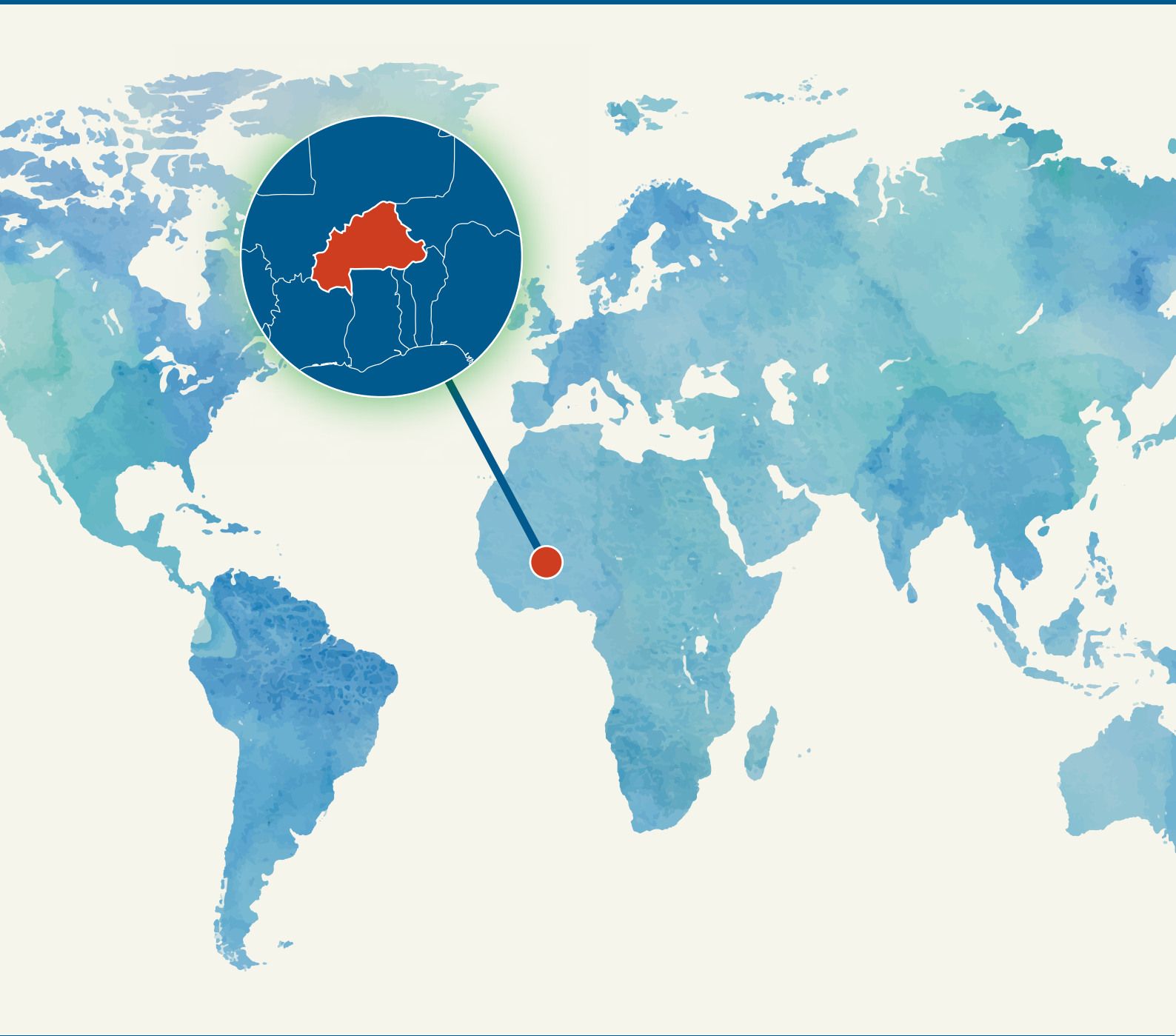


BURKINA FASO

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 December 5, 2021 a health worker was kidnapped by Jama'at Nusrat al Islam wal Muslimin (JNIM) fighters in Burkina Faso's Est region, but was released two days later.¹

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



46

REPORTED
INCIDENTS



36

HEALTH WORKERS
KIDNAPPED



15

INCIDENTS WHERE HEALTH
SUPPLIES WERE LOOTED

↓ Source: 2021 SHCC Burkina Faso Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 46 incidents of violence against or obstruction of health care in Burkina Faso in 2021, compared to 17 in 2020.² In these incidents 36 health workers were kidnapped and seven ambulances were damaged or destroyed.

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

THE CONTEXT

Attacks on health care in Burkina Faso occurred amid growing conflict across the country. Since 2019, jihadi militia attacks led by JNIM and Islamic State in the Great Sahara (EIGS) have resulted in increased insecurity in both the south and north of the country, especially in Est and Sahel regions.

Forty per cent of the population of Burkina Faso lives below the poverty line, and insecurity has been fueled by both frequent and severe drought and environmental changes caused by climate change.⁴ The number of internally displaced people in the country has increased from 87,000 people in January 2019 to approximately 1.579.000 in August 2021.⁵

Both JNIM and EIGS use holding people for ransom and kidnapping either to generate financial resources or for political purposes such as demanding the release of prisoners. The sphere of influence of the various jihadist groups is dynamic. Throughout 2021 JNIM tended to be the dominant group in Burkina Faso's Sahel region, while EIGS tended to concentrate more in Niger, Nigeria, and Mali.

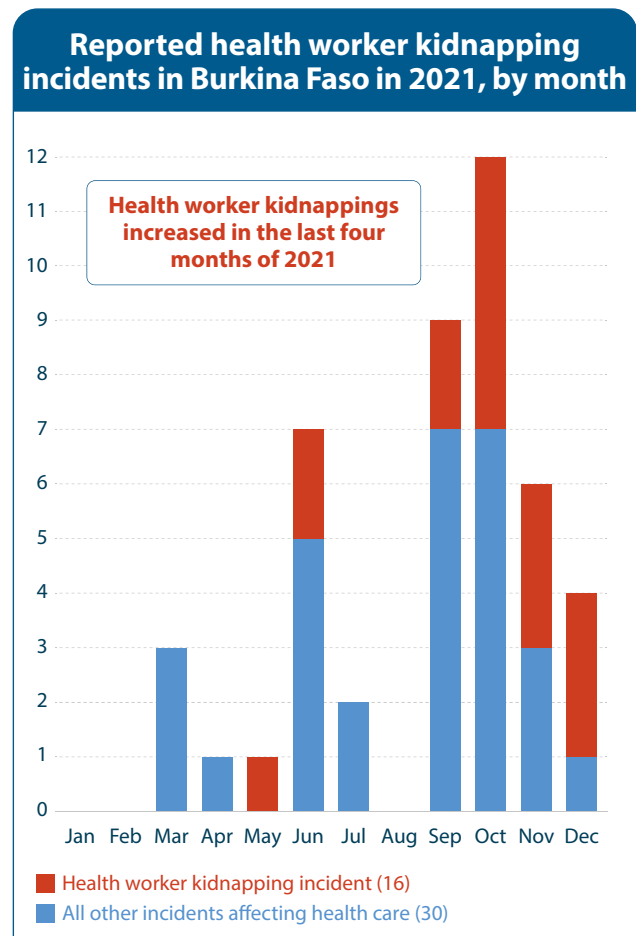
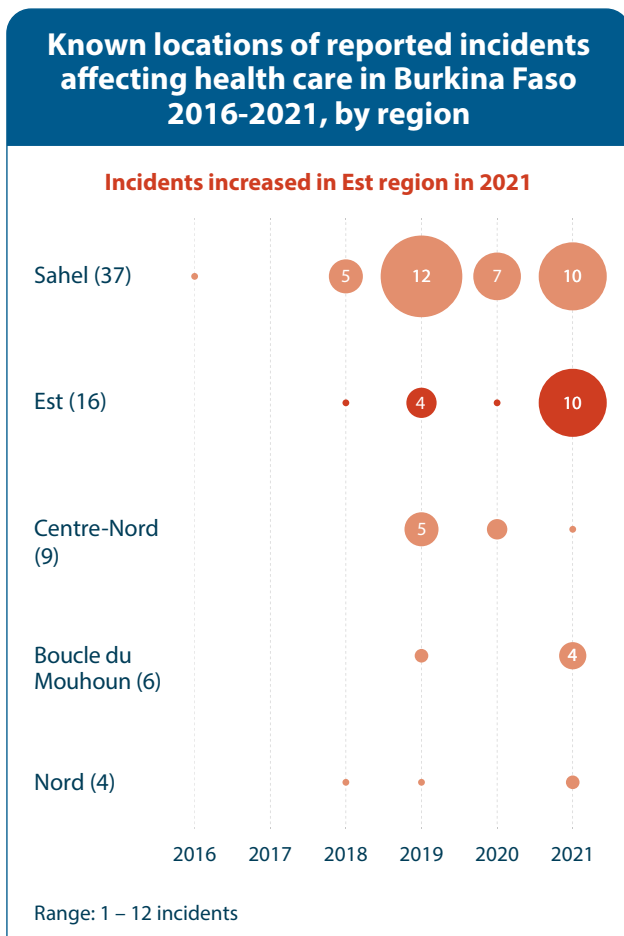


As jihadist groups try to extend their influence in the context of the current instability, they use various tactics that affect health care, ranging from kidnapping health workers for financial gain to seeking medical support for their own fighters. The rise in violence against health care reflects jihadist groups' extending their influence rather than increasing their tactical focus on health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

Overall, 46 incidents of violence against or obstruction of health care were reported in Burkina Faso in 2021, compared to 17 in 2020. This was due to rising insecurity in Est region, which reported nine incidents, compared to two attacks in 2020. Ten incidents were also reported in Sahel region, a smaller increase from the 2020 total of seven.

A sharp increase in health worker kidnappings was seen in 2021, with at least 36 cases, compared to two in 2020.⁷ Most kidnappings occurred in the last four months of the year and were documented in Centre-Nord, Est, and Sahel regions. Health workers were abducted in small groups, often while traveling to provide health care to remote areas of the country. Eleven abducted health workers were released after a short period, while four were killed by their EIGS captors.⁸ The status of 21 kidnapped health workers is unclear.⁹





Violence also impacted health infrastructure in 2021. Vital medicine supplies were looted from health centers, pharmacies, and a medicine depot on fifteen. At least seven ambulances were shot at, hijacked in road ambushes, or stolen from health centers.¹⁰

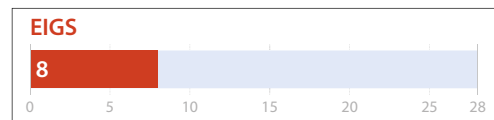
Ten health workers were killed in 2021, compared to 25 in 2020. The high number in 2020 was caused by one incident in which 18 health workers were killed in a mass attack.¹¹ Most frequently health workers were killed on their own in 2021. In one exception, five health workers were killed when their vehicle was attacked in March.¹² Six health workers were killed in road ambushes and four during attacks on health facilities.

PERPETRATORS

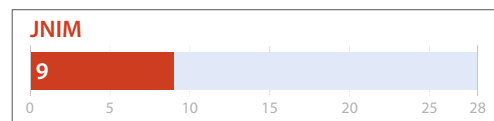


JNIM, EIGS, Katiba Macina, and Movement for Unity and Jihad in West Africa (MUJAO) militants and members of other unidentified non-state armed groups were reported to have perpetrated violence against or obstructed health care in Burkina Faso in 2021.¹³ In most cases the perpetrators were armed with firearms, and on some occasions, placed IEDs or set fire to health facilities.

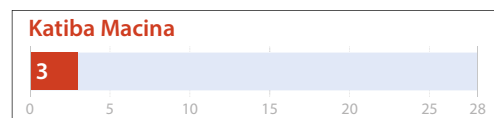
EIGS fighters in Sahel region fired at, ambushed, and seized ambulances, looted a pharmacy, and kidnapped four health workers. All four were kidnapped in separate incidents and later killed by EIGS.



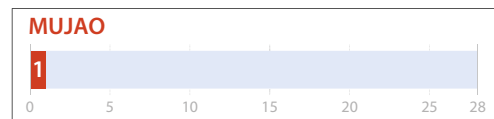
JNIM fighters in Est region kidnapped ten health workers, looted health supplies from a medicine depot, and seized an ambulance from a health worker at an illegal checkpoint. In Cascades region the group kidnapped a further two health workers.



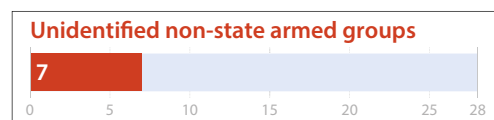
Katiba Macina fighters vandalized medical centers and looted health supplies in Boucle du Mouhoun and Cascades regions.¹⁴



An ambulance in Sahel region hit a roadside improvised explosive device planted by **MUJAO** and six people were killed, including an ambulance driver, a pregnant woman, and a girl.¹⁵



Members of **unidentified non-state armed groups** seized an ambulance as part of a wider assault in Sahel region and looted drugs from a medical center in Est region.¹⁶ Ambulances were damaged, set on fire, and hijacked in Boucle du Mouhoun, Nord, and Sahel regions.





IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE



Health workers

Repeated attacks on health workers caused many to leave their jobs. Supplying vital medicines and medical equipment in some areas was nearly impossible, because vehicles transporting them were frequently attacked.¹⁷



Health services

The Burkinabé Ministry of Health reported that 149 health care facilities were completely closed as of December 31 because of direct attacks by non-state armed groups, leaving 1.8 million people with no access to health care as a result.¹⁸ The situation remained particularly critical in Sahel region, where 57% of health facilities were closed.¹⁹ A further 300+ health care facilities were unable to operate at full capacity because of a combination of factors.²⁰



Access to health care

Armed groups prevented people from seeking health care, while their blockade of cities such as Djibo in Sahel region and Pama, Gayéri, Diapaga, and Maticocoali in Est region made it nearly impossible for people to access referral centers for specialized care.²¹

In Sahel region, which is mostly desert, a lack of clean water caused outbreaks of cholera and other water-borne diseases among displaced people living there. People were unable to plant or harvest any crops, and malnutrition – particularly child malnutrition – was a growing concern.²²

Insecurity directly impacted efforts to understand the nutrition situation in Burkina Faso amid a severe food security crisis, and made it impossible for the 2021 SMART survey teams to access target locations, resulting in a lack of vital information on the prevalence of undernutrition in Sahel region and most of Est region.²³



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 30545.
- 2 <https://shcc.pub/2021SHCCBurkinaFaso>.
- 3 Seventeen incidents that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care (SSA).
- 4 [https://www.usaid.gov/nutrition/countries/burkina-faso-profile-2022#:~:text=A%20landlocked%20sub%2DSaharan%20country,Development%20Index%20\(UNDP%202019\)](https://www.usaid.gov/nutrition/countries/burkina-faso-profile-2022#:~:text=A%20landlocked%20sub%2DSaharan%20country,Development%20Index%20(UNDP%202019)).
- 5 <https://reports.unocha.org/en/country/burkina-faso/>.
- 6 This chart shows the regions where four or more incidents were reported.
- 7 The WHO SSA reported 18 health worker kidnappings in 2021 that had not been reported elsewhere. Further information, including the identity of the perpetrators, the weapons used, and the locations of the incidents, is not available.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 28334; 30273; 30277; 30275; 30278.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 30245; 29193; 31098; 31093; 31061; 31068.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 29950; 30278; 29825; 30249; 30273; 30546; 27629.
- 11 This incident, which had not been reported elsewhere, was reported by the WHO SSA. Further information, including the identity of the perpetrators, the weapons used, and the location of the incident, is not available.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 31058.
- 13 Details of the perpetrators were recorded in 28 incidents. The perpetrators of 18 are unknown.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 29357.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 29572.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Burkina Faso Health Data. Incident number 29550; 30283.
- 17 <https://reliefweb.int/report/burkina-faso/healthcare-centre-burnt-down-amid-surge-violence-foube>.
- 18 https://ec.europa.eu/echo/where/africa/burkina-faso_en.
- 19 <https://reliefweb.int/report/burkina-faso/bulletin-n-22-du-cluster-sant-novembre-2021>.
- 20 https://ec.europa.eu/echo/where/africa/burkina-faso_en.
- 21 Joint Health Analysis and Protection Monitoring Burkina Faso.
- 22 <https://msf.org.uk/article/burkina-faso-water-crisis-happening-between-conflict-and-climate-change>;
[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(22\)00267-7.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(22)00267-7.pdf).
- 23 Joint Health Analysis and Protection Monitoring Burkina Faso.

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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