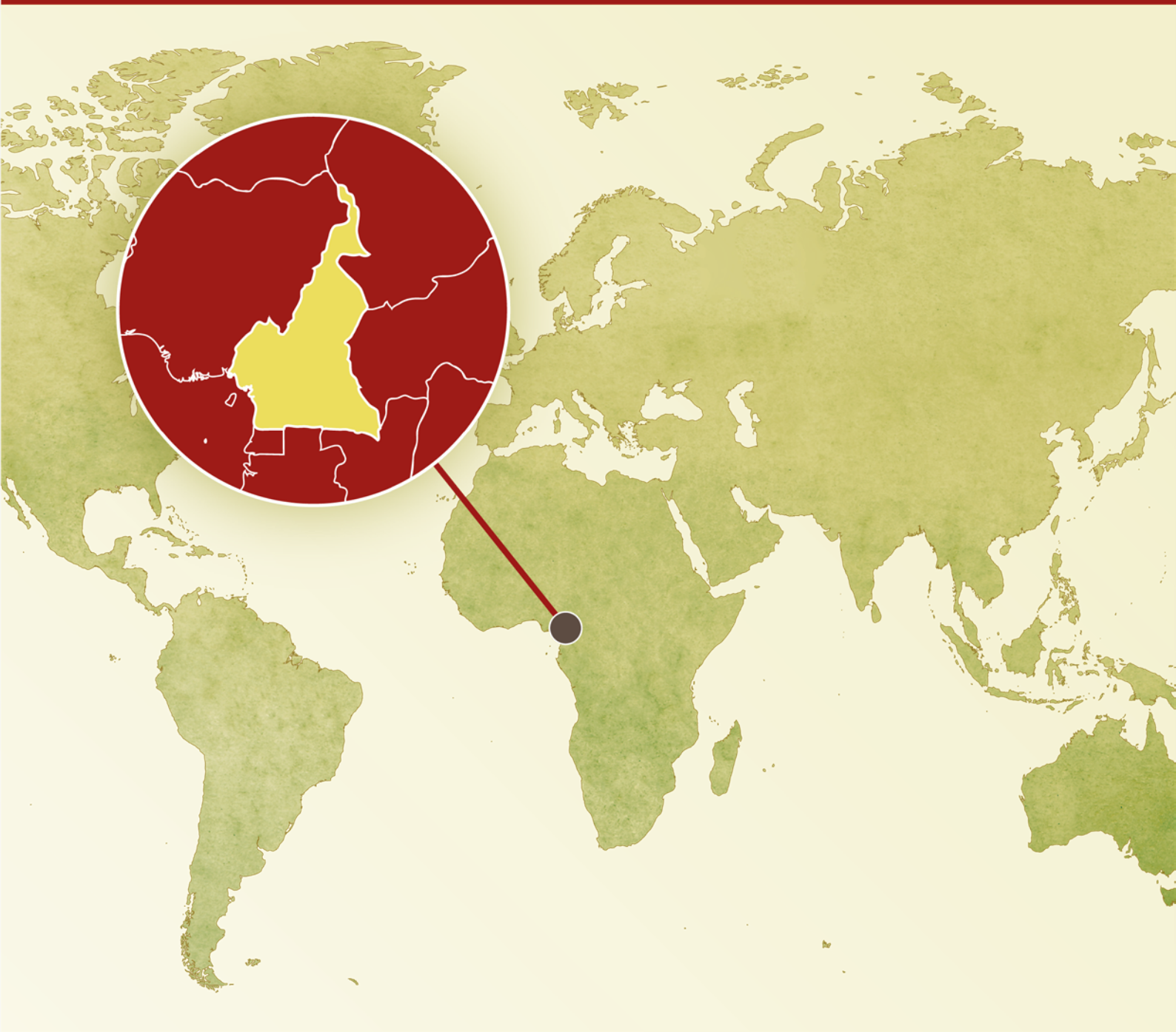


CAMEROON

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.

A handwritten signature in black ink that reads "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


 REPORTED INCIDENTS	 INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	 HEALTH WORKERS KIDNAPPED	 HEALTH WORKERS ARRESTED
2024			
48	11	19	10
2023			
34	6	6	7
2022			
32	4	35	14


↓ Source: 2022-2024 CMR SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 48 incidents of violence against or obstruction of health care in Cameroon in 2024, compared to 34 in 2023 and 32 in 2022. In these incidents, 19 health workers were kidnapped, ten were arrested, and medical supplies were looted.

 Armed conflict, outbreaks of yellow fever and mpox, flooding, and mass displacement have increased demands for humanitarian assistance.

 Attacks on health care nearly doubled in the country's Far North region between 2023 and 2024.

 Structural barriers, ongoing insecurity, and shortages of skilled health workers have contributed to Cameroon's high maternal and perinatal mortality rates.

Information on incidents of violence against health care in Cameroon is compiled from open sources, aid agency data-sharing mechanisms, and information projects. See [Methodology](#) for further information.



THE CONTEXT

Protracted violence between government forces and non-state armed groups continued in Cameroon in 2024 at a similar intensity to in 2023. Armed violence remained concentrated in Northwest and Southwest regions between Ambazonian separatists and the Cameroon Armed Forces (CAF), while in Far North region the CAF clashed with Boko Haram and Islamic State West Africa Province militants. In 2024, over 2,000 people were reportedly killed, similar to the number killed in 2023.¹

Suspected yellow fever cases increased in Cameroon, which is one of the most heavily affected countries in Africa. Several m_{px} cases were reported in the first half of 2024 and, while the situation remained stable, cases of cholera continued to be recorded.

Flooding in Far North region between July and September destroyed or damaged over 56,000 homes. Almost one million people were internally displaced in 2024 and 3.4 million people required humanitarian assistance, further intensifying the country's overall humanitarian needs.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care were reported in four of Cameroon's ten regions in 2024. As in previous years, most incidents occurred in the anglophone Northwest and Southwest regions, where clashes continued between armed groups, including Ambazonian separatists and the CAF. Cases nearly doubled in Far North region between 2023 and 2024, reflecting the overall deterioration in security in the region.

Health worker kidnappings in Northwest region quadrupled, with Ambazonian separatists often named as perpetrators. Looting of medical supplies by Boko Haram and other groups persisted in Far North, particularly in Mezam and Momo departments. In some attacks, the attackers remained unidentified.

Most incidents involved conflict parties using firearms, although in Mezam department a suspected Ambazonian separatist grenade attack targeted a bar near a maternity center entrance and suspected Boko Haram fighters set fire to a health facility in Far North region.²

The majority of incidents affected health care providers operating in national health structures, with one incident each affecting a local NGO and INGO.³



This factsheet is based on [2024 CMR SHCC Health Care Data](#). Download the data [here](#) or on the [Humanitarian Data Exchange \(HDX\)](#).

Northwest and Southwest anglophone regions

In total, 30 incidents of violence against or obstruction of health care were reported in the anglophone regions in 2024, similar to 2022 reports. As in previous years, the majority of incidents occurred in Northwest's southern Mezam and Momo departments. Cases increased in Fako department, Southwest region.

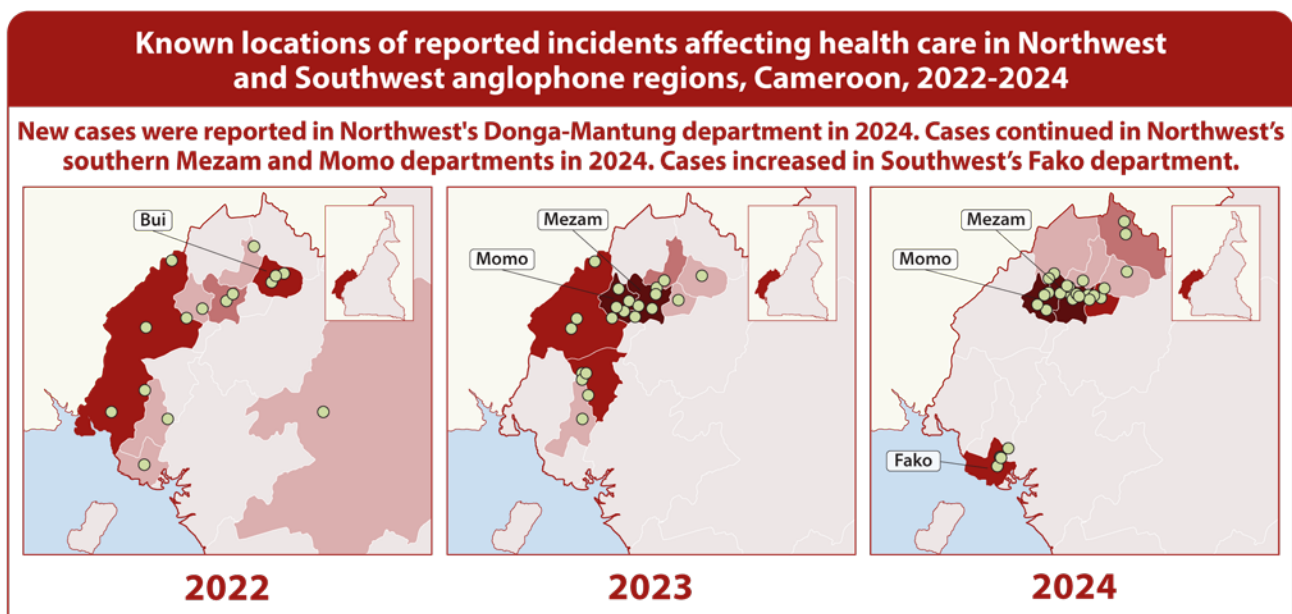
At least 16 health workers were kidnapped in five incidents in Northwest region in 2024, compared to five in six incidents in 2023. Separatists and unidentified attackers kidnapped health workers from health



centers, project sites, and while they were traveling to remote areas to provide care, especially in Mezam department and surrounding areas. Health workers were kidnapped and accused by their kidnapers of collaborating with opposing forces. In one case, armed men kidnapped a female health worker from her home for allegedly refusing to treat an injured fighter, later releasing her after community intervention.⁴ Some abducted health workers were killed, including a local health organization driver who was kidnapped, tied up, and executed by members of an unidentified armed group.⁵ The fates of the remaining kidnapped staff were not recorded.⁶

Two nurses were shot and killed by separatists armed with rifles while they were on duty at health centers in Northwest's Mezam department.⁷

Between January and April, 19 health workers were reportedly arrested by Cameroonian police in four incidents in Southwest's Fako department and Northwest's Momo department. The victims included nurses and doctors arrested on accusations of collaborating with or providing medical assistance to opposition forces. Cameroonian police also entered health centers in Northwest region in search of opposition forces, intimidating staff and firing warning shots in the air.



Source: Safeguarding Health in Conflict Coalition

Far North region

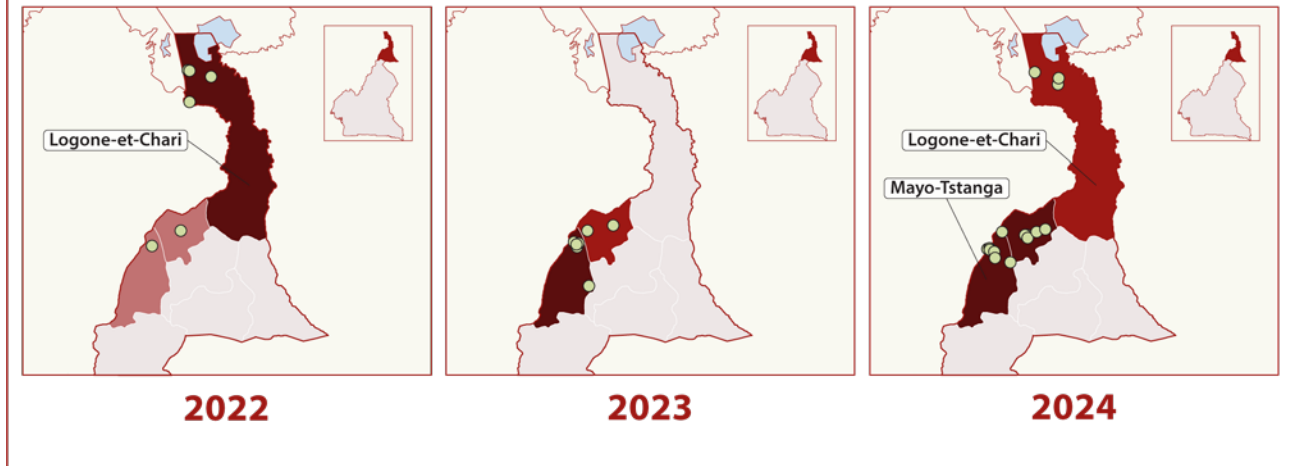
Eighteen incidents of violence against or obstruction of health care were recorded in Far North region, compared to nine in 2023. Most cases were recorded in Mayo-Tsanaga department, with a further increase in Logone-et-Chari department in 2024, where cases were more common in 2022.

The majority of incidents involved the looting of medical supplies from health centers by Boko Haram fighters or groups of men armed with rifles. In some incidents where medical supplies were taken, health workers were also attacked. For instance, a health worker was violently attacked and robbed of his motorcycle, medical items, and personal belongings by individuals armed with sticks and bladed weapons while returning home from a medical facility in Mayo-Tsanaga department.⁸ He died of his injuries the next day.



Known locations of reported incidents affecting health care in Far North region, Cameroon, 2022-2024

Incidents nearly doubled in 2024, mainly in Mayo-Tsanaga department, with a rise in Logone-et-Chari department.



Source: Safeguarding Health in Conflict Coalition

THE IMPACT OF ATTACKS ON HEALTH CARE

Repeated attacks on health care over multiple years have seriously impacted patients' access to health care in conflict-affected areas. Some health facilities in Far North, Northwest and Southwest regions have reportedly been "closed for several years due to repeated attacks by non-state armed groups." The closures added to barriers to health care access, with patients being forced to travel long distances to obtain care, sometimes on foot. Journeys in the anglophone regions were further hindered by roadblocks and restrictions on vehicle movements.

Attacks on health care may have also contributed to health worker shortages. There is only one doctor per 10,000 people in Cameroon, which is far below the WHO's recommended doctor-to-population ratio of 1:1,000.

Violence and insecurity in Cameroon's conflict-affected areas constituted a "major threat to progress in HIV epidemic control and a significant contributor to health inequality."

Violence and fear of repeated attacks have created severe psychological burdens for health workers. Around a third of trained doctors who completed medical school left Cameroon in 2023, often seeking better-paid jobs and improved security conditions in Europe and North America. Violence against health care has also had negative outcomes for patients. One study found that since 2018 violence and insecurity in Cameroon's conflict-affected areas constituted a "major threat to progress in HIV epidemic control and a significant contributor to health inequality." Challenges in safely accessing health facilities for both patients and staff, together with the closure of centers providing essential treatments such as antiretroviral therapy, were identified as key contributing factors.



Another study found that structural barriers, including insecurity and shortages of skilled health workers, were among the factors contributing to Cameroon having some of the highest maternal and perinatal mortality rates in the world.

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- 1 Armed Conflict Location & Event Data (ACLED) database attribution policy, <https://acleddata.com/privacy-policy/> (accessed January 17, 2025).
 - 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident numbers 54715; 62944.
 - 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident numbers 79436; 84542.
 - 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident number 92405.
 - 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident number 79436.
 - 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident numbers 87956; 88092.
 - 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident numbers 54717; 84544.
 - 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CMR SHCC Health Care Data. Incident number 92400.

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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