

CENTRAL AFRICAN REPUBLIC

Violence Against Health Care in Conflict

2024



**SAFEGUARDING
HEALTH
IN CONFLICT**



Letter from the Chair



Assaults on health care in conflicts around the world reached new levels of horror in 2024, exceeding 3,600 incidents, 15% more than in 2023. They consisted of air, missile, and drone strikes; shelling; tank fire; shootings; arson; the looting and takeover of health facilities; and the arrest and detention of health workers. As the descriptions in this report show, each incident brings terror, trauma, and - in too many cases - injury, untreated illness, destruction and death.

By far the largest number of attacks on health care – more than 1,300 – took place in Gaza and the West Bank, far more than we have ever reported in one conflict in one year, including more than double the number of health workers killed. Gaza properly drew global attention for the ferocity and relentlessness of assaults on health care. But we must also reckon with the more than 2,300 attacks in other conflicts, including the hundreds in each of Ukraine, Lebanon, Myanmar and Sudan. The cumulative number of attacks over the course of wars that began in the past three years include more than 1,500 in Myanmar since the military coup in 2021; close to 2,000 in Ukraine since the Russian invasion of Ukraine in 2022, and more than 500 since the outbreak of war in Sudan in 2023.

This onslaught of violence has been accompanied by attempts by perpetrators to limit legal protections for health care and civilians in war, driven, as the International Committee of the Red Cross (ICRC) puts it, by a desire to have more “leeway to kill and detain.” Israel has sought to dilute legal requirements of precaution and proportionality during conflict. The new U.S. secretary of defense has called for “a law of war for winners.” Simultaneously, campaigns to delegitimize the International Criminal Court (ICC) are underway. The newly inaugurated U.S. president Donald Trump imposed sanctions on ICC staff and even their families for having charged Israelis with war crimes. In 2023, Russia’s Duma passed legislation criminalizing cooperation with the ICC or any foreign court or ad hoc tribunal that seeks to hold Russians to account. Hungary announced its plan to withdraw from the ICC, falsely alleging political bias.

These terrible developments threaten to make a mockery of the 10th anniversary of Security Council Resolution 2286 in 2026 and the 50th anniversary of the Additional Protocols of the Geneva Conventions (the law protecting health workers and civilians during armed conflict) in 2027. If this resolution and law are to be more than words, the current approach to protection, amounting to mere admonitions, must be replaced by centering accountability, accompanied by the political will to drive it.

That is the approach long taken by the Coalition, and recently taken by a report *In the Line of Fire*, issued in November 2024 by the World Health Organization and the World Innovation Summit for Health. It called for a new alliance of member states, UN agencies, and NGOs. It recognized that the renewal of long-ignored commitments could not possibly suffice. Instead, UN agencies, international organizations, NGOs, and civil society organizations must rally together to take tough action, including outreach to the International Criminal Court, to impose consequences on the perpetrators of violence. Actions must include states cutting off arms transfers to perpetrators of attacks and employing the power of universal jurisdiction to prosecute. If the laws of humanity are to be upheld and the carnage is to end, governments and all concerned citizens everywhere must find the political courage and will to act.



A handwritten signature in black ink that reads "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

 REPORTED INCIDENTS	 INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED
2024	
16	8
2023	
41	4
2022	
32	16

↓ Source: 2022–2024 CAF SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 16 incidents of violence against or obstruction of health care in the Central African Republic (CAR) in 2024, compared to 41 in 2023 and 32 in 2022. In these incidents, medical supplies were looted and health workers robbed. The actual number of incidents and the severity of the problem are likely much greater.

-  An mpox outbreak, flooding and cross-border displacements heightened the country’s humanitarian crisis, impacting 2.8 million people.
-  Vulnerable demographic groups such as the elderly, the displaced and children under five years of age were especially negatively impacted by disruptions to health services.
-  Attacks on health care caused psychological trauma that forced some health workers to resign, intensifying pressure on the remaining staff.

Information on incidents of violence against health care in the CAR is compiled from open sources, aid agency data-sharing mechanisms and information projects. See [Methodology](#) for further information.



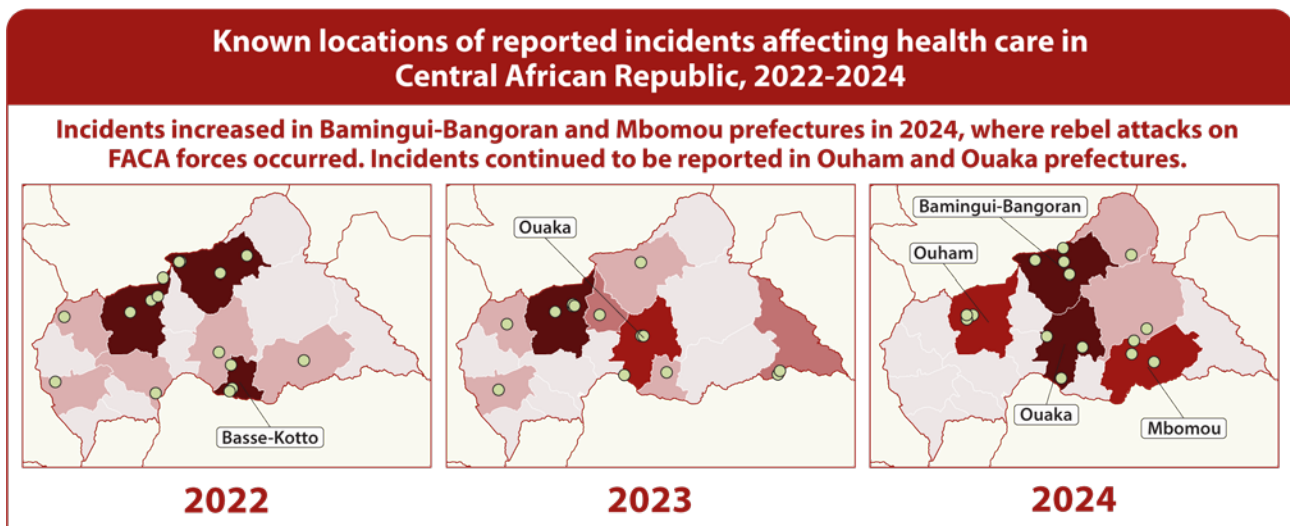
THE CONTEXT

The protracted conflict in the CAR persisted in 2024 at a similar level to 2023,¹ especially outside urban areas, while the number of people reportedly killed slightly increased. The Central African Armed Forces (FACA), accompanied by the Russian mercenary group Africa Corps (formerly the Wagner Group), continued to fight against the Coalition of Patriots for Change (CPC). Azande Ani Kpi Gbe, an ethnically based militia, remained active in southeastern CAR and was accused of targeting civilians sympathetic to the Union for Peace in the CAR (UPC), which is a CPC member. The UPC was itself alleged to have targeted civilians.

In July, an Mpox outbreak was declared after cases spread to the capital, Bangui. Flooding during the summer months destroyed 1,700 houses. Displacement into the CAR from conflicts in neighboring Chad and Sudan further increased demands on the humanitarian system. Overall, 2.8 million people in the CAR were in need of humanitarian assistance in 2024.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

In 2024, violence against or obstruction of health care was reported in six prefectures, with increasing attacks in Bamingui-Bangoran and Mbomou, where rebels often targeted FACA forces. The majority of incidents were attributed to unidentified men armed with guns. Africa Corps, CPC, UPC and the Popular Front for the Renaissance of the Central African Republic (FPRC) were also named. Most incidents affected health care providers working for national health structures, with one affecting an INGO.²



Source: Safeguarding Health in Conflict Coalition

Medical supplies looted

The looting of vital medical supplies from health centers was reported on eight occasions in 2024. Lootings were mostly attributed to unidentified men armed with guns, with one report of Africa Corps mercenaries reportedly stealing 14 mattresses from a health center in Yalinga town, Haute-Kotto prefecture.³ Health centers were sometimes looted as part of broader assaults on towns and villages. For example, civilian homes and a government-backed health facility supported by MSF were robbed by an unidentified armed group in Ouham prefecture during an assault on the Nana-Bakassa commune.⁴



Health workers attacked

Similarly to previous years, two health workers were killed in two incidents. Suspected UPC militants killed the head of a health post and other civilians in an attack in Mbomou prefecture, while also setting fire to houses.⁵ In a separate incident, unidentified armed individuals killed another health worker at his home in Ouham prefecture during a robbery that was likely motivated by the desire for financial gain.⁶

Health workers were frequent victims of armed robberies in 2024. Perpetrators, including elements linked to the CPC and UPC armed groups and unidentified gunmen, ambushed health workers, often while they were traveling by motorcycle or ambulance to provide health care in remote areas. The attackers, who were often armed with assault rifles, stole motorcycles, money and personal belongings.

↓ This factsheet is based on 2022-2024 CAF SHCC Health Care Data. Download the data [here](#) or on the [Humanitarian Data Exchange \(HDX\)](#).

THE IMPACT OF ATTACKS ON HEALTH CARE

The CAR is among the poorest countries in the world and ranks 191 of 193 countries on the [Human Development Index](#), resulting in a poorly resourced health system. Recurrent conflict has increased the weakness of the health system, because local staff have limited security or psychological support. The latest data suggest that there are only around six doctors per 100,000 people in the CAR, well below the recommended WHO doctor-to-population ratio of 1:1,000. In 2022, the country had an infant mortality rate of 74 per 1,000 live births and a life expectancy at birth of only 54 years.



INVESTIGATION FINDINGS INTO THE IMMEDIATE AND LONG-TERM EFFECTS OF ATTACKS ON HEALTH CARE IN THE CAR

An [academic study published in 2024](#) examined the impact of attacks on health care in the CAR in the period 2016-2020 by focusing on Ouaka, Haute-Kotto and Vakaga, three conflict-affected prefectures in the country. Among other findings, the study highlighted that attacks on health care had led to:

- extended disruptions to health services, with some health facilities closing permanently;
- vulnerable demographic groups such as the elderly, the displaced and children under five years of age being especially negatively impacted by disruptions to health services; and
- psychological trauma for health workers, leading some to resign from their jobs and resulting in increased pressures on remaining staff.

Key informants for the study said:

- Following attacks on health care, people “were too scared to bring their children to the hospital. Those that lived far preferred to treat their children with traditional medicines, which meant that there were a lot of deaths.”
- “The consequences ... are that ... health workers ... can no longer work there because it’s already a question of safety. There was a shortage of staff ... but if they’re attacked, we can’t continue to take the risk of bringing them into danger.”



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- 1 Armed Conflict Location & Event Data (ACLED) database attribution policy, <https://acleddata.com/privacy-policy/> (accessed January 18, 2025).
 - 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 84753.
 - 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 46894.
 - 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 84753.
 - 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 46770.
 - 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 CAF SHCC Health Care Data. Incident number 46770.

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.

<https://safeguarding-health.com>

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