



Developed by Insecurity Insight with support from Map Action, [the Violence against Health Care related to COVID-19 and Conflict Map](#) shows incidents of threats and violence against health care workers, facilities, and transport related to COVID-19 and conflict beginning in January 2020 and continuously updated.

### How many incidents and what kind of violence against health care are documented on the map?

The map includes more than 1,100 incidents of violence and threats against health care occurring in 2020, including incidents such as the destruction of ambulances and the kidnapping and killing of health workers. The map is continuously updated and includes incidents from 31 December 2019 until approximately six weeks from the current date, which represents the time required for coding and periodically updating the map.

The map includes both incidents related to COVID-19 and incidents related to armed conflict or civil unrest. Users can select the overall number of incidents or choose to examine one category or the other. A report summarizing incidents in conflict settings and providing detailed information is released annually in May by the [Safeguarding Health in Conflict Coalition](#).



## How do I find information on the map?

On the left side of the map, you can select the category of attacks of interest (COVID-19, conflict-related, or both) and the date range of interest.

On the map, countries are shaded by the number of reported attacks, with darker shadings representing more attacks. The shading does not account for the population size of specific countries.

You can click on any country to bring up summary data for the country, including the total number of incidents of violence or threat against health care, and some information on the types of incidents (health facilities damaged, health workers killed, health workers kidnapped, and health workers injured), reported perpetrators, and weapons used.

You can also zoom in and click on a yellow square which is geo-coded to the location of a specific attack. Clicking on the square will provide a brief description of the attack.

Not all attacks have geo-coded information and therefore the number of squares will not always equal the number of reported incidents in each country.

The information included in the map is drawn from both media-reported incidents and incidents shared by partners and network organisations (more information on our methods are described below). Because not all attacks are reported in the media or by partner organizations or publicly acknowledged by governments and international organizations, the map likely represents an underestimate of all attacks on health care.

## How many incidents and what kind of violence against health care in the context of COVID-19 are documented on the map?

*More than 400 reports* of violence and threats against health care related to COVID-19 from January through December 2020 are included on the map . The majority of incidents occurred between March and June 2020.

One of the most commonly reported types of COVID-19-related attacks is the targeting of health workers on their way to or from work, likely resulting from the fear that workers are spreading the infection. These incidents account for approximately one quarter of all reported attacks on health care related to the COVID-19 pandemic through December 2020. Other commonly documented incidents of violence against health care arose from people opposing health measures intended to contain the spread of the virus, such as requiring people to wear masks, testing patients for COVID-19, or proposing hospitalization of an infected person.

Health facilities were also targeted frequently. For example, in Hong Kong, petrol bombs were thrown at four health centres after the government listed them as designated clinics for COVID-19 treatment. Similarly, in Mexico, three health clinics under construction to fight the pandemic were threatened with or targeted in arson attacks.



Also included in the map are incidents where health workers were threatened or fired by their employers, and in some cases arrested, for speaking out against difficulties in their workplace.

The map also includes a number of COVID-19-related attacks occurring in settings of ongoing conflict. For example, in Myanmar, a marked WHO vehicle transporting COVID-19 testing samples came under gunfire, injuring a health care worker and killing the driver of the vehicle. In Cameroon, a supply of hand sanitizers was destroyed by a rebel militia. In Libya, a plane reportedly carrying COVID-related equipment was shot down. And in Yemen, armed men in military vehicles stormed a health facility and confiscated COVID-19 disinfecting supplies.

Other examples of attacks included on the map:

**Brazil: 29 April 2020:** In Icoaraci district, Belem city, dozens of people seeking medical treatment tore down the gate of a hospital that was reserved for COVID-19 patients and forced their way in. Security guards from the health facility contained the rioters.

**Senegal: 28 May 2020:** In the Diamaguene-Sicap Mbaou neighborhood, Dakar city, residents threw stones at Red Cross volunteers to prevent them from burying a person who had died from COVID-19 in the local cemetery. Three volunteers were injured.

**Mexico: 20 August 2020:** In Leon de los Aldama, Guanajuato, a group of people attacked a female nurse who was at a store owned by her family, accusing her of spreading the coronavirus.

**Indonesia: 25 August 2020:** In Batam city, Riau Islands province, several family members of a COVID-19 victim snatched the body of the deceased from a hospital, hitting a doctor who tried to intervene.

### Where are the highest number of COVID-19-related attacks on health care reported?

The highest number of reports of COVID-19-related attacks on health care included on the map are from India and Mexico, with 49 incidents occurring in Mexico and 128 incidents in India in 2020. In both countries, attacks were widespread, occurring across multiple states throughout much of the country. Fully two-thirds of attacks on off-duty health workers globally were reported in these two countries.

In India, police officers are frequently named as perpetrators of the attacks. In one incident, two junior doctors on their way home after their shift at a hospital were beaten with sticks by police officers, who accused them of spreading COVID-19. In contrast, in Mexico, civilians are frequently named as perpetrators, individually or in groups. During one incident, for example, a female nurse was doused with scalding coffee by a man who accused her of spreading COVID-19.

Other incidents in India included people chasing, throwing stones at, and threatening health workers. More than a dozen cases were reported in August and September 2020 of people targeting ambulances and health workers seeking to take people suspected of being infected with the coronavirus to the hospital. More serious incidents were also documented, with seven health facilities damaged, two health workers killed, two kidnapped, and 28 injured in 2020. One incident included on the map from May 2020, in Gujarat state, documents a case where residents threw stones at police and health workers, opposing the cremation of a deceased COVID-19 patient. Two police officers and an ambulance driver were injured and 71 people were arrested.



Mexico has reported some of the highest case fatality and total death rates due to COVID-19 globally. Yet, the country's president has consistently downplayed the threat of the virus and the need for social distancing and other prevention measures. In this context, health workers have been repeatedly targeted with threats and violence as fear and suspicion have spread that they were a major source of coronavirus transmission. In one example, from April 2020, in Sinaloa state, a female nurse working at a public health clinic was sprayed in the face with bleach as she was walking home from work. A few days later, the same kind of attack occurred several hundred miles away in Tamaulipas state, where a male trainee doctor was sprayed with bleach in Reynosa city. Overall, in 2020, 15 health workers in Mexico were kidnapped. In one case, in Santa Maria Jacatepec, in Oaxaca, a group of residents of La Joya community detained nine health workers who were sent to treat a patient infected with coronavirus. In addition to the threats and attacks documented on the map, health workers have been evicted from their homes and refused service on public buses.

### What other information is available from the map?

Clicking on any of the countries on the map also provides information on the type of perpetrator of reported attacks, weapons used, and – where available – the motivation for the attack. Examples of motivations include: objections to hospitals or buildings being used to treat COVID-19 patients or to the imposition of public health or health care measures; responses to or retaliation for health workers speaking out against health management; or fears that health workers are spreading disease.

In some countries, more than half of the COVID-19-related incidents targeted health workers on their way to or from work, and a significant proportion of incidents were motivated by people objecting to health facilities treating COVID-19 patients or to the imposition of COVID-19-related medical or public health measures (e.g., restricting patient visitation in health facilities or requiring masks or lockdowns).

An overview of additional trends in incidents of violence and threats related to COVID-19, including changes over time throughout 2020, can be [found here](#).

### How were COVID-19 incidents included on the map identified?

The *Violence against Health Care Related to COVID-19 Map* is a collaborative effort of non-governmental organizations, academic institutions, and researchers, supported by the [Safeguarding Health in Conflict Coalition](#). Insecurity Insight collated data from multiple public sources, as well as from confidential contributions from aid agencies and professional bodies.

### What are the limitations to the information reported on the map?

The number of incidents of violence or threats on health care documented on the map are neither comprehensive nor complete. Many attacks on health care are not reported or are only reported in the aggregate, and in some countries, data is collected by government agencies but not publicly released. It is likely that hundreds of attacks related to COVID-19 are not included on the map and that our identification of the countries with the greatest number of attacks, and the types of attacks that we document as most common, are therefore not representative of the global phenomenon of attacks on health care. Countries where there is more extensive media coverage and a greater presence of humanitarian and development agencies may be more likely to have cases included on the map than countries that restrict press and have limited accessibility to international agencies. This suggests that the number of attacks reported on the map represents a minimum estimate of the number of violent incidents adversely affecting health care and that strict comparisons between countries should be avoided. Due to delayed reporting, some countries' incidents of attacks may not yet be reported on this map.



## What other sources of information on attacks on health care are publicly available?

Publicly available reports of attacks on health care included on the map come from two categories of sources:

Open-source information, as published in the [“Attacks on Health Care Monthly News Brief”](#) and Information Alerts by Insecurity Insight, [ACLED](#), and data collection carried out by Intrahealth.

Contributions from Safeguarding Health in Conflict member organisations, including survey results from the International Council of Nurses and evidence collected by Physicians for Human Rights, the Syrian American Medical Society Foundation, and Medical Aid for Palestinians.

Confirmed incidents published on the publicly available [WHO SSA](#) dashboard.

Note that these publicly available sources adopt different methodologies, details of which are available on the sources’ websites.

## How is an “incident affecting health care” and whether it is COVID-19- or conflict-related defined?

A full list of categories and definitions used on this map is [here](#) and a description of the broader methodology is [here](#). Brief definitions are:

**Incident affecting health care:** Any reported act of verbal or physical violence, obstruction, or threat of violence that interferes with the availability of, access to, and delivery of curative and/or preventive health services perpetrated by state and non-state actors, patients or relatives of patients, private individuals, and criminals. It includes COVID- and conflict-related incidents as well as other incidents that the [WHO](#) has identified as an attack on health care, but without any details to allow for classification as to whether it was COVID- and/or conflict-related.

**COVID-19-related:** Any reported act of verbal or physical violence, obstruction, or threat of violence directly linked to COVID-19 health measures or that directly interferes with the availability of, access to, and delivery of COVID-related health services. This includes conflict-related incidents when the perpetrator is a conflict party.

**Conflict-related:** Any reported act of verbal or physical violence, obstruction, or threat of violence against health care providers perpetrated by conflict actors. This includes COVID-related incidents when the incident directly affected a COVID-19 health measure.

## How are the motivations for COVID-19-related incidents categorized?

Reported incidents of attacks on health care related to COVID-19 are categorized into five types of motivations based upon the underlying information available about the attack:

**Objection to hospitals or buildings being used to treat COVID-19 patients:** Opposition to the use of hospitals to treat COVID-19 patients; damage to and destruction of hospitals treating COVID-19 patients; resistance to quarantine measures or opposition to the presence of quarantine centers; and damage to or destruction of quarantine centers.





**Objection to medical health measures:** Resistance to medical tests to check for COVID-19 infections or antibodies; opposition to changes in local burial or cremation customs and practices, such as prohibiting relatives from attending funeral ceremonies or from seeing the deceased before burial/cremation; and protests against the use of specific burial locations for COVID-19 victims.

**Objection to public health measures:** Resistance to disinfection; attacks on workers carrying out disinfection activities; resistance to COVID-19 sensitization campaigns; attacks on people engaged in sensitization campaigns; opposition to social distancing measures that take the form of protests or violence against health providers; or resistance to contact-tracing activities.

**Speaking out against health management:** Health workers speaking out against difficulties in their work, such as the lack of personal protective equipment or being criticized/disciplined for reporting higher infection rates than those reported by the government.

**Fear of health workers spreading infections in their community:** Attacks on health workers when en route to/from work.

This information can be combined with other available information, such as the type of perpetrator (e.g., civilian, state (police, military), or non-state actor (e.g., militia)) to further assess potential motivation for the attack.

### Is the underlying data available?

Yes! The data can be downloaded from the [Humanitarian Data Exchange](#).

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