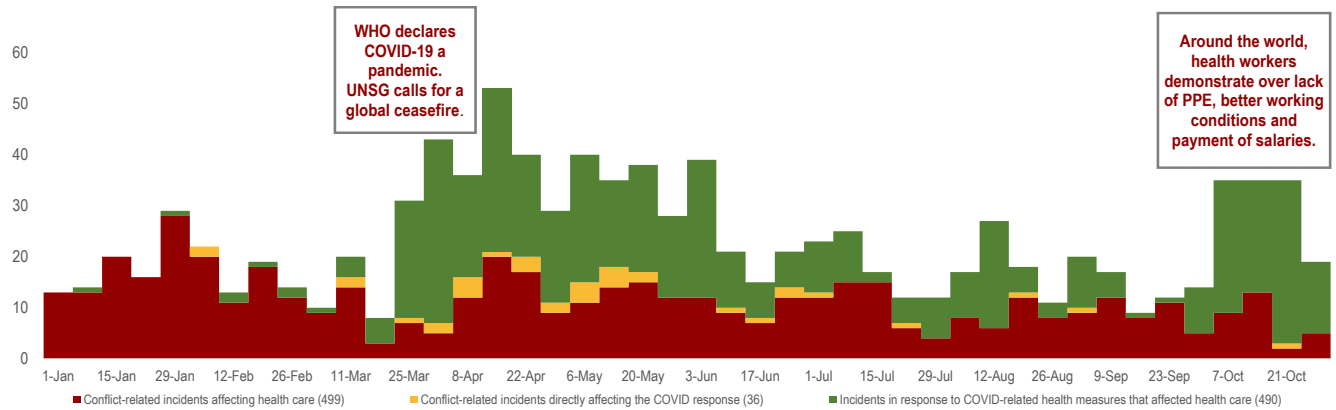# HEALTH WORKER SAFETY AND SECURITY IN THE CONTEXT OF THE COVID-19 PANDEMIC November 2020 Update

Between January and September 2020 Insecurity Insight's monitoring identified 1,025 incidents in 85 countries that adversely affected the delivery of health care. Incidents are classified as related to COVID-19 and/or conflict (see the definitions at the bottom of page 2).

Violence against and obstruction of health care (January-October 2020): reported incidents in the context of conflict or COVID-19

WHO declares COVID-19 a pandemic. UNSG calls for a global ceasefire.

Around the world, health workers demonstrate over lack of PPE, better working conditions and payment of salaries.

■ Conflict-related incidents affecting health care (499)   ■ Conflict-related incidents directly affecting the COVID response (36)   ■ Incidents in response to COVID-related health measures that affected health care (490)

Latest COVID-related incident trends

- Between 30 September and 31 October 135 COVID-related incidents were reported from 31 countries. Of these 135 incidents, 76% were related to protests and strikes by health workers.

- Protests and strikes reduce the number of health workers able to treat patients. This can impact patients' access to health services.

- While protests and strikes were common before the COVID pandemic, they were usually over pay. The recent strikes also focus on the lack of PPE and general working conditions, which include demands for better physical protection from the general public, patients and police officers enforcing lockdown measures.

- Protesting health workers constitute a major concern during a pandemic. Globally, thousands of health workers have been unable to work while recovering from COVID, requiring self-isolation. Industrial action further reduces the global health worker workforce at times of critical need.

Latest conflict-related violence trends

- Conflict-related violence against health care continues, including in new conflicts.

- Health care workers have been killed and hospitals and an ambulance have been damaged in fierce clashes that began on 27 September between Armenian separatists and Azerbaijani forces over the disputed **Nagorno-Karabakh** region.

- Conflict-related violence remains a concern for health care providers in Afghanistan, **Cameroon**, the Democratic Republic of the Congo, **Mexico**, Nigeria, Libya and Yemen

All data for the period January-October 2020	
Total number of reported incidents affecting health care	**1025**
Conflict-related incidents: Total reported number of incidents adversely affecting health care perpetrated by conflict parties	**535**
COVID-19-related incidents: Total reported number of incidents in response to COVID-related health measures that affected health care	**526**
Total reported number of incidents directly affecting the COVID-related response perpetrated by conflict parties (events that are included in the count of conflict- and COVID-related incidents)	36
Total number of countries with reported incidents of violence affecting health care	**85**
Conflict-related incidents: Number of countries with reported incidents perpetrated by conflict parties affecting health care	**41**
COVID-19-related incidents: Number of countries with reported COVID-related incidents affecting health care	**75**
Access the latest available information on violence affecting health care around the world using Insecurity Insight's datasets on HDX.	

Insecurity Insight – Monitoring incidents around the world affecting aid, health care, education, and protection.

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Conflict in the Nagorno-Karabakh region

- On 9 November a peace deal to end the military conflict was brokered by the OSCE Minsk Group involving Armenia, Azerbaijan and the Russian Federation following an intense escalation of fighting in the Nagorno-Karabakh region on 8 November, when Azerbaijani forces captured Shushi/Shusha, a symbolic site for both parties to the conflict and a strategic military location.

- Under the agreement nearly 2,000 Russian peacekeepers are to be deployed along the front line in Nagorno-Karabakh and the corridor between the region and Armenia for at least five years.

Map by Evan Centanni and Djordje Djukic, starting from this map by Bourrichon and Lesqual. Licence: CC BY-SA

- Following the announcement of the peace deal, thousands of Armenians immediately took to the streets in Yerevan, Armenia's capital, in protest against the agreement, with some storming the parliament in Yerevan, and many calling on the prime minister to resign. In contrast, celebrations took place in Baku, Azerbaijan.

- Since the violent conflict started on 27 September, health care workers have been killed, while hospitals and an ambulance have been damaged. Over 300,000 people have been displaced and at least 76 schools and nurseries have been damaged, along with homes and road, electricity, gas and communication networks.

- Both sides in the conflict have been accused of using banned cluster bombs.

Reported conflict-related incidents of violence and threats of violence against health care in the Nagorno-Karabakh region

- On 11 October Azerbaijani armed forces reportedly targeted an **ambulance** transporting wounded people in an unspecified location.

- Around 12-16 October rockets and cluster bombs of unidentified origin destroyed a **military hospital complex** near the north-east village of Martakert as wounded Armenian soldiers were arriving from the front lines approximately 10 km away. A blaze that ignited during the shelling destroyed several vehicles in the hospital parking lot. According to **Human Rights Watch**, Azerbaijan has repeatedly used widely banned cluster munitions in residential areas in Nagorno-Karabakh.

- On 28 October an **Azerbaijani rocket damaged a maternity hospital** in Stepanakert. There were no patients or health workers in the maternity hospital at the time, however, but the strike did damage the adjacent **medical centre that was treating COVID-19 patients**. Azerbaijani authorities denied responsibility and in turn accused Armenia of launching a rocket strike on Barda town, Azerbaijan, that killed more than 20 civilians and wounded over 70. Armenia rejected the accusations.

- On 28 October a male **Azerbaijani Red Crescent Society volunteer was killed** when his car was hit allegedly by an Armenian rocket in Barda town, Azerbaijan. Two female Red Crescent volunteers were also injured while identifying the needs of people living in a temporary shelter at the Barda school No. 6, approximately 500 meters from the scene of the rocket attack.

- As reported on 4 November, Azerbaijani soldiers reportedly wearing Armenian military uniforms stopped an ambulance transporting a wounded soldier and **shot dead a male Armenian military doctor, critically injured an ambulance driver and severely damaged the ambulance.**

Impact of the Nagorno-Karabakh fighting on COVID response measures

- In Armenia the impact of the conflict on the COVID-19 situation is already being seen in a dramatic acceleration in transmission and increased efforts to contain the virus. With more than 3,600 infections per 100,000 people, Armenia ranks among the top ten countries per capita in terms of reported cases.

- Reports of doctors and nurses continuing to treat wounded casualties from the fighting despite testing positive for COVID-19 will further hinder COVID response efforts.

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Definitions

Attack on health care

Any 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.

Attacks on health care during the COVID-19 pandemic

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-related attack on health care

Any act of verbal or physical violence, obstruction, or threat of violence against health care providers perpetrated by conflict actors.
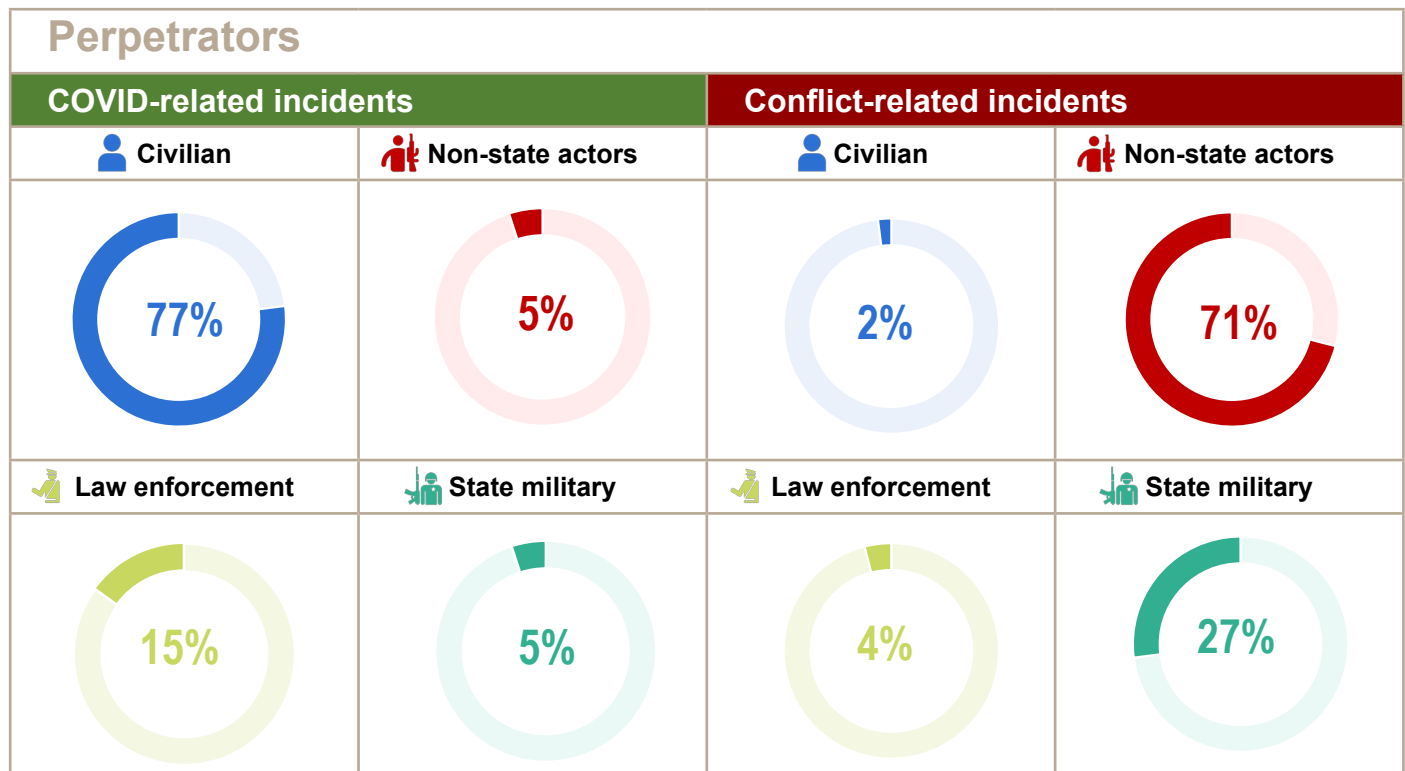
Data and limitations

The data presented above is 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 WHO Surveillance System for Attacks on Health Care (SSA) dashboard; and (b) open-source information, as published in **Attacks on Health Care Monthly News Briefs**, ACLED and other sources. Note that these publicly available sources use different methodologies, which are explained on the sources' websites.

For more details on Insecurity Insight's methods, see **SHCC methodology** and **COVID methodology**. The incidents reported in this report are neither a complete nor a representative list of all the events that affected aid- or health-worker safety and security in the period in question. The reported incidents have not been independently verified.

In case you missed it

Who commits violence against health care? What weapons are used? What does this tell us about the perpetrators underlying motives? Find out **here**.

Perpetrators

COVID-related incidents		Conflict-related incidents	
👤 Civilian	🧍 Non-state actors	👤 Civilian	🧍 Non-state actors
77%	5%	2%	71%
🛡️ Law enforcement	🧍 State military	🛡️ Law enforcement	🧍 State military
15%	5%	4%	27%