

CAMEROON

Violence Against Health Care in Conflict 2023



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

[↓ Executive Summary](#) | [Full Report](#) | [Recommendations](#) | [Methodology](#) | [Data](#)



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



31

REPORTED INCIDENTS



6

HEALTH WORKERS KIDNAPPED

↓ Source: 2023 CMR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 31 incidents of violence against or obstruction of health care in Cameroon in 2023, compared to 30 in 2022. In these incidents, six health workers were kidnapped. This factsheet is based on the dataset [2023 CMR SHCC Health Care Data](#), which is available for download on the [Humanitarian Data Exchange \(HDX\)](#).

THE CONTEXT

According to the [Armed Conflict Location & Event Data Project](#), incidents of political violence increased by almost 30% in Cameroon in 2023 compared with the previous year.¹ The upsurge occurred as clashes continued between armed groups, including Ambazonian separatists and the Cameroon Armed Forces (CAF) in the Anglophone North West and South West regions, and in the Far North region between the CAF, Boko Haram, and the non-state group Islamic State West Africa Province (ISWAP). Over 1,000 people were killed during the violence, many of them civilians.² Abductions of civilians, especially in the north, added to insecurity.

Monkeypox and cholera outbreaks continued, with the spread of the latter facilitated by the floods that ravaged Cameroon's capital, Yaoundé, and surrounding areas in October. In total, over one million people were internally displaced and 4.7 million were estimated to require humanitarian assistance in 2023, of which 1.8 million were in dire need of water, sanitation, and health (WASH) services.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

A similar number of incidents of violence against or obstruction of health care were recorded between 2022 and 2023. More than three-quarters of incidents were documented in the anglophone North West and South West regions, a pattern that reflected the geographical concentration of incidents in the previous two years. Seven incidents were recorded in the Far North region, one more than in 2022. Nearly 75% of incidents took place at health centers. Most cases affected health care providers working in national health structures, as in 2022. NGOs were directly affected in three incidents in North West.³



Ambazonian separatists and CAF troops were frequently named as perpetrators of incidents of violence against or obstruction of health care in North West and South West regions. Boko Haram fighters were named in three incidents in Far North, while in other attacks the attackers remained unidentified. In the majority of incidents, these conflict parties were armed with guns, although in two incidents in South West, health facilities were set on fire.⁴ Separatists set an abandoned health center alight in May and CAF forces burnt down another center as punishment for treating separatists in July.

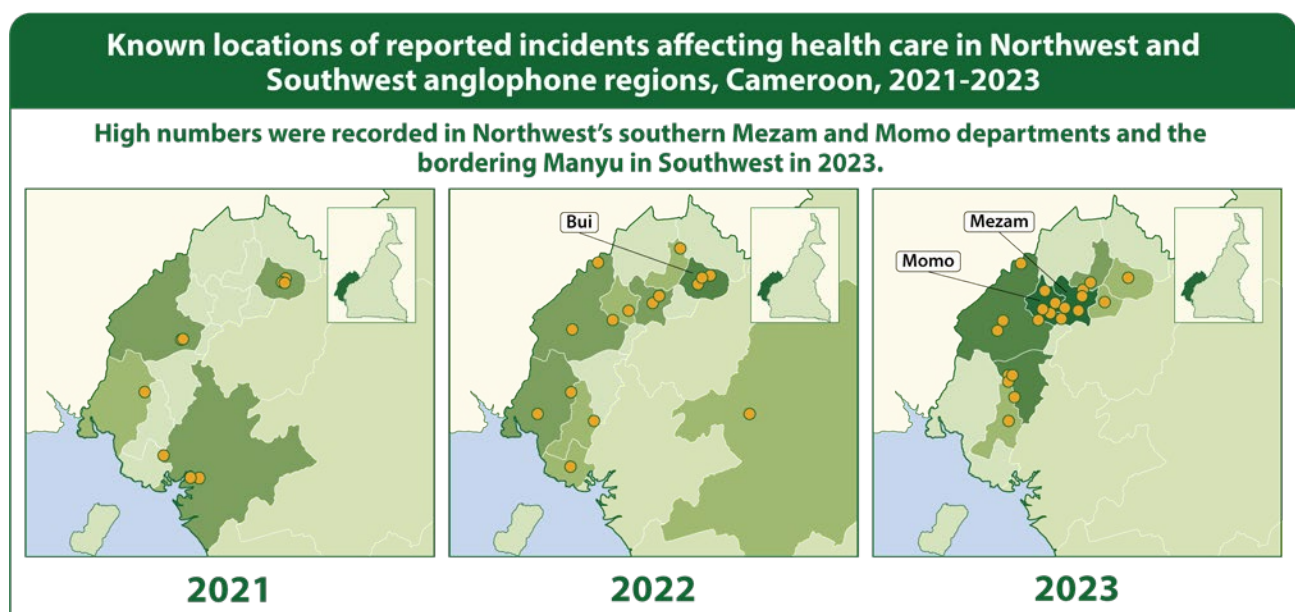
North West and South West anglophone regions

In total, 24 incidents of violence against or obstruction of health care were reported in the anglophone regions in 2023, similar to 2022. Most incidents occurred in North West’s southern Mezam and Momo departments and the bordering Manyu department in South West region. Separatists and unidentified attackers kidnapped health workers, while CAF forces raided hospitals, injuring and arresting health workers and patients they suspected of links to opposition groups. Bansa Baptist Hospital was stormed twice by CAF forces in search of separatists.⁵

Six health workers were kidnapped by separatists and unidentified attackers in five incidents in 2023, compared to 28 kidnapped in ten incidents in 2022. In one incident, separatists kidnapped a health worker they accused of not treating one of their wounded fighters.⁶ Three of the six kidnapping victims were released, including two staff taken by an armed group on allegations that they had failed to inform the group that they were working in the area who were released after partially paying the ransom demanded by the kidnappers.⁷ The fates of the remaining staff were not recorded.

In 2023, six health workers were arrested during three hospital raids by CAF forces searching for opposition fighters. In one case where a nurse was detained, two patients suspected of links to opposition groups were taken from a hospital in North West and killed. The nurse’s whereabouts were not recorded.⁸

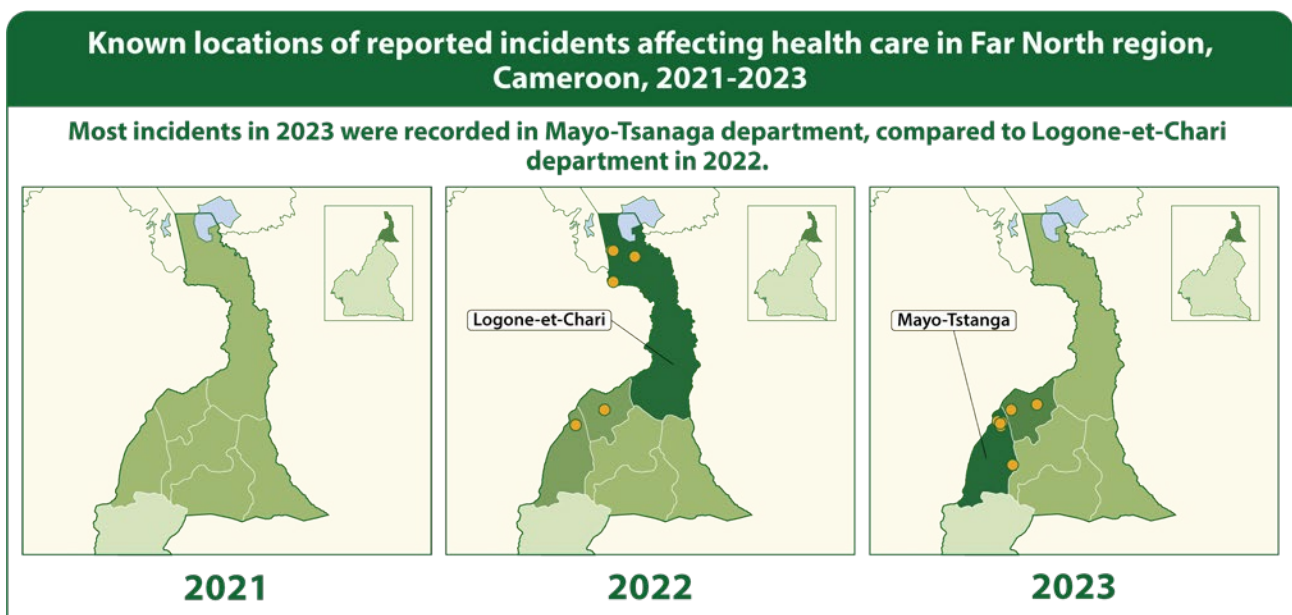
An LNGO female nurse was killed by a stray bullet fired by a CAF soldier while returning home from work in Kumbo town, North West region.⁹





Far North

Seven incidents of violence against or obstruction of health care were recorded in Far North, a similar number to the six in 2022. Most were recorded in Mayo-Tsanaga department, with one in Mayo-Sava. This was a change from 2022, when cases were more common in Logone-et-Chari department. Most incidents involved the looting of medical supplies from health centers, with one attempted kidnapping by Boko Haram of health workers traveling to provide care in Mayo-Sava.¹⁰ Ouzal Health Center in Mayo-Tsanaga was attacked twice in January and February, once by Boko Haram fighters and the other by unidentified attackers.¹¹



THE IMPACT OF ATTACKS ON HEALTH CARE

Access to health care has been severely disrupted in several parts of Cameroon. In North West and South West regions, the stationing of health workers and the availability of medical equipment and supplies were “considerably limited” by attacks on facilities and health workers and the risk of violence recurring. In Far North, some health facilities have remained closed for many years after suffering repeated violent attacks perpetrated by non-state actors.

Insecurity also made it more difficult to recruit and retain health workers. One estimate suggested that a third of recently graduated doctors in Cameroon had chosen to migrate abroad, where they could earn higher salaries in safer working environments. Some health workers were also reported to have resigned from their positions in North West and South West regions due to “fear of reprisals” from conflict parties. This exacerbated shortages of health workers. The latest available data suggests there is only one doctor per 10,000 people in Cameroon.

Health worker shortages are most acute in remote rural areas. It is common for populations in these areas seeking health care to have to travel over 10 km to reach health workers at a health facility, in areas with inadequate transport infrastructure where people seeking health care sometimes have to cross rivers. This has resulted in some resorting to using less effective traditional forms of medication.



- 1 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.
- 2 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident numbers 40087; 45333; 45369.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident numbers 45331; 45337.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident numbers 40087; 40099.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 45335.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 45333.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 40083.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 45369.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 40525.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 CMR SHCC Health Care Data. Incident number 37043; 37883.

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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