

DRC

Violence Against Health Care in Conflict 2021



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



During the past 18 months the list of health care systems that have been destroyed or severely compromised by war-related violence lengthened. Three-quarters of the health facilities in Ethiopia's Tigray region were destroyed or damaged in the conflict that began in November 2020. In the now-forgotten conflict in Gaza in the spring of 2021, 30 health facilities were damaged. In Myanmar the public health system has all but collapsed since the coup in February 2021, because many hospitals have been occupied by the military, while COVID-19, HIV, TB, and malaria programs stalled and 300 health workers were arrested. Then in February 2022 Russia began attacking hospitals, ambulances, and health workers during its invasion of Ukraine. By the end of April 2022, The World Health Organizations confirmed almost 200 such attacks.

The past year was marked by continued international failure to prevent such attacks and hold perpetrators to account. Governments' expressions of horror at the violence continued without being accompanied by action. By the fifth anniversary of the passing of UN Security Council Resolution 2286, in which governments committed to concrete actions to prevent such attacks and increase accountability, very little had been done. Nor did the Security Council consider new course corrections to implement the resolution's requirements.

At the same time, one of the foundations of action, the WHO's systems for tracking attacks, remained inadequate to its function. Except for reporting in Myanmar and Ukraine, where widespread attention increased pressure to collect data, the system severely under-reported incidents. In Ethiopia, despite the effective destruction of the health system and the murder of health workers in Tigray region and other attacks in Afar and Amhara regions, the WHO reported zero attacks in the country for the whole of 2021. This failure no doubt contributed to the lack of global attention to the dire situation in Ethiopia. When the WHO system did report, it continued to withhold information essential to understanding what took place and where attacks occurred.

There were some advances in the area of accountability. Germany obtained a conviction of a Syrian war criminal under principles of universal jurisdiction (although not for crimes involving attacks on health care). The prosecutor of the International Criminal Court (ICC) accepted Ukraine's request to investigate alleged war crimes there. But these cases did not address the continuing structural problem that permits the five permanent members of the Security Council to block certain referrals to the ICC, but nevertheless are a sign that accountability may finally be on the increase.

Perhaps 2022 will be an inflection point, as images and reports of attacks on health care and their consequences in Ukraine continue to go viral, accompanied by frequent and loud demands for accountability – but it won't be if the lassitude of the international community continues.



Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

[!\[\]\(6059a5aa8b4ca7bb793408023d6c6e42_img.jpg\) Methodology | Full Report](#)

Democratic Republic of the Congo (DRC)



On October 28, 2021 suspected Cooperative for the Economic Development of Congo (CODECO) rebels ambushed an international health organization vehicle traveling in the Democratic Republic of the Congo's Ituri province with five health workers on board. Two staff sustained gunshot injuries. Following the ambush, the organization temporarily suspended its activities in the Bambu health zone to protect staff, patients, and assets from further violence.¹

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2021 SHCC DRC Health Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 127 incidents of violence against or obstruction of health care in the eastern part of the Democratic Republic of the Congo (DRC) in 2021, compared to 81 incidents in 2020.² Vital medical supplies were looted, 35 health workers were kidnapped, 28 arrested, and 26 others injured in these incidents.

This factsheet is based on the dataset [2021 SHCC DRC Health Data](#), which is available for download on the Humanitarian Data Exchange (HDX).³

THE CONTEXT

Protracted conflict-related violence in the eastern DRC continued in 2021. Following the November 2021 suicide bombing in the capital of neighboring Uganda, the DRC's president, Felix Tshisekedi, agreed a joint operation with the Ugandan army against the Islamic State-affiliated Allied Democratic Forces (ADF), which was responsible for a number of attacks throughout the country.

Ituri province saw high levels of violence in 2021. A surge in armed and intercommunal violence in April 2021 displaced at least 1.6 million people (out of a population of 5.7 million), with around 2.8 million civilians

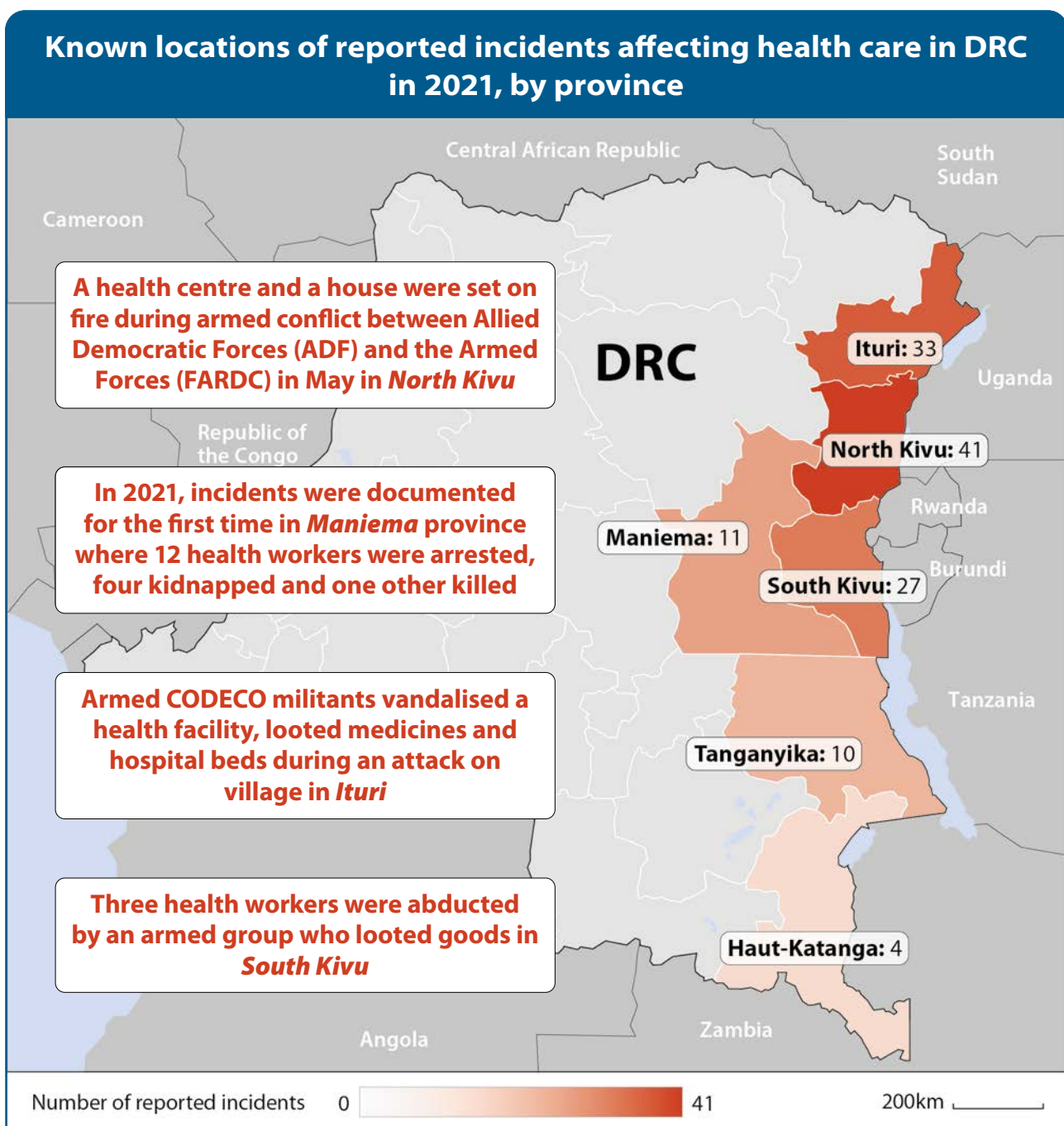
Democratic Republic of the Congo (DRC)



requiring some form of humanitarian assistance. North Kivu province has continued to see a rise in violence, resulting from a mixture of ethnic and tribal violence and Islamists' (including the ADF) and other armed militia clashes with government forces or private military companies. Around 944 civilians were killed in Ituri and North Kivu alone between May and October 2021.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

In 2021, 127 incidents of violence against or obstruction of health care were reported in the DRC, compared to 81 in 2020. These incidents occurred in six of the country's 25 provinces.⁴ Nearly 90% were reported in North Kivu, South Kivu, and Ituri provinces in north-eastern DRC, which are areas of protracted conflict. In 2021 incidents were documented for the first time in Haut-Katanga, Maniema, and Tanganyika provinces.

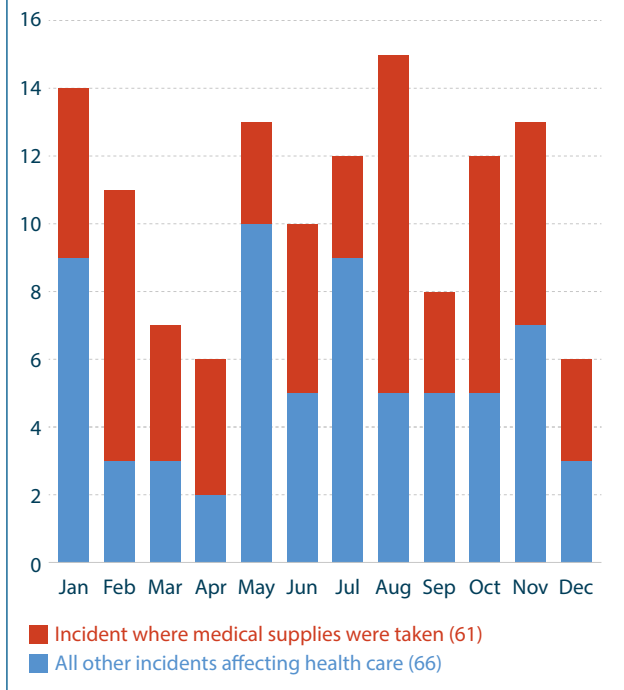


Democratic Republic of the Congo (DRC)



Reported incidents affecting health care in the DRC in 2021, by month

Throughout the year vital medical supplies were taken from health facilities and staff in ambulances



Twenty-eight health workers were kidnapped in 21 incidents during 2021. Health workers were kidnapped directly from health facilities, when traveling to or from work, when working in the field, and during robberies. Twelve health workers were kidnapped while they were working at hospitals in Ituri, North Kivu, and South Kivu provinces. Most frequently, health workers were abducted alone or with one other colleague. In one exception four health workers were abducted by gunmen who ambushed their vehicle as they were traveling to Kalongwe town in South Kivu. All four victims were released four days later on October 9.⁵

At least 34 health workers were arrested or detained by police in 2021. A third of arrests were reported in Maniema province. In addition, 26 health workers were injured in road ambushes and during armed and unarmed robberies at health facilities.

Health workers were also among the 65,000 people displaced from the Djugu area who fled the ongoing violence in Ituri province.⁶

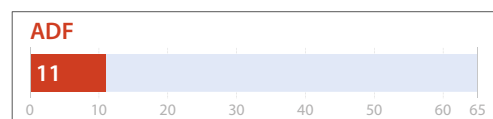
PERPETRATORS



Members of the ADF, Congolese Armed Forces (FARDC), Congolese National Police, Cooperative for the Economic Development of Congo (CODECO), Gumino armed group, Ituri Patriotic Resistance Front (FRPI), Mai-Mai militia, Nduma defense du Congo (NDC) and NDC-Renové (NDC-R), Ngumino-Twigwaneho, Patriotic Force and Integrationist of Congo (FPIC), Raia Mutomboki, Sambaza militia, Twa militia, and Union of Patriots for the Liberation of Congo (UPLC) were reported to have perpetrated violence against or obstructed health care in the DRC in 2021.⁷ In most cases these perpetrators were armed with firearms.

Reported information on perpetrator affiliation

ADF fighters in Irumu territory, Ituri province looted medical supplies, before setting fire to a pharmacy and an INGO-supported hospital in two attacks on civilians in June and July.⁸ In September **ADF** fighters kidnapped a health volunteer during an attack on Bogio village and a FARDC military camp.⁹

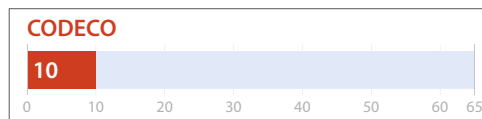


In North Kivu province **ADF** fighters looted medical supplies from pharmacies at least six times in 2021. During one incident in November **ADF** fighters attacked a hospital in Beni territory and looted pharmaceutical supplies before setting the building on fire. Five civilians were killed, including a hospital guard, and a patient and two nurses were taken hostage.¹⁰

Democratic Republic of the Congo (DRC)



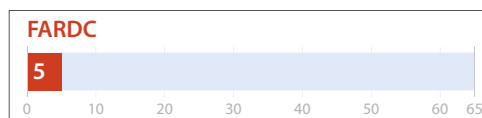
CODECO fighters in Ituri province robbed and looted medical supplies from health facilities and staff in ambulances.



Congolese National Police arrested 21 health workers in 2021. During one incident in June, police arrested a nurse who was investigating the theft of medical supplies.¹¹



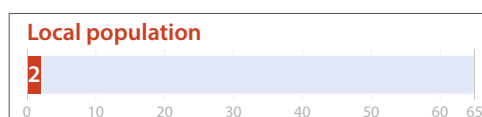
FARDC soldiers seized medical supplies from health facilities in Haut-Katanga, Ituri, and North Kivu provinces on at least four occasions.¹² In November a health worker was injured in an attack at a health facility by FARDC soldiers.¹³ In December, police arrested five health workers for allegedly not participating in community work organized by the FARDC in North Kivu.¹⁴



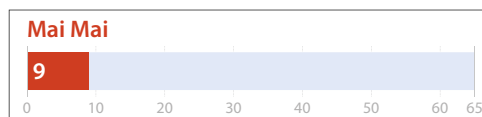
During March, **FRPI** fighters in Irumu territory, Ituri province injured a health worker during an attack on a health facility and stole medical supplies from a pharmacy.¹⁵



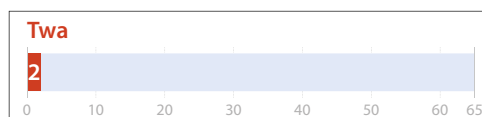
Local community members attacked Ebola response teams on at least two occasions in January in Ituri province and in February in North Kivu province, seriously injuring two health workers.¹⁶



Mai-Mai militia in Walikale, North Kivu province stole medical supplies and detained a health worker. In Bapere area, North Kivu Mai-Mai militia looted pharmaceutical products during an attack in December.¹⁷



In August **Twa militia** ambushed and looted medical supplies from two health vehicles traveling in Nyunzu and Kalemie towns in Tanganyika province.¹⁸ During one incident a health worker was abducted.¹⁹



FPIC fighters in Ituri province set fire to a health facility during an attack on a village in November, leading to the deaths of 18 civilians.²⁰

In May **Gumino** fighters in South Kivu killed a nurse in Uvira territory.²¹

Mai-Mai militia in Fizi territory, South Kivu province killed a health worker in May and attacked and damaged an ambulance in December.²² In January Mai-Mai militia stole health supplies from a health facility in Uvira territory.²³

Malaika Mai-Mai militia in Kabambare, Maniema province kidnapped a health worker in January and detained two health workers at a health facility in July.²⁴

In April **Ngumino-Twigwaneho** fighters in South Kivu attacked a hospital in Uvira territory, damaging equipment, and looting medicine. A patient was killed, and a health worker injured.²⁵



In May armed **NDC militia** detained two health workers at a health facility in Walikale territory, North Kivu province.²⁶

In November **NDC-R militia** stole medical supplies from a health facility in Walikale territory, North Kivu province.²⁷

Raia Mutomboki fighters in South Kivu ambushed a health vehicle in Kalehe territory in May, injuring a health worker traveling on board.²⁸

In February **Sambaza militia** set fire to a health facility in Djugu territory, Ituri province.²⁹

In July **UPLC** fighters in North Kivu threatened health workers inside a health center in Lubero territory for treating a victim who had previously been stabbed by UPLC members.³⁰

IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE



Health services

Looting and other types of attacks carried out by armed groups across the territories of eastern DRC led to the destruction of health infrastructure and the regular temporary closure of health facilities.

In Ituri province several health centers in the region had to suspend their activities and evacuate staff to the provincial capital, Bunia, leaving thousands of people with no access to health care.³¹ For example, the referral hospital in Djugu territory, Ituri province was evacuated due to an expected CODECO incursion into the area in August. The armed group then attacked the hospital and pillaged its medical supplies before setting fire to the building. As a result, recently installed medical equipment valued at more than a million US dollars was lost. The FARDC engaged the rebels and drove them away from the area, but the capacity of the hospital remained limited due to the damage caused by the attack.³²

After the hospital in Boga, Ituri province was destroyed in June 2021, 80,000 people were left with no access to health care.³³ In October 2021 MSF suspended its activities in Bambu health district in Ituri after an attack on one of its vehicles that left two MSF staff with gunshot injuries.³⁴

Restrictions on people's ability to move imposed by insecurity also reduced the services health facilities were able to offer in the Ituri province territories of Djugu, Mambas, Irumu, and Beni.

Health services also had to be suspended in North Kivu province. For example, the health center in Lubero territory was closed following threats from UPLC fighters in July, because the center had treated someone who had previously been stabbed by UPLC members.³⁵



Access to health care

Unreliable access to health care combined with high levels of insecurity and displacements hindered access to health care for many in the DRC, with wide-ranging consequences.

Expectant mothers and their babies were particularly affected. As a 2021 study based on multiple year data noted, *'Due to ongoing conflicts, there has been a systemic deterioration of maternal healthcare coverage in some regions of the DRC, particularly among people with low social economic status.'*³⁶ The report of a young



mother in early 2021 illustrates the complex impact of high levels of security on access to health care across many parts of eastern DRC: *'I was pregnant when I fled fighting between the armed groups in Bijombo. I walked for two days to get to Masango, where I am staying with a host family. My husband was killed and my house was burned down with all my belongings. I was desperate and I didn't know what to do about my pregnancy because I knew I wouldn't have the means to pay for my care on the day I was to give birth.'*³⁷ As a result the under-five mortality rate in the eastern DRC remains one of the highest in the world.³⁸ Maternal mortality is high, and these avoidable deaths have devastating consequences for families that lose a key provider, in particular for the children who are orphaned.³⁹

2021 saw renewed measles outbreaks following the 2018–2020 epidemic, which was the worst in DRC's history. National vaccination and surveillance programs were hampered by several factors, including an underequipped health service and the inability of vaccination teams to reach some communities because of ongoing insecurity and violence. Young children continue to miss out on all their childhood vaccinations particularly in the north and east of the country. This raises concerns that illnesses such as polio and diphtheria will re-emerge in greater numbers, contributing even further to child mortality.⁴⁰

- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 30033.
- 2 <https://shcc.pub/2021SHCCDRC>.
- 3 Eighty-four incidents that had not been reported elsewhere were provided by the Conflict and Humanitarian Data Centre (CHDC) of the International NGO Safety Organisation (INSO). Reports on one incident that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care (SSA).
- 4 Details on the locations of the incidents were recorded in 126 incidents. This figure includes one incident reported by the WHO SSA that had not been reported elsewhere. Further information on the location of this incident is not available.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 29759.
- 6 <https://msf.org.uk/video/drc-msf-field-hospital-helping-65000-people-fleeing-conflict>.
- 7 Details on the perpetrator were recorded in 126 incidents. Sixty-one were attributed to unidentified non-state armed groups, while the perpetrator(s) of one incident is unclear.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 28383; 28857.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 29551.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 30099.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5528.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5556; 5545; 5564; 5553.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5575.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5583.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5524; 5526.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 27101; 27102.



- 17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 30686.
- 18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5559.
- 19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5558.
- 20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 30074.
- 21 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 28040.
- 22 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 553; 5508.
- 23 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 558.
- 24 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 551; 5551.
- 25 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 27652.
- 26 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5535.
- 27 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5579.
- 28 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5534.
- 29 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 5520.
- 30 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 28763.
- 31 <https://www.unhcr.org/uk/news/briefing/2021/6/60b9cebd4/nearly-6000-people-flee-brutal-attacks-displacement-sites-eastern-dr-congo.html>.
- 32 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 29285.
- 33 <https://www.msf.ie/article/drc-boga-attack-general-hospital-looted-and-burnt-down-grave-consequences-local-communities>.
- 34 <https://www.msf.org/activities-suspended-drc-health-district-following-attack>.
- 35 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC DRC Health Data. Incident number 28763.
- 36 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8569966/>.
- 37 <https://reliefweb.int/report/democratic-republic-congo/supporting-war-ravaged-health-centres-eastern-drc>.
- 38 In 2020 the under-five mortality rate for the whole of the DRC was 44.25 deaths per 1,000 live births. In 2021 the rates in eastern DRC were higher than the average for the country (<https://knoema.com/atlas/Congo/topics/Demographics/Mortality/Under-5-mortality-rate>).
- 39 The maternal mortality rate was an estimated 473 deaths per 100,000 live births in 2017 for the whole of the DRC; see https://www.indexmundi.com/democratic_republic_of_the_congo/maternal_mortality_rate.html. Some reports have quoted it much higher; see <https://reliefweb.int/report/democratic-republic-congo/drc-lowering-maternal-mortality-rates-tough-bet>.
- 40 <https://msf.org.uk/article/measles-surge-worlds-most-contagious-disease-killing-children-drc>.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

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