

CENTRAL AFRICAN REPUBLIC

Violence Against Health Care in Conflict

2023



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



The year 2023 was a grim one for violence inflicted on health care. In 2022, the Safeguarding Health in Conflict Coalition identified the highest number of incidents since we began reporting. Yet in 2023 the number was 25% greater, exceeding 2,500.

The intensity of conflicts characterized by pervasive attacks on health care in recent years declined somewhat in 2023, including in Syria, Yemen, and the Tigray region of Ethiopia. As a result, it might also have been expected that the global trend of violence against health care would turn downward. Instead, from the first days of two new and catastrophic wars, one in Sudan and the other between Israel and Hamas, health care came under ferocious assault. In both conflicts warring parties killed health workers, attacked facilities, and destroyed health care systems. Meanwhile, attacks on health care in Myanmar and Ukraine continued at a relentless pace, in each case exceeding 1,000 since the start of the conflicts in 2021 and 2022, respectively. In many chronic conflicts, fighting forces continued to kidnap and kill health workers and loot health facilities.

At the same time, new and disturbing trends emerged. In Burkina Faso, Ethiopia, Gaza, Lebanon, Myanmar, Sudan, Syria, Ukraine, and Yemen combatants employed drones to attack health clinics, hospitals, and ambulances. In many conflicts, combatants violently entered hospitals or occupied them as sites from which to conduct military operations, leading to injuries to and the deaths of patients and staff. In many conflicts, the conduct of combatants revealed open contempt for their duty to protect civilians and health care under international humanitarian law (IHL). Israel, while purporting to abide by IHL, promoted a view of its obligations that, if accepted, would undermine the fundamental protections that IHL puts in place for civilians and health care in war.

The one consistent feature of the attacks was continued impunity for these crimes. For more than a decade, despite their repeated commitments, governments have failed to follow through on these commitments and reform their military practices, cease arms transfers to perpetrators, and bring those responsible for crimes to justice.

We need a new approach, starting with stronger leadership from UN agencies and governments willing to join with civil society and the health care community to take far more assertive action to end the scourge of violence against health care. Among other steps, they can press prosecutors domestically and internationally to bring cases of war crimes and crimes against humanity committed against health care, to develop political support for special tribunals to circumvent UN Security Council members' vetoes of referrals to the International Criminal Court, and restrict the sale of arms to forces that commit crimes.

There are some sources of hope. After years of lassitude, the World Health Organization has spoken forcefully against vicious assaults on health facilities and health workers. Civil society groups are exerting pressure to stop arms transfers to perpetrators of violence, while some militaries have launched initiatives to reduce civilian casualties in war. Leaders must build on these initiatives. Ending the suffering of millions of people depends on their doing so.

A handwritten signature in black ink, appearing to read "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



41

REPORTED INCIDENTS



5

HEALTH WORKERS KIDNAPPED

↓ Source: 2023 CAF SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 41 incidents of violence against or obstruction of health care in the Central African Republic (CAR) in 2023, compared to 32 in [2022](#). At least five health workers were kidnapped. The actual number of incidents is likely higher due to under-reporting. This factsheet is based on the dataset [2023 CAF SHCC Health Care Data](#), which is available for download on the [Humanitarian Data Exchange \(HDX\)](#).

THE CONTEXT

Conflict and insecurity persisted in the CAR throughout 2023. According to the [Armed Conflict Location & Event Data Project](#), there was a 13% increase in reported incidents of political violence in 2023.¹ Violence was spread widely across the country and especially frequent in the neighboring western prefectures of Ouham, Ouham-Pendé, and Nana-Mambere, where the rebel group Coalition of Patriots for Change (CPC), the CAR Armed Forces (FACA), and the rebel group Return, Reclamation, and Rehabilitation (3R) are in a state of armed conflict that impacts on health care, displacement, and family separation. A faction of the Union for Peace (UPC) armed group is reportedly active alongside the Lord's Resistance Army and a new Zande self-defense group in the [southeast](#) of the country.

The outbreak of war in Sudan in mid-April added to humanitarian needs in bordering states, with the CAR having received over 25,000 people from Sudan by the end of 2023, most of whom arrived in the northeast of the country. In 2023, 3.4 million people – more than half of the country's population – were [estimated](#) to require humanitarian assistance and protection.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Reported incidents of violence against or obstruction of health care increased in 2023 and were spread over eight of the CAR's 20 prefectures. Nearly two-thirds of cases were recorded in the first six months of 2023, coinciding with a CPC rebel [offensive](#) against government forces.

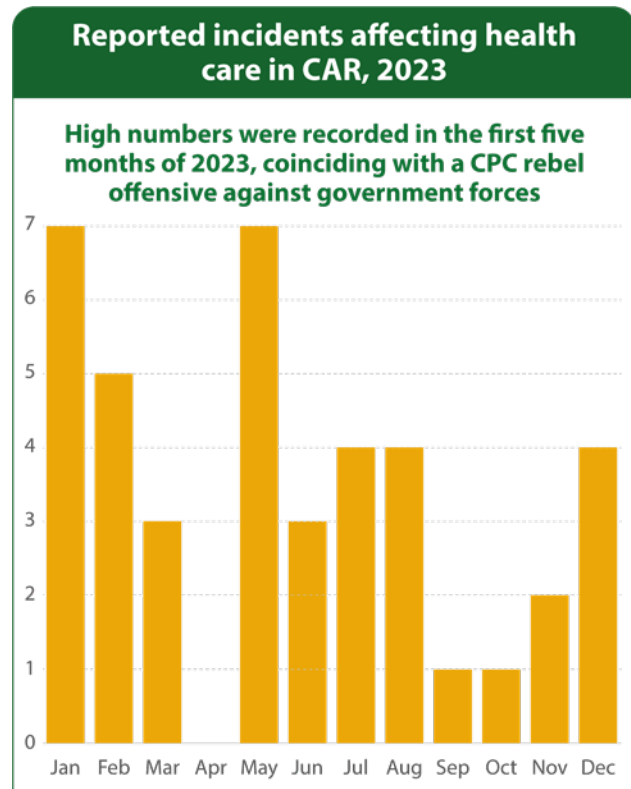


Eight incidents were attributed to CPC fighters, who were often armed with AK-47 or assault rifles and stole supplies from staff traveling to provide medical care to remote areas. 3R fighters attempted to kidnap a health worker and stole medical supplies in Ouham-Pendé in December.² For the first year in SHCC reporting, attacks on health care by UPC rebels were recorded in Haut-Mbomou prefecture in October. In this attack, a clearly marked INGO ambulance on an emergency call was ambushed and money demanded from the staff in exchange for their release.³ In other attacks, the perpetrators remained unidentified.⁴

Violence at or towards mobile health clinics was the predominant form of violence against health care in the country.⁵ In most of these cases, health workers were not harmed, suggesting that access to health supplies was an important motivation behind these incidents.

Health workers kidnapped and injured

At least five health workers were kidnapped in three incidents in 2023, compared to three in the same number of incidents in 2022. Four were kidnapped by CPC rebels in Bamingui-Bangoran and Ouham, and the fifth was involved in the previously mentioned 3R kidnapping attempt.⁶ Ten health workers were assaulted or injured in five incidents, with two occurring within four days of each other in late August in Batangafo town, Ouham-Fafa prefecture.⁷ The second incident prompted the INGO that was targeted to temporarily suspend operations to support health centers on the outskirts of Batangafo.



THE IMPACT OF ATTACKS ON HEALTH CARE

Because the CAR is one of the world's poorest countries and has witnessed decades of political instability, the country's health system is chronically weak, which is evident in severe shortages of health workers and infrastructure, especially in remote areas. World Bank data suggests there are only 0.1 physicians per 1,000 people in the CAR. Consequently, the country is heavily dependent on INGOs to supply formally qualified medical professionals, and many health facilities are staffed only by birth attendants who lack formal medical qualifications and support.⁸

The overall impact of attacks on health care has been devastating, exacerbating weaknesses in the country's health system. Violence at health facilities has often resulted in patients being scared of visiting facilities, which has led to health conditions going undiagnosed and untreated.⁹ Moreover, the perception that health facilities are unsafe has sometimes led patients to self-discharge themselves against medical advice ahead of the completion of their prescribed treatment.¹⁰

For other patients, gaining physical access to health facilities and treatment has been extremely challenging. This is both due to direct attacks on health care and broader insecurity. Data collected between August



2022 and March 2023 suggested that 42% of health facilities in the CAR were only partially accessible, with insecurity cited as the main contributor to this state of affairs in 40% of incidents. It is equally challenging for health workers to travel to remote health care-seeking populations who cannot reach health facilities themselves, given that approximately 70% of the CAR's territory is under the de facto control of non-state armed groups.¹¹ Even if people can travel to health facilities, 55% of these facilities were either only partially functional or not functioning at all, according to the data collected between August 2022 and March 2023. While shortages of medical equipment, staff, and supplies were the most frequently named reasons, insecurity was cited in 12% of cases.

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The consequences of attacks on health care for the wellbeing and working environment of health workers has also been severe. The experience of a group of INGO health workers in 2023 in the northeast of the CAR close to the border with South Darfur in Sudan is illustrative. The health workers were left traumatized following the killing of one of their colleagues by a militia from Darfur after the outbreak of the war in Sudan in mid-April 2023. Despite this, the health workers continued to work while experiencing threats and violence directed at them by Darfurian militias on an almost weekly basis over several months.¹² Simultaneously, the influx of forcibly displaced people into the CAR from Sudan who required medical treatment increased the psychological and physical demands on health workers, underscoring the multitude of challenges they faced, with cumulative impacts for their wellbeing.¹³

National health workers have been especially vulnerable. Often, they have substantially less formal training than INGO health workers, receive lower salaries, and lack access to developed support structures.¹⁴ In particular, there is a severe lack of mental health support for these health workers, who have often suffered multiple traumatic incidents. The latest available data suggests that there are only 0.022 psychiatrists working in the mental health sector per 100,000 population in the CAR.



- 1 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CAF SHCC Health Care Data. Incident number 45416.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CAF SHCC Health Care Data. Incident number 42012.
- 4 These incidents, which have not been reported elsewhere, were reported by the World Health Organization Surveillance System for Attacks on Health Care (WHO SSA). Further information, including the identity of the perpetrators, the weapons used, and the locations of the incidents, is not available.
- 5 These incidents, which have not been reported elsewhere, were reported by the WHO SSA. Further information, including the identity of the perpetrators, the weapons used, and the locations of the incidents, is not available.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CAF SHCC Health Care Data. Incident numbers 45415; 45298; 45416.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CAF SHCC Health Care Data. Incident numbers 40599; 40600.
- 8 Key informant 1, interview by video call, February 23, 2024.
- 9 Key informant 1, interview by video call, February 23, 2024.
- 10 Key informant 1, interview by video call February 23, 2024.
- 11 Key informant 1, interview by video call, February 23, 2024; Key informant 2, interview by video call, March 18, 2024.
- 12 Key informant 2, interview by video call, March 18, 2024.
- 13 Key informant 2, interview by video call, March 18, 2024.
- 14 Key informant 1, interview by video call, February 23, 2024.

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.

<https://safeguarding-health.com>

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