Despite the higher number of attacks and total aid workers affected, fewer aid workers were killed in 2019 (125) than in 2018 (131).

Most of the attacks occurred in Syria, followed by South Sudan, Democratic Republic of Congo, Afghanistan, and Central African Republic (CAR). These were the same top five most dangerous contexts that accounted for over 60 percent of all incidents worldwide in 2018, but in 2019 they were joined by Yemen and Mali, both of which saw a doubling of major attacks from the previous year. Attacks also occurred in a greater number of country contexts in 2019 (41) than in 2018 (35).

Syria for the first time topped the list as the country with the highest number of attacks (47) as well as the most lethal context for aid workers, with 36 fatalities, mostly from heavy weaponry, including aerial bombardment and explosives.

South Sudan, which for the past five years had the highest number of incidents, saw a decrease in aid worker attacks last year as it continues to transition out of the violent civil conflict that began in 2013.

Aid worker attacks spiked suddenly in Cameroon, where general insecurity has been mounting since 2018 as Boko Haram and separatist forces have escalated hostilities.

The security situation remains unstable in the Central African Republic and Afghanistan, both of which experienced slight increases in violent incidents. Attacks rose more steeply in the Democratic Republic of Congo, primarily driven by attacks on Ebola workers.

Data research for this year’s Aid Worker Security Report (forthcoming, August 2020) has found that more than half (15) of DRC’s 27 reported attacks were committed against health workers responding to Ebola. Of these, a third were committed by community members acting from fears and misperceptions surrounding the disease and people responding to it. The report will examine attacks on emergency health care workers, including vaccination campaigns, and how the humanitarian sector is adapting to the new risks and disruptions caused by major epidemics.