Breaking Point: Health Care Under Fire from the Relentless Use of Explosive Weapons

The Effects on Health Care of the Use of Explosive Weapons in 2024



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Introduction

Violence impacting health care reached unprecedented levels in **2024**, with the use of explosive weapons in populated areas emerging as a dominant and devastating trend. Health care is directly impacted when explosive weapons damage or destroy hospitals, health centres, and ambulances, or when they kill or seriously injure health workers and patients. These weapons also cause indirect harm through their cumulative and reverberating effects on civilian infrastructure. Effective health care delivery depends on safe, open roads for use by patients and health workers and for the transport of medical supplies. It also relies on essential services such as electricity, water, fuel and sanitation. When these systems are damaged or destroyed, the entire health care system suffers. The use of explosive weapons in populated areas is also likely to have long-lasting consequences, disrupting the availability of and access to health care long after hostilities end and ceasefires are in place.

This second edition of Insecurity Insight's *The Effects on Health Care of the Use of Explosive Weapons* discusses new trends in and impacts of explosive weapons use on global health care systems in 2024. It provides more details of and updates to the statistics reported in the **Explosive Weapons Monitor's** 2024 annual report.

The figures highlighted in this annual report underscore the urgent need to strengthen civilian protection from the humanitarian consequences of the use of explosive weapons in populated areas. The 2022 **Political Declaration** on Strengthening the Protection of Civilians from the Humanitarian Consequences Arising from the Use of Explosive Weapons in Populated Areas reflects this need. By endorsing it, states acknowledge the severe impact of the use of these weapons on civilians, and commit to preventing and addressing these harms in cooperation with the United Nations (UN), the International Committee of the Red Cross (ICRC), and civil society, both during and after conflict.

The data cited in this report on the use of explosive weapons in populated areas and its impact on health care can be downloaded **here**.

Reported incidents and impact of explosive weapons use affecting health care, 2023-2024

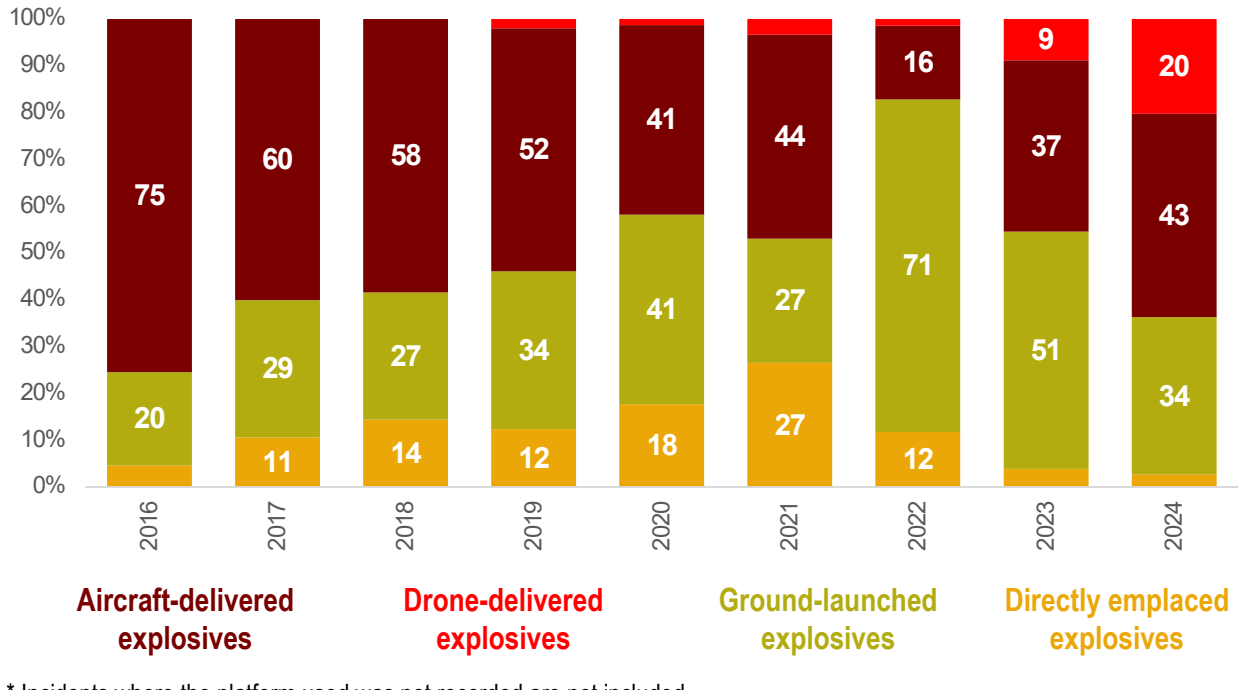
	Recorded incidents of explosive weapons use affecting health care	Number of incidents where health facilities were damaged/ destroyed by the use of explosive weapons	Health workers killed by the use of explosive weapons	Health workers injured by the use of explosive weapons
2024	1824	951	679	634
2023	1104	591	408	188

Source: 2024 EPWIA and Impact to Health Care Data

Insecurity Insight identified 1,824 incidents where the use of explosive weapons impacted health care across the globe in 2024. Health facilities were damaged or destroyed by explosive weapons at least 951 times in 2024 - nearly double the number in 2023. In addition, 679 health workers were killed by explosive weapons, a sharp increase from 408 in 2023. Health worker injuries caused by explosive weapons increased dramatically from 188 in 2023 to 634 in 2024.

State actors – particularly those involved in conflicts outside their own territory (which does not include occupations) – were the primary users of explosive weapons that impacted health care in 2024, continuing a trend observed in **previous years**. Non-state armed groups were also named in reports of such incidents, but to a lesser extent (see **Appendix** for the full breakdown).

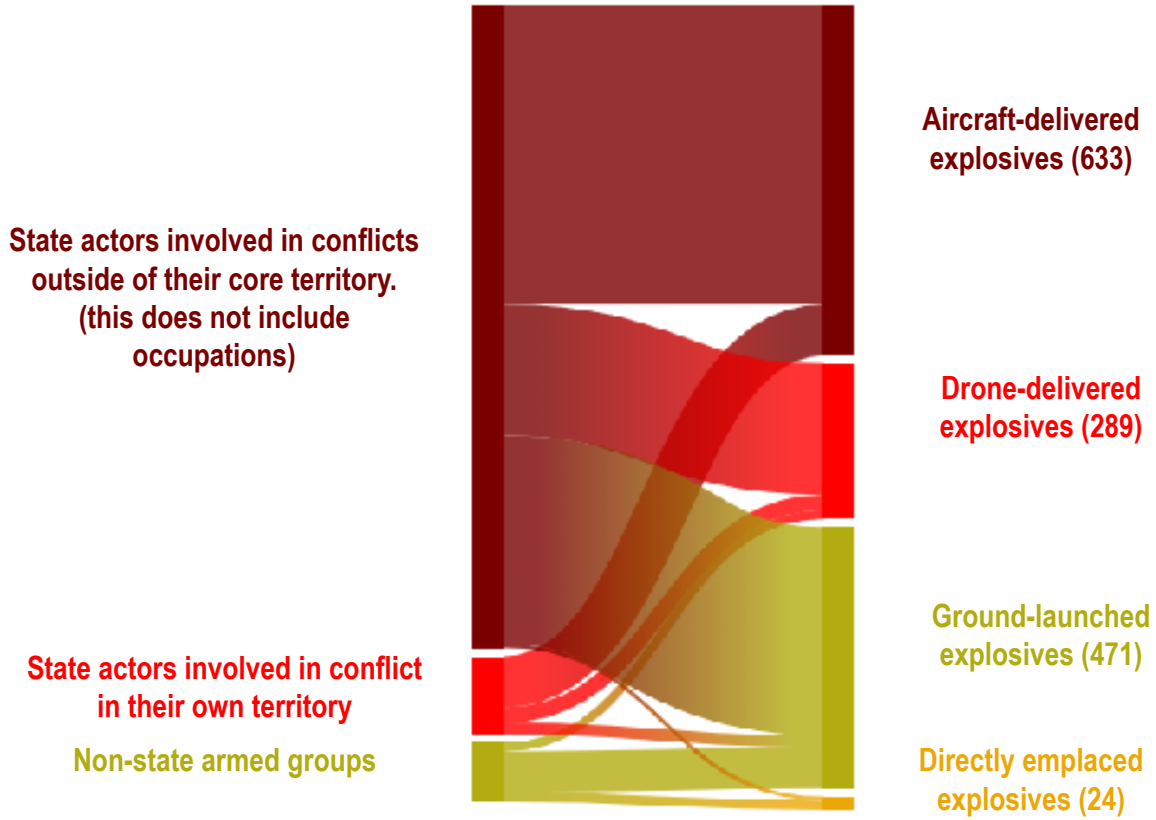
Reported incidents where explosive weapons impacted health care, by platform type, 2016-2024*
Explosive weapons launched from air and ground platforms remained the most used types of explosives in incidents impacting health care in 2024.



* Incidents where the platform used was not recorded are not included

Explosive weapons launched from air and ground platforms remained the most commonly used types of explosives in incidents impacting health care in 2024. The use of improvised explosive devices (IEDs) and mines was also reported, but less frequently.

Reported incidents where explosive weapons impacted health care in 2024, by conflict party and delivery type*
State actors – particularly those involved in conflicts outside their own country – were the primary users of explosive weapons that impacted health care in 2024.



* Incidents where the perpetrator and/or platform used were not recorded are not included.

The data in this report is compiled from open sources and partner-agency contributions of information on incidents of violence against and obstruction of health care in 2024, based on the **WHO** definition of attacks on health care. Access to sources differs among countries, and each source has its own strengths and weaknesses. For the full description of the methodology used and incident verification, please see the on **methodology** section of the Safeguarding Health in Conflicts report ***Epidemic of Violence***.

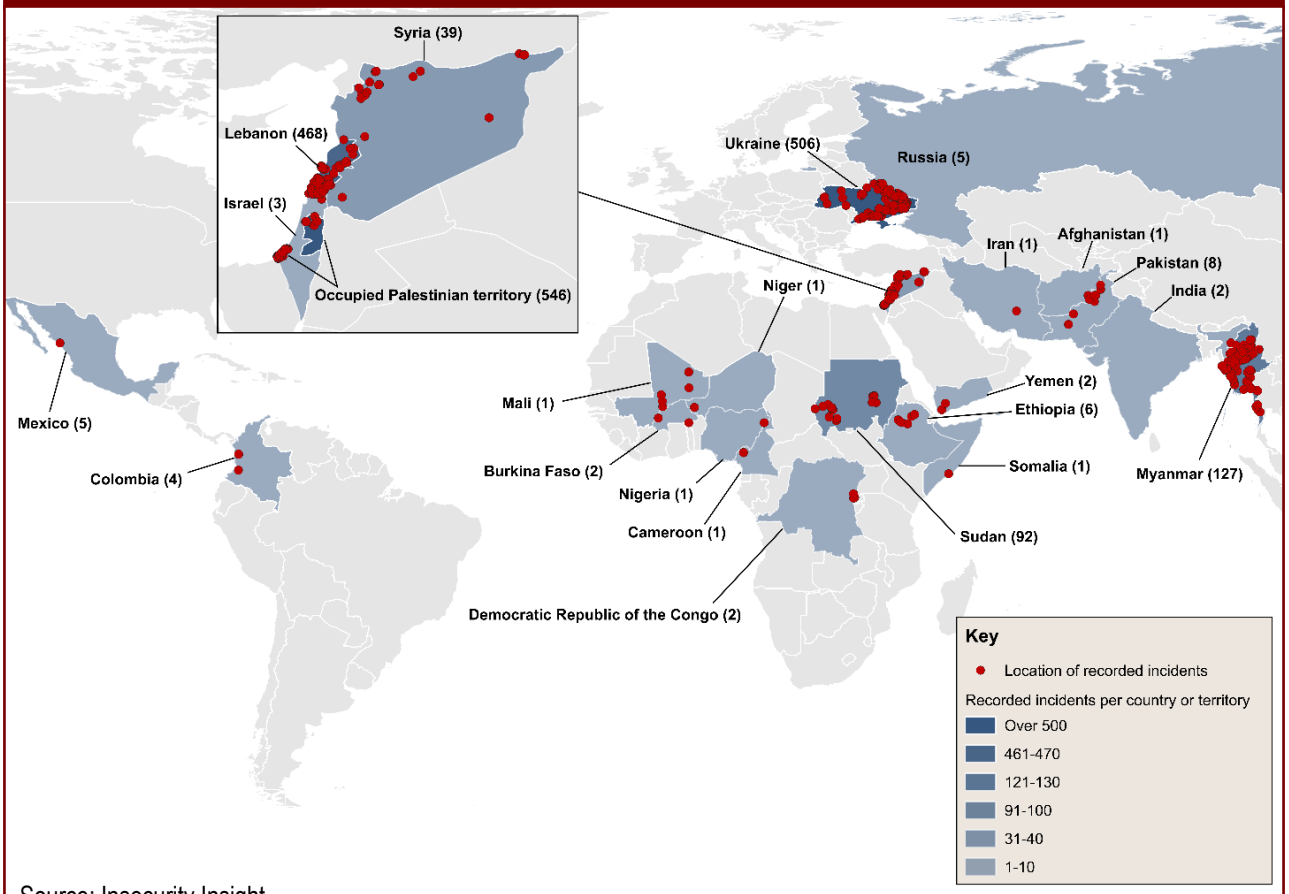
The data cited in this report was accessed on 01 August 2025. Insecurity Insight constantly updates information on recorded incidents. The **822** incidents report in 2023 (as published in the previous report) have now been revised to 1,104. All calculations of changes over time are based on the latest available figures rather than previously published ones. Numbers may change if/when further information is made available.

You can download the report's data **here**, explore the incidents on our **interactive global map** on attacks on health care or check for updates **here**. Get in **touch** for curated datasets.

Key trends in 2024

- 2024 saw the largest increase in the number of reported incidents in which the use of explosive weapons impacted health care since Insecurity Insight began documenting such attacks in **2016**. Explosive weapons were used in 51% of all reported attacks on health care in 2024 – up from 35% in 2023.
- Drone strikes affecting health care rose sharply in 2024 both in number and geographical reach, driven by the low cost of drones and their ability to operate remotely.
- Military aircraft continued to be the dominant type of air-delivery system used to launch explosives that impacted health care, with reports nearly doubling across multiple conflicts in 2024.
- The use of IEDs that impacted health care spread to more countries in 2024.
- Incidents of ground-launched explosive weapons impacting health care slightly increased in 2024, although their geographic reach reduced.

Countries where explosive weapons use impacted health care in 2024 (1,824 incidents)



Source: Insecurity Insight

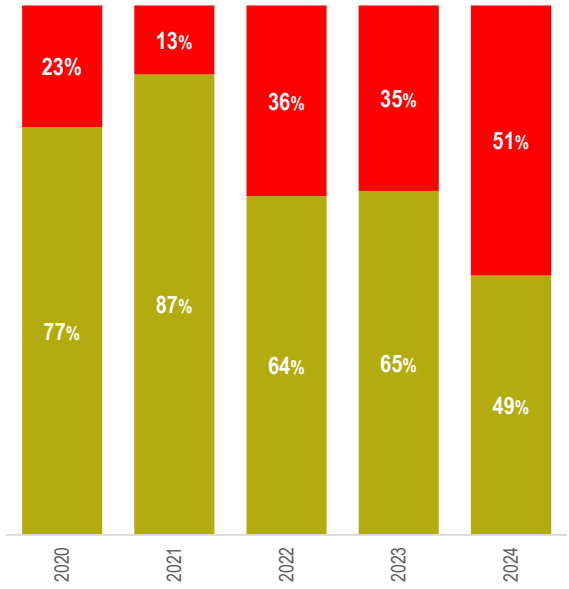
A growing concern

In 2024, **reported incidents** of violence against or obstruction of health care saw the largest increase in the use of explosive weapons impacting health care since Insecurity Insight began documenting such attacks in **2016**. Explosive weapons were involved in 51% of all reported attacks on health care in 2024 - up from 35% in 2023. A total of 1,824 incidents in which explosive weapons use impacted health care were identified in 2024, compared to 1,104 in 2023. This sharp rise was largely driven by the continued and regular use of explosive weapons in the occupied Palestinian territory (oPt), Lebanon, Myanmar, Syria, Sudan, and Ukraine.

In both Ukraine and Sudan, reported incidents rose by 50% between 2023 and 2024: Ukraine saw an increase from 332 to 506 cases, while in Sudan the number of cases increased from 61 to 92.

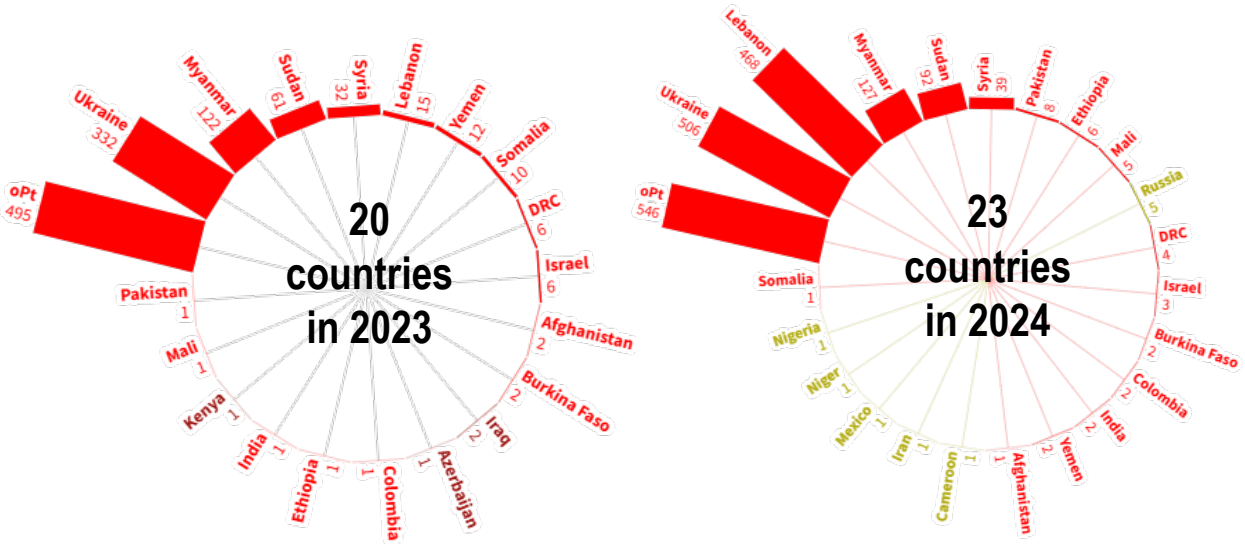
The geographic scope of explosive weapons use affecting health care also increased from 20 in 2023 to 23 in 2024, with their use also being reported in Cameroon, Iran, Mexico, Niger, Nigeria and Russia.[1]

Proportion of incidents attributed to the use of explosive weapons as a percentage of total reported incidents of violence against or obstruction of health care, 2020-2024
Explosive weapons were used in 51% of reported attacks on health care in 2024, rising from 35% in 2023.



Incidents where explosive weapons were used (4080)
All other reported incidents (7136)
Source: Insecurity Insight

Countries where explosive weapons impacted health care in 2023 and 2024
The number of countries where incidents impacting health care were reported increased from 20 in 2023 to 23 in 2024, with explosive weapons us



Identified incidents in 2023 | Identified incidents in 2023 + 2024 | Identified incidents in 2024

Source: Insecurity Insight

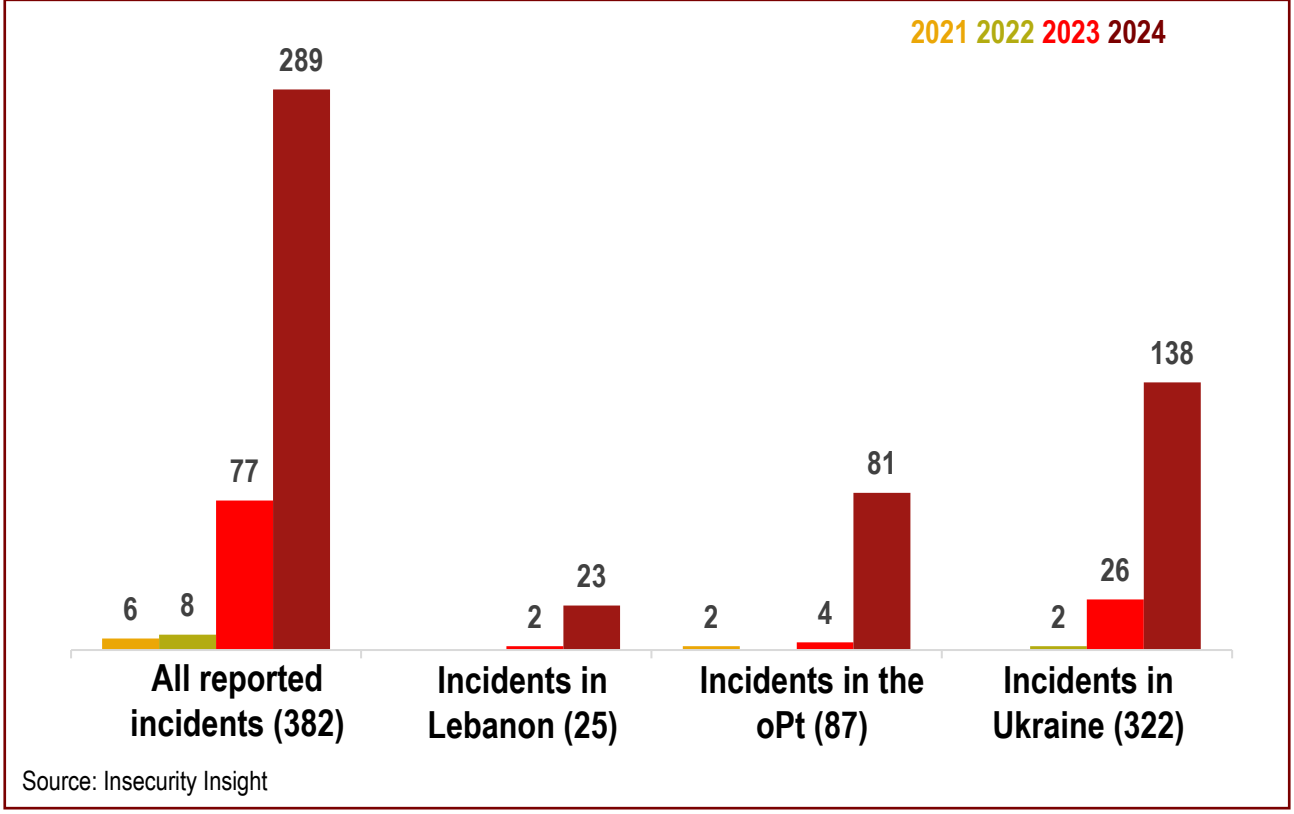
Armed drone use impacting health care quadrupled in 2024

Reported drone-related incidents of explosive weapons use impacting health care rose dramatically in 2024, quadrupling from 77 in 2023 to 289 in 2024. This increase was driven primarily by a surge in armed drone strikes attributed to the IDF in Lebanon and the oPt, and Russian forces in Ukraine.

Conflict parties' use of armed drones that affected health care in Myanmar continued throughout 2024, often involving Myanmar Armed Forces (MAF) drones bombing health care facilities during broader attacks on civilians, and opposition forces deploying drones to drop explosive weapons on MAF troops occupying health care facilities. Meanwhile, Ethiopian National Defense Force armed-drone strikes in Ethiopia's Amhara region rose from one in 2023 to five in 2024, coinciding with a period of heightened conflict-related violence. In Sudan, RSF armed-drone strikes damaged hospitals in North Darfur and Khartoum, while in Syria, the Turkish Armed Forces continued to use armed drones – particularly in al-Hasakah governorate – in attacks that impacted health care, although at lower levels than recorded in 2023.

The geographic spread of armed-drones use impacting health care expanded from nine countries in 2023 to 11 in 2024.[2] In 2024, FARC rebels in Colombia, FAMa in Mali, unidentified actors in Niger and Ukrainian forces in Russia also used drone-delivered explosives that impacted health care.[3]

Reported incidents where drones armed with explosives weapons impacted health care, 2021-2024
Incidents quadrupled in 2024, driven by conflicts in the oPt, Lebanon and Ukraine.



Source: Insecurity Insight

This global expansion likely reflects both the affordability of drones and their capacity for remote, low-risk operations that do not endanger the lives of pilots. While advances in targeting technology have improved the precision of drone attacks, they also raise accountability concerns. Accuracy alone does not prevent unlawful strikes on protected health care personnel and infrastructure. The use of drones also frequently interferes with emergency medical care and the evacuation of the wounded.



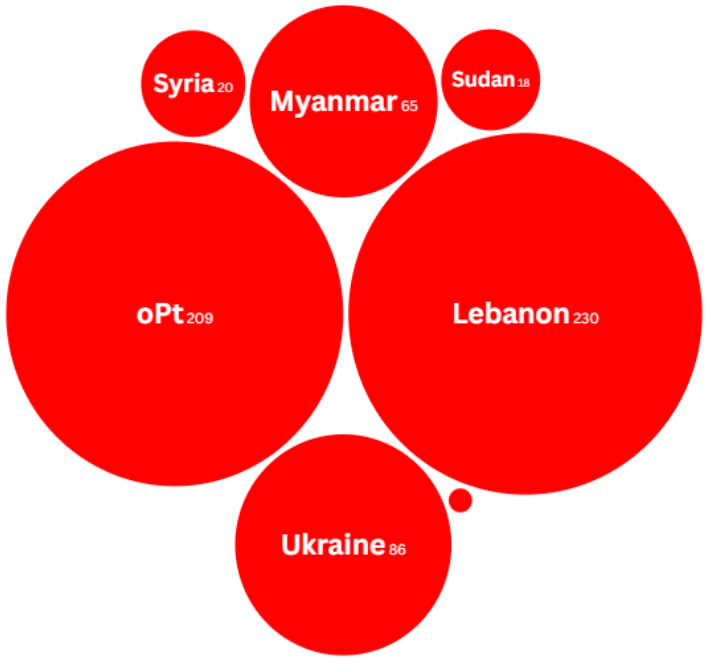
ℹ Drones armed with explosives damaged health facilities 146 times, killed 58 health workers and injured 107 others across the globe in 2024.

Incidents reporting aircraft-delivered explosive weapons impacting health care nearly doubled in 2024

In 2024, 633 incidents of aircraft-delivered explosive weapons use impacting health care were reported across multiple conflict zones, nearly doubling from the 330 reported incidents in 2023. This rise was driven by a notable increase in aircraft-delivered explosive weapons use across six of the seven countries (including one territory) where such incidents occurred in 2023 - Lebanon, the oPt, Myanmar, Syria, Sudan, and Ukraine - indicating a persistent and expanding trend. In addition, one incident of aircraft-delivered explosive weapons use was reported in Mali in 2024, where Malian Armed Forces (FAMa) aircraft strikes targeting Jama'at Nasr al-Islam wal-Muslimin (JNIM) insurgents injured a nurse travelling on a motorcycle.[4]

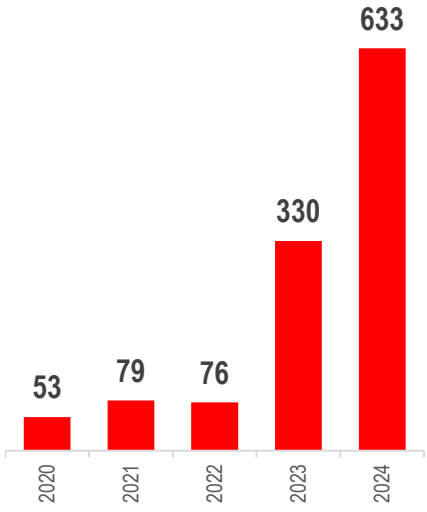
Over 35% of the 633 reported incidents where aircraft-delivered explosives affected health care were linked to the Israel Defense Forces (IDF) in Lebanon, with reports particularly frequent during Operation Northern Arrow, which involved over **12,650 IDF aircraft strikes** on alleged Hezbollah hideouts and members across Lebanon from mid-September 2024 until the 27 November ceasefire. A further 33% of incidents were also attributed to IDF aircraft strikes in the oPt as Israel continued its bombardment of Gaza, damaging health care facilities and killing health workers.

Countries where aircraft-delivered explosive weapons impacted health care in 2024
Nearly 70% of incidents took place in Lebanon and the oPt and were attributed to the IDF.



Source: Insecurity Insight

Reported incidents where aircraft-delivered explosive weapons impacted health care, 2020-2024
Incidents nearly doubled in 2024, driven by conflicts in the oPt, Lebanon, Myanmar, Syria, Sudan and Ukraine.



Source: Insecurity Insight

In Ukraine, the number of incidents in which explosive weapons launched by Russian military aircraft affected health care increased fourfold in 2024 compared to 2023, particularly in the country's east, north-east, and south, as Russia sought to retain and gain control of territory. In Myanmar, the number of junta aircraft strikes impacting health care nearly doubled, with incidents predominately concentrated in Rakhine state and Sagaing region, where strikes were directed at health facilities in areas under control of the Arakan Army, Kachin Independence Army and People's Defence Force. In Syria, reports escalated sharply between 30 November and 3 December, just before the fall of the Assad regime, when Russian and Syrian jets bombed opposition-held areas in Aleppo and Idlib governorates, damaging 14 health care facilities and killing six health workers. In Sudan, Sudan Armed Forces (SAF) aircraft bombings that damaged health care facilities continued, but the geographic focus shifted from Khartoum in the initial months of the outbreak of fighting in April 2023 to the Greater Darfur region in 2024, where the Rapid Support Forces (RSF) continued to gain increasing territorial control.

These incidents highlight state actors' **continued** reliance on aircraft-delivered explosive weapons to strike critical civilian infrastructure in areas held by opposing forces, including health care facilities and ambulances.



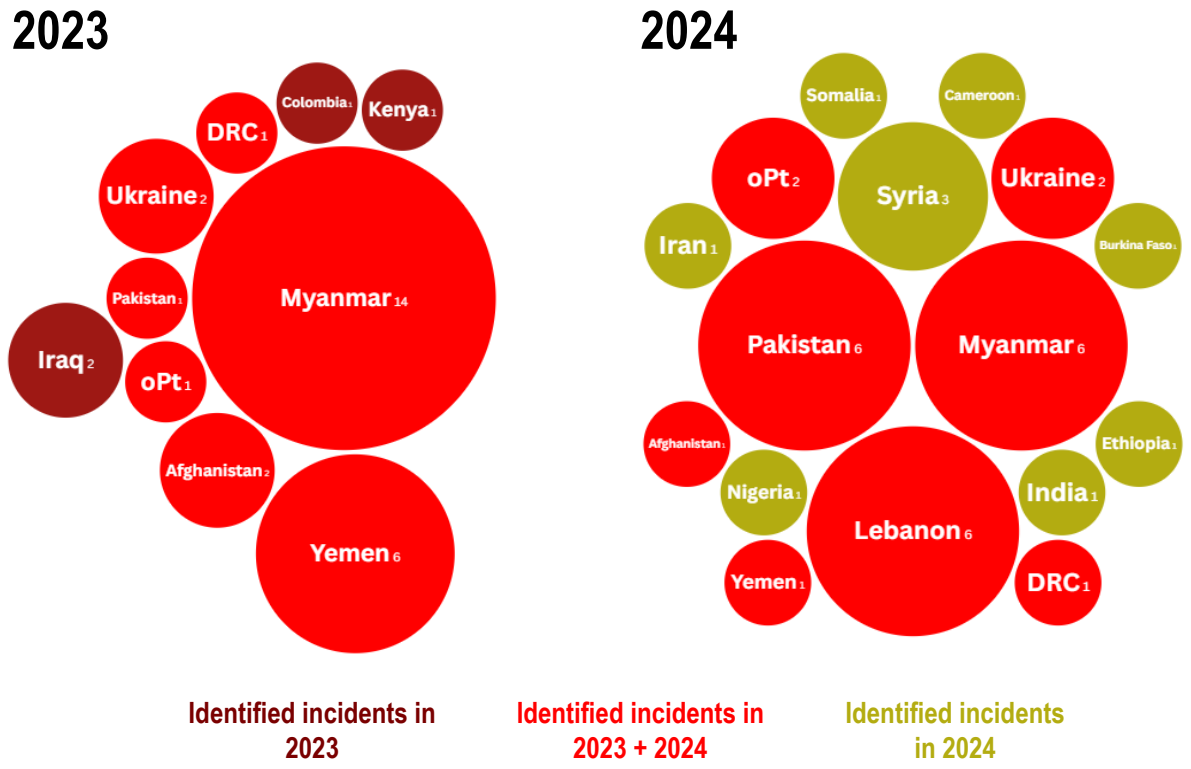
ℹ Health facilities were damaged 353 times in 2024, while 342 health workers were killed and 177 injured by aircraft-delivered explosive weapons across the globe.

The use of IEDs that impacted health care spread to more countries in 2024

In 2024, IED detonations that impacted health care were reported 35 times, similar to the 31 reported in 2023. The scope of these incidents widened, spanning 16 countries – up from ten in 2023 – with the most common locations shifting from Myanmar and Yemen in 2023 to Lebanon, Myanmar and Pakistan in 2024.[5]

In Lebanon, as part of its Operation Grim Beeper, Israel remotely triggered explosives planted in Taiwan-made pagers allegedly used by Hezbollah members. The blasts killed at least three health care workers and injured at least 22 others inside health facilities and an ambulance, while additional blasts in public spaces killed and injured children.[6] In Pakistan, IEDs planted by Baloch separatists in Balochistan and Tehrik-i-Taliban Pakistan militants in Peshawar targeted police and military vehicles near medical facilities. In Myanmar, IED attacks on health care attributed to opposition and non-state armed groups decreased, likely reflecting these groups' shift from using IEDs to armed drones.

Countries where IED use impacted health care in 2023 and 2024
Incidents were spread across 16 countries in 2024 – up from ten in 2023 – with the most common locations shifting from Myanmar and Yemen to Lebanon, Myanmar, and Pakistan.



Source: Insecurity Insight

IED detonations damaged health care facilities nine times, killed nine health workers and injured 27 others across the globe in 2024.

In 2024, other incidents occurred in Burkina Faso, Cameroon, Ethiopia, India, Iran, Nigeria, Somalia and Syria. These incidents included a suspected Ambazonian separatist grenade attack outside a hospital maternity ward in Cameroon's Mezam department, an area heavily affected by the country's Anglophone crisis, where insecurity has repeatedly disrupted health care services; a suspected Boko Haram female suicide bombing near a hospital in Nigeria's conflict-affected Borno state; and twin Islamic State bombings in Iran's Kerman city that killed 84 people, including three paramedics, during a memorial gathering for General Qasem Soleimani, in an attack that was one of the deadliest in the country in decades.[7]

Ground-launched explosive weapons use impacting health care increased, while its geographic spread decreased

In 2024, 495 incidents of ground-delivered explosive weapons use that impacted health care were reported, a slight increase from 446 in 2023. The number of countries reporting incidents decreased from 12 in 2023 to ten in 2024, with over half of the reported incidents attributed to Russian forces in Ukraine, as in 2023.[8] In 2024, incidents linked to the IDF tripled in Lebanon, while those linked to the SAF nearly doubled in Sudan. In 2024, JNIM also used ground-launched explosives in Burkina Faso that damaged a health centre in Kompienga province in Est region, where armed clashes and insecurity are ongoing.



ℹ Ground-launched explosive weapons damaged health facilities 332 times, killed 56 health workers and injured 88 others across the globe in 2024.

Immediate and longer-term effects of explosive weapons use on the health care system

In 2024, the use of explosive weapons – especially those delivered by aircraft and drones – had a devastating effect on health care systems in conflict zones. These weapons were a primary driver behind the destruction of critical civilian infrastructure, disruption of services, and long-term health system breakdowns.

Widespread infrastructure damage and destruction:

Explosive weapons caused direct damage to hospitals and clinics in multiple contexts:

- In Gaza, over half of the territory's hospitals (20 out of 36) became non-operational due to direct explosive weapons use in 2024. The remaining functioned under what was effectively siege at partial capacity.
- In Lebanon, 15 hospitals (of some 134) ceased or reduced operations due to insecurity and damage caused by explosive weapons.
- In Sudan, less than 25% of health care facilities in the country's conflict-affected states remained functional in 2024.

Access to health care and medical evacuations severely disrupted:

Explosive weapons use damaged roads and essential infrastructure, cutting off access to health services.

- In Myanmar, Myanmar military aircraft bombed a pharmaceutical warehouse and hospital, causing USD 250,000 worth of damage.[9]
- In the West Bank, damage to roads hindered access to emergency and maternal health care.

Prolonged system collapse and delayed recovery:

Explosive weapons inflict long-term damage on health care systems long after the last casualties have been admitted for treatment.

- In countries like Syria and Yemen, years of air strikes and bombings weakened recovery efforts.

Health worker strain:

Conflict parties' use of explosive weapons that impacted health care contributed to burnout, trauma, and attrition among health workers.In Lebanon, Israel's pager bomb attacks killed and injured health personnel.

- In Ethiopia's Tigray region, health workers operated under constant threat and with limited resources, leading to high levels of burnout, trauma, and staff attrition.
- In Gaza, health workers have been subjected to intense and prolonged exposure to traumatic events due to continuous airstrikes and bombardments
- In Myanmar, health workers fled following an air bombardment by the MAF in the area, forcing the closure of a hospital.[10]

What International Humanitarian Law Says

Under international humanitarian law (IHL), medical infrastructure (such as hospitals and clinics), medical transports, and medical personnel are granted special protections throughout the duration of armed conflicts. These protections apply at all times and in all circumstances.[11] As a baseline, such persons and objects must not be attacked, and their legitimate activities must not be interfered with in any way.

Medical units and transports may temporarily lose their special protection if and only for such time as they are used to commit acts outside of their humanitarian function that are harmful to a conflict party. When in doubt, the presumption must be that medical infrastructure, transports and personnel have not lost their special protections.[12] Even if that is the case, protection ceases only after a warning has been given, accompanied by a reasonable time limit, and this warning remains unheeded.[13] Only then may an attack be considered – subject, in all cases, to compliance with the principles of distinction, proportionality and precautions.

- The principle of distinction mandates that parties to an armed conflict must always differentiate between civilians and combatants, and between civilian objects and military objectives. This means attacks can only be directed at military targets, not civilians or civilian objects.[14]
- The principle of proportionality prohibits attacks that may be expected to cause incidental civilian harm (such as loss of life, injury or damage to civilian objects) that would be excessive in relation to the concrete and direct military advantage anticipated.[15] This assessment must be made in relation to each specific attack, not the broader military operation. It is increasingly accepted that foreseeable reverberating effects – such as the disruption of medical care resulting from the destruction of or damage to hospitals or interconnected infrastructure – must also be factored into the proportionality assessment.[16]

Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences Arising from the Use of Explosive Weapons in Populated Areas (Political Declaration)

The Political Declaration, which so far has been endorsed by 88 states worldwide, reiterates states' obligations under applicable international law, particularly IHL, which aims to protect civilians and civilian objects during military operations. The Declaration commits states to strengthen the protection of civilians and civilian objects both during and after armed conflict, and to address the humanitarian consequences that arise from armed conflict involving the use of explosive weapons in populated areas. It also encourages states to strengthen their cooperation and assistance and to actively promote the Declaration. Lastly, the Declaration also recognises the need to collect, share, and make publicly available disaggregated data on the direct and indirect effect on civilians and civilian objects with particular regard to the use of explosive weapons in populated areas. The Declaration stresses that the use of explosive weapons in populated areas has a devastating impact on both civilian lives and civilian infrastructure, including the disruption of the provision of basic needs and essential services such as health care, which will cause harm to civilians beyond a weapon's immediate impact area.

- Finally, the principle of precautions requires conflict parties to take all feasible measures to avoid or at least minimise civilian harm, including harm to medical services. This may include planning for the evacuation of patients and staff, ensuring the continuity of medical care during attacks, and supporting the restoration of health care services after an attack has ended.

Furthermore, when attacks are carried out in densely populated areas – including near medical facilities – special care must be taken in selecting weapons that minimise the risk of civilian harm and damage to civilian infrastructure. In particular, the use of explosive weapons with wide-area effects in urban environments raises serious concerns due to the high likelihood that they will cause death or destruction beyond their immediate target.[17]



Recommendations

For conflict parties:

- Conflict parties should refrain from using heavy explosive weapons, including aircraft-delivered and ground-launched weapons, in populated areas, particularly near health care facilities and in ways that affect the civilian infrastructure required for the functioning of complex health care systems, due to the high risk of civilian harm that results from the damaging or destruction of such systems.
- Conflict parties should avoid impeding the access of emergency medical transport and supply transport to health care facilities by the use of explosive weapons such as IEDs.
- Conflict parties should take into consideration both the immediate and long-term harm to civilians caused by the use of explosive weapons and must refrain from any act that would deprive a community of health care in the long term.
- Conflict parties should consider the expected civilian harm from the destruction of health care systems in all proportionality assessments that consider the expected civilian harm in relation to the military advantage of explosive weapons use during the targeting process.
- Conflict parties should include consideration of the impact of explosive weapons use on health care infrastructure in all battle damage assessments.
- Conflict parties should communicate the measures they take to ensure the protection of health care during conflict and their compliance with IHL to prevent disproportionate civilian harm resulting from the damaging or destruction of a health care system.

For states:

- All countries should endorse the 2022 Political Declaration and embed in their national policies and practices the recommendations of the UN Secretary-General and ICRC that parties to a conflict should avoid the use of explosive weapons with wide-area effects in populated areas.
- States that have endorsed the Political Declaration should actively promote its implementation and continue to review and revise their national policies and practices to further strengthen the protection of civilians during conflict.
- States should comply with the requirements of the Arms Trade Treaty and avoid supplying or enabling users of explosives weapons who do not comply with IHL and international human rights law, because their use of explosive weapons could damage or destroy health care systems.
- Concerned countries should continue to publicly call for action to address the severe harm to individuals and communities caused by both the direct and indirect use of explosive weapons in populated areas.

For civil society organisations (CSOs) and the international humanitarian community:

- CSOs can monitor civilian harm following the use of explosive weapons that damages some part of a health care system.
- CSOs can highlight conflict parties' failure to protect health care and demand accountability and transparency in these parties' targeting and proportionality decisions.
- The international medical community can support the training and development of medical guidance to address injuries from explosive weapons use.
- The humanitarian community can also play an important role in efforts to strengthen the protection of civilians and civilian infrastructure, including health care personnel and infrastructure, by implementing effective mitigation measures that reduce the vulnerability of health care systems.
- The international humanitarian community can increase its support for efforts to protect the mental health of health care workers.
- The international humanitarian community can continue to support local health care workers, including volunteers, by providing direct support and capacity-building training where possible.
- The international humanitarian community can support the supply of equipment needed to treat injuries from explosive weapons use.
- International NGOs can support the development of the security risk management capacity of local health care providers.

For donors:

- Donors can find innovative ways to maintain their funding of health care systems affected by conflict. The discontinuation of funding in conflict-affected areas risks weakening health care systems further.
- Donors can support mitigation measures to protect health care systems during conflict.
- Donors can support the training of local health workers and provide the assistance they need to carry out their work.

Appendix

Table A1: Recorded use of explosive weapons affecting health care in 2024 attributed to state actors involved in conflicts outside their own territory	
Islamic Revolutionary Guard Corps in Syria	1
Israel Defense Forces in the oPt	541
Israel Defense Forces in Lebanon	468
Israel Defense Forces in central Syria	2
Russian Armed Forces in Ukraine	489
Turkish Armed Forces in Syria (mainly in north-east Syria)	6
Ukrainian Armed Forces in Russia	2
Table A2: Recorded use of explosive weapons affecting health care in 2024 attributed to state actors involved in conflicts in their own territory	
Ukrainian Armed Forces in Ukraine	16
Ethiopian National Defense Force in Ethiopia	5
Malian Armed Forces in Mali	2
Myanmar Armed Forces in Myanmar	86
Sudan Armed Forces in Sudan	19
Syrian Armed Forces in Syria	7
Syrian or Russian Armed Forces in Syria	4
Yemen Armed Forces in Yemen	1

Appendix

Table A3: Recorded use of explosive weapons affecting health care in 2024 attributed to non-state armed groups	
Africa Corps/Wagner Group in Mali	1
Al-Aqsa Martyrs' Brigades in the oPt	1
Ambazonian separatists in Cameroon	1
Arakan Army in Myanmar	2
Balochistan Liberation United Front in Pakistan	1
Boko Haram in Nigeria	1
FARC in Colombia	1
Hamas in Israel	1
Hezbollah in Israel	2
Islamic State in Iran	1
Islamic State in Syria	2
Jama'at Nasr al-Islam wal-Muslimin in Burkina Faso	1
Jama'at Nasr al-Islam wal-Muslimin in Mali	2
Kachin Independence Army in Myanmar	2
Karen National Liberation Army in Myanmar	1
Karen National Union in Myanmar	1
Local resistance forces in Myanmar	18
March 23 Movement in the DRC	1
People's Defence Force in Myanmar	2
Qassam Brigades in the oPt	1
Rapid Support Forces in Sudan	63
Syrian Democratic Forces, mainly in north-west Syria	3
Syrian National Army in Syria	1
Tehrik-i-Taliban Pakistan in Pakistan	4

Endnotes

1 In 2023, incidents were also reported in Azerbaijan, Iraq and Kenya, but none was reported in these countries in 2024.

2 In 2023, incidents were reported in nine countries, including Burkina Faso and Yemen, where no incidents were reported in 2024.

3 Two drone-related incidents affecting health care in Russia were attributed to Ukrainian forces. In the remaining three incidents, the perpetrators were not recorded

4 Insecurity Insight. Breaking Point: Health Care Under Fire from the Relentless Use of Explosive Weapons: The Effects on Health Care of the Use of Explosive Weapons in 2024. Report Dataset: 2024 EPWIA and Impact to Health Care Data. Incident number 92416.

5 In 2023, incidents where IED detonations impacted health care were reported in Colombia, Iraq and Kenya, where no such incidents were reported in 2024.

6 Insecurity Insight. Breaking Point: Health Care Under Fire from the Relentless Use of Explosive Weapons: The Effects on Health Care of the Use of Explosive Weapons in 2024. Report Dataset: 2024 EPWIA and Impact to Health Care Data. Incident numbers 80752; 81214; 81248; 85282; 85284

7 Insecurity Insight. Breaking Point: Health Care Under Fire from the Relentless Use of Explosive Weapons: The Effects on Health Care of the Use of Explosive Weapons in 2024. Report Dataset: 2024 EPWIA and Impact to Health Care Data. Incident numbers 54715; 60558; 43425.

8 In 2023, incidents of ground-launched explosive weapons use that impacted health care were reported in 12 countries, including Azerbaijan, Somalia and Yemen, where no such incidents were reported in 2024.

9 Insecurity Insight. Breaking Point: Health Care Under Fire from the Relentless Use of Explosive Weapons: The Effects on Health Care of the Use of Explosive Weapons in 2024. Report Dataset: 2024 EPWIA and Impact to Health Care Data. Incident number 46538.

10 Insecurity Insight. Breaking Point: Health Care Under Fire from the Relentless Use of Explosive Weapons: The Effects on Health Care of the Use of Explosive Weapons in 2024. Report Dataset: 2024 EPWIA and Impact to Health Care Data. Incident number 44586.

11 Geneva Convention I (GC I), 1949, art. 19; Geneva Convention IV (GC IV), 1949, art. 18; ICRC, Customary IHL Database (CIHL), 2005, rules 25, 28 and 29.

12 ICRC, “The Protection of Hospitals During Armed Conflicts: What the Law Says”, 20 November 2023.

13 GC I, art. 21; GC IV, art. 19; CIHL, rules 28-29.

14 ICRC, “Rule 1. The Principle of Distinction between Civilians and Combatants”, IHL Databases.

15 CIHL, rule 14.

16 ICRC, 2019 Challenges Report, chap. 2.

17 It should be noted that insufficient information is available to draw legal conclusions about the circumstances of the individual attacks listed in this report.

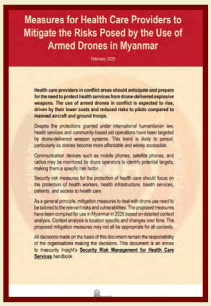
Other resources



Never before has the Safeguarding Health in Conflict Coalition (SHCC) recorded such a high number of reported incidents of violence against or obstruction of health care in conflict asin 2024. The SHCC identified 3,623 incidents in 2024, marking a 15% increase from 2023 and a 62% rise from 2022. On average, health care came under attack ten times a day in conflictaffected areas, where health systems are overwhelmed by rising needs, the growing suffering of patients,and increasing conflict-related deaths and intergenerational trauma.Read the full **report**. Download the **data**.



Health care provision has unique characteristics that shape its specific exposure to security risks in conflict zones. The Security Risk Management for Health Care (SR4H) Handbook – available in **Arabic**, **English**, **French** and **Spanish** – provides guidance on how to implement a range of actions intended to promote respectful and violence-free environments and prepare individuals or organisations to face and respond appropriately to violent incidents, also dealing with the aftermath of such events.



Health workers in Myanmar face an urgent and growing threat—armed drones targeting hospitals, mobile clinics, and aid operations. These attacks endanger lives and access to critical care. This guidance document - in **Burmese** and **English** - provides practical measures to help health care providers mitigate these risks. From early warning systems to protective strategies for staff, infrastructure, and mobile teams, this guide is essential for anyone working to safeguard medical services in Myanmar.

Available as individual guidance on:

Outside When a Drone is Spotted: **Burmese** | **English**

Inside a Building During a Drone Attack: **Burmese** | **English**

Response During a Drone Attack: **Burmese** | **English**

This document is published by Insecurity Insight using data collected for the Safeguarding Health in Conflict Coalition (SHCC). Much of the data used in the report also appears in the Explosive Weapon Monitor's 2024 annual report. The International NGO Safety Organisation provided key data from its Conflict & Humanitarian Data Centre, and data was included for six countries: Burkina Faso, oPt, Somalia, Sudan, Syria, and Ukraine.

This document is funded and supported by the European Union (EU), the Foreign, Commonwealth and Development Office (FCDO) of the UK government through the RIAH project at the Humanitarian and Conflict Response Institute at the University of Manchester, and by the Tides Foundation. The report was further made possible by support from the Norwegian government to develop and provide data on the reverberating effects of explosive weapons to the Explosive Weapons Monitor.

The opinions expressed in the report do not in any way reflect the position of the EU, UK government, European Commission, FCDO, Norwegian government or Tides Foundation, which are not responsible for the content expressed in this document.

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Suggested citation: Insecurity Insight. 2025. Breaking Point: Health Care Under Fire from the Relentless Use of Explosive Weapons: The Effects on Health Care of the Use of Explosive Weapons in 2024. Switzerland: Insecurity Insight. https://bit.ly/AnnualEPIWAHealthReport2024

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