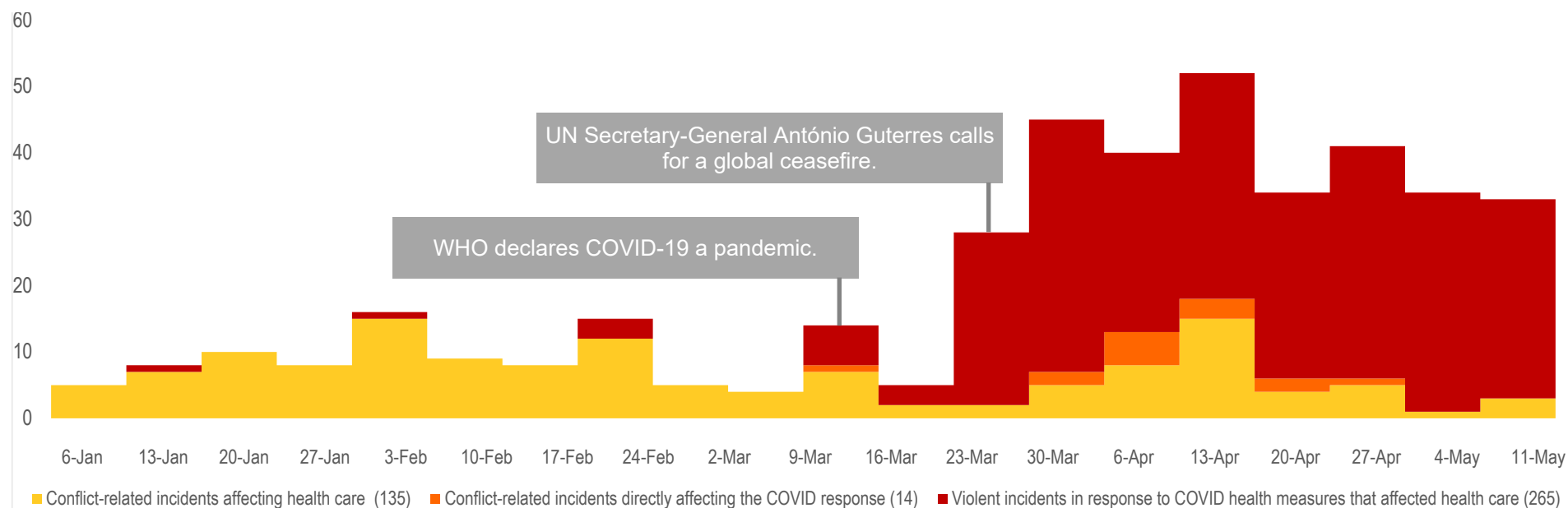# ATTACKS ON HEALTH CARE DURING THE COVID-19 PANDEMIC

All data for the period January to May 2020	
Total number of reported incidents of violence affecting health care	414
Number of countries covered with reported incidents of violence affecting health care	61
Number of conflict countries covered with reported incidents perpetrated by conflict parties	16
Number of reported violent incidents in response to COVID health measures that affected health care	265
Number of reported conflict-related incidents affecting health care	135
Number of reported conflict-related incidents directly affecting the COVID response	14

The Safeguarding Health in Conflict Coalition (SHCC) documented **1,203 conflict incidents** that adversely affected health care in 2019. Violence perpetrated by conflict parties against health care facilities and health workers continues in 2020, with devastating consequences. Since COVID-19 was officially declared a pandemic, health care and COVID-19 response facilities have been hit by air strikes and shelling, and health workers have been killed and kidnapped. While the weekly number of reported conflict-related incidents dropped to four just after the WHO declared the COVID-19 pandemic on 11 March 2020, violence by conflict parties against health care increased again by the end of March, despite the UN Secretary General's call for a global ceasefire on 23 March.

In parallel, violence against frontline health workers responding to COVID-19 rose dramatically after the WHO's pandemic declaration. The reported **incidents included** here are examples of violent responses to testing, quarantine measures or attacks against health workers arising out of fear that they could spread the infection. According to reports, community members or members of the security forces perpetrated most of the direct COVID-related violence. Conflict-related violence also directly affects the COVID-19 response when COVID treatment centres are attacked, or health workers engaged in the response are killed.

UN Secretary-General António Guterres calls for a global ceasefire.

WHO declares COVID-19 a pandemic.

Conflict-related incidents affecting health care (135)
Conflict-related incidents directly affecting the COVID response (14)
Violent incidents in response to COVID health measures that affected health care (265)

The chart above shows: (1) the breakdown of conflicted-related events involving attacks on health care in general; (2) conflict-related events directly affecting the COVID-19 response; and (3) violence against health care workers and facilities resulting from the imposition of COVID-related measures from January to May 2020.

COVID-19 related incidents of violence

In many countries, community members have assaulted health workers out of fear that they could spread the virus because of their contact with affected patients. Such attacks occurred at health workers' homes, on their way to and from work and even during funerals of health workers' colleagues who died from the virus. Protesters have also attacked health care facilities dedicated to COVID-19 response measures. In other incidents health workers have been attacked as part of resistance to the COVID-related health measures that governments have imposed, such as testing or quarantining. Grief over loss of family members has resulted in violence against health workers. Although happening in many countries, such violence has been frequently reported in India and Mexico in particular.

In a number of countries where lockdowns have been violently enforced, health workers were hurt on their way to or from work after being accused of disrespecting the lockdown. In some countries, health workers faced repercussions for either speaking out about the numbers of COVID-19 patients that did not tally with official figures or for demanding that they be provided with better personal protective equipment (PPE).

All incidents affecting health care workers and facilities impact on the ability to deliver health care because they affect health worker deeply and make services less reliable and effective.

Conflict-related violence affecting the COVID-19 response

Violence by conflict-parties has directly affected hospitals treating COVID-19 patients in Libya and quarantine centres in Yemen. An ambulance driver transporting test results in Myanmar and in Libya health workers on their way to a meeting to discuss how to protect patients from COVID-19 in rehabilitation centres were killed. A non-state actor in Cameroon destroyed hand sanitizers, while a plane reportedly carrying COVID-related equipment was shot down in Libya, and non-state armed groups have fired artillery at testing teams in Yemen.

The violent actions of conflict parties that do not respect the work of health workers and health care facilities will make it harder to control the pandemic in conflict-affected countries. Such violence also undermines primary health care and preventive health policies.

If the global community fails to contain COVID-19, the virus will linger. One of the possible dangers is that the virus will be transmitted between conflict-affected countries by aid workers or peacekeepers, who may also bring it back to their home countries.

Health workers in conflict and non-conflict settings alike should not pay a price for the care they provide to others.

In India, a mob in West Bengal beat up an ambulance driver with rods and sticks causing severe injuries when he returned home after transporting COVID-19 patients. The mob feared that the driver would bring COVID-19 into their village. The mob also assaulted his parents when they tried to protect him. **Access data on HDX**.

All data for the period January to May 2020	
Number of reported conflict-related incidents affecting health care	135
Health care workers reportedly kidnapped in conflict between March and May 2020	11
Health care workers reportedly killed in conflict between March and May 2020	20

In Myanmar, a bullet fired at Myanmar Army soldiers during operations in Rakhine state on 13 March 2020 hit a patient inside the Tainnyo Hospital. On 20 April 2020, a marked WHO vehicle transporting COVID-19 testing samples came under gunfire, resulting in the death of the driver.

Recommendations

All parties to a conflict should:

- Adhere to the provisions of international humanitarian and human rights law regarding respect for and protection of health services and the wounded and sick.

- Not hinder in any way the ability of health workers to adhere to their ethical responsibilities of providing impartial care to all in need.

- Ensure the full implementation of UN Security Council Resolution 2286 and adopt practical measures to enhance the protection of, and access to, health care in armed conflict, as set out in the Secretary-General's recommendations to the Security Council in 2016.

The UN Secretary-General should:

- Prepare a report on member states' follow-through on the requirements of Resolution 2286 and his 2016 recommendations.

- In furtherance of his 2016 report on Resolution 2286, strengthen the role of UN peacekeeping operations in contributing to an environment conducive to the 'safe delivery of medical care', actively encourage the implementation of the 2019 Declaration of Shared Commitments on UN Peacekeeping Operations regarding the protection of civilians, and take concrete steps to establish guidance and training for peacekeepers on specific actions and behaviours needed to protect health care workers and facilities.

States and private foundations funding the global health effort should:

- Collect data on violence and threats to health care facilities, workers, patients, and transport in conflict as part of regular health surveillance and quality assurance activities.

- Provide funding and other resources to support such data collection

- Develop systems to receive information from NGOs and civil society groups regarding acts that interfere with, obstruct, threaten, and assault health care facilities and personnel engaged in health care activities.

- Actively support health care facilities and workers by seeking the means to ensure their security, including through outreach to government ministries and other actors who infringe or may infringe on the protection of health care facilities and workers from attack.

- Actively counter misinformation through projects and activities designed to provide accurate, timely, clear, relevant, and accessible information about the pandemic, how the disease is spread, and how individuals can protect themselves and loved ones.

Non-state armed groups should:

- Sign Geneva Call's Deed of Commitment on the protection of health care workers and facilities and take steps toward implementing compliance, monitoring and accountability, as laid down in the Deed of Commitment.

Data Notes

Data collection on conflict and COVID-19 related violent incidents that affect the delivery of health care is ongoing. The data presented in this brief is neither complete nor comprehensive and may differ from other sources. The purpose of the fact sheet is not to present definitive figures but rather to highlight issues of concern that emerge from the ongoing violence against health care. The data summarised in this brief have been systematically compiled from two categories of sources: (a) open-source information, as published in the **Attacks on Health Care Monthly News Brief** and ACLED and other sources as well as (b) verified security incidents submitted to Insecurity Insight by Aid in Danger partner agencies. For definitions, methods and data processing see **here**. Access the data from this report on **HDX**. The May 2020 **Attacks on Health Care Monthly News Brief** will be out soon – **sign up here** and get it straight to your inbox

Examples of conflict-related violence affecting the COVID-19 response

This list is neither comprehensive nor complete. It provides examples that illustrate different types of conflict-related violence affecting health care during the COVID-19. For more incidents, please **access data on HDX**. **See overviews on airstrikes and shelling and other conflict incidents that affected health care.**

Attacks on civilians

- In Afghanistan, gunmen attacked an MSF-supported maternity ward on 12 May 2020 and killed 16 people, including young mothers, midwives, and new-born babies.
- In Cameroon, Boko Haram fighters attacked a village on 7 April 2020 and destroyed a health centre in the Extreme-Nord province.
- In Kenya, al-Shabaab militants attacked a truck transporting medicine near the Kenya-Somalia border on 11 March 2020, killing both the driver and his assistant, as part of an ongoing wider campaign against non-local Christians in north-east Kenya.
- In Mozambique, jihadist militants burned down a health centre in Cabo Delgado province, on 28 May 2020, during an attack on the town, during which ISIS flags were raised.

Attacks on health programmes

- In the DRC, Ebola response teams were attacked and health centres ransacked in Beni and Lubero territories in April. An Ebola treatment centre was set on fire in Butembo on 9 May 2020.

Crossfire casualties

- In Sudan, soldiers from two different sections of the security forces fought each other on 14 May 2020 and violently forced their way into an MSF-supported health care facility in Central Darfur. A female Sudanese MSF nurse was severely injured in the crossfire.

Air strikes and shelling

- In Libya and Yemen, air strikes and shelling hit at least 11 hospitals and COVID-19-related facilities between March and May 2020. This included air strikes on 6 and 7 May on the Al Khadra Hospital in Tripoli, Libya, which was **treating COVID-19 patients**, and three COVID-19 quarantine centres in Al Hudaydah Al Bayda, Ma'rib and Taiz city governorates, Yemen.

Theft

- In Libya, unidentified perpetrators seized three ambulances from the Sabratha Teaching Hospital in Tripoli during armed clashes on 13 April 2020.
- In Yemen, on 29 March 2020 separatist forces of the Southern Transitional Council stole ambulances provided by the WHO specifically for the COVID-19 response from Aden port.

Attacks on medical transport

- In Egypt, ISIS militants in Rafah, North Sinai, attacked an ambulance on about 4 March 2020 and fatally shot a soldier in the head who was being transported to a hospital.

Killings

At least 20 health workers were violently killed between March and May in Afghanistan, Libya, Myanmar, Nigeria, Somalia, South Sudan, Syria, Uganda, and Yemen.
- In Somalia, unidentified perpetrators killed seven health workers in Gololey village in the Balcad district in Hirshabelle on about 29 May 2020.
- In South Sudan, intercommunal violence killed an MSF worker in Pieri town, Jonglei state, some time between 16 and 17 May 2020.
- In Uganda, unidentified gunmen killed an INGO doctor in Napak district on 8 May 2020.

Kidnappings

At least 11 health workers were kidnapped between March and May 2020 in Burkina Faso, the DRC, Libya and Yemen.
- In Burkina Faso, armed men kidnapped the chief nurse of Koualou town on 4 April 2020.
- In the DRC, an MSF team of four staff members were kidnapped on 16 April 2020 and held captive for three days in South Kivu.
- In Libya, on 23 April 2020 four health workers from the Ibn Sina Public Hospital in Sirte were reported missing over a two-week period following an 'arrest' by an armed group.
- In Yemen, two workers from the Emirati Red Crescent were kidnapped in Aden on 20 March 2020. They were later found dead.

Examples of COVID-19 related incidents of violence

This list is neither comprehensive nor complete. It provides examples that illustrate different types of violence or threats of violence affecting health care during the COVID-19. For more incidents, please **access data on HDX**.

Fear of infection

Attacks on individual health care workers feared to be infected:

- In Mexico, two women in Santiago de Queretaro, Queretaro state, beat a female health worker on 23 April 2020, accusing her of being infected with COVID-19.

Funerals:

- In Egypt, residents of Dakahlia governorate protested against the burial of a female doctor who died of COVID-19 on 11 April 2020. Protesters feared contamination if she was buried in the village cemetery.
- In India, at least 50 local residents of Chennai city held a demonstration against the burial of a COVID-19-positive doctor on 20 April 2020. Some demonstrators attacked hospital staff and equipment, including doctors and an ambulance.

Resistance to health measures

Testing

- In Iraq, a policeman attacked a health worker in Koya district on 29 March 2020 because the health worker had previously referred the policeman for COVID-19 testing to the local hospital.
- In the Ivory Coast, on 5 April 2020 dozens of protestors in Abidjan violently dismantled a COVID-19 testing centre that was under construction, apparently for being too close to a residential area.
- In Sudan, Khartoum state, in the area of the Rapid Support Forces barracks, military forces assaulted a Sudanese doctor around 25 March 2020, reflecting the Sudanese military's general refusal to enforce screening measures.
- In Yemen, pro-Houthi forces reportedly fired artillery on 6 May 2020 at the medical team in charge of testing for COVID-19 in Marib governorate.

Quarantine

- In Afghanistan, on 16 March 2020, 38 patients who had tested positive for COVID-19 at Shaidahe Hospital in Herat city attacked staff and ran away for fear of being quarantined.

Anger at deaths

- In India, on 19 April 2020 angry relatives of a patient who died of COVID-19 vandalised medical equipment and assaulted health workers at a quarantine ward in a hospital in Malegaon town (Nashik, Maharashtra).

Violence against health workers on their way to work and for speaking out

Going to work

- In Burkina Faso, gendarmes in the Hauts-Bassins region assaulted an ambulance driver on 26 March 2020 for not complying with an imposed COVID-19 curfew.
- In Zimbabwe, police forces assaulted the director of a local NGO in Masvingo on 24 April 2020, despite his having a letter allowing him to move about during the national COVID-19 lockdown.

Speaking out

- In Pakistan, Quetta, Balochistan, more than 150 doctors and paramedics led by the Young Doctors Association staged a protest in front of the state chief minister's house on 6 April 2020 over the lack of available PPE. Riot police approximately 100 protesters for defying a ban on public gatherings, and some were also dragged away. On the following day doctors across the province went on strike to protest against the arrests.