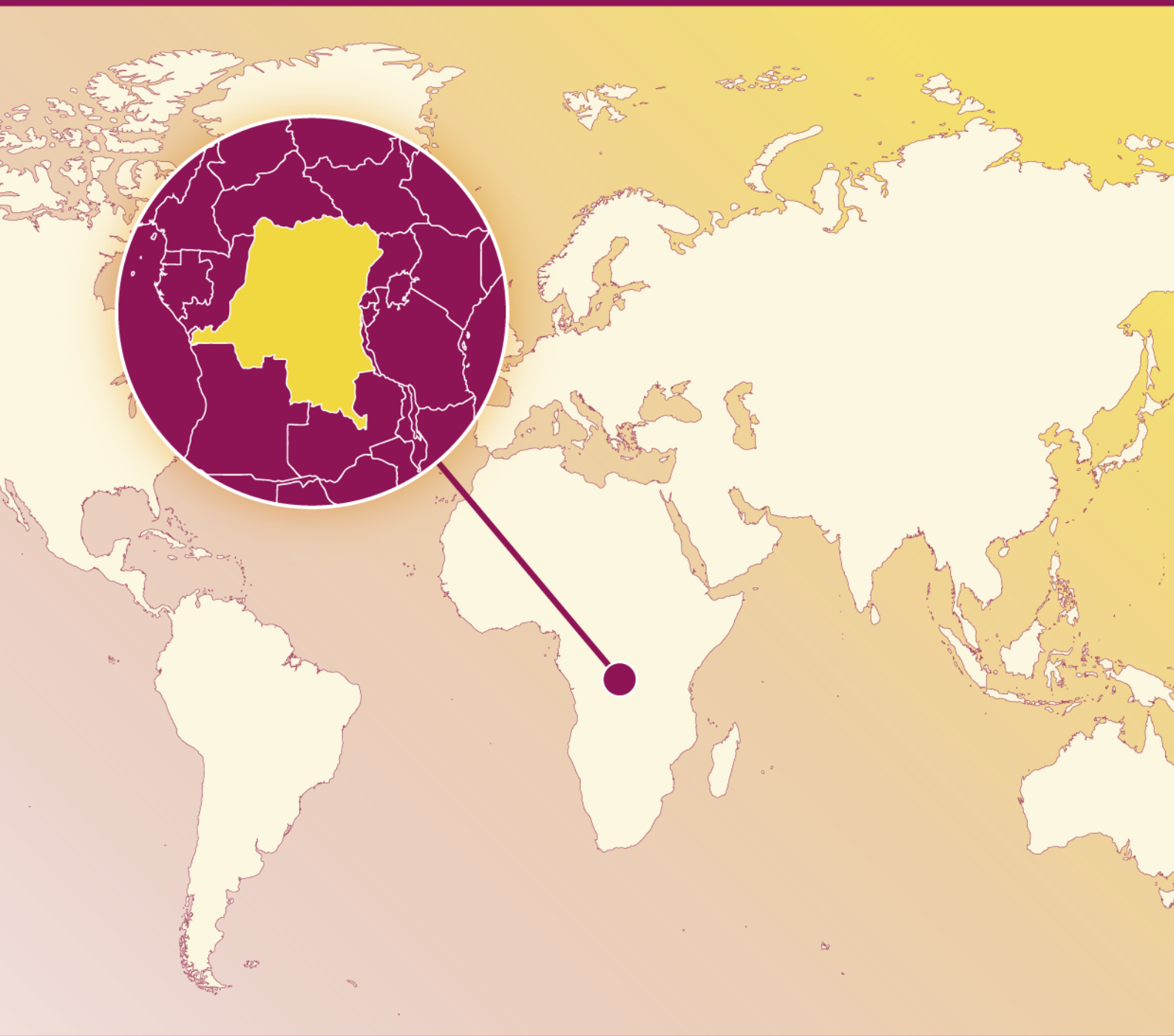


DRC

Violence Against Health Care in Conflict

2022



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



The more than 1,900 incidents of violence against health care in war and situations of political unrest described in this report are by far the highest number documented by the Safeguarding Health in Conflict Coalition since it began reporting a decade ago. The more than 700 assaults by Russia on health care in Ukraine are the most committed in a single year in one country.

Russia's atrocities in Ukraine have brought global attention to assaults on health care in war, highlighting pervasive violations of long-standing humanitarian norms. But in less visible conflicts and civil strife, the numbers of acts of violence and the stories behind them are equally grim: doctors imprisoned – and sometimes killed – in Myanmar and Iran for treating people in need of care; female health workers in Afghanistan harassed and sometimes beaten as they seek to provide health care for women and children; community health workers murdered in Afghanistan, Pakistan, and elsewhere as they go door to door to immunize children against polio and other infectious diseases.

In the face of the profound harms communities and health workers endure from this violence, the international community has long been passive, even ignoring commitments it has made to prevent attacks and hold perpetrators to account. Impunity for the violence has continued, and even the tracking of attacks has faltered. The World Health Organization's (WHO) system for collecting and disseminating data on attacks on health care in emergencies is plagued by inadequate reporting, lack of transparency, and resistance to reform. After being criticized for reporting zero attacks in Ethiopia despite evidence of looting or damage to hospitals and health centers during the conflict in Tigray, the WHO removed Ethiopia from its public dashboard on attacks on health care.

If we mobilize, however, the war in Ukraine could prove an inflection point. Never have calls for accountability for attacks on health care been as loud and sustained as now. We have an opportunity to press for justice for the people of Ukraine in the face of these atrocities and to extend that demand to people everywhere. The time for accountability for these devastating assaults on health care throughout the world is *now*.

A handwritten signature in black ink that reads "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2022 SHCC Health Care DRC Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 125 incidents of violence against or obstruction of health care in the DRC in 2022, a similar number to 127 in 2021. At least 50 health workers were kidnapped. Health supplies were looted and health centers set on fire, impacting health care providers' ability to maintain safe staffing levels and stock health facilities with the necessary supplies. This factsheet is based on the dataset [2022 SHCC Health Care DRC Data](#), which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Increased violence by the Allied Democratic Forces (ADF), the resurgent March 23 Movement (M23), and local Mai-Mai militias affected health workers and facilities in northeastern DRC. Threats and violence by local Mai-Mai militias impacted health care providers in Maniema, North and South Kivu, and Tanganyika provinces. Armed responses by Armed Forces of the Democratic Republic of the Congo (FARDC) and police forces to combat violence by armed groups affected health care in northeastern DRC. Such violence harmed health workers and widespread insecurity led to the closure of health facilities, which affected people's access to health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2022

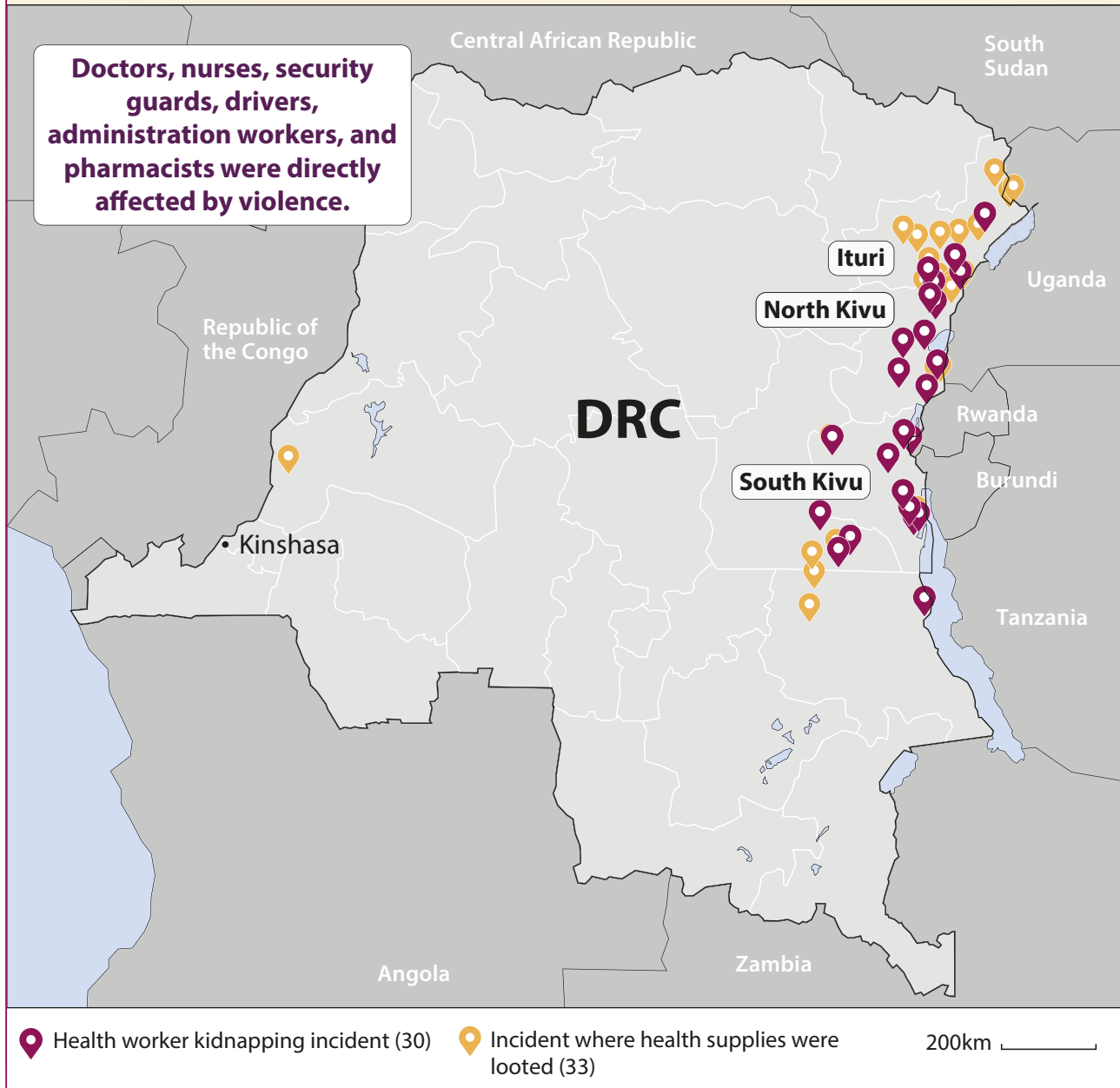
Incidents were reported in eight of the DRC's 26 provinces, with nearly half occurring in North Kivu, a similar trend to previous years. High numbers continued in South Kivu and Ituri, as well as Maniema and Tanganyika. Most incidents affected staff working for the national health structure, with six reported as directly affecting INGOs or LNGOs, four of these in South Kivu. One incident directly affected the International Committee of the Red Cross (ICRC) in Kasai. Health worker killings halved in 2022, from 22 in 2021 to 10.

Democratic Republic of the Congo (DRC)



Reported incidents in the DRC, 2022

Health worker kidnappings were more common along a north-south axis through the Kivus, while the looting of health supplies was frequently reported in Ituri and South Kivu.



The looting of health supplies from health centers, clinics, and pharmacies was most frequent in North Kivu province, followed by Ituri. Members of the ADF, the Coalition of Congolese Democrats, Mai-Mai militias, and the Patriotic and Integrated Forces of Congo were all reported to have looted health facilities in Ituri. Health worker kidnappings were more common in North and South Kivu compared to other provinces. The number of health workers kidnapped nearly doubled in 2022 compared to 2021, and was largely caused by rising cases of abductions by Mai-Mai militias. One kidnapping by the ADF involved four staff members in North Kivu following a raid on a health facility. Arson attacks on health centers were prevalent in North Kivu



and Ituri and were predominantly attributed to the ADF. In one incident in North Kivu in July unidentified perpetrators attacked a church clinic, where they burned at least 13 people to death, including four patients and three infants. According to a military spokesperson, the perpetrators were Dido armed men from the Mai-Mai militia group. However, civil society groups claimed that the ADF carried out the attack.¹

Nearly half of incidents were attributed to the ADF or Mai-Mai militias. Other non-state armed groups, including Alliance of Patriots for a Free and Sovereign Congo, Cooperative for the Economic Development of Congo (CODECO), M23, Nduma Defense du Congo, and Patriotic Force and Integrationist of Congo, were also identified as perpetrators, but less frequently. Often, these perpetrators were armed with firearms and machetes.

Twelve incidents were attributed to FARDC personnel or police officers in northeastern DRC. In most of these cases, the security forces threatened health workers for treating wounded militia members or refusing to transport members of a militia, while health centers were also violently searched for militia members receiving care. One nurse sustained injuries from being shot at by security forces after being mistaken for a militia member.²

HEALTH WORKERS KIDNAPPED, KILLED AND SEXUALLY ASSAULTED

In 2022, at least 50 health workers, including ambulance drivers, doctors, a laboratory worker, nurses, and program staff, were kidnapped in 30 incidents. Approximately half were kidnapped in various provinces by local Mai-Mai militias, who were responsible for several mass kidnapping cases. In a number of such cases, ransoms were demanded in exchange for the victims' release. A smaller number of health workers were kidnapped by ADF and M23 rebels in North Kivu. No ransom demands were reported in these cases.

Most kidnapping victims worked for the national health structure, with only two among the 50 recorded kidnapping victims being employed by an INGO. At least 24 staff members were kidnapped from health facilities in North and South Kivu and Ituri. Other health workers were kidnapped while traveling in a car. Unlike in previous years, when no such incidents were identified, five health workers were also kidnapped from their homes in 2022. In some cases, ransoms were demanded as a condition for their release, suggesting that health workers were targeted for their perceived wealth. In most kidnappings, health workers were not physically harmed. The exception was in Tanganyika in January, when a ransom was demanded for the release of a laboratory worker kidnapped from his home by armed Mai-Mai militia. His body was found in a river two days later; it is unclear whether a ransom was paid.³ Approximately half of the 50 kidnapped staff were released within a few weeks of their capture. The fate of the remaining 19 was not recorded.

Health workers were killed during wider attacks on civilians, arson attacks on health facilities, and night break-ins at their homes. A nurse was sexually assaulted during an attempted rape by two men in an armed robbery at a health center in Tanganyika in January.⁴ In South Kivu in December, a nurse was robbed and fatally stabbed by soldiers while he was returning home from work at a hospital.



INTERNATIONAL PUBLIC DEBATES ABOUT ABORTION LAWS AND VIOLENCE AGAINST REPRODUCTIVE HEALTH SERVICES

In the DRC's Ituri province in March 2022, a nurse was stabbed and injured by a police officer in a raid on a hospital for allegedly performing an abortion without consent.⁵ In the DRC, deliberately interrupting a pregnancy can carry a sentence of between five and 10 years of imprisonment for the woman and between five and 15 years for those performing the abortion. The country's ratified Maputo Protocol authorizes abortion in the case of rape and incest and when the life of the woman is at risk.

In the United States, new legal restrictions on abortion rights, including the criminalization of medical care related to abortion that in some cases extends to interventions related to ectopic pregnancies, triggered violence against health centers in 2022. For example, in May an abortion clinic was intentionally set on fire in Wyoming and in June unidentified individuals vandalized an anti-abortion center in Washington, DC.⁶ These events occurred in the context of a Supreme Court expected ruling at the time related to women's constitutional right to abortions.

In Malta, health care professionals reported threats from and assaults by individuals opposing abortion rights in the context of a national debate about an amendment to the existing abortion law that would make doctors no longer at risk of up to four year's imprisonment if interventions to help women with severe health issues caused the end of a pregnancy.⁷

The incident in the DRC is the only one in the current report's database that mentioned abortion or any other reproductive health services in connection with reported violence against health care.

These examples suggest that the inflammatory rhetoric in connection with new restrictions on abortion can trigger violence against health care in contexts where opinions on the subject are highly polarized.

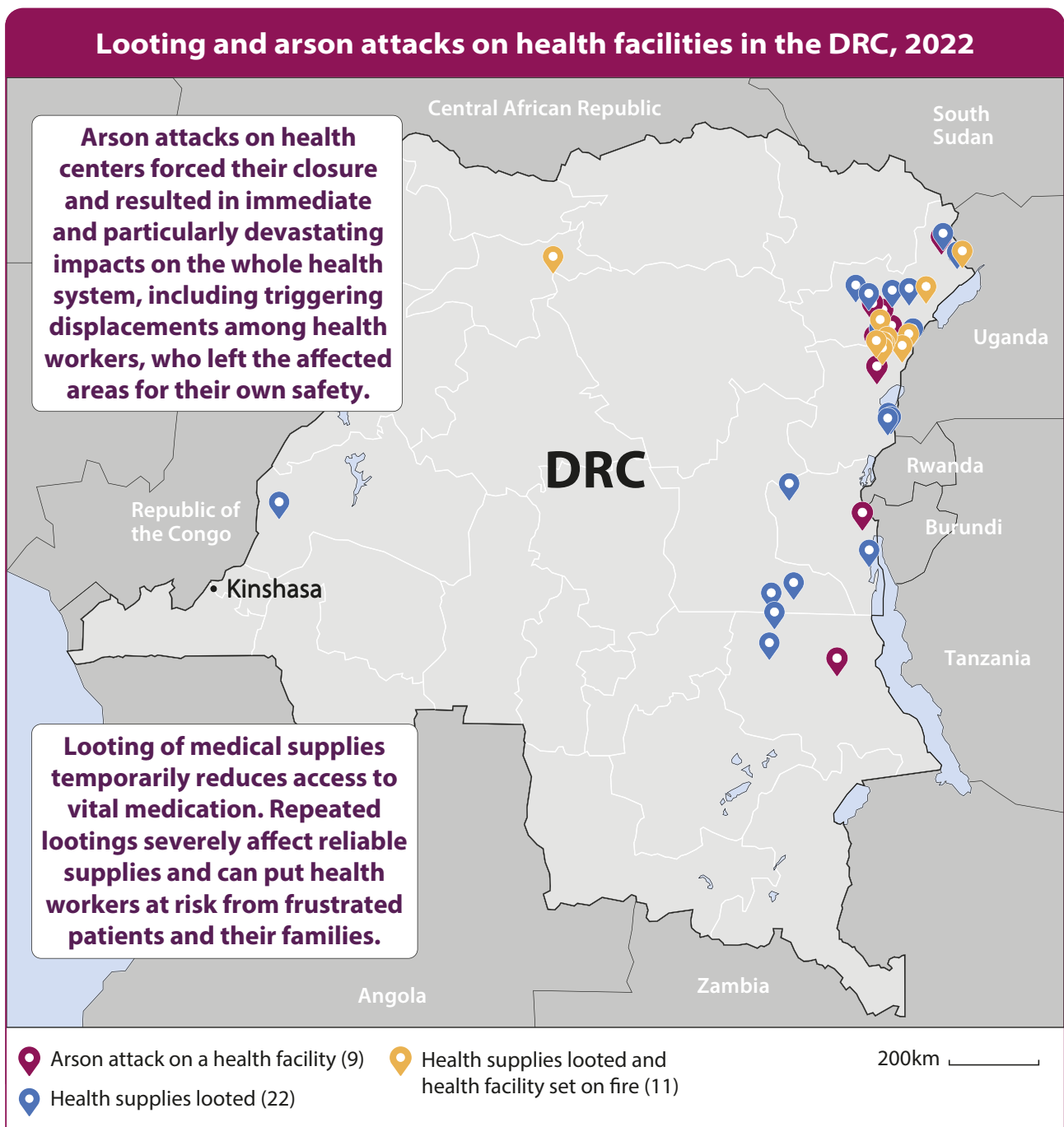
HEALTH SUPPLIES LOOTED

Vital medicine supplies, malnutrition treatment, and equipment were taken from health centers and pharmacies at least 33 times in 2022, a decrease from the 70 in 2021. The two main perpetrators involved in lootings were the ADF and, to a lesser extent, Mai-Mai militias. Lootings were frequent in Ituri and North Kivu, where the targeted health facilities were commonly vandalized or set on fire after being looted. In other cases, health workers were threatened at gunpoint or with machetes and forced to hand over medicines, suggesting access to health supplies as an important motivation behind these incidents. In one incident in Tanganyika in March, a health facility warehouse was robbed of malnutrition treatment by unidentified individuals armed with machetes.⁸ The looting of medical supplies temporarily reduces access to vital medication. Repeated lootings severely affect reliable supplies and can put health workers at risk from frustrated patients and their families.



ARSON ATTACKS ON HEALTH FACILITIES

Health centers and pharmacies were set on fire on 20 occasions during wider attacks on civilians and following the looting of health supplies in Ituri, North and South Kivu, and Tanganyika provinces. At least three health workers were killed in these cases. In one case, a doctor and a patient were killed when a health center was looted and set on fire as part of a wider ADF attack. Some of the health center's activities restarted two months after the attack.⁹ Armed groups also set fire to health facilities and homes, forcing the displacement of health workers. For example, in Ituri, CODECO fighters attacked a health center, school, and houses and set them on fire.





THE IMPACT OF ATTACKS ON HEALTH CARE

Arson attacks on health centers had an immediate and particularly devastating impact on the whole health system, leading to the closure of health facilities, forcing some health workers to abandon their positions, and displacing patients to neighboring areas.

Insecurity and fighting also affected the health care system. The resurgence of M23 in North Kivu and the escalation of fighting between this rebel group and the FARDC and other armed groups forced some INGOs to withdraw from the conflict-affected areas and some local health structures to stop functioning. For example, Lolwa General Hospital and five other health centers suspended their activities following fighting between M23 rebels and FARDC forces in the area, impacting more than 120,000 civilians living in the Lolwa health zone. In areas in North Kivu occupied by M23 rebels, armed fighters repeatedly looted health facilities, with the consequences outlined above.

High levels of insecurity and displacement hindered access to health care for many in the eastern DRC in particular, with wide-ranging consequences. Widespread population displacement in North Kivu as civilians fled to Goma and surrounding areas to escape M23 rebels added a significant burden on already strained health services. In Rutshuru and Rwanduba health zones, which had received over 124,000 IDPs by July 2022, insecurity made it both difficult and dangerous for humanitarian actors to access these areas, impacting their ability to care for those who had been displaced. In Rutshuru, the lack of infrastructure providing quality care for displaced people aggravated the outbreak of certain epidemics, including cholera and measles for children under five, and endemic diseases, with an increase in mortality among both children and women. The resurgence of cholera cases, especially at IDP sites, remained a major concern. This came at a time of a deteriorating nutrition situation, people's lack of access to farmland and income-generating work, increasing child malnutrition.

The closure of health centers also had an economic impact on staff: while salary payments continued even if health care services were suspended, bonuses based on staff workloads during emergency interventions were suspended after the affected health care centers were closed.



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 33856.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 36365.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 31129.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 34203.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 34288. This incident is included in the SHCC dataset because the injury was caused by a police representative in a conflict-affected territory.
- 6 These two incidents are not included in the SHCC dataset because they are not considered to be conflict-related.
- 7 This incident is not included in the SHCC dataset because it is not considered to be conflict-related.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 34300.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2022 SHCC Health Care DRC Data. Incident number 36364.

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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