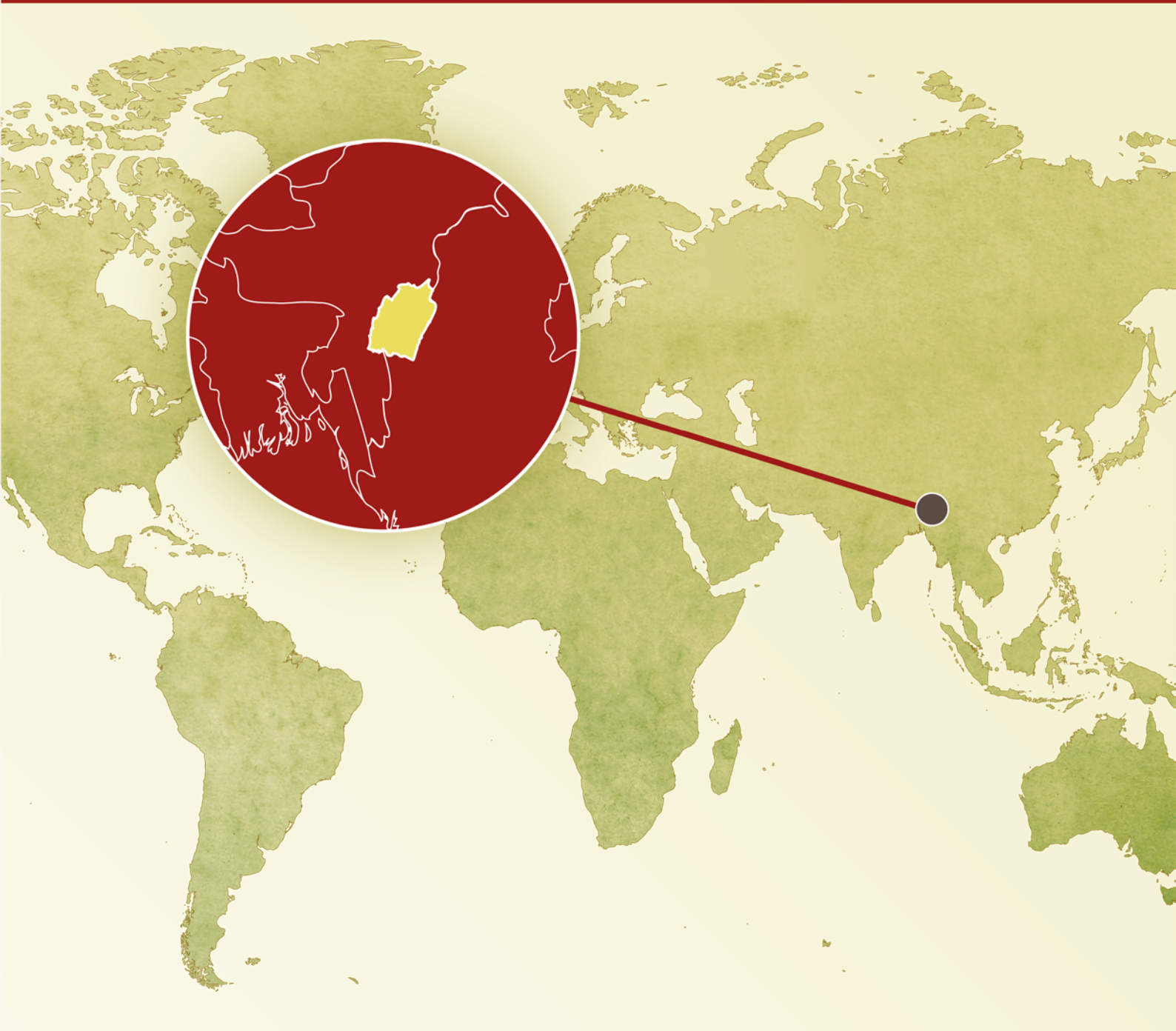


INDIA (MANIPUR STATE ONLY)

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 FACILITIES WERE ATTACKED
2024	
8	5
2023	
23	9


↓ Source: 2023–2024 IND SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified eight incidents of violence against or obstruction of health care in India’s Manipur state in 2024, compared to 23 in 2023, when health facilities were attacked nine times.

 Health care continued to be affected by intercommunal violence between the Meitei and Kuki-Zomi communities, which began in May 2023.

 A grenade was delivered to a hospital and a bomb thrown at a medical university campus.

 Routine immunizations, maternal health services, and treatment for chronic diseases were disrupted.

Information on incidents of violence against health care in India’s Manipur state is compiled from open sources and information projects. See [Methodology](#) for further information.

THE CONTEXT

Since May 3, 2023, intercommunal violence between the Meitei and Kuki-Zomi communities in Manipur state in north-eastern India has killed at least 260 people and displaced about 60,000, with a 15% increase in violence against civilians compared to the previous year.¹ As a result, the region was partitioned into two ethnic zones, with the Meiteis restricted to the Imphal Valley and the Kuki-Zomis to the surrounding hills. All conflict parties have regularly breached the buffer zone to attack each other, and communities have formed community defense forces to protect themselves. Insurgent groups from both communities have also resurfaced.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

At least eight incidents of violence against or obstruction of health care were identified in India's Manipur state in 2024. Many of these incidents occurred amid ongoing violence between the Meitei and Kuki-Zomi communities, with the majority being attributed to unidentified individuals who were often masked and armed with guns. Doctors and hospital staff were directly targeted in multiple incidents at children's hospitals, health centers, and pharmacies, such as the shooting of the managing director of the Diabetes Hospital and Research Centre, and the firing of shots at the Angel Children's Hospital and Medilane Eye Care Store. The incident at the Angel Children's Hospital sparked protests.²

Individual events were also attributed to other actors. For example, the Kangleipak Communist Party-Military Council kidnapped a medical officer for ransom. He was rescued by police shortly after, leading to four arrests, while armed Kuki-Zomi individuals burned down a village health center in Jiribam district in a night attack.³

On two occasions, explosive weapons use that impacted health care was recorded in Manipur state in 2024: two armed individuals posing as medicine delivery workers handed a grenade hidden inside a parcel to hospital staff at the Diabetes Hospital and Research Centre, which was likely to instill fear and disrupt medical services.⁴ In the second incident, unidentified attackers threw a bomb at the gate of a doctor's residence inside the Dhanamanjuri University campus, allegedly over suspected extortion.⁵



This factsheet is based on 2023-2024 IND SHCC Health Care Data. Download the data [here](#) or on the [Humanitarian Data Exchange \(HDX\)](#).

THE IMPACT OF ATTACKS ON HEALTH CARE

Similar to the previous year, the border restrictions imposed on the two communities have made accessing health care particularly difficult – especially for communities living in the hill areas. Essential health services, including routine immunizations, maternal health services, and treatment for chronic diseases, have been disrupted – primarily as a result of patients facing significant barriers in accessing these services and a shift in health services' focus to providing emergency care and treating injuries related to violence. Patients living in rural areas, which lack adequate health care infrastructure, must travel long distances to reach a health facility. This journey may be challenging as a result of checkpoints, blockades, and active fighting that may impact patients' ability to reach the facility. Additionally, once a patient does reach a health facility, they may find that it is understaffed, lacks medical supplies, or may even have closed as a result of the fighting.

Many people have fled violence in their communities and sought shelter in displacement camps, which currently shelter more than 50,000 displaced persons. The conditions in these camps are particularly difficult, and in February 2024, the delivery of state-sponsored relief materials were stopped in some camps, leaving them struggling to cope with demands for medical supplies and dependent on private donations.

Health care workers have also been affected by the conflict. As a result of restrictions of movements, grassroots health providers and patients face harassment and threat. ASHAs (female community health care workers) have been particularly affected by the multitude of checkpoints and blockades when carrying out



their community work. They may be intimidated and harassed by armed or conflict and these restrictions may also disrupt their ability to effectively carry out their work and reach their patient.⁶

Blockades imposed by communities from both ethnic groups have severely hampered the delivery of essential goods, including medicines, and have also increased journey times for health care workers attempting to reach affected areas.

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- 1 Armed Conflict Location & Event Data (ACLED) database attribution policy, <https://acleddata.com/privacy-policy/> (accessed March 20, 2025).
 - 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 IND SHCC Health Care Data. Incident numbers 86373; 60742; 45955; 44583.
 - 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 IND SHCC Health Care Data. Incident numbers 86968; 84654.
 - 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 IND SHCC Health Care Data. Incident number 58272.
 - 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 IND SHCC Health Care Data. Incident number 84787.
 - 6 Key informant interview, March 26, 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>

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