

# Aid in Danger Incident Trends

## Attacks on Healthcare in 2017

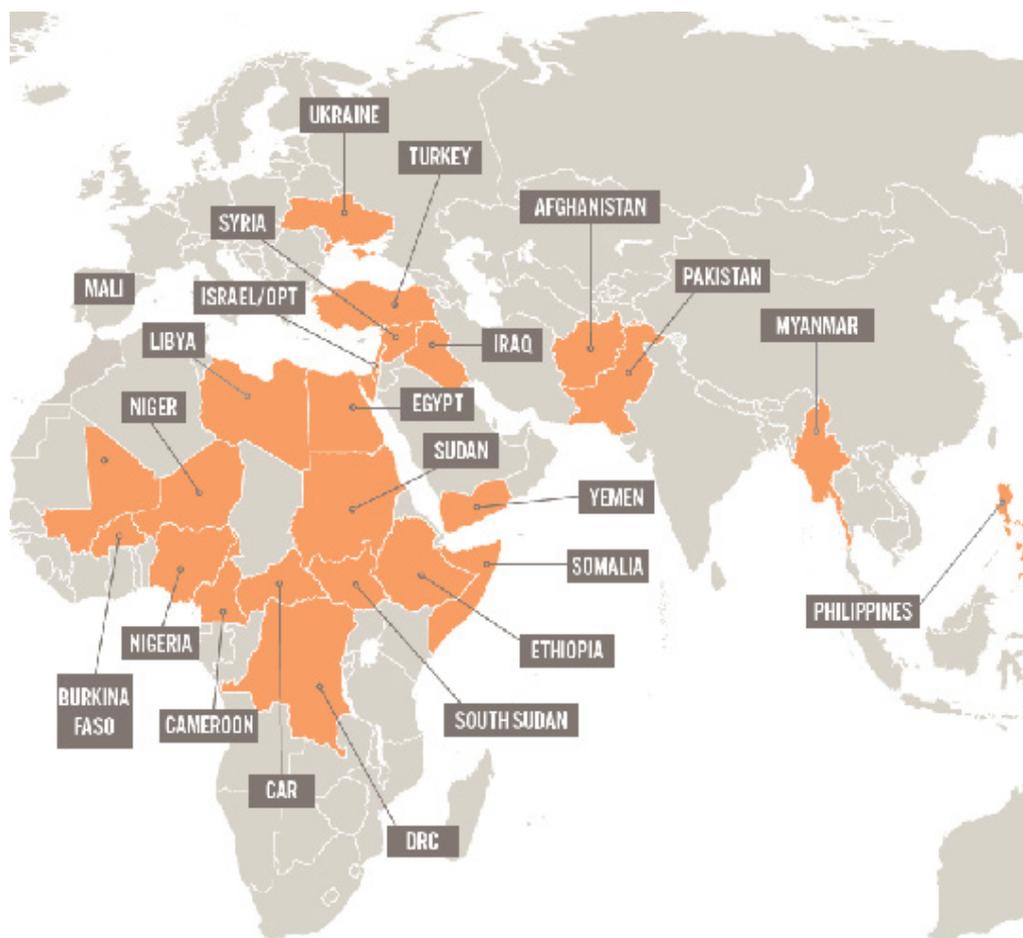
This overview documents presents the data from the fifth [Safeguarding Health in Conflict Coalition \(SHCC\)](#) report.<sup>1</sup> The data has been collected from a wide variety of sources. These include incidents reported in the [Safeguarding Healthcare Monthly News Briefs](#) and reported by Aid in Danger partner agencies using the Security in Numbers Database (SiND); incident reports supplied to the SHCC by Médecins Sans Frontières, the Syrian American Medical Society and the World Health Organisation;<sup>2</sup> reports from other UN agencies, including the Office for the Coordination of Humanitarian Affairs and the Office of the High Commissioner for Human Rights; independent NGOs; and media reports.

Incident information from these multiple sources was cross-checked and consolidated on a list of recorded events. Standard definitions were used to categorise the incidents. Some UN agencies report aggregate numbers of attacks, but do not provide incident data. Because the present data collection process focused on specific information about individual events cross-checked against other sources, these UN-reported attacks are not included in the figures presented here. The list of specific events on which this report is based can be viewed on the Humanitarian Data Exchange at [HDX Insecurity Insight](#).

The figures presented in this overview document and the SHCC report can be cited as the total number of events reported by members of the SHCC. They provide a minimum estimate of the damage to healthcare facilities and personnel from violence that occurred in 2017. However, the severity of the problem is likely much greater, because many incidents go unreported and are thus not counted here.

### In 2017, 701 incidents affecting healthcare were reported in 23 countries:

COUNTRY	REPORTED CONFLICT-RELATED ATTACKS ON HEALTHCARE
AFGHANISTAN	66
BURKINA FASO	3
CAMEROON	2
CENTRAL AFRICAN REPUBLIC	52
DEMOCRATIC REPUBLIC OF CONGO	20
EGYPT	8
ETHIOPIA	2
IRAQ	35
LIBYA	15
MALI	14
MYANMAR	4
NIGER	4
NIGERIA	23
OCCUPIED PALESTINIAN TERRITORY	93
PAKISTAN	18
THE PHILIPPINES	5
SOMALIA	3
SOUTH SUDAN	37
SUDAN	13
SYRIA	252
TURKEY	5
UKRAINE	3
YEMEN	24
<b>TOTAL</b>	<b>701</b>



This overview document presents incidents affecting the provision of healthcare in 23 conflict-affected countries in 2017.



### **Killed**

- 101 health workers<sup>3</sup> were reportedly killed in 15 countries.
- The most affected countries were Syria (24), Nigeria (13), South Sudan (12), CAR (9), Afghanistan and Iraq (8 each).



### **Injured<sup>4</sup>**

- 126 health workers<sup>3</sup> were reportedly injured in 13 countries.
- The most affected countries were Syria (55), OPT (21), Iraq (18), South Sudan (9) and Pakistan (8).



### **Physically assaulted<sup>4</sup>**

- 40 health workers<sup>3</sup> were reportedly assaulted in 12 countries.
- The most affected countries were CAR and the DRC (7 each), Pakistan (6), and OPT (5).



### **Sexual violence**

- Sexual violence was reported against eight health workers<sup>3</sup> in Nigeria (6) and Pakistan (2).
- In Pakistan, two female polio workers were beaten and sexually assaulted while administering vaccinations in Lahore.
- In Nigeria, six female nurses were sexually assaulted by unidentified armed perpetrators in a raid at a hospital in Osun state.



### **Kidnapped**

- 64 health workers<sup>3</sup> were reportedly kidnapped in 10 countries.
- The most affected countries were Afghanistan (16), Nigeria (15), Libya and Mali (7 each), and South Sudan (6).



### **Arrested**

- 91 health workers<sup>3</sup> were reportedly arrested or detained in eight countries.
- The most affected countries were OPT (38), Turkey and Yemen (16 each), Afghanistan (9) and South Sudan (6).

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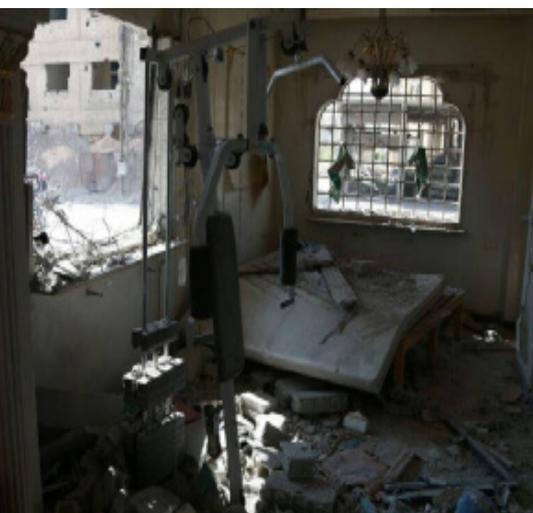
### Healthcare facilities

- 22 health facilities were reportedly destroyed in Iraq (18), South Sudan (2), and DRC and Nigeria (1 each).<sup>5</sup>
- 207 health facilities were reportedly damaged in 13 countries.
- The most affected countries where damage was reported to health facilities were Ukraine (131), Syria (41) and Afghanistan (14).



### Healthcare transportation

- Two ambulances were reportedly destroyed in Afghanistan and Mali (1 each).<sup>5</sup>
- 27 ambulances were reportedly damaged in eight countries. A high number were reportedly damaged in OPT (17).<sup>5</sup>
- 21 ambulances were reportedly hijacked in seven countries. The highest number of hijackings occurred in Mali and OPT (5 each).



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**ATTACKS CONTINUE AROUND THE WORLD  
WITH IMPUNITY TWO YEARS AFTER SECURITY  
COUNCIL RESOLUTION 2286**

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### Access constraints

- 74 events described incidents where access to healthcare or the movement of ambulances was impeded.<sup>5</sup>
- Over three-quarters of these events were reported in OPT (57): they frequently occurred at checkpoints or involved permits delays or denials of treatment outside OPT.
- Five cases of forced closure by state or non-state actors were reported in Afghanistan (3), Egypt and Turkey (1 each).
- 56 measures were taken by healthcare providers to protect staff, assets or programmes due to violence, resulting in reduced services.
- Over half of these 56 measures were taken in CAR and South Sudan (16 and 13, respectively).

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### Known perpetrators

- Information on perpetrators was provided for 449 events.
- In the available information, more incidents were attributed to non-state actors (NSAs) than to state forces (57% and 40%, respectively).
- In 17 cases, fighting or violence between state forces and NSAs affected the provision of healthcare.



### Non-state actors

- Incidents attributed to NSAs were frequently reported in Afghanistan (36), Iraq (27), CAR, Nigeria (23 each), the DRC (20) and South Sudan (17).
- Types of incidents include violent deaths; kidnappings; injuries; damage to, destruction of and armed entry into healthcare facilities; looting; and threats made against staff and healthcare providers.



### State forces

- Incidents reporting actions taken by authorities were mostly reported in OPT (93), followed by Yemen (8), South Sudan (6), Afghanistan, Egypt and Iraq (5 each). Due to the volume of information, events from Syria could not be included in this category.
- These actions mostly involved access constraints, but also included violent and threat incidents, including hospitals damaged by Saudi Arabia-led airstrikes in Yemen and the forced army recruitment of community health workers in Unity state, South Sudan.

This document is part of the Aid in Danger project. It is published by Insecurity Insight and funded by European Union Humanitarian Aid, and USAID through Save the Children US. Data collection is ongoing and data may change as more information is made available. Where the number of staff, facilities or ambulances affected is unspecified, one is counted.

**Suggested citation: Safeguarding Health in Conflict Coalition. 2018. Attacks on Healthcare in 2017, v. May 2018. Geneva, Switzerland: SHCC and Insecurity Insight.**

<sup>1</sup> The data presented here is limited to report from 23 countries covered by the SHCC report. The information presented here only includes events that occurred in the context of armed conflicts or situations of severe political volatility. Interpersonal or criminally motivated attacks have been excluded. When possible, the party responsible for the attack and the exact circumstances (including intentionality) are identified. In the other cases, the fact that an attack occurred is noted, as is any other relevant available information.

<sup>2</sup> The WHO provided data from unverified open sources.

<sup>3</sup> Health workers: Include all personnel affiliated with humanitarian and local health structures.

<sup>4</sup> In our coding, assaults describe violence against staff where no specific injuries are reported. Many assaults are carried out with body parts (fists, feet) or objects. Injuries count the number of aid workers explicitly described as having sustained injuries. Most injuries are inflicted with either firearms or explosive weapons.

<sup>5</sup> Due to the volume of information, events from Syria could not be included in this category.