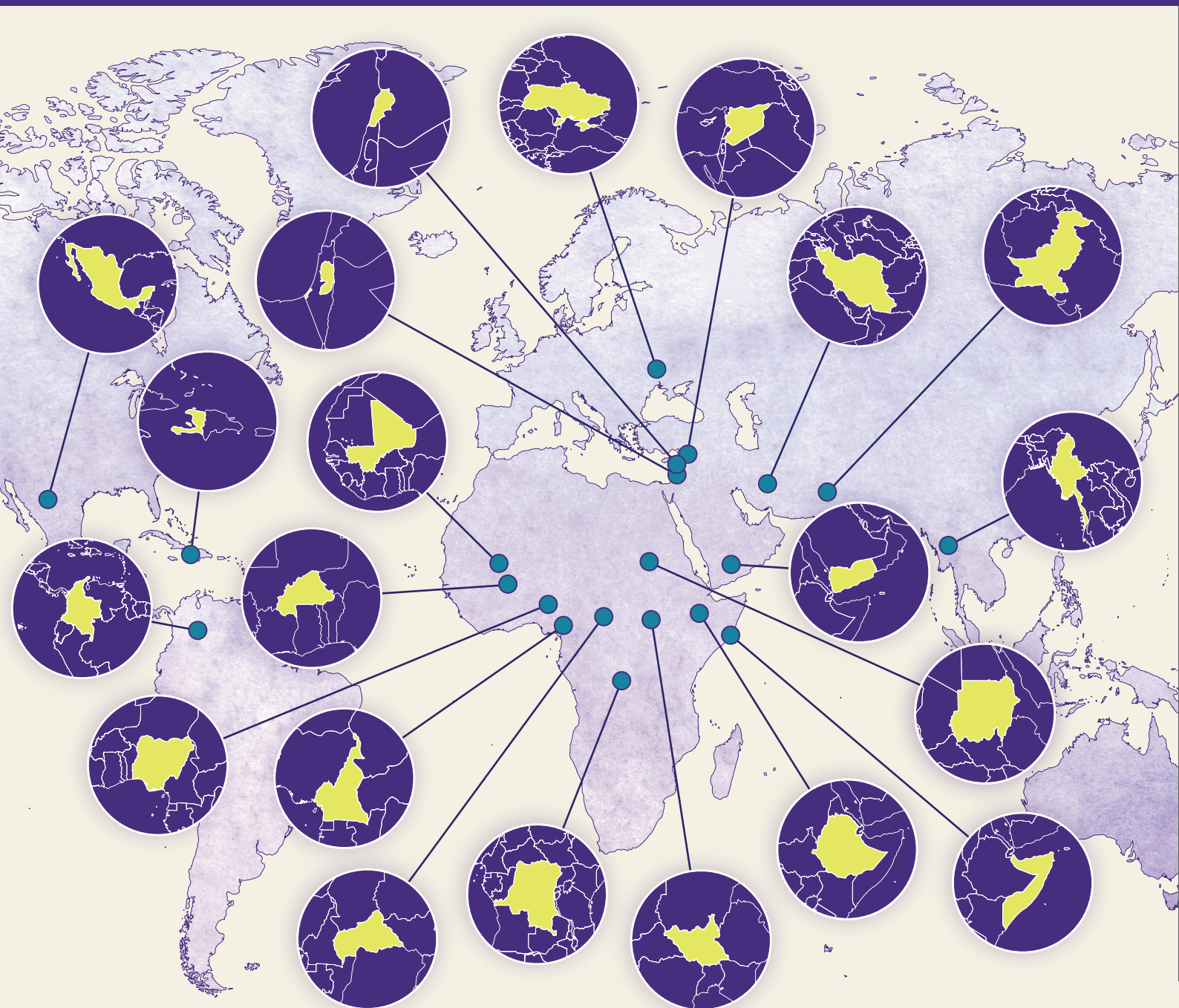


2025



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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

 REPORTED INCIDENTS 2,546	 INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED 790	 HEALTH WORKERS KILLED 455	 HEALTH WORKERS KIDNAPPED 218	 HEALTH WORKERS ARRESTED 263
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Source: Insecurity Insight for the SHCC.

OVERVIEW

Attacks on health care were relentless in 2025, ten years after the unanimous adoption of United Nations Security Council Resolution 2286, which reaffirmed the protection of the wounded and sick, medical personnel, and humanitarian workers during armed conflict. Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) recorded 2,546 incidents in 33 countries in which damage to or the destruction of health care facilities was reported on at least 790 occasions, while 455 health workers were killed, 218 kidnapped and 263 arrested.

KEY FINDINGS IN 2025

- Violence rose in 13 countries and recorded incidents remained far above the ten-year annual average, although overall incidents declined compared to 2024, largely driven by the ceasefire in Gaza.
- Continued high levels of violence by state forces alongside rising levels of violence by non-state armed actors.
- The expansion of remotely piloted aerial systems (drones) increasingly affected health care in conflict settings.
- An increase in the kidnapping of health workers, particularly in the Central African Republic (CAR), Colombia, the Democratic Republic of the Congo (DRC), Mali, Pakistan, and Syria.

This report includes detailed profiles of 21 countries and territories where many acts of violence against health care by state parties and non-state armed groups, including organized criminal groups, took place. These include:

- **Africa:** Burkina Faso, Cameroon, the CAR, the DRC, Ethiopia, Mali, Nigeria, Somalia, South Sudan and Sudan;
- **Asia:** Myanmar and Pakistan;
- **the Middle East and Europe:** Lebanon, Iran, the occupied Palestinian territory (oPt), Syria, Ukraine and Yemen; and
- **the Americas:** Colombia, Haiti and Mexico.

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Reported figures in this year's annual report are likely underestimated due to insecurity, communication disruptions, and limited data sharing. As a result, the true scale of violence is likely higher, with underreporting and conflict-related service disruptions obscuring trends. Apparent declines in some settings may reflect facility closures, reduced reporting capacity, and funding cuts, rather than genuine improvements in security.

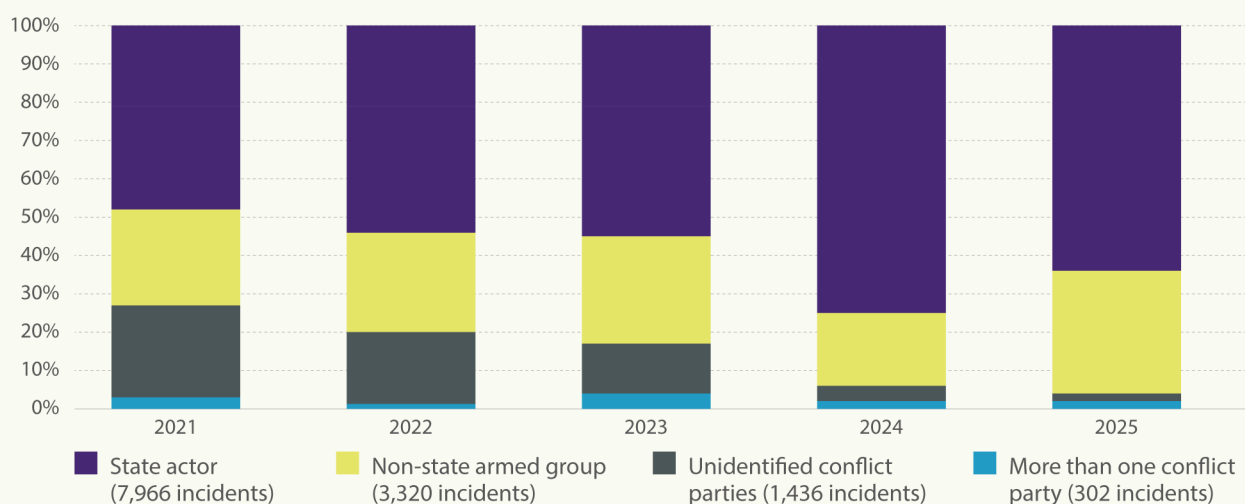
The data in this report is compiled from open sources and partner-agency contributions of information on incidents of violence against and obstruction of health care in 2025, based on the WHO definition of attacks on health care. Access to sources differs among countries, and each source has its own strengths and weaknesses. You can download the report's data on the [Humanitarian Data Exchange \(HDX\)](#) and via Insecurity Insight's [global map](#) on attacks on health care, which can be explored by thematic area: Outbreak, Political, Vaccination, Maternal Care, and Drone Attacks, globally or by country. The map shows data from January 2016 onward and is updated continuously. Numbers may change as new information becomes publicly available.. For a full description of the methodology used and incident verification procedures, please see the section on [methodology](#).

DOMINANCE OF ATTACKS ON HEALTH CARE BY STATE FORCES AND RISING NUMBER OF ATTACKS BY NON-STATE ACTORS IN 2025

Since 2021, state actors have consistently been reported as being responsible for more violence against health care than non-state armed groups. In 2025, state actors accounted for 64% of all incidents (1,625 incidents), compared to 803 incidents linked to non-state armed groups. This dominance reflects the scale and nature of state military operations, including the use of air strikes, drones, missiles, and artillery in populated areas where health care facilities are embedded, particularly in active conflict zones such as Myanmar, the oPt, Sudan, and Ukraine.

Reported incidents of violence against or obstruction of health care, 2021-2025

Since 2021, state actors have consistently been reported as being responsible for more violence against health care than non-state armed groups. This dominance reflects the scale and nature of state military operations, including the use of air strikes, drones, missiles, and artillery in populated areas where health facilities are embedded, particularly in active conflict zones such as Myanmar, the oPt, Sudan, and Ukraine.



Source: Insecurity Insight for the SHCC.

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In 2025, violence by state actors was reported in 26 countries and territories, an increase of nine compared to 2024. Over 80% of these incidents involved state actors attacking health care outside their own territory, including through cross-border operations or attacks in contested areas. The vast majority of such incidents were attributed to the Israel Defense Forces (IDF) in Iran, Lebanon, the oPt, Syria, and Yemen and to Russian forces in Ukraine. Other state actors linked to attacks on health care outside their own territories included the Bolivarian National Intelligence Service (in Venezuela), the Burundi National Defence Force (in the DRC), the Indian Armed Forces (in Pakistan), Iran's Islamic Revolutionary Guard Corps (in Israel), the Turkish Armed Forces (in Syria), the US Armed Forces (in Yemen), and the Ukrainian Armed Forces (in Russia).

These patterns highlight the central role of state military operations in driving large-scale harm to health care services, infrastructure, and personnel in 2025, alongside a growing contribution from non-state armed groups in contexts of fragmentation and prolonged insecurity.

Violence by non-state armed groups, while lower in overall volume, increased in proportion to the overall number of attacks in 2025, driven largely by firearm attacks, hospital raids, the looting of medical supplies, and health worker kidnappings that disrupted service delivery and endangered health workers and patients. In Myanmar and Sudan, conflict parties committed many attacks on health care in their own countries, contributing to the widespread destruction and repeated disruption of health care systems.

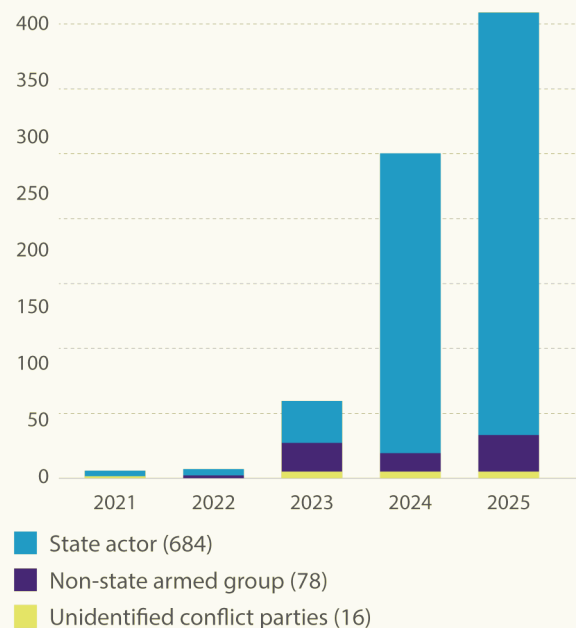
THE EXPANSION OF DRONE WARFARE AFFECTING HEALTH CARE IN CONFLICT SETTINGS IN 2025

In 2025, armed drone strikes affecting health care occurred in multiple contexts, including direct attacks on hospitals, as part of wider assaults on towns and during multiple strike attacks targeting health workers conducting search and rescue operations. In total, these drone strikes damaged or destroyed health care facilities on 246 occasions and killed 37 health workers while injuring 124 others. The strikes disrupted service delivery through program closures, reduced access and staff shortages, as well as the psychological impact on the health work force.

The use of drone-delivered explosives impacting health care surged by 43% in 2025, with 410 incidents recorded, compared to 286 in 2024. These incidents accounted for 34% of all incidents where explosive weapons affected health care in 2025, up from 16% in 2024. Incidents were reported in 12 countries in 2025 – one more than in 2024 – with new incidents of drone used impacting health care documented in the DRC, Iran, and Yemen, while no incidents were reported in Mali and Niger in 2025.

Reported use of drones armed with explosives impacting health care, by conflict party, 2021-2025

90% of incidents where drone strikes impacted health care in 2025 were attributed to state forces.



Source: Insecurity Insight for the SHCC.

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Incidents were primarily attributed to state forces, which were reportedly responsible for 90% of cases, with the Russian Armed Forces alone accounting for over 70% of incidents. Drone use increased most sharply in Sudan and Ukraine, which together drove much of the global rise. In Ukraine, incidents rose by 116%, from 137 in 2024 to 296 in 2025, with peaks between June and September corresponding to major military offensives. In Sudan, cases rose by 700% from three to 24, with over 75% linked to the Rapid Support Forces (RSF), particularly in North Darfur and North Kordofan states.

Reported incidents involving non-state armed groups included the Fuerzas Armadas Revolucionarias de Colombia (FARC), local defence forces and the People's Defence Force in Myanmar, the RSF, the Sudan People's Liberation Army/Movement-North, Shia al-Houthi rebels, and the Syrian National Army.

Falling costs, rapid technological progress, and the ability to operate drones remotely without risking pilots are key factors driving their expanding use. At the same time, advances that enhance targeting precision raise important questions about how these systems are employed. As targeting capabilities continue to improve, the use of drones in conflict is likely to grow even further.

VIOLENCE AFFECTING HEALTH FACILITIES IN 2025

Over 785 incidents were reported involving damage to or the destruction of health facilities in 26 countries and territories in 2025. At least 70 of these incidents recorded the complete destruction of the facilities in question, with hospitals in Ukraine particularly affected. Health facilities were most frequently damaged by explosive weapons, including from aircraft and drone strikes, missiles, and shelling, and the wide-area effects of these explosive weapons. Damage was also caused in deliberate arson attacks, lootings, ransacking's and violent raids.

Damage to health facilities from explosive weapons used by conflict parties in eastern DRC increased dramatically in 2025. In Ukraine, such incidents also increased, frequently affecting maternity and children's facilities in Khersonska oblast and, to a lesser extent, Donetsk oblast, often during wider Russian attacks on civilian areas and infrastructure. In Iran, health facilities were bombed 14 times between June 13 and 24, largely in Tehran, and mainly in IDF aircraft strikes, but also in drone strikes.

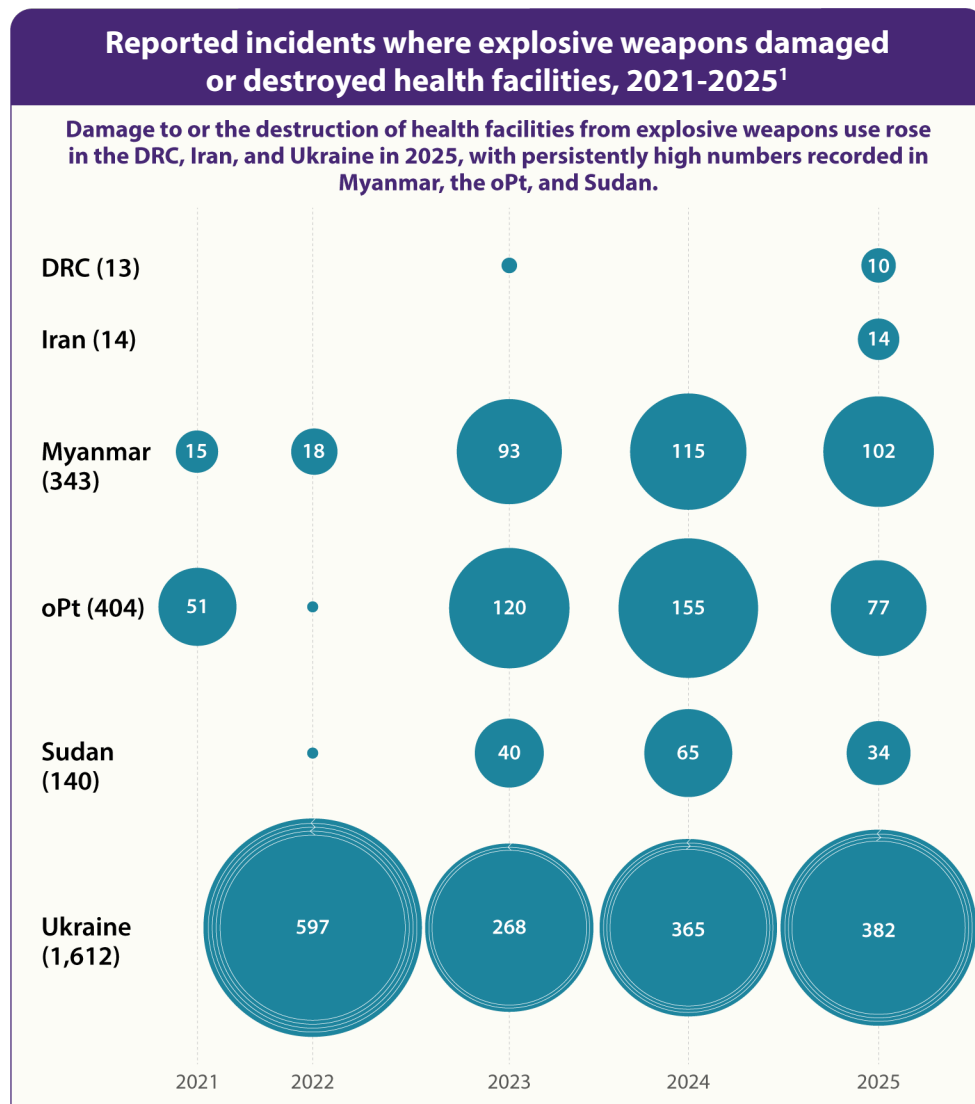
In Myanmar, health facilities – including makeshift clinics – operated by Civil Disobedience Movement-affiliated health workers were frequently damaged by Myanmar Armed Forces (MAF) air strikes, particularly in Sagaing. In Gaza, a wide range of facilities, including children's hospitals, field hospitals, clinics, medical storage sites, and a prosthetics and paralysis center, were damaged by IDF aircraft and drone strikes, artillery shelling, missiles, tank fire, and gunfire. In Sudan, children's, field, women's and teaching hospitals, as well as health centers and laboratories were damaged or destroyed in RSF drone strikes, artillery shelling, missile attacks, and gunfire.

Health facilities were taken over and used for non-medical purposes on multiple occasions across seven countries and territories in 2025. Over 47% of these incidents were recorded in Myanmar, where the MAF occupied hospitals that were subsequently attacked and seized by other conflict parties.

The looting of health facilities, medicines, supplies, and ambulances was common in conflicts throughout the world and was reported in 21 countries, but was most prevalent in eastern DRC, where over half of such cases were recorded. In these incidents, perpetrators took medical supplies and medications, including those used to treat malnutrition that had been made worse by conflict, often during broader attacks

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on towns and villages. In some incidents where medical supplies were taken, health workers were also attacked or threatened, while in others, health facilities were vandalized, set on fire, or looted.



Source: Insecurity Insight for the SHCC.

HEALTH WORKERS KILLED IN 2025

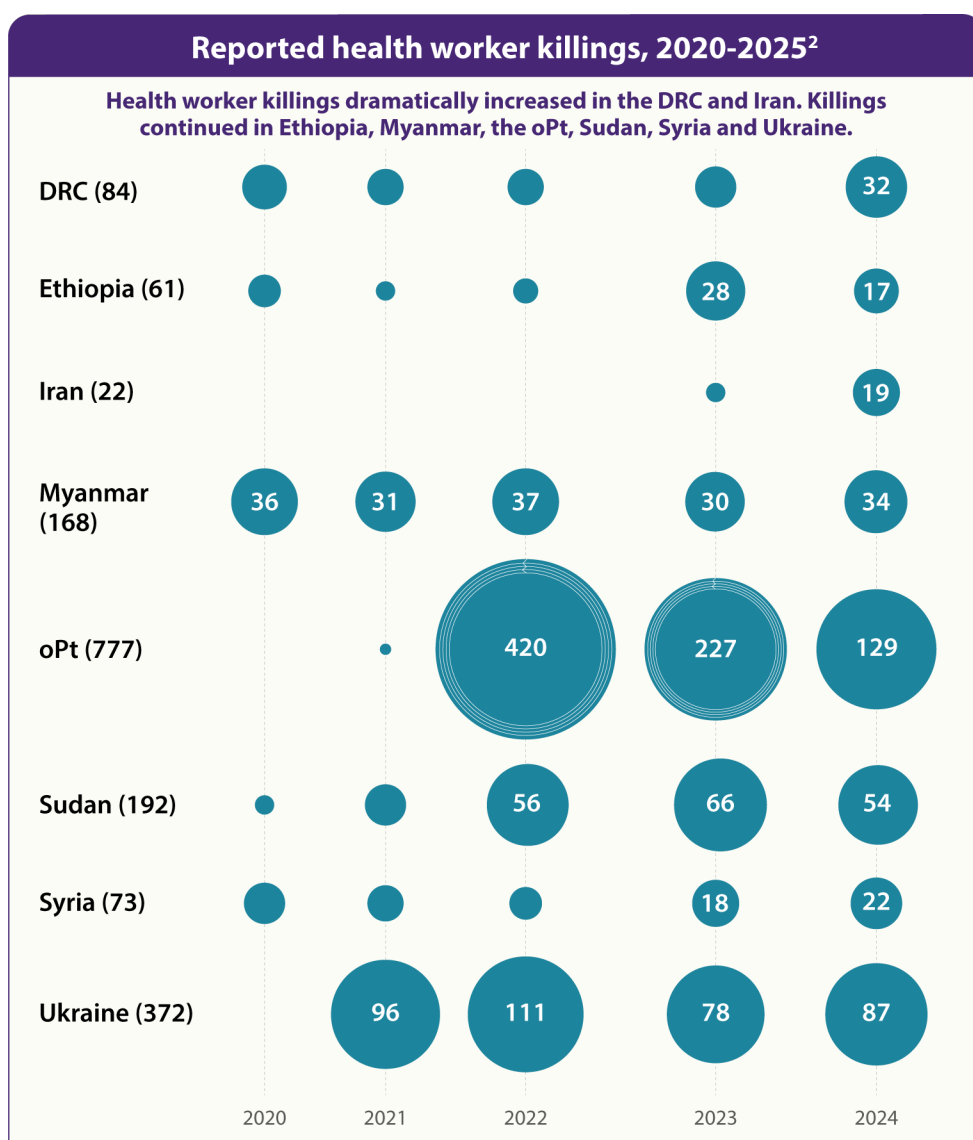
More than 450 health workers were killed in 33 countries and territories in 2025. Health workers were killed while treating patients in hospitals, in their homes, and while traveling to remote areas to provide vital care, as well as during intercommunal violence and efforts to rescue and treat the injured. Many were killed in multiple strike attacks, where an initial attack was followed by a second targeting first responders. Health workers were killed by aircraft and drone strikes, shelling, and improvised explosive device (IED) explosions, and in hospital raids, home invasions, and drive-by shootings. Some were tortured to death and others were killed after being kidnapped or arrested.

Most of those killed came from conflict-affected communities. Among them, 19 were local staff working within the internationally supported humanitarian system, while the majority delivered care under national

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ministries of health or de facto authorities. Seven of those killed were foreign nationals who had traveled to support health care in conflict-affected areas.

Health worker killings nearly tripled in eastern DRC in 2025 amid escalating armed conflict, largely driven by advances by the M23 armed group. In Ukraine, killings also increased, with military medics frequently among those killed while providing front-line care to wounded soldiers. Other health worker killings in Ukraine occurred in hospital bombings, while a smaller number resulted from multiple strike attacks targeting health workers responding to casualties caused in earlier strikes. In Iran, all 19 health worker killings were recorded within the first four days of the June conflict. In Myanmar, health workers continued to be killed in MAF bombings and during clashes between the MAF and other conflict parties. In Sudan, killings occurred in multiple contexts, including violent hospital raids and bombings, shootings in homes, and attacks on civilians. In Syria, health workers were killed in hospital attacks and air strikes. In Ethiopia, killings were largely linked to accusations of affiliation with or provision of care to conflict parties in Amhara.



Source: Insecurity Insight for the SHCC.

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HEALTH WORKERS ARRESTED IN 2025

More than 260 health workers were reported to have been arrested or detained across 17 countries and territories in 2025. Many of them were beaten or tortured in detention, and at least seven detained health workers were killed by their captors in Ethiopia, Gaza, Sudan, and Syria. An international NGO staff member in Sudan was detained and interrogated by the RSF on espionage accusations and within a month was found unresponsive in a suspected suicide, underscoring the severe psychological toll of detention in conflict settings.

Health workers were arrested during violent hospital raids, at home, while traveling to provide care to people in need and during mass civilian arrest campaigns. Over 26% of health worker arrests in 2025 were made by the Ethiopian National Defense Force (ENDF) in Ethiopia during a coordinated wave of politically driven crackdowns amid nationwide protests over pay, working conditions, and governance in the health sector.

Health worker arrests increased in Syria and Sudan in 2025. In Sudan, staff were frequently detained by both conflict parties on accusations of supporting or having links to the opposing conflict party, and in some cases, staff were beaten, threatened, or sexually abused. In Syria, interim government forces detained health workers during mass arrest campaigns, hospital raids and at checkpoints, often on similar allegations of links to opposing conflict parties.



Source: Insecurity Insight for the SHCC.

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Arrests continued in Myanmar in 2025, often based on accusations of providing health care to or having links to opposition forces. Arrests also persisted in the oPt: in Gaza, at least one health worker died while being held in Israeli custody in Ktzi'ot (Negev) prison amid reports of torture and medical negligence. In the West Bank, health workers were detained, interrogated and in some cases assaulted while on duty at or near health facilities, or while responding to emergencies such as childbirth, patient transfers, or evacuations.

In other countries, including Yemen, health workers were interrogated on accusations of treating Islamic State members and sharing videos on social media that authorities considered to be “politically unacceptable.”

HEALTH WORKERS KIDNAPPED IN 2025

At least 218 health workers were kidnapped in 21 countries in 2025, a rise of 58% from 2024. The actual number of incidents and the severity of the problem are likely much greater. Almost all of these health workers were abducted in conflicts across Africa, except for those in Colombia, Haiti and Mexico, where gang violence increased insecurity. Doctors, nurses, midwives, pharmacists, and vaccinators were kidnapped from health facilities, at checkpoints, while traveling to or from work or to remote areas to provide health care services, and from their homes. In some cases, kidnappings occurred at the same time as health facilities were looted or during road robberies.

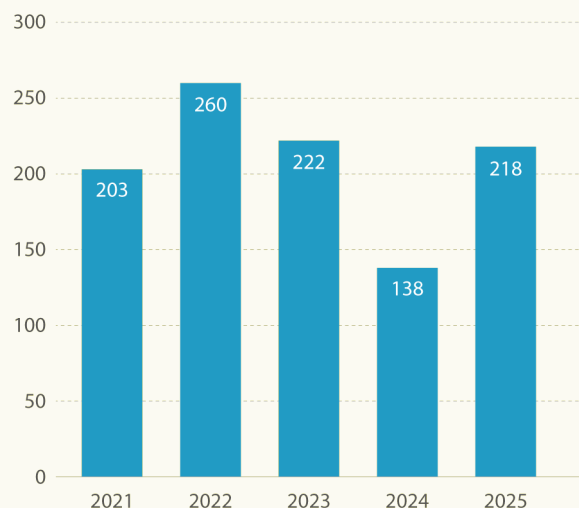
In some conflicts, including those in Cameroon and the DRC, armed groups abducted health workers they accused of collaborating with other conflict parties, while in other conflicts, health workers were abducted and forced to provide care to members of armed groups, including in Cameroon, Colombia, and the DRC.

Most kidnapped health workers were released within days or weeks, often following ransom demands. However, many endured interrogation and torture during captivity, including two kidnapped doctors who were tortured to death in Syria in 2025 and a doctor abducted from her home and tortured before being released in Haiti. Six other health workers were killed by their captors in Burkina Faso, the CAR, Ethiopia, Mali and Mexico.

Health worker kidnappings nearly doubled in eastern DRC amid escalating conflict in 2025. In one case, a nurse was raped and then abducted. Incidents also more than doubled in Mali during violence linked to Jama'at Nasr al-Islam wal-Muslimin (JNIM), while in Haiti kidnappings surged in gang-controlled areas of Port-au-Prince. In Syria, kidnappings increased between April and October, and in Colombia they doubled, including cases where health workers were forced to provide care to armed groups or lured to do so under false pretenses. In Pakistan, kidnappings also doubled in 2025 (83% of which occurred in Khyber Pakhtunkhwa province) compared to in 2024, amid

Reported health worker kidnappings, 2021-2025

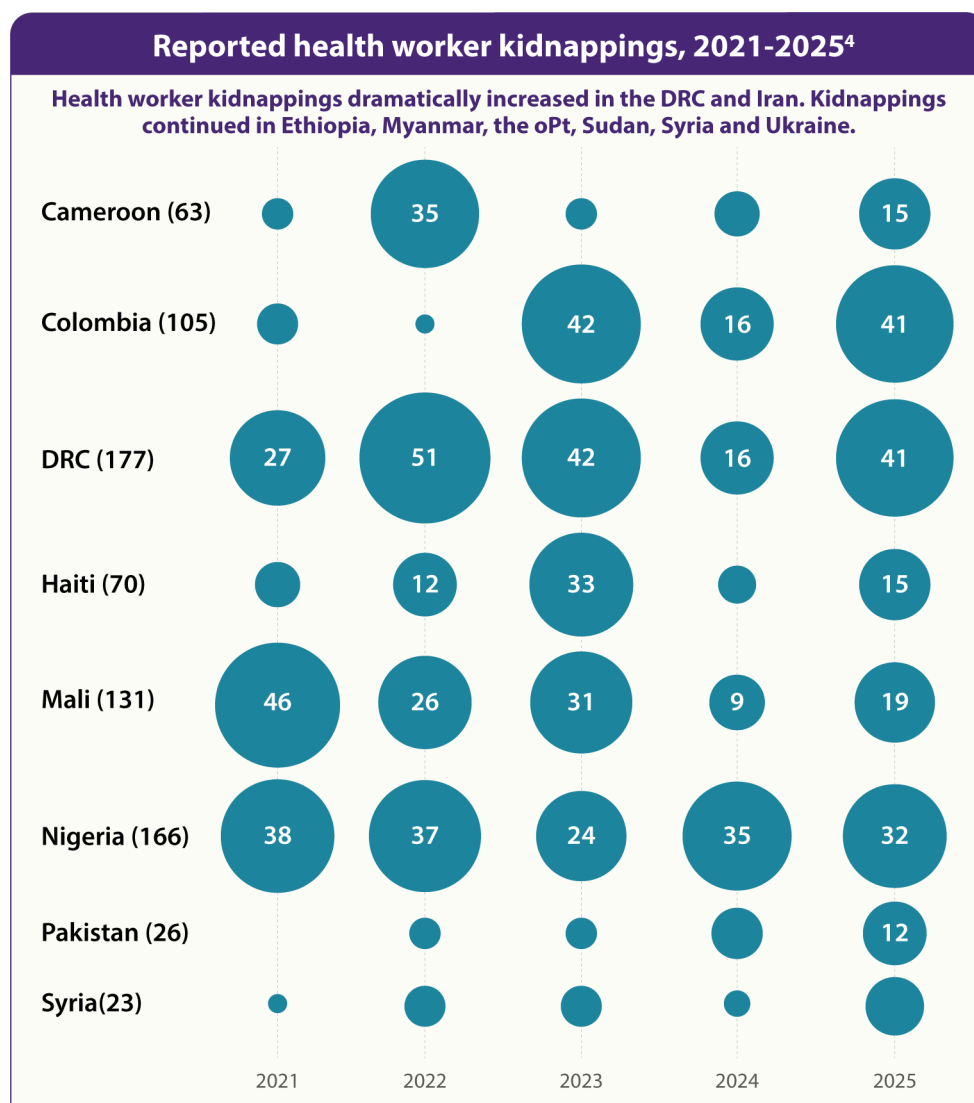
At least 218 health workers were kidnapped in 21 countries in 2025, a rise of 58% from 2024.



Source: Insecurity Insight for the SHCC.

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ongoing armed violence. Notably, general health care workers made up a larger share of those kidnapped in Pakistan in 2025, marking a shift from 2024, when vaccinators were most affected in the country. Health worker kidnappings remained common in Cameroon and Nigeria in 2025.



Source: Insecurity Insight for the SHCC.

ATTACKS ON HEALTH CARE IN COUNTRIES NOT COVERED IN INDIVIDUAL CHAPTERS

In Afghanistan, sweeping Taliban restrictions, arrests, and targeted violence against health workers severely curtailed care, especially for women, while health workers who had worked for international health programs prior to 2021 continued to fear for their safety and lives. While difficult to monitor and report on, the deliberate hindering or denial of health care to specific groups can be also understood as an attack on health care. In Niger, armed group attacks, ambulance ambushes, facility closures, and the expulsion of humanitarian actors disrupted and, in some areas, cut off access to vital health care services. In Venezuela, state repression led to the arrest and targeting of health workers for speaking out, and in Libya, hospital raids, abductions, and the forced withdrawal of humanitarian organizations further undermined

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fragile health care systems. Elsewhere, violence against health personnel was also prevalent, including the abduction and killing of a doctor in Honduras, while in Mozambique, non-state armed groups destroyed health care facilities, looted supplies, and abducted staff, halting service delivery.

In Indonesia, attacks on health workers, the destruction of clinics, and the military occupation of facilities disrupted care, while in Israel, Iranian missile and drone strikes damaged health care infrastructure and killed or injured health workers. In India's Manipur state, ongoing civil unrest brought shootings and abductions into health settings, and in Iraq, health workers were targeted in violent attacks linked to local disputes.

The impact of attacks on health care

Across all conflict contexts, attacks on health care in 2025 caused interconnected system-wide impacts: reduced facility functionality and workforce capacity, weakened supply chains, shifting and escalating population health needs, and severe strain on health workers' physical and mental well-being. These dynamics contributed to compounding vulnerabilities in already fragile health systems, undermining both immediate service delivery and long-term health care system resilience.

Health care system capacity, access and workforce strain

Across multiple conflict-affected settings in 2025, health systems operated under severe structural strain, with widespread facility closures, partial functionality and declining workforce capacity reducing access to essential care. In Burkina Faso, the CAR, Mali, Gaza, Haiti, Somalia, Syria, and Yemen, large proportions of health facilities were non-operational or only partially functioning, while insecurity, displacement, and funding shortages further constrained service delivery. In several settings – including the DRC, Ethiopia, and Ukraine – health worker shortages were exacerbated by killings, arrests, displacement, and migration, weakening already fragile staffing levels and disrupting the continuity of care. Mental health impacts on health workers were widespread, with chronic stress, trauma, and insecurity contributing to burnout, attrition, and reduced system resilience. Across multiple countries, access to care was further constrained by movement restrictions, insecurity, and damaged transport routes, leaving many populations without reliable access to primary and emergency health services.

Damage to infrastructure and disruption of medical supplies

Health care systems faced the widespread disruption of essential supply chains and infrastructure. Repeated attacks on health facilities, warehouses, and transport routes in the DRC, Gaza, Mali, Sudan, Syria, and Yemen restricted the availability of medicines, vaccines, and medical commodities. In Sudan, domestic pharmaceutical production largely halted. In Burkina Faso and Mali, insecurity disrupted cold-chain and vaccine storage systems, affecting immunization coverage and outbreak response capacity. Across conflicts, including in Gaza, Myanmar, and Ukraine, the destruction of water supply, electricity, and fuel infrastructure further undermined hospital functionality, while damage to facilities and the looting of medical supplies – including medicines, equipment, and nutritional supplies – reduced the ability to provide both routine and emergency care.

Changing and increasing health needs

Conflict, displacement and system collapse drove a marked shift in population health needs. In many contexts, including the DRC, Ethiopia, Nigeria, Somalia, and South Sudan, outbreaks of cholera, hepatitis, measles, malaria, and other infectious diseases increased demand for already overstretched services. Rising food insecurity contributed to widespread acute malnutrition, particularly among children and pregnant

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women in Burkina Faso, Ethiopia, Gaza, Nigeria, and Somalia. Exposure to violence increased trauma-related injuries, disability, and mental health conditions, with high levels of anxiety, depression, and post-traumatic stress reported in Haiti, Mexico, Syria, and Ukraine. Sexual and gender-based violence also increased health care needs, particularly in the DRC and Sudan, where survivors required urgent but often inaccessible care. Across settings, maternal and neonatal health needs worsened as access to prenatal care, safe delivery services, and emergency obstetric care was repeatedly disrupted.

Support needs for health workers and system sustainability

Health workers across multiple countries faced extreme physical and psychological pressures, including exposure to violence, insecurity, displacement, and repeated attacks on health care facilities. In the DRC, Haiti, Myanmar, Sudan and Syria, health workers reported severe psychological distress linked to sustained exposure to conflict conditions, while many were killed, detained, or forced to flee, further weakening health care system capacity. In several contexts, including Nigeria, Somalia, and Ukraine, high workloads combined with insecurity and resource shortages contributed to staff burnout and attrition, undermining service continuity.

These pressures were compounded by funding cuts and reduced humanitarian presence, limiting both workforce support and training. Across settings, the absence of adequate psychosocial support and protection mechanisms for health workers further deepened system fragility, creating long-term risks for recruitment, retention, and service sustainability.



ATTACKS ON MATERNAL HEALTH CARE IN 2025

Attacks on health care in 2025 had severe consequences for maternal health services across multiple conflict settings, with health care facilities providing maternity and reproductive care being repeatedly attacked, damaged, raided or rendered inoperable. The most acute impacts were seen in Afghanistan, the DRC, Myanmar, the oPt, Sudan and Ukraine.

In Sudan, repeated RSF drone and artillery strikes on health facilities killed patients, health workers, and companions, including pregnant women, while also involving kidnappings and killings during hospital raids. In Ukraine, Russian air strikes repeatedly damaged health facilities and disrupted care for pregnant patients, including cases where maternity patients were killed in missile and drone attacks or evacuated following such attacks.

In Myanmar, repeated air strikes and raids on makeshift and formal facilities – many supporting women and children – resulted in pregnant women and newborns being killed and injured, alongside the destruction of medicines and equipment. In Gaza, access to emergency maternal care was obstructed, including blocked ambulance evacuations that contributed to maternal and neonatal deaths.

In eastern DRC, maternity wards were shelled or attacked, health workers were assaulted or abducted during deliveries, and facilities were looted or forcibly occupied, further undermining safe childbirth and emergency obstetric care. Taliban-imposed restrictions in Afghanistan also limited women's access to health services, compounding barriers to maternal care.

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Together, these incidents show a consistent pattern: maternal health services were not only collateral victims of conflict, but in many cases were directly targeted or obstructed, with life-threatening consequences for pregnant women, newborns and health workers. Such disruptions are likely to have reduced access to safe childbirth and may have contributed to declining birth rates in affected settings, particularly where insecurity, displacement, and health system collapse converged. While global birth rates are already declining due to broader demographic and socioeconomic factors, intensified conflict-related constraints on maternal health care may decline in terms of the provision of adequate and specialized support to women and their babies.

View the incidents on this Insecurity Insight [interactive map](#). Explore any thematic areas, including [Outbreak](#), [Political](#), [Vaccination](#), [Maternal Care](#), and [Drone Attack](#) (shown in the panel on the left of the screen) either globally or for a specific country by clicking on the country.

Humanitarian funding cuts and their effects on health care access and monitoring

Widespread cuts to the humanitarian sector, including from the United States Agency for International Development (USAID) funding in 2025 - set against a broader global decline in official development assistance - triggered a systemic contraction of health services across multiple contexts resulting in a reduction in available services and information flow from affected areas. While exact proportions vary by country and crisis context, the United States has consistently been the largest government donor to global health, accounting for approximately 40-45% of international health assistance among major donor governments. Sudden funding reductions in early 2025 led to immediate operational disruptions and closures across multiple highly donor-dependent health systems, particularly in conflict-affected settings where external financing underpins core service delivery.

A May 2026 report, *Aiding peace or conflict? The Impact of USAID Cuts on Violence*, found that “the abrupt withdrawal of USAID led to a significant and sustained increase in conflict across Africa’s most USAID-dependent regions” following the 2025 funding cuts, underscoring the broader societal consequences of sudden disruptions to humanitarian and development assistance.

These shifts are also affecting how violence against health care is observed and reported. In several contexts, reductions in humanitarian presence and operational capacity coincided with apparent declines in reported attacks on health services; however, this likely reflects diminished service availability and weakened reporting and monitoring capacity rather than genuine improvements in security or access. This underscores the importance of interpreting trends in violence against health care within the broader context of system functionality, reporting capacity, and access constraints, rather than treating reductions in reported incidents as straightforward indicators of improved safety or service delivery.

- 1 Countries where high numbers of incidents in which explosive weapons damaged or destroyed health facilities were reported during the reporting period.
- 2 Countries or territories where high numbers of health workers were reportedly killed during the reporting period.
- 3 Countries or territories where high numbers of health workers were reportedly killed during the reporting period.
- 4 Countries or territories where high numbers of health workers were reportedly kidnapped during the reporting period.

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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