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.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition
OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 16 incidents of violence against or obstruction of health care in Pakistan in 2022, an increase from seven in 2021. Nearly 90% of these incidents involved threats and violence against polio vaccination workers, undermining health care providers’ ability to meet vaccination targets. This factsheet is based on the dataset 2022 SHCC Health Care Pakistan Data, which is available for download on the Humanitarian Data Exchange (HDX).

The number of recorded incidents is likely lower than the actual number that occurred. There are indications that health workers participating in vaccination campaigns often experience violence and threats every day while carrying out their work, although these incidents are usually not reported.

THE CONTEXT

Increased violence and insecurity along the Afghan-Pakistan border regions and the resurgence of Tehrik-i-Taliban Pakistan (TTP) attacks impacted polio vaccination campaigns in 2022. In April, after a 15-month period of no reported polio outbreaks, a new case was detected in the violence-hit North Waziristan district on the Afghan border, a high-priority vaccination campaign area. By the end of 2022, the highly infectious wild poliovirus had paralyzed 20 children, leading to an increase in vaccination drives and a subsequent uptick in violence against these programs.

Health services were impacted by catastrophic floods and landslides during the June-October monsoon period. These natural disasters damaged health facilities, displaced staff, and disrupted a nationwide polio vaccination campaign organized for August.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

Incidents more than doubled in 2022 compared to 2021, likely reflecting the broader increase in insecurity in Pakistan. Most incidents affected local health care providers, with one reported as directly affecting a UN-funded INGO vaccination program. With one exception, all the incidents were reported after polio cases were detected in April.
Nearly two-thirds of all incidents took place in the border areas of Khyber Pakhtunkhwa province’s southern districts. Attacks on and obstructions of health care were also reported in Balochistan and Sindh, but less frequently. The majority of incidents involved threats or violence against polio workers during vaccination drives or at these workers’ homes. In contrast, two incidents took place inside health and dental clinics in Sindh.
In three incidents, TTP militants attacked polio vaccination campaigns, while the Sindhudesh People’s Army claimed responsibility for fatally shooting a dentist and his wife and injuring an assistant at a dental clinic in a September attack in Sindh province that is suspected to have been racially motivated.\(^1\) The remaining incidents were attributed to unnamed non-state armed groups. In most cases, these perpetrators were armed with firearms, although improvised explosive devices (IEDs) were utilized in some instances. In September, IEDs were detonated outside the home of a polio worker in Khyber Pakhtunkhwa, causing damage, and a TTP suicide bomber rammed a police convoy escorting a polio vaccination team in Balochistan in November.\(^2\)

Three polio workers were killed and a doctor was injured in drive-by shootings in 2022. In addition, a doctor involved in an anti-polio program was kidnapped in Khyber Pakhtunkhwa province in May, and a female and male vaccinator were kidnapped while conducting door-to-door visits and then tortured by their armed captors in Sindh in July.\(^3\) The fates of all three of these workers were not recorded.

Security guards or police escorts often accompany vaccination campaigns for protection. In 2022, eight such guards were killed, 15 injured, and two kidnapped, causing panic and distress to vaccinators and patients who witnessed the attacks, and ultimately disrupting vaccination efforts.

**THE IMPACT OF ATTACKS ON HEALTH CARE**

Vaccine hesitancy due to misinformation and disinformation in conservative rural areas, coupled with direct violence against these programs, has caused significant setbacks in campaigns to eradicate polio. Balochistan and Khyber Pakhtunkhwa provinces – areas that have a high level of distrust in vaccination campaigns and are considered high-priority areas during vaccination drives – are often targeted by violence.

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3. Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care Pakistan Health Data. Incident numbers 32921; 33601
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