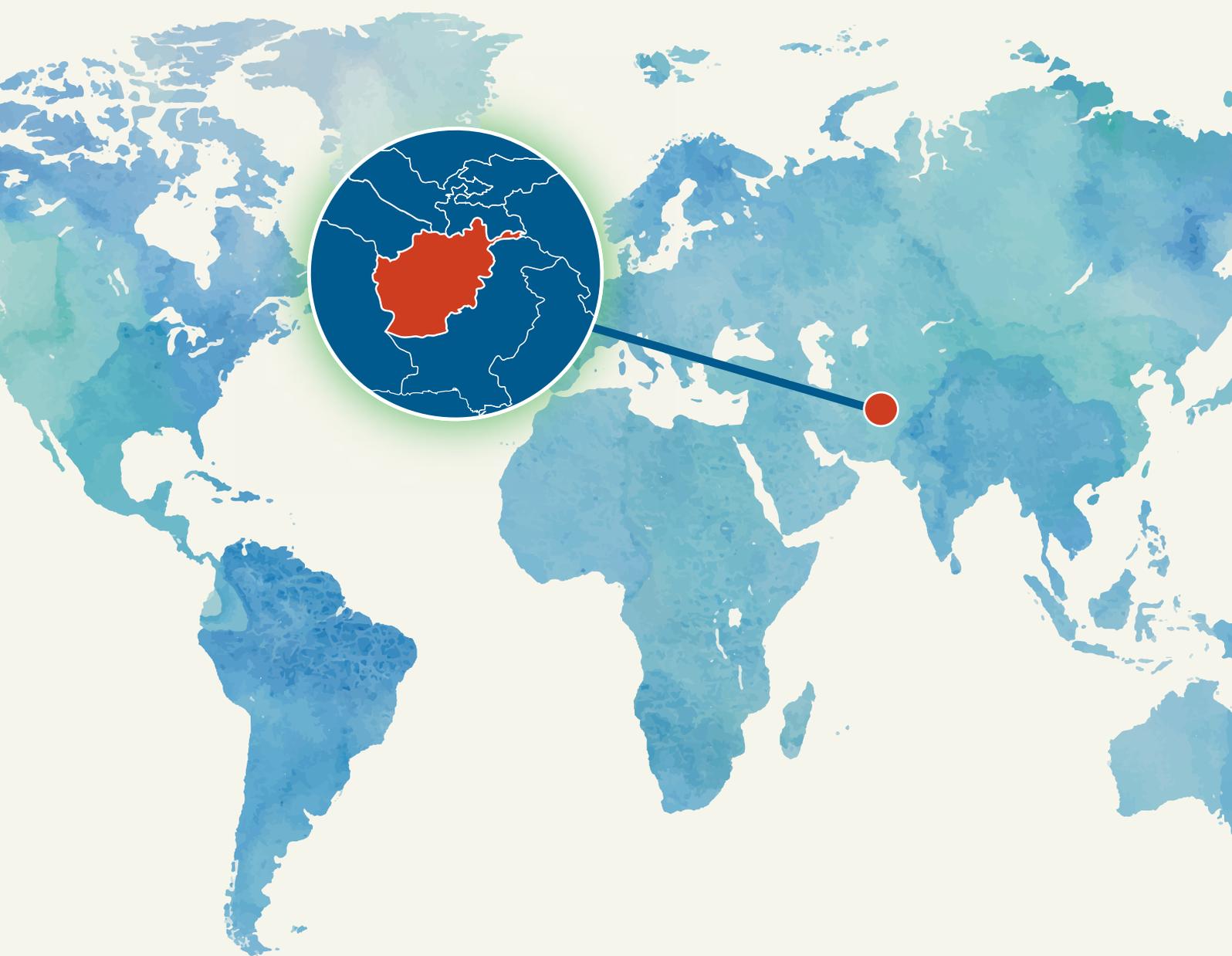


AFGHANISTAN

Violence Against Health Care in Conflict 2021



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



During the past 18 months the list of health care systems that have been destroyed or severely compromised by war-related violence lengthened. Three-quarters of the health facilities in Ethiopia's Tigray region were destroyed or damaged in the conflict that began in November 2020. In the now-forgotten conflict in Gaza in the spring of 2021, 30 health facilities were damaged. In Myanmar the public health system has all but collapsed since the coup in February 2021, because many hospitals have been occupied by the military, while COVID-19, HIV, TB, and malaria programs stalled and 300 health workers were arrested. Then in February 2022 Russia began attacking hospitals, ambulances, and health workers during its invasion of Ukraine. By the end of April 2022, The World Health Organizations confirmed almost 200 such attacks.

The past year was marked by continued international failure to prevent such attacks and hold perpetrators to account. Governments' expressions of horror at the violence continued without being accompanied by action. By the fifth anniversary of the passing of UN Security Council Resolution 2286, in which governments committed to concrete actions to prevent such attacks and increase accountability, very little had been done. Nor did the Security Council consider new course corrections to implement the resolution's requirements.

At the same time, one of the foundations of action, the WHO's systems for tracking attacks, remained inadequate to its function. Except for reporting in Myanmar and Ukraine, where widespread attention increased pressure to collect data, the system severely under-reported incidents. In Ethiopia, despite the effective destruction of the health system and the murder of health workers in Tigray region and other attacks in Afar and Amhara regions, the WHO reported zero attacks in the country for the whole of 2021. This failure no doubt contributed to the lack of global attention to the dire situation in Ethiopia. When the WHO system did report, it continued to withhold information essential to understanding what took place and where attacks occurred.

There were some advances in the area of accountability. Germany obtained a conviction of a Syrian war criminal under principles of universal jurisdiction (although not for crimes involving attacks on health care). The prosecutor of the International Criminal Court (ICC) accepted Ukraine's request to investigate alleged war crimes there. But these cases did not address the continuing structural problem that permits the five permanent members of the Security Council to block certain referrals to the ICC, but nevertheless are a sign that accountability may finally be on the increase.

Perhaps 2022 will be an inflection point, as images and reports of attacks on health care and their consequences in Ukraine continue to go viral, accompanied by frequent and loud demands for accountability – but it won't be if the lassitude of the international community continues.



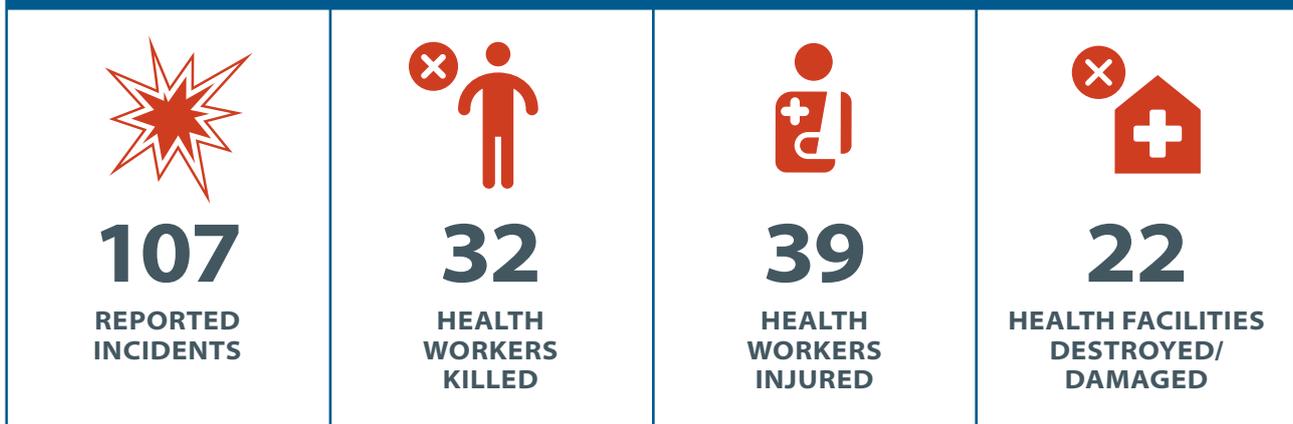
Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

[!\[\]\(6059a5aa8b4ca7bb793408023d6c6e42_img.jpg\) Methodology | Full Report](#)



On February 23, 2021 a prominent surgeon and head of the Baghlani Jadid Hospital was killed while traveling in Afghanistan's Baghlan province. Local police accused the Taliban of carrying out the attack.¹

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2021 SHCC Afghanistan Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 107 incidents of violence against or obstruction of health care in Afghanistan in 2021, compared to 106 incidents in 2020.²

Thirty-nine health workers were killed and another 32 injured. Health facilities were damaged or destroyed by violence on at least 24 occasions.

This factsheet is based on the dataset [2021 SHCC Health Care Afghanistan Data](#), which is available for download on the Humanitarian Data Exchange (HDX).³

The SHCC count includes 47 incidents provided by the Conflict and Humanitarian Data Centre of the International NGO Safety Organisation (INSO) and 32 incidents uniquely reported by the WHO Surveillance System for Attacks on Health Care.

The Health Cluster reported 46 health-related incidents in Afghanistan in 2021, while the UN Assistance Mission in Afghanistan reported 28 incidents for the first six months of the year.⁴ Neither of these sources identified individual incidents, so we could not determine whether other sources had also accounted for them. A lack of data sharing made it impossible to ascertain whether these were additional incidents or whether they had already been included in the SHCC dataset.

This document focuses on the analysis of 107 incidents for which there was enough information on context, perpetrators, and weapons use to allow the nature and extent of reported violence against and obstruction of health care to be meaningfully described.



THE CONTEXT

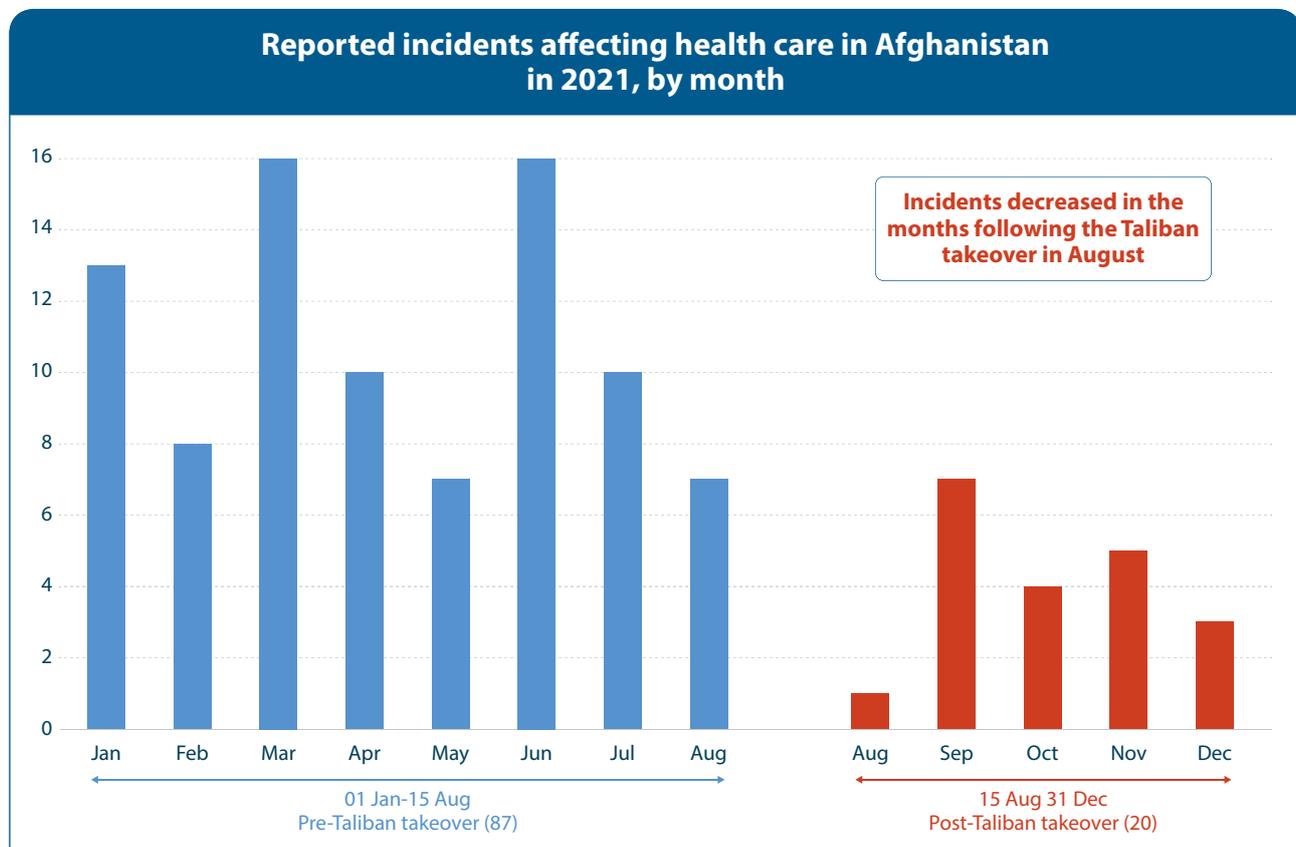
The Taliban took control of Afghanistan in August 2021. The months prior to the takeover saw renewed fighting. Nangarhar province saw intense fighting between the then-Afghan government forces and the Taliban. After August 2021 attacks by non-state armed groups continued, including in Nangarhar province.

After the takeover the Taliban implemented various policy measures that directly affected health care such as requiring women to access health care accompanied by a *'mahram'*, i.e. a male chaperone. The humanitarian situation deteriorated significantly after August 2021 due to the withdrawal of donor support for government-operated health care facilities and international sanctions imposed on the Taliban regime. In December 2021 OCHA reported that more than 75% of the Afghan population – 30 million people – required humanitarian aid.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

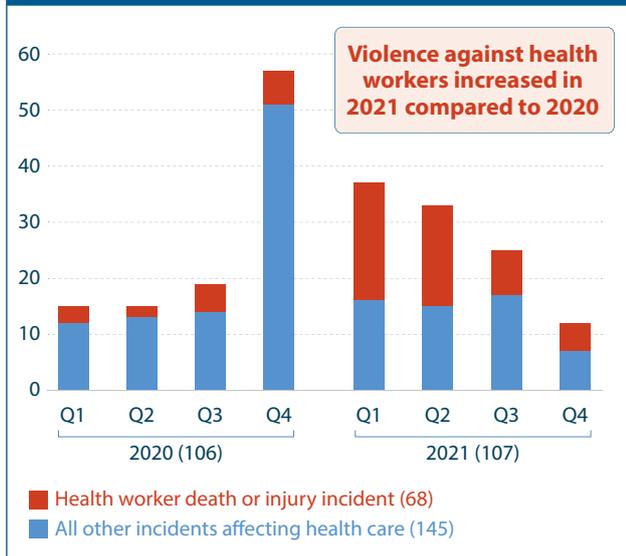
In 2021, 107 incidents of violence against or obstruction of health care were reported in Afghanistan. Following the Taliban takeover in August fewer incidents were recorded than in the preceding months.

The number of provinces where incidents were reported rose in 2021, from ten in 2020 to 17 in 2021. In particular, more incidents were reported from Nangarhar province, with the total increasing from one in 2020 to 20 in 2021. High incident numbers continued to be reported in Kabul.





Reported health workers deaths and injuries in Afghanistan between 2020 and 2021



Violence against health workers was more frequently reported in 2021 compared to 2020. Health workers were harmed when traveling to or from work or when the convoy or ambulance in which they were traveling in or the hospital where they were working was hit by explosive weapons.

Polio vaccination campaigns in Nangarhar province were targeted by violence at least six times in 2021, resulting in the deaths of eight vaccinators and injuries to a further four. All six incidents occurred prior to the Taliban takeover.

Explosive weapons, including air strikes, mortar rounds, rockets, and suicide vest improvised explosive devices (IEDs), damaged or destroyed hospitals on at least 24 occasions, killing at least four health workers and injuring a further 14.

PERPETRATORS



Pre-Taliban takeover

Taliban forces, Islamic State Khorasan Province (ISKP), Afghan National Security Forces (ANSF) troops, and international coalition forces were reported to have perpetrated violence against or obstructed health care prior to the Taliban takeover in August.⁵ In most cases these perpetrators were armed with firearms and/or explosive weapons, including air-launched weapons, IEDs, rockets, and artillery shells.

ANSF air strikes in Helmand province in July destroyed the private 20-bed Afghan Ariana Specialty Hospital. A person accompanying a patient was killed and two nurses and a patient were wounded. After the air strike locals looted hospital equipment.⁶ Air strikes in Faryab and Ghazni provinces damaged a further two NGO hospitals.⁷ In Ghazni five LNGO and INGO health workers were injured in the air strike.

An LNGO health worker was injured inside a health facility in Helmand in August during an **international-coalition** airstrike on the area.⁸

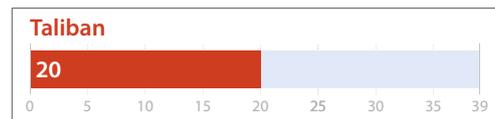




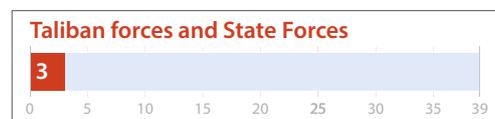
On June 12 **ISKP** blew up a minivan in front of the Muhammad Ali Jinnah Hospital in Kabul, where COVID-19 patients were being treated.⁹ The next day a doctor working in a military hospital was killed by **ISKP** fighters.¹⁰ In August an IS suicide blast at the Hamid Karzai International Airport killed 60 Afghans and 11 US soldiers, including a US Navy medic.¹¹



ISKP fighters in Nangarhar province detonated an IED at a health facility on March 2, injuring a health worker.¹² Two days later a health worker was killed in an IS roadside IED explosion in Nangarhar.¹³



Taliban forces fired rockets and detonated IEDs at or near health facilities, killing two health workers and injuring three more. Taliban forces stole medical supplies from health workers while they were traveling to provide health care to remote areas of Balkh province during February and April.¹⁴ On June 15 **Taliban** fighters coordinated five attacks against polio vaccination campaigns that were taking place across Nangarhar province. Five vaccinators were killed and a further four injured when **Taliban** fighters opened fire on them.¹⁵



Between August 6 and 9 four NGO emergency health facilities in Wardak and Helmand provinces were damaged during fighting between **Taliban** fighters and **ANSF and international coalition** forces.¹⁶

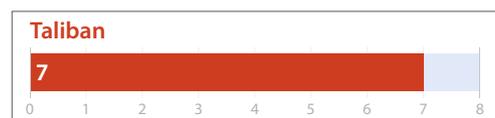
Post-Taliban takeover

Members of the Taliban and IS were reported to have perpetrated violence against or obstructed health care after the Taliban takeover in August 2021.¹⁷ In most cases these perpetrators were armed with firearms, and on two occasions with IEDs.

An **IS** suicide bomber on a motorcycle blew himself up at the entrance of the Sardar Mohammad Daud Khan Military Hospital in Kabul in November. About ten minutes later a second, larger explosion took place. At least 19 people were killed and 43 others wounded.¹⁸



Taliban forces in Kandahar province beat an Afghan female doctor in front of her family members and a neighbor during a night raid on her home.¹⁹ In Nangarhar province a male doctor was beaten by Taliban forces for trying to assist women at a medical center.²⁰ Across Afghanistan individual doctors who criticized the Taliban's COVID-19 vaccination policy were threatened by the Taliban and feared for their safety.²¹





IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE



Health services

A functionality assessment for static health facilities across Afghanistan conducted by WHO in September 2021 found that only 17% of health facilities were fully functional. While the situation had improved by mid-November 2021, at that time still only 41% of health facilities were fully functional.²²

Some health facilities were completely destroyed in the run-up to the Taliban takeover, and have not yet been rebuilt.²³ The withdrawal of international funding led to the closure of many health facilities.²⁴ State hospitals that were still open did not have enough medical supplies or equipment.

Many qualified health care staff fled during the violent clashes in 2021 and after the Taliban takeover. Afghanistan had already faced a critical shortage of health-related human resources, with the second-lowest health workforce density in the Eastern Mediterranean Region as of 2020, with 8.7 physicians, nurses, and midwives per 10,000 population.²⁵



Access to health care

By the end of 2021, 43% of the population, or 17.2 million people, were estimated to need health assistance.²⁶

The instability during and after the Taliban takeover reduced access to health care. During the most active periods of the fighting MSF reported that hospitals were overwhelmed.²⁷

In November 2021 MSF reported a dramatic increase in the severity of illness seen in patients accessing its clinics who had previously been too afraid to travel to obtain health care.²⁸ There was also a dramatic decline in access to health care because of the collapse of the economy after the Taliban takeover, and increasingly people could not afford to pay for health care.



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 27165.
- 2 <https://shcc.pub/2021SHCCAfghanistan>.
- 3 <https://data.humdata.org/dataset/afghanistan-violence-against-civilians-and-vital-civilian-facilities>.
- 4 <https://reliefweb.int/report/afghanistan/afghanistan-attacks-health-care-january-december-2021>;
https://unama.unmissions.org/sites/default/files/unama_poc_midyear_report_2021_26_july.pdf, p. 11.
- 5 Details of the perpetrators were recorded in 39 incidents. The perpetrators of 49 are unclear.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29423.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 9910; 9933.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 38.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 28463.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 28464.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29303.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 9913.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 9915.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 9912; 9922.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 28321; 28320; 28317; 28337; 28336.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29280; 29279; 29278.
- 17 Details of the perpetrators were recorded in nine incidents. The perpetrators of 11 are unclear.
- 18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 30067.
- 19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29291.
- 20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29659.
- 21 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Afghanistan Health Data. Incident number 29436.
- 22 HeRAMS, quoted in <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2022-january-2022>.
- 23 <https://reliefweb.int/report/afghanistan/afghanistan-attacks-health-care-august-2021>.
- 24 <https://msf.org.uk/article/afghanistan-nine-months-conflict-crisis-and-hope-herat>.
- 25 Afghanistan Health System Review, April 2020, quoted in <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2022-january-2022>.
- 26 <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2022-january-2022>.
- 27 <https://msf.org.uk/article/afghanistan-patient-numbers-have-increased-tremendously>.
- 28 <https://msf.org.uk/article/roar-fear-bunker-my-time-frontline-hospital-afghanistan>.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

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