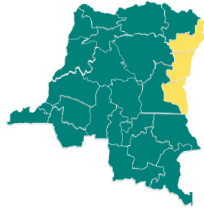




Attacks on health care in the context of the Ebola emergency response in the Democratic Republic of the Congo JANUARY-NOVEMBER 2019



Insecurity is a factor that hinders effective delivery of health services and hampers combating disease risks. Public health measures are challenging to implement in areas outside of state control. Vaccination campaigns are harder to roll out, and complex public health measures to control disease vectors may be impossible.

The efforts to contain the Ebola outbreak in the Eastern part of the Democratic Republic of the Congo (DRC) in 2018 is one important example of such challenges. The protracted conflict in Ituri, North and South Kivu provinces complicated the Ebola response. In the DRC, over **2200 people have died of Ebola** since August 2018, and over **4000 have died of measles** in 2019 alone as vaccination coverage remains very low.

Attacks on health care affect the ability of health care providers to deliver key health services. Under international humanitarian law (IHL), those providing health care in armed conflict are protected. The reality, however, is different. For example, in September, suspected Mai Mai militia **kidnapped a male doctor and two nurses** during their shift from Vukaka hospital, Mususa commune, Kivu. The hostages were released separately by the following day. The doctor was reportedly tortured during his abduction and threatened with being killed, apparently in retaliation for collaborating with Ebola responders. On the 1st October, men armed with knives attacked the Ikala health post in Kamesi Mbonzo village, North Kivu and **set fire to Ebola-related equipment**.

Attacks on health care have received increasing attention over the last years. The UN Security Council Resolution 2286 of 2016 **condemned attacks** against medical facilities and personnel in conflict situations. The **annual report** of the **Safeguarding Health in Conflict Coalition** (SHCC) has highlighted the growing concern of attacks on health care, and the World Health Organisation **Surveillance System on Attacks** on Health Care (SSA) documents attacks in 11 countries.

Better understanding of the nature of attacks on health care within the context of armed conflict and violence is needed to find effective solutions that enable health responses in such challenging environments. With a view to supporting such understanding and the development of more effective responses, **this document provides an overview of the available information on attacks on health care in the Eastern part of the DRC between January to November 2019**. This document is part of the series of information products produced as part of a three months monitoring of attacks on health care, and is funded by the H2H Fund, which is supported by UK Aid.



Data and limitations

The data presented above are neither complete nor comprehensive, and may differ from other sources. The data summarised above have been systematically compiled from two categories of sources: (a) verified security incidents submitted to Insecurity Insight by **Aid in Danger** partner agencies and confirmed incidents published on the publicly available WHO Surveillance System for Attacks on Health Care (SSA) dashboard; and (b) open-source information, as published in the Attacks on Health Care **Monthly News Brief** and the **Information Alerts, ACLED**, and other sources.

Note that these publicly available sources adopt different methodologies, which are available on the source websites. The incidents reported are not a complete nor a representative list of all events that affected the provision of health care in the DRC and have not been independently verified. An attack on health care is defined as any act of verbal or physical violence, obstruction, or threat of violence that interferes with the availability, access, 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. See [here](#) for further information.



Threats and assaults



Arson attacks



Abductions



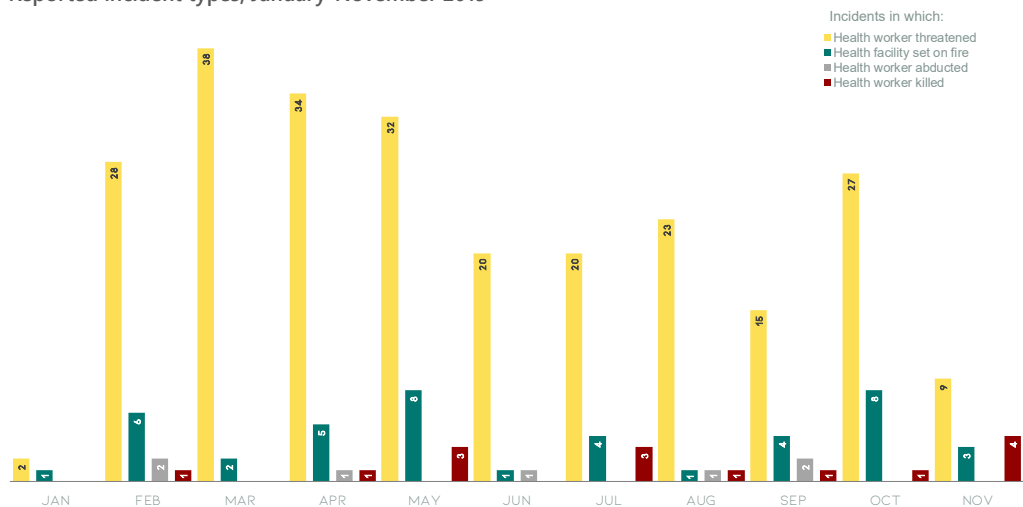
Killings

Overview

At least 424 attacks on health care occurred in the DRC between January and November 2019. Numbers of reported incidents increased following the Ebola outbreak in August 2018. While the majority of attacks on health care in 2019 have occurred in the context of the Ebola response and in Ebola-affected areas, many occur in the context of the on-going violence and insecurity that affect civilian populations in the DRC. These attacks affect both the Ebola response as well as the wider provision of vital health services in the area.

During 2019, the number of reported attacks on health care was highest between February and May but remained elevated through August. The high numbers between February and May coincided with intensified Ebola intervention efforts following the rise in reported Ebola cases in Katwa and Butembo, North Kivu.

Reported incident types, January-November 2019



Arson, along with the use of machetes and stones, constituted the most lethal forms of violence. Staff members were arrested, abducted, injured and killed by non-state and state actors.

Many staff members reported having been threatened or assaulted by community members. Patients were threatened, assaulted, abducted, and killed during these attacks.

National staff members were most at risk, but non-Congolese staff members have also been affected.

Staff members were sometimes targeted directly and also suffered in the context of general insecurity and violence against civilians, particularly in North Kivu and Ituri provinces.



Threats and assaults

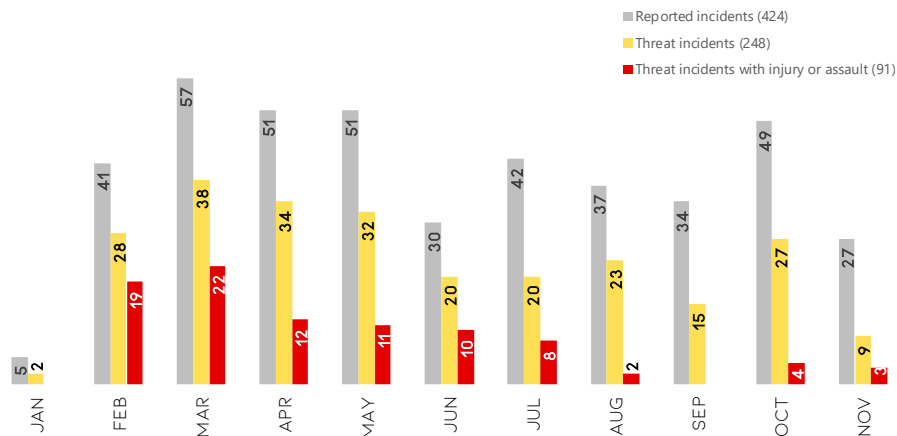
Widespread community distrust and resistance to external help are hampering efforts to contain the spread of Ebola and a recent outbreak of measles.

Reports of community members threatening staff members during programme activities are frequent, and often lead to assaults and injuries. In many of these incidents, staff members are targeted directly.

High numbers were reported between February and May and rose again in October.

Community distrust, particularly for the Ebola outbreak, is rooted in the belief that outsiders, including non-Congolese and Congolese who do not belong to the affected communities, have fabricated the outbreak for their political or economic benefit, or to further destabilise the region. This is exacerbated by the fact that Ebola-affected areas were not allowed to vote in national elections in December 2018, and that many responding to the outbreak come from outside the region and do not speak local languages.

Reported threat incidents, January-November 2019



Arson attacks

Arson attacks are a common security threat for health facilities in unstable areas.

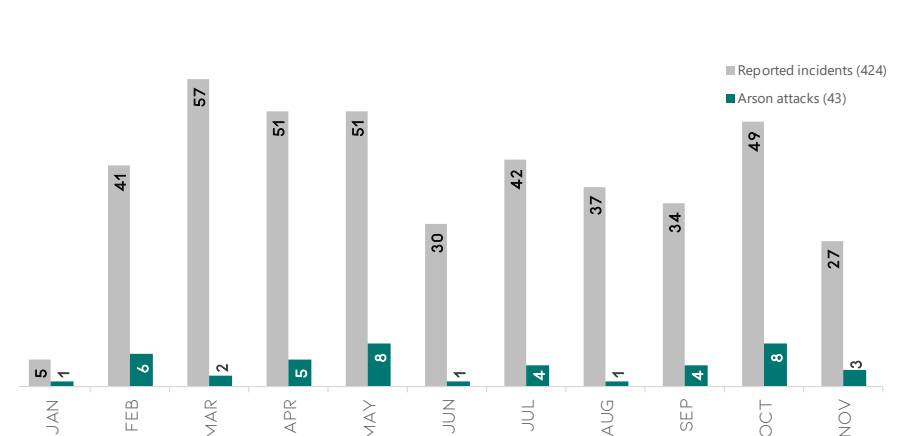
Between January and November 2019, 43 arson attacks on health facilities in the DRC have been reported. The highest number of arson attacks occurred in May and October with high numbers also being reported in February and April.

These attacks occurred in areas where armed groups operate, and where community distrust of efforts is high. The precise motives of the perpetrators remain unclear.

Known perpetrators include communal militia groups, ADF forces and Mai Mai militia. Arson attacks have caused staff member fatalities and injuries and often lead to reduced services that have an impact on locals' access to health care.

In February, in Butembo city, North Kivu, unidentified perpetrators set vehicles and parts of an Ebola treatment centre on fire, destroying medical wards and equipment. Four patients with a confirmed Ebola diagnosis fled the hospital. It is not known if the patients were later found. In March, suspected ADF forces burned down a health clinic and several houses during an attack on Lubwasi town, North Kivu, in which at least six civilians were killed. These incidents decrease access to health care for civilian populations.

Reported arson attacks, January-November 2019





Health worker abductions

At least 16 health workers were abducted by non-state armed groups while travelling to and from intervention sites, at health facilities, or during wider assaults on civilians, as compared to eight in 2018.

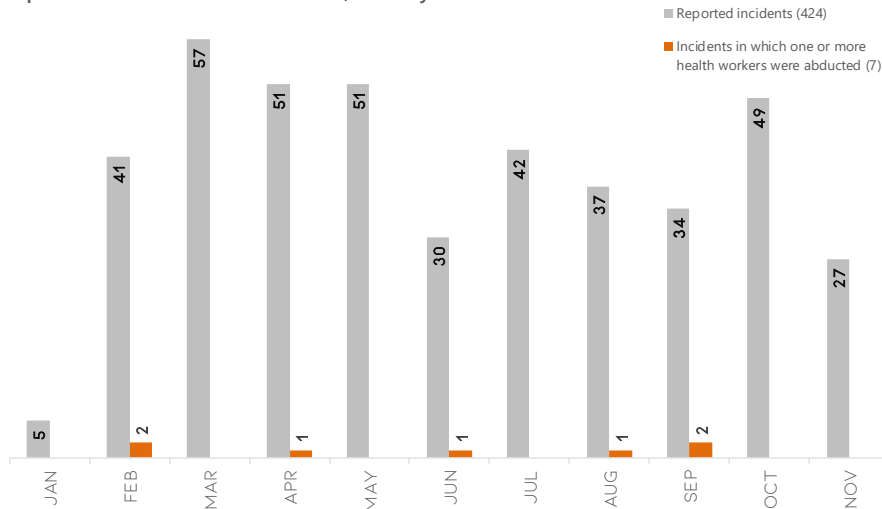
85% of reported kidnappings took place in North Kivu.

Approximately half of the 16 abducted were released within 24 hours. At least two health workers were killed or tortured while in captivity.

In February, a health worker in Vuhovi village was kidnapped and killed by attackers armed with bows and arrows. It is unclear if he was targeted because he was a health worker or for other reasons. In September, a male doctor was kidnapped along with two nurses from Vukaka hospital in Butembo city by suspected Mai Mai militia, tortured and threatened with being killed, apparently in retaliation for collaborating with Ebola responders.

The status of at least four health workers remains unknown.

Reported health worker abductions, January-November 2019



Health worker killings

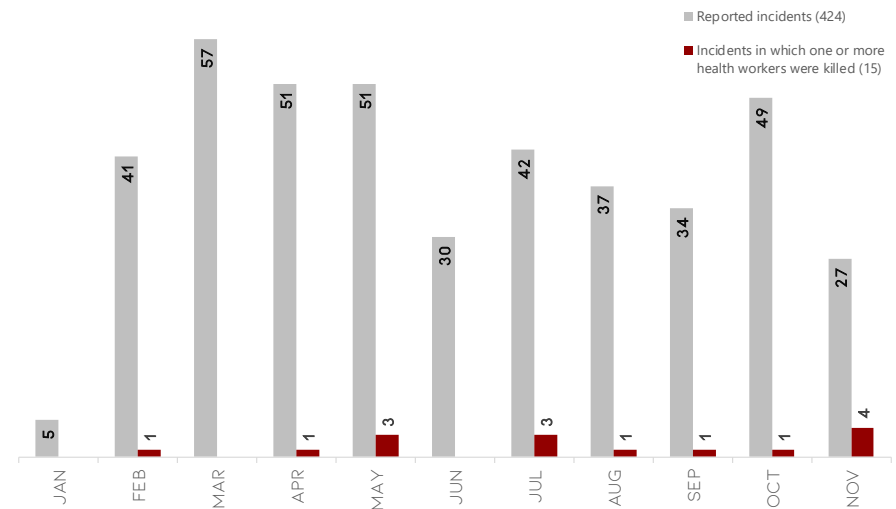
At least 20 health workers have died in violent attacks since January 2019.

Three-quarters of reported health worker killings took place in Beni and Lubero territories, North Kivu.

Perpetrators of these attacks include suspected members of armed groups, civilians, and other health workers, but the precise circumstances are not known. Many attackers used rudimentary weapons such as machetes, sticks and stones.

In July 2019, unidentified attackers killed two national Ebola health workers in Mukulia village, North Kivu. The staff members had been receiving threats since last December, and one had already been previously attacked.

Reported health worker killings, January-November 2019





Further resources

Reports

- **Monthly News Briefs:** Safety, security and access incidents that affect health workers, infrastructure and services around the world. It is compiled from open sources with links to the original information where possible, and provides a summary of WHO SSA reported events.
- **Information Alerts:** Latest information on reported attacks on health care in the DRC. Available in English and French.
- **Impunity Remains:** The 2019 Safeguarding Health in Conflict Coalition report focuses on 973 attacks on health workers, health facilities, health transports, and patients in 23 countries in conflict in 2018. Executive summary available in **Arabic, English** and **French**.

Datasets on the Humanitarian Data Exchange (HDX)

- **Attacks on Health Care in the DRC during the Ebola Response:** This dataset contains verified submissions from Aid in Danger partner agencies and open-source data for incidents affecting the delivery of health care in the DRC between January 2018 and November 2019.
- **Attacks on Health Care Monthly News Brief:** This dataset contains open-source data on global incidents affecting the delivery of health care as published in the Attacks on Health Care Monthly News Brief.
- **Attacks on Health Care in 23 Countries in Conflict:** This dataset contains data on attacks on health care in 23 countries which supports the Safeguarding Health in Conflict Coalition (SHCC).

This document was produced by **Insecurity Insight** as part of the **H2H Network** DR Congo Ebola response activation. The H2H Network consists of more than 60 organisations that provide services to support other humanitarian responders. This document has been funded by the **H2H Fund**, which is supported by UK aid from the UK government. The H2H Fund is a network service that supports members to quickly provide their services in specific emergencies.

This information is part of the general data collection carried out by Insecurity Insight in support of the Safeguarding Health in Conflict Coalition (**SHCC**) and the Researching the Impacts of Attacks on Healthcare Project (**RIAH**). Supported by the Department for International Development (**DFID**) of the UK government. Image: Goran Tomasevic/REUTERS

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