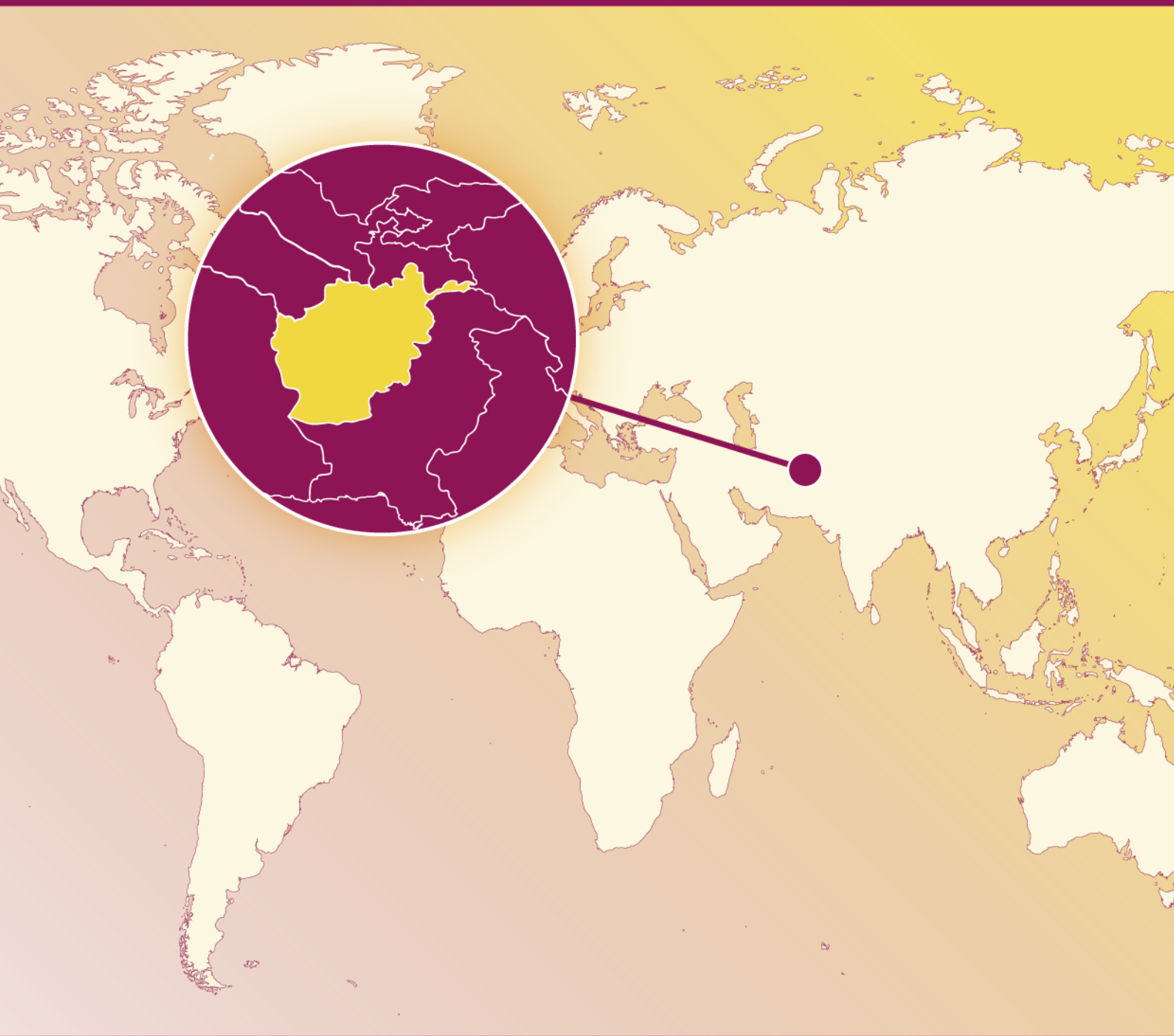


# AFGHANISTAN

## Violence Against Health Care in Conflict

2022



**SAFEGUARDING  
HEALTH  
IN CONFLICT**



# Letter from the Chair



The more than 1,900 incidents of violence against health care in war and situations of political unrest described in this report are by far the highest number documented by the Safeguarding Health in Conflict Coalition since it began reporting a decade ago. The more than 700 assaults by Russia on health care in Ukraine are the most committed in a single year in one country.

Russia's atrocities in Ukraine have brought global attention to assaults on health care in war, highlighting pervasive violations of long-standing humanitarian norms. But in less visible conflicts and civil strife, the numbers of acts of violence and the stories behind them are equally grim: doctors imprisoned – and sometimes killed – in Myanmar and Iran for treating people in need of care; female health workers in Afghanistan harassed and sometimes beaten as they seek to provide health care for women and children; community health workers murdered in Afghanistan, Pakistan, and elsewhere as they go door to door to immunize children against polio and other infectious diseases.

In the face of the profound harms communities and health workers endure from this violence, the international community has long been passive, even ignoring commitments it has made to prevent attacks and hold perpetrators to account. Impunity for the violence has continued, and even the tracking of attacks has faltered. The World Health Organization's (WHO) system for collecting and disseminating data on attacks on health care in emergencies is plagued by inadequate reporting, lack of transparency, and resistance to reform. After being criticized for reporting zero attacks in Ethiopia despite evidence of looting or damage to hospitals and health centers during the conflict in Tigray, the WHO removed Ethiopia from its public dashboard on attacks on health care.

If we mobilize, however, the war in Ukraine could prove an inflection point. Never have calls for accountability for attacks on health care been as loud and sustained as now. We have an opportunity to press for justice for the people of Ukraine in the face of these atrocities and to extend that demand to people everywhere. The time for accountability for these devastating assaults on health care throughout the world is *now*.

A handwritten signature in black ink that reads "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein  
*Chair, Safeguarding Health in Conflict Coalition*



## REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



**81**  
REPORTED  
INCIDENTS



**31**  
HEALTH WORKERS  
ARRESTED OR DETAINED  
FOR QUESTIONING



**26**  
HEALTH WORKERS  
KILLED

↓ Source: 2022 SHCC Health Care Afghanistan Data

## OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 81 incidents of violence against or obstruction of health care in Afghanistan in 2022, compared to 107 in [2021](#). At least 31 health workers were arrested and 26 killed in these incidents, undermining health care providers' ability to maintain safe staffing levels to effectively meet patient needs. This factsheet is based on the dataset [2022 SHCC Health Care Afghanistan Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

## THE CONTEXT

Political violence persisted in Afghanistan in 2022, especially in the northeast between the Taliban, on the one hand, and either the so-called Islamic State (IS) or the Afghan National Resistance Front (ANRF), on the other,<sup>1</sup> after the conflict between the Taliban and the Afghan National Defense and Security Forces (ANDSF) ended in mid-August 2021. Simultaneously, the Taliban took over governance of the country. Before the Taliban takeover, international development assistance accounted for [75%](#) of Afghanistan's public expenditure, including the maintenance of the public health system. However, the Taliban's accession to power led international donors to suspend such assistance and impose sanctions on the new regime. This, coupled with drought and a 5.9 magnitude earthquake in June, created a humanitarian crisis. By the end of 2022, [28.3 million](#) people in Afghanistan needed humanitarian assistance.

Restrictions imposed on females exacerbated the crisis. Since December 2021, [women](#) have been required to be accompanied by a 'mahram' or male chaperone when attending health facilities. In late December 2022, the female employees of [over 180](#) local and international NGOs were banned from working. Although the Taliban gave [assurances](#) in January 2023 that women working on health programs were exempt, uncertainty persists for health care providers, because reports suggest that the policy has been implemented inconsistently. The [extension](#) in January 2023 of policies stipulating that doctors should only treat patients of their own sex creates [additional barriers to health care](#).



## **VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022**

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The end of the ANDSF-Taliban conflict in August 2021 led to a shift in how violence affected and obstructed health care. The number of health workers arrested or detained for questioning tripled from 10 arrested in a single incident in 2021 to 31 in 24 incidents across 19 Afghan provinces in 2022. All such incidents were attributed to the Taliban government or police forces. Incidents where health facilities were damaged or destroyed decreased from 22 in 2021 to three in 2022. During the conflict that ended in August 2021, health facilities were often hit by explosive weapons and air or drone strikes, a trend that has since largely ceased.

Recorded incidents took place throughout the year and mostly affected health workers employed by the national health structures. At least one incident affected an LNGO and four affected INGOs. The number of provinces with reported cases increased from 13 in 2021 to 28 in 2022. The 15 provinces that reported incidents in 2022 but not in 2021 were Badghis, Faryab, Ghor, Herat, Khost, Logar, Nimruz, Nuristan, Paktia, Panjshir, Samangan, Takhar, Sar-e Pol, Uruzgan, and Zabul. Incidents doubled compared to 2021 in Baghlan, Balkh, Kabul, Kandahar, Kunar, and Laghman.

Over half of all reported incidents that occurred in 2022 were attributed to Afghan government, police, and intelligence forces that are under the effective control of the Taliban. One incident was attributed to the IS and two to the NRFA. In the remaining incidents, the perpetrators were not identified.

In most incidents, perpetrators carried firearms and in four incidents explosive weapons were used. This included an improvised explosive device (IED) attributed to IS forces targeting a Taliban health official's vehicle in Nangarhar in June, which killed two health workers.<sup>2</sup> In another incident in Nuristan in February, mortar rounds of unidentified origin damaged an NGO clinic.<sup>3</sup>

Threats and violence against vaccination campaigns increased from seven cases in 2021 to 13 in 2022. The majority targeted polio programs in Kunduz and Herat provinces, a change from 2021, when all but one were in Nangarhar.

## **HEALTH WORKERS ARRESTED OR DETAINED FOR QUESTIONING**

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In 2022, Taliban government forces arrested or detained for questioning at least 31 health workers in 24 incidents. Most of these arrests or detentions took place in hospitals or health care settings. Other staff members were arrested at their homes. Health workers were arrested and questioned on accusations of opposition to Taliban rule, alleged links to opposition groups, accusations of immorality, providing treatment to women, possessing photographs on a mobile phone, and refusing to coordinate their work with the Taliban authorities.

In several cases, staff were released following negotiations with elders, while others were freed after sharing their personal details with Taliban government intelligence forces. In most cases, staff were unharmed. In one case, however, a pharmacist was arrested and tortured by Taliban members at his pharmacy following a dispute with a marketplace owner in Nangarhar province in November. The pharmacist was then imprisoned while his property was seized and given to friends of Taliban members.<sup>4</sup>

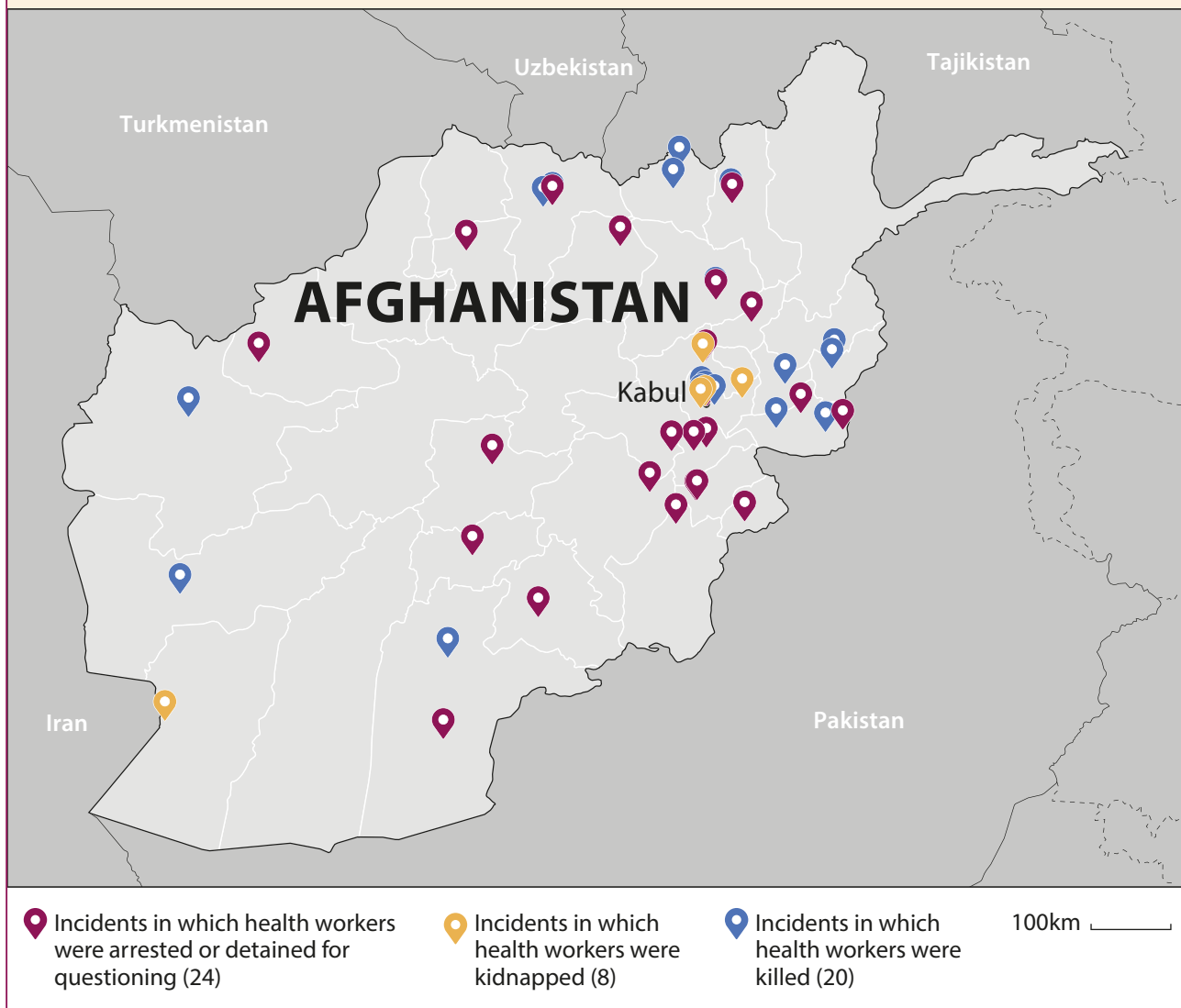


## HEALTH WORKERS KILLED

In 2022, 26 health workers, including 10 vaccination workers, were killed in 20 incidents, compared to 32 in 18 incidents in 2021. Health worker killings were spread across 11 provinces, mostly in northeastern Afghanistan. Doctors, nurses, and a laboratory technician were killed in their homes, while traveling to and from work, and in clinics during working hours. In the majority of incidents the perpetrators were not identified. Taliban forces shot and killed two doctors at a checkpoint in Herat province in January, and shot and killed a male polio vaccinator in Kunar in September.<sup>5</sup> An IS-planted IED killed a Taliban health official in Nangarhar in June.<sup>6</sup> The NRFA shot and killed five polio vaccinators in two incidents in Kunduz in February.<sup>7</sup> Other attackers were not identified.

### Reported incidents in Afghanistan, 2022

Arrests and detentions of health workers for questioning and incidents in which health workers were killed were mainly dispersed. Health worker kidnappings were largely concentrated in Kabul.





## HEALTH WORKERS KIDNAPPED

Eight health workers were kidnapped by unidentified perpetrators in separate incidents in 2022, a similar number to 2021. Seven kidnappings were recorded in the first three months of 2022 and were most often reported in Kabul, with one each in Nimruz and Parwan provinces. All eight victims were of higher professional status and included doctors, a dermatologist, a neurosurgeon, a gynecologist, a professor, and a hospital's head of department. Staff were mostly kidnapped while traveling to or from work and from their homes, with two taken from a clinic and hospital in Kabul. Three victims were released unharmed, while the gynecologist was killed following her abduction in August. Her body was found by Taliban government forces three days later in Kabul.<sup>8</sup> The fate of the remaining four was not recorded.



## ATTACKS ON VACCINATION CAMPAIGNS IN AFGHANISTAN IN 2022

Vaccination campaigns in Afghanistan have long been viewed with suspicion following reports of a fake hepatitis vaccination campaign in Pakistan circulated by US intelligence agencies in 2011 and subsequent anti-vaccination propaganda issued by militant groups. In 2022, vaccination campaigns faced threats or violence on at least 13 occasions in incidents attributed to the NRFA, Taliban government and police forces, and other unidentified attackers. Ten vaccinators were fatally shot, including eight polio vaccination workers killed on February 24 during house-to-house visits and while traveling to campaign areas in Kunduz and Takhar provinces.<sup>9</sup> In response, the UN suspended the national polio vaccination campaign in these provinces. IEDs attached to vaccination campaign vehicles by unidentified perpetrators detonated in Herat in July and in Nangarhar in October, with a polio worker being severely injured by the latter explosion.<sup>10</sup> In Herat, five vaccinators resigned after a team member received a telephone call from an unidentified individual threatening to kill the vaccination team members if they continued their work.<sup>11</sup>

Despite such challenges, vaccination coverage rose in 2022. During a measles outbreak that saw 76,000 cases and 388 deaths, 8.2 million children aged between six and 59 months received vaccines against the disease. Sixty-five million polio vaccine doses were also delivered to more than nine million children under five years of age, while two wild polio cases were reported in 2022, compared to four in 2021 and 56 in 2020. This progress was supported by the Taliban ending its prohibition on polio vaccinations in November 2021. This prohibition had existed for four years in Taliban-controlled territory after vaccination workers had been accused of spying. The prohibition was applied widely across the country when the Taliban assumed power in August 2021. Despite the lifting of the prohibition in November 2021, continued restrictions on house-to-house vaccination campaigns in favor of mosque-to-mosque or site-to-site campaigns in southern provinces resulted in approximately half of children missing vaccines in these areas.

For more information on attacks on vaccination campaigns in Afghanistan, explore the 'Attacked and Threatened' global map by selecting 'vaccinations' and zooming in on Afghanistan. Access the data on HDX.



## Reported vaccine-related incidents in Afghanistan, 2021-2022

Vaccine-related incidents increased to 13 in 2022 and became more dispersed across Afghanistan compared with 2021, when seven incidents were recorded.



Vaccine-related incidents in 2021 (7)



Vaccine-related incidents in 2022 (13) 100km \_\_\_\_

“Most of the experts and trained staff including nurses and health workers, and doctors, have left the country.

Anonymous health workers in Afghanistan

## THE IMPACT OF ATTACKS ON HEALTH CARE

Attacks on and threats against health workers, coupled with international and domestic public policy changes since August 2021, have had severe impacts on Afghanistan’s health care workforce. Firstly, there are fewer health workers to treat patients. Over 124,000 civilians have been evacuated from Afghanistan since August 2021, including many health workers. Full-time health workers remaining in Afghanistan have received only intermittent salaries and allowances following the freezing of the Afghan central bank’s foreign reserves in late 2021. Salary concerns, combined with the threats to and killings and arrests of health workers, have caused some to leave the profession, while making it less attractive for those considering entering it. In the long-term, the prohibition of women from attending secondary school and university will make it more difficult to replace skilled health workers.

The ability of the remaining health workers to operate effectively has also been compromised. Health workers subject to arrests and kidnapping have suffered long-term mental health difficulties, while the lower numbers of health workers have forced those remaining to work longer and more strenuous hours.



*[R]ight now, we don't have community health programs, which is totally donor dependent.*  
Anonymous health workers in Afghanistan

The shortage of health workers and requirements for women to be accompanied by a male chaperone, led to less access to and lower quality of care. Restrictions requiring doctors only to treat patients of their own sex created significant access barriers. Threats directed at health workers, especially females, have also undermined health care. The weak state of Afghanistan's infrastructure continues to create obstacles to receiving treatment, even for those who are able to reach health facilities. Afghanistan imports 80% of its electricity from Iran and its Central Asian neighbors, but the supply is unreliable. For example, in December Uzbekistan cut power to Afghanistan, citing technical difficulties for doing so. This left Kabul with between one and eight hours of power per day, creating significant obstacles for health care provision.

*I'm working in district hospital, but every week I'm the witness of at least two mothers that show up that are dying, we don't have enough drugs.*  
Anonymous health workers in Afghanistan

Combined, these impacts have translated into devastating health outcomes for patients. While comprehensive data is not available, studies suggest that the consequences are severe. Some examples from a study on maternal and child health are illustrated in the following box.

*You simply can't run a health facility without constant and reliable electricity.*  
INGO adviser in Afghanistan



## KEY SURVEY FINDINGS

A study by researchers at Johns Hopkins Bloomberg School of Public Health and colleagues in Afghanistan focusing on maternal and child health interviewed 131 health care professionals operating across Afghanistan's 34 provinces between February and April 2022.<sup>12</sup> The study found the following:

- Almost one-third of respondents said that the 'worsening of working conditions has negatively impacted my ability to provide quality care to women and children.'
- Over a third reported that infant/child mortality has either increased 'a little' or 'a lot.'
- Around a third 'perceive that maternal mortality has increased since August 2021.'





- 1 Armed Conflict Location & Event Data Project (ACLED) database attribution policy (accessed April 21, 2023).
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 33219.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 33368.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 36222.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident numbers 31181; 35243.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 33219.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident numbers 31307; 31764..
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 36244.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident numbers 31307; 31764; 31766; 31767.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident numbers 36132; 35451.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Afghanistan Data. Incident number 36133.
- 12 Rabia Jaalazai, Nancy Glass, and Leonard Rubenstein. *The Maternal and Child Health Crisis in Afghanistan*. Johns Hopkins Bloomberg School of Public Health, Center for Humanitarian Health, 2022. [http://hopkinshumanitarianhealth.org/assets/documents/Matern-Child-Health-Afghanistan-Report-FINAL\\_30-Oct\\_2.pdf](http://hopkinshumanitarianhealth.org/assets/documents/Matern-Child-Health-Afghanistan-Report-FINAL_30-Oct_2.pdf).

# 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](http://www.safeguardinghealth.org)

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