

Ineffective Past, Uncertain Future

The UN Security Council's Resolution on the Protection of Health Care:
A Five-year Review of Ongoing Violence and Inaction to Stop It





Introduction

In 2016, in the face of relentless attacks on health care in situations of conflict, the UN Security Council adopted Resolution 2286. This committed UN member states to taking action to prevent attacks on health care and ensure accountability for perpetrators. In the five years since, they have done neither.

In annual reports in the years since Resolution 2286 was adopted, the Safeguarding Health in Conflict Coalition (SHCC) and Insecurity Insight reported a total of more than 4,000 unique incidents of violence against health care in situations of armed conflict – on average more than two incidents a day (see the table on the next page). Because the reporting of such incidents is limited in many countries, this number is likely a significant undercount.

Violence has taken myriad forms, including:

- **airstrikes against and shelling of hospitals and clinics;**
- **kidnappings and killings of health workers;**
- **damage to, the destruction of, and looting of health care facilities and vehicles;**
- **actions that prevent those in need from accessing health care;**
- **violent interference with emergency medical responders, vaccinators and others and;**
- **arrests of health workers.**

During the past five years almost 1,000 health facilities were damaged or destroyed. Almost 700 health workers were killed, and more than 400 were kidnapped, while another 1,500 were injured.

During 2020, the COVID-19 pandemic resulted in more violence against health care, including in countries not at war, such as India and Mexico.





Violence causes not only immediate death, injury, and destruction, but often results in an enormous psychological and physical toll on health workers and the people in the communities they serve. Hidden in each incident is the loss of family members and colleagues, livelihoods, homes, and, sometimes, a way of life. The true cost of the attacks also includes the lasting impacts on health workers' mental health and on communities' ability to access care for chronic illness, safe childbirth, immunization, and more. Fewer health workers are available to provide care as doctors and nurses flee the violence.

In too many countries, health systems, which are often weak before the outbreak of conflict, collapse or are destroyed. Hundreds of airstrikes in Syria, forced closures of health facilities in Afghanistan, and assaults on health facilities in Yemen all undermined the efforts of courageous managers and frontline workers to offer care. In many civil wars, the looting of hospitals undermined the capacity of facilities that remained open to offer lifesaving interventions.

This report presents the documented threats and violence against health care between January 2016 and December 2020. It is based on **Insecurity Insight's** monitoring of incidents affecting health care carried out for the **SHCC**.








Violence against or obstruction of health care

This table summarizes violence against health care between January 2016 and December 2020.

				
4,094	1,524	978	681	401
REPORTED INCIDENTS	HEALTH WORKERS INJURED	INCIDENTS WHERE HEALTH FACILITIES WERE DESTROYED OR DAMAGED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
 Source: 2016-2020 SHCC Health Care Data. Methodology				

Broken commitments

In 2016, by the adoption of UN Security Council Resolution 2286, UN member states committed to take specific actions to end – or at least ameliorate – violence against health care. What is their record since?

-  Did member states ensure that their militaries ‘integrate practical measures for the protection of the wounded and sick and medical services into the planning and conduct of their operations’? **No.**
-  Did member states adopt domestic legal frameworks to ensure respect for health care, particularly excluding the act of providing impartial health care from punishment under national counterterrorism laws? **No.**
-  Did member states engage in the collection of data on the obstruction of, threats against, and physical attacks on health care? **No.**
-  Did member states undertake ‘prompt, impartial and effective investigations within their jurisdictions of violations of international humanitarian law’ in connection with health care and, ‘where appropriate, take action against those responsible in accordance with domestic and international law?’ **No.**
-  Did the Security Council refer cases where there is evidence of war crimes in connection with violence against health care in Syria and elsewhere to the International Criminal Court? **No.**
-  Were all member states found by the Special Representative of the Secretary-General on Children in Armed Conflict to have engaged in violence against hospitals listed in the annex to the Secretary-General’s annual report on children in armed conflict? **No.**
-  Did member states that sell arms that have been used to inflict violence on health care cease those sales? **No.**

Explore this continuously updated interactive map. Select 'conflict' under 'incident category' to see the incidents referred to in this report.

Health workers killed or kidnapped

	
681	401
HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED

Health workers killed or kidnapped between 2016 and 2020

Almost 700 health workers were killed in 26 countries, with the most deaths in Nigeria, Afghanistan, and the Democratic Republic of the Congo (DRC).

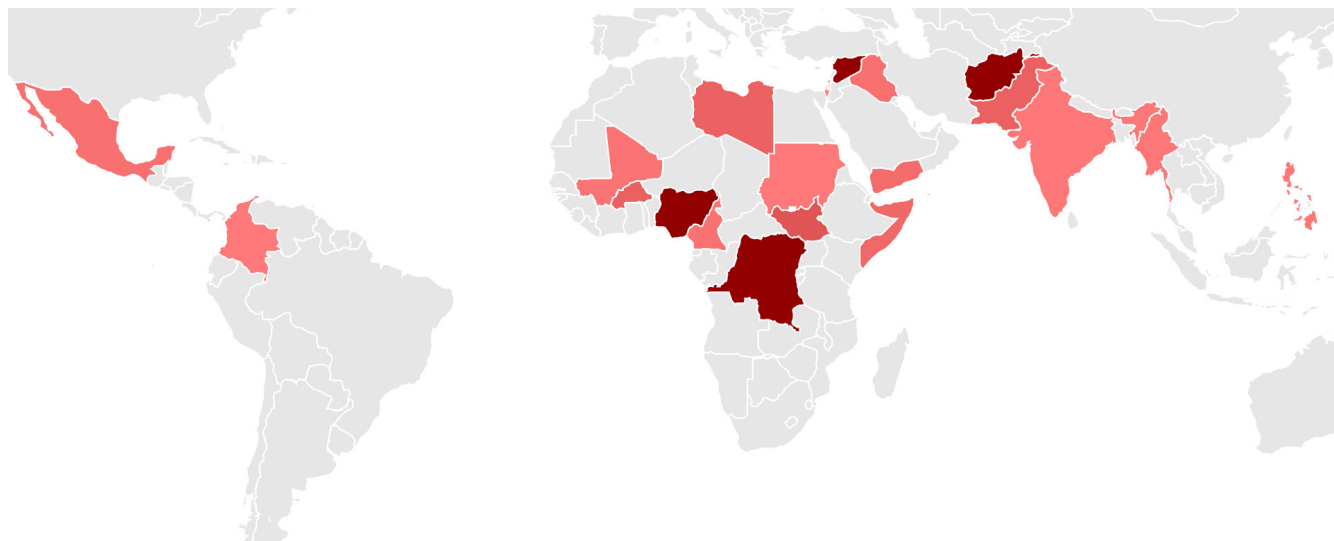
More than 400 health workers were kidnapped for various reasons. Many were kidnapped for ransom or to make a political statement.

Some non-state armed actors kidnapped health workers to force them to provide health services.

Following their kidnapping, at least 21 health workers were killed while held by their kidnappers in the Central Africa Republic (CAR), Colombia, the DRC, Libya, Nigeria, Pakistan, Somalia, and Yemen.

Vaccinators were targeted in some countries: 33 were kidnapped and 24 killed in road ambushes, shootings, and rocket fire in Afghanistan, Burkina Faso, the DRC, Nigeria, Pakistan, Somalia, South Sudan, Sudan, and Syria in the last five years.

Health workers killed and kidnapped in conflicts with more than five casualties



Killings

Most frequent in

Syria	243
Afghanistan	71
DRC	54

Kidnappings

Most frequent in

Nigeria	68
Afghanistan	51
DRC	45

Air- and Ground-launched explosive weapons



AIR-LAUNCHED	316	78	34
GROUND-LAUNCHED	234	13	17
	INCIDENTS WHERE HEALTH FACILITIES WERE DESTROYED OR DAMAGED	HEALTH WORKERS KILLED INSIDE HEALTH FACILITIES	HEALTH WORKERS INJURED INSIDE HEALTH FACILITIES

Air- and ground-launched explosive weapons affecting health facilities and health workers inside health facilities between 2016 and 2020

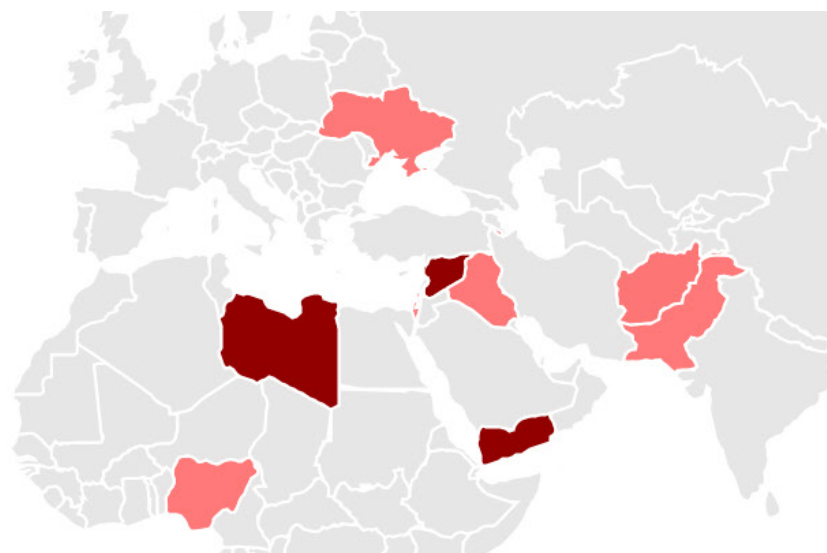
Since 2016, health facilities in six conflicts – Afghanistan, Iraq, Libya, the occupied Palestinian territories (oPt), Syria, and Yemen – have been subjected to more than 300 air-launched explosive weapons attacks.

More than 200 ground-launched explosive weapons affected health facilities in ten conflicts in: Afghanistan, Iraq, Libya, Nagorno-Karabakh, Nigeria, the oPt, Pakistan, Syria, Ukraine, and Yemen.

These attacks damaged hospitals and forced staff to evacuate patients. Of the 681 health workers killed in this period, 91 were killed inside health facilities damaged by these explosives weapons.

Where damage cannot be repaired, access to health care is affected for substantial periods of time, reducing access to health care. Access to maternal and neonatal health services is frequently harmed.

Incidents where health facilities were destroyed or damaged were reported in ten countries and territories between 2016 and 2020



Most frequent in

Syria	442
Yemen	48¹
Libya	23

Armed entries into health facilities

			
NON-STATE ARMED ACTORS	106	11	2
STATE ACTORS	21	2	1
	ARMED ENTRIES INTO HEALTH FACILITIES	HEALTH WORKERS KILLED	HEALTH WORKERS INJURED

Armed entries into health facilities between 2016 and 2020

Armed entries into and forced closures of health facilities, and ground operations against non-state actors in or around health facilities severely impaired both facilities' functioning and people's access to care. Health workers were killed, arrested, threatened, and injured during armed entries into health facilities.

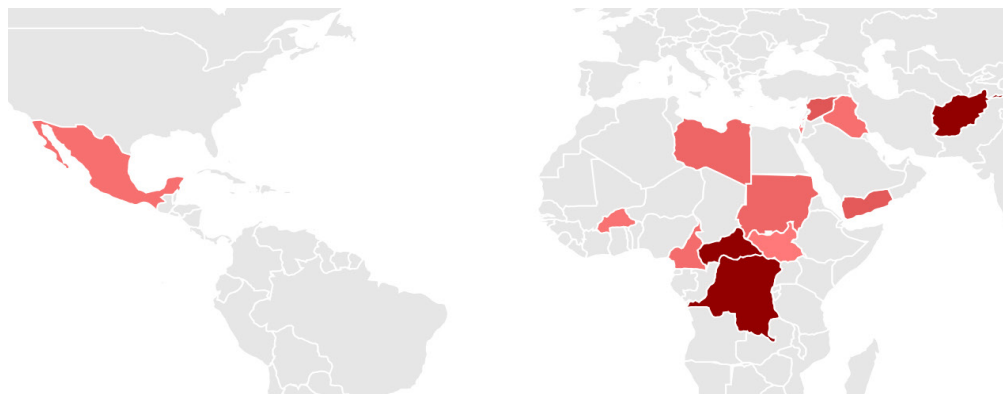
Of the 681 health workers killed, 13 were killed in armed entries into health facilities, along with at least 148 patients.

State forces entered health facilities to search for opposition fighters in at least eight countries over the past five years and also forcibly closed health services provided by opposition parties.

Non-state armed actors entered and temporarily took over health facilities at least 106 times in 23 countries.

There is evidence from sources that reported only aggregated data that threats forced the closure of hundreds of health facilities, but because of a lack of data on such incidents they are not included here.

Armed entries to health facilities in conflicts with more than three incidents



Most frequent in	
DRC	43
CAR	25
Afghanistan	17

Violence against emergency medical responders



735	353	117	126
EMERGENCY MEDICAL RESPONDERS INJURED	AMBULANCES DAMAGED AND DESTROYED	EMERGENCY MEDICAL RESPONDERS ARRESTED OR DETAINED	EMERGENCY MEDICAL RESPONDERS KILLED

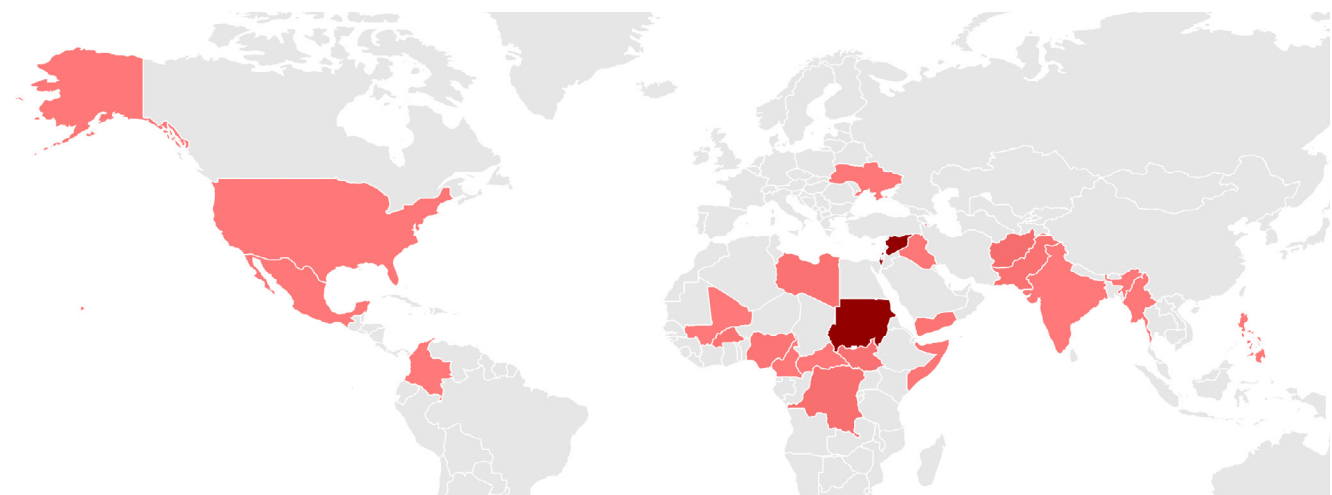
Emergency medical responders killed, injured, or arrested and ambulances damaged or destroyed between 2016 and 2020

Emergency health responders were harmed while assisting wounded or sick people. Others were arrested because they provided medical treatment to injured people. Ambulances were shot at or damaged, and stopped at checkpoints.

Of the 681 health workers killed, 126 were killed while engaged in emergency medical response in conflicts.

These figures include incidents that took place in contexts of political violence that are not covered by Security Council Resolution 2286.

Incidents were reported in 27 countries and territories between 2016 and 2020



Emergency medical responders injured

Most frequent in

oPt	690
Syria	24

Ambulances damaged and destroyed

Most frequent in

Syria	222
oPt	68
Libya	17

Emergency medical responders arrested

Reported in

Sudan	73
oPt	40
USA	4

Emergency medical responders killed

Most frequent in

Syria	96
Libya	10

Arson, looting, and health vehicle hijackings

		
241	123	74
INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	ARSON ATTACKS ON HEALTH	HEALTH VEHICLES HIJACKED

Arson, looting, and health vehicle hijackings between 2016 and 2020

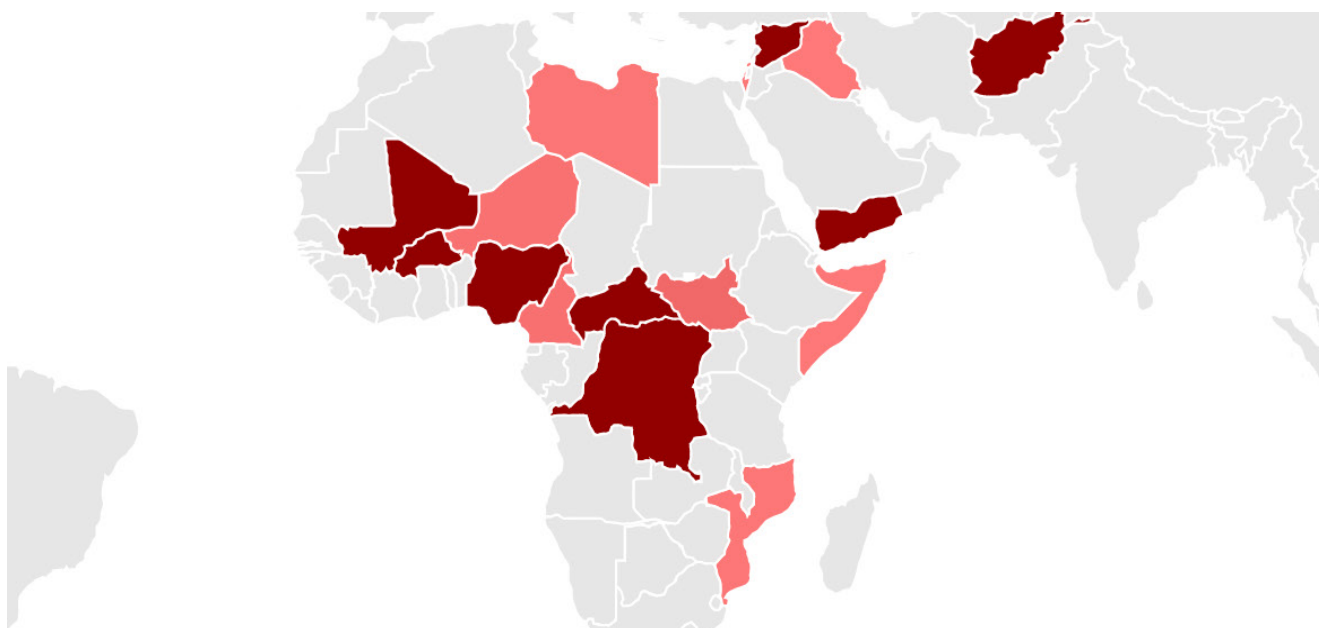
Non-state actors attacked health facilities, vehicles and health workers in at least 22 countries.

Arson was especially common in the DRC, but there were also multiple incidents in other countries.

Looting was pervasive in the CAR, the DRC, and Syria, and affected many other countries as well.

Mali and Yemen led in the number of hijackings of health vehicles occurring in their territories.

Arson, looting, and health vehicle hijackings in conflicts with more than three incidents



Looting of health facilities

Most frequent in

DRC	55
CAR	47
Syria	33

Arson attacks on health facilities

Most frequent in

DRC	57
Nigeria	15
Afghanistan	10

Health vehicle hijackings

Most frequent in

Mali	24
Yemen	22
Burkina Faso	12



Sexual violence and abuse experienced by health workers

In the last five years, health workers – including midwives and nurses – were sexually assaulted and raped in or in the vicinity of hospitals in Afghanistan, the CAR, the DRC, Libya, Mozambique, Nigeria, Pakistan, and Sudan. Most incidents involved gang rapes in which multiple armed perpetrators raped health workers.

Named perpetrators include Mouvement National pour la Libération de la Centrafrique fighters (in the CAR), Rapid Support Forces personnel (Sudan), and a security guard from an NGO clinic (Afghanistan).

Conclusions and the way forward

The persistently high numbers of acts of violence against health care – almost all carried out with impunity – cry out for action. In 2016, the UN Security Council and UN Secretary-General set out actions that states could take to reduce or stop this violence. These included reforms of domestic laws to ensure that health care is protected and respected, including the exclusion of impartial medical care from counterterrorism law; changes in military protocols, rules of engagement, and field guidance to ensure the protection of health care during military operations; strengthened investigations of incidents; and accountability for perpetrators.

The absence of follow-through on these commitments requires more than rhetorical support for the protection of and respect for health care. States should be held to account for failing to carry out their commitments. Toward this end, the UN Secretary-General should report each year on actions states have taken to implement the resolution, or not taken in violation of their responsibilities. To aid this process, the Secretary-General should appoint a special representative to monitor and report state performance, conduct country visits, and make recommendations to ensure greater compliance with Resolution 2286.

Definitions, methods and limitations

This report follows the World Health Organization's definition of an attack on health care: 'any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access and delivery of curative and/or preventive health services'. It includes three types of conflict: armed conflict, non-state conflict, and one-sided violence as defined by the Uppsala Conflict Data Program. The report was compiled from multiple sources.

Access to sources differs from country to country and each source has its own strengths and weaknesses, resulting in reporting limitations and selection biases that need to be taken into account when comparing countries, years, or categories of events.

The data cited in this report is based on information previously collected and published in SHCC reports and a forthcoming report for 2020. The figures may vary due to new information that the SHCC has since received.

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¹ This data is based on the SHCC-documented incidents detailing explosive weapons use. A joint investigation by Mwatana for Human Rights and Physicians for Human Rights identified 35 air-launched and 46 ground-launched explosive weapons attacks on health care for the period March 2015-December 2018.

Illustrations: Denise Todloski.