Insecurity Insight

PRESS RELEASE

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A new data platform: 10 years since the United Nations Security Council adopted UN Security Council Resolution 2286 on protecting health care in conflict, this commitment has failed to translate into safety.

Geneva, 30 April 2026 – 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 in armed conflict, new analysis shows that health care in conflict settings remains under sustained and growing threat.

Adopted on 3 May 2016, UNSCR 2286 was co-sponsored by 84 UN Member States in response to repeated attacks on hospitals, including airstrikes in Syria and the 2015 attack on the MSF hospital in Kunduz, Afghanistan. The resolution reinforced States as the primary duty-bearers for protecting health care in conflict and emphasized accountability for violations of international humanitarian law (IHL) related to medical services.

A decade later, monitoring by Insecurity Insight, presented through a global interactive map, documents more than **18,000 recorded attacks on health care in conflict since 2016**, including over **4,700 incidents damaging health facilities** and more than **3,800 health workers killed across 51 countries**. UNSCR2286 | Insecurity Insight Maps

Escalating scale and intensity of attacks

The data indicate a sustained and worsening pattern of violence:

- In 2016, 470 incidents affecting health care were recorded. By 2024, this had risen to 3,920 incidents - the highest annual total recorded to date.
- Between 2016 and 2021, an average of 2.5 incidents affecting health care occurred daily (approximately 918 annually). By the end of 2025, the average for the whole decade had increased to 4.8 incidents per day (around 1,750 annually).
- At least 480 maternal health services have been damaged or disrupted by violence or coercive measures, affecting mothers, newborns, and entire communities.
- The increasing use of explosive weapons in populated areas has caused extensive damage to health infrastructure. The growing use of drones has

also become a significant factor, with more than 1,000 recorded incidents affecting health care delivery.

- Violence against health care has also been observed to surge during disease outbreaks, including COVID-19, Ebola, cholera, and mpox, further undermining public health responses.
- In addition, health workers and facilities are frequently targeted during episodes of political violence, particularly when treating injured protesters.
- Vaccination initiatives have also been subject to violent attacks.

Widening consequences for health systems and civilians

"The findings highlight not only the persistence but also the normalization of violence against health care in conflict settings," said Christina Wille, Director of Insecurity Insight who has led the data collection. "According to the analysis, there is an escalating disregard for the protection of health services, contributing to the erosion of long-standing standards of international humanitarian law. In several contexts, medical care is increasingly framed as partisan activity, exposing health workers and facilities to greater risk of attack and being criminalised for providing health care."

According to Professor Larissa Fast from the University of Manchester, who led the multi-year research project studying the impact of violence on health care, "the cumulative impact of attacks on health care is devastating for patients, health care workers, their families, facilities, and the health system as a whole."

"'Health care workers and people in need of health care must be protected in conflict settings, and international humanitarian law is quite clear on this," said Ana Elisa Barbar, Member of Insecurity Insight's Executive Board. "The increased risks brought about by disregard to the law and reckless use of new technologies in war are hindering the delivery of health care in a manner that puts immense pressure on health workers: risking their lives or carrying out their duties.''

"The obstacles to compliance with the law protecting health care in armed conflict are severe and longstanding," said Professor Leonard Rubenstein from John Hopkins. "In past years, we have seen repeated but baseless invocation of the narrow exception to the immunity of health facilities from attack to justify such violence. The health care community and governments committed to international humanitarian law must forcefully respond vigorously to ensure accountability for parties responsible for invoking them."

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"It is extremely important that the civil society, peers and other community members stand in solidarity with health care workers," said Rohini Haar, co-chair of the Safeguarding Health in Conflict Coalition (SHCC). "Through the work of SHCC, we try to create advocacy opportunities and raise the issue globally, but we encourage all to discuss the need to protect health care amongst their networks, and support this global push for change"

About the data

The data presented are based on a decade of systematic incident monitoring of violence affecting health care in conflict settings. This research was partly funded by the Researching the Impact of Attacks on Healthcare (RIAH) project and provided the evidence-base for the annual reports of the Safeguarding Health in Conflict Coalition (SHCC). The data underscore a continued global failure to ensure meaningful protection of health services despite repeated international commitments.

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