DRC

Violence Against Health Care in Conflict

2024

SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight

Data on People in Danger

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.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

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Democratic Republic of the Congo (DRC)

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2024			
84	25	8	9
2023			
118	36	11	41
2022			
136	46	11	50

Source: 2022-2024 COD SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 84 incidents of violence against or obstruction of health care in the Democratic Republic of the Congo (DRC) in 2024, compared to 118 in 2023 and 136 in 2022. In these incidents, eight health workers were killed, nine were kidnapped and medical supplies were looted. The actual number of incidents and the severity of the problem are likely much greater.

Protracted conflict, mpox outbreaks and over-crowded displacements sites strained the DRC's already-fragile health care system.

Attacks on health care doubled in Tanganyika province, where vaccination campaigns were disrupted by threats and violence.

In some areas, health centers operated at up to 4,000% beyond their capacity, placing immense pressure on medical staff, who also had to cope with limited supplies and dangerous conditions.

Information on incidents of violence against health care in the DRC is compiled from aid agency data-sharing mechanisms, information projects, open sources and private sources. See Methodology for further information.

Democratic Republic of the Congo (DRC)

THE CONTEXT

The DRC has been plagued by insecurity and conflict for decades, particularly in its eastern regions. This situation continued in 2024, with armed groups like the March 23 Movement (M23) and Allied Democratic Forces (ADF) establishing control in some areas. In 2024, M23, supported by the Rwandan Defense Force (RDF), expanded its influence in North Kivu province, targeting areas around Goma city and controlling vital resources, further destabilizing the region. The ADF intensified armed violence in Ituri province, with attacks on civilians escalating by 17% compared to 2023, resulting in over 1,300 people being killed.

In August 2024, the UN Security Council adopted Resolution 2746, authorizing the UN Organization Stabilization Mission in the DRC (MONUSCO) to increase support for the Southern African Development Community Mission in the DRC (SAMIDRC), including coordination, information-sharing, and technical assistance, while ensuring compliance with international humanitarian and human rights laws.

Conflict has led to a mass displacement crisis, with 7.2 million people internally displaced as of March 2024, which is one of the largest displaced populations globally. The health sector is among the most severely affected, with more than 8.9 million people unable to access essential medical services due to violence and infrastructure collapse. In 2024, mpox, which had been endemic in parts of the DRC for years, mutated into a more transmissible form in North and South Kivu provinces (hereafter the Kivus), with outbreaks emerging in densely populated areas like Goma and overcrowded displacement sites. The outbreak raised serious concerns that the epidemic would spread amid already-dire living conditions and limited access to health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

The total number of incidents of violence against or obstruction of health care decreased in 2024, but some regions experienced notable increases in attacks. Incidents of this kind continued to be recorded in the DRC's northeastern region, including the Kivus and Ituri province, representing nearly two-thirds of total incidents. Reported cases doubled in Tanganyika province and often involved threats and violence towards vaccinators. Damage to health facilities, the looting of medical supplies, and health worker killings and kidnappings continued in 2024.

Multiple conflict parties continued to be named in recorded incidents, including the ADF, the DRC Armed Forces (FARDC), M23, Mai-Mai Kata Katanga militia, the Cooperative for the Economic Development of Congo (CODECO), and the Union des Patriotes Congolaises (UPC). Reported incidents attributed to Mai-Mai militia decreased in 2024, while new cases were linked to the Collective of Movements for Change in Congo (CMC), Ex-Seleka fighters and the Front for Patriotic Resistance in Ituri (FRPI). These conflict parties killed, kidnapped, injured, and threatened health workers, looted medical supplies, and damaged or vandalized health centers.

Most incidents affected health care providers working for the government health care system, while 16 incidents affected INGOs and two affected local NGOs. Red Cross societies were impacted in three incidents.

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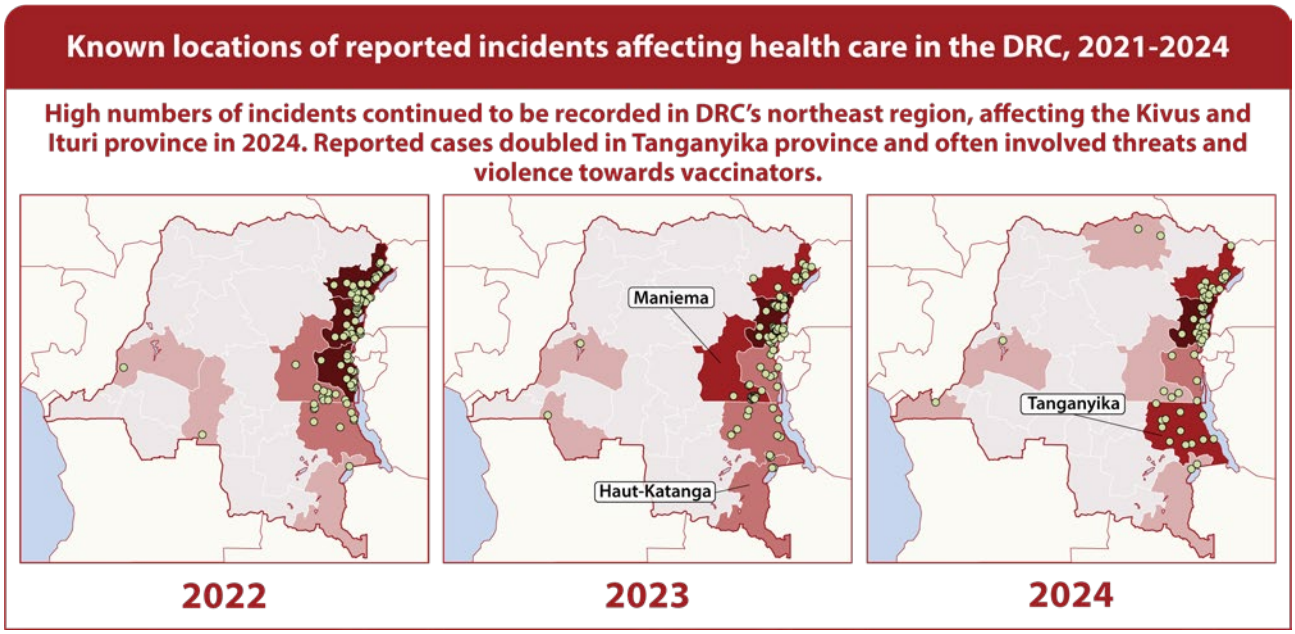

Source: Safeguarding Health in Conflict Coalition

Reported incidents in Eastern DRC

At least 77 incidents of violence against or obstruction of health care occurred in eastern DRC in 2024, with most recorded in Ituri and the Kivus. Health centers were set on fire; medical supplies were looted; and health workers were killed, kidnapped and threatened. In Tanganyika province, where reported cases doubled from 2023 to 2024, vaccination campaigns were repeatedly disrupted by threats and violence, such as when Mai-Mai Kata Katanga militia looted and burned a pharmacy and ambushed a vaccination team, destroying vaccines.[1] They also raped two girls in the second attack. Mai-Mai Malaika militia in Maniema province attacked health workers and resources, temporarily kidnapping a hospital administrator over a personal dispute and releasing him after a ransom payment, and stealing pharmaceuticals from a motorcyclist transporting medical supplies.[2]

Looting of vital medical supplies from health facilities was reported on 11 occasions in eastern DRC in 2024, with the ADF, CODECO, Mai-Mai militia, M23 and unidentified men armed with guns reported as perpetrators. The looters stole laboratory equipment, medicine, mattresses, and nutritional supplies from health centers, hospitals, and pharmacies predominately across Ituri and the Kivus. In one incident, CODECO militia attacked the MSF-supported Drodro General Referral Hospital in Ituri province's Djugu territory, looting the hospital, pharmacy, and health center; killing a patient; and forcing staff and patients to flee.[3]

At least eight health workers were kidnapped in seven incidents in eastern DRC in 2024, compared to 37 in 21 incidents in 2023 and 50 in 31 incidents in 2022. Various armed groups, including CMC, ADF rebels, and unidentified attackers, kidnapped health workers, primarily in Rutshuru, Goma, Mantumbi, Kirumba in North Kivu province and Ikoma in South Kivu. Health workers were kidnapped from health centers, from their homes, and on the road on accusations of supporting armed groups and for ransom demands. While the fate of most kidnapped health workers remained unclear, one nurse who had been kidnapped from his workplace was strangled before his body was dumped in a lake and found 14 days later.[4]

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At least seven health workers were killed in six incidents in 2024. Along with the kidnapped and killed nurse, a FARDC soldier under the influence of alcohol shot dead a nurse he alleged was providing medical care to Mai-Mai Kata Katanga rebels.[5]

Health centers, hospitals, and pharmacies were deliberately set on fire at least five times in eastern DRC in 2024 by fighters from the ADF, CODECO, and Mai-Mai Kata Katanga. In some cases, health supplies were looted from facilities before they were set alight as part of broader assaults on towns and villages. For instance, a pharmacy and shops were set ablaze during a raid on a village in North Kivu in which five people were killed, including a policeman. Responsibility for the attack was claimed by the Islamic State armed group.[6] In one case, attempts to set a medical facility on fire were fueled by false accusations that the NGO was receiving funds from the ADF.[7]

SOCIAL MEDIA AND PUBLIC HEALTH: MPOX NARRATIVES IN THE DRC

During the 2024 mpox outbreak in the DRC, online platforms became a space for widespread expressions of mistrust, misinformation, and conspiracies – especially targeting international health actors and local authorities. This environment reflects long-standing grievances around foreign involvement in Africa's health sector and dissatisfaction with domestic governance.

Insecurity Insight's social media monitoring reveals that negative sentiment in the DRC was more pronounced than in other affected countries, with nearly 69% of analyzed comments expressing distrust of or hostility toward the public health response. Common themes included accusations of corruption among local officials, beliefs that international organizations were deliberately spreading disease, and fears that vaccines were being used for sterilization or population control purposes.

Compared to neighboring Uganda or Burundi – where public reactions were more balanced or even supportive – online discourse in the DRC was significantly more polarized. Posts often rejected the legitimacy of the outbreak and questioned the safety and purpose of vaccinations. Many users linked the mpox response to historical patterns of exploitation, reinforcing perceptions that both local and foreign actors prioritize profit or territorial control over genuine care.

This climate of suspicion poses real risks to aid operations in the DRC. Past experiences with Ebola have shown how online hostility can escalate into threats of violence against health workers. In 2024 – and still today – similar dynamics threatened to undermine vaccination campaigns, erode community trust, and hinder crisis responses in the DRC and beyond.

Monitoring social media remains essential, not only to counter harmful misinformation, but also to craft more transparent, locally grounded strategies that resonate positively with affected populations.

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All other provinces

In Haut-Katanga province, a nurse was arrested at work by police officers following his refusal to sell his plot of land to the local chief.[8] In Kongo Central, armed men raided a health center and stole patient and facility belongings.[9] In Bas Uele, Ex-Seleka militia kidnapped a nurse from a health center, although the victim was soon released by FARDC forces, while an armed group looted a health center and 35 homes.[10] In Mai-Ndombe, Mobondo militiamen shot and killed the head nurse of Kikongo village.[11]

This factsheet is based on 2022-2024 COD SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Insecurity has critically weakened the DRC's health care system, with attacks on facilities causing closures and shortages, some centers operating at 4,000% overcapacity, and the ongoing mpox outbreak – affecting over 6,000 people, particularly children, with an 8.6% fatality rate – further exposing the system's fragility.

Conflict-induced displacement has worsened health challenges by disrupting essential services like maternal care, immunizations, and chronic disease management, resulting in preventable deaths among vulnerable populations.

The humanitarian crisis has led to a dramatic rise in conflict-related sexual violence, with cases doubling in the first half of 2024 compared to 2023, overwhelming health systems in areas like Goma, where five to seven survivors, including children, were treated daily, leaving many without timely or adequate care and worsening their trauma.

Women and children, who make up most of those needing medical care, face increased risks in overcrowded camps like Bulengo near Goma, where poor WASH facilities and low vaccination rates fuel the spread of diseases like cholera, malaria, and measles, putting further strain on limited health care resources.

CONFLICT AND HUNGER IN THE DRC

Insecurity Insight's January 2025 report *Chronic Insecurity: How Armed Groups Undermine Food Security in Ituri and North Kivu* highlights how sustained violence by armed groups severely disrupted agricultural livelihoods and food access in two of the DRC's eastern provinces. It underscores related humanitarian challenges (including cholera outbreaks and rising malnutrition) linked to displacement, poor sanitation, and overcrowded living conditions. These factors compounded the already-fragile health care landscape in the region, reinforcing the need for secure humanitarian access and stronger support for basic health care and nutrition interventions.

Democratic Republic of the Congo (DRC)

1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident numbers 87547; 87558.
2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident numbers 87401; 88462; 87498.
3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 45446
4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87058.
5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87258.
6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87886.
7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87259.
8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87253.
9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 87609.
10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident numbers 85098; 45466.
11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 COD SHCC Health Care Data. Incident number 47324.

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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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