



This biannual release provides statistical information on the number of UK armed forces personnel and UK entitled civilians who were injured, became ill or died on Permanent Joint Headquarters (PJHQ) led operations. This is the first in the series where MOD is reporting casualties on further PJHQ led operations from 1 January 2006, with the time series presented from 1 January 2015 following the cessation of combat operations in Afghanistan (Op HERRICK).

Key points and trends

Since January 2006 there have been 16,844 UK service personnel who sustained an injury, had an illness or died whilst on operations.

Latest trends (1 January 2015 and 31 March 2021): there were 1,448 UK service personnel who sustained an injury, had an illness or died whilst on operations.

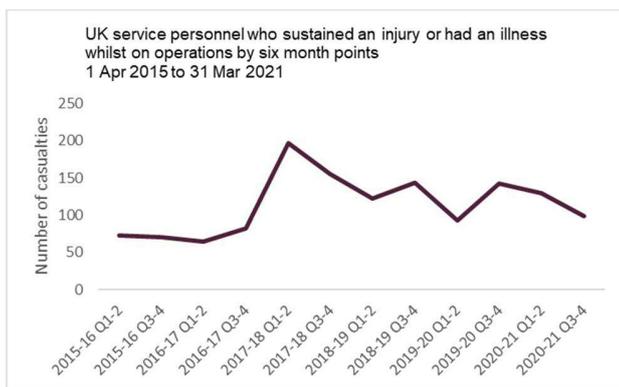
1,434 casualties:
3 battle injuries
669 non battle injuries
762 natural causes (including disease)

14 fatalities:
13 died on operations
1 killed in action

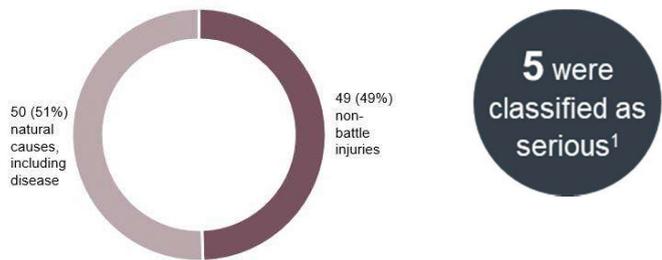
In the same period 38 UK entitled civilians sustained an injury or illness on operations, of which five were within the latest six-month period (Q3/Q4 2020/21).

The majority (82%) of civilian casualties were Royal Fleet Auxiliary (RFA) personnel on Op KIPION.

99 UK armed forces casualties in the last 6 month period (1 Oct 2020 – 31 Mar 2021)



UK service personnel who sustained an injury or had an illness whilst on operations by type of casualty, numbers 1 Oct 2020 to 31 Mar 2021



1 Casualties with a severity of 'serious' include those with a NOTICAS casualty severity of very seriously or seriously injured/ill (VSI/SI)

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Background Quality Report: UK armed forces and UK civilian operational casualty and fatality statistics background quality report

Would you like to be added to our contact list so that we can inform you about updates to these statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing: Analysis-PQ-FOI@mod.gov.uk

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Introduction

This biannual report provides statistical information on the number of UK armed forces personnel and UK entitled civilians who were injured, became ill or died on overseas joint operations led by PJHQ. This statistical bulletin replaces the casualty and fatality statistics previously reported.

MOD is committed to publishing casualty and fatality information on all medium scale operations and any which are deemed to be of high interest to the public. Release of these statistics prior to 20 May 2021 was limited to UK armed forces personnel on Operations KIPION (Middle East), SHADER (Iraq and Syria), TORAL (Afghanistan) and GRITROCK (Ebola crisis in West Africa). Reports have been previously published for Op TELIC (Iraq) and Op HERRICK (Afghanistan).

In agreement with Personnel Joint Headquarters (PJHQ) who run overseas joint operations, the statistics have been expanded to include further PJHQ led operations to improve the coverage and clarity of reporting. The following operations have been added to the statistics: Op BRANTA (Egypt), Op CABRIT (Poland and Estonia), Op ELGIN (Bosnia), Op ORBITAL (Ukraine), Op TOSCA (Cyprus), Op NEWCOMBE (Mali), Op PERCIVAL (Democratic Republic of the Congo), Op TANGHAM (Somalia), Op TRENTON (South Sudan), Op TURUS (Nigeria) and Op VOGUL (South Sudan). Figure 1 presents the time series by operation to show the data presented in this report.

Operations that have now ended (Op GRITROCK, which ended in November 2015, Op TRENTON, which ended in March 2020, Op TELIC, which ended in July 2009 and Op HERRICK, which ended in November 2014) have been included in the overall numbers presented from 1 January 2006 onwards. Further breakdowns for casualties and fatalities on these operations can be found in the following historic publications:

[Op TELIC casualty and fatality tables](#)

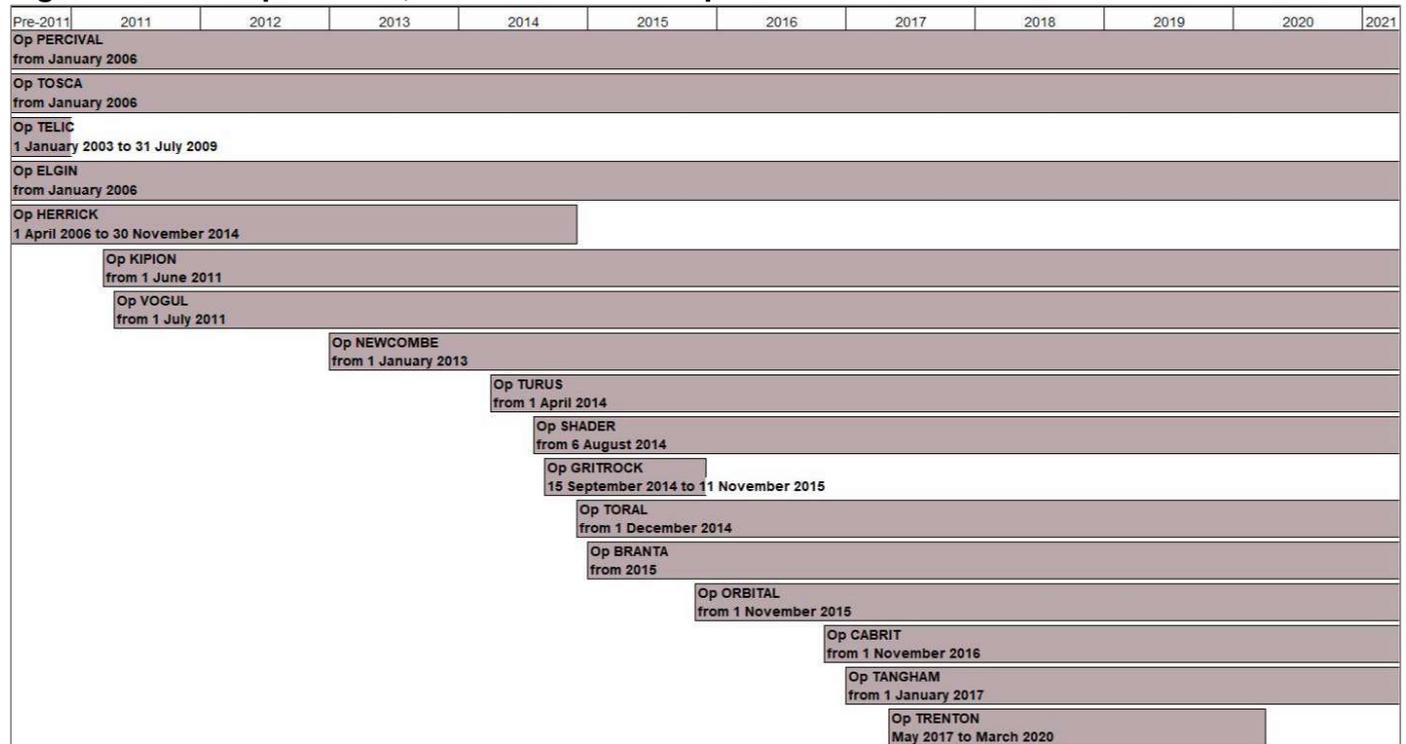
[Op HERRICK casualty and fatality tables](#)

[Annex - Op GRITROCK casualty and fatality figures](#)

This report has been published to support the MOD's commitment to release information wherever possible. The report has been provided in response to requests for information about UK service personnel deployed on current operations. The MOD are committed to making information on operational casualties public but must draw a line between how much information is provided regularly in the public domain and information which compromises operational security of UK armed forces personnel or which risks breaching an individual's right to medical confidentiality.

Please note that the figures presented are based on casualties that meet the reporting criteria for this Official Statistic, i.e. casualties resulting in an initial NOTICAS being raised, admission to a UK led field hospital (where data are available) or an aeromedical evacuation. The report does not include numbers seen at primary healthcare or numbers referred to secondary healthcare in the UK following their return from an overseas operation.

Figure 1: PJHQ operations, time series of data presented¹



¹ Data is only centrally compiled from 1 January 2006.

In 2009 the former Prime Minister, Gordon Brown, announced an Inquiry to identify the lessons that could be learnt from the Iraq conflict, chaired by Sir John Chilcot (known as the Chilcot Inquiry). Following the publication of the Chilcot report¹, the MOD committed to include in this bulletin reporting on *all* civilian casualties² who were admitted to UK led field hospitals on combat operations (to include local civilians). Since the commitment in 2017, the UK armed forces have not deployed to a combat zone with a UK field hospital. However, we will continue to monitor the status of overseas operations and expand the civilian casualty reporting to include these numbers when required.

¹ <https://webarchive.nationalarchives.gov.uk/20171123123237/http://www.iraqinquiry.org.uk/>

² https://webarchive.nationalarchives.gov.uk/20171123123908/http://www.iraqinquiry.org.uk/media/246676/the-report-of-the-iraq-inquiry_section-170.pdf

Overall results

Data are presented from 1 January 2006 (the commencement of centrally held collated data) to 31 March 2021 (the latest data available) with recent trends presented from 1 January 2015 (marking the first full quarter of data following the end of combat operations in Afghanistan).

Further operation specific breakdowns are available in the supplementary tables accompanying the report for previously unpublished and ongoing operations where more than 50 casualties have been reported in total, and in the historic official statistic reports for Operations TELIC³, HERRICK⁴ and GRITROCK⁵.

Table 1: UK service personnel who sustained an injury, had an illness or died whilst on operations by theatre and injury classification, numbers^{6,7,8}

1 January 2006 to 31 March 2021

Theatre	Date	All	All fatalities	All casualties	Casualties			
					BI	NBI	D	NK
All theatres		16,844	545	16,299	2,644	5,634	7,760	261
Op PERCIVAL (Democratic Republic of the Congo)	Unknown to present	1	0	1	0	0	1	0
Op TOSCA (Cyprus)	1974 to present	82	2	80	0	41	39	0
Op TELIC (Iraq)	1 January 2003 to 31 July 2009	4,252	81	4,171	322	1,419	2,223	207
Op ELGIN (Bosnia and Herzegovina)	December 2004 to present	3	0	3	0	2	1	0
Op HERRICK (Afghanistan)	1 April 2006 to 30 November 2014	10,831	449 ^r	10,382	2,319	3,386	4,623	54
Op KIPION (Middle East)	June 2011 to present	616	3	613	0	299	314	0
Op VOGUL (South Sudan)	July 2011 to present	0	0	0	0	0	0	0
Op NEWCOMBE (Mali)	January 2013 to present	28	0	28	0	11	17	0
Op TURUS (Nigeria)	April 2014 to present	12	0	12	0	4	8	0
Op SHADER (Iraq and Syria)	9 August 2014 to present	285	4	281	3	144	134	0
Op GRITROCK (Sierra Leone)	15 September 2014 to 11 November 2015	59	0	59	0	11	48	0
Op TORAL (Afghanistan)	1 December 2014 to present	197	3	194	0	83	111	0
Op BRANTA (Egypt)	2015 to present	0	0	0	0	0	0	0
Op ORBITAL (Ukraine)	November 2015 to present	13	0	13	0	6	7	0
Op CABRIT (Poland and Estonia)	1 November 2016 to present	306	3	303	0	200	103	0
Op TANGHAM (Somalia)	January 2017 to present	10	0	10	0	3	7	0
Op TRENTON (South Sudan)	May 2017 to March 2020	149	0	149	0	25	124	0

Source: Initial NOTICAS (JPA), field hospital admissions data and Aeromedical Evacuation Control Centre (AECC) database

⁶ Figures presented are based on casualties that meet the reporting criteria for this Official Statistic, i.e. casualties resulting in an initial NOTICAS being raised, admission to a UK led field hospital (where data are available) or an aeromedical evacuation.

⁷ Data is only centrally compiled from 1 January 2006.

⁸ Figures for Op TELIC and Op HERRICK do not include casualties with a NOTICAS injury classification of natural causes, or those with a severity of incapacitating injury/illness (III) or unlisted casualty (UL), in line with previously published reports.

NK refers to records where the injury classification was not available.

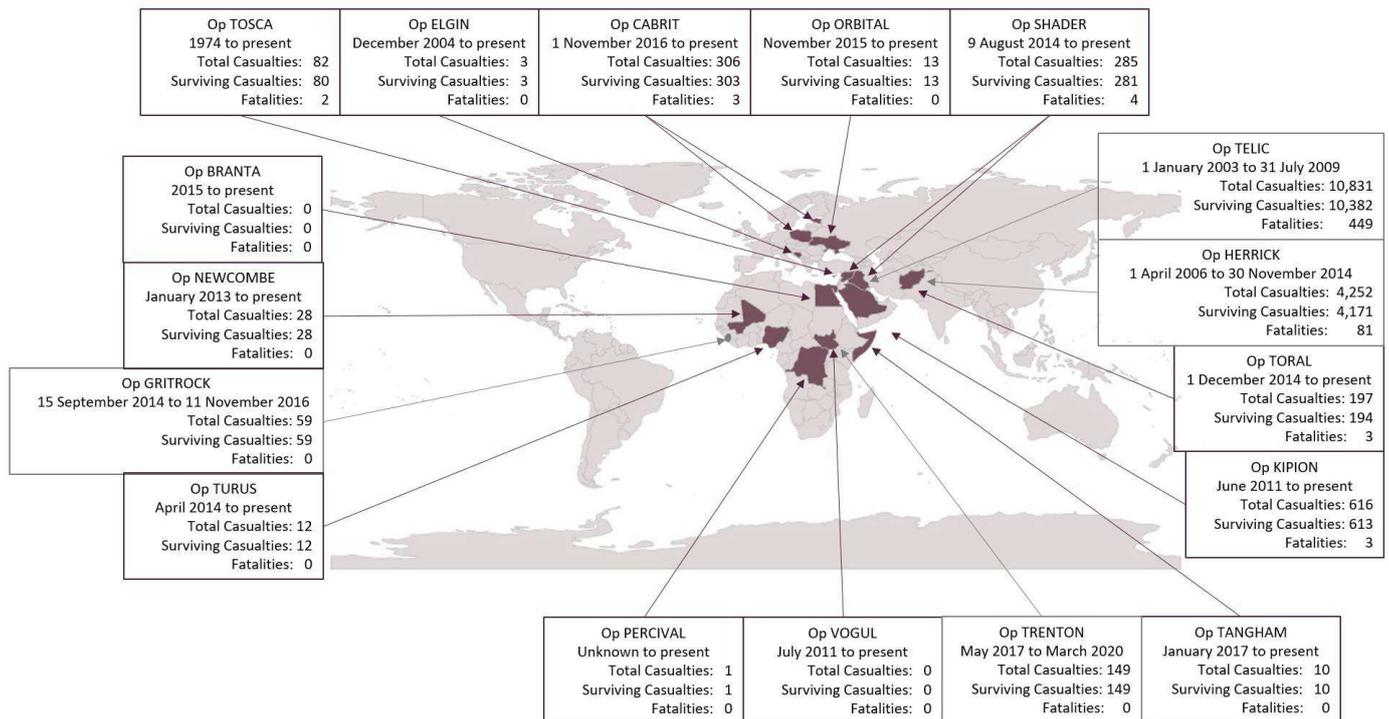
r – there is one additional fatality presented for Op HERRICK compared to previously published reports. This is due to one person subsequently dying from injuries sustained on Op HERRICK.

³ [Op TELIC casualty and fatality tables](#)

⁴ [Op HERRICK casualty and fatality tables](#)

⁵ [Annex - Op GRITROCK casualty and fatality figures](#)

Figure 2: UK service personnel who sustained an injury, had an illness or died whilst on operations by theatre, numbers¹
1 January 2006 to 31 March 2021



UK service personnel

During the latest six-month period, 1 October 2020 to 31 March 2021 (Q3/Q4 2020/21), there were **99** UK service personnel who sustained an injury or had an illness whilst on operations^{6,7}. Of these **49** were non-battle injuries and **50** were natural causes (Table 3).

Between 1 October 2020 and 31 March 2021:

- Of the **49** non-battle injuries, **one** was very seriously ill, **two** were seriously ill, **17** were unlisted conditions (UC) and **29** had no severity recorded⁸.
- Of the **50** natural causes, **one** was very seriously ill, **one** was seriously ill, **three** had an incapacitating illness, **15** were unlisted conditions and **30** had no severity recorded⁸.
- **78**⁹ UK service personnel were aeromedically evacuated from operations.

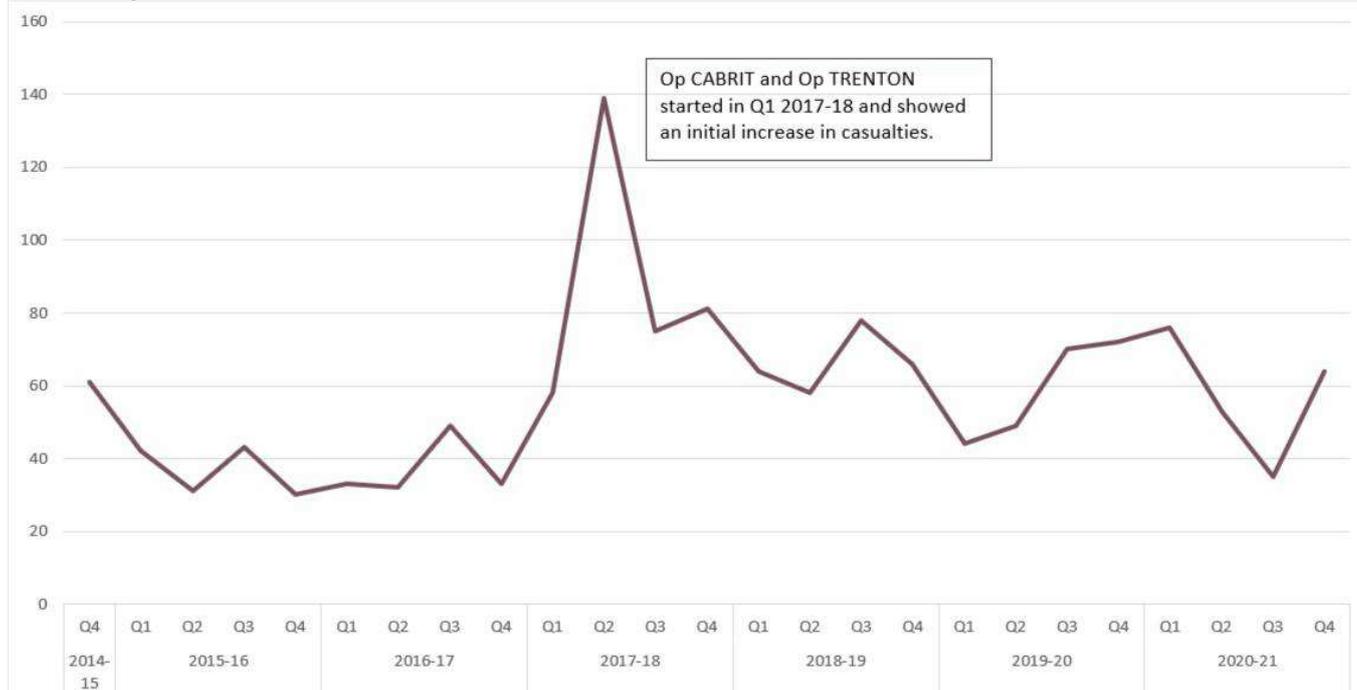
⁶ Includes Operations KIPION, SHADER, TORAL, BRANTA, CABRIT, ELGIN, ORBITAL, TOSCA, NEWCOMBE, PERCIVAL, TANGHAM, TURUS, VOGUL.

⁷ Figures presented are based on casualties that meet the reporting criteria for this Official Statistic, i.e. casualties resulting in an initial NOTICAS being raised, admission to a UK led field hospital (where data are available) or an aeromedical evacuation.

⁸ Not all casualties will have a NOTICAS raised and therefore the severity classification is not recorded.

⁹ The injury/natural cause for which a was aeromedically evacuated may have occurred in a previous quarter.

Figure 3: UK service personnel who sustained an injury, had an illness or died whilst on operations by financial year and quarter, numbers
 1 January 2015 to 31 March 2021



Source: Initial NOTICAS (JPA), field hospital admissions data and Aeromedical Evacuation Control Centre (AECC) database

Table 2 presents the number of UK service personnel who sustained an injury, had an illness or died whilst on operations from 1 January 2015 to 31 March 2021. For survivors, the overall numbers are also broken down to show casualty severity (for those where a NOTICAS was raised), the number who were admitted to a UK led field hospital (where data are available) and the number who were subsequently aeromedically evacuated. The methodology section provides further information on these data sources.

Table 2: UK service personnel who sustained an injury, had an illness or died whilst on operations¹ by financial year, quarter, casualty severity^{2,3}, and outcome (hospitalisation⁴/aeromed⁵), numbers⁶
1 January 2015 to 31 March 2021

Quarter/Year of injury/death	All Casualties														
	All	Fatalities ²	Survivors ²	Casualty Severity ³								Hospitalisation ⁴		Aeromed ⁵	
				VSI	%	SI	%	Ill	%	UL	%	No. of Personnel	%	No. of Personnel	%
All	1,448	14	1,434	11	1	38	3	59	4	611	43	71	5	1,123	78
2014-15 (Q4)	62	1	61	0	0	3	5	1	2	47	77	0	0	28	46
2015-16	147	3	144	2	1	2	1	5	3	65	45	0	0	123	85
2016-17	148	1	147	0	0	8	5	5	3	98	67	0	0	124	84
2017-18	355	2	353	3	1	8	2	17	5	156	44	66	19	213	60
2018-19	269	3	266	1	0	3	1	15	6	90	34	5	2	232	87
2019-20	238	3	235	3	1	7	3	9	4	79	34	0	0	210	89
1 April - 30 June (Q1)	44	0	44	1	2	3	7	5	11	19	43	0	0	32	73
1 July - 30 September (Q2)	50	1	49	1	2	1	2	1	2	25	51	0	0	44	90
1 October - 31 December (Q3)	70	0	70	0	0	1	1	1	1	19	27	0	0	68	97
1 January - 31 March (Q4)	74	2	72	1	1	2	3	2	3	16	22	0	0	66	92
2020-21	229	1	228	2	1	7	3	7	3	76	33	0	0	193	85
1 April - 30 June (Q1)	76	0	76	0	0	2	3	2	3	28	37	0	0	65	86
1 July - 30 September (Q2)	54	1	53	0	0	2	4	2	4	16	30	0	0	50	94
1 October - 31 December (Q3)	35	0	35	1	3	2	6	0	0	11	31	0	0	31	89
1 January - 31 March (Q4)	64	0	64	1	2	1	2	3	5	21	33	0	0	47	73

Source: Initial NOTICAS (JPA), field hospital admissions data and Aeromedical Evacuation Control Centre (AECC) database

1 Includes Operations KIPION, SHADER, TORAL, BRANTA, CABRIT, ELGIN, ORBITAL, TOSCA, NEWCOMBE, PERCIVAL, TANGHAM, TRENTON, TURUS, VOGUL and GRITROCK.

2 In the survivors section, the year refers to the financial year in which the injury occurred. In the fatalities section, the year refers to the financial year in which personnel died. It is therefore possible for an individual to be injured in one financial year and die in a subsequent financial year. If a casualty previously recorded as a surviving casualty subsequently dies from their wounds/injuries, they will only be recorded in the fatalities section. For each incident, casualties are presented in each of the categories where they have data recorded (e.g. NOTICAS, hospitalisation and aeromed) and only once in the total.

3 Not all casualties will have a NOTICAS raised and therefore the severity classification is unknown.

4 The number of hospitalisations is currently only available for Operation TRENTON.

5 Personnel aeromedically evacuated from theatre are presented in the year (or quarter) that the injury or illness occurred – please note the aeromed may have been in a subsequent year or quarter.

6 Figures presented are based on casualties that meet the reporting criteria for this Official Statistic, i.e. casualties resulting in an initial NOTICAS being raised, admission to a UK led field hospital (where data are available) or an aeromedical evacuation.

Table 3: UK service personnel who sustained an injury, had an illness or died whilst on operations¹ by financial year, quarter and injury classification, numbers^{2,3}
1 January 2015 to 31 March 2021

Quarter/Year of injury/death	All Casualties	Survivors ²				Fatalities ²			
		All Survivors	BI	NBI	D	All Fatalities	DOP	KIA	DOW
All	1,448	1,434	3	669	762	14	13	1	0
2014-15 (Q4)	62	61	0	19	42	1	1	0	0
2015-16	147	144	0	67	77	3	3	0	0
2016-17	148	147	0	67	80	1	1	0	0
2017-18	355	353	0	147	206	2	2	0	0
2018-19	269	266	0	140	126	3	3	0	0
2019-20	238	235	3	123	109	3	2	1	0
1 April - 30 June (Q1)	44	44	0	19	25	0	0	0	0
1 July - 30 September (Q2)	50	49	0	23	26	1	1	0	0
1 October - 31 December (Q3)	70	70	0	35	35	0	0	0	0
1 January - 31 March (Q4)	74	72	3	46	23	2	1	1	0
2020-21	229	228	0	106	122	1	1	0	0
1 April - 30 June (Q1)	76	76	0	27	49	0	0	0	0
1 July - 30 September (Q2)	54	53	0	30	23	1	1	0	0
1 October - 31 December (Q3)	35	35	0	23	12	0	0	0	0
1 January - 31 March (Q4)	64	64	0	26	38	0	0	0	0

Source: Initial NOTICAS (JPA), field hospital admissions data and Aeromedical Evacuation Control Centre (AECC) database

1 Includes Operations KIPION, SHADER, TORAL, BRANTA, CABRIT, ELGIN, ORBITAL, TOSCA, NEWCOMBE, PERCIVAL, TANGHAM, TRENTON, TURUS, VOGUL and GRITROCK.

2 In the survivor's section, the year refers to the financial year in which the injury occurred. In the fatalities section, the year refers to the financial year in which personnel died. It is therefore possible for an individual to be injured in one financial year and die in a subsequent financial year. If a casualty previously recorded as a surviving casualty subsequently dies from their wounds/injuries, they will only be recorded in the fatalities section.

3 Figures presented are based on casualties that meet the reporting criteria for this Official Statistic, i.e. casualties resulting in an initial NOTICAS being raised, admission to a UK led field hospital (where data are available) or an aeromedical evacuation.

UK entitled civilians

Between 1 January 2015 and 31 March 2021, there were **38** UK entitled civilians who sustained an injury or illness whilst on operations. Of these, **five** were sustained within the latest six-month period (Q3/Q4 2020/21). The majority (**82%**) were Royal Fleet Auxiliary (RFA) personnel on Op KIPION. The civilian-manned RFA delivers worldwide logistical and operational support for the wide range of tasks the Royal Navy undertakes including warfighting, counter-piracy, humanitarian and disaster relief, and counter-narcotics operations.

The number of entitled civilian casualties by operation can be found in the accompanying supplementary tables.

Methodology

This section provides a brief summary of the data sources and methodology; more detailed information is available in the [background quality report \(BQR\)](#) for this bulletin.

Data sources

Data on operational casualties are compiled by Defence Statistics from the following data sources:

Initial Notification of Casualty (NOTICAS)

Notification of Casualty (or "NOTICAS") is the name for the formalised system of reporting casualties within the UK Armed Forces. NOTICAS information was centrally compiled from January 2006.

As the formalised system of reporting casualties within the UK armed forces the quality of NOTICAS data is good. Enough information is provided within the NOTICAS to inform the individual's next of kin. However, the remarks field, which indicates the nature of injury, is free text and on occasions, there is little, or no information provided. Therefore, the cause of injury can sometimes be recorded incorrectly. For example, a casualty may be recorded as natural causes but once the data is compared against other records such as aeromedical evacuation data, it may be identified as a non-battle injury.

Aeromedical Evacuation

Aeromedical Evacuation is the medically supervised movement of patients to and between medical facilities by air transportation. Defence Statistics receive aeromedical evacuation records fortnightly from the Aeromedical Evacuation Control Centre (AECC) at RAF Brize Norton for operations.

The quality of aeromed data is reasonable; the data fields that are critical to ensure medically supervised movement of patients to and between medical facilities by air transportation are fully populated and accurate. However, there are some fields that are not critical for the movement of the patient that occasionally require validation with other data sources to ensure higher data quality. For example:

- The operation name is not always provided, and it isn't until the record is compared with other casualty data that it can be determined as an operational record.
- The diagnosis code in the aeromed dataset is used to determine whether the casualty has a battle injury, non-battle injury or natural cause. There are some codes that can cover both injury and illness, making it hard to categorise the casualty. On these occasions cross-validation with other casualty data or from speaking to the AECC team would normally provide the correct categorisation.

Field hospital admissions - Medical audit forms (MAF)

Defence Statistics received Medical Audit Forms (MAF) for all patients treated at the Kerry Town Treatment Unit (KTTU) in Sierra Leone, and UK service personnel admitted to the UK led field hospital on Op TRENTON.

The MAF form was based on the World Health Organisation case record form. It was used to collect baseline presentation data (e.g. demographic and symptom details when they first arrived at the facility), daily data (e.g. laboratory and clinical data as it occurs) and outcome data (e.g. final diagnosis, discharge, death). The level of detail completed on the MAF forms varied greatly, with some records only containing basic details about the field hospital admission. Therefore some records required validation with other data sources to ensure accuracy.

Operational fatalities

Defence Statistics receive weekly notifications of all regular armed forces deaths from the Joint Casualty and Compassionate Cell (formerly the single service casualty cells). Defence Statistics also receive cause of death information from military medical sources in the single services. At the end of each calendar year, Defence Statistics cross-reference the medical information it holds against publicly available death certificate information available from NHS Digital and The General Registrars Office Scotland.

Methodology

The overall figures for the number of casualties and fatalities on operations are compiled from the multiple data sources described above. Further details of the processing and validation of the data can be found in the Background Quality Report (BQR).

The injury, natural cause (including illness) or death is presented in the time period in which it occurred. If a UK service person or UK entitled civilian has more than one casualty incident reported, each will be presented in the time period in which it occurred.

A casualty or fatality will only be presented once per incident in the total number of casualties, even if they appear in multiple data sources (e.g. a casualty who has NOTICAS, field hospital and aeromed records for the same incident would be presented in each separate category but only once in the total).

A casualty will only be presented once per incident; either as a surviving casualty or an operational related death. If a casualty who was previously recorded as a surviving casualty subsequently dies from their wounds/injuries, they will only be presented in the fatalities section.

Operation details

Op TOSCA (1974 to present) is the UK contribution to the United Nations Peacekeeping Force in Cyprus (UNFICYP). The Military Component mission is to prevent a recurrence of fighting, maintain a stable environment in order to enable a just and lasting political solution to be found.

[United Nations Peacekeeping Force in Cyprus \(UNFICYP\)](#)

[British troops keep the peace in Cyprus](#)

Op TELIC (March 2003 to May 2011) UK Forces were deployed to Iraq to support the Government's objective to remove the threat that Saddam Hussein posed to his neighbours and his people and, based on the evidence available at the time, disarm him of his weapons of mass destruction. The Government also undertook to support the Iraqi people in their desire for peace, prosperity, freedom and good government. There was a drawdown of troops in July 2009 and Op TELIC finished on 21 May 2011.

Op ELGIN (Bosnia and Herzegovina) (December 2004 to present) in support of/UK contribution to Op ALTHEA / EUFOR. Op ELGIN (B) was the codename for the UK contribution to Op ALTHEA until 31 December 2020 when the UK left the European Union and EU CSDP Missions. Op ELGIN (B) remains a UK operation in Bosnia and Herzegovina under the NATO Headquarters in Sarajevo providing UK support to NATO activities and presence within the region.

[European Union Force in Bosnia and Herzegovina \(BiH\)](#)

[UK troops train for Balkans role](#)

[Transfer of responsibility on Operation Althea](#)

Op HERRICK (April 2006 to November 2014) UK Forces were deployed to Afghanistan in support of the UN authorised, NATO led International Security Assistance Force (ISAF) mission.

[Op HERRICK casualty and fatality tables](#)

[Operations in Afghanistan](#)

Op KIPION (June 2011 to present) is the UK's primary deterrence and presence patrol in the Middle East and has been running since 2011. Op KIPION is a combination of Royal Navy operations in the Middle East patrolling the Strait of Hormuz, Suez Canal and counter piracy in the Indian Ocean, and RAF operations in the broader Middle East.

[Operation KIPION](#)

[UK military presence in the Gulf](#)



Type 45 destroyer HMS Dragon pictured in the Middle East during Op KIPION 2013.

Source: Royal Navy

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Op VOGUL (July 2011 to present) is the UK commitment to the United Nations Mission in South Sudan (UNMISS).

[United Nations Mission in South Sudan \(UNMISS\)](#)

[UK medical support to largest UN peacekeeping mission in South Sudan continues after hospital handover to Vietnam](#)

Op NEWCOMBE (January 2013 to present) - MINUSMA is the United Nations Multidimensional Integrated Stabilisation mission in Mali. Established in 2013, the mission was asked to support the transitional authorities of Mali in the stabilisation of the country. Op NEWCOMBE is the UK commitment to that mission.

[MINUSMA](#)

[300 British troops deploy to Mali on UN peacekeeping mission](#)

[Mali deployment](#)



A French Véhicule de l'Avant Blindé (VAB) armoured vehicle being unloaded from a UK C17, which landed at Bamako airport, Mali in support of Operation NEWCOMBE.

Source: RAF

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Op TURUS (April 2014 to present) was established following the abduction of the Chibok girls in April 2014. It is the deployment of the UK commitment to the French Sponsored multi-national Liaison and Coordination Cell (LCC) to N'Djamena, Chad in order to advise and assist the Lake Chad Basin Accord nations to more effectively counter Boko Haram (BH).

[UK team deploys to train Nigerian forces fighting Boko Haram](#)

Op SHADER (August 2014 to present) The MOD is providing military support to the US led coalition to defeat [Daesh](#) in Iraq and Syria. This support includes training Kurdish forces with over 320 tonnes of UK gifted weapons, UK gifted machine guns, ammunition and other military equipment. Since the parliamentary vote, the RAF has flown successful strikes and provided valuable intelligence and surveillance. The number of UK military and civilian casualties and fatalities that occurred on operations in Iraq between 1 January 2003 and 31 July 2009 is available via the national archive website [Op TELIC casualty and fatality tables](#).



RAF Tornado GR4's over Iraq on an armed reconnaissance mission in support of Op SHADER.

Source: RAF

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Op GRITROCK (15 September 2014 to 11 November 2015) The Ebola crisis in West Africa was beyond the capacity of national authorities and non-governmental organisations (NGOs) alone. The MOD assisted the Department for International Development (DfID) in providing a key component in the UK's response. MOD involvement enabled western standard medical care for Ebola and non-Ebola (disease and non-battle injury) patients, whilst taking the necessary measures to contain a wider outbreak. Following the World Health Organisation (WHO) declaring Sierra Leone free from Ebola Virus Disease (EVD) on 7 November 2015 and given that the DfID had requested military support only until Sierra Leone had reached zero cases plus 42 days, there was no further requirement for military support to DfID. Therefore, Operation GRITROCK came to an end when remaining UK service personnel had returned to the UK on 11 November 2015.

[First British Ebola treatment facility opens in Sierra Leone](#)

[Military support to the fight against ebola comes to a close](#)



The Kerry Town Treatment Centre in Sierra Leone near the capital Freetown.

Source: Royal Navy

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Op TORAL: (December 2014 to present) The UK's post 2014 contribution to operations in Afghanistan under the NATO RESOLUTE SUPPORT MISSION. Casualty and fatality statistics for operations VERITAS and HERRICK in Afghanistan (Oct 2001 to Dec 2014) have been published by MOD on a monthly basis since 2006 [Op HERRICK casualty and fatality tables](#).

[Operations in Afghanistan](#)



An RAF Puma deployed on Operation TORAL in Afghanistan

Source: RAF

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Op BRANTA (2015 to present) - The mission of the Multinational Force and Observers (MFO) is to supervise the implementation of the security provisions of the Egyptian-Israeli Treaty of Peace and employ best efforts to prevent any violation of its terms.

[Multinational Force and Observers \(MFO\)](#)

[Defence Secretary announces UK support to peacekeeping mission](#)

Op ORBITAL (November 2015 to present) is the UK's bi-lateral commitment to Ukraine; the UK's capacity building support to the Ukrainian Armed Forces (UAF).

[Defence Secretary welcomes Ukraine receiving NATO enhanced opportunity partner status](#)

Op CABRIT (1 November 2016 to present) is the UK's contribution to NATO's enhanced Forward Presence (eFP) in Estonia and Poland. The 2016 NATO Summit in Warsaw set the conditions for the establishment of an EFP in Estonia, Latvia, Lithuania and Poland to strengthen Euro-Atlantic security. UK Armed Forces have a leading role to enhance Euro-Atlantic security, reassure our Allies and deter our adversaries. About 900 British personnel will rotate on a continuous basis alongside Danish, French, and host nation Estonian forces.

[enhanced Forward Presence \(eFP\)](#)

[UK troops arrive in Estonia for major NATO deployment](#)



Image taken in 2018 of 19 Regt, The Royal Regiment of Artillery (in Bulldog vehicle) during the British Army deployed on operations supporting NATO's Enhanced Forward Presence (eFP) forces located in Estonia and Poland.

Source: Army

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Op TANGHAM (January 2017 to present) is the name given to the over-arching operation in Somalia. UK Armed Forces are currently deployed in Somalia to support three organisations; the UN, the AU Mission in Somalia, and direct support to the Somali National Army as part of international efforts to restore security and stability in the region.

[African Union Mission in Somalia \(AMISOM\)](#)

[United Nations Assistance Mission in Somalia \(UNSOM\)](#)

Op TRENTON (May 2017 to March 2020) was the contribution of the United Kingdom in support of the United Nations Mission in South Sudan (UNMISS). As one of the UK's largest operational deployments at the time, the deployment comprised over 300 military personnel. The operation began winding down in January 2020 and the UK engineering task force completed its final tour of duty in March 2020.

[United Nations Mission in South Sudan \(UNMISS\)](#)

[UK medical support to largest UN peacekeeping mission in South Sudan continues after hospital handover to Vietnam](#)

[UKs largest UN mission draws to a close after four successful years](#)



The UN Compound in Malakal, South Sudan where members of the UK Engineer Task Force deployed on Op TRENTON. Pictured are local boys playing football as the sun goes down.

Source: Army

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Op PERCIVAL (unknown to present) - United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO – based on French acronym) aims to reduce Armed Groups to a ‘manageable degree’, protect civilians and stabilise Democratic Republic of the Congo (DRC) through state security institutions and democratic order.

[MONUSCO](#)

Glossary

Aeromedical Evacuation Control Centre (AECC) - Aeromedical Evacuation (AE) is the medically supervised movement of patients to and between medical treatment facilities by air transportation. See Background Quality Report for further information on Aeromed Evacuations.

Battle Injury (BI) - a battle injury includes those wounded as a result of hostile action. This includes injuries sustained whilst avoiding direct or indirect fire. Also described as 'wounded in action'.

Commander of Joint Operations (CJO) – responsible for the completion of UK military objectives for joint overseas operations and exercises including deployment, command, sustain and recovery of all UK Armed Forces.

Died on Operations (DOP) - A casualty who died whilst deployed on, or as a result of operations but is not KIA or DOW. Includes operational accidents, road traffic accidents, assaults, suicides and deaths as a result of natural causes.

Entitled civilian - Entitled civilians include patients eligible either without special financial authority or on a repayment basis for aeromedical evacuation. These patients include Royal Fleet Auxiliary (RFA) personnel, MOD United Kingdom Based Civilians (UKBC's), MOD Contractors, MOD Welfare Organisations and other Government Departments.

Hostile Action (HA) - Hostile action includes deaths categorised as Killed in Action or Died of Wounds.

Killed in Action (KIA) - A battle casualty who is killed outright or who dies as a result of wounds or other injuries before reaching a medical treatment facility.

Died of Wounds (DOW) - A battle casualty who dies of wounds or other injuries received in action, after having reached a medical treatment facility. This only includes those who have died of wounds whilst under the care of Defence Medical Services.

Joint Personnel Administration (JPA) - JPA is the personnel administration system used by the UK armed forces. It is the single authoritative source for demographic information for personnel.

Kerry Town Treatment Unit (KTTU) - The Kerry Town complex included a 12 bed centre staffed by British Army medics specifically for health care workers and international staff responding to the Ebola crisis.

Natural Causes (NC) - natural causes include illness, disease and pregnancy.

Non-Battle Injury (NBI) - a non-battle injury is any injury that is not caused by a hostile act and includes any accidental injuries such as sports injuries, road traffic accidents etc.

Non-Governmental Organisation (NGO) - a non-profit organisation that operates independently of any government, typically one whose purpose is to address a social or political issue.

North Atlantic Treaty Organisation (NATO) - also called the North Atlantic Alliance, is an intergovernmental military alliance between 30 European and North American countries. The organisation implements the North Atlantic Treaty which was signed on 4 April 1949.

Notification of casualty (NOTICAS) - Notification of casualty is the name for the formalised system of reporting casualties within the UK armed forces.

Very Seriously Injured/III (VSI) - Where the patient's condition is of such severity that life or reason is imminently endangered.

Seriously Injured/III (SI) - Where the patient's condition is of such severity that there is cause for immediate concern, but there is no imminent danger to life or reason.

Incapacitating Injury/Illness (III) - Any illness or injury (including battle casualties) which does not warrant classification of VSI or SI but renders then physically and/or mentally incapacitated.

Unlisted casualty (UL) - An individual whose illness or injury requires hospitalisation but whose condition does not warrant classification as VSI, SI or III.

Permanent Joint Headquarters (PJHQ) - PJHQ is responsible for planning and executing UK led joint and multinational overseas military operations; commanding UK Forces which have been assigned to multinational operations led by others; and providing policy aware military advice to the Ministry of Defence (MOD).

Primary care - healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment.

Royal Fleet Auxiliary (RFA) - The civilian-manned RFA delivers worldwide logistical and operational support for the wide range of tasks the Royal Navy undertakes including warfighting, counter-piracy, humanitarian and disaster relief, and counter-narcotics operations.

Secondary care - medical care that is provided by a specialist or facility that requires more specialized knowledge, skill, or equipment than the primary care physician can provide.

United Nations Mission in South Sudan (UNMISS) - UNMISS' objective is to consolidate peace and security, and help establish conditions for development in the Republic of South Sudan, with a view to strengthening the capacity of the Government of South Sudan to govern effectively and democratically and establish good relations with its neighbours.

United Nations Peacekeeping Force in Cyprus (UNFICYP) - UNFICYP is one of the longest-running UN Peacekeeping missions. It was set up in 1964 to prevent further fighting between the Greek Cypriot and Turkish Cypriot communities on the island and bring about a return to normal conditions and maintain a buffer zone between the lines of the Cyprus National Guard and of the Turkish and Turkish Cypriot forces.

Further Information

Pseudo-anonymisation

Prior to analysis the data sources have been linked using a pseudo-anonymisation process. The individual identifiers were stripped from datasets and replaced by a pseudo-anonymiser, generated by an automated sequential numbering system. The importance of the system is that it recognizes previous occurrences of a given service number and allocates the same pseudo-anonymiser on each occasion. The pseudo-anonymisation process can only be reversed in exceptional circumstances controlled by the Caldicott Guardian under strict protocols.

Symbols

~ Figure has been suppressed due to Statistical Disclosure Control

r Revised

Revisions

There are no regular planned revisions of this bulletin. Amendments to figures for earlier years may be identified during the compilation of this bulletin. This will be addressed in one of two ways:

- i. Where the number of figures updated in a table is small, figures will be updated and those which have been revised will be identified with the symbol "r". An explanation for the revision will be given in the footnotes to the table.
- ii. Where the number of figures updated in a table is substantial, the revisions to the table, together with the reason for the revisions, will be identified in the commentary at the beginning of the relevant chapter / section, and in the commentary above affected tables. Revisions will not be identified by the symbol "r" since where there are a large number of revisions in a table this could make them more difficult to read.

Occasionally updated figures will be provided to the editor during the course of the year. Since this bulletin is published electronically, it is possible to revise figures during the course of the year. However, to ensure continuity and consistency, figures will only be adjusted during the year where it is likely to substantially affect interpretation and use of the figures.

Useful links:

[Op TELIC casualty and fatality tables](#)

[Op HERRICK casualty and fatality tables](#)

[Types of injuries sustained by UK service personnel on operations in Afghanistan Op HERRICK 1 April 2006 to 30 November 2014](#)

[Improvised explosive device events involving UK personnel on Op HERRICK in Helmand province Afghanistan](#)

[UK Armed Forces operational deaths post World War 2](#)

Further Information (cont.)

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