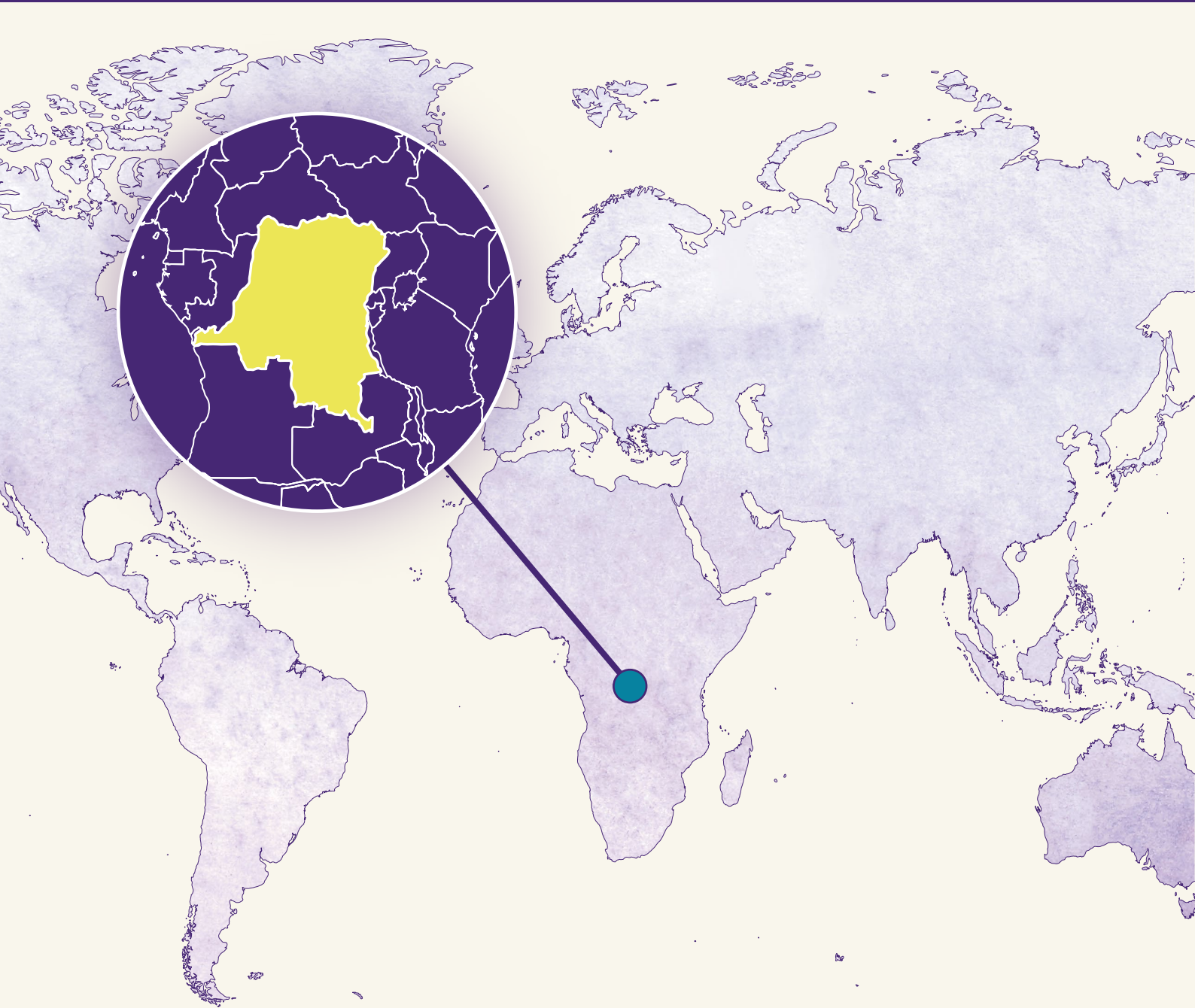


DRC

Violence Against Health Care in Conflict 2025



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Democratic Republic of the Congo (DRC)



REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 REPORTED INCIDENTS	 INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	 INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	 HEALTH WORKERS KILLED	 HEALTH WORKERS KIDNAPPED
2025				
325	59	111	32	41
2024				
123	14	36	13	16
2023				
115	15	35	11	42

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 325 incidents of violence against or obstruction of health care in the Democratic Republic of the Congo (DRC) in 2025, compared to 123 in 2024 and 115 in 2023.¹ Among the incidents reported in 2025, health facilities were damaged or destroyed 59 times and health supplies looted 111 times, while at least 32 health workers were killed and 41 kidnapped.

The actual number of incidents and the severity of the problem are likely greater, because attacks on health care may not have been reported in some locations and conflict-related service closures may not have been reflected in the data, while cuts to United States Agency for International Development (USAID) funding further reduced the presence of health care providers and the operation of health facilities.

Methodology and sources

Information on incidents of violence against health care in the DRC is compiled from open and private sources, information projects, and aid agency data-sharing mechanisms. Data is continuously updated and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight's [global map](#) on attacks on health care. See [Methodology](#) for further information.



THE CONTEXT

The DRC remained affected by a protracted armed conflict in 2025 involving both numerous local armed groups and international forces, particularly in the eastern provinces of Ituri, Maniema, North Kivu, South Kivu, and Tanganyika. The conflict saw a significant escalation when a renewed March 23 Movement (M23) offensive captured Goma in January, sparking clashes with the Armed Forces of the DRC (FARDC). Multiple non-state armed groups involved in the conflict included the Allied Democratic Forces (ADF), Alliance des Patriotes pour un Congo Libre et Souverain (APCLS), Cooperative for the Development of Congo (CODECO), Convention for the Popular Revolution (CMC), Force de Résistance Patriotique de l'Ituri (FRPI), and Union des Patriotes Congolais (UPC). Community-based militias were also active, including multiple Mai-Mai and Raia Mutomboki factions, as well as Mobondo, Ngumino, Nyatura, Sambaza, Twa, and the Twiganeho coalition.

The Burundi National Defence Force (FDNB) was also a party to the conflict, underscoring its character as both an international and non-international armed conflict. The FDNB served as a major foreign military ally of the Congolese government in the M23 war and took part in front-line operations, particularly in South Kivu.

Despite a ceasefire agreed on April 23, 2025 between the Rwanda-backed M23 group and the DRC government, violence persisted. A December 2025 peace agreement between the Congolese and Rwandan presidents was almost immediately followed by renewed fighting that killed over 400 people.

Internal displacement in the DRC remained extremely high in 2025, with over 5.3 million people displaced by September and a further 200,000 uprooted in South Kivu after clashes in December between M23 and the FARDC. Cross-border displacement also surged, with at least 33,000 people arriving in Burundi in early December and more than 166,000 fleeing to neighboring countries since the start of the year.

Conflict-related sexual violence surged in 2025. Between January and July, health services supported 2,702 affected women and children – up sharply from 612 the previous year – while reported cases rose by 16% in the first half of the year, with nearly one-third involving girls under 16. Incidents were likely under-reported due to stigma, fear of reprisals, and barriers to reporting, and abuses by members of multiple non-state armed groups were documented.

Food security remained critically strained. By November 2025, emergency levels of acute malnutrition were recorded in parts of Ituri and North Kivu, while around 24.8 million people faced high levels of food insecurity between September and December, with conditions expected to worsen in 2026.

Cuts to USAID funding severely disrupted aid efforts, creating a significant gap in sexual and reproductive health interventions, particularly in North Kivu, where 24 of 34 health zones had previously received at least one US-funded intervention. The aid cuts weakened the health care system overall, contributing to preventable deaths, medicine shortages, and reduced access to essential services, while health workers across North Kivu, South Kivu, and Kasai provinces lacked the resources needed to deliver services.



VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, incidents of violence against or obstruction of health care nearly tripled in eastern DRC amid escalating armed conflict, mainly driven by M23 advances, representing 87% of total incidents in the country. Health centers, children's hospitals, medical warehouses, and pharmacies in eastern DRC were attacked, bombed, deliberately set fire to, looted, and repurposed for non-medical use, while health workers and patients were killed, kidnapped, injured, and threatened, and in one case a nurse was raped. Attacks on health care workers occurred at hospitals, at their homes, and while traveling. Recorded health worker killings nearly tripled, and all reported kidnappings in 2025 occurred in eastern DRC, nearly doubling in number from 2024.

Multiple conflict parties, often armed with guns, continued to be named in attacks on health care in the DRC in 2025. Non-state armed actors implicated in these attacks included the ADF, APCLS, CMC, CODECO, M23, FRPI, and UPC. Various Mai-Mai militias were also involved, including Mai-Mai Ebwela, Mai-Mai Geuls, Mai-Mai Hapa na Pale, Mai-Mai Kata Katanga, Mai-Mai Malaika, Mai-Mai Nguvu Ya Milima, and Mai-Mai Yakutumba. Raia Mutomboki factions implicated in violence against health care included Kafuma, Maheshe, Mubango and Blaise Lukisa. Additional militias named in attacks on health care included Mobondo, Ngumino, Nyatura, Sambaza, Twa, and the Twiganeho coalition.

State actors implicated in attacks on health care in the DRC in 2025 were mainly linked to the FARDC. In North Kivu, personnel from the Agence Nationale de Renseignements, the DRC's main intelligence agency, intercepted an international NGO (INGO) vehicle carrying medical supplies and briefly detained its staff, accusing them of supplying the ADF and Congolese police, who had entered a health facility while retreating from M23 fighters and left a grenade behind.² FDNB soldiers stopped a truck belonging to a local NGO transporting materials to support medical facilities in the fight against cholera in South Kivu and forced it to turn back, despite an intervention by provincial authorities in Uvira.³

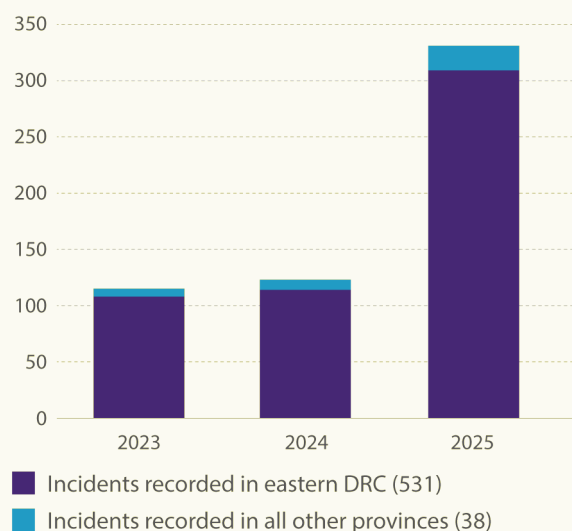
Overall, most incidents affected health care providers working for the local health system, while 38 incidents affected INGOs and two affected local NGOs. Private health care organizations were impacted in three incidents and Red Cross societies twice.

Reported incidents in Eastern DRC

At least 309 incidents of violence against or obstruction of health care occurred in eastern DRC in 2025, compared to 114 in 2024 and 108 in 2023. Most incidents were recorded in Ituri and North and South Kivu (the Kivus) but also occurred in Maniema and Tanganyika provinces.

Reported incidents of violence against or obstruction of health care in the DRC, 2023-2025

Attacks on health care nearly tripled in the eastern DRC in 2025 amid escalating armed conflict, mainly driven by the M23 rebellion.



Source: Insecurity Insight for the SHCC.

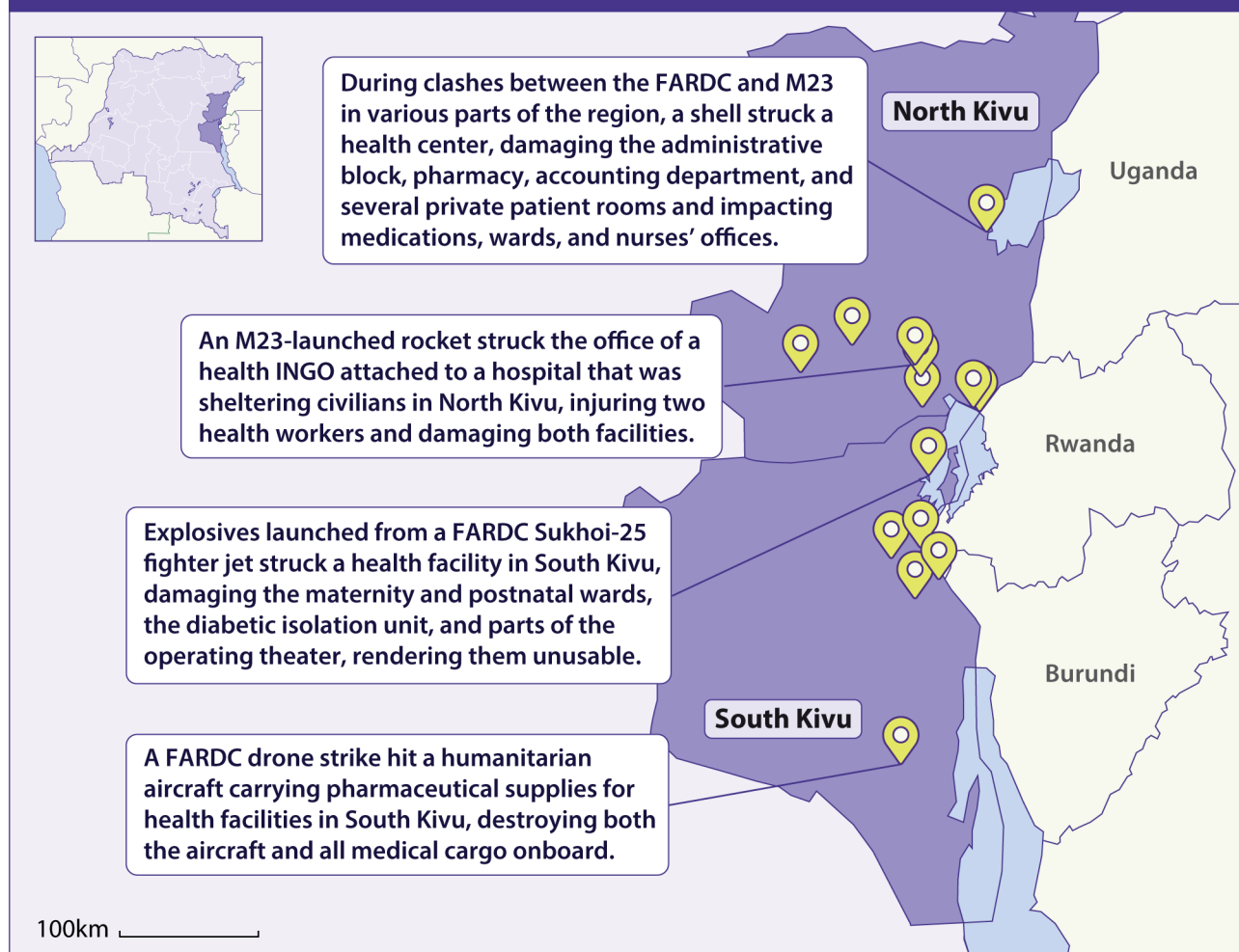
Democratic Republic of the Congo (DRC)



The looting of vital medical supplies from health facilities in eastern DRC surged in 2025, increasing from 65 incidents in 2023 and 2024 combined to 103 in 2025. Multiple conflict parties were linked to these incidents, with the ADF, FARDC and M23 frequently linked to such attacks. Delivery kits, equipment (including an electrocardiogram), medicine, mattresses, mosquito nets, personal protective equipment, and nutritional supplies were stolen from health centers, hospitals, and pharmacies. In some cases, health supplies were looted from facilities before they were set alight as part of broader assaults on towns and villages. In one incident that occurred during their withdrawal from a commune in North Kivu, M23 rebels looted a health center, taking all the medical equipment and medications. They then destroyed the solar power system that sustained the center's cold chain and proceeded to break all doors and windows. At the time of the attack, health center staff were hiding in the surrounding bush for safety.⁴

Incidents involving damage to or the destruction of health facilities in eastern DRC more than quadrupled in 2025, reflecting the overall deterioration in security in the region. In total, health facilities were damaged or destroyed 59 times, compared to 13 times in 2024 and 15 in 2023. In one incident, five health workers and four patients, including one child, were killed when shelling of an unidentified origin hit a general hospital in South Kivu.⁵

Reported incidents of explosive weapons use impacting health care in eastern DRC, 2025



Source: Insecurity Insight for the SHCC.

Democratic Republic of the Congo (DRC)



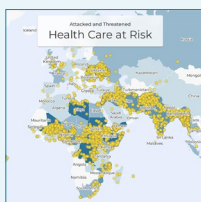
Health care in the Kivus was affected by explosive weapons use on at least 15 occasions in 2025, two of which were attributed to the FARDC. Health facilities were damaged ten times, while five health workers were killed and three injured by aircraft and drone strikes, artillery shelling, rockets, and a grenade used by conflict parties.

Armed groups' occupations of health facilities in the eastern DRC were reported on three occasions in 2025, such as in March, when M23 fighters occupied a hospital in South Kivu and installed artillery to defend themselves against attacks from local armed groups.⁶

Health facilities were deliberately set on fire in eastern DRC on 18 occasions in 2025, mostly by the ADF and M23. Often the facility was looted of medical supplies before being set alight, and in one case health workers were kidnapped during the attack.⁷ These attacks in which health facilities were deliberately set on fire often occurred during wider attacks on civilians during which multiple health centers in the area were targeted. M23 militia in North Kivu set ablaze two health centers on the pretext that they were treating members of opposition parties.⁸

In total, 32 health workers were reported killed in 22 incidents in eastern DRC in 2025, compared to 11 in nine incidents in 2024 and ten in ten incidents in 2023. Most health worker killings occurred in North Kivu, particularly in Karisimbi, Masisi and Rutshuru territories. Over 80% of recorded killings were linked to armed groups that included the CMC, M23, Raia Mutomboki Maheshe and UPC. In some cases, killings were also linked to the FARDC, including when armed men in FARDC uniforms shot and killed a nurse on his way to work in the early evening in North Kivu, just 100 meters from the hospital where he worked, while a nurse was killed during fighting between the FARDC and M23 in the region.⁹ In other killings, the conflict party was not recorded. In most killings, health workers were fatally shot while working inside health centers, inside their homes or during broader attacks on civilians. In South Kivu, five health workers and four patients, including one child, were killed when a hospital was hit by shelling of an unidentified origin.¹⁰ At least two health workers were killed with bladed weapons, including a nurse who was beheaded by M23, after being accused of providing medical care to opposition parties; their body was later found in the bush in North Kivu.¹¹

Between February and November 2025 in eastern DRC, 41 health workers were kidnapped in 20 incidents, compared to 15 in 12 incidents in 2024 and 38 in 21 incidents in 2023. Half of recorded kidnapping incidents occurred in South Kivu, with most of these occurring in the Kalehe and Shabunda territories. Health workers were kidnapped from health centers, their homes, and while traveling to provide care in remote areas, mainly on accusations of supporting armed groups and for ransom demands. A nurse was raped then kidnapped by men armed with guns and taken away to an undisclosed location.¹² Four of the 41 kidnapped health workers were released, but the fates of the remaining staff were unclear.¹³



This chapter is based on 2023-2025 COD SHCC Health Care Data. Download this data on the [Humanitarian Data Exchange \(HDX\)](#).

Insecurity Insight updates data continuously and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight's [global map](#) on attacks on health care.



All other provinces

At least 22 incidents of violence against or obstruction of health care were reported outside of eastern DRC in 2025. Nearly a third of incidents occurred in Tshopo province, where cases increased sharply between May and December (from no identified incidents in 2023 and 2024 to seven in 2025) and often involved armed men looting medical supplies at night.

Incidents were also frequent in Haut-Katanga, Kasai-Oriental and Kinshasa provinces. In October and November, hospitals and clinics in Bipemba commune, Kasai-Oriental province, were attacked, looted of medical supplies, and caught in crossfire between armed actors. In Pweto town, Haut-Katanga province, pharmacies were looted of medical supplies and a health worker was stabbed in a home robbery.¹⁴ In Kinshasa, a health worker was killed during an attempted robbery by “Kuluna” gangs, an INGO medical site was approached by an armed member of the Mobondo militia, and another health worker was shot and killed in his home by FARDC soldiers.¹⁵

THE IMPACT OF ATTACKS ON HEALTH CARE

Conflict in eastern DRC continued to severely strain an already fragile health care system, both by increasing demand and disrupting service delivery. By mid-2025, the health care system was described as being on the verge of collapse, with fighting obstructing access to facilities, patient transfers and medical supply chains. Some facilities recorded a 50% decline in consultations for children under the age of five compared to the previous year. By September, 85% of health centers in the Kivus reported medicine shortages and nearly 40% had lost health workers, further limiting care.

In 2025, the DRC faced concurrent outbreaks of cholera, mpox, measles, and a resurgence of Ebola, placing severe strain on the health system and putting health staff under extreme pressure.

Sexual violence by multiple armed groups in eastern DRC continued to be reported in 2025, although cases were likely significantly under-reported due to stigma and fear of reprisals. Support for survivors was further constrained by USAID funding cuts, which created major gaps in the provision of sexual and reproductive health services – particularly in North Kivu, where most health zones had previously received US-funded interventions. The cuts also weakened the wider health care system, contributing to medicine shortages, reduced access to care, and preventable deaths, while leaving health workers across the Kivus and Kasai provinces without the resources needed to deliver essential services.

Throughout the year, armed conflict forced the closure or relocation of medical facilities in Walungu, Kalehe, and other territories, cutting off maternity, outpatient, and nutrition services. In Ituri and North Kivu, armed attacks led to the suspension of a children’s vaccination campaign and services offered by mobile clinics, while in places like Fataki, hospital closures cut off care for tens of thousands of displaced people. Even where services remained open, incidents such as the explosive devices discovered near a hospital in Goma continued to endanger both patients and health workers. In December 2025, Médecins Sans Frontières (MSF) suspended operations at four of its facilities in South Kivu, including Baraka General Hospital, and evacuated its teams, due to intensified fighting between M23 and the FARDC, with the latter supported by Wazalendo militia.

By mid-2025, the health care system was described as being on the verge of collapse, with fighting obstructing access to facilities, patient transfers and medical supply chains.



- 1 The SHCC's [2024 Annual Report](#) cited 84 incidents of violence against or obstruction of health care in the DRC in 2024 and 136 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.
- 2 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 113654; 113694.
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 113648.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 96153.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 96787.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 121172.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 120812.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 113058; 113656.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 88024; 88511.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 96787.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 115530.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 123714.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 95384; 123729; 123698.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 123736; 123701; 113375.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 123725; 120318; 111559.

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. Suggested citation: Safeguarding Health in Conflict Coalition (SHCC) 2026. Care in the Crosshairs: Violence Against Health Care in Conflict, May 2026. <https://shcc.pub/SHCCAnnualReport2025>
<https://safeguarding-health.com>

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