

DRC

Violence Against Health Care in Conflict 2023



**SAFEGUARDING
HEALTH
IN CONFLICT**



Letter from the Chair



The year 2023 was a grim one for violence inflicted on health care. In 2022, the Safeguarding Health in Conflict Coalition identified the highest number of incidents since we began reporting. Yet in 2023 the number was 25% greater, exceeding 2,500.

The intensity of conflicts characterized by pervasive attacks on health care in recent years declined somewhat in 2023, including in Syria, Yemen, and the Tigray region of Ethiopia. As a result, it might also have been expected that the global trend of violence against health care would turn downward. Instead, from the first days of two new and catastrophic wars, one in Sudan and the other between Israel and Hamas, health care came under ferocious assault. In both conflicts warring parties killed health workers, attacked facilities, and destroyed health care systems. Meanwhile, attacks on health care in Myanmar and Ukraine continued at a relentless pace, in each case exceeding 1,000 since the start of the conflicts in 2021 and 2022, respectively. In many chronic conflicts, fighting forces continued to kidnap and kill health workers and loot health facilities.

At the same time, new and disturbing trends emerged. In Burkina Faso, Ethiopia, Gaza, Lebanon, Myanmar, Sudan, Syria, Ukraine, and Yemen combatants employed drones to attack health clinics, hospitals, and ambulances. In many conflicts, combatants violently entered hospitals or occupied them as sites from which to conduct military operations, leading to injuries to and the deaths of patients and staff. In many conflicts, the conduct of combatants revealed open contempt for their duty to protect civilians and health care under international humanitarian law (IHL). Israel, while purporting to abide by IHL, promoted a view of its obligations that, if accepted, would undermine the fundamental protections that IHL puts in place for civilians and health care in war.

The one consistent feature of the attacks was continued impunity for these crimes. For more than a decade, despite their repeated commitments, governments have failed to follow through on these commitments and reform their military practices, cease arms transfers to perpetrators, and bring those responsible for crimes to justice.

We need a new approach, starting with stronger leadership from UN agencies and governments willing to join with civil society and the health care community to take far more assertive action to end the scourge of violence against health care. Among other steps, they can press prosecutors domestically and internationally to bring cases of war crimes and crimes against humanity committed against health care, to develop political support for special tribunals to circumvent UN Security Council members' vetoes of referrals to the International Criminal Court, and restrict the sale of arms to forces that commit crimes.

There are some sources of hope. After years of lassitude, the World Health Organization has spoken forcefully against vicious assaults on health facilities and health workers. Civil society groups are exerting pressure to stop arms transfers to perpetrators of violence, while some militaries have launched initiatives to reduce civilian casualties in war. Leaders must build on these initiatives. Ending the suffering of millions of people depends on their doing so.

A handwritten signature in black ink, appearing to read "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



115
REPORTED
INCIDENTS



41
HEALTH WORKERS
KIDNAPPED



34
INCIDENTS WHERE HEALTH
SUPPLIES WERE LOOTED

↓ Source: [2023 COD SHCC Health Care Data](#)

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 115 incidents of violence against or obstruction of health care in the Democratic Republic of the Congo (DRC) in 2023, compared to 136 in 2022. In these incidents, 41 health workers were kidnapped, while health supplies were looted at least 34 times. This factsheet is based on the dataset [2023 COD SHCC Health Care Data](#), which is available for download on the [Humanitarian Data Exchange \(HDX\)](#).

THE CONTEXT

Conflict and insecurity persisted in the DRC throughout 2023. At least [100 armed groups](#) remained active in the eastern provinces of North Kivu, Ituri, South Kivu, and Tanganyika. The March 23 Movement (M23) rebel group made large [territorial gains](#) in North Kivu in 2023. This followed a [major M23 offensive](#) against the Armed Forces of the DRC (FARDC) in 2022 after several years of [inactivity](#). The violence affected civilians, with over 1,200 being killed in Ituri province between January and October 2023 according to the [Kivu Security Tracker](#). By late October 2023, almost [seven million people](#) were internally displaced in the DRC, the majority of whom were in the country's eastern provinces. [Intercommunal conflict](#) continued in the western Mai-Ndombe province between primarily Teke and Yaka communities and killed hundreds of people.

Violence also [increased](#) towards the end of 2023 in the run-up to the [national elections](#) held in December. Humanitarian needs were exacerbated by one of the world's largest [cholera outbreaks](#) that killed 462 people in the country in 2023. The spread of [cholera](#) increased in early 2024 following the country's deadliest [flooding in 60 years](#).

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care in the DRC were at their highest during the first four months of 2023, led by increasing incidents attributed to M23 in Rutshuru territory in North Kivu province. Cases were documented in eight of the DRC's 26 provinces and, as in previous years, were most

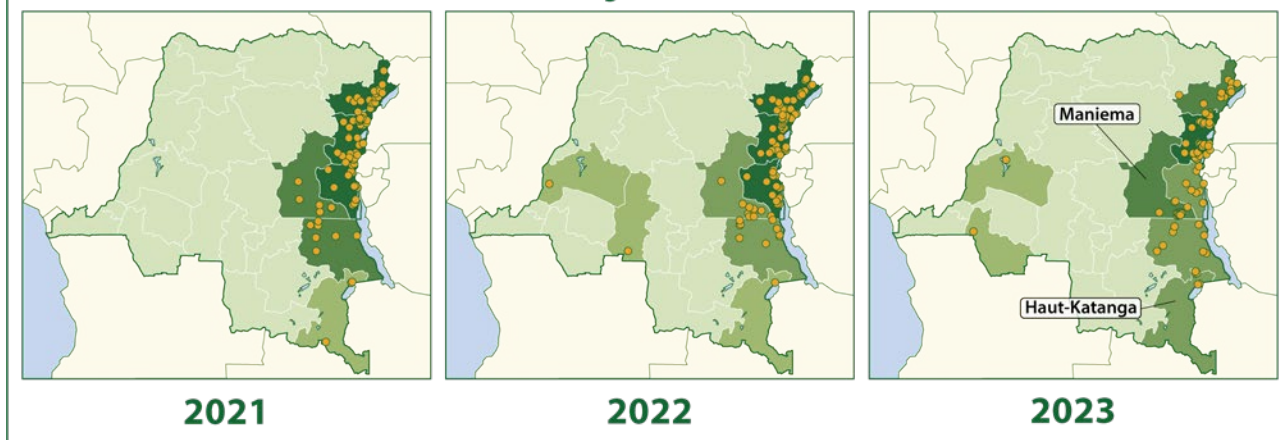
Democratic Republic of the Congo (DRC)



frequent in North Kivu. Reports increased in Haut-Katanga and decreased in Ituri and South Kivu in 2023. A similar number of cases were recorded in Maniema and Tanganyika as in previous years. Almost half of the incidents took place at health centers. As in previous years, most incidents affected health care providers working in national health structures. NGOs were directly affected in nine incidents and Red Cross societies in one.

Known locations of reported incidents affecting health care in the DRC, 2021-2023

High numbers continued to be recorded in North and South Kivu and Ituri in 2023. Incidents increased in Haut-Katanga and Maniema between 2022 and 2023.



Explosive weapons use

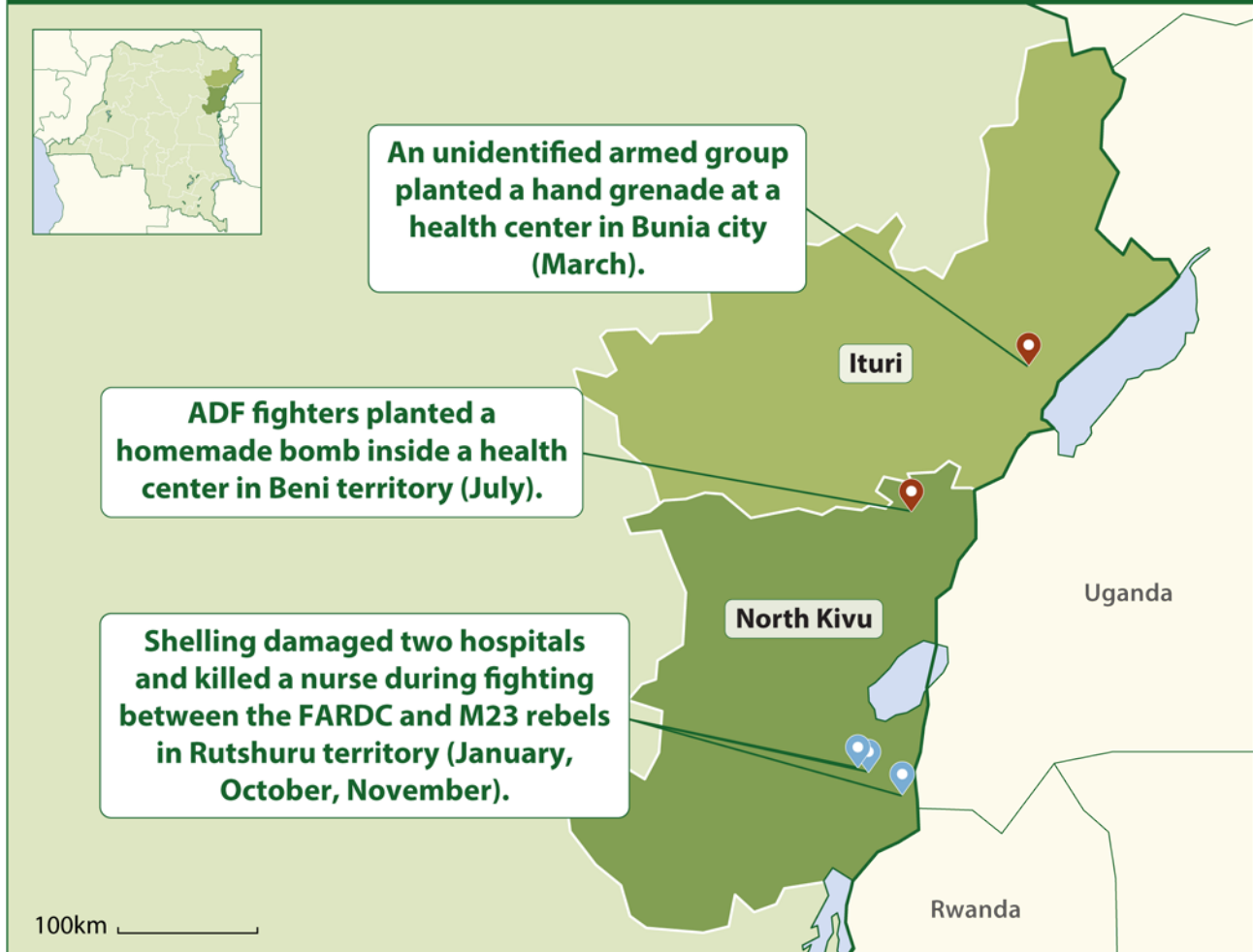
Explosives were used in five attacks on health care in the DRC in 2023. In North Kivu, shelling damaged two hospitals and killed a nurse during fighting between the FARDC and M23 rebels in Rutshuru territory, and rebel Allied Democratic Forces (ADF) fighters planted a homemade bomb inside a health center in Beni territory.¹ In Ituri, a hand grenade was planted at a health center in Bunia city by an unidentified armed group.² The psychological impacts of attacks affected staff and patients in profound ways, resulting in a reduced-skilled workforce and barriers to people seeking health care, with wide-ranging consequences for individuals and public health.

Reported incidents in Eastern DRC

Of the 115 incidents of violence against or obstruction of health care recorded in 2023, 108 occurred in eastern DRC in the provinces of Ituri, Maniema, North and South Kivu, and Tanganyika. Over 20% were attributed to the MaiMai militia. The ADF, Cooperative for the Economic Development of Congo (CODECO), Collective of Movements for Change/Self-Defense Force of Congolese People (CMC-FDP), FARDC, M23, Nduma Defense of Congo/Guidon, Résistants patriotes congolais/Force de frappe (Pareco/FF), Twa Ethnic Militia, Union of Revolutionaries for the Defense of the Congolese People, and Union des Patriotes were also frequently named, but not to the same extent. In other attacks, the attackers remained unidentified. These conflict parties killed, kidnapped, injured, and threatened health workers, looted health supplies, and damaged and vandalized health centers.



Reported incidents of explosive weapons use impacting health care in Ituri and North Kivu provinces, DRC, 2023



In total, 37 health workers, including 16 nurses, were kidnapped in 20 incidents in eastern DRC in 2023, compared to 50 kidnapped in 30 incidents in 2022. Staff were kidnapped from health facilities, at home, or while they were traveling to or from work, in a pattern that reflects previous years. In most cases, staff were kidnapped on their own or in small groups of up to three. Three staff were beaten and kidnapped and medicine was stolen from a health facility by Pareco/FF in Beni.³ The exception were 11 medical students kidnapped from a health facility in Beni territory by the ADF.⁴ Twenty of the 37 kidnapping victims were released unharmed, while often ransoms were demanded as a condition for their release, suggesting that health workers were targeted for their perceived wealth. The exception was when M23 kidnapped a nurse in North Kivu on accusations that he was collaborating with the CMC and took him to their military camp and executed him.⁵ The fates of the remaining staff were not recorded.

Vital medicine, solar panels, and equipment were taken from health centers and pharmacies in eastern DRC at least 32 times in 2023, similar to previous years. In some cases, health facilities were vandalized during lootings, including Birambizo Reference Hospital in Rutshuru, which was looted and vandalized twice on the same day.⁶ In most cases, staff were not harmed (with the exceptions of the previously mentioned three



staff members who were kidnapped, eight who were injured, and two who were killed), suggesting that access to health supplies was an important motivation behind these incidents. On at least four occasions, health facilities were looted and then set on fire in North Kivu.⁷



At least 11 health workers in eastern DRC were killed in separate incidents in 2023, one less than in 2022. The ADF, CODECO, CMC-FDP, FARDC, M23, Nduma Defense of Renewed Congo/Guidon, and unidentified attackers were all named as perpetrators. Health worker killings took place at health facilities, during road travel, and inside their homes. In addition to the previously mentioned nurse who was executed by the ADF, five health workers were shot and killed, three fatally stabbed, and one died during a mortar attack. ADF fighters stabbed and killed two of the 11 affected health workers during the looting of medical supplies from hospitals in Ituri and North Kivu.⁸

All other provinces

Five incidents of violence against or obstruction of health care in Haut-Katanga were attributed to Mai Mai Kata Katanga fighters, who kidnapped two health workers and looted health supplies. Mobondo militiamen kidnapped a doctor belonging to the Teke ethnic group in Kwango and a nurse in Mai-Ndombe province, both of whom were later killed.⁹



THE IMPACT OF ATTACKS ON HEALTH CARE

As many as 7.4 million people in the DRC were in need of external assistance to access health care in 2023. Insecurity Insight, the International Rescue Committee, the Researching the Impact of Attacks on Healthcare project, and the University of Bukavu carried out a study in three health zones in the Kivus looking at the impacts of three attacks in 2023 on maternal and children's health care services. Using a mixed quantitative and qualitative approach and collecting primary data in January and February 2024, the study documented the following immediate and longer-term impacts on maternal and children's health services.

- **Impact on maternal health services:** Assisted deliveries dropped significantly (e.g. more than 75% in Kirindera, one of the areas studied) for more than three months after the attacks. Even after health facilities were reopened, health care staff and pregnant women were afraid to visit facilities during the night and to spend the night there. Instead, women preferred to travel long distances to give birth in remote health facilities, or to attempt home births with increased risks of complications, suggesting that attacks on health facilities have a strong impact on elective health services.
- **Preventive services** provided during the day were the first services to be offered again after one of the affected health facilities reopened after an attack. However, they were of a poorer quality than before the attack due to reduced availability of micronutrient supplementation, family planning supplies, and preventive treatment for malaria.
- **Impact on under-five-year-olds:** The main recorded impact on children under five included the worsening of their nutritional status. Attacks disrupted nutritional monitoring, and the looting of nutritional supplies left facilities without the inputs required to continue treatment. In all the sites that were visited, some former malnourished children had relapsed after the attacks.
- In one site, **vaccination activities** were severely compromised after the stock of vaccines and the refrigerator used to store them had been destroyed during the attack.
- Overall, a **decline in the quality of care to women and children** was noted by almost all interviewed health staff even months after the affected clinics reopened, following the slow replenishment of stocks and traumatization of the health care workforce. In addition, health facilities in the DRC generally operate largely on a self-financing basis, using money collected from patients to finance their activities. As such, a reduction in use affects the facilities' operating budgets.
- **Drivers of the severity and duration of impact:** The main differences in the severity and duration of the impact of the attacks were driven by the ability of the health authorities and community to respond to an attack, whether the facility was able to stay open or had to temporarily close, and the availability to communities of alternative health services within traveling distance. An attack in Kufulo was part of a larger attack resulting in the displacement of a large part of the community and resulting in the loss of livelihoods. This increased the demand for health services.
- **Coping mechanisms:** Communities coped with the lack of access to health care by traveling to alternative health centers. At one site, community members were forced to visit health staff in the bush, where they had fled after an attack. The use of traditional medicine or self-medication was also commonly reported.

In one site, vaccination activities were severely compromised after the stock of vaccines and the refrigerator used to store them had been destroyed during the attack.



- **Responses prioritized:** In the aftermath of the attacks, health teams, health authorities, and communities provided resources to support the reopening of health facilities and increase access to services. When asked about what was needed to reduce the impact of attacks such as these, community members, affected health personnel, and health authorities prioritized the following interventions:
 - rehabilitate destroyed health care structures;
 - replace looted or damaged medical equipment and ensure that a minimum package of services is available to the population;
 - provide psychological support for health care personnel and the community;
 - improve health care staff remuneration to increase their motivation to return to work under difficult conditions;
 - provide staff with security training;
 - enter into agreements with local police to secure health centers in collaboration with the local community and construct fences around health centers;
 - set up a community alert system in collaboration with law enforcement agencies;
 - raise awareness among the authorities and armed groups of the importance of protecting health centers and guaranteeing access to health care for the local population; and
 - promote community access to health services by providing the affected population with a means of transport to take them to health centers and return them to their homes after receiving treatment.

- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 45084, 45097; 41051; 45123.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident number 38128.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident number 45098.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident number 40118.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident number 45147.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 37732; 37739.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 36857; 41156; 38077; 45151.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 45153; 38077.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 COD SHCC Health Care Data. Incident numbers 39617; 42804.

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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