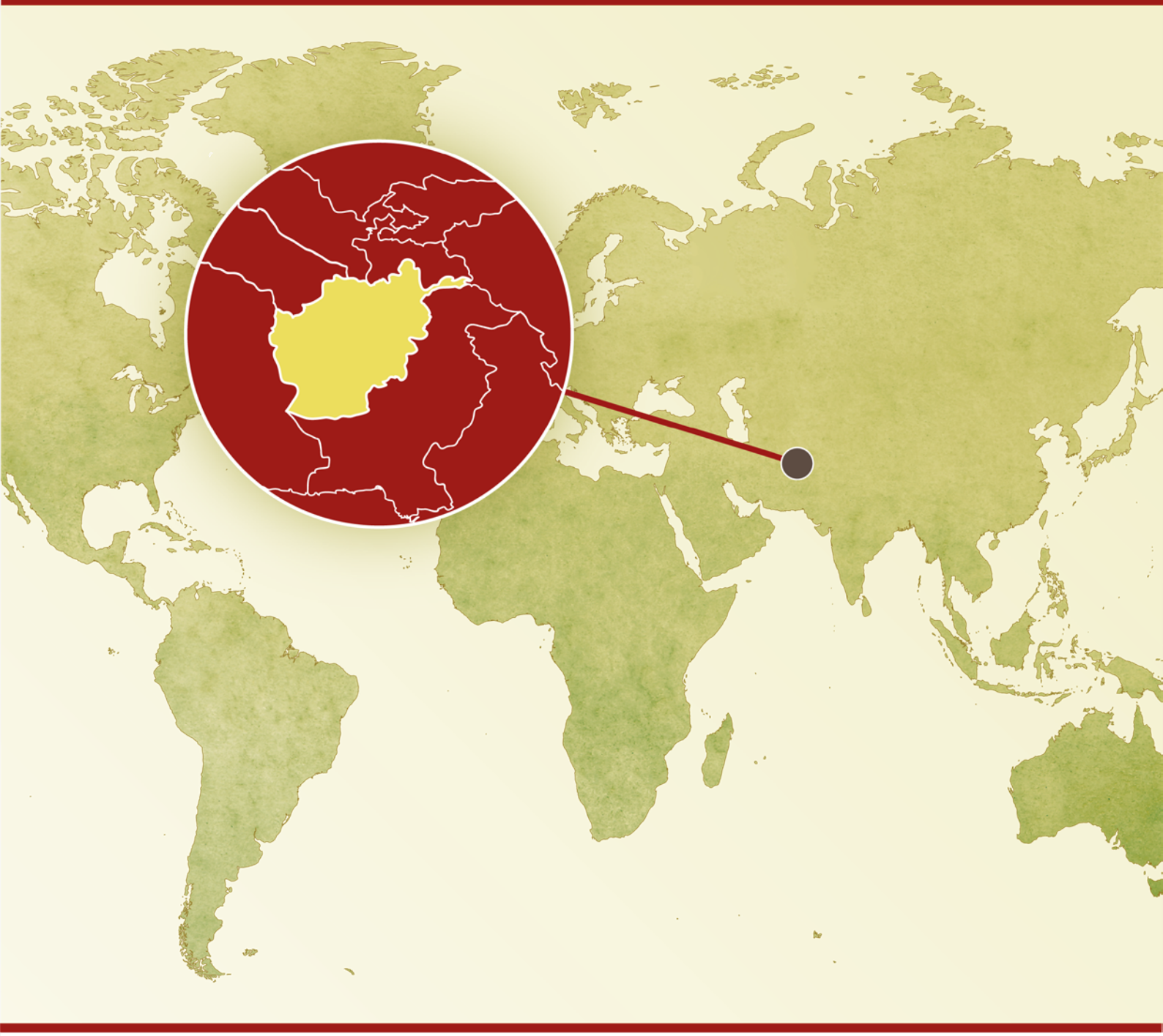
AFGHANISTAN

Violence Against Health Care in Conflict

2024



SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight

Data on People in Danger

Letter from the Chair

Assaults on health care in conflicts around the world reached new levels of horror in 2024, exceeding 3,600 incidents, 15% more than in 2023. They consisted of air, missile, and drone strikes; shelling; tank fire; shootings; arson; the looting and takeover of health facilities; and the arrest and detention of health workers. As the descriptions in this report show, each incident brings terror, trauma, and - in too many cases - injury, untreated illness, destruction and death.

By far the largest number of attacks on health care – more than 1,300 – took place in Gaza and the West Bank, far more than we have ever reported in one conflict in one year, including more than double the number of health workers killed. Gaza properly drew global attention for the ferocity and relentlessness of assaults on health care. But we must also reckon with the more than 2,300 attacks in other conflicts, including the hundreds in each of Ukraine, Lebanon, Myanmar and Sudan. The cumulative number of attacks over the course of wars that began in the past three years include more than 1,500 in Myanmar since the military coup in 2021; close to 2,000 in Ukraine since the Russian invasion of Ukraine in 2022, and more than 500 since the outbreak of war in Sudan in 2023.

This onslaught of violence has been accompanied by attempts by perpetrators to limit legal protections for health care and civilians in war, driven, as the International Committee of the Red Cross (ICRC) puts it, by a desire to have more "leeway to kill and detain." Israel has sought to dilute legal requirements of precaution and proportionality during conflict. The new U.S. secretary of defense has called for "a law of war for winners." Simultaneously, campaigns to delegitimize the International Criminal Court (ICC) are underway. The newly inaugurated U.S. president Donald Trump imposed sanctions on ICC staff and even their families for having charged Israelis with war crimes. In 2023, Russia's Duma passed legislation criminalizing cooperation with the ICC or any foreign court or ad hoc tribunal that seeks to hold Russians to account. Hungary announced its plan to withdraw from the ICC, falsely alleging political bias.

These terrible developments threaten to make a mockery of the 10th anniversary of Security Council Resolution 2286 in 2026 and the 50th anniversary of the Additional Protocols of the Geneva Conventions (the law protecting health workers and civilians during armed conflict) in 2027. If this resolution and law are to be more than words, the current approach to protection, amounting to mere admonitions, must be replaced by centering accountability, accompanied by the political will to drive it.

That is the approach long taken by the Coalition, and recently taken by a report *In the Line of Fire*, issued in November 2024 by the World Health Organization and the World Innovation Summit for Health. It called for a new alliance of member states, UN agencies, and NGOs. It recognized that the renewal of long-ignored commitments could not possibly suffice. Instead, UN agencies, international organizations, NGOs, and civil society organizations must rally together to take tough action, including outreach to the International Criminal Court, to impose consequences on the perpetrators of violence. Actions must include states cutting off arms transfers to perpetrators of attacks and employing the power of universal jurisdiction to prosecute. If the laws of humanity are to be upheld and the carnage is to end, governments and all concerned citizens everywhere must find the political courage and will to act.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

Executive Summary | Full Report | Recommendations | Methodology | Data

Afghanistan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS ARRESTED OR DETAINED FOR QUESTIONING
2024	
27	18
2023	
119	65
2022	
87	33

Source: 2022-2024 AFG SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 27 incidents of violence against or obstruction of health care in Afghanistan in 2024, compared to 119 in 2023 and 87 in 2022. In these incidents, at least 18 health workers were arrested or detained for questioning.

Afghanistan's communities endured significant challenges in accessing basic services, including health care, food and clean water.

Female health workers continued to be arrested or questioned for violating the Taliban's strict dress codes.

With the country having one of the world's highest maternal and infant mortality rates, Afghanistan's clinic closures force pregnant women in remote areas to travel great distances to obtain care, often arriving too late, with fatal consequences.

Information on incidents of violence against health care in Afghanistan is compiled from open sources, aid agency data-sharing mechanisms and information projects. The shrinking presence of aid agencies and freedom has likely reduced reporting of violence against health care. See Methodology for further information.

Afghanistan

THE CONTEXT

Violent clashes between the government forces of the Islamic Emirate of Afghanistan (IEA) and its enemies, the National Resistance Front, which is affiliated with the prior government, and Islamic State Khorasan Province (ISKP) declined. However, the legacy of violence targeting the former regime persists, including through ongoing threats and attacks affecting health care services.

Taliban security forces arbitrarily arrested and detained critics, including health care professionals, and continued to restrict women's and girls' education and participation in the labor market, impacting health services and access to health care. By the end of 2024, all public and private health care training institutions for females were ordered to close[1] and with girls banned from secondary and tertiary education, there will be growing shortages in the future female health care workforce. The shrinking humanitarian and civil space in Afghanistan has also affected information flows on violence against health care.

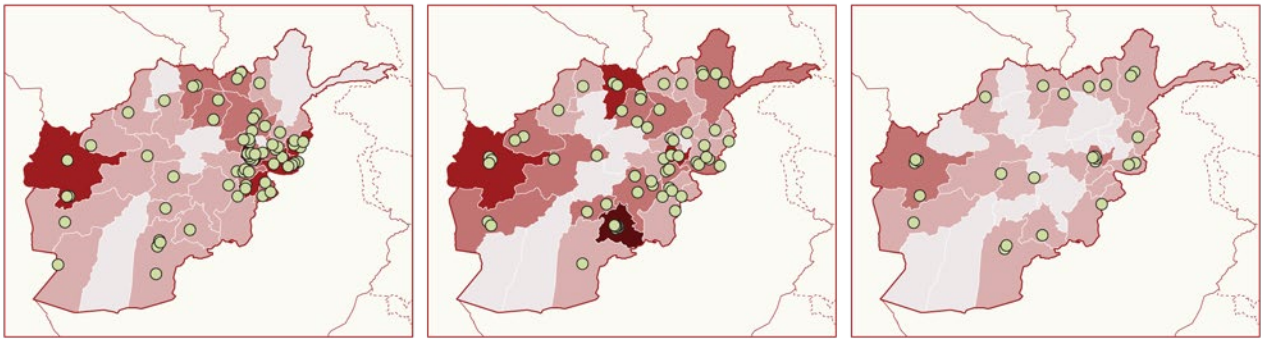
In addition, the country's people continued to face significant challenges in accessing basic services, including health care, food and clean water. Although it is estimated that around 23.7 million people are in need of humanitarian assistance, funding continues to shrink.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

In 2024, ISKP was implicated in the fatal shooting of a dentist and 13 other civilians in Daykundi province.[2] However, most incidents of violence against or obstruction of health care involved health workers encountering threats, intimidation, detentions and limitations on their ability to perform their duties. The majority of cases affected health care providers working for national health structures, with NGOs affected on three occasions and private health care providers on two. In total, 85% of reported incidents were attributed to the Afghan government, police, and intelligence forces. In other incidents, the attackers remained unidentified.

Known locations of reported incidents affecting health care in Afghanistan, 2022-2024

Most incidents in 2024 involved health workers facing threats, harassment, arrests, and restrictions on their ability to work.



Source: Safeguarding Health in Conflict Coalition

Afghanistan

Health workers killed

Between November 15 and December 19, 2024, two doctors were killed by gunmen, one in Takhar and Nangarhar province, with the latter being shot while returning home from work.[3]

Health worker arrests

Between January and July 2024, 18 health workers were arrested or detained for questioning by Taliban government forces in 13 reported incidents, compared to 65 in 39 incidents in 2023 and 33 in 24 incidents in 2022. As in previous years, most of these arrests or detentions took place in hospitals or health care settings and were justified with reference to a wide range of accusations. Health workers, including doctors, nurses, pharmacists, and hospital administrators, were arrested or detained on accusations made by the government's General Directorate of Intelligence of corruption, bribery or theft of medical supplies. The police also conducted arrests using moral policing laws related to dress codes to arrest at least two female health workers at a private clinic.[4] Four of the 18 arrested health workers were released, with the fates of the remaining staff not recorded.

Threats and coercion

Taliban government forces stormed a health center in Herat province overnight, beating and insulting a doctor for insisting on medical neutrality and functionality by criticizing the parking of their military vehicle in the emergency area, and threatened other employees with execution if they resisted.[5]

Health workers have been threatened and coerced in medical settings on multiple occasions to implement political instructions on how to deal with medical needs and ethics such as when Department for the Promotion of Virtue and Prevention of Vice representatives ordered the segregation of male and female staff and prohibited male doctors from treating women without a *mahram* (male guardian).[6]

This factsheet is based on 2022-2024 AFG SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

Afghanistan

THE IMPACT OF ATTACKS ON HEALTH CARE

In 2024, the Afghan health care system continued to struggle due to the loss of international funding after the Taliban takeover, leaving public health care facilities struggling to cover salaries, medical supplies, fuel and oxygen, and severely impacting patient care.

Women's health and access to health care have been disproportionately affected by threats and coercion against the application of internationally recognized medical ethics. Stringent Taliban-imposed rules on women have impacted their ability to access health care services. Women and girls arriving at health care facilities without a male guardian (*mahram*) are being denied treatment and are struggling to access confidential treatment.[7] In some parts of the country, female health workers are also required to bring a male family member to work with them.

> *Taliban authorities banned women from attending nursing and midwifery courses. This ban will further ensure that there will be no midwives, nurses and female medical professionals to assist female patients, and, coupled with the ban on women being treated by male health workers, means that women will not have access to health care.*

Despite a ban on male health workers treating female patients, the number of female health workers is shrinking, due to many female doctors leaving the country since the Taliban takeover and the restriction on women and girls attending secondary and tertiary education, imposed in 2021, which ensures a worsening staff shortage and reduces access to care for women.[8] In December, Taliban authorities banned women from attending nursing and midwifery courses. This ban will further ensure that there will be no midwives, nurses and female medical professionals to assist female patients, and, coupled with the ban on women being treated by male health workers, means that women will not have access to health care.

With one of the world's highest maternal and infant mortality rates, Afghanistan's clinic closures force pregnant women in remote areas to travel long distances for care, often arriving too late, with fatal consequences.

Rising restrictions on women's lives have led to increasing depression and suicide rates, creating a public health crisis. Despite growing mental health needs, the health care system is overwhelmed, with the whole of Herat province – where gender-based violence and female suicide rates are high – having only 25 mental health beds, leaving many without proper care.

Afghanistan

1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 88124.
2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 84947.
3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident numbers 88292; 86372.
4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 43909.
5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 85448
6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 AFG SHCC Health Care Data. Incident number 66436.
7 Key informant interview, March 14, 2025.
8 Key informant interview, March 14, 2025.

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

Safeguarding Health in Conflict Coalition
615 N. Wolfe Street, E7143, Baltimore, MD 21205
SHCC administrator, safeguardinghcc@gmail.com