

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

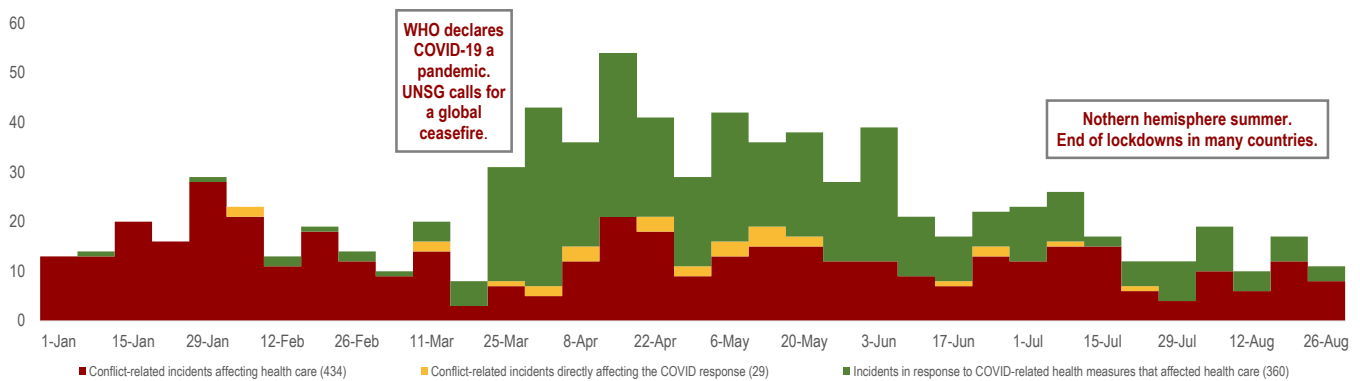
October 2020 Update

Between January and August 2020, Insecurity Insight's monitoring identified 823 incidents in 66 countries adversely affecting the delivery of health care. Incidents are classified as related to COVID-19 and/or conflict (see the summary at the bottom of page 3).

The following two pages discuss the difference in the reported conflict- and COVID-related violence against health care personnel, services, infrastructure and equipment by looking at who commits such violence, what weapons are used and what this can tell us about the perpetrators' underlying motives.

In March 2020, when the WHO declared COVID-19 to be a pandemic, COVID-related violence against health care was reported from 56 countries around the world. Health workers reported threats and assaults, and demonstrations outside health care facilities impeded access to health care. Such violence was frequently reported during the lockdown periods that were imposed in many countries during the second quarter of 2020. **The global scale of reported incidents of COVID-related violence against health care declined from June until the end of August 2020.** However, some countries, notably India, do not follow the global trend.

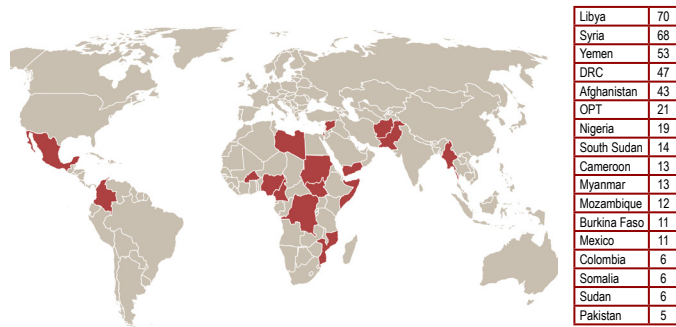
Attacks on health care (January-August 2020): Reported attacks on health care in the context of conflict or COVID-19



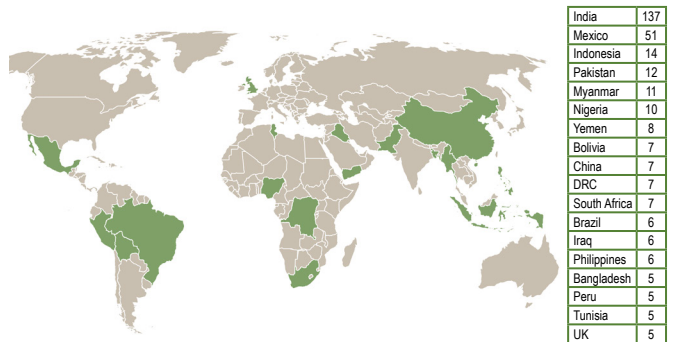
UNSG = United Nations Secretary-General

Conflict-related violence, however, continues as a permanent undercurrent of threats against the effective delivery of health care in general, including COVID-related care. Conflict-related violence against health care was reported from 33 countries experiencing conflict. Conflict-related incidents increased in **Cameroon**, **Mexico** and **Syria** in July. Kidnappings of health workers increased in Nigeria in August. Conflict violence **remains a concern** for health care providers in Afghanistan, the DRC, Libya and Yemen.

Conflict: Countries with high numbers* of reported incidents perpetrated by conflict parties affecting health care (January-August 2020). This map includes events that occurred in the context of ongoing conflicts (see incidents coded in red on the chart above).







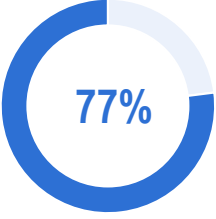
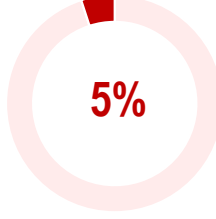
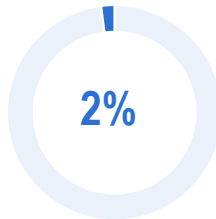
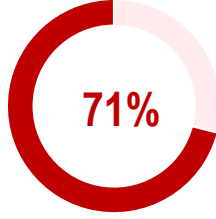





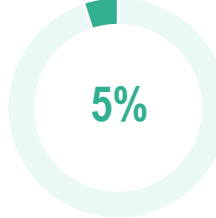
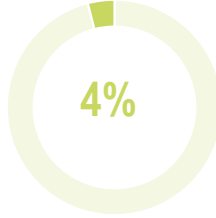
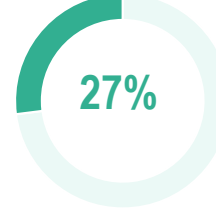
COVID-19: Countries with high numbers* of reported incidents directly related to the COVID-19 pandemic (January-August 2020). This map includes events in response to COVID-related health measures (see incidents coded in green on the chart above).



* Countries where five or more incidents were reported between January and August 2020.

All data for the period January-August 2020

Total number of reported incidents affecting health care	823
Conflict: Total reported number of incidents against health care perpetrated by conflict parties	463
COVID-19: Total reported number of incidents in response to COVID-related health measures that affected health care	389
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)	29
Total number of countries with reported incidents of violence affecting health care	66
Conflict: Number of countries with reported incidents perpetrated by conflict parties affecting health care	33
COVID-19: Number of countries with reported COVID-related incidents affecting health care	56
Access the latest available information on violence affecting health care around the world using Insecurity Insight's datasets on HDX.	

Perpetrators			
COVID-related incidents		Conflict-related incidents	
 Civilian	 Non-state actors	 Civilian	 Non-state actors
			
 Law enforcement	 State military	 Law enforcement	 State military
			
<p>Civilians, including local community members, protesters, patients and their families, are named as perpetrators in 77% of reported COVID-related incidents.</p> <p>People have assaulted, injured, or threatened health workers or barred them from providing services.</p> <p>Examples</p> <p>In Malawi on 29 July, over 70 villagers threw stones at local health workers during the burial of a woman in Phangwa village, Central region, who had died from COVID-19, accusing the health workers of faking her diagnosis and claiming that the woman had suffered from an unknown medical condition for three years.</p> <p>Around 15 April, police officers in Sudan severely beat a doctor at a hospital in Jebel Aulia, Khartoum state, after doctors requested that the hospital be evacuated due to a suspected outbreak of COVID-19. Doctors subsequently went on strike for an unspecified period of time.</p>		<p>Non-state actors are named as perpetrators in 71% of reported conflict-related incidents.</p> <p>Armed groups have killed, kidnapped and injured health workers; set fire to and stormed health care facilities; and looted medical supplies.</p> <p>Examples</p> <p>In Libya on 6 August, an armed group intercepted a truck on its way to Benghazi and Tobruk to deliver WHO supplies and detained the driver overnight. The next day, the group directed the driver to deliver the supplies to a nearby health care facility. It is unclear if the armed group was in control of the facility.</p> <p>On 13 March, the Myanmar army attacked the Tainnyo Hospital in Mrauk-U township, Rakhine state, as part of a wider attack on several villages. A bullet fired by a Myanmar army soldier hit a patient inside the hospital. Following the attack, the hospital was temporarily closed and all staff evacuated.</p>	

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.

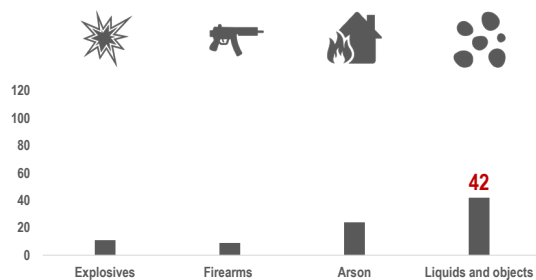
Conflict-related attack on health care: Any act of verbal or physical violence, obstruction, or threat of violence against health care providers perpetrated by conflict actors.

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.

Weapons use

COVID-related incidents



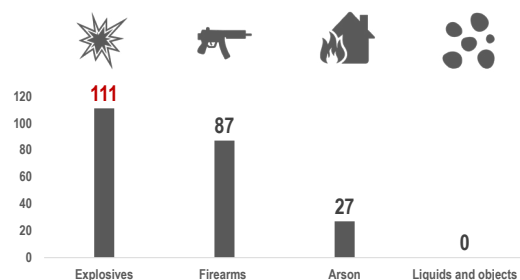
Liquids and objects, including bleach, hot rice, beverages, anti-bacterial gel and stones, are frequently used in reported COVID-related incidents.

These incidents resulted in the injury of at least 40 health workers. On four occasions ambulances had stones thrown at them, causing damage.

Example

In Mexico on 15 May, a Red Cross paramedic was beaten by two men in Tlapa city, Guerrero state, who made him kneel, **threw bleach** on him and told him not to spread COVID-19. Earlier in the day, the paramedic was seen distributing masks to people in the area.

Conflict-related incidents



Explosive weapons, including aerial bombs, mortar shells, missiles and IEDs, are frequently used in reported conflict-related incidents.

The use of explosive weapons caused the deaths of at least 23 health workers and injury to 38. Health facilities were damaged or destroyed on more than 60 occasions.

Example

In Yemen on 25 August, explosive weapons of an unknown origin **destroyed a medical centre** in As Sawmaah district, Taiz governorate. A week earlier, at the same location, al-Qaeda gunmen shot dead and crucified a dentist who they accused of spying on them for the Houthi rebels.

Summary on COVID-related incidents

The context in which people use violence against health workers during the COVID-19 pandemic highlights some of the likely motives. Some people are scared of the disease and fear that health workers spread infection. Some people resorted to threats and violence against health care providers as part of their opposition to public health measures because of the effects of these measures on livelihoods and valued social relationships.

The extent to which the perpetrators of COVID-related violence use household items as weapons highlights the improvised, sometimes spontaneous, and often emotionally motivated nature of these acts of violence.

Front-line health workers are targeted because they are seen as potential carriers of the disease, because they benefit economically when additional resources are poured into the health sector, or because they are a soft target for opposition to state-imposed public-health measures.

Summary of conflict-related incidents

The context in which conflict actors attack health care highlights some of the strategic logic that may drive such actors to use violence against health care providers and facilities. Some conflict actors suspect that health care providers support 'the enemy', while others attack health care providers because they seek access to drugs or wish to force health workers to provide them with care.

Health workers in conflict-affected areas are often caught between the conflict parties, in particular in asymmetrical conflicts where opposition groups do not have good access to health care. Too often, conflict actors do not perceive health workers as neutral.

Conflict-related violence has been a long-standing concern, and despite calls for pandemic-related ceasefires, including from the UN Secretary-General, there are no signs that 2020 is seeing a decline in conflict-related violence against health care compared to previous years.

The pandemic has highlighted the scale of violence that front-line health workers can be exposed to when there is a lack of trust between patients, their families, the general public and the health system. Much of the COVID-related violence against health care is linked to multiple underlying challenges in societies such as inequalities, poor governance, and a lack of transparency and effective communication. The experience of the pandemic has linked such concerns to health systems' functions, which has made health workers and health services a target for public anxiety and anger.