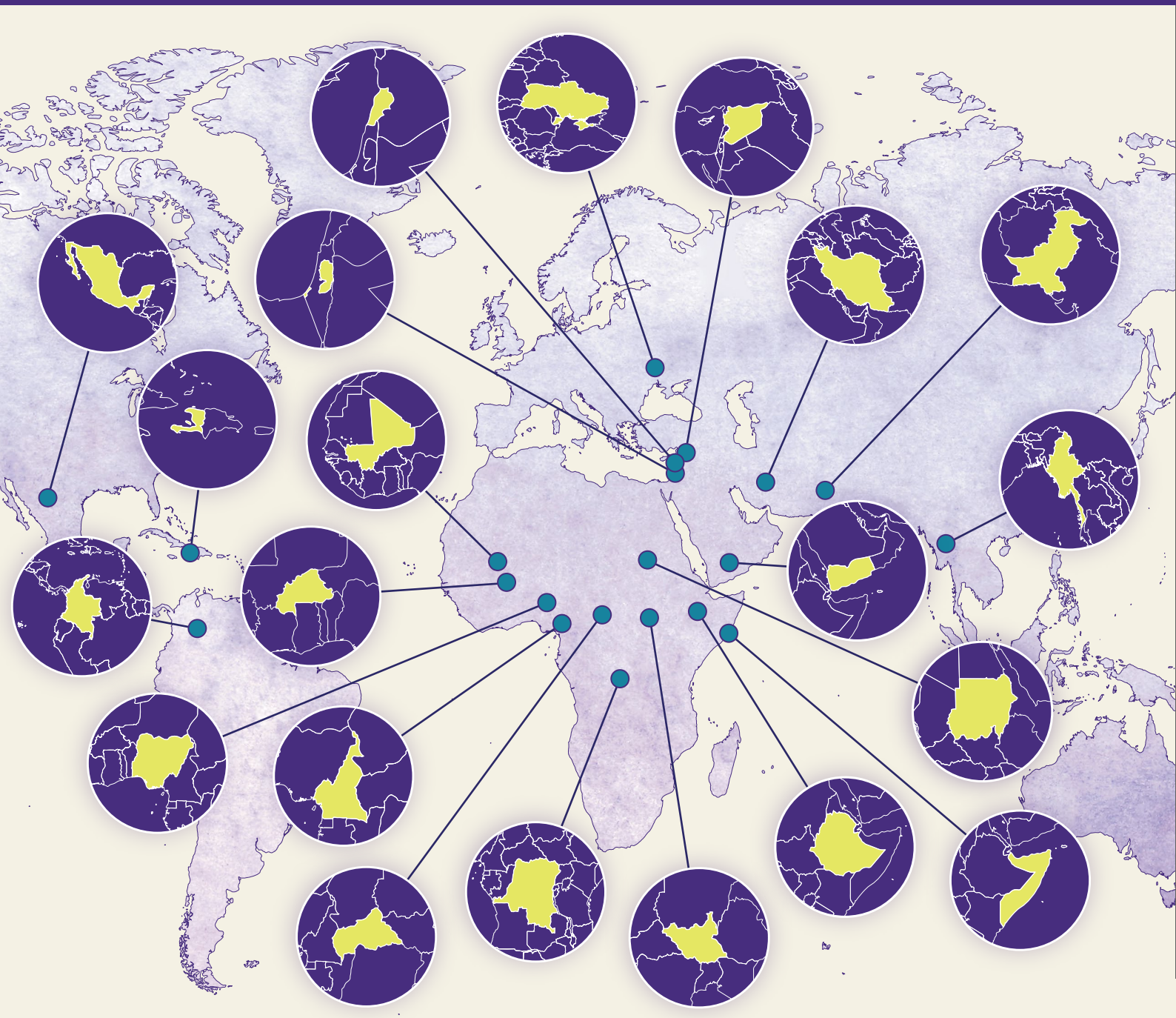
CARE IN THE CROSSHAIRS

Violence Against Health Care in Conflict

2025



SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight
Data on People in Danger

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Letter from the Co-Chairs

Joseph Amon
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This year marks the 10-year anniversary of the unanimous adoption by the United Nations Security Council of Resolution 2286, which condemned acts of violence against health facilities, patients, and health workers, and demanded better reporting, investigation, and accountability for those responsible for attacks.

It is an anniversary that will be marked by mourning rather than celebration.

Our documentation of violence against health care demonstrates that these attacks remain relentless, with 2,546 incidents of violence against or obstruction of health care recorded in 21 countries in 2025, including: 790 hospitals damaged or destroyed; 455 health workers killed; 218 health workers kidnapped; and 263 health workers arrested.

The ongoing attacks on health are happening in a context of retreat from global health assistance. Funding cuts have disrupted health services in nearly three-quarters of conflict-affected countries, with essential services, including maternal care, vaccinations, disease surveillance, and emergency response, reduced by up to 70% in some settings. Attacks on health facilities and workers compound the inability of already vulnerable community to access care.

Despite clear prohibitions in international humanitarian law, violence against health care has become a feature of modern conflict. Laws meant to protect health care are disregarded, while the most vulnerable among us, the wounded, the sick, and the health workers caring for them, are targeted. In 2025, armed drone strikes damaged or destroyed 246 health facilities and killed 37 workers, injuring many more.

Although reversing course and insisting on adherence to international law and respect for health workers will require collaboration, courage, and hard work, States and international institutions must act expeditiously, starting with the following:

The UN Secretary General must use their platform to highlight the extent and nature of the violence. The Secretary General has the authority to compel the world's attention to attacks on health care in conflict and put pressure on perpetrators of those attacks.

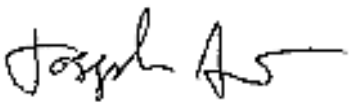
The UN Secretary General and Member States must forcefully speak out and reject interpretations of international humanitarian law that defeat its purpose. International humanitarian law and civilian protection is being undermined by states' disingenuous reinterpretation of their obligation to protect civilians and health care during conflict, giving themselves "greater license to kill." This must stop.

Letter from the CO-Chairs

Member States should join forces in a 'coalition of the willing' to harness all political, economic, legal, and diplomatic levers to demand adherence to the law and end impunity for attacks. A new alliance among states, UN agencies and civil society groups committed to protecting healthcare in armed conflict is needed to promote coordinated action to protect health facilities, workers, and transport.

Member States should be accountable to commitments they made in resolution 2286. Resolution 2286 called for specific actions by states to strengthen their adherence, such as to reform military doctrine and training in circumstances where health care is at risk in military operations, incorporate robust protections and expand accountability mechanisms into domestic law, conduct thorough investigations of violations, and bring perpetrators to justice.

While the focus of the Safeguarding Health in Conflict Coalition is to present the numbers of incidents where hospitals were damaged and destroyed and the number of health workers killed each year, we recognize that these figures only tell part of the story. In 2025, millions of people lost access to health care as a result of attacks on health **and** as a result of our inability to translate UNSC Resolution 2286 from a noble intent to effective protection for health workers, patients, and health facilities everywhere. We have seen a decade of little progress, but we remain hopeful that change – and the protection of health care in conflict – is possible.



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The International NGO Safety Organisation (INSO) provided key data from its Conflict & Humanitarian Data Centre, and data was included for 16 countries: Afghanistan, Burkina Faso, Cameroon, the CAR, the DRC, Haiti, Mali, Mozambique, Niger, Nigeria, the oPt, Somalia, South Sudan, Sudan, Syria, and Ukraine.[1]

1 On the INSO's request, these incidents are not included in the publicly available datasets.

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World Medical Association

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This report was further supported by curated data from the International NGO Safety Organisation's (INSO) Conflict & Humanitarian Data Centre (CHDC).

Please note that this report does not represent the official views of all members of the Coalition and the inclusion in the member list should not be taken to reflect the organizations' endorsement of the report's content.

The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Union, the UK government, or INSO. The European Commission and the FCDO are not responsible for any use that may be made of the information contained in the report.

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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS				
				
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED	HEALTH WORKERS ARRESTED
2,546	790	455	218	263

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.

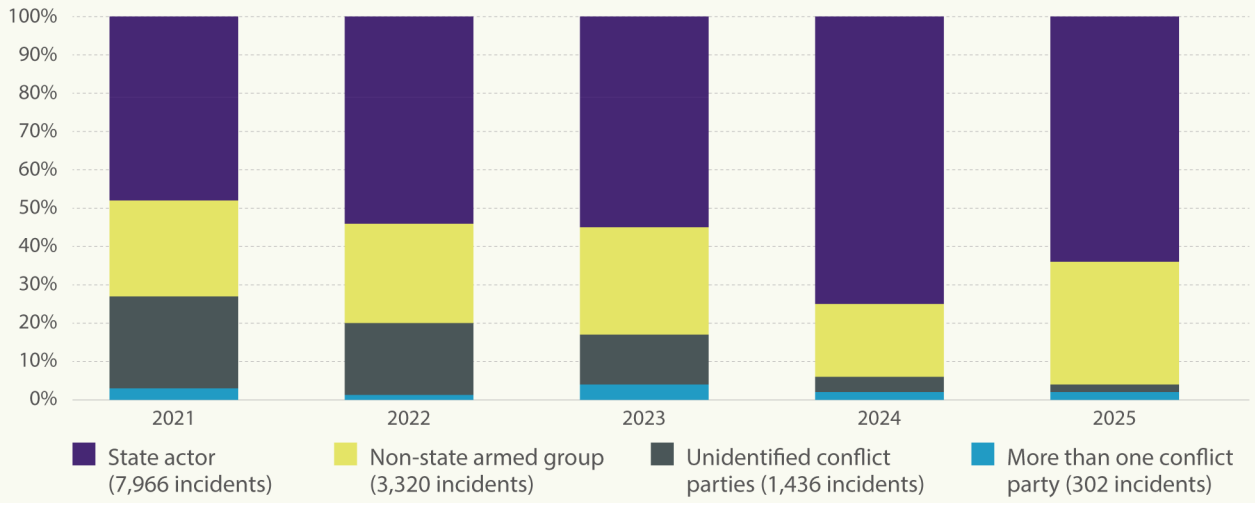
The data in this report is compiled from open sources and partner-agency contributions of information on incidents of violence against and obstruction of health care in 2025, based on the WHO definition of attacks on health care. Access to sources differs among countries, and each source has its own 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.

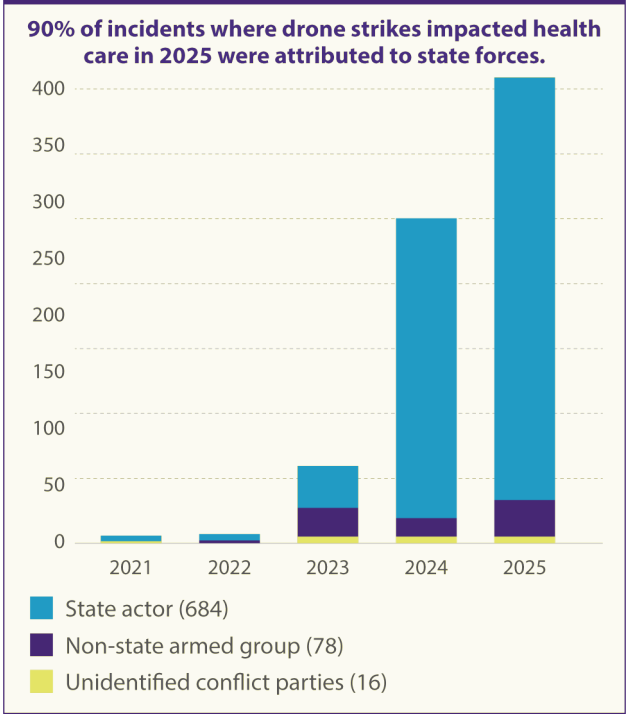
Violence by non-state armed groups, while lower in overall volume, increased in proportion to the overall number of attacks in 2025, driven largely by firearm attacks, hospital raids, the looting of medical supplies, and health worker kidnappings that disrupted service delivery and endangered health 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



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, Donetska 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.

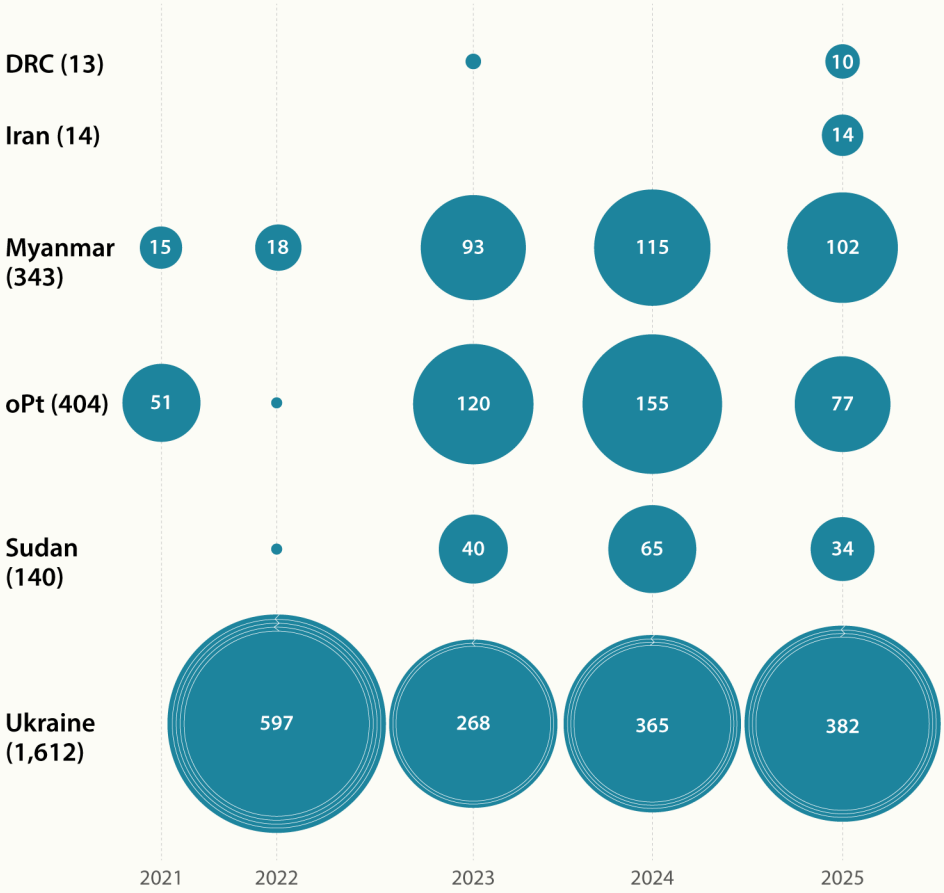
Health facilities were taken over and used for non-medical purposes on multiple occasions across seven countries and territories in 2025. Over 47% of these incidents were recorded in Myanmar, where the MAF occupied hospitals that were subsequently attacked and seized by other conflict parties.

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

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.

Reported incidents where explosive weapons damaged or destroyed health facilities, 2021-2025[2]

Damage to or the destruction of health facilities from explosive weapons use rose in the DRC, Iran, and Ukraine in 2025, with persistently high numbers recorded in Myanmar, the oPt, and Sudan.



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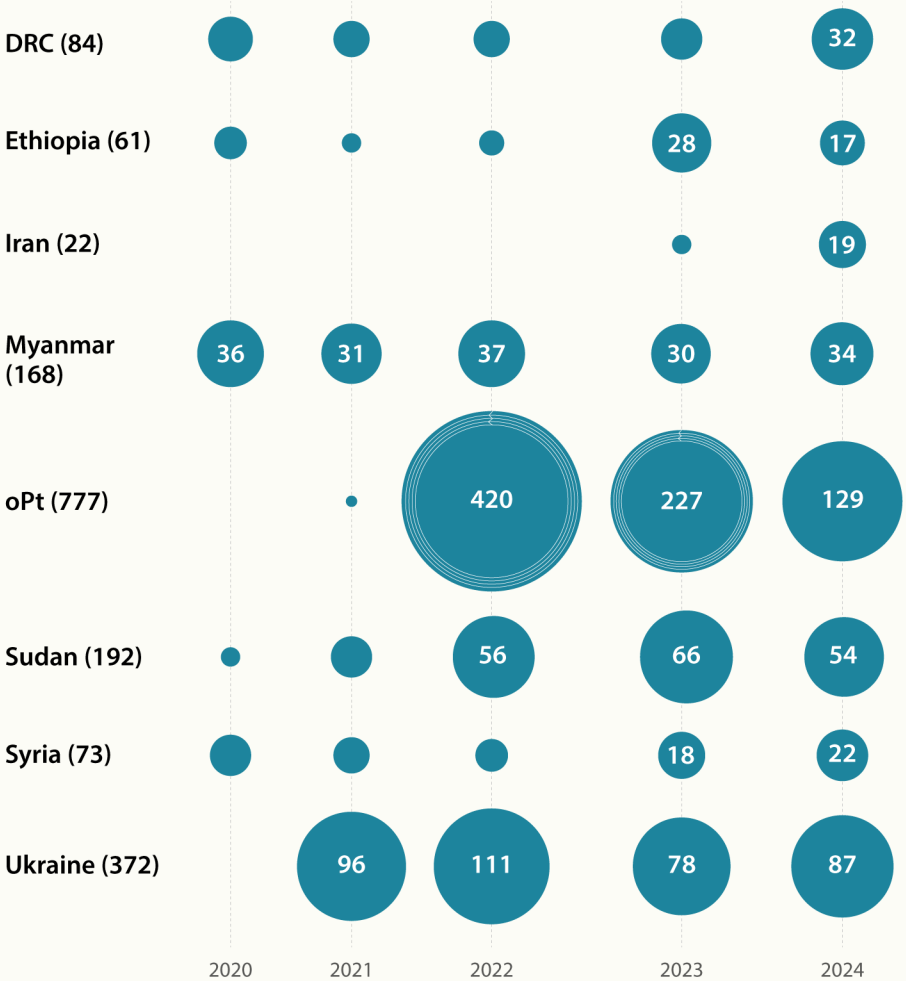
ministries of health or de facto authorities. Seven of those killed were foreign nationals who had traveled to support health care in conflict-affected areas.

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.

Reported health worker killings, 2020-2025[3]

Health worker killings dramatically increased in the DRC and Iran. Killings continued in Ethiopia, Myanmar, the oPt, Sudan, Syria and Ukraine.



Source: Insecurity Insight for the SHCC.

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HEALTH WORKERS ARRESTED IN 2025

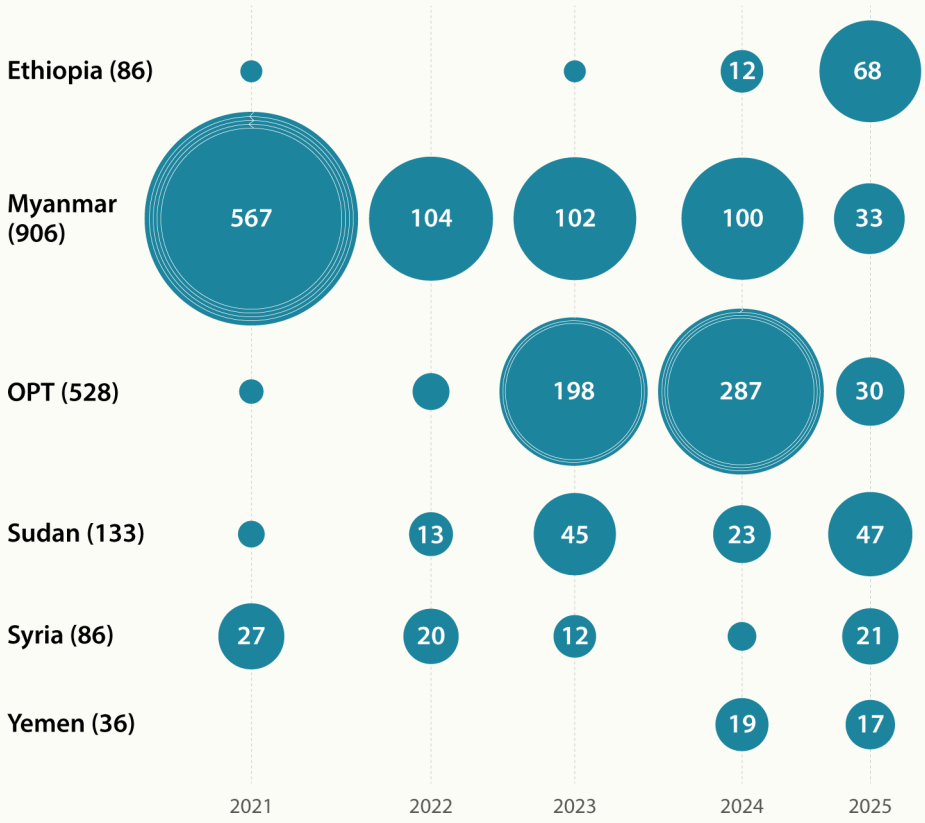
More than 260 health workers were reported to have been arrested or detained across 17 countries and territories in 2025. Many of them were beaten or tortured in detention, and at least seven detained health workers were killed by their captors in Ethiopia, Gaza, Sudan, and Syria. An international NGO 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.

Reported health worker arrests, 2021-2025[4]

Arrests increased in Ethiopia, Syria and Sudan in 2025, compared to previous years. Health worker arrests persisted in Myanmar, the oPt and Yemen.



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

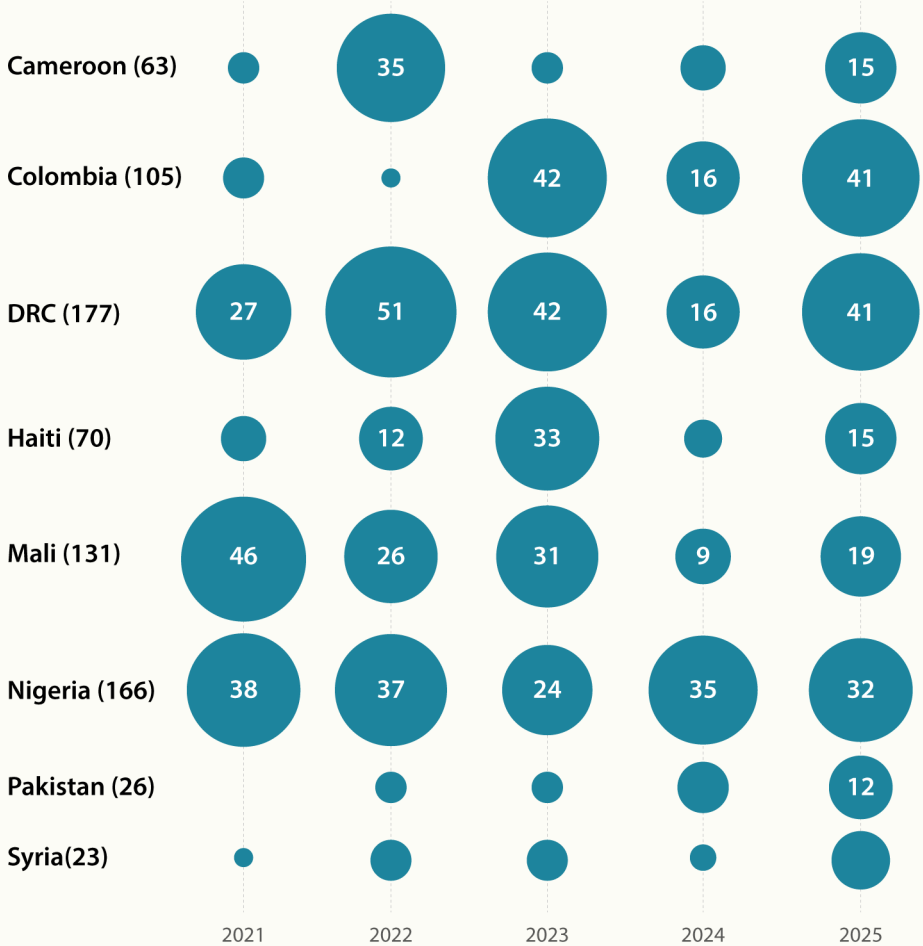
Reported health worker kidnappings, 2021-2025

Source: Insecurity Insight for the SHCC.

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.

Reported health worker kidnappings, 2021-2025[5]

Health worker kidnappings dramatically increased in the DRC and Iran. Kidnappings continued in Ethiopia, Myanmar, the oPt, Sudan, Syria and Ukraine.



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

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

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.

Executive Summary

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.

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

Recommendations

INTRODUCTION

The crisis of violence against health care during conflict demands urgent action to prevent attacks before they occur, document attacks accurately and transparently when they happen, mitigate the harms that they cause, and ensure accountability and justice. The recommendations below reflect these imperatives and are grounded in the recognition that achieving them requires coordinated effort across states, institutions, and civil society.

Recommendation 1: Establish a new alliance to protect health care during conflict.

The single most important step the international community can take is to move from fragmented, individual responses to coordinated, collective action. The 2024 joint report of the World Health Organization (WHO) and the WISH Foundation, *In the Line of Fire*, called for a new global alliance composed of committed UN Member States, UN agencies, international organizations, NGOs, and civil society organizations to exert diplomatic pressure and coordinate action against attacks on health care.

UN Member States should establish this alliance without delay. Modeled on effective multistakeholder initiatives such as the movement for the UN Convention Against Torture, the International Campaign to Ban Landmines and the Safe Schools Declaration, the proposed alliance should:

- comprise a "coalition of the willing," ideally with broad geographic and operational representation, that includes member states; civil society, humanitarian, and human rights organizations; and relevant UN agencies;
- meet regularly to develop aligned strategies, coordinate messaging and share evidence;
- maintain a consistent, prominent public voice condemning attacks on health care and calling out perpetrators;
- deploy the full range of political, diplomatic, judicial, and other levers available to its members, including restricting arms transfers, imposing targeted sanctions, expelling diplomats where appropriate, suspending bilateral agreements where relevant, and urging international and regional courts to investigate and prosecute perpetrators; and
- issue joint declarations and statements of commitment as useful tools to reinforce norms and signal political will.

Recommendation 2: Take strong action to prevent attacks.

The UN Secretary-General and Member States should forcefully and publicly reject interpretations of international humanitarian law (IHL) that undermine the protection of health care during conflict, including claims of broad license to attack hospitals based on misinterpretations of the law, and efforts to dilute the obligations of parties to a conflict to permit humanitarian access to those in need and apply the principles of precaution and proportionality when planning and executing military operations. Such misinterpretations do not reflect the law: they corrode it and normalize violence.

UN Member States should:

- report on the specific actions they have taken to fulfil their obligations under UN Security Council Resolution 2286, including reforms to military doctrine and domestic law. No state has yet done so, but doing so would provide both accountability and a model for others;

- regulate the use of drones and autonomous weapons systems, which would require compliance with IHL and the publication of clear, transparent policies governing their deployment, and engage constructively in international processes to establish binding legal frameworks to control the development and use of lethal autonomous weapons;
- ratify the Arms Trade Treaty if they have not done so, and enact and implement domestic legislation prohibiting arms transfers and other forms of support to parties that attack health care;
- repeal counterterrorism and other laws that penalize health workers for providing care in accordance with their professional duty of impartiality;
- use diplomatic, economic, and political leverage, including targeted sanctions, arms supply restrictions, public condemnation, and the suspension of relevant bilateral agreements, to pressure governments and armed groups that attack health facilities, workers, or patients to refrain from such attacks; and
- require their national militaries to review and revise doctrines, operational protocols, and training to ensure that health care is protected at all times, including drawing up and implementing strict rules banning attacks on health facilities, enforcing no-weapons policies in health care settings, and guaranteeing safe passage for the wounded and sick during conflict.

Recommendation 3: Take effective action to adequately document attacks.

Effective action to protect health care during conflict requires accurate, transparent, and timely data. Current data collection processes remain fragmented, inconsistent and insufficiently resourced.

The World Health Organization (WHO) should:

- carry forward the commitment made in the *In the Line of Fire* report to strengthen its methodologies for documenting attacks on health care, promote full data transparency, share data systematically with civil society organizations and UN agencies, and collaborate with academic and research partners to improve both the quality of data and the analysis of the public health impacts of violence against health care.

The UN Secretary-General should:

- provide detailed, country-specific reporting on violence against health care in his annual *Protection of Civilians* report, giving the issue the prominence it demands, given that 2024 and 2025 saw record numbers of attacks on health care;
- create an annual list of perpetrators, states, and armed groups responsible for attacks on health care, citing evidence and documenting impacts, as called for in Resolution 2286 and consistent with the naming-and-shaming model in the annual report on *Children and Armed Conflict*;
- offer special briefings following particularly severe or high-profile incidents; and
- in the annual *Children and Armed Conflict* report, and without regard to political pressure, name all UN Member States and armed groups responsible for carrying out recurrent attacks on health care.

Recommendations

UN Member States should:

- urge and support the WHO and other monitoring actors to systematically collect, publicly report, and share data with civil society organizations and UN agencies.

National ministries of health should:

- integrate the surveillance of violence against health care into national health information systems, ensuring that data informs both prevention and response.

Civil society organizations should:

- continue to collect and report on data; and
- continue to innovate and test methods and processes for collecting data on incidents of attacks on health care and on their impacts.

Recommendation 4: Take immediate action to mitigate the impacts of attacks on health care.

Preventing attacks is the goal; but when they occur, rapid and sustained action is needed to restore health services and protect the people who depend on them.

National ministries of health should:

- pre-position emergency stocks of supplies and designate alternative service delivery points in advance, so that disruption to any one health care facility does not leave communities without care;
- establish emergency funds to support health workers in the immediate aftermath of attacks, and ensure that these funds are accessible without bureaucratic delays; and
- actively communicate with affected communities when services are disrupted, paying particular attention to marginalized groups, and take proactive steps to connect individuals most in need with available care.

International donors should:

- prioritize funding to programs that enable health services to be delivered and accessed safely during conflict, including the provision of adequate resources for security management, risk analysis, and protective measures for both international and local health teams in conflict-affected countries.

The Health, Nutrition, and Protection Clusters should:

- jointly coordinate activities at the country level to prevent and mitigate violence against health care as an integrated component of response planning, rather than treating protection and health care as separate workstreams.

Health care professional organizations should:

- build the capacity of their members to work safely in conflict-affected settings, provide psychosocial support to colleagues affected by attacks, and publicly express solidarity with health workers under threat.

Recommendations

Recommendation 5: Ensure accountability and justice.

Justice for attacks on health care is not fulfilled by legal mechanisms alone. It requires holding perpetrators legally accountable, but also rebuilding what was destroyed and repairing the harm done to health workers and communities.

Legal accountability:

- The International Criminal Court (ICC) should prioritize investigations and prosecutions of war crimes and crimes against humanity involving attacks on health care in all situations under its jurisdiction, including the ongoing crises in Ukraine, Israel/Palestine, and West Darfur in Sudan.
- National prosecutors should pursue investigations under universal jurisdiction and similarly prioritize cases of attacks on health care as war crimes or crimes against humanity.
- UN Member States should share evidence with and fully cooperate with the ICC; conduct credible, independent, and transparent investigations of violations by their own forces; and pursue disciplinary action where violations are identified.
- The UN Security Council should refer allegations of relevant war crimes to the ICC where a referral is required to establish jurisdiction, including in Syria and Myanmar, and should implement the commitment made in the 2024 Pact for the Future to reform Security Council procedures, including the France-Mexico initiative to limit the use of the veto in mass atrocity situations.
- UN Member States should support and promote universal jurisdiction cases, share expertise and resources internationally, and consider establishing or supporting an expert mechanism to strengthen compliance with IHL.

The reconstruction and restoration of health services and support for health workers:

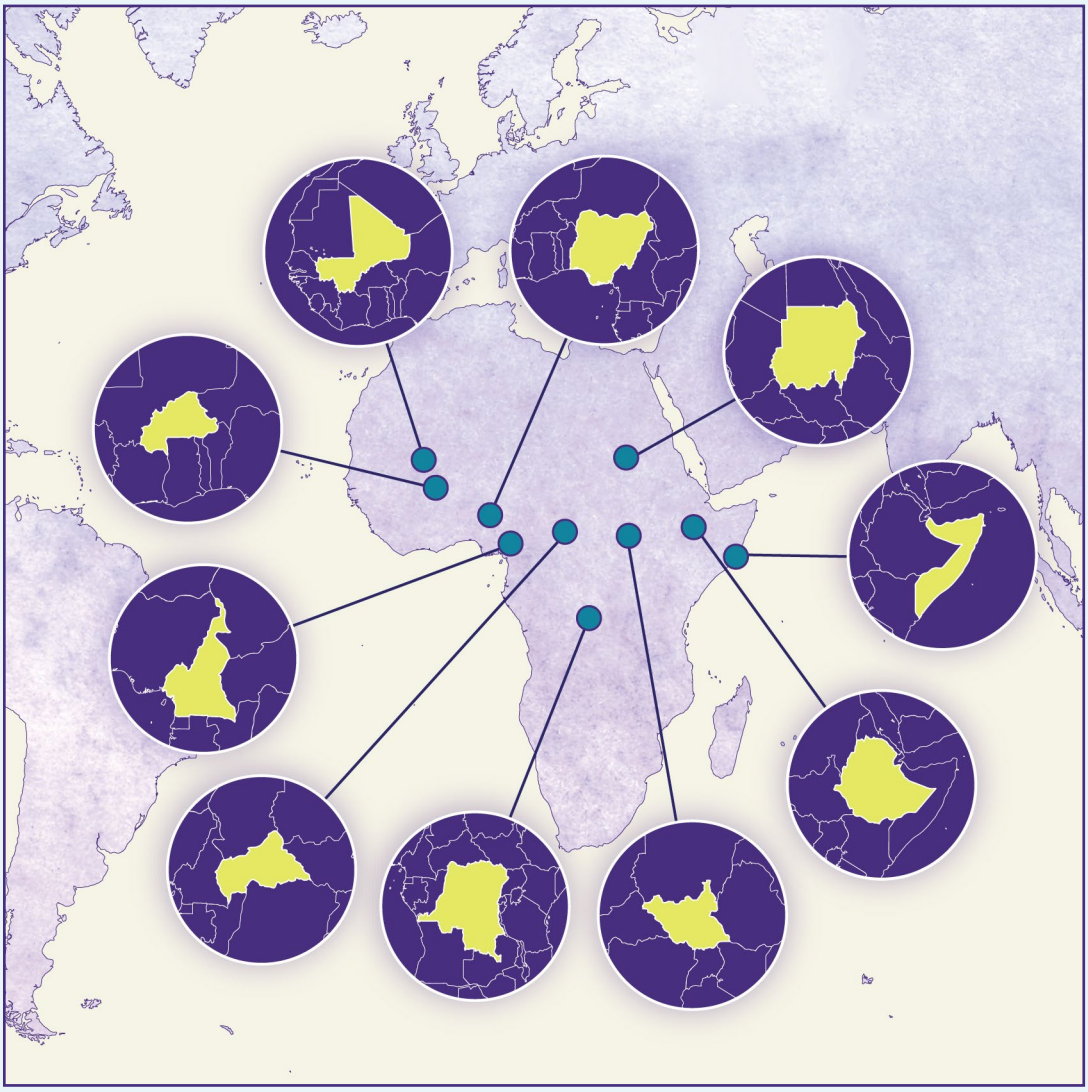
- UN Member States, international donors, and members of the alliance proposed in Recommendation 1, above, should provide funding to restore and rebuild health facilities, equipment, and supply chains damaged or destroyed in attacks.
- Donors and humanitarian organizations should ensure that reconstruction funding is guided by the expressed needs and priorities of affected communities, particularly those from marginalized groups.

Support for health workers and patients:

- Ministries of health should develop comprehensive, sustained programs to support health workers in violence-affected situations, including improving working environments, ensuring steady financing, providing legal guidance on their rights and ethical obligations, and delivering security training and psychosocial support.
- States and international donors should fund the coordination of services so that patients receive timely and relevant care, and gaps and redundancies in services are avoided.
- Health care professional and humanitarian medical organizations should sustain visible, vocal solidarity with colleagues under attack, making clear to conflict actors and the public alike that attacks on health workers and health care systems are totally unacceptable.

Africa

- DRC
- Sudan
- Ethiopia
- Nigeria
- South Sudan
- Cameroon
- CAR
- Mali
- Somalia
- Burkina Faso



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.[6] 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.

Democratic Republic of the Congo (DRC)

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 Kasaï provinces lacked the resources needed to deliver services.

Democratic Republic of the Congo (DRC)

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

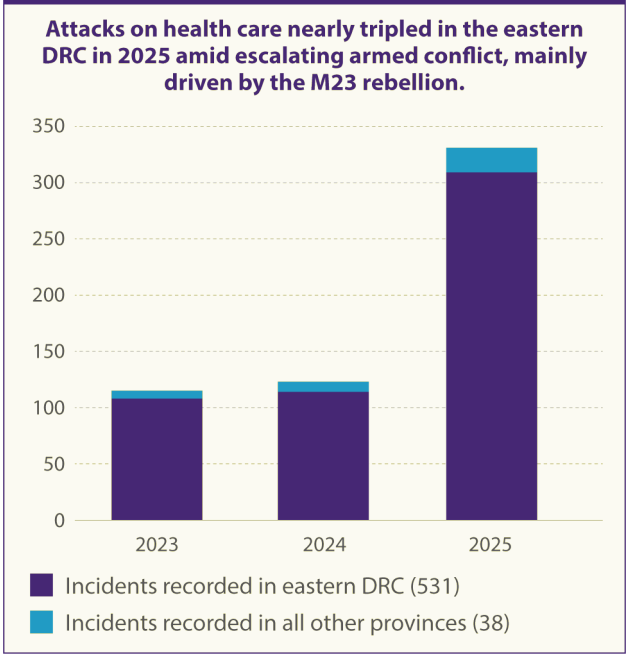
In 2025, incidents of violence against or obstruction of health care nearly tripled in eastern DRC amid escalating armed conflict, mainly driven by M23 advances, representing 87% of total incidents in the country. Health centers, children's hospitals, medical warehouses, and pharmacies in eastern DRC 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.[7] 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.[8]

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



Source: Insecurity Insight for the SHCC.

Reported incidents in Eastern DRC

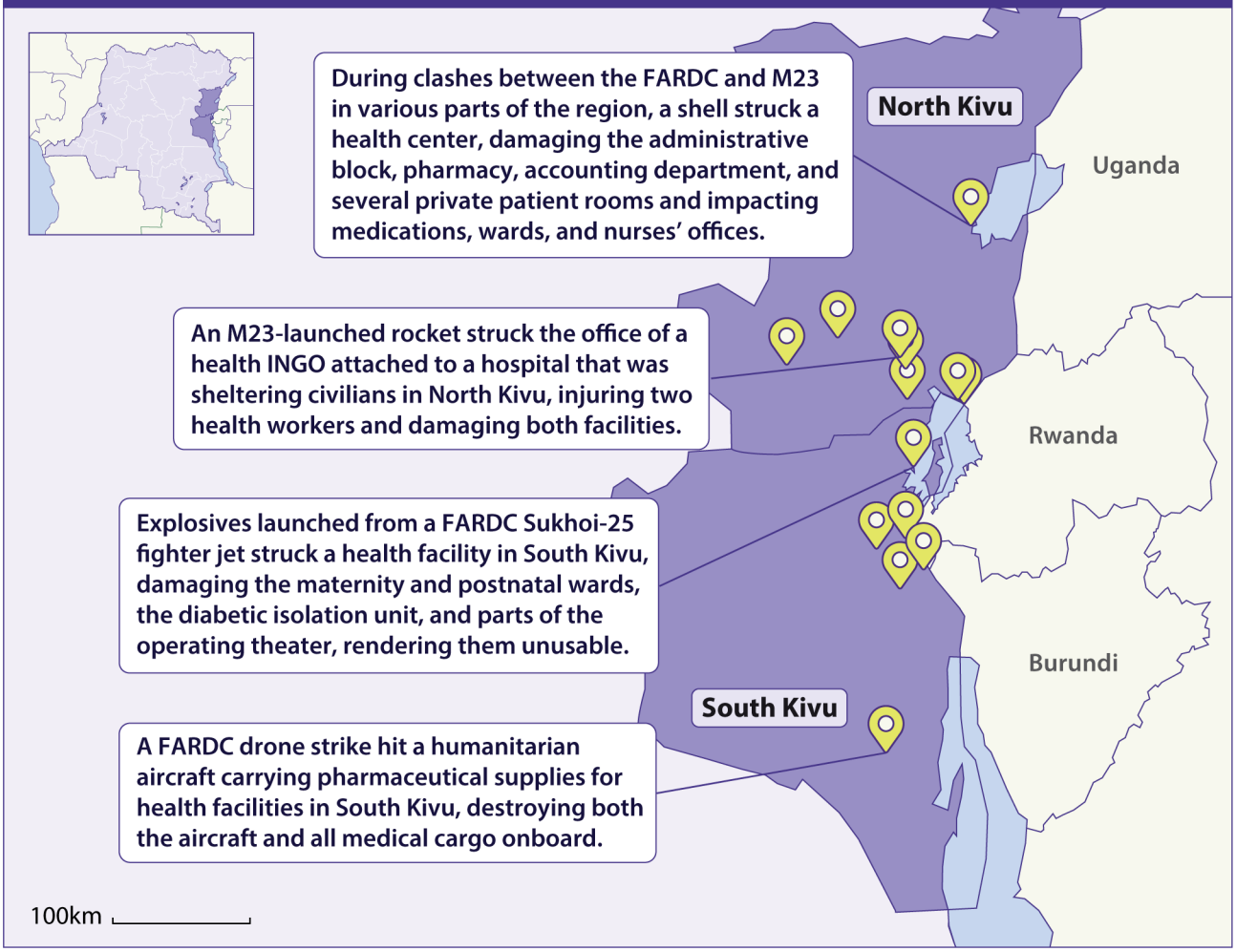
At least 309 incidents of violence against or obstruction of health care occurred in eastern DRC in 2025, compared to 114 in 2024 and 108 in 2023. Most incidents were recorded in Ituri and North and South Kivu (the Kivus) but also occurred in Maniema and Tanganyika provinces.

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.[9]

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.[10]

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.[11]

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.[12] 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.[13]

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.[14] 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.[15] 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.[16]

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.[17] Four of the 41 kidnapped health workers were released, but the fates of the remaining staff were unclear.[18]

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.

Democratic Republic of the Congo (DRC)

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.[19] 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.[20]

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 Kasaï 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.*

Democratic Republic of the Congo (DRC)

6 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.
7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 113654; 113694.
8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 113648.
9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 96153.
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 121172.
12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 120812.
13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 113058; 113656.
14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 88024; 88511.
15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 96787.
16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 115530.
17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident number 123714.
18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 95384; 123729; 123698.
19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 123736; 123701; 113375.
20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COD SHCC Health Care Data. Incident numbers 123725; 120318; 111559.

Sudan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS			
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED	HEALTH WORKERS ARRESTED
2025			
134	40	54	47
2024			
274	77	66	23
2023			
280	68	56	45

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 134 incidents of violence against or obstruction of health care in Sudan in 2025, compared to 274 in 2024 and 280 in 2023.[21] Among incidents reported in 2025, health facilities were damaged or destroyed 40 times, while 54 health workers were killed and 47 arrested.

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 Aid (USAID) funding further reduced the presence of health care providers and the operation of health facilities as well as reporting capacities.

Methodology and sources
Information on incidents of violence against health care in Sudan is compiled from open sources, 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.

Sudan

THE CONTEXT

In 2025, non-international armed conflict persisted in Sudan, and civilians continued to face grave protection threats, with violence driven by multiple actors including the Rapid Support Forces (RSF), the Sudan Armed Forces (SAF), Darfur communal militias allied with the RSF, the Joint Forces of Armed Struggle Movements (JFASM), the Sudan Liberation Movement (SLM), and the Sudan People's Liberation Movement/Army-North (SPLM/A-North). The conflict has increasingly been influenced by international actors reportedly supplying financing and weapons to armed groups.

During 2025, the SAF seized control of Omdurman, Khartoum, and most of Bahri, and broke the RSF's two-year siege of El Obeid, North Kordofan, amid continued intense fighting across North and South Kordofan that drove displacement and led to attacks on civilians and infrastructure. El Fasher in North Darfur experienced intense and sustained violence throughout 2025, largely driven by RSF offensives and clashes with SAF and allied forces. Violence intensified in late October, when the RSF launched a major offensive, capturing the city after months of siege. Hundreds of civilians were reportedly killed and there was widespread damage to civilian infrastructure, while survivors faced shelling, restricted movement, and severe shortages of essential services.

Thousands of Sudanese women and girls were subjected to conflict-related sexual violence in 2025, with Médecins Sans Frontières (MSF) documenting over 3,300 survivors seeking treatment and UN agencies reporting hundreds of additional cases, including many children.

High levels of displacement were recorded in 2025, affecting an estimated 13.6 million people and driven by intense armed violence and clashes, particularly in Khartoum, North Darfur, and North Kordofan states. Large-scale displacement left millions without access to essential food, health care, and protection services, creating one of the most severe humanitarian access crises in recent years. Armed violence also occurred in displacement camps, notably in Abu Souk and Zamzam camps in El Fasher during and after the RSF offensive in the area.

Humanitarian aid delivery became nearly impossible in 2025 as both the SAF and RSF established rival governments – the SAF in Port Sudan (Red Sea state) and the RSF in Nyala (South Darfur state) – fragmenting authority. Checkpoints, blockades, and bureaucratic restrictions imposed by both parties delayed or entirely blocked aid deliveries, while widespread damage to roads, bridges, and other infrastructure hindered transport.

Flooding compounded humanitarian access challenges in 2025, making key routes impassable and halting humanitarian movements. Floods in Gedaref, Gezira, and West Kordofan states destroyed homes and cut off villages, preventing aid organizations from reaching displaced families. In mid-2025, famine was declared in ten areas across Sudan, with 17 other areas at risk, while hunger reached catastrophic levels, leaving roughly 25 million people – over half the population – dependent on humanitarian assistance.

The humanitarian response in Sudan in 2025 was severely impacted by aid cuts and the USAID funding freeze. The January pause on funding, coupled with canceled contracts, disrupted programs, forced staff reductions, and curtailed essential services at a time of escalating need. The humanitarian response relied heavily on US funding – which accounted for nearly half of all humanitarian funding in 2024 – and Sudan faced deepening gaps in food security, health care, and protection services, which were further compounded by cuts from other donors. As of December 31, 2025, only about 39 % of the total financial requirements for the Sudan humanitarian response had been funded, leaving an estimated 61 % funding gap.

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VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

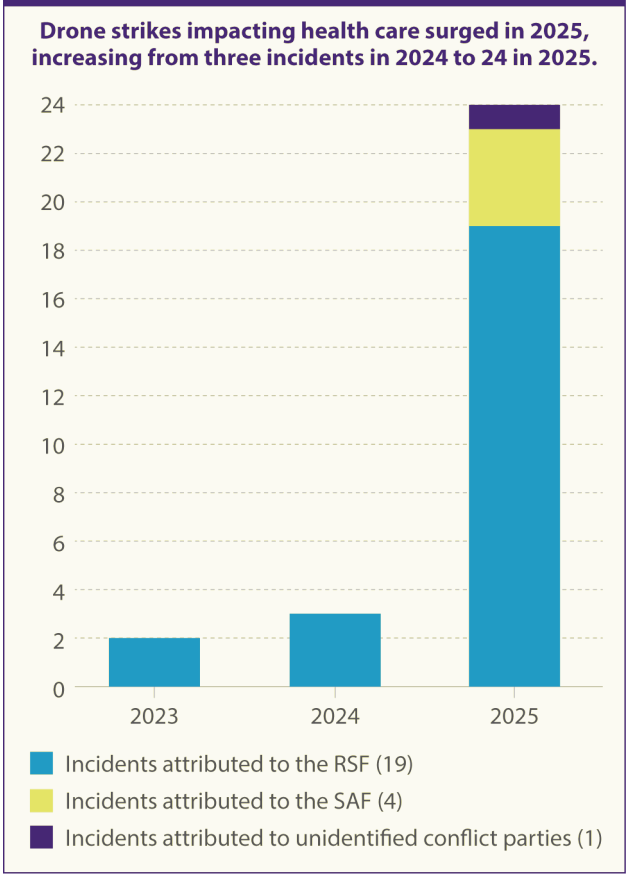
In 2025, incidents of violence against or obstruction of health care more than quadrupled in North, South, and West Kordofan states and persisted in the Darfur region – all areas where fighting between conflict parties was intense. Reported cases decreased in Gezira state in 2025 after the SAF recaptured the state capital, Wad Madani, and surrounding areas in January, pushing RSF forces out.

Drone strikes impacting health care surged in 2025, increasing from three incidents in 2024 to 24 in 2025. Over 75% of armed drone strikes that impacted health care were linked to the RSF, with high incident numbers reported in North Darfur and North Kordofan states. Several other incidents were recorded of air strikes and shelling near or in the vicinity of hospitals, killing and injuring civilians in the area, and often forcing health care providers to suspend medical services. In turn, this impeded patients' access to health care. Explosive weapons were most often used indiscriminately, with their wide-area effects causing widespread deaths, injuries or damage in populated areas.

Over three-quarters of the reported incidents affected local health care providers working for national health care structures, with the rest affecting international NGOs (INGOs), local NGOs, private health care providers, Red Cross societies and UN agencies.

More than 80% of reported incidents were attributed to the RSF. Other named conflict parties linked to attacks on health care in 2025 included Darfur communal militia, JFASM, SAF, SLM, and SPLM/A-North fighters. In some incidents, the responsible conflict party remained unidentified.

Reported use of drones armed with explosives impacting health care in Sudan, by conflict party, 2023-2025



Source: Insecurity Insight for the SHCC.

Incidents attributed to the RSF

In 2025, at least 92 incidents of violence against or obstruction of health care were linked to the RSF.[22] Health workers and patients were killed, injured, and arrested, while hospitals, clinics, and medical warehouses were attacked, bombed, shelled, and taken over.

In total, the RSF reportedly killed 43 health workers in 25 separate incidents in 2025. Half of the reported health worker killings were recorded in El Fasher city, mostly in attacks on hospitals, including an incident in April where 11 INGO staff members were killed while operating one of the last functioning health centers in the besieged Zamzam IDP camp.[23] Two female staff members who were shot and injured in the attack reported that RSF fighters entered the facility's safety bunker and shot the nine staff members in their

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heads and chests. Both women died of their injuries two days later. Official statements by the affected INGO suggested that the clinic, along with other camp structures and services, including a market, may have been deliberately targeted to prevent access to health care for internally displaced people. In other killings, doctors, medical academics, nurses, pharmacists, and other health care staff were shot and killed in their homes or during wider attacks on civilians.

The RSF reportedly arrested at least 40 health care workers in 22 incidents in 2025. Staff were frequently arrested after being accused of supporting opposing conflict parties, and in some cases were beaten, threatened or sexually abused while being detained. Health workers were arrested during hospital raids, at their homes, while traveling to remote areas to provide medical care and during wider arrest campaigns targeting civilians. In total, 12 of the 40 health workers arrested in 2025 were reportedly later freed. Three detained doctors were reportedly killed while being held by the RSF in Nyala and El Fasher.[24] In September, an INGO staff member working for health-related programs in Darfur was detained and interrogated by the RSF on accusations of espionage.[25] In the following month he was later found deceased, in circumstances reported as a suspected suicide, highlighting the profound psychological toll that threats, arrests, and intimidation have on staff working in conflict zones.[26] The fates of the remaining arrested health workers were not recorded.

In 2025, hospitals, including children's, field, women's, and teaching hospitals, as well as health centers and laboratories, were damaged or destroyed in 28 RSF attacks using drone strikes, shelling, missiles, or gunfire. Two health facilities were damaged more than once. Al-Daman Hospital – also known as Al-Abyad International Hospital – in El Obeid was hit and damaged by RSF drone strikes in May and October. The Saudi Obstetrics and Gynecology Hospital in El Fasher was reported hit and damaged by RSF shelling and drone strikes on six occasions. Following one incident at the hospital in January, doctors were forced to perform cesarean sections using mobile phone torchlights as explosions continued near the facility.[27] In October, the hospital was impacted by violence four times during a prolonged siege of the city. On October 3 and 7, the hospital was hit by artillery shelling. The October 7 shelling of the maternity ward killed at least 13 people, including children, and injured at least 16 others, including a female doctor and a nurse.[28] The hospital and its equipment were severely damaged by the strike. On October 26, RSF ground forces attacked the hospital, killing a nurse, injuring three health workers and forcibly abducting the minister of health.[29] Two days later, RSF ground forces again raided the facility, during which a massacre occurred, with more than 460 patients and a nurse being killed.[30] Six health workers, including four doctors, a nurse and pharmacist, were forcibly abducted.

SOCIAL MEDIA REACTIONS TO THE SAUDI OBSTETRICS AND GYNECOLOGY HOSPITAL ATTACKS IN OCTOBER 2025

Social media can play a powerful role in documenting hospital attacks, but it can also undermine the protection of health facilities through interpretation of events, highlighting how a changing information environment provides opportunities for better documentation as well as being a risk to re-interpretation of conflict events.

Analysis by Insecurity Insight of the four Saudi Obstetrics and Gynecology Hospital attacks showed that factual reports about hospital bombings were frequently followed by harmful reinterpretation

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of facts. In the discussions and comments on social media that followed the announcements of incidents of hospital bombings some users suggested that hospitals are instrumentalized in the conflict, referring to them as 'dual use goods'. Arguing with reference to the law that they had lost their protected status due to their location in contested areas or alleged but rarely proven use by conflict parties'. Repeated suggestions and reframing contribute to normalizing attacks on health care based on assumptions that question the protected status of health care with reference to unevidenced allegations of military use. Repeated discussion and allegations of hospital use for military objectives shift general perceptions from shock and horror of hospital attacks to discussions of how hospitals may abuse their privileged position even when there is no concrete evidence that this was the case.

Disillusionment with international actors was also a common narrative, with some posts criticizing humanitarian organizations and global institutions for perceived inaction, sometimes spilling into hostile language thus contributing to undermining the international system created to protect health care in conflict These narratives, that regularly follow on social media platforms in the wake of actual hospital attacks, can shape public perception, and erode respect for international humanitarian law, undermining efforts to safeguard health care in conflict based on the principles that health care remains under special protection.

The RSF reportedly destroyed at least two health facilities in 2025. In March, an INGO field hospital inside Zamzam IDP camp was looted and destroyed by the RSF, who reportedly published videos from inside the hospital claiming it housed combatants from the SAF-allied JFASM and had treated the group's wounded.[31] The RSF seized the camp on April 12 and caused the mass displacement of residents. In April, RSF shelling destroyed laboratories of the Dream International Academy for Health Science in El Obeid town, North Kordofan state.[32]

Throughout 2025, RSF forces seized and repurposed medical facilities for military use on at least seven occasions, harming and displacing patients and disrupting essential health care. In Khartoum, amid a cholera outbreak in April, health facilities were converted into military hospitals, denying local residents access to care.[33] Between July and November, the RSF also took over health facilities in North and West Kordofan states to treat its wounded, forcibly removing patients. In one incident, Nahud Teaching Hospital was closed and repurposed after RSF forces killed 12 people who refused to leave, burying their bodies in the hospital grounds.[34] RSF members reportedly occupied Bara Hospital in North Kordofan, killing children and raping pregnant women and women in labor.[35]

Incidents attributed to the SAF

At least 14 incidents of violence against or obstruction of health care were linked to the SAF in 2025. These included four instances between February and August in Nyala city in which SAF aircraft and drone strikes damaged health facilities.[36] SAF armed drone strikes also damaged a hospital in North Darfur and were used close to another facility in North Kordofan, endangering patients' access to the facility.[37] In other hospital attacks, the SAF occupied three hospitals in Khartoum in late March: the Ear, Nose and Throat Hospital; Khartoum Teaching Hospital; and Zaytouna Hospital.[38]

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Between January and August 2025, the SAF reportedly arrested six health workers in four incidents, often accusing staff of links to opposing conflict parties. In one reported arrest, the SAF tortured and interrogated a doctor detained in Gezira on accusations of being an RSF fighter. The fates of all six arrested health workers were not recorded.

Incidents attributed to other conflict parties

At least six incidents of violence against or obstruction of health care were linked to SPLM/A-North fighters in South Kordofan in 2025. During February, its fighters abducted a group of Ministry of Health staff and shelled Kadugli city, killing 44 people and injuring 28 others, including health workers, women, and children.[39] In four additional incidents in November and December, SPLM/A-North fighters operated jointly with the RSF.[40] Shelling by these forces struck Dilling Teaching Hospital, damaging the radiology department and killing six patients and their relatives, while injuring at least 12 others. In December, joint RSF-SPLM/A-North drone strikes hit two health care facilities. In one of these incidents, following the initial strike, first responders were targeted in a "double tap" drone strike while treating the wounded.

Three incidents of violence against or obstruction of health care were attributed to members of the JFASM in Khartoum, Red Sea and River Nile states in 2025. On two occasions, members of the group entered health facilities and opened fire; on a third, they threatened to bomb Bashair Hospital in Khartoum, forcing doctors to suspend work.[41]

The East Darfur communal militia looted a health center in El Neem refugee camp in March.[42] The SLM, which is led by Abdel Wahid Nur, reportedly imposed taxes on and took a share of humanitarian assistance in Tawila town, North Darfur.[43]

This chapter is based on 2023-2025 SDN 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.

THE IMPACT OF ATTACKS ON HEALTH CARE

The conflict severely disrupted the availability of medical supplies in Sudan, contributing to critical shortages of medicines, vaccines and essential health care commodities. Repeated attacks on health care facilities, warehouses, and transport routes weakened supply chains, with the World Health Organization (WHO) reporting that more than two-thirds of major hospitals were out of service or at risk due to shortages of medical staff, supplies, safe water, and electricity, and that ongoing insecurity continued to impede deliveries of supplies. Domestic pharmaceutical manufacturing effectively halted, leading to the non-availability of certain drugs, as manufacturers had supplies confiscated, seized or damaged, and struggled to distribute medicines nationwide. Supply gaps remained large: the WHO and partners made large deliveries of medical supplies, but Sudan still faced an estimated shortfall of over 60 % of the required supplies, including critical kits for combating disease outbreaks, while transportation challenges and insecurity delayed the arrival of medicines and equipment.

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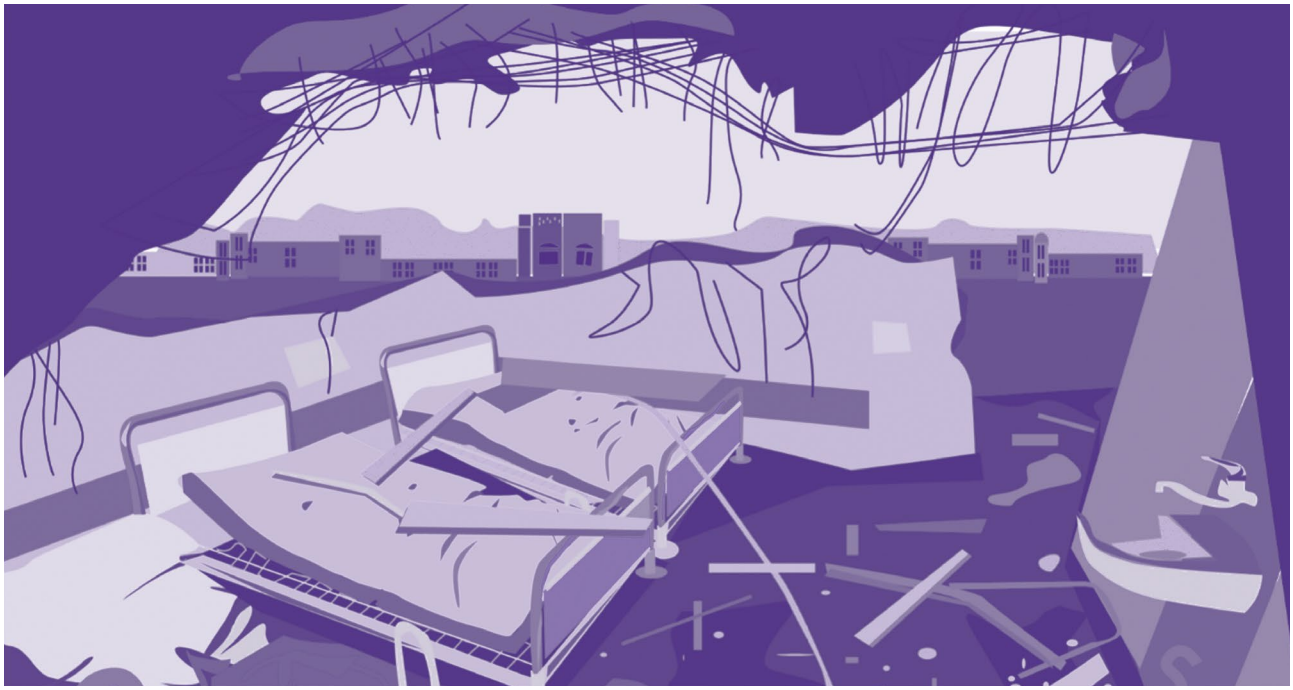
Services for survivors of sexual violence were severely disrupted by the conflict, leaving many without timely access to essential medical care, psychosocial support or safe referral pathways. Following the RSF's capture of El Fasher, MSF treated over 140 survivors fleeing to Tawila town. Of these survivors, 94 % reported being attacked by armed men, often along purported escape routes, highlighting both the widespread risk of assault and the urgent gaps in available services, and underscoring the critical need for safe, accessible care for survivors amid ongoing insecurity.

The psychological toll on health workers was severe. Facing ongoing attacks, threats to personal safety, and the relentless stress of protracted conflict, many were forced to abandon clinical practice. As one doctor recounted in the UN Office for the Coordination of Humanitarian Affairs report Under Attack in El Fasher: A Doctor's Testimony from 'Hell', "psychologically we are all sick, but we try as much as we can to push through." Widespread displacement further reduced the availability of skilled staff, compounding the strain on the health care system.

Conflict also intensified food insecurity, contributing to high conflict-related mortality and severe health consequences, including increases in infectious diseases; widespread poor oral health; and chronic conditions such as heart disease, hypertension, depression, and anxiety. A doctor at the Saudi Hospital in El Fasher described the dire situation: "People cannot donate blood when they cannot find anything to eat. We started using mosquito nets and bed sheets as gauze. We use medicine that has expired for years, that pharmacists test before giving. Some days I see 20 patients; other days, after a missile or a drone hits, 200."



Sudan

21 The SHCC's 2024 Annual Report cited 244 incidents of violence against or obstruction of health care in Sudan in 2024 and 271 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.
22 Four additional incidents involved RSF and SPLM/A-North fighters in South Kordofan (see section on "Incidents attributed to other conflict parties" for details).
23 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 95339.
24 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 88779; 120330; 123572.
25 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 126442.
26 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 126441.
27 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 88058.
28 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 119443; 119439.
29 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 120331.
30 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 120332.
31 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 96166.
32 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 94295.
33 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 97264.
34 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 116602.
35 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 121194.
36 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 105377; 116878; 122370; 122380.
37 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 111624;122697.
38 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 94296; 94297; 94298.
39 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 122371; 88781.
40 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 120836; 121197; 121220; 122538.
41 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident numbers 113418; 119542; 119541.
42 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 96297.
43 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SDN SHCC Health Care Data. Incident number 115150.

Ethiopia

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS			
REPORTED INCIDENTS	HEALTH WORKERS KILLED	HEALTH WORKERS ARRESTED	RAID/SEARCH INCIDENTS IN HEALTH FACILITIES WHEN CARE WAS DISRUPTED
2025			
69	17	73	12
2024			
62	28	12	5
2023			
17	5	3	1

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 69 incidents of violence against or obstruction of health care in Ethiopia in 2025, compared to 62 in 2024 and 17 in 2023.[44] Among incidents reported in 2025, 68 health workers were arrested and 17 killed, while health care facilities were reportedly violently raided or searched on 12 occasions. A total of 25 incidents were related to political protests during a nationwide strike that began in May 2025. The remaining 44 incidents occurred in the context of armed conflict.

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 Ethiopia is compiled from open sources, information projects and private sources. 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.

Ethiopia

THE CONTEXT

Non-international armed conflict continued in Ethiopia in 2025 between the Ethiopian National Defense Force (ENDF) and non-state armed actors in Amhara and Oromia, while tensions in Tigray intensified amid divisions within the Tigray People's Liberation Front (TPLF) over unresolved elements of the 2022 Pretoria peace deal. In Tigray, armed confrontation between the TPLF and the Tigray Interim Administration was accompanied by the presence of Eritrean forces in parts of the region, heightening concerns of renewed cross-border confrontations. In Oromia and in border areas between Oromia and Benishangul-Gumuz regions, escalating clashes between armed groups displaced thousands of people, while insecurity persisted throughout Amhara region.

Violence affecting civilians and humanitarian personnel was reported in several regions, including kidnappings and the killing of an aid worker in Amhara and arrests of health professionals during a nationwide health workers' strike in May.

Humanitarian needs remained at high levels, and Ethiopia faced multiple overlapping humanitarian pressures in 2025 linked to conflict, climate-related shocks, disease outbreaks, and economic strain, leaving millions in need of assistance across several regions, including Afar, Amhara, Benishangul-Gumuz, Oromia, Somali, and Tigray. By mid-2025, an estimated 3.3 million people were internally displaced nationwide. Violence in Oromia displaced over 280,000 people and in Tigray displaced 740,000, while high levels of acute malnutrition were recorded among children in areas affected by displacement and limited access to food. Outbreaks of cholera, measles, and malaria were reported in several regions, including in southwest Ethiopia, amid gaps in access to basic health and water services.

Humanitarian access varied across the country, with humanitarian organizations assessing dozens of districts in Amhara and Oromia as difficult to access because of localized insecurity and the hostile presence of armed actors. In many other territories, humanitarian teams experienced intermittent operational constraints. In Tigray, reduced aid presence, funding shortfalls and breaks in supply pipelines were associated with worsening living conditions in displacement sites.

Funding cuts impacted multiple services. In 2025, substantial reductions in United States humanitarian assistance, including the reported loss of USD 387 million in USAID funding, affected service provision and were followed by reported layoffs of thousands of health workers.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

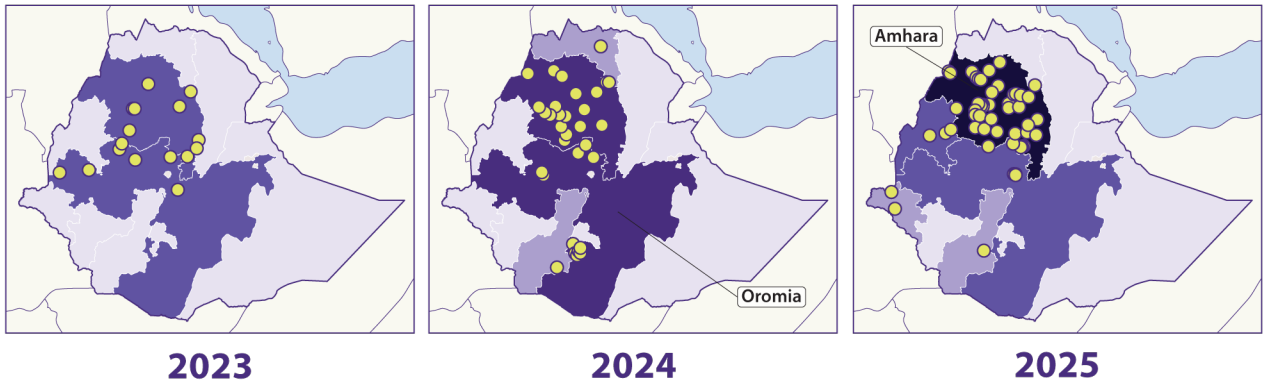
In 2025, violence against or obstruction of health care continued to be reported in Ethiopia, with attacks recorded across seven regions, two more than in the previous year. Incidents in the Amhara region increased by 64% between 2024 and 2025, where many health workers were arrested during May strikes. Recorded incidents in the Oromia region continued. New incidents were documented in the Gambela region in 2025, where ambulances were shot at by unidentified armed groups.[45]

Violent raids and searches of health facilities and health worker arrests reportedly increased in 2025, particularly in Amhara. Recorded health worker killings and kidnappings persisted. Damage to health facilities was reported, but to a lesser extent than in previous years. All 17 reported health worker killings in Ethiopia in 2025 were recorded in the Amhara region.

Ethiopia

Known locations of reported incidents affecting health care in Ethiopia, 2023-2025

Incidents in the Amhara region increased by 64% between 2024 and 2025, where many health workers were arrested during May strikes. Incidents continued to be reported in the Oromia region.

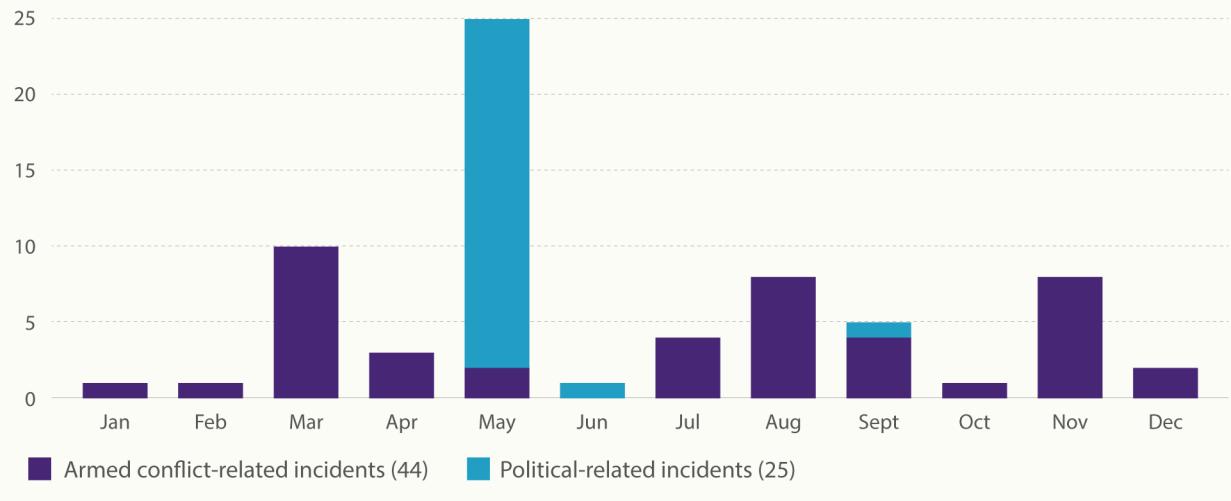


Source: Insecurity Insight for the SHCC.

Most incidents affected local health care providers operating in national health structures, with two affecting private health organizations and one the Ethiopian Red Cross Society.[46]

The ENDF continued to be implicated in the majority of recorded incidents, along with police. The ENDF's use of drones armed with explosives and artillery strikes continued to impact health care in the Amhara region.[47] Fano militia armed violence also persisted in Amhara in 2025. Oromo Liberation Army (OLA) fighters armed with guns looted health centers and hospitals in Benishangul-Gumuz region,[48] while state militia deliberately set an ambulance on fire in Amhara.[49] Two incidents were attributed to the TPLF in November when Tigrayan fighters arrested and assaulted a health worker at Alamata City Hospital. In the days that followed this attack, the pressure on health care intensified, with health workers reportedly being threatened and forced to consider evacuating the hospital and surrounding areas under intimidation by armed actors.[50] In some incidents, the responsible conflict party remained unidentified.

Reported incidents affecting health care in Ethiopia, 2025



Source: Insecurity Insight for the SHCC.

Ethiopia

Conflict-related incidents in Amhara region

At least 37 of the documented incidents can be associated with conflict dynamics affecting health care in the Amhara region in 2025, compared to 31 in 2024 and nine in 2023, with a high number of incidents linked to the ENDF. In total, 16 health workers were reported killed in 14 incidents, with ten ENDF-linked killings largely involving accusations of ties to or providing care for conflict parties. Two health workers were killed while held in detention.[51] The ENDF also reportedly deliberately set fire to, looted, seized for non-medical purposes, shelled, and conducted armed drone strikes on health facilities and private clinics in Amhara.

Fano militia destroyed an ambulance being used by ENDF forces to transport personnel, seized a medical facility during an offensive operation and carried out attacks near health sites.[52] Fano militia also shot and killed two health workers traveling to work in two separate incidents.[53]

Conflict-related violence repeatedly affected maternal and child health services in Ethiopia's Amhara region in 2025.[54] Ambulances transporting pregnant women were blocked, including a case where a mother lost her baby after being sexually assaulted by ENDF members. Health care providers critical to maternal and newborn services were arrested or abducted for ransom, while a nursing mother was forcibly taken from a health center by ENDF members shortly after giving birth, on accusations of links to Fano members. This attack formed part of a broader campaign against civilians, including children.

Political-related incidents

In early May, at least 70 health workers – including doctors, gynecologists, medical students, midwives, nurses, pharmacists, and surgical specialists – were reportedly arrested in 21 incidents during a coordinated wave of politically driven crackdowns amid nationwide protests over pay, working conditions, and governance in the health sector. Police and the ENDF carried out widespread arrests, detentions, intimidation, and harassment of individuals perceived to have participated in or supported the demonstrations, including on social media, with some accusations framed around alleged political affiliation or extremist links. This pattern was reinforced by a Ministry of Health statement issued on May 15, 2025 that endorsed the crackdown and called on security forces to "put aside their patience" and take necessary "measures" against health workers participating in the strike.

Arrests occurred in many regions, but were concentrated in Amhara and Addis Ababa, with additional cases in southern Ethiopia affecting major cities such as Bahir Dar, Dessie, and Gondar, as well as smaller towns. Health workers were arrested during searches or raids at hospitals and health centers, as well as at university medical campuses and in their homes. Four health workers in Addis Ababa were released on bail a few days after their arrest.[55] The fates of the remaining arrested health workers are unclear.

At least one health worker was arrested after the initial May crackdown: in late June 2025, a gynecologist and obstetrics resident at Bahir Dar University Teaching Hospital in Amhara was detained by police, who also confiscated his phone and laptop. He had been a key figure in the May demonstrations.[56]

> *A Ministry of Health statement issued on May 15, 2025 [that] endorsed the crackdown and called on security forces to "put aside their patience" and take necessary "measures" against health workers participating in the strike.*

Ethiopia

This chapter is based on 2023-2025 ETH SHCC Health Care Data. Download this data on the Humanitarian Data Exchange (HDX).

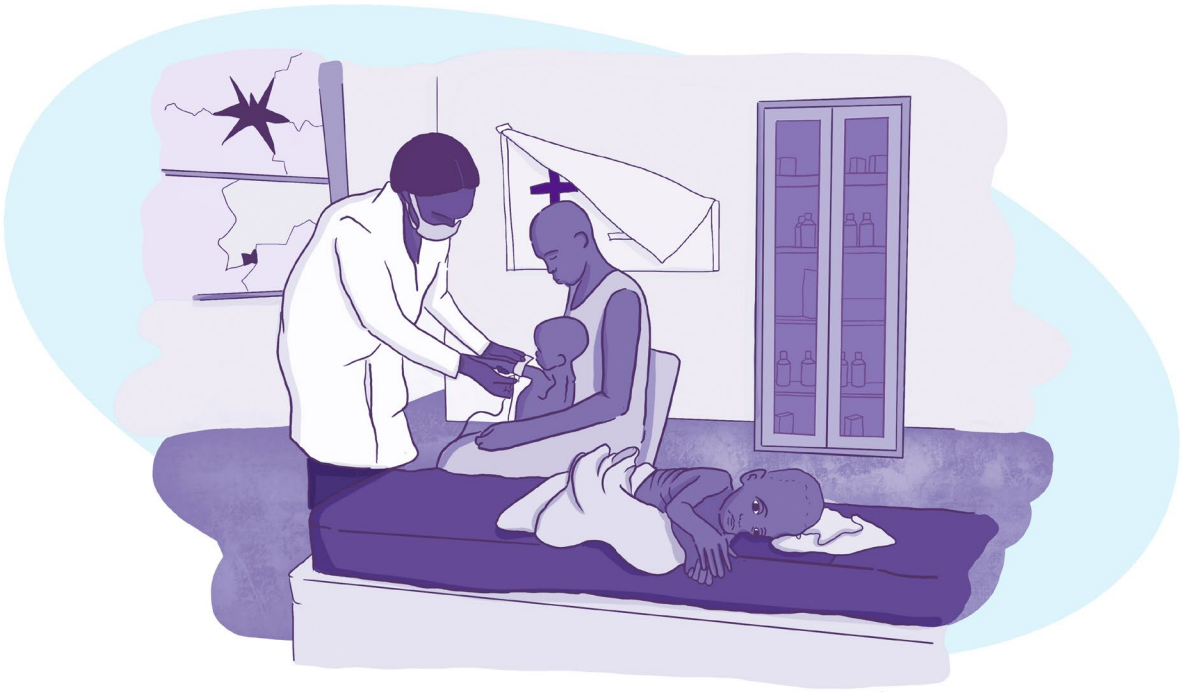
Insecurity Insight updates data continuously and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight's global map on attacks on health care.

THE IMPACT OF ATTACKS ON HEALTH CARE

Ongoing violence in Amhara, Oromia, and Tigray affected the delivery of health services in 2025, particularly in hard-to-reach areas because of insecurity and the activity of armed groups. Aid personnel in Amhara faced serious security incidents, including kidnappings, adversely affecting the context in which medical and relief services operated.

In Tigray, displaced people remained in camps or informal sites with limited access to food, health care, and other essential services, amid reduced humanitarian presence and funding gaps. Displacement linked to violence in Oromia and border areas with Benishangul-Gumuz increased pressure on health facilities in refugee-receiving communities that were already facing shortages of staff and supplies.

Disease outbreaks, including cholera, measles, and malaria, were recorded in multiple regions, increasing demand for treatment in areas where access to safe water and medical services remained limited. As mentioned previously, funding reductions in 2025 were associated with interruptions in food assistance and risks for hundreds of thousands of women and children of losing access to malnutrition treatment, adding to pressures on households already affected by conflict and displacement.



Ethiopia

44 The SHCC's 2024 Annual Report cited 59 incidents of violence against or obstruction of health care in Ethiopia in 2024 and 13 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.
45 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident numbers 123058; 123060.
46 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident numbers 116867; 116868; 117413.
47 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident numbers 116866; 116867; 116868.
48 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident numbers 112988; 112989; 112990.
49 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident number 117372.
50 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident numbers 120831; 120833.
51 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident numbers 97254; 95217.
52 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident numbers 96803; 94292; 119363.
53 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident numbers 118810; 120829.
54 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident numbers 95216; 97255; 110144; 122691.
55 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident number 99599.
56 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 ETH SHCC Health Care Data. Incident number 110144.

Nigeria

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS		
REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED	HEALTH WORKERS KILLED
2025		
43	32	6
2024		
34	35	3
2023		
24	24	6

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 43 incidents of violence against or obstruction of health care in Nigeria in 2025, compared to 34 in 2024 and 24 in 2023.[57] Among the incidents reported in 2025, 32 health workers were kidnapped and two were killed.

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 Nigeria is compiled from open sources, aid agency data-sharing mechanisms, information projects, and private sources. 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.

Nigeria

THE CONTEXT

In 2025, non-international armed conflict persisted in Nigeria, with the Nigerian Armed Forces (NAF) and support forces being involved in protracted hostilities with the armed groups Boko Haram and Islamic State West Africa Province (ISWAP). Nigeria received support from the Multinational Joint Task Force (MNJTF),[58] and on December 26, the United States reportedly carried out air strikes in northwest Nigeria targeting two camps of the jihadist group Lakurawa in Sokoto state. Violent anti-government and separatist actors continued to operate in southeastern Nigeria, while in the northwest, criminal bandit groups were responsible for widespread kidnappings, killings, sexual violence, and theft of livestock.

Nigeria experienced worsening security in 2025, with a 5.6% rise in explosives-related incidents and over 20 attempted ISWAP and Boko Haram attacks on military sites in Borno state. In response, President Tinubu declared a national security emergency in November amid widespread violence across multiple states.

School abductions recurred and remained an ongoing threat in 2025, including the kidnapping of 400 students in Niger state in November, leading to the closure of over 20,000 schools across seven states and threatening children's access to education.

In 2025, food insecurity in Nigeria worsened due to attacks on markets, farming communities, and rural livelihoods, with armed violence and intercommunal clashes displacing farmers, disrupting agricultural production, and limiting access to food, deepening the humanitarian crisis.

Rising displacement and humanitarian needs characterized much of the year. By December 2025, over 1.2 million people were affected by worsening insecurity and waves of violence, including an estimated 260,000 who had been newly displaced between September and November.

Funding cuts resulting from the USAID aid-funding freeze limited Nigeria's humanitarian health care responses. Between 2022 and 2024, Nigeria received about USD 8 billion from USAID for health programs, including combating HIV and malaria, and supporting other public health initiatives. The cuts threatened the health care system's capacity, leading to approximately 28,000 health workers losing their jobs. To mitigate the impact, Nigerian lawmakers allocated an additional USD 200 million to the health sector in the 2025 federal budget.

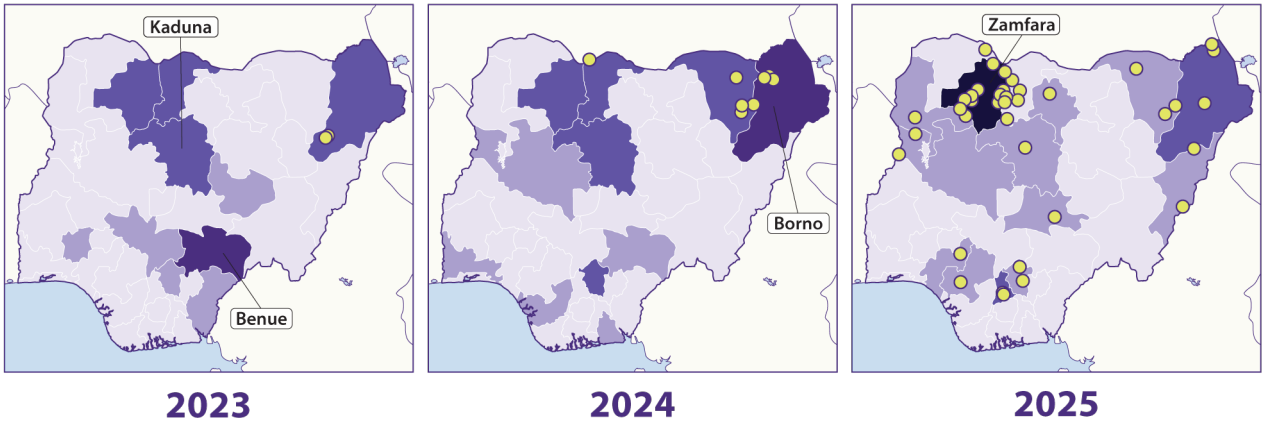
VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, violence against or obstruction of health care increased in Nigeria. Cases were spread across 16 states – four more than in 2024 – with new incidents being reported in Anambra, Adamawa, Kano, Ondo, Edo, and Nasarawa states. Attacks on health care in Zamfara state – where communal militia violence is at high levels – nearly tripled in 2025, while reported incidents declined in the BAY states (Borno, Adamawa and Yobe), possibly due to a reduced humanitarian presence. The majority of incidents affected health care providers operating in national health structures, with two affecting NGOs.[59]

Nigeria

Known locations of reported incidents affecting health care in Nigeria, 2023-2025

Attacks on health care in Zamfara state – where communal militia violence is at high levels – nearly tripled in 2025, while reported incidents declined in the BAY states, possibly due to a reduced humanitarian presence.



Source: Insecurity Insight for the SHCC.

Most incidents were attributed to unidentified men armed with guns. Katsina militia were implicated in two attacks on health centers during which health workers were killed and injured.[60] Zamfara militia carried out a road ambush, kidnapping a health worker and other civilians.[61] Fulani militants armed with AK-47s and machetes raided a hospital, abducting and raping an unspecified number of women.[62]

ISWAP was linked to five incidents across the BAY states, mostly involving health facilities being raided, set on fire, and looted of medicine and food supplies.[63] Boko Haram ambushed an ambulance in Borno state, injuring the driver, stealing medical supplies and seizing the vehicle.[64]

The NAF and police reportedly arrested health workers on accusations of links to opposition groups in Katsina, Niger, and Sokoto states.[65] An NAF air strike reportedly targeting a camp belonging to an armed group killed a health worker treating a wounded fighter.[66]

At least four incidents in the BAY states involved health centers being deliberately set on fire, often during wider attacks in the area where other civilian infrastructure was also damaged. On one occasion, an improvised explosive device (IED) planted by an unidentified armed group damaged staff residences at a hospital in Kebbi state.[67]

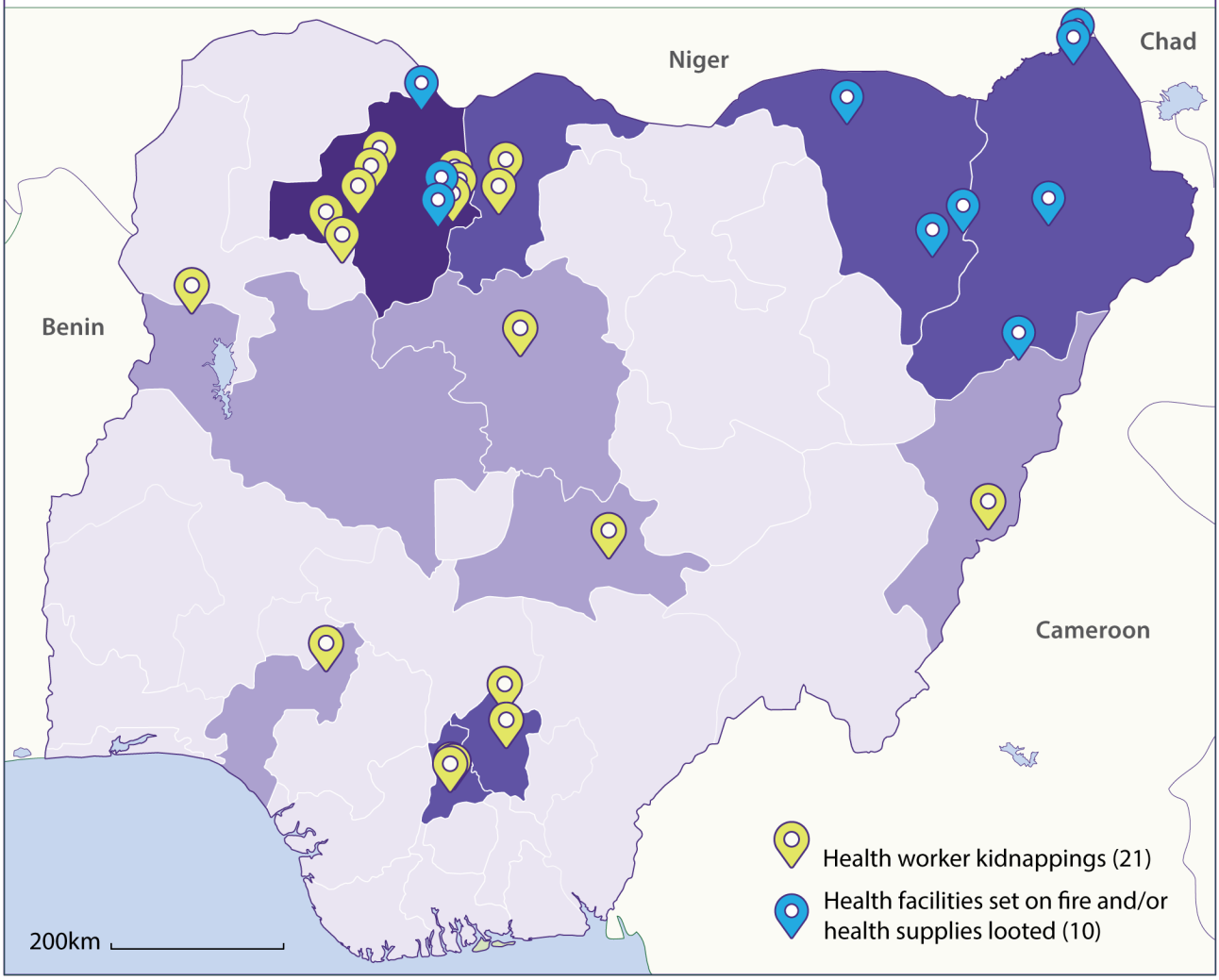
Kidnapping incidents increased by over 70% in 2025 compared to 2024, while the number of health workers who were kidnapped remained similar to those reported in 2024. Most kidnapped health workers were abducted outside Nigeria's northeast in areas where kidnappings for profit are common.

Maternal care services in Nigeria were affected by conflict-related violence in 2025 when unidentified attackers raided a nursing and maternity center in Kaduna state and abducted a health worker, a security guard, and five patients, including a nine-month pregnant woman and a nursing mother with her baby.[68]

Nigeria

Reported incidents affecting health care in Nigeria, 2025

The setting on fire of health facilities and looting of vital medicines were often reported in northeast Nigeria, while 95% of reported health worker kidnapping incidents took place outside of Nigeria's northeast region.



Source: Insecurity Insight for the SHCC.

Health worker kidnappings

In 2025, 32 health workers were kidnapped in 21 incidents, compared to 35 in 14 incidents in 2024 and 24 in 17 incidents in 2023. Most kidnapped health workers were abducted by unidentified attackers outside Nigeria's northeast region. In one case, a health worker in Adamawa was kidnapped by an armed group and taken with other captives to an area along the Nigeria-Cameroon border.[69]

Abducted health workers included doctors, drivers, pharmacy owners, and surgeons who were forcibly taken from hospitals, clinics, in road ambushes, and at illegal checkpoints. Ransoms were demanded as a condition for release in several kidnapping cases, while armed groups also abducted health staff to provide care to fighters.

Ten of the 35 kidnapped health workers were released. A doctor who was shot and abducted by an unidentified group in front of his house in late December 2025[70] was released in January 2026, only to be shot again and killed. The fates of the remaining 25 remain unclear.

Nigeria

Health worker killings

In 2025, six health workers were killed in five incidents, compared to three in three incidents in 2024 and six in five incidents in 2023. Three health workers were killed in shootings inside hospitals in Edo and Katsina, including a physiotherapist who was killed during an attack by gunmen at the University of Benin Teaching Hospital.[71] Following the attack, the facility's health workers staged a protest on the hospital premises.

This chapter is based on 2023-2025 NGA 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.

THE IMPACT OF ATTACKS ON HEALTH CARE

In 2025, Nigeria's health care system faced significant strain, with Nigerian Association of Resident Doctors president Muhammad Suleiman calling it a "difficult year" for doctors. Together with the challenges caused by USAID funding cuts, a Lassa fever resurgence resulted in 955 confirmed cases and 176 deaths by November, with the case fatality rate rising to 18.4% despite fewer overall cases than in 2024.

High rates of internal displacement in Nigeria further strained the overburdened health system, with overcrowded IDP camps facing heightened risks of disease, gender-based violence (GBV), and limited access to health care, clean water, and sanitation. This disruption intensified demand for medical care, hindered treatment continuity, and increased the risk of disease outbreaks, including malaria, typhoid, and stomach ulcers. Residents reported the dire consequences of medication shortages, with one stating, "if we don't get drugs, we just sit and watch the sick person helplessly," while also facing heightened risks of GBV.

Between October and December 2025, acute malnutrition remained a critical issue in northern Nigeria, where nearly one-third of local government areas were classified as IPC Phase 4 (Critical), showing a worsening trend compared to previous years. The IPC identified poor food consumption, disease burden (including fever, malaria, and diarrhea), inadequate WASH (water, sanitation and hygiene) practices, and acute food insecurity as key drivers. Ongoing violence and displacement further limited access to food and health care. An estimated 12.5 million children under the age of five and over two million pregnant and lactating women would need treatment for acute malnutrition between October 2025 and September 2026, further straining the health care system.

Maternal mortality remains extremely high in northeast Nigeria, with 1,848 deaths per 100,000 live births, second only to the northwest region.

Nigeria

57 The SHCC's 2024 Annual Report cited 32 incidents of violence against or obstruction of health care in Nigeria in 2024 and 26 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.
58 The MNJTF is a regional coalition originally comprising Nigeria, Cameroon, Chad, Niger, and Benin mandated by the African Union and Lake Chad Basin Commission to fight Boko Haram and ISWAP. Niger suspended its participation in 2024 and Chad has threatened to withdraw.
59 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident numbers 122360; 122363.
60 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident numbers 88295; 99702.
61 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident number 116892.
62 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident number 119920.
63 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident numbers 110145; 122338; 122340; 122357; 123153.
64 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident number 123061.
65 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident numbers 95276; 122353; 122355.
66 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident number 122366.
67 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident number 123155.
68 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident number 120835.
69 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident number 91172.
70 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident number 123841.
71 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 NGA SHCC Health Care Data. Incident numbers 99702; 97261.

South Sudan

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				
31	5	7	5	4
2024				
7	0	1	2	5
2023				
13	0	2	6	0

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 31 incidents of violence against or obstruction of health care in South Sudan in 2025, compared to seven in 2024 and 13 in 2023.[72] In 2025, five health workers were killed and four kidnapped, while health facilities were damaged or destroyed on five occasions and medical supplies looted on seven occasions.

Methodology and sources
Information on incidents of violence against health care in South Sudan is compiled from open 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

In 2025, non-international armed conflict intensified in South Sudan, primarily involving the South Sudan People's Defence Forces (SSPDF), Sudan People's Liberation Movement/Army-in-Opposition (SPLM/A-IO) and National Salvation Front (NAS).

South Sudan

The Uganda People's Defence Force, which has been present in South Sudan since June 2024, formally deployed troops and conducted joint air-ground operations with the SSPDF. Intercommunal violence fueled by ethnic tensions and competition over resources affected Eastern Equatoria, Jonglei, Lakes, Unity, and Warrap states. The mandate of the UN Mission in South Sudan (UNMISS) was extended to April 2026 to protect civilians and support durable peace.

Approximately 9.3 million people were in need of humanitarian assistance in South Sudan in 2025. Communities across the country faced compounded challenges from climate change and economic pressures. From June 2025, severe flooding caused widespread displacement and infrastructure damage, while flood-affected areas saw rising health risks, including malaria, acute respiratory infections, and diarrhea, as well as a resurgence of cholera.

High levels of cross-border migration between Sudan and South Sudan were recorded in 2025, driven largely by violence associated with the conflict in Sudan, including sexual and gender-based violence (SGBV). By the end of August 2025, the UN refugee agency (UNHCR) recorded 1.9 million internally displaced persons and 1.7 million returnees in South Sudan, together with approximately 600,000 refugees and asylum seekers, over 500,000 of whom were from Sudan.

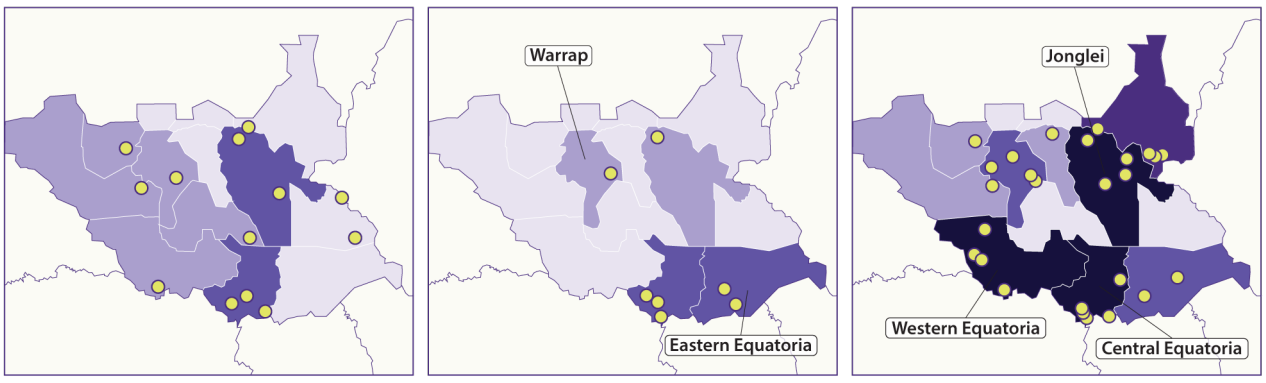
Humanitarian health responses were severely constrained by funding cuts, with at least ten medical facilities being forced to close due to drug shortages after the United States Agency for International Development (USAID) suspended all funding for international organizations at the start of July.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, violence against or obstruction of health care was reported in ten states – six more than in 2024 – with reported incidents spreading to Lakes, Unity, Northern and Western Bahr el Ghazal, Upper Nile, and Western Equatoria. Reported incidents increased in Jonglei state from one in 2024 to six in 2025, and in Western Equatoria from no identified incidents in 2024 to six in 2025. Incidents continued to be reported in Central Equatoria.

Known locations of reported incidents affecting health care in South Sudan, 2023-2025

Incidents increased in Central Equatoria, Jonglei and Western Equatoria in 2025, reflecting the wider deterioration in security in these areas.



Source: Insecurity Insight for the SHCC.

South Sudan

Health workers killed and kidnapped

A similar number of incidents affected health care providers operating in national health structures as in NGOs, with two affecting UN agencies and one a private health care organization.[73]

Damage to or the destruction of health facilities increased, along with the looting of medical supplies. Health worker killings and kidnappings persisted. Most incidents were attributed to unidentified men armed with guns.

SSPDF air strikes damaged or endangered health facilities in Jonglei, while SSPDF soldiers and Lou Nuer youth clashed inside a hospital in Upper Nile state, forcing staff to evacuate the facility.[74] Police patrol officers reportedly stopped and physically assaulted two health workers returning home from a hospital night shift in Warrap state.[75] Members of the SPLA-IO attacked health facilities and looted medical supplies in Central and Western Equatoria.[76]

Public health response services were affected by conflict-related violence in 2025 when a police officer was shot and killed by unidentified perpetrators while escorting a team of health workers responding to a cholera outbreak among children in a remote part of Jonglei state.[77]

Health facilities damaged or destroyed

In 2025, health facilities were damaged on five occasions, compared to no identified incidents in the previous two years. SSPDF air strikes damaged two international NGO (INGO) health facilities in Jonglei, including an INGO-supported hospital (the only one in the county, serving more than 110,000 people), which was bombed by two helicopters suspected to belong to the SSPDF in the earlier hours of May 3.[78]

South Sudan

The pharmacy was completely burned down, destroying all medical supplies, and two health workers and a patient inside the hospital were injured. Following the attack, aid teams withdrew staff, patients were relocated and the UN airlifted essential medical supplies to replenish stocks.

Another INGO medical facility in Jonglei was struck and damaged by helicopter gunfire during an aerial attack by an unidentified perpetrator, while a fourth facility in Upper Nile was hit by bombing of unidentified origin.[79]

In Western Equatoria, armed men deliberately set on fire a primary health care center – the only health facility in the area.[80]

Medical supplies looted

The looting of vital medical supplies from health centers and vehicles was reported on seven occasions in 2025, with medicine stocks and medical equipment and other essentials being taken and staff threatened. In one violent incident in Warrap state, armed youths attacked a hospital, looted medical supplies and killed two hospital security guards.[81]

Following lootings, health facilities often closed due to security concerns for staff and patients, including an INGO hospital and office in Upper Nile, which in April was stormed by armed men who threatened staff and looted vital supplies. This led to the suspension of all services at the only functioning facility in the area and, by June, its permanent closure, together with the withdrawal of support to 13 primary health care facilities.[82]

Health workers killed and kidnapped

In 2025, five health workers were killed in five incidents, compared to two in two incidents in 2024 and six in three incidents in 2023. Health workers were shot and killed in road ambushes, inside health facilities and at markets. Four staff were killed in three incidents in June, including a nurse and two civilians who were shot dead when unidentified gunmen who had reportedly crossed the border from Uganda opened fire in a market in Central Equatoria.[83]

Four health workers were kidnapped in two incidents in 2025, compared to five in three incidents in 2024 and no identified reports in 2023. Health workers were kidnapped in road ambushes by armed individuals while traveling to provide care in remote areas. All four kidnapped staff were held for over 24 hours before being released.[84]

This chapter is based on 2023-2025 SSD 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.

South Sudan

THE IMPACT OF ATTACKS ON HEALTH CARE

As of October 2025, the World Health Organization (WHO) identified cholera, malnutrition, trauma, maternal and neonatal risks, non-communicable diseases, and flooding as the main public health threats in South Sudan, which also remained the epicenter of a regional cholera crisis. Between September and December 2025, 5.97 million people faced acute food insecurity, including 1.3 million experiencing emergency conditions and 28,000 experiencing catastrophic conditions, with violence further exacerbating malnutrition and limiting access to life-saving care.

In 2025, access challenges and ongoing violence intensified the country's health care crisis, limiting the availability of medications and immunizations. Attacks on health facilities created difficult operating conditions, forcing Médecins Sans Frontières (MSF) to close its hospital in Ulang county, Upper Nile state, and withdraw support from 13 community-based health centers, leaving 150,000 people with reduced access to care and severely affecting maternal health services.

Severe funding gaps further weakened South Sudan's health care system, after reported cuts to 36% of official development assistance and 90% of US government support. With only 3% of the national budget allocated to health care and over half of health care costs borne by individuals (most of whom were living on less than USD 2.15 per day), access to care remained critically limited, leaving many people dependent on humanitarian services that were frequently targeted and whose ability to provide care was constrained by insecurity.

72 The SHCC's 2024 Annual Report cited seven incidents of violence against or obstruction of health care in South Sudan in 2024 and 14 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.
73 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident numbers 122332; 122333; 118821.
74 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident number 95398.
75 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident number 123625.
76 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident numbers 109068; 119435.
77 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident number 88029.
78 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident number 98669.
79 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident numbers 121193; 99609.
80 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident number 112994.
81 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident number 122336.
82 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident number 95338.
83 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident number 109067.
84 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SSD SHCC Health Care Data. Incident numbers 112995; 121160.

Cameroon

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS		
REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED	HEALTH WORKERS ARRESTED
2025		
30	18	9
2024		
48	19	21
2023		
34	6	7

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 30 incidents of violence against or obstruction of health care in Cameroon in 2025, compared to 48 in 2024 and 34 in 2023. Among incidents reported in 2025, 18 health workers were kidnapped and nine arrested.

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 Cameroon is compiled from open sources, aid agency data-sharing mechanisms and information projects. 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.

Cameroon

THE CONTEXT

Protracted non-international armed conflicts continued in Cameroon in 2025 between the Cameroon Armed Forces (CAF) and non-state armed groups. These included Ambazonian separatists in the anglophone Northwest and Southwest regions, and Boko Haram and Islamic State West Africa Province (ISWAP) in Far North region, with hostilities reported across these areas. Members of the anglophone separatist group Bui Unity Warriors were involved in fighting with state forces in Northwest's Bui department during 2025.

Following October's presidential election, in which official results declared incumbent President Paul Biya the winner despite opposition claims of his defeat, security forces responded to opposition-led protests with lethal force and mass arrests, resulting in civilian deaths and detentions being reported in several parts of the country.

Cameroon continued to face three overlapping humanitarian crises in 2025: the Lake Chad Basin conflict, the anglophone crisis in Northwest and Southwest regions, and the presence of refugees from the Central African Republic and Nigeria. Despite some reductions, millions of people remained in urgent need of assistance: at the start of 2025, 3.3 million people required life-saving assistance, including nearly 2.5 million facing acute food insecurity. By December, 2.9 million still needed support, with 1.8 million targeted for aid. Displacement increased in parts of Northwest and Southwest regions during periods of intensified clashes and lockdowns, when thousands reportedly fled due to insecurity.

USAID funding freeze disrupted humanitarian and health programmes in Cameroon. Cuts to the US-funded President's Malaria Initiative reduced supplies of essential antimalarial drugs in Far North region, where malaria mortality had previously declined by nearly 60% between 2017 and 2024. The suspension of USAID support also led to the termination or scaling down of programs in education, livelihoods, peacebuilding and humanitarian relief in the Lake Chad Basin. Funding cuts also disrupted HIV services, including testing and the provision of paediatric antiretrovirals, raising concerns about higher HIV transmission rates and reduced access to care.

Humanitarian access in Northwest and Southwest regions remained restricted. Non-state armed groups continued to enforce "ghost town" days on Mondays and imposed repeated lockdowns during which humanitarian activities were suspended. Weak health care systems, limited access to quality care, and recurring outbreaks of diseases such as cholera and measles continued to strain health responses, particularly in remote and underserved communities affected by displacement and climate-related shocks. Cuts in international aid in 2025 strained the humanitarian response capacity, placing additional pressure on health and protection services.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, incidents of violence against or obstruction of health care in Cameroon were reported in three regions, down from four in 2024. As in previous years, most occurred in the anglophone Northwest and Southwest regions, where armed clashes continued, including between Ambazonian separatists and the CAF, although the overall number of cases in these regions declined compared to 2024. Incidents of reported violence against health care providers in Far North region more than halved between 2024 and 2025, possibly reflecting the reduced presence of health providers due in part to USAID funding cuts.

Cameroon

Most incidents involved the use of rifles. In Far North region, ISWAP deliberately set a health center on fire during an attack on three surrounding villages in Mayo-Tsanaga department, while Boko Haram set fire to another health center in Logone-et-Chari department.[85]

For the second consecutive year, reported health worker kidnappings in Northwest region increased, with Ambazonian separatists and Bui Unity Warriors often named as perpetrators. Gendarmerie forces in Northwest and Southwest regions continued to arrest health workers, accusing them of links to opposition groups.

The looting of medical supplies by Boko Haram, ISWAP and other groups persisted in Far North region, although at lower levels than in previous years. In some incidents, the responsible conflict party remained unidentified.

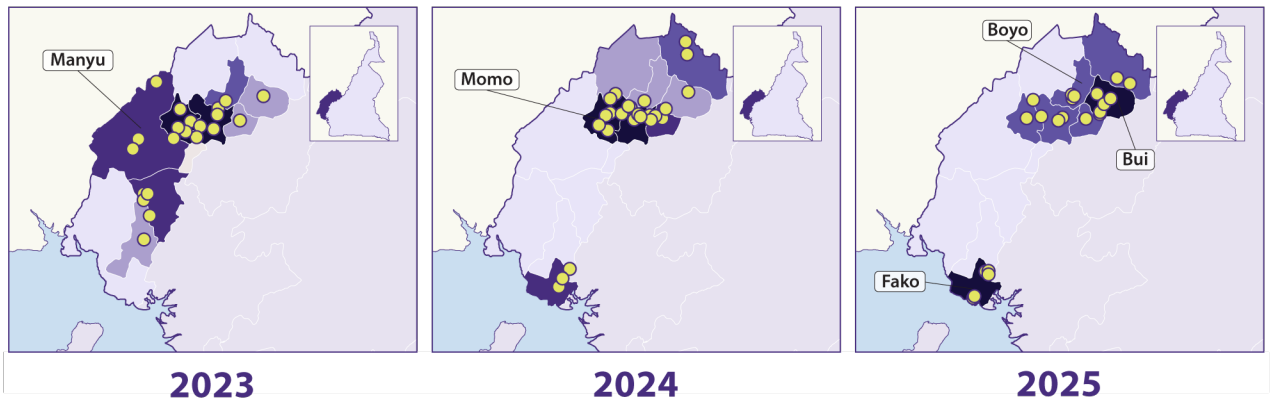
Over half of incidents occurred at health facilities, a trend consistent with previous years. Health workers were mostly harmed while on their way to or from work, at home, or pursuing a private activity, highlighting how their vulnerability is heightened in their non-working lives within the community. The majority of incidents affected health care providers operating in national health structures, with one incident affecting a private health organization.[86]

Northwest and Southwest anglophone regions

In total, 22 incidents of violence against or obstruction of health care were reported in the anglophone regions in 2025, compared to 30 in 2024 and 25 in 2023. In 2025, incidents decreased in the southern Mezam and Momo departments of Northwest region, while cases rose slightly in Boyo and Bui, and continued in Fako department, Southwest region.

Known locations of reported incidents affecting health care in Northwest and Southwest anglophone regions, Cameroon, 2023-2025

In 2025, incidents decreased in the southern Mezam and Momo departments of Northwest region, while cases rose slightly in Boyo and Bui, and continued in Fako department, Southwest region.



Source: Insecurity Insight for the SHCC.

At least 16 health workers were reported kidnapped in nine incidents in Northwest region in 2025, compared to 16 in five incidents in 2024 and five in six incidents in 2023. Health worker kidnappings were mostly reported in Bui and Ngoketunjia departments, marking a change from Mezam department in 2024. Separatists and unidentified attackers armed with rifles kidnapped health workers at illegal checkpoints while they were traveling to remote areas to provide care, and from health centers and their homes.

Cameroon

Some kidnapped health workers were released after paying their captors ransoms ranging from XAF 5,000 to XAF 10 million (EUR 10-15,000). Other health workers were kidnapped and accused by their kidnappers of collaborating with opposing forces.[87] In a separate case in January, a health worker was kidnapped at a checkpoint by the Bui Unity Warriors faction on accusations of being a teacher. He was released hours later after negotiations.[88] The fates of the remaining kidnapped staff were not recorded.

Between May and June, nine health workers were reported arrested by Cameroonian police in six incidents in 2025, compared to 19 in four incidents in 2024 and seven in four incidents in 2023. Health workers were arrested in Southwest's Fako department and Northwest's Boyo, Momo, and Donga-Mantung departments on accusations of collaborating with or providing medical assistance to opposition forces. Cameroonian police also entered health centers in Fako department in search of members of opposition forces, disrupting care.[89]

In other cases, health workers were reportedly assaulted at checkpoints or in their homes, often over allegations of refusing to treat armed group members or as part of armed-group-imposed taxes. Ambulances were extorted during the enforcement of separatist-imposed lockdowns.[90]

This chapter is based on 2023-2025 CMR SHCC Health Care Data. Download this data on the Humanitarian Data Exchange (HDX).

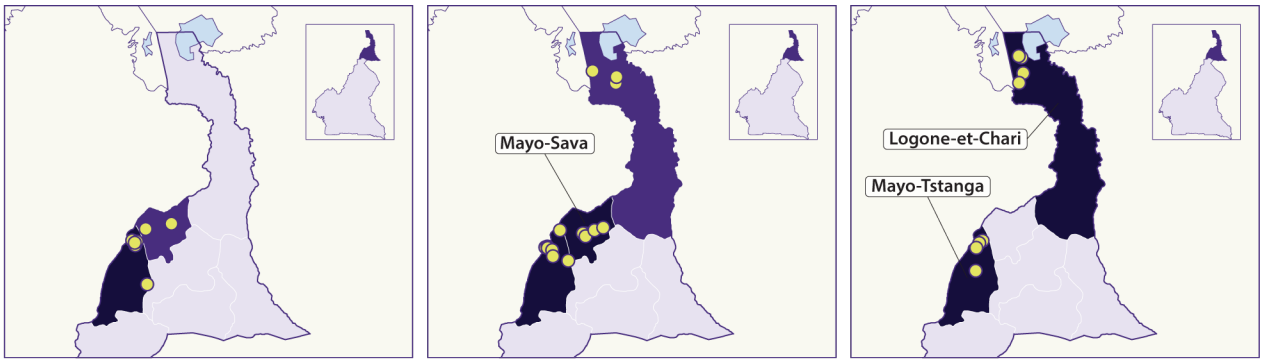
Insecurity Insight updates data continuously and numbers may change if new information is made publicly available. For the latest available figures, see Insecurity Insight's global map on attacks on health care.

Far North region

Eight incidents of violence against or obstruction of health care were recorded in Far North region, compared to 18 in 2024 and nine in 2023. Overall, incidents in Mayo-Tsanaga department decreased, although they still accounted for 50% of all incidents reported in the region. Cases also decreased in Mayo-Sava department from five in 2024 to zero in 2025.

Known locations of reported incidents affecting health care in Far North region, Cameroon, 2023-2025

Most incidents involved health centers being attacked by armed groups armed with rifles.



Source: Insecurity Insight for the SHCC.

Cameroon

The majority of incidents involved health centers being attacked by armed groups armed with rifles, primarily Boko Haram and ISWAP. Vital medical supplies, including vaccines, medicines, and equipment, as well as solar panels and roofing materials were some of the supplies looted. Health centers were also vandalized or destroyed, with fires being deliberately set during assaults on villages. Attacks on health facilities often occurred alongside wider acts of violence, including civilian abductions and killings, livestock raids, and at least one civilian killing.

ISWAP fighters armed with rifles reportedly abducted two health workers and two children from their homes after the group withdrew from the area following armed clashes with Cameroonian forces at a security post in Logone-et-Chari department.[91]

THE IMPACT OF ATTACKS ON HEALTH CARE

Repeated violence and insecurity in Northwest, Southwest and Far North regions continued to affect the functioning of health services in 2025. Lockdowns enforced by non-state armed groups and movement restrictions linked to armed clashes limited health workers' and patients' ability to travel to obtain health care and disrupted routine preventive health care activities. Insecurity, movement restrictions, and access constraints during lockdown periods forced humanitarian partners to suspend or adapt field operations, resulting in operational delays and reduced capacity to implement activities in certain areas and constraining the delivery of medical assistance.

Clashes between non-state armed groups and state security forces, including ambushes and improvised explosive device (IED) attacks, resulted in civilian casualties, mass arrests, and new displacement in several localities, leaving displaced populations with limited shelter and limited availability of essential services, including health care. Communities in remote and underserved areas continued to face challenges when attempting to access essential health services, including fragile infrastructure, recurrent disease outbreaks such as malaria and yellow fever, and displacement linked to conflict- and climate-related shocks.

Amid widespread humanitarian needs and acute food insecurity, gaps in the health care system, staff shortages, and uneven services caused high levels of preventable illnessess and mortality, particularly among children and pregnant women. Humanitarian access constraints and insecurity affecting both civilians and aid providers shaped the health care operational environment, limiting where and how services could be delivered.

Amid widespread humanitarian needs and acute food insecurity, gaps in the health care system, staff shortages, and uneven services caused high levels of preventable illnessess and mortality, particularly among children and pregnant women.

Cameroon

85 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CMR SHCC Health Care Data. Incident numbers 118781; 110133.
86 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CMR SHCC Health Care Data. Incident number 122257.
87 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CMR SHCC Health Care Data. Incident numbers 122271; 122273.
88 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CMR SHCC Health Care Data. Incident number 122259.
89 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CMR SHCC Health Care Data. Incident numbers 122262; 122268.
90 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CMR SHCC Health Care Data. Incident number 118794.
91 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CMR SHCC Health Care Data. Incident number 123606.

Central African Republic

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS		
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	HEALTH WORKERS KIDNAPPED
2025		
23	6	6
2024		
16	8	0
2023		
41	4	4

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 23 incidents of violence against or obstruction of health care in 2025, compared to 16 in 2024 and 41 in 2023. Among incidents reported in 2025, at least six health workers were kidnapped and medical supplies were looted.

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 CAR is compiled from open sources, aid agency data-sharing mechanisms and information projects. 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.

Central African Republic

THE CONTEXT

The protracted non-international armed conflict continued in the CAR in 2025, with reported violence increasing compared with 2024, particularly outside urban areas. The Central African Armed Forces (FACA), supported by the Russian private military entity Africa Corps (formerly the Wagner Group), continued security operations against non-state armed groups, including Return, Reclamation and Rehabilitation (3R), Union for Peace in the Central African Republic (UPC), and Coalition of Patriots for Change (CPC). Violence against civilians was reported in several prefectures, notably in the west, southeast and northeast, including Vakaga, where high levels of civilian killings were reported. Violence also increased in Haut-Mbomou following the breakdown of the alliance between the FACA, Wagner Group and Azande Ani Kpi Gbe militia, which led to increased clashes in the prefecture. A peace agreement signed on April 19, 2025 between the FACA, UPC and 3R affected conflict dynamics, although insecurity persisted in multiple areas.

Humanitarian needs remained at high levels: an estimated 2.4 million people required assistance in 2025, while fewer than half of those targeted were reached. In the health sector, just over half of the targeted population received assistance. Needs were further shaped by continued displacement, the arrival of refugees from Sudan in northeastern parts of the CAR such as Vakaga and Haute-Kotto prefectures, and recurrent flooding and difficult weather conditions, which compounded barriers to those in need accessing health care and other essential services.

Funding cuts reduced the humanitarian presence in the CAR in 2025. In January, USAID funding, which covered around 50% of the humanitarian response in the country in 2024, was suspended, resulting in a significant reduction in humanitarian capacity, including health care. The Rapid Response Mechanism (RRM) of the United Nations Children's Fund (UNICEF) ended in late April 2025, and around 25 NGOs closed. These developments limited access to health care and likely affected the reporting of incidents involving health care services, particularly in remote and conflict-affected areas.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, violence against or obstruction of health care in the CAR was reported in ten prefectures, four more than in 2024, with new cases reported in Basse-Kotto, Kémo and Nana-Mambéré prefectures. Incidents surged in Haut-Mbomou from two in 2023-2024 to seven in 2025, and increased in Ouham-Pendé from one incident in 2023-2024 to five in 2025.

Most incidents were attributed to unidentified men armed with guns. 3R, Africa Corps, Azande Ani Kpi Gbe, CPC, and UPC were also named, along with FACA and gendarmerie forces. On one documented occasion, 3R militia deliberately set a health center on fire.[92]

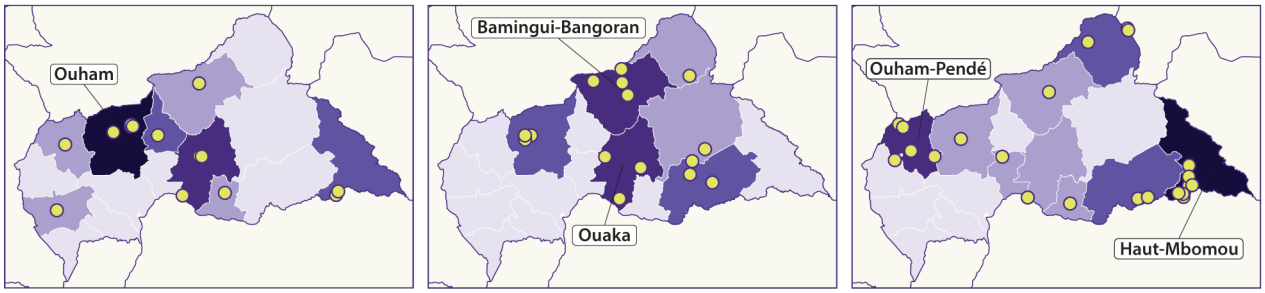
The majority of incidents affected health care providers working for national health structures, with one incident each affecting an NGO and Red Cross societies.[93]

Kidnappings of health workers rose in 2025, while the looting of health supplies persisted.

Central African Republic

Known locations of reported incidents affecting health care in Central African Republic, 2023-2025

Incidents increased in Haut-Mbomou prefecture following the breakdown of the alliance between the FACA, Wagner Group and Azande Ani Kpi Gbe militia. Incidents also rose in Ouham-Pendé prefecture in 2025.



Source: Insecurity Insight for the SHCC.

Health workers kidnapped

Six health workers were kidnapped in five incidents between June and December 2025, compared to zero reported incidents in 2024 and four kidnappings in two incidents in 2023. Three health workers were kidnapped while traveling to provide medical care, including two vaccinators kidnapped by Azande Ani Kpi Gbe fighters in Haut-Mbomou.[94]

While the fates of most kidnapped health workers remained unclear, a doctor traveling to work in Basse-Kotto was ambushed and kidnapped by armed men, taken into the bush, and shot dead.[95] Another hospital doctor abducted during a medical mission in Nana-Mambéré was robbed by 3R fighters before being released.[96] Robberies and assaults were common among health workers, who were often ambushed while they were traveling to provide health care in remote areas.

Medical supplies looted

The looting of vital medical supplies from health centers and vehicles was reported on six occasions in 2025. Medicine stocks, medical equipment, solar panels and batteries, refrigerators, maternity mattresses, and other essentials were stolen. On three occasions, Africa Corps mercenaries, acting alone or alongside FACA and gendarmerie forces or former UPC militia, were implicated in looting medical supplies from health centers in Haut-Mbomou.[97] 3R rebels armed with guns ransacked a health center, taking away medicines during a broader assault on the area in Ouham-Pendé.[98]

On one occasion, a vehicle belonging to an international health care NGO was attacked by armed men from Sudan while heading towards Birao city in the CAR's northern Vakaga prefecture. Money, computer equipment and materials essential to humanitarian work were taken.[99]

This chapter is based on 2023-2025 CAF 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.

Central African Republic

THE IMPACT OF ATTACKS ON HEALTH CARE

The CAR remained among the world's poorest countries in 2025, with a GDP per capita reported at around USD 1,330 at purchasing power parity (PPP). Limited and underdeveloped infrastructure continued to constrain the delivery of basic services, including health care. The country's protracted health crisis continued to undermine service availability, with only 39.8% of its 1,014 health facilities fully operational in 2025. With limited facility-based care, access to health services increasingly relied on outreach and mobile activities, particularly in insecure and hard-to-reach areas.

Vaccination services were particularly affected, because many communities needing vaccinations relied on outreach teams traveling long distances under difficult conditions to obtain them. Poverty, weak infrastructure and recurring conflict have left only around one in seven children fully vaccinated. Where outreach operated safely and consistently, it helped close immunization gaps; where insecurity or access constraints interrupted campaigns, children were more likely to miss doses, raising the risk of preventable illnesses and disease outbreaks.

> *The country's protracted health crisis continued to undermine service availability, with only 39.8% of its 1,014 health facilities fully operational in 2025.*

92 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CAF SHCC Health Care Data. Incident numbers 109126; 122971.
93 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CAF SHCC Health Care Data. Incident numbers 122476; 122971.
94 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CAF SHCC Health Care Data. Incident number 123609.
95 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CAF SHCC Health Care Data. Incident number 111616.
96 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CAF SHCC Health Care Data. Incident number 123608.
97 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CAF SHCC Health Care Data. Incident numbers 99661; 105052; 116639.
98 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CAF SHCC Health Care Data. Incident number 122282.
99 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 CAF SHCC Health Care Data. Incident number 117410.

Mali

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS	
REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED
2025	
22	19
2024	
37	9
2023	
48	31

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 22 incidents of violence against or obstruction of health care in Mali in 2025, compared to 37 in 2024 and 48 in 2023.[100] Among incidents reported in 2025, at least 19 health workers were 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. Restrictions imposed on independent reporting following the country's 2021 military coup may also have been responsible for the decline in reported incidents.

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

Mali

THE CONTEXT

In 2025, Mali remained affected by a protracted non-international armed conflict that has persisted since 2012. Hostilities involved the Malian Armed Forces (FAMa) and Russia-linked mercenary forces in combat with organized armed groups that included Jama'at Nusrat al-Islam wal-Muslimin (JNIM) and Islamic State Sahel Province (ISSP), particularly across the central Sahel region.

Shifts in external military involvement added further uncertainty to the situation in the country. In June 2025, the Wagner Group announced its withdrawal from Mali, with reports indicating a transition to the involvement of the Russian-linked Africa Corps in support of government forces. In September 2025, Mali – together with Burkina Faso and Niger – announced its withdrawal from the International Criminal Court (ICC).

Armed violence remained concentrated in central and northern Mali. In the Tombouctou region, fighting intensified in November, marked by clashes involving JNIM and joint military operations conducted by FAMa and the Africa Corps. Violence against civilians continued to be reported, including killings and abductions attributed to armed groups, particularly in Gao.

Humanitarian needs in Mali remained at high levels in 2025, with an estimated 6.4 million people requiring assistance, even as compounding shocks continued to strain already fragile systems. While flooding persisted – albeit with less severe impacts than in 2024 – humanitarian access to affected populations became increasingly constrained. The UN Office for the Coordination of Humanitarian Affairs (OCHA) documented a sharp rise in humanitarian access incidents, reaching a total of 814 across key locations, including Bamako, Gao, Ségou, Niono, Sévaré, San and Ménaka regions, largely driven by the widespread presence of explosive devices. Seasonal flooding also continued in 2025, although the UN Children's Fund (UNICEF) reported that its impact was lower than in 2024.

The media space continued to shrink in Mali, limiting access to information on violence against health care.

The early 2025 freeze on USAID funding and broader US foreign aid cuts abruptly halted critical development and health programs, forcing abrupt cancellations of projects, layoffs, and budget shortfalls for organizations reliant on USAID support. This disruption jeopardized vital services - particularly in the areas of health, education, food security and primary care – as projects designed to expand access to health information, primary care and other essential services were suspended, with local partners having to reduce staff and scale back programming amid increased humanitarian needs.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, publicly reported violence impacting health care was reported in nine regions (the same as in previous years), with cases continuing to be frequent in Gao and Ségou regions. Recorded cases decreased in Kidal and Mopti regions. Most incidents affected health care providers operating in national health structures, with two affecting NGOs and one a private health care organization.[101] Health worker kidnappings surged in 2025, while arrests and killings continued.

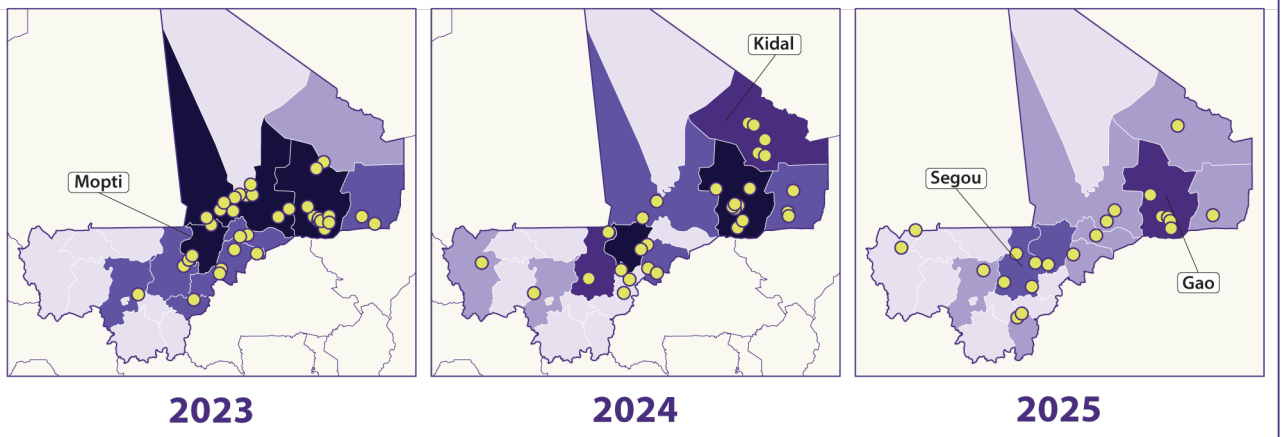
JNIM fighters armed with guns were implicated in nearly half of reported incidents, while a third were attributed to unidentified armed men. ISSP fighters also looted a health facility in Gao.[102] FAMa troops reportedly violently searched medical centers, arrested health workers on accusations of providing

Mali

care to conflict parties and seized medical supplies. In a joint operation, FAMa troops and Africa Corps mercenaries raided a village in Tombouctou, killing a health worker, looting and destroying infrastructure, and setting vehicles on fire.[103]

Known locations of reported incidents affecting health care in Mali, 2022-2025

In 2025, most incidents were reported in Gao region where violence remains persistent, followed by Ségou region. Recorded cases decreased in Kidal and Mopti regions.



Note: The boundaries in these maps reflect 2023 districts.

Source: Insecurity Insight for the SHCC.

Health workers kidnapped

In 2025, 19 health workers were kidnapped in ten incidents, compared to nine in six incidents in 2024 and 31 in 21 incidents in 2023. Reported victims included community health workers, doctors, and emergency medical workers who were kidnapped from clinics, their homes, and while traveling to remote areas to provide care. JNIM militants and unidentified attackers were reported as perpetrators. At least 14 abducted health workers were released, while a vaccinator was kidnapped and killed by armed men while he was in his rice fields in Ségou.[104] The fates of the remaining kidnapped health workers are unclear.

This chapter is based on 2023-2025 MLI 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.

THE IMPACT OF ATTACKS ON HEALTH CARE

Mali's health care system, already operating with limited capacity, was placed under additional strain in 2025. Ongoing conflict continued to erode health service delivery in affected areas, leading to clinic closures and reduced access for those needing care. Fewer than a quarter of health facilities in the hardest-hit areas that the UN Population Fund (UNFPA) supports remained operational. A Health Cluster update reported that around 4% of health facilities were non-functional and 10% were only partially accessible,

Mali

while the UNFPA reported that less than 25% of facilities in the most affected regions were able to provide comprehensive sexual and reproductive health care or support for gender-based violence survivors, limiting access to essential and preventive services.

In 2025, worsening operating conditions for health care and humanitarian actors compounded existing pressures, with OCHA recording 814 incidents in which humanitarian access was restricted. Explosive devices on major roads frequently blocked travel, limiting patient referrals, outreach, and the delivery of medicines and essential health supplies.

Service continuity was further undermined by disruptions to critical support systems. UNICEF reported that power and fuel shortages threatened vaccine storage systems and essential medicines, impacting 59 referral centers and 682 front-line facilities across 67 of Mali's 75 health districts, leaving 1.94 million people in at-risk areas without reliable access to care.

100 The SHCC's 2024 Annual Report cited 36 incidents of violence against or obstruction of health care in Mali in 2024, compared to 48 in 2023 and 57 in 2022. Data is continuously updated and numbers can change if new information is made publicly available.

101 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MLI SHCC Health Care Data. Incident numbers 95796; 119093; 122314.

102 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MLI SHCC Health Care Data. Incident number 95381.

103 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MLI SHCC Health Care Data. Incident number 111621.

104 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MLI SHCC Health Care Data. Incident number 105058.

Somalia (including Puntland and Somaliland)

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED
2025	
18	**12**
2024	
9	**6**
2023	
21	**10**

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 18 incidents of violence against or obstruction of health care in Somalia (including Puntland and Somaliland) in 2025, compared to nine in 2024 and 21 in 2023. Among the incidents reported in 2025, health facilities were attacked on 12 occasions.

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.

Methodology and sources
Information on incidents of violence against health care in Somalia is compiled from open 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. Somalia was not included as a chapter in the SHCC's 2024 Annual Report. Chapters are only included in the report when the number of incidents in a country exceeds 15 during the reporting year. See Methodology for further information.

Somalia (including Puntland and Somaliland)

THE CONTEXT

In 2025, Somalia remained affected by protracted non-international armed conflict between the Federal Government of Somalia (FGS) supported by the Somali National Army (SNA); allied clan militias, including Ma'awisley, and international partners; and non-state actors al-Shabaab and Islamic State (ISIL-Somalia). In January, the African Union Transmission Mission in Somalia (ATMIS) transitioned to the African Union Support and Stabilisation Mission in Somalia (AUSSOM), changing the security framework. However, conflict levels remained similar to previous years, with periods of escalation in parts of south-central Somalia, including the areas of Hiiran, Mogadishu, and Shabelle, and in Puntland, particularly in Bari, where clashes between Puntland forces and ISIL-Somalia were reported. Violence against civilians continued, including al-Shabaab-linked bombings and targeted killings. Civilian deaths and injuries were also reported in the context of government-aligned operations against ISIL-Somalia in Puntland, including air strikes and ground operations reportedly supported by the United States and United Arab Emirates.

Displacement rose sharply in 2025, with 680,000 newly internally displaced people (IDPs), bringing the total to 3.3 million. Evictions affected 150,000 people, while nearly 200,000 faced high risk due to insecurity.

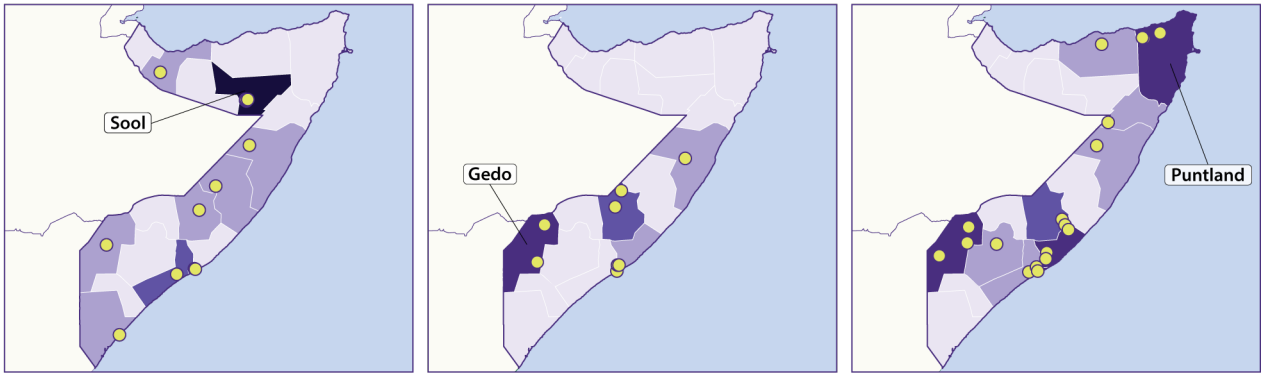
Humanitarian needs remained high in 2025. At least six million people were identified as needing humanitarian assistance, but the response prioritized 1.3 million people with the most severe, life-threatening needs. Funding cuts affected health care; nutrition; water, sanitation, and hygiene (WASH); and child protection. Shortfalls in funding forced vital health centers, particularly those serving women and children, to close, while drought left over 5.2 million people without safe water, fueling cholera, diarrhea, and measles outbreaks.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

Reported incidents of violence against or obstruction of health care doubled in Somalia in 2025 compared to 2024, spreading from five to ten regions. Incidents increased in Puntland's Bari region, from zero reported incidents in 2023-2024 to five in 2025. Incidents were also recorded in the Bay and Lower Shabelle regions (South West state) and Nugaal and Sanaag regions (Puntland).

Known locations of reported incidents affecting health care in Somalia, including Puntland and Somaliland, 2023- 2025

Reported incidents doubled in 2025 and spread from five to ten regions. Incidents increased in Puntland's Bari region.



Source: Insecurity Insight for the SHCC.

Somalia (including Puntland and Somaliland)

Attacks on health facilities doubled in 2025 compared to 2024, and health worker killings and kidnappings continued. The majority of incidents affected health care providers working for national health structures, with six incidents affecting an NGO.[105]

Most incidents were attributed to al-Shabaab fighters with firearms. In one case, al-Shabaab fighters threw a hand grenade at a pharmacy in Lower Shabelle, accusing staff of selling illegal drugs, and caused damage to the facility.[106] ISIL-Somalia fighters planted improvised explosive devices (IEDs) that damaged two ambulances in Bari.[107]

Joint US Africa Command and National Intelligence and Security Agency (NISA) forces carried out air strikes against al-Shabaab military vehicles and destroyed a health facility in Hiiraan in June.[108] In some incidents, the responsible conflict party remained unidentified.

Health facilities attacked

Health facilities were reported attacked on at least 12 occasions in 2025, compared to six incidents in 2024 and ten in 2023. These incidents occurred across multiple regions. Al-Shabaab fighters, clan militias, and other armed actors repeatedly targeted hospitals, health care centers, and pharmacies in 2025. These attacks involved the looting of health supplies, forced facility closures and disruptions to medical services. Medicines, equipment, solar panels and nutritional supplies were some of the medical supplies looted from health care centers. Clan militias disrupted health care operations, entering facilities to block access or threaten staff, sometimes in connection with local disputes over recruitment or governance.[109]

Pharmacies were also the locations of reported violence in 2025. Along with the pharmacy grenade attack previously referred to, a doctor was shot and killed inside his pharmacy in Middle Shabelle, and a civilian was shot and injured by al-Shabaab fighters while inside a pharmacy in Banaadir after the owners had recently installed CCTV cameras.[110]

Kidnapping of vaccinators

Al-Shabaab reportedly kidnapped three polio vaccinators in the Bay region, with community leaders reportedly intervening to negotiate their release.[111]

This chapter is based on 2023-2025 SOM 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.

THE IMPACT OF ATTACKS ON HEALTH CARE

In 2025, insecurity and protracted conflict in Somalia continued to limit where health care providers could operate and whether patients could safely access care, particularly in parts of south-central Somalia. Insecurity, displacement, and weak infrastructure remained major barriers to the provision of essential health care, including maternal and reproductive health care services, while restrictions on female health workers' movement further reduced service availability in some areas.

Somalia (including Puntland and Somaliland)

These challenges occurred amid high health care needs. Extremely high maternal mortality rates were caused by low access to skilled care, with many births taking place without trained attendants, and gaps in antenatal care. Facility-level mental health services were rarely available. Large numbers of pregnant and lactating women were expected to need treatment for acute malnutrition in 2025 amid worsening food insecurity, further straining already limited services.

Vaccination coverage in 2025 showed both progress and vulnerability linked to access. While 70% of children were fully vaccinated, immunization remained heavily dependent on secure access and functioning primary care, both of which were not always available. Major inoculation campaigns were conducted, including a nationwide polio campaign in February targeting 2.5 million children across Banaadir administrative region and Hirshabelle, Jubaland, Galmudug, South West, and other states. Security-related movement constraints, displacement, and service disruptions continued to pose risks to routine coverage and follow-up doses, especially in hard-to-reach districts.

Extremely high maternal mortality rates were caused by low access to skilled care, with many births taking place without trained attendants, and gaps in antenatal care.

105 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SOM SHCC Health Care Data. Incident numbers 122322; 122324; 122326; 122329; 123623; 123624.
106 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SOM SHCC Health Care Data. Incident number 122320.
107 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SOM SHCC Health Care Data. Incident numbers 105049; 122319.
108 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SOM SHCC Health Care Data. Incident number 122330.
109 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SOM SHCC Health Care Data. Incident numbers 122318; 123623; 123624.
110 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SOM SHCC Health Care Data. Incident numbers 122325; 122320; 122327.
111 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SOM SHCC Health Care Data. Incident number 91173.

Burkina Faso

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS		
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED	HEALTH WORKERS KILLED
2025		
13	7	6
2024		
22	16	5
2023		
49	30	8

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 13 incidents of violence against or obstruction of health care in Burkina Faso in 2025, compared to 22 in 2024 and 49 in 2023. Among incidents reported in 2025, health facilities were attacked seven times, while six health workers were killed.

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. In addition, the decrease in reported attacks on health facilities may reflect the pre-emptive closure of facilities rather than improved security. Restrictions on independent reporting following the country's 2022 military coup may also be responsible for the decline in reported incidents.

Methodology and sources
Information on incidents of violence against health care in Burkina Faso is compiled from aid agency data-sharing mechanisms, information projects and open sources. 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.

Burkina Faso

THE CONTEXT

Burkina Faso remained affected by a protracted non-international armed conflict in 2025 between state forces and organized non-state armed groups, including Jama'at Nusrat al-Islam wal-Muslimin (JNIM), the Maçina Liberation Front, Ansaroul Islam, and Katiba Hanifa, with reported violence continuing at high levels in the Boucle du Mouhoun, Centre-Nord, Centre-Est, Est, and Nord regions. State forces, including the armed forces and allied auxiliaries such as the Volontaires pour la Défense de la Patrie (VDP), continued counter-insurgency operations across these regions, while non-state armed groups carried out coordinated attacks against military positions, convoys, and population centers in Di, Diapaga, Djibo, Foutouri, Lanfiera Sollé, Solenzo, Thiou, and Yamba.

Political uncertainty persisted in 2025, and the political environment remained dominated by the military rule imposed following the September 2022 coup. The authorities intensified restrictions affecting media, civil society and humanitarian organizations, while arrests of humanitarian personnel continued. In January, Burkina Faso, Mali and Niger formally withdrew from the Economic Community of West African States (ECOWAS), reflecting a shift in regional political alignment. Domestic security operations were increasingly supported by military backing from Russia and China.

Humanitarian needs remained at high levels: over two million people were officially recorded as internally displaced and more than one in four people required humanitarian assistance in 2025. Humanitarian actors estimated that 5.9 million people required humanitarian assistance in 2025, a slight decrease compared to 2024, amid continued armed violence and climate-related shocks, including drought, flooding, and violent winds. Insecurity and blockades continued to restrict movement in hard-to-reach areas, where an estimated 1.1 million people relied on irregular and costly resupply convoys and air operations, in some cases for prolonged periods.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, all but one incident of reported violence against or obstruction of health care in Burkina Faso were attributed to JNIM fighters armed with guns.[112] Members of the group looted and deliberately set ablaze health centers; killed, abducted, and threatened health workers; and on one occasion planted an improvised explosive device (IED) that exploded and killed a health worker riding a motorcycle in Est region's Gnagna province.[113] Burkinabé security forces reportedly arrested an INGO health worker in May in Ouagadougou city, Centre region, for unclear reasons.[114]

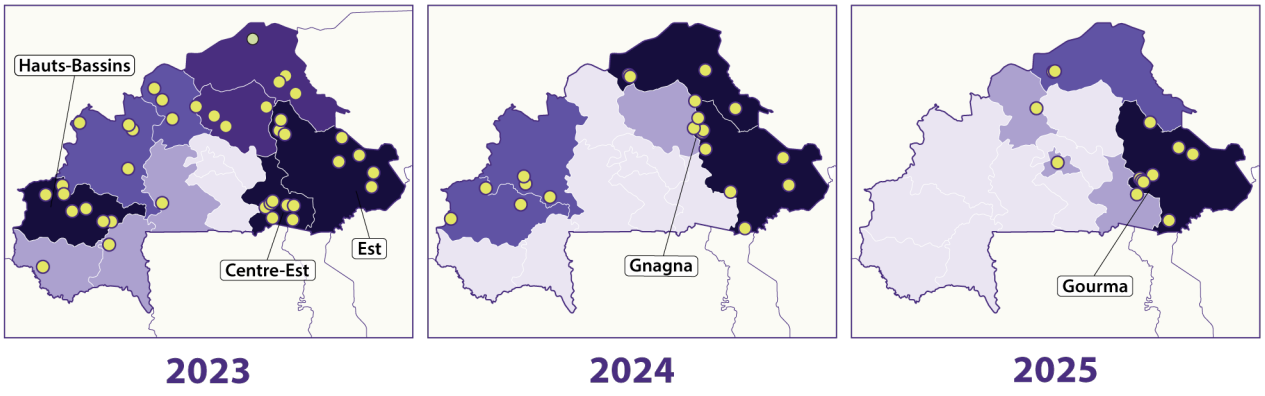
Reported health worker killings in 2025 were similar to the number reported in 2024, while attacks on health facilities declined. Most incidents affected local health care providers operating in national health structures, with two affecting NGOs.[115]

As in previous years, incidents in 2025 were concentrated in Est region, but shifted within the region from Gnagna in 2024 to Gourma in 2025. Reported incidents decreased in Sahel region in 2025, with cases reported in Centre, Centre-Est and Nord, where armed conflict remained at high levels. All but one incident occurred in the first six months of 2025.

Burkina Faso

Known locations of reported incidents affecting health care in Burkina Faso, 2023-2025

As in previous years, incidents in 2025 were concentrated in Est region, but shifted within the region from mainly Gnagna in 2024 to Gourma in 2025.



Source: Insecurity Insight for the SHCC.

Health facilities attacked

Health centers, hospitals, and pharmacies in Burkina Faso were reported attacked and looted on multiple occasions by JNIM fighters, who were usually armed with machine guns, AK-47s, and other firearms. Incidents involved pharmacies and health centers being looted or deliberately set on fire, and were often part of broader assaults that included civilian casualties and the destruction of property. JNIM fighters often fired indiscriminately at groups of people, creating stampedes that injured civilians, and threatened or displaced health workers, forcing them to flee to other facilities. Looted items included medicines and other vital medical supplies taken from health centers and pharmaceutical depots.

Two health centers in Est and Sahel regions were reportedly deliberately set on fire after nearby pharmaceutical depots or pharmacies were looted.[116]

Health workers killed

Six health workers were reportedly killed in six incidents in 2025, compared to three in three incidents in 2024 and 2023 combined. Most health worker killings were recorded in Est region, with a nurse killed and another abducted in an attack on a VDP position in Centre-Nord by JNIM fighters armed with rifles.[117] Three of the health workers were killed as part of broader assaults involving civilian casualties and the destruction of property. In other health worker killings, along with the health worker killed in an IED explosion, an NGO health worker was kidnapped from a health facility and later killed, and another was stabbed to death in their home.[118]

This chapter is based on 2023-2025 BFA 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.

Burkina Faso

THE IMPACT OF ATTACKS ON HEALTH CARE

It can be generally stated that Burkina Faso's health care system operates with limited capacity following years of insecurity, displacement and the progressive contraction of services in conflict-affected regions. By 2025, insecurity had resulted in the closure of around 20% of health facilities across Boucle du Mouhoun, Centre-Nord, Centre-Est, Est and Nord regions, with hundreds of additional facilities operating at minimal capacity, limiting the availability of health services in areas where violence was most frequently reported. Health districts reported persistent disruptions to referral systems, medicine supply chains and cold-chain infrastructure, particularly in regions affected by movement restrictions, blockades, or damage to civilian infrastructure.

People living in hard-to-reach areas remained cut off from routine health services, including immunization, maternal and neonatal care, and treatment for common childhood illnesses, constraining both service delivery and the ability to document incidents affecting health care. Multiple concurrent public health outbreaks were reported in 2025, including hepatitis E, malaria, measles, meningitis, polio, Zika virus and yellow fever. In total, 2,168 measles cases were documented nationwide during the first five months of 2025, which was similar to case levels recorded during previous full-year outbreaks.

Immunization activities were uneven in 2025 due to insecurity, access constraints, and disruptions to supply and cold-chain systems. Insecurity coincided with service suspensions in some districts, while in others, care remained unavailable because of supply gaps or lack of safe access. Reduced service availability, including the closure of health facilities and disruptions to health care systems, further limited access to essential care for people in conflict-affected and hard-to-reach areas.

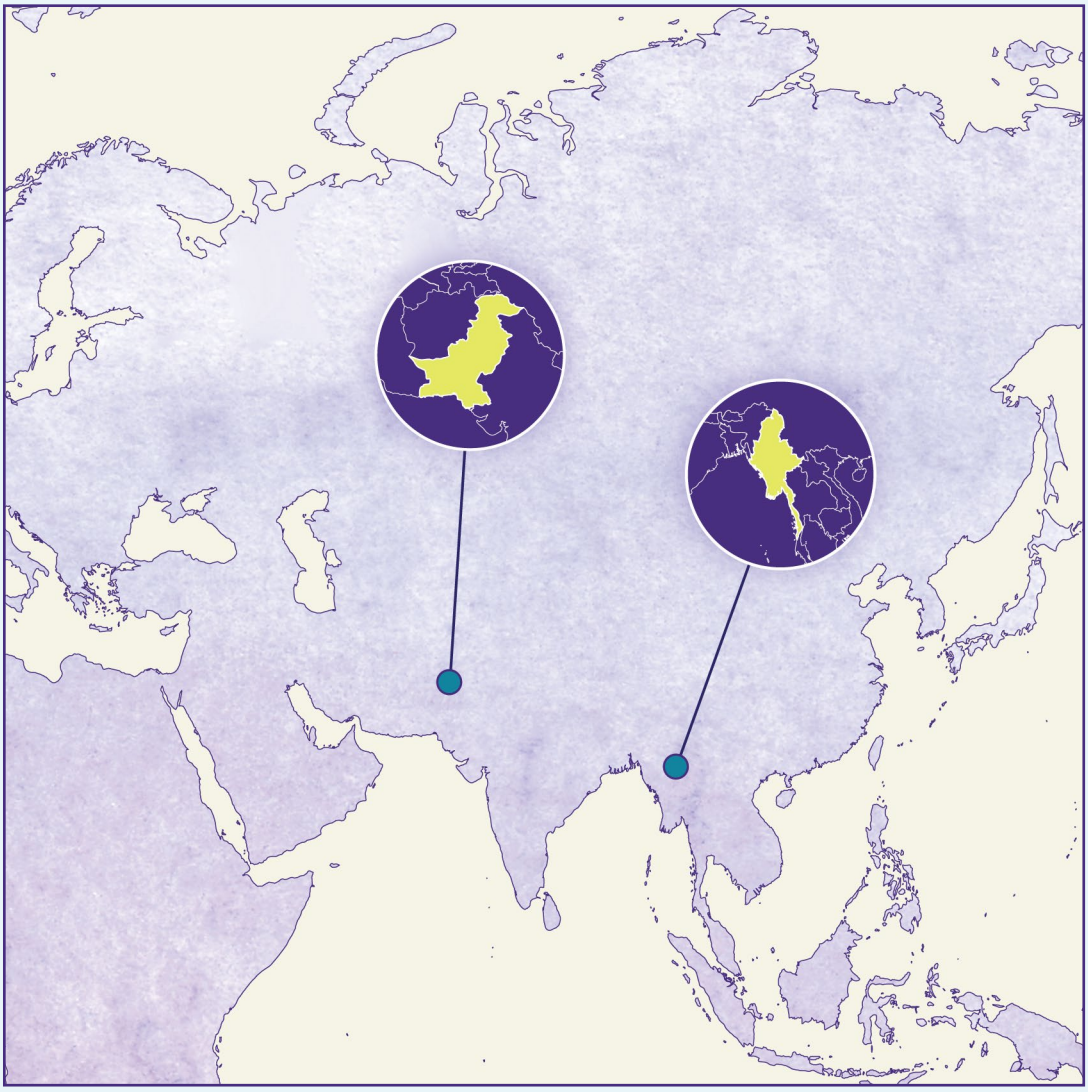
Humanitarian access constraints in 2025, including insecurity, suspended humanitarian flights, administrative restrictions, arrests of humanitarian staff, and reduced operational presence following donor funding cuts and systemic gaps in funding, shaped both the delivery of health services and the reporting of incidents affecting health care.

> *By 2025, insecurity had resulted in the closure of around 20% of health facilities across Boucle du Mouhoun, Centre-Nord, Centre-Est, Est and Nord regions, with hundreds of additional facilities operating at minimal capacity.*

112 Note that restrictions on media might bias the identification of perpetrators.
113 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 BFA SHCC Health Care Data. Incident number 120804.
114 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 BFA SHCC Health Care Data. Incident number 99594.
115 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 BFA SHCC Health Care Data. Incident numbers 99594; 118467.
116 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 BFA SHCC Health Care Data. Incident numbers 118777; 118778; 122250.
117 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 BFA SHCC Health Care Data. Incident number 122253.
118 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 BFA SHCC Health Care Data. Incident numbers 118467; 122256.

Asia

- **Myanmar**
- **Pakistan**



Myanmar

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED	HEALTH WORKERS ARRESTED
2025			
259	110	34	33
2024			
317	136	30	100
2023			
420	133	37	102
2022			
290	54	31	104
2021			
490	30	36	567

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 259 incidents of violence against or obstruction of health care in Myanmar in 2025, compared to 317 in 2024, 420 in 2023, 290 in 2022 and 490 in 2021.[119] Among incidents reported in 2025, health care facilities were damaged or destroyed at least 110 times, while 34 health workers were killed and 33 arrested.

The actual number of incidents and the severity of the problem are likely much greater, and may reflect service closures or reporting constraints rather than improved security, 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.

Myanmar

Methodology and sources
Information on incidents of violence against health care in Myanmar is compiled from open sources, information projects, and private sources. 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

Since the military coup in February 2021, the State Administration Council (SAC) has been the military-controlled government body in Myanmar. The Myanmar Armed Forces (MAF) encompasses the army, air force, paramilitary Border Guard Forces and navy. In 2025, Myanmar remained affected by a protracted non-international armed conflict between the MAF and a range of non-state armed groups. Militias have formed around the country since the coup to oppose the junta and target security forces. Many of the militias have adopted the title of People's Defense Forces (PDF), the same name the opposition National Unity Government adopted for its nationwide force. However, not all PDFs are linked to the NUG or take orders from its command structure. There are also local defence forces (LDFs) organized by towns and municipalities under threat from the MAF; and ethnic armed organizations (EAOs), including the Arakan Army (AA), Chin National Front (CNF), Chin Brotherhood (CB), Kachin Independence Army (KIA), Karen National Union (KNU), Karen National Liberation Army (KNLA), Myanmar National Democratic Alliance Army (MNDAA), and Ta'ang National Liberation Army (TNLA), as well as local resistance forces, with reported violence continuing across Bago, Chin, Kayin, Magway, Mandalay, Rakhine, Sagaing, and Shan regions.

Violence against civilians was widely reported, including air strikes attributed to MAF aircraft, with reported incidents increasing from single-digit levels in 2021 to 1,140 in 2025, alongside the destruction of more than 100,000 homes. High levels of civilian killings continued to be reported, with children being particularly affected. Deaths in detention were also reported, including the deaths of more than 1,800 people since 2021, in some cases linked to the denial of health care and untreated injuries. Large-scale displacement continued, with more than 3.6 million people displaced and nearly one-third of the population requiring humanitarian assistance, while over 12 million people faced acute food insecurity.

The SAC continued to impose restrictions on civic space, including through arrests, conscription, and surveillance, in particular against Civil Disobedience Movement (CDM) members. The latter is a non-violent movement of government employees, professionals, and civilians who refuse to cooperate with the military junta (SAC) following the February 1, 2021 coup, while EAOs reportedly carried out violent attacks on individuals perceived to be affiliated with SAC institutions.

Constraints on humanitarian access, movement, and communications, including internet shutdowns and checkpoint restrictions, were reported in several areas, particularly in contested and opposition-held territories such as Sagaing, affecting communication and the reporting of incidents. The March 2025 earthquake caused widespread damage, reportedly killing at least 3,800 people and damaging or destroying hospitals, including in Bago, Mandalay, Naypyidaw, Sagaing, and Shan, further affecting access to care.

Reductions in foreign assistance, including decreases in USAID funding in early 2025, also affected the availability of humanitarian and health services.

Myanmar

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

Violence against or obstruction of health care in Myanmar was reported throughout 2025 and, as in previous years, incidents were widely dispersed across seven regions, seven states, one union territory, one self-administered division, and five self-administered zones. Reported incidents in Rakhine decreased, while more cases were reported in Ayeyarwady and Ta'ang in 2025.

The proportion of incidents attributed to MAF soldiers in 2025 increased from around 64% of incidents in 2024 to 75% in 2025, measured against an overall reduction in the total number of incidents attributed to the MAF. Multiple other conflict parties were also implicated in adverse effects on health care in 2025, including the AA, KIA, KNLA, LDFs, MNDAA, PDF and TNLA, but proportionally much less than the MAF.

The use of explosive weapons in attacks on health care increased in 2025 compared to previous years, highlighting a rise in more lethal and indiscriminate violence with wide-area effects in the reporting year. The proportion of incidents where explosive weapons impacted health care rose from around 40% of all incidents in 2024 to over 45% in 2025.

Aircraft-delivered strikes by the MAF also rose by nearly 25%, from 66 incidents in 2024 to 81 in 2025, with its share increasing from 52% of all reported incidents involving explosive weapons to 67% over the same period, increasing the lethality of MAF strikes on health care in opposition-held areas.

Members of the PDF and LDFs also conducted air strikes that impacted health care, but using much smaller delivery platforms, underlying the asymmetry of their weapons systems and the associated lower lethality of their conduct of the conflict. Armed drone incidents affecting health care attributed to the PDF increased in Magway, Mandalay, and Mon, while similar incidents involving LDFs in Sagaing and the MAF in Bago and Sagaing declined.

In Bago, Mandalay, and Sagaing, MAF paramotors and gyrocopters (light, low-flying aircraft capable of evading detection) were reportedly used to drop bombs on health facilities in villages under the control of armed groups, including the KNU, as well as hospitals operating under NUG control. At least six health workers were killed by these weapons.[120] An MAF medic was also reported killed in Kayin by KNLA and PDF handmade electroshock rocket attacks (improvised weapons with a limited payload and low accuracy).[121]

The share of incidents in which health facilities were damaged or destroyed remained largely unchanged at 42% in 2025 compared with 43% in 2024, despite a decline in the overall number of incidents. Health worker killings continued, while reported arrests and hospital occupations were reported but at lower levels than in previous years, illustrating both the extent to which the conflict was conducted through remote violence, in particular air strikes, and increasingly effective reporting restrictions in areas under MAF control.

Most incidents affected health care providers working for a de facto government authority, either health structures set up by the NUG, ethnic health organizations or the General Administration Department of the SAC. Private health care providers were impacted in 20 incidents and NGOs in 22 incidents. Red Cross societies were impacted once.

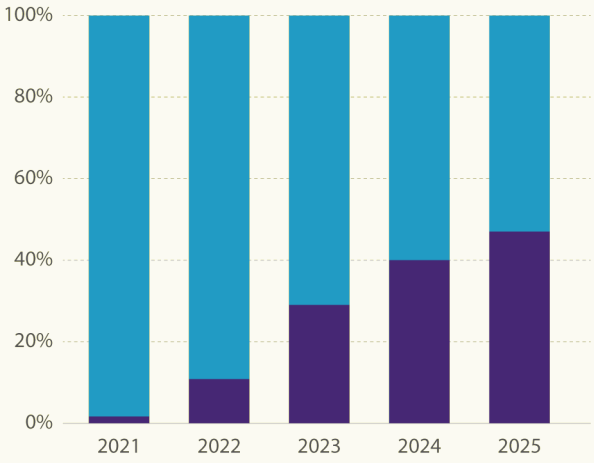
Throughout 2025, parties to the conflict in Myanmar increasingly restricted access to medicines and essential medical supplies, particularly in areas perceived to support opposition groups or outside SAC

Myanmar

control. Military and opposition checkpoints blocked or confiscated medicines, anti-retroviral treatment, anti-venom and other critical supplies, while transport routes into Chin, Kachin, Rakhine, Sagaing and northern Shan were repeatedly restricted. In Bago and Kayah, civilians were limited to "personal-use" quantities of medicines, worsening shortages of essential and chronic disease treatments.[122] At the same time, authorities intensified punitive measures targeting health care providers and access to care, especially in Kachin, Rakhine, Sagaing, Shan, and Tanintharyi. Private hospitals and pharmacies were shut down over alleged links to the CDM or opposition groups, while health workers and medical students faced blacklisting, arrest, and intimidation. Patients were blocked from crossing checkpoints to seek treatment, humanitarian organizations were denied access to some earthquake-affected areas, and communities in conflict zones were prevented from traveling to nearby towns for medical care.

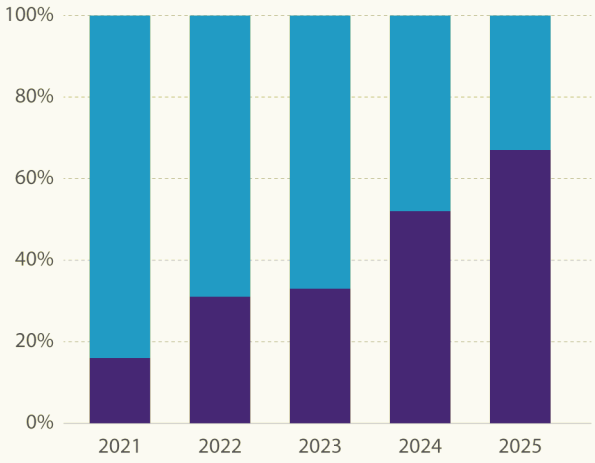
Reported incidents affecting health care in Myanmar, 2021-2025

The share of reported incidents involving explosive weapons affecting health care increased from around 40% of recorded incidents in 2024 to over 45% in 2025.



Reported incidents where explosive weapons impacted health care in Myanmar, 2021-2025

The share of reported incidents involving MAF aircraft-delivered strikes rose from 52% of all reported incidents involving explosive weapons in 2024 to 67% in 2025.



Source: Insecurity Insight for the SHCC.

Health facilities damaged/destroyed

In 2025, health facilities, including clinics, hospitals, pharmacies, and rural health centers, were reportedly damaged or destroyed on at least 110 occasions, compared to 136 in 2024, 133 in 2023, 54 in 2022, and 30 in 2021. Most damage or destruction involved MAF military jets using rockets and cannons that hit facilities and killed and injured health workers and patients. MAF air strikes frequently damaged or destroyed health facilities, including makeshift clinics operated by CDM-affiliated health workers, particularly in Sagaing.[123] On 13 occasions, armed drone strikes damaged health facilities, with a similar number linked to the PDF and MAF and two to LDFs.

The MAF also deliberately set health facilities on fire at least three times in Magway and Sagaing, destroying critical equipment, machines, and medicines.[124]

Myanmar

Five health facilities in Kachin, Kayah, Magway, Mandalay and Ta'ang were reportedly used by opposition groups as bunkers during confrontations with MAF soldiers. These are five of the rarely reported cases where damaged health care buildings were not functioning facilities at the time and therefore had lost their special protection guaranteed under the rules of war. Combatants' use of former health care buildings as bunkers reduces access to health care for the civilian population and as such is a further example of how violence affects health care during conflict.

Health workers killed

In 2025, at least 34 health workers were reportedly killed in 19 incidents, compared to 21 in 17 incidents in 2024 and 37 in 30 incidents in 2023. The locations of health worker killings shifted from high numbers in Mandalay, Rakhine and Shan in 2024 to predominantly in Sagaing in 2025, where incidents tripled in the context of increasingly lethal air strikes. Health workers were killed at health facilities, while providing health care to injured civilians, while traveling and inside their homes. Over 85% of reported health worker killings (29 out of 34) were attributed to the MAF, with most victims killed inside health facilities that were attacked by MAF military jets using rockets and cannons.

Of the 34 health workers killings, three (8%) were attributed to a range of opposition forces. Among these incidents was the death of a male Free Burma Ranger medic who was injured by mortar fire from EAOs and local resistance forces during clashes when opposition fighters attempted to take over an area in Shan state. He later died from his injuries.[125] In the remaining two health worker killings by opposition forces, the conflict party was not recorded.

Five health workers were reportedly intentionally shot and killed, including a midwife who was shot and killed at her home in Mandalay. The Mahlaing PDF claimed responsibility, saying the victim was a military informant.[126]

Health workers arrested

At least 32 health workers were reportedly arrested or detained in 15 incidents in 2025, compared to a reported 100 in 28 incidents in 2024 and 102 in 69 incidents in 2023. Arrested health workers included doctors, nurses, a surgeon and an X-ray technician, who were often detained by the MAF on accusations of being affiliated with the CDM or providing health care to or having links to opposition forces. Health workers in Ayeyarwady, Bago, Magway, Sagaing, Shan, Ta'ang, Tanintharyi and Yangon were arrested at home, in health facilities during MAF raids, at military checkpoints or while transporting medicines between conflict-affected areas. While the fates of most arrested health workers were not recorded, a doctor in Yangon was detained over social media posts opposing the November junta-organized election and charged under Section 23(a) of the Election Protection Law, which carried a potential three-to-seven-year prison sentence.[127]

This chapter is based on 2021-2025 MMR 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.

Myanmar

THE IMPACT OF ATTACKS ON HEALTH CARE

Health care provision in Myanmar in 2025 was affected by ongoing hostilities, administrative measures, and reduced system capacity, with services reported as limited or unavailable across conflict-affected and contested areas that included Sagaing, Mandalay, and Shan.

The March 2025 earthquake inflicted further destruction on the country's health care infrastructure, including the destruction of at least three hospitals and damage to more than 20 others, with care in some areas provided outdoors or in temporary settings. Damage to infrastructure, including water supply and sanitation systems, and living conditions in displacement sites were associated with increased demand for care, including for injuries, heat-related conditions, and infectious diseases such as acute watery diarrhea. The World Bank estimated that the overall repairs to the damage would cost up to USD 11 billion.

The availability of health workers declined, with large numbers displaced or leaving the country, including reports that more than 70% of health workers had left some areas such as Sagaing, leaving significant gaps in service provision.

Restrictions on the movement of medical supplies and personnel, including reported confiscation of medicines and limits on humanitarian access, affected the delivery of care in opposition-held and remote areas.

Parallel and community-based health services continued to operate in some areas, including mobile and informal services, although often with limited resources and capacity.

Myanmar

People in displacement sites and conflict-affected areas faced barriers to accessing health services, including maternal and reproductive health care, with nearly half of women and girls reporting lack of access to such services despite increased demand. Funding constraints and reductions in international assistance limited the scale of health care and humanitarian responses, with appeals remaining significantly underfunded.

In 2025, Myanmar faced a worsening public health crisis marked by major outbreaks of dengue fever, malaria, acute watery diarrhea, and COVID-19, particularly in conflict-affected and disaster-hit areas. The destruction of health care infrastructure, mass displacement, disrupted vaccination programs and limited humanitarian access left many people at heightened risk of preventable diseases. Following the March 2025 earthquake, overcrowded shelters and damaged water supply systems further increased the threat of cholera and other waterborne illnesses. Humanitarian agencies warned that without urgent and sustained international support, Myanmar faced growing risks of vaccine-preventable and vector-borne disease outbreaks driven by low immunization coverage (with an estimated 1.5 million children missing routine immunization), as well as risks of the resurgence of diseases such as diphtheria, measles, and polio mainly caused by displacement and damaged health care infrastructure.

119 The SHCC's 2024 Annual Report cited 308 incidents of violence against or obstruction of health care in Myanmar in 2024, 420 in 2023, 290 in 2022 and 491 in 2021. Data is continuously updated and numbers can change if new information is made publicly available.

120 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident numbers 120419; 120945; 122606.

121 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident number 105587.

122 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident numbers 116620; 122978.

123 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident numbers 109117; 119373.

124 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident numbers 93597; 116998; 122602.

125 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident number 110167.

126 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident number 122974.

127 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2021-2025 MMR SHCC Health Care Data. Incident number 120934.

Pakistan

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS				
REPORTED INCIDENTS	INCIDENTS AFFECTING VACCINATION CAMPAIGNS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KIDNAPPED	HEALTH WORKERS KILLED
2025				
32	10	7	12	6
2024				
40	25	1	8	15
2023				
12	8	1	3	3

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 32 incidents of violence against or obstruction of health care in Pakistan in 2025, compared to 40 in 2024 and 12 in 2023.[128] Among incidents reported in 2025, polio vaccination campaigns came under attack ten times, while 12 health workers were kidnapped and six were killed. Health facilities were damaged on at least seven occasions.

Methodology and sources
Information on incidents of violence against health care in Pakistan are compiled from open sources and information projects. 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

A brief international armed conflict occurred between Pakistan and India on May 7, 2025, when India launched missile strikes in Punjab following the attack in Pahalgam in Indian-administered Jammu and Kashmir on April 22. Hostilities lasted four days before a ceasefire was announced on May 10. Pakistan

Pakistan

also continued to experience a protracted non-international armed conflict between security forces and organized armed groups, including al-Qaeda affiliates, the Balochistan Liberation Army (BLA), Islamic State of Khorasan Province (ISKP), and Tehrik-i-Taliban Pakistan (TTP). The violence was concentrated in Balochistan and Khyber Pakhtunkhwa provinces, and affected parts of Punjab and Sindh. Militant groups carried out suicide bombings and other attacks against security forces and civilians in these provinces. Targeted violence against religious minorities, including members of the Ahmadiyya community, was also reported, particularly in Punjab, which is home to a large proportion of the country's Ahmadi population.

The Pakistani authorities intensified restrictions on media, political opposition, and civil society during 2025, and NGOs reported tighter regulation and constraints affecting their registration and operations, including for international humanitarian actors. Limitations on access to information regarding counterterrorism operations and broader restrictions on civil society affected the environment in which violent incidents impacted health care.

Pakistan faced multiple humanitarian crises in 2025. From late June to mid-September, heavy monsoon rains caused landslides and flooding across Gilgit-Baltistan administrative territory, and Khyber Pakhtunkhwa, Punjab, and Sindh provinces, affecting over 6.9 million people and displacing around three million. Flooding damaged at least 120 health facilities, including eight that were destroyed, and disrupted essential services, while disease outbreaks that included dengue, malaria, and acute watery diarrhea were reported in several provinces. Between November 2024 and July 2025, around 11 million people were assessed as highly food insecure, including approximately two million children experiencing acute malnutrition, while Pakistan continued to host about two million Afghan refugees, placing sustained pressure on public services, including health care.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, the total number of incidents of violence against or obstruction of health care attributed to organized armed actors remained at broadly similar levels to 2024, but patterns of violence against health care shifted from predominantly attacks on polio vaccination campaigns and their security escorts to include damage to health facilities and violence against a broader range of health personnel.

As in previous years, in 2025 incidents were frequently recorded in Khyber Pakhtunkhwa's southern districts of Bannu, Dera Ismail Khan, and Malakand, which are known for security challenges and militant activity. Cases were also recorded in Balochistan, Punjab and Sindh provinces.

Most reported incidents were attributed to unidentified armed men, while TTP militants were named in nine cases in Khyber Pakhtunkhwa.[129] Unlike in previous years, when incidents attributed to the group mainly targeted polio vaccination campaigns, 2025 saw an increase in TTP militants detonating improvised explosive devices (IEDs) that damaged health facilities. Baloch separatists abducted a health worker and hijacked a health care vehicle in Balochistan.[130] Two incidents were attributed to the Indian military in Punjab during the four-day Pakistani-Indian armed conflict in May.[131]

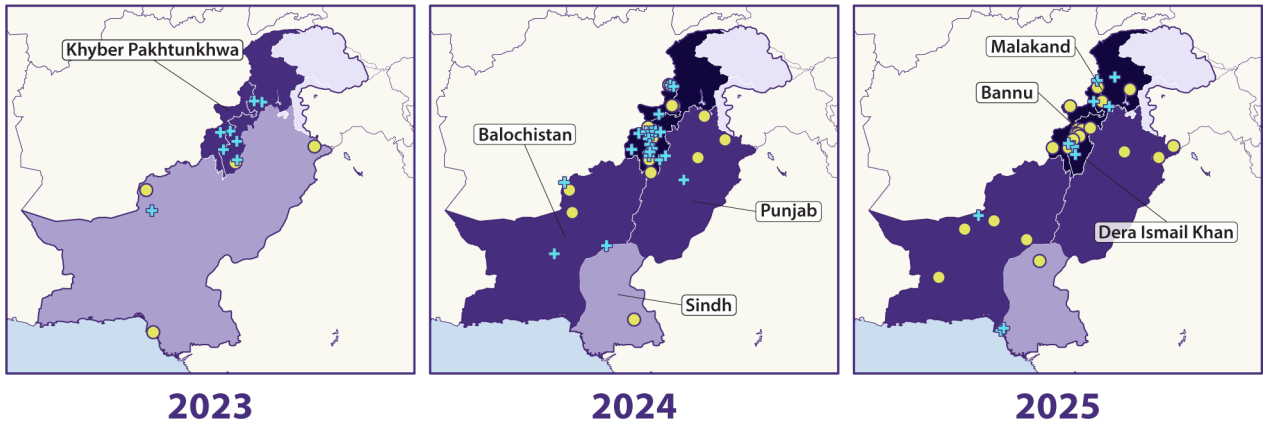
The majority of reported cases affected health care providers working for national health structures, with four incidents affecting an NGO, two affecting private health care organizations, and one each affecting Red Cross societies and a UN agency.[132]

Pakistan

In 2025, the pattern of violence against health care in Pakistan shifted: incidents damaging health care facilities increased sharply, while attacks on polio vaccination campaigns and their security escorts and health worker killings continued, but at lower levels than in previous years, representing a smaller proportion of overall incidents. The overall number of incidents in which health workers were kidnapped remained similar to that in 2024; however, their proportion of incidents and the number of victims increased.

Known locations of reported incidents affecting health care in Pakistan, 2023-2025

Incidents continued to be recorded in Khyber Pakhtunkhwa's southern districts of Bannu, Dera Ismail Khan, and Malakand, which are known for security challenges and militant activity.



Source: Insecurity Insight for the SHCC.

Attacks on vaccination campaigns

Threats or violence against workers during polio vaccination drives were reported on ten occasions in 2024, compared to 25 in 2024 and ten in 2023. Most involved personnel being shot at or threatened by armed groups, with one case attributed to the TTP. Incidents were primarily reported in Khyber Pakhtunkhwa province, where vaccine hesitancy and mistrust are high, but also occurred in Balochistan and Sindh. Similar to 2024, some kidnapped polio workers were released only after agreeing to abandon their work.

Reported vaccinator kidnappings became fewer in 2025, but involved more victims per incident. Seven vaccinators were kidnapped in three incidents in 2025, compared to six in five incidents in 2024. Vaccinator killings slightly decreased, from four killed in four incidents in 2024 to three in 2025.

For more information on attacks on vaccination campaigns in Pakistan, explore Insecurity Insight's global map by selecting "vaccination" and zooming in on Pakistan.

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.

Pakistan

Health facilities damaged/destroyed

Incidents where health facilities were reportedly damaged increased from two incidents in 2023-2024 to seven in 2025. In Khyber Pakhtunkhwa, four government-run basic health units and a private clinic were damaged in IED explosions set off by TTP militants. In Punjab, two health facilities, including a hospital located inside the Government Health and Educational Complex in Shakargarh city (which also housed two schools and a hostel) along with a pharmacy in Muridke city were damaged during Indian missile strikes on May 7.[133]

Health workers kidnapped

Twelve health workers were reported kidnapped in nine incidents in 2025, compared to eight in seven incidents in 2024 and six in three incidents in 2023. Reported health worker kidnappings doubled in Khyber Pakhtunkhwa – in the context of persistent violence by armed groups –where 83% of reported cases occurred. In 2025 health workers delivering general health services accounted for a greater proportion of the total number of kidnapped health workers than vaccinators, marking a shift from 2024, when vaccinators represented the larger share. Along with the seven abducted vaccinators, four health workers were kidnapped from health facilities and the TTP abducted a doctor from his home in Khyber Pakhtunkhwa.[134] Apart from five health workers who were released, the fates of most abducted staff members were not recorded.

Health workers killed

In 2025, six health workers were killed in six incidents, compared to 15 health workers in 12 incidents in 2024, and three in three incidents in 2023. Along with the three vaccinators who were killed, in Sindh a doctor's car was shot at by unidentified armed men, killing his assistant and injuring the doctor, allegedly over his refusal to pay extortion demands.[135] An Ahmadi doctor at a private hospital was fatally shot by armed men in Punjab, where persecution of the Ahmadiyya community is particularly high. The doctor had previously received threats from anti-Ahmadi groups.[136]

A driver delivering humanitarian medicine, food, and other essential supplies and a security guard were killed when armed militants attacked a two-truck convoy in Khyber Pakhtunkhwa. At least 15 others were injured in the attack.[137]

> *High levels of food insecurity and acute malnutrition increased pressure on nutritional and community-based health services, particularly for children.*

THE IMPACT OF ATTACKS ON HEALTH CARE

Flood-related damage to health facilities and the disruption of services reduced physical access to health care in several provinces where insecurity was also reported, including Khyber Pakhtunkhwa and Punjab. Displacement during the monsoon season and the large number of refugees that continued to be hosted in Pakistan increased reliance on mobile outreach, primary care, and vaccination services in affected districts. Outbreaks of communicable diseases following the floods increased demand for treatment and preventive services. High levels of food insecurity and acute malnutrition increased pressure on nutritional and community-based health services, particularly for children.

Pakistan

Together with the tighter regulation of NGOs, restrictions imposed on the media and civil society affected operational conditions for some health service providers and may have influenced the reporting environment for incidents impacting health care. Reductions in humanitarian funding in 2025 likely affected the scale and continuity of some health care and nutritional interventions.

Health workforce attrition, including the outward migration of doctors and low participation of women in the medical workforce, further constrained service availability in certain areas.

In this context of overlapping armed violence, climate-related shocks, displacement, funding pressures and workforce constraints, damage to facilities, kidnappings of health workers, and attacks on vaccination personnel adversely affected a health system operating under sustained strain in multiple provinces.

128 The SHCC's 2024 Annual Report cited 39 incidents of violence against or obstruction of health care in Pakistan in 2024 and 12 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.
129 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PAK SHCC Health Care Data. Incident numbers 88728; 105044; 118836; 118838; 118840; 119935; 119936; 120877; 122699.
130 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PAK SHCC Health Care Data. Incident numbers 119450; 116899.
131 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PAK SHCC Health Care Data. Incident numbers 100252; 100253.
132 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PAK SHCC Health Care Data. Incident numbers 93345; 98701; 105784; 123019; 102001; 119935; 91178; 121601.
133 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PAK SHCC Health Care Data. Incident number 100252.
134 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PAK SHCC Health Care Data. Incident numbers 91178; 118837; 118838; 119450; 123019.
135 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PAK SHCC Health Care Data. Incident number 113420.
136 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PAK SHCC Health Care Data. Incident number 102001.
137 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PAK SHCC Health Care Data. Incident number 93345.

Middle East and Europe

- oPt
- Ukraine
- Syria
- Yemen
- Iran
- Lebanon

Occupied Palestinian Territory

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS			
GAZA 	REPORTED INCIDENTS	HEALTH WORKERS KILLED	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/DESTROYED
2025	432	128	97
2024	1,038	220	193
2023	795	409	151
WEST BANK 	REPORTED INCIDENTS	ACCESS TO HEALTH CARE OBSTRUCTED	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED
2025	193	101	52
2024	422	272	66
2023	307	193	52

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 625 incidents of violence against or obstruction of health care in the occupied Palestinian territory (oPt) in 2025, compared to 1,463 in 2024 and 1,188 in 2023.[138]

In the Gaza Strip, where 432 incidents were recorded, at least 128 health workers were killed and health facilities were damaged or destroyed at least 97 times.[139] In the West Bank, including East Jerusalem, where 193 incidents were recorded, access to health care was blocked or delayed at least 101 times, leaving patients without access to medical treatment and proving fatal in some circumstances. Health facilities were attacked on 52 occasions.[140]

Occupied Palestinian Territory

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. The lack of information on the professions of civilians killed or arrested makes it likely that the total number of affected health workers is higher.

Methodology and sources
Information on incidents of violence against health care in the oPt is compiled from open sources, information projects and private sources. 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

Gaza

The hostilities in Gaza are an international armed conflict involving the Israel Defense Forces (IDF), Hamas, and Palestinian armed groups, and are marked by large-scale military operations in civilian areas and severe harm to civilians, health care, and infrastructure. A ceasefire between Israel and Hamas came into effect on January 19, 2025, but collapsed in March when the IDF resumed bombings across Gaza, killing over 400 Palestinians, including 263 women and children. A second ceasefire entered into effect on October 10 following renewed negotiations. Both ceasefires failed to fully halt the violence.

Humanitarian access across Gaza remained severely restricted throughout 2025 due to ongoing hostilities, IDF military operations and evacuation orders, and restrictions on the entry and movement of aid. Damage to roads, border crossings, hospitals, and other civilian infrastructure, together with insecurity and delays in aid coordination, repeatedly disrupted the delivery of food, fuel, medicines, and medical supplies. Access constraints were particularly acute in northern Gaza and areas under IDF evacuation orders, where attacks, displacement, and siege-like conditions severely limited access to health care and other essential services.

Humanitarian assistance fell far short of the population's needs. Repeated incidents at the so-called "aid" distribution sites delivered by the Gaza Humanitarian Foundation, led to civilian deaths, further compounding the humanitarian crisis.

In 2025, almost 90% of the population in Gaza had been displaced (most people multiple times), and Gazans were living in makeshift shelters and facing barriers to accessing shelter, water, food, and medical care.

West Bank and East Jerusalem

Reported violence affecting Palestinians in the West Bank continued in 2025, including military operations carried out by Israeli forces and violence by Israeli settlers, particularly in and around refugee camps. In January 2025, coinciding with the ceasefire in Gaza, the IDF carried out a major security operation in Jenin, Nur Shams, and Tulkarm refugee camps, causing extensive damage to public and private infrastructure and the large-scale displacement of residents. In mid-December 2024, Palestinian Authority security forces carried out a security campaign targeting armed groups in Jenin camp and the surrounding area, during which armed searches were also conducted inside health facilities.

Occupied Palestinian Territory

Humanitarian access across the West Bank remained heavily constrained throughout 2025 due to Israeli movement restrictions, military operations, and administrative barriers. Checkpoints, road closures, insecurity during military raids, and bureaucratic restrictions affected humanitarian organizations. Access constraints were particularly severe in the northern West Bank, where military operations damaged infrastructure and disrupted health care and other critical services.

An Israeli ban on the UN Relief and Works Agency for Palestine Refugees (UNRWA) came into effect in early 2025, restricting the agency's operations in areas under Israeli jurisdiction. By the end of the year, Israel had announced that 37 international NGOs would be banned from operating in Gaza from January 1, 2026 unless they complied with restrictive guidelines requiring detailed personal information on Palestinian staff, a move widely criticized as further endangering health care delivery and humanitarian access.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

Gaza

Despite the two ceasefires, incidents of violence against or obstruction of health care continued in Gaza throughout 2025, often increasing in conjunction with IDF military movements and ground operations. On average, 2.8 attacks were reported each week during the January 2025 ceasefire, and 1.9 attacks per week from the start of the October ceasefire through December 31, 2025. During both ceasefires, four health workers were killed and two others injured, and the IDF shelled an UNRWA clinic in Jabalia IDP camp, injuring multiple people, including a pregnant woman.[141] The IDF repeatedly fired at and bombed ambulances responding to emergencies.

In total, 95% of the reported incidents in Gaza were attributed to the IDF. Hamas fighters were identified as responsible for three incidents: Hamas launched mortar shells at IDF forces stationed near two health facilities in Gaza City, and in another incident Hamas imposed a curfew after local clashes, restricting access to Nasser Hospital in Khan Yunis.[142] In other incidents, the conflict parties remained unidentified.

The proportion of incidents where explosive weapons impacted health care rose from 56% of all incidents in 2024 to 71% in 2025. IDF aircraft-delivered strikes in particular made up a large share of these incidents, increasing from 37% to 68%, although the number of cases remained at similar levels, with 215 incidents occurring in 2024 and 213 in 2025. Explosive weapons are indiscriminate weapons that often have wide-area effects, and can cause widespread loss of life and damage in populated areas.

The use of drones armed with explosives causing direct effects on health care decreased from over 90 incidents in 2024 to 41 in 2025, and incidents shifted location from predominantly Deir al-Balah, Khan Yunis, and North Gaza governorates in 2024 to mainly Gaza City and surrounding areas, which accounted for over 50% of reports in 2025.

Access to health care was affected by the IDF's use of explosives-laden robots – devices capable of causing extensive destruction – which were deployed near health facilities in Gaza City and Jabalia refugee camp in northern Gaza.[143]

The IDF also increased the use of gun drones (unmanned aerial vehicles specifically equipped with kinetic firearms) near health facilities and ambulances in 2025, from three cases between October 7, 2023 and December 2024 to 17 in 2025, with a notable concentration between June and September, particularly in

Occupied Palestinian Territory

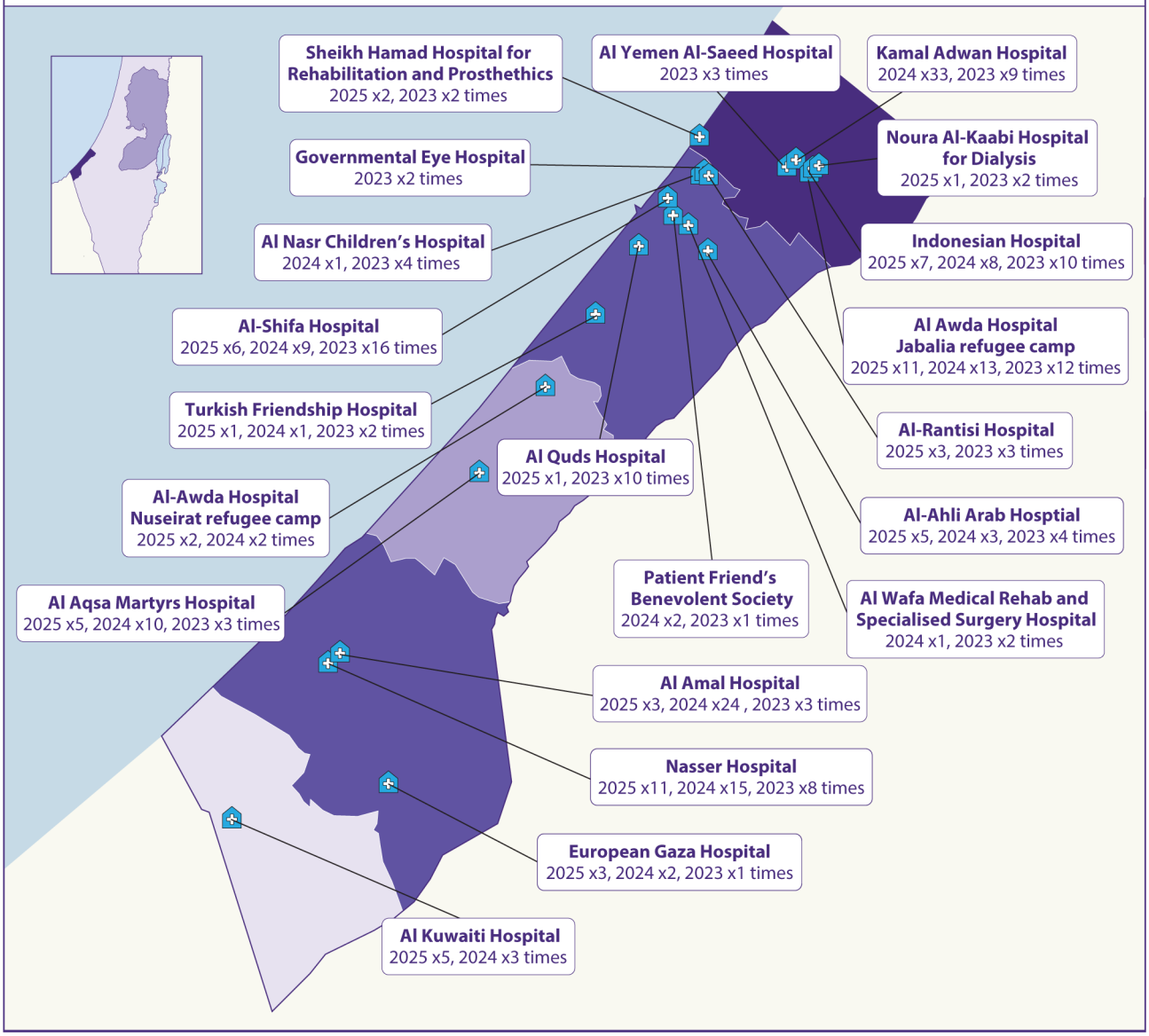
Gaza governorate. Health care workers and civilians, including children, were injured, and hospital patients – some in intensive or neonatal care – were evacuated.

Attacks were reported across Gaza, with high numbers continuing in Gaza governorate as the IDF focused military operations there, with cases reducing in Deir al-Balah, Khan Yunis, and North Gaza governorates. Facilities were damaged, populations displaced or access severely restricted.

The majority of incidents affected health care providers working for national health structures, with a similar number affecting NGOs and Red Cross societies. UN agencies were also affected.

Known hospitals affected by violence in the Gaza Strip multiple times in 2025

Some hospitals had already been damaged by previous bombings or violent raids that occurred after October 7, 2023.



Source: Insecurity Insight for the SHCC.

Occupied Palestinian Territory

Health facilities damaged or destroyed

In 2025, health facilities in Gaza – including children's hospitals, field hospitals, health clinics, general hospitals, medical storage facilities, and a prosthetics and paralysis center – were damaged or destroyed at least 97 times by aircraft and drone strikes, artillery shelling, missiles, tank fire, or gunfire. Overall, between October 2023 and December 2025, at least 21 hospitals were damaged multiple times in IDF bombings and violent raids.

Five health facilities were reported to have been completely destroyed by the IDF in 2025, three of them in IDF air strikes. For example, Noura al Kaabi Dialysis Hospital in North Gaza, the only health facility providing kidney treatment to tens of thousands of people in the area, was demolished using bulldozers. The Turkish-Palestinian Friendship Hospital, Gaza's only cancer hospital, was destroyed using explosives (the IDF had previously violently raided, forcibly evacuated and repurposed it as a military base in July 2024).[144]

Health workers killed

In 2025, at least 128 health workers were reportedly killed in 95 incidents. Victims included doctors, dentists, endocrinologists, hospital staff, laboratory technicians, medical students, nurses, paramedics, pediatricians, pharmacists, psychologists, laboratory specialists, nutritionists, occupational therapists, surgeons, and volunteers from local humanitarian relief groups. Approximately 42% of killed health workers were killed in tents or homes after working hours. Eight health workers were killed when IDF air strikes hit the health facility in which they were working.

Nineteen health workers were killed during recovery and rescue efforts in sequential strikes on their rescue activities in response to a previous strike, such as when a clearly marked convoy of ambulances, a fire truck, and a UN vehicle in Rafah came under IDF fire while attempting to retrieve the bodies of paramedics killed in a prior IDF attack. Rescue teams were denied access to the site for days. When they were finally allowed to return, vehicles were found crushed and bulldozed, and eight responders were found buried in a mass grave, still in uniform. At least one person had his hands tied.[145]

Since October 2023, Insecurity Insight recorded 757 killings of health workers in the oPt. This figure was calculated by the cross-checking of individual events and names, excluding any aggregate figures. The work of collating a complete list of health workers killed based on information provided in different formats by different organizations is ongoing. This cross-checking process is complex, and aims to avoid double counting the same individuals in cases when sources report different victim information about the same individuals. The lack of a consistent standard in transcribing Arab names into Latin script-based languages complicates the matching process. Using different methods, other sources report far higher numbers of health workers killed. For example, according to Healthcare Workers Watch, 1,200 health workers have been killed in the oPt since October 2023.

In several cases, whole families with multiple generations working in health professions were killed in single Israeli air strikes, often while at home, reflecting how medical professions frequently run within families in Palestinian society. These incidents have resulted in the loss of multiple generations of health care workers from the same families, contributing to a broader depletion of the qualified health care workforce.

Occupied Palestinian Territory

Health workers arrested

In 2025, the IDF arrested eight health workers in seven incidents during violent hospital raids and while responding to victims of IDF bombings. Arrested staff were sometimes beaten, handcuffed and forced to strip during their arrests. A Palestinian paramedic died while being held captive in Ktzi'ot (Negev) prison amid reports of torture and medical negligence.[146]

This chapter is based on 2023-2025 PSE 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.

West Bank and East Jerusalem

At least 190 incidents of violence against or obstruction of health care were recorded across the West Bank and East Jerusalem in 2025. Health workers were killed, arrested, threatened, or injured; health facilities were damaged, violently raided, or surrounded; and ambulances and emergency medical teams were repeatedly delayed, blocked, or searched amid Israeli military incursions and increasingly restrictive movement and access constraints imposed across the West Bank.

Most incidents were attributed to IDF troops armed with guns. Some incidents also involved the use of explosive weapons, including drone-fired missiles and controlled demolitions, which in several cases killed health workers and damaged nearby health facilities, including a hospital in Jenin.[147]

Attacks on health care linked to Israeli settlers, typically armed with guns or rocks, more than doubled in 2025, compared to 2024, rising from around 2% to 9% of total reported attacks. Most Israeli settler attacks targeted ambulances and first responders, including blocking their access to those needing care. In one case, paramedics in Tubas governorate were reported assaulted by Israeli settlers under the protection of the IDF.[148] Settler violence also impacted a health facility when around 17 Israeli settlers attacked and destroyed a clinic in Hebron governorate.[149]

Palestinian Authority security forces violently raided al-Razi Hospital in Jenin city and arrested a wounded patient on accusations of his being a Jenin Battalion/Jenin Brigade member.[150]

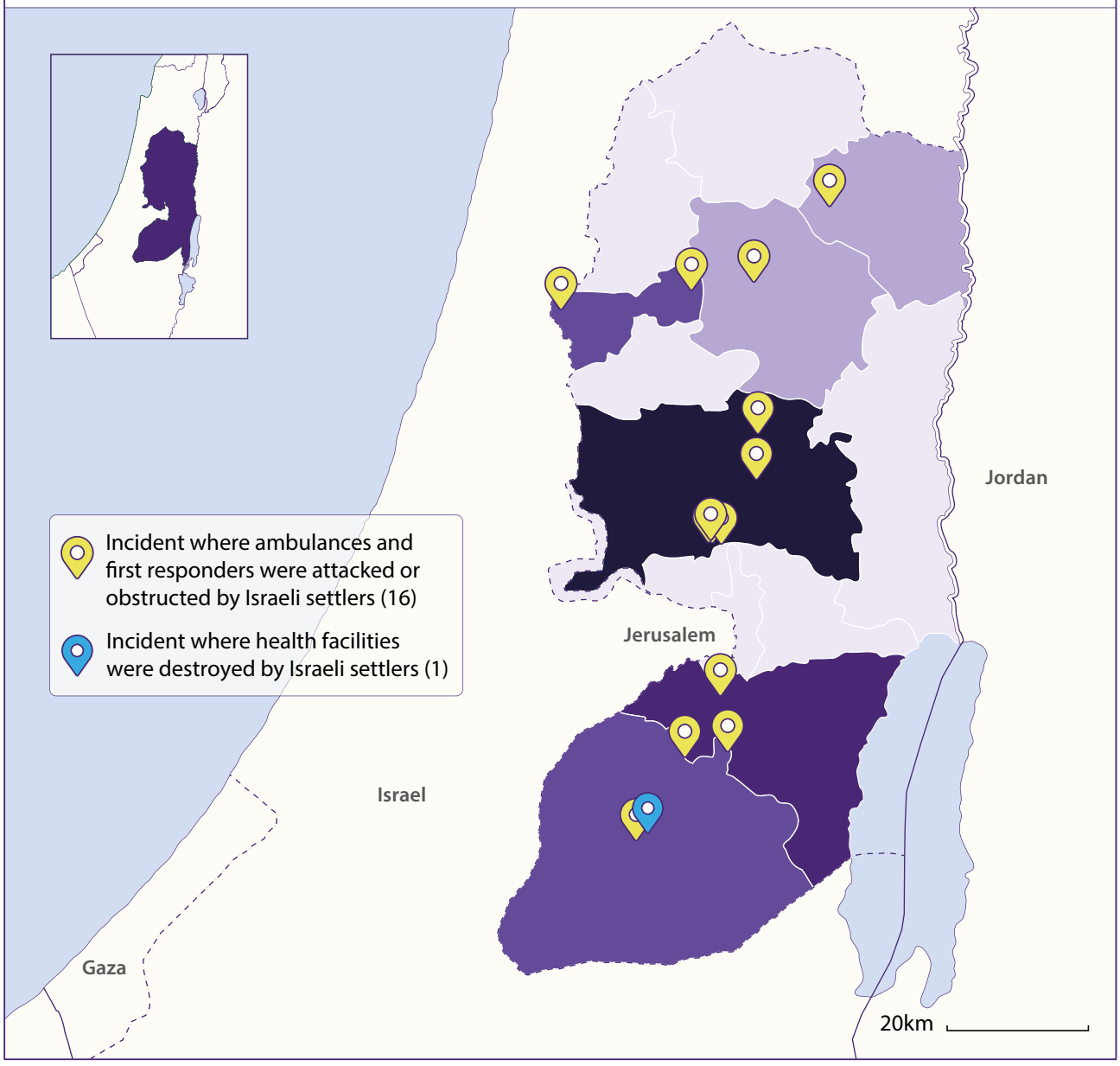
Obstruction of access to health care

In 2025, at least 101 incidents of obstruction to health care were reported in the West Bank and East Jerusalem. Ambulance teams and health workers were repeatedly obstructed from reaching people in need, with access to patients, medical facilities, and emergency sites repeatedly blocked by Israeli forces and/or Israeli settlers. Ambulance crews were delayed; prevented from entering homes, schools and hospitals; or fired upon while attempting to provide care. First responders were assaulted, detained, or denied entry to certain areas, and entrances to health facilities were barricaded for weeks, leaving patients trapped and emergency services paralyzed. In some cases, civilians were shot or killed while health care teams were blocked from reaching them, and critical infrastructure – including roads leading to medical centers, water supply infrastructure and sewage systems – was destroyed, further hindering access to care.

Occupied Palestinian Territory

Known locations of reported incidents affecting health care in the West Bank and East Jerusalem attributed to Israeli settlers, 2025

In 2025, Israeli settlers frequently fired or threw rocks at ambulances and first responders, blocking access to medical emergencies across the West Bank and East Jerusalem. Around 17 settlers also attacked and destroyed a clinic in Hebron governorate.



Source: Insecurity Insight for the SHCC.

Health facilities attacked

Throughout 2025, health facilities in the West Bank and East Jerusalem faced repeated violent IDF raids, searches, and military occupations while patients and staff were present. Health facilities were stormed, besieged, or surrounded, with emergency and registration departments forcibly entered, gates damaged, and stun grenades or tear gas used in the vicinity. Health workers, patients and accompanying civilians

were often detained, interrogated or assaulted. IDF sniper fire and live ammunition struck hospitals and nearby areas, causing injuries and structural damage.

In January, the IDF took over Jenin Hospital in Jenin refugee camp and turned it into a military barracks, arresting nurses treating injured people in the camp.[151]

Health workers arrested and detained

Throughout 2025, health workers, ambulances, and medical teams in the West Bank faced obstruction, harassment, and attacks by Israeli forces and settlers. Medical staff were detained, interrogated, assaulted or denied entry to the West Bank, including volunteer doctors with prior authorization. Health workers were injured while attempting to treat patients, often under sniper fire, live ammunition fire or drone strikes near hospitals and camps.

The IDF arrested or detained at least 21 health workers in 17 incidents in 2025. Nurses, paramedics, Red Cross staff, volunteer doctors, and other medical personnel 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.

THE IMPACT OF VIOLENCE AGAINST HEALTH CARE

Gaza

By the end of 2025, only around half of Gaza's hospitals (18 out of 36) were partially functioning, while the remainder were not functioning, with no hospitals fully operational and the entire system severely degraded under sustained damage and shortages. This included the complete absence of functioning hospitals in North Gaza or Rafah governorates. Field hospitals established by international organizations

Occupied Palestinian Territory

and foreign governments attempted to fill gaps in the collapsing health system, but were overwhelmed by severe shortages of medical supplies, equipment, and fuel, and in some cases were forced to relocate due to nearby fighting or evacuation orders. Patients discharged from hospital often returned to overcrowded makeshift shelters with poor sanitation, waste management, and climate control systems, increasing the risk of infection and worsening health outcomes.

The devastating destruction of health care infrastructure in Gaza, combined with shortages of medical supplies, food, and clean water and mass displacement, created a severe public health emergency. The collapse of water supply and sanitation systems – driven by widespread damage, repeated displacement, and restricted access to militarized areas – left many people in southern Gaza sheltering in overcrowded tents and damaged school buildings amid garbage, animal waste, and overflowing sewage, increasing the spread of diseases such as acute respiratory infections, hepatitis A, skin conditions, and mental health disorders. Widespread malnutrition increased the likelihood of contracting diseases.

The Israeli blockade on Gaza, which began in 2007 and has been strengthened since then, has led to severe restrictions on the entry of medicines and medical supplies, with essential treatments for chronic conditions such as diabetes, hypertension, and epilepsy becoming increasingly unavailable. Together with the destruction of agricultural land and food production systems, and continued restrictions on aid, this contributed to widespread food insecurity and famine conditions, with severe malnutrition affecting both adults and children. In some cases, maternal malnutrition led to reduced breast milk production, while limited access to infant formula further undermined the ability to feed newborns. In this context, a report by Physicians for Human Rights documented how Israeli restrictions on medical supplies entering Gaza contributed to preventable suffering and deaths amid the collapse of the health care system. Based on testimonies from Palestinian and international medical workers, the report described severe shortages of anesthetics, surgical equipment, medicines, and basic consumables caused by aid blockades, delays, and restrictions on so-called "dual-use" items, leaving health workers unable to provide even basic lifesaving care.

A subsequent report published in January 2026 by Physicians for Human Rights and the Global Human Rights Clinic at the University of Chicago Law School examined the impact of Israel's military operations and restrictions on food and medical supplies on pregnant, postpartum, and lactating women and newborns during 2025. The report concluded that attacks on reproductive health facilities, combined with severe restrictions on medical supplies and widespread malnutrition, contributed to increased miscarriages, maternal and neonatal deaths, infertility, and long-term reproductive health harms, while the destruction of health care infrastructure and aid blockades severely undermined access to basic maternal and neonatal care.

West Bank and East Jerusalem

Continued violence, and the obstruction of and attacks on health care in the West Bank and East Jerusalem continued to put the health care system under intense pressure. Access to health care continued to be obstructed by both physical barriers and restrictions on movement, making it difficult to access specialized care in East Jerusalem. According to the WHO, 25% of scheduled appointments in the West Bank were missed because of movement restrictions, and the approval of permits for medical referrals to East Jerusalem or abroad were reduced. Multiple checkpoints manned by Israeli forces across the West Bank not only delay access to health care, but prevented people from seeking care due to fears of violence or detention while attempting to pass through these checkpoints, making people less likely to seek medical care.

Occupied Palestinian Territory

In conflict-affected areas, particularly in the north of the West Bank, hospitals and health centers were forced to close or suspend their operations, further restricting access to health care and disrupting continuity of care. Armed searches in hospitals placed both health workers and patients at risk and caused widespread panic in these facilities. Access to health care facilities was also hindered as a result of blockades imposed around hospitals during Israeli military operations, and the widespread destruction of surrounding infrastructure, particularly roads, by military bulldozers, making it increasingly difficult, particularly for immobile patients, to reach these facilities.

Following Israel's ban on UNRWA, its operations in areas under Israeli jurisdiction were prohibited or severely restricted, including activities in East Jerusalem and limitations affecting services such as health care, education, and humanitarian assistance. Similarly, following the IDF's security operation in Jenin camp, several health clinics were forced to temporarily suspend services or faced significant operational challenges, further constraining people's access to health care.

138 The SHCC's 2024 Annual Report cited 1,361 incidents of violence against or obstruction of health care in the oPt in 2024 and 1,170 in 2023. After the report's publication, three incidents from 2024 were identified as lacking sufficient information on their location and are not included in the numbers given in the initial tables in this report. In 2023, 86 such incidents were reported that are not included in the numbers in the tables. Data is continuously updated and numbers can change if new information is made publicly available.

139 The SHCC's 2024 Annual Report cited 940 incidents of violence against or obstruction of health care in Gaza in 2024 and 780 in 2023. As described in the preceding footnote, the figures given in the initial tables reflect the adjustment of previously published data resulting from the continuous vetting and updating of information on attacks.

140 The SHCC's 2024 Annual Report cited 418 incidents of violence against or obstruction of health care in the West Bank in 2024 and 304 in 2023. As described in the preceding footnotes, the figures given in the initial tables reflect the adjustment of previously published data resulting from the continuous vetting and updating of information on attacks.

141 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident numbers 88228; 93332; 94360; 95346; 99214; 123283; 125214.

142 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident numbers 119725; 119730; 120769.

143 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident numbers 115153; 99605; 119732.

144 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident number 60670.

145 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident number 93624.

146 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident number 125515.

147 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident number 88803.

148 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident number 120779.

149 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident number 120779.

150 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident number 89354.

151 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 PSE SHCC Health Care Data. Incident number 87756.

Ukraine

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	ATTACKS ON EMERGENCY MEDICAL SERVICES	HEALTH WORKERS KILLED	HEALTH WORKERS INJURED
2025				
613	**382**	**110**	**87**	**140**
2024				
569	**367**	**81**	**102**	**96**
2023				
483	**271**	**47**	**134**	**74**
2022				
969	**628**	**107**	**95**	**63**

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 613 incidents of violence against or obstruction of health care in Ukraine in 2025, compared to 569 in 2024, 483 in 2023 and 969 in 2022.[152] Among incidents reported in 2025, 87 health workers were killed, 140 were injured, and health facilities were damaged or destroyed on at least 382 occasions. Emergency medical services (EMS) were attacked on at least 110 occasions.

Methodology and sources
Information on incidents of violence against health care in Ukraine is compiled from open sources, aid agency data-sharing mechanisms, information projects and private sources. Data is continuously updated and numbers may change if new information is made publicly available. For the latest available figures, see this interactive map. See Methodology for further information.

Ukraine

THE CONTEXT

As of the end of 2025, four years after the start of Russia's full-scale invasion, Russia occupied about 20% of Ukraine's territory, imposing repressive measures, targeting civilians in the unoccupied parts of the country through attacks on energy infrastructure in winter, and driving a sharp rise in civilian casualties, in part due to the widespread use of first person view (FPV) drones, while North Korea officially confirmed that its troops had fought alongside Russian forces in the Kursk region.

By October 2025, over 137,000 square miles of Ukrainian territory were contaminated with landmines and unexploded ordnance, and amid ongoing hostilities that increased the risk of further contamination, Ukraine withdrew from the 1997 Ottawa Convention in July 2025, a move that critics warned could have serious humanitarian and legal consequences.

By late 2025, millions of Ukrainians were displaced or in need of humanitarian aid. Children remained particularly vulnerable, with reports from occupied areas of deportations and indications of a broader campaign involving their forced transfer to Russia and adoption by Russian families.

The United States Agency for International Development (USAID) funding freeze and subsequent delays in 2025-2026 reduced aid to Ukraine by USD 1.4 billion and significantly reduced energy-related assistance. These funds had been intended not only for general recovery, but specifically to support urgent winter energy needs, including the import of liquefied natural gas and the repair and reconstruction of electricity infrastructure damaged by Russian strikes on the power grid. While the Ukrainian government increased domestic budget allocations for grid rehabilitation and emergency energy support, efforts were reportedly limited due to a failure to effectively prioritize services during funding allocations.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, violence against or obstruction of health care was reported in 19 oblasts (regions) and Crimea – the same as in 2024, but with cases surging in Chernihivska oblast. High numbers continued to be reported in Dnipropetrovska, Donetska, Kharkivska, Khersonska and Sumska oblasts. Damage to or the destruction of health facilities increased in 2025, along with attacks on EMS and health worker injuries.

Health worker killings persisted, with military medics frequently among the casualties, while the number of injuries rose, particularly among emergency responders to Russian missile, drone, and artillery attacks, including in "double taps" strikes. Damage to or the destruction of health facilities increased by over 10% in 2025.

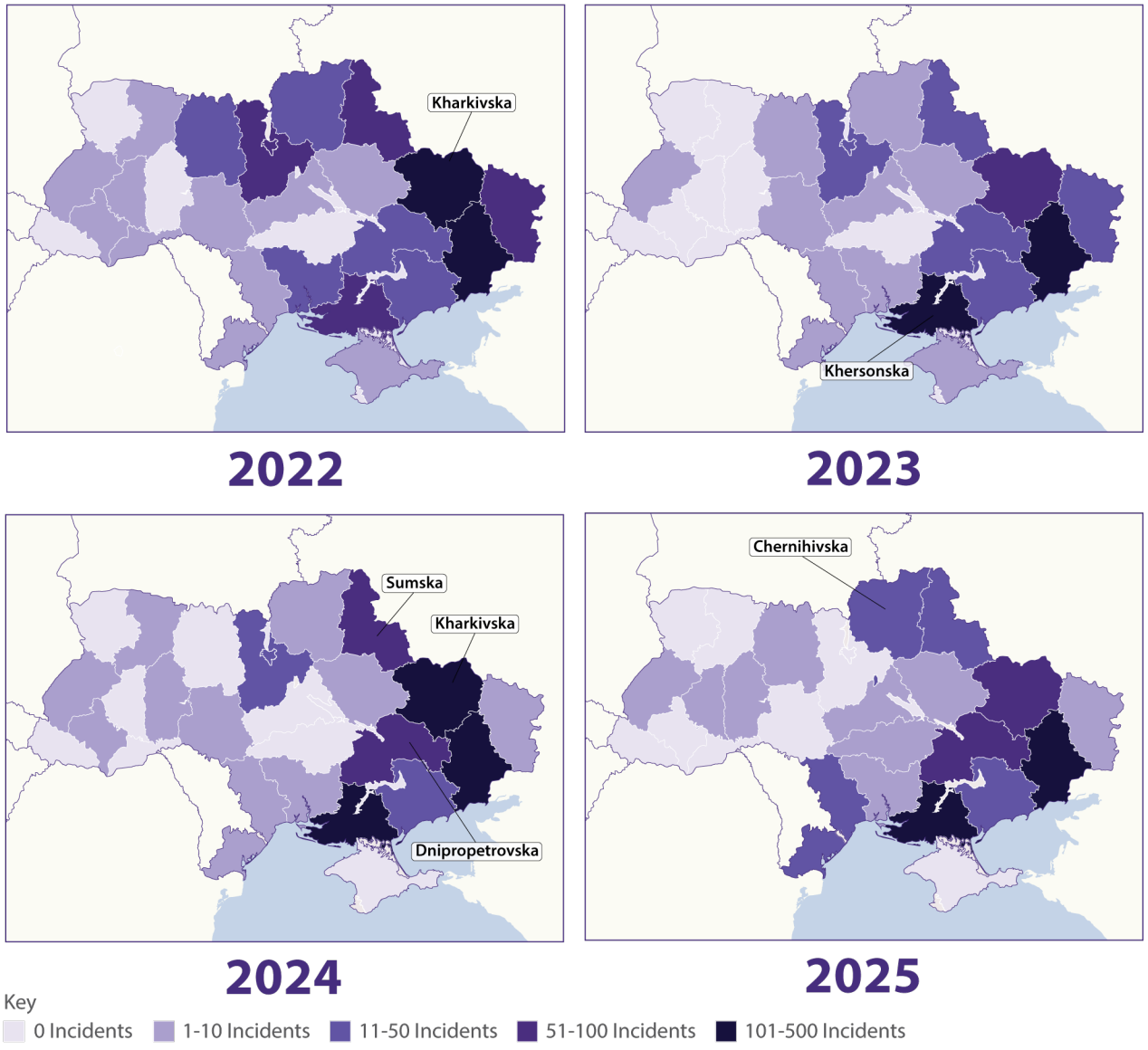
Over 95% of attacks on health care were linked to Russian forces. Their use of explosives-armed drones continued to impact health care in 2025, accounting for nearly 50% of all incidents attributed to Russian forces, surging from 127 in 2024 to 296 in 2025. Particularly high numbers of incidents occurred between June and September, coinciding with multiple Russian offensives across Ukraine.

Debris from a Ukrainian Armed Forces missile intercepted by Russian missiles damaged one health facility and nearby homes in Donetska oblast.[153] Ukrainian authorities detained, arrested, and in some cases imprisoned health workers for alleged collaboration with Russian forces, including sharing military locations, aiding Russian forces, and acts deemed to be treason or desertion. Other attacks had unidentified perpetrators.

Ukraine

Known locations of reported incidents affecting health care in Ukraine 2022-2025

High numbers continued to be recorded in Dnipropetrovska, Donetska, Kharkivska, Khersonska and Sumska oblasts in 2025. Incidents increased in Chernihivska oblast.



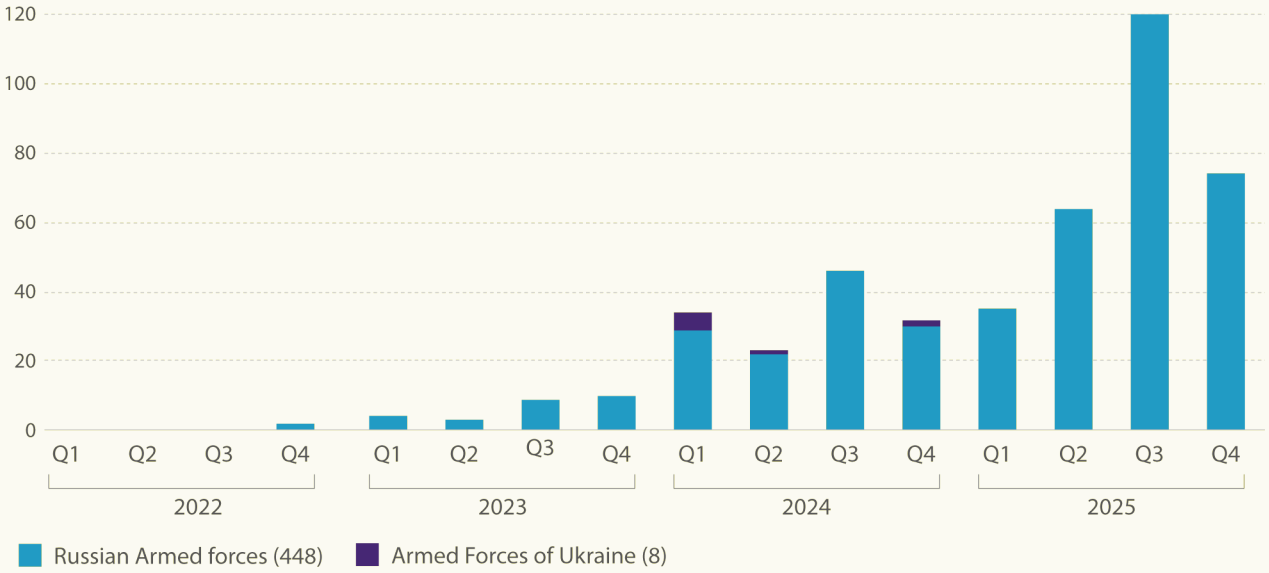
Source: Insecurity Insight for the SHCC.

As in previous years, most incidents affected health care providers working for national health structures, with NGOs and private health care organizations directly affected in eight incidents each. The Ukrainian Red Cross was affected in two incidents and a UN agency in one.[154]

Ukraine

Reported use of explosives-armed drones that impacted health care in Ukraine, by conflict party, 2022-2025

Russian forces continued to use armed drones impacting Ukraine's health system in 2025, with high numbers between June and September, coinciding with multiple Russian offensives across Ukraine.



Short-range drones were the most frequently reported type of drone used in Russian-linked drone incidents impacting health care in Ukraine in 2025. Their use was most frequent in Donetska and Khersonska oblasts, and nearly a fifth were of the first-person view (FPV) type: i.e. cheap, easy-to-modify, highly precise, remotely piloted drones that give the operator a live camera feed to guide them to targets. Other short-range drones used against health care in Ukraine in 2025 included "kamikaze drones" that exploded when they hit their targets. These drones were produced by various countries, and were repeatedly used against health care in Ukraine in 2025, including short-range drones, like the Russian-made Molniya-1, and long-range drones, such as the Geran-2, Geran-3, and Iranian Shahed variants, which particularly affected health care in Kharkivska oblast.

Source: Insecurity Insight for the SHCC.

Health facilities damaged or destroyed

Hospitals, including maternity and children's facilities, pharmacies, and warehouses, were damaged or destroyed by explosive weapons use on 382 separate occasions in 2025, an increase from 367 in 2024. Most of these incidents impacted children's and maternity hospitals, clinics, and pharmacies in Khersonska oblast, with the second-highest number of incidents occurring in Donetska oblast. Hospital bombings took place during broader assaults on villages and towns in which civilians were killed or injured, and civilian infrastructure, including energy supplies, was hit.

There is strong evidence of cluster munitions having damaged hospitals in at least two cases in Sumska oblast in May and June 2025.[155] For example, on May 12, at around 2 a.m., four Russian Tornado missiles armed with cluster munitions struck and damaged a paramedic and obstetrics center, a school, a cultural center, a gas pipeline, and power lines in Mykolaiv settlement.[156]

Ukraine

Between October and December 2025, a series of Russian attacks targeted key pharmaceutical and civilian supply infrastructure, including a missile strike in Kyiv, which destroyed the warehouse and office of Optima-Farm (one of the country's largest pharmaceutical distributors), disrupting medicine supplies to central regions.[157]

Attacks on emergency medical services

EMS were affected by violence at least 110 times in 2025, compared to 81 times in 2024. The majority of incidents happened while emergency personnel were conducting recovery and rescue operations and in "double-tap" strikes. Other attacks took place at health facilities or ambulance stations that were hit by Russian bombs or shelling.

These attacks, often carried out by Russian forces using armed drones, missile strikes, and artillery in Kharkivska and Khersonska oblasts, killed two first responders, injured 51 others, and damaged or destroyed at least 114 ambulances.

Health workers killed and injured

In total, 87 health workers were killed in 82 incidents in 2025, similar to previous years. At least 67 were military medics, with high casualty numbers recorded on the front lines in Donetska and Kharkivska oblasts.

In 2025, 20 health workers, including ambulance drivers, doctors, nurses, paramedics, and volunteer health workers, were killed by Russian missile strikes, drone attacks, and artillery fire while in health facilities, at their homes, while going about their everyday activities, or in "double-tap" attacks while providing medical care to civilians injured in previous Russian attacks. These health worker killings occurred across multiple oblasts, with higher concentrations in front line oblasts, especially Donetska and Khersonska. Urban centers away from the front lines, including Kyiv and Ternopil, were also locations of health worker killings.

In 2025, at least 140 health workers were reported to have been injured in 74 incidents, compared to 96 in 62 incidents in 2024. Nearly a third of those injured were emergency medical personnel.

Health workers, including first responders, were also targeted in a broader pattern of drone warfare described by observers as a "human safari," in which civilians were deliberately hunted with drones. In some cases, footage of these strikes was circulated on social media.

This interactive map – a joint undertaking by Insecurity Insight, eyeWitness to Atrocities (eyeWitness), Media Initiative for Human Rights (MIHR), Physicians for Human Rights (PHR), Truth Hounds, and the Ukrainian Healthcare Center (UHC) – documents attacks on health care in Ukraine since the full-scale Russian invasion on February 24, 2022. It is available in English and Ukrainian, and allows viewers to explore where incidents took place and what happened; in some cases, this information is accompanied by photos. Incidents can be filtered by categories, including attacks on child health care and hospital energy systems. Insecurity Insight updates data continuously and numbers may change if new information is made publicly available.

This SHCC chapter reflects data for 2025 current as of January 15, 2026, but the map and dataset are continuously updated. The map includes events where preventive measures were taken to protect staff and programs, which are not counted as incidents in the chapter. This SHCC chapter is based on 2023-2025 UKR SHCC Health Care Data. Download this data on the Humanitarian Data Exchange (HDX).

Ukraine

THE IMPACT OF ATTACKS ON HEALTH CARE

Russian attacks on Ukraine's energy infrastructure had widespread health impacts, disrupting health facilities' heating, water, electricity, and communications systems, hindering medical care, and increasing risks for vulnerable populations, including the elderly and those with chronic illnesses and disabilities.

Four years of war have severely strained the physical and mental health of Ukrainians, with front-line populations reporting poorer health, restricted access to medicines, and high levels of stress among health workers. Surveys found that over 70% of adults experienced anxiety, depression or severe stress, emphasizing the urgent need for ongoing mental health support, particularly for women.

Attacks on Ukraine's health infrastructure had a profound impact on maternal health, disrupting access to prenatal care, safe delivery services, and emergency obstetric treatment. Power outages, damaged water and sanitation systems, and the limited availability of medicines and medical equipment increased risks of complications during pregnancy and childbirth, while the strain on health workers and heightened stress among expectant mothers further exacerbated these challenges. These disruptions were reflected in national health trends: although the overall number of births declined, pregnancy complications increased, including a 44% increase in uterine ruptures and a 12% rise in hypertensive disorders. Cesarean section rates – such as 46% in Kherson – far exceeding the WHO's recommended 15%, putting women and newborns at even greater risk and underscoring the urgent need for targeted maternal health support. Many Ukrainian women delayed having children due to ongoing insecurity, economic instability and uncertainty about the future.

Increased displacement put further strain on Ukraine's already overburdened health system, intensifying demand for medical care, disrupting continuity of treatment, and heightening the risk of disease outbreaks, particularly in overcrowded shelters and areas with limited access to clean water, sanitation, and essential medicines.

Ukraine's health care workforce declined by 16.98% in 2025 compared to January 2022, falling from 559,153 to 464,218 staff. All major occupational groups saw reductions, with the steepest decline among junior medical staff, signalling a significant contraction in the future clinical workforce pipeline.

Access to health care in Ukraine was constrained by widespread contamination caused by landmines and unexploded ordnance, which obstructed the safe movement of patients, ambulances, and medical supplies, particularly in rural and front-line areas.

Power outages, damaged water and sanitation systems, and the limited availability of medicines and medical equipment increased risks of complications during pregnancy and childbirth, while the strain on health workers and heightened stress among expectant mothers further exacerbated these challenges.

Ukraine

152 The SHCC's 2024 Annual Report cited 544 incidents of violence against or obstruction of health care in Ukraine in 2024, 478 in 2023 and 922 in 2022. Data is continuously updated and numbers can change if new information is made publicly available.
153 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 UKR SHCC Health Care Data. Incident number 123661.
154 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 UKR SHCC Health Care Data. Incident numbers 99348; 117324; 119102.
155 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 UKR SHCC Health Care Data. Incident numbers 98742; 100779.
156 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 UKR SHCC Health Care Data. Incident number 98742.
157 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 UKR SHCC Health Care Data. Incident number 119992.

Syria

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KILLED	HEALTH WORKERS ARRESTED/DETAINED	HEALTH WORKERS KIDNAPPED
2025			
74	22	21	10
2024			
67	18	6	2
2023			
61	9	12	5

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 74 incidents of violence against or obstruction of health care in Syria in 2025, compared to 67 in 2024 and 61 in 2023.[158] Among incidents reported in 2025, 22 health workers were killed, 21 arrested and ten 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 health service closures may not have been reflected in the data.

Methodology and sources
Information on incidents of violence against health care in Syria is compiled from open sources, information projects, private sources 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.

Syria

THE CONTEXT

Following the fall of the Bashar al-Assad regime on December 8, 2024, Syria entered a period of political transition in 2025 under an interim government linked to the non-state armed group Hay'at Tahrir al-Sham (HTS). This process included efforts to consolidate security structures and integrate armed factions into a new national framework. Despite this, violence continued across the coastal governorates of Latakia and Tartous, and parts of north and northeast Syria, including Al-Hasakah, Ar-Raqqa, Aleppo, and Deir ez-Zor governorates, involving both interim government forces and various non-state armed actors, including Islamic State (IS); the Kurdish-led Syrian Democratic Forces (SDF); the Syrian National Army (SNA), which is a coalition of Turkish-supported Syrian rebel groups; and former government loyalists.

Health care personnel and services were attacked amid shifting territorial control, sporadic hostilities, and fragmented armed authority. Violence and tensions occurred in coastal and western-central regions of Syria (including Hama, Latakia, and Tartous governorates), in areas of the north and northeast involving SDF and interim forces, and in southern Syria, particularly Sweida governorate. These dynamics were shaped by a combination of local grievances, political contestation, and overlapping external influences. Across these areas, insecurity disrupted health facilities and the provision of medical services.

IS remained a security threat in parts of Syria, including Deir ez-Zor governorate, creating a volatile environment for the work of civilian services, including health care.

External military activity also disrupted health care access, with Turkish forces and Turkish-backed militia under the SNA shelling and conducting drone strikes in northern areas where the SDF operated, including in Aleppo and Hama governorates. Israeli forces intensified their attacks and extended their military occupation of parts of Syrian territory. Throughout 2025, Israeli forces continued to shell and carry out air strikes in Dar'aa, Quneitra, Damascus, Rural Damascus, Homs, and Hama governorates.

Humanitarian needs continued to be at high levels in 2025. Although many refugees returned home after seeking refuge from the civil war in other countries, large numbers of people remain internally displaced after the change in government, while reduced international humanitarian funding further constrained service continuity and response capacity.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, reported violence against or obstruction of health care was spread over 12 governorates – four more than in 2024 – with incidents continuing in Aleppo that accounted for a third of cases, which was consistent with previous years. Other locations of incidents shifted from predominantly Al-Hasakah, Deir ez-Zor, and Idlib governorates in 2024 to a surge in Sweida, Tartous and Latakia in 2025, where ethnic conflicts were reported.

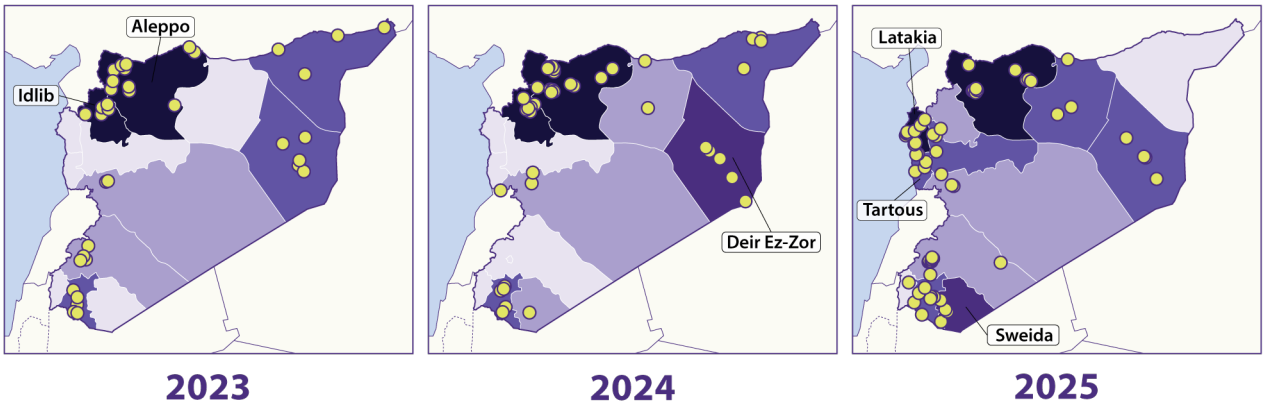
Health worker arrests and kidnappings increased, killings persisted, and damage to or the destruction of health facilities continued, but at lower levels than previous years during the civil war.

The majority of incidents affected health care providers working for national health structures, with five incidents affecting an NGO[159] and four affecting a private health care organization.[160] Two incidents affected Red Cross societies,[161] while two others affected UN agencies.[162]

Syria

Known locations of reported incidents affecting health care in Syria, 2023-2025

Incidents persisted in Aleppo governorate in 2025, while other locations of incidents shifted from predominantly Al-Hasakah, Deir ez-Zor, and Idlib governorates in 2024 to a surge in Sweida, Tartous and Latakia in 2025, amid ethnic tensions.



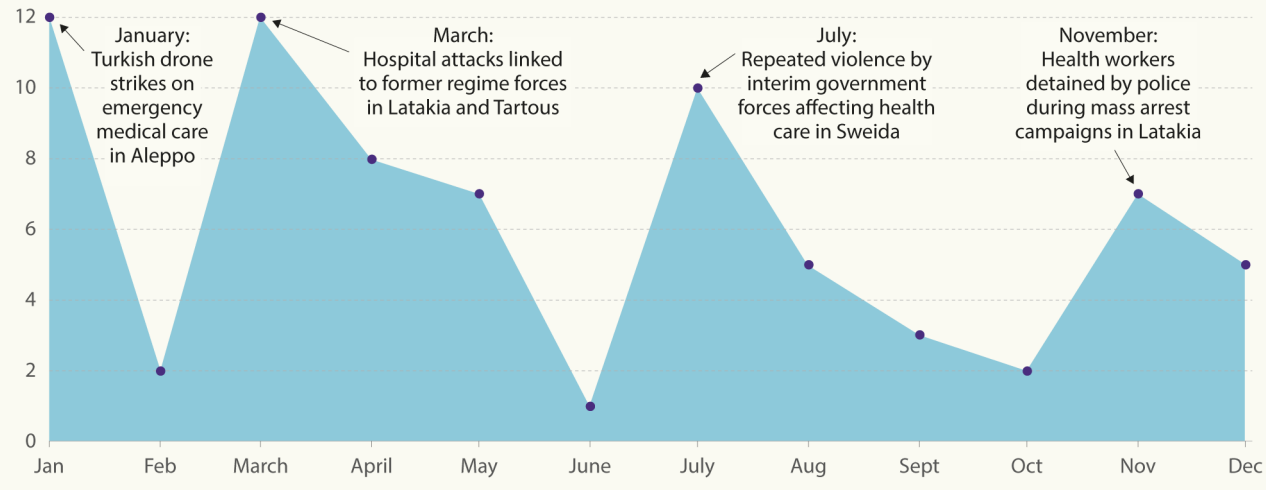
Source: Insecurity Insight for the SHCC.

Multiple conflict parties were named in recorded incidents: Turkish forces and the anti-regime SDF continued to be implicated in attacks on health care in Syria in 2025, mainly in Aleppo, while such incidents were most frequently reported in Al-Hasakah in 2024. Syrian interim government forces arrested health workers and violently raided health facilities, while former regime forces were linked to hospital attacks in Latakia and Tartous during armed violence in these areas on March 7-8. Israel Defense Forces (IDF) air strikes killed three first responders in Dar'aa, while Israeli ground forces detained four health workers providing first aid to a patient in Quneitra.[163]

Militia groups, IS and the SNA were also implicated in attacks on health care in Syria in 2025. In some incidents, the responsible conflict party remained unidentified.

Reported incidents affecting health care in Syria in 2025

Incidents were varied, geographically diverse and reportedly linked to multiple conflict parties.



Source: Safeguarding Health in Conflict Coalition

Syria

Health worker killings, kidnappings and arrests

Between January and October 2025, 22 health workers were reported killed in 16 incidents, compared to 18 in 13 incidents in 2024 and nine in nine incidents in 2023. Health workers were shot and killed in hospitals. Four first responders were killed in 2025, including three in IDF air strikes in Dar'aa and an ambulance driver in a Turkish artillery and drone attack in Aleppo.[164]

In 2025, 21 health workers were reported detained or arrested in 14 incidents, compared to six in six incidents in 2024 and 12 in nine incidents in 2023. Health workers were arrested during mass arrest campaigns, hospital raids and at checkpoints, sometimes on accusations of links to conflict parties. Eight of the 21 arrested health workers were released.[165] The fates of the remaining 13 remain unclear.

Between April and October 2025, ten health workers were reportedly kidnapped in seven incidents, compared to two in two incidents in 2024 and five in five incidents in 2023. Health workers were often kidnapped while traveling to and from work, including four health care volunteers who were among 18 aid workers kidnapped by around 20 Bedouin tribal militiamen and allied factions in an ambush on a humanitarian convoy in Dar'aa.[166] One of the ten kidnapped health workers was released, while a doctor kidnapped outside his clinic in Damascus was tortured and killed by his captors.[167] The fates of the other eight health workers remain unclear.

Aleppo and Idlib governorates (northern Syria)

Around a fifth of all incidents of violence against health care in Syria in 2025 were reported from Aleppo. At least 15 incidents of violence against or obstruction of health care were reported in 2025 in the opposition-controlled Aleppo, indicating an unchanged trend compared to 2024 and 2023, when, respectively, 16 and 14 incidents were reported. In January, multiple incidents involved Turkish drone strikes damaging ambulances in Ain al-Arab district, killing at least one ambulance driver and injuring numerous health workers and civilians.[168] Between April and September, unidentified gunmen shot and killed four health workers in four separate incidents inside or near medical facilities in Mount Simeon district. In December, SDF shelling and mortar fire damaged or endangered nearby health facilities.[169]

In Idlib, the former stronghold of the now governing HTS, no active violence against health care was reported. While 19 incidents had been reported in 2024 at the time when Idlib was still an opposition-held area, in 2025 a single incident affecting health care involving a remnant of war was reported when a landmine explosion on farmland injured a medical volunteer and one of his relatives.[170]

Latakia and Tartous governorates (coastal Syria)

For the first time since 2022, violence against health care was reported from the former Assad-regime heartlands of Latakia and Tartous. At least 13 incidents of violence against or obstruction of health care were reported in Latakia and five in Tartous, compared to none in previous years during the civil war. During the outbreak of armed violence in early March, alongside hospital attacks by former regime forces resulting in significant damage, Syrian interim government forces killed six health workers in two incidents in Latakia and Tartous.[171] In November, multiple health workers were detained during a police mass arrest campaign in Latakia, when individuals were taken from their homes and inside health facilities.

Syria

SOCIAL MEDIA REACTIONS TO THE MARCH 2025 HOSPITAL ATTACKS IN LATAKIA AND TARTOUS

Social media plays a powerful role in documenting hospital attacks, but it can also undermine the protection of health facilities. On March 6-7, 2025, during escalating clashes, pro-Assad forces attacked six hospitals in the rural areas of Latakia and Tartous, including Jableh National Hospital. These attacks resulted in significant damage to medical facilities and raised concerns about the safety of patients and health workers. Insecurity Insight analysis highlighted that, as is often the case, while violence against health care was frequently discussed on social media, references to international humanitarian law (IHL), humanitarian principles and medical ethics were largely absent.

Many social media users condemned the attacks on hospitals, characterizing them as deliberate crimes. The discussion frequently focused on assigning responsibility, with accusations directed at various factions involved in the conflict. Some comments used inflammatory language, expressing hostility toward those perceived as being responsible. Concerns about the safety of civilians, health workers and patients were prevalent; however, despite the nature of the attacks, IHL was absent from the discourse. Many comments viewed the attacks through a sectarian or ethnic lens, portraying them as part of a broader struggle between religious or political groups. These narratives suggest that humanitarian crises are being interpreted through polarized perspectives, which could influence how aid efforts are perceived. Some comments advocated for further violence, framing attacks as justified retribution. This rhetoric suggests a normalization of violence, which could escalate tensions and increase risks for humanitarian actors operating in the region.

Sweida (southern Syria)

Between July 15 and 22, reported attacks on health care spiked in Sweida city during armed violence perpetrated by suspected interim government forces. Health facilities were attacked, health workers were harmed and ambulances were prevented from reaching people in need. In one incident, a group of armed men attacked the National Hospital and forced a group of health workers to kneel. A doctor was hit on the head, and when he attempted to resist, he was shot dead with an assault rifle, followed by a second shot fired from a pistol by another gunman. An unspecified number of people were injured, including health workers. Activist media groups linked the attack to members of the Syrian army and security forces. The Ministry of the Interior condemned the attack and said it would hold the perpetrators accountable.[172]

This chapter is based on 2023-2025 SYR 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.

Syria

THE IMPACT OF ATTACKS ON HEALTH CARE

Syria's health care system remained constrained in 2025, with years of conflict leaving hospitals, schools and water supply systems damaged or destroyed. Many health facilities were partially functional or inactive, limiting access to care amid persistent shortages of staff, medicines and equipment. Only a small fraction of hospitals and primary health care facilities were fully functional, creating gaps in both routine and emergency services.

In 2025, violence and access constraints across Syria continued to disrupt health services, with attacks on facilities, ambulances, and supplies, and insecurity limiting safe access for patients and staff. Research on the impact of attacks on health care in Syria shows that service reductions or temporary closures have forced communities to delay care, miss follow-up appointments, or travel further to obtain care, increasing the strain on maternal health, chronic disease management, dialysis and trauma care services.

Funding shortfalls and reduced humanitarian financing in 2025 further constrained service continuity, with health facilities at risk of losing support and humanitarian partners scaling back their staffing, activities, outreach, and specialized services. Primary care and preventive and public health services, including immunization, were affected, raising the risk of disease outbreaks and preventable illnesses.

Humanitarian needs remained extensive throughout 2025, with many people still displaced. Limited access to safe water, sanitation, adequate shelter, and overcrowding increased the risk of infectious diseases and outbreaks, including cholera and respiratory diseases.

Syria

158 The SHCC's 2024 Annual Report cited 62 incidents of violence against or obstruction of health care in Syria in 2024 and 61 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.
159 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 88446; 88734; 88809; 118554; 122395.
160 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 105792; 113071; 122386; 122388.
161 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 91175; 118554.
162 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 113437; 113438.
163 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 122387; 91175.
164 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 88298; 122387.
165 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 91175; 122396.
166 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident number 118554.
167 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 120413; 122391.
168 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 88297; 88298; 122382; 122384.
169 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 123151; 123627.
170 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident number 88446.
171 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident numbers 96774; 96775.
172 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 SYR SHCC Health Care Data. Incident number 112189.

Yemen

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS			
REPORTED INCIDENTS	HEALTH WORKERS ARRESTED	RAID/SEARCH INCIDENTS IN HEALTH FACILITIES WHEN CARE WAS DISRUPTED	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED
2025			
48	17	12	9
2024			
49	19	9	1
2023			
48	0	10	6

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 48 incidents of violence against or obstruction of health care in Yemen in 2025, compared to 49 in 2024 and 48 in 2023.[173] Among incidents reported in 2025, 17 health workers were arrested, and health facilities were violently raided or searched 12 times and damaged on at least nine occasions.

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 Yemen is compiled from open sources, aid agency data-sharing mechanisms and information projects. 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.

Yemen

THE CONTEXT

In 2025, Yemen remained engulfed in a protracted non-international armed conflict, primarily between Ansar Allah (commonly known as the Houthis) and the internationally recognized government based in Aden. The government was supported militarily by a Saudi-led coalition and its affiliated forces, including the 7th Giants Brigade and the Islah-affiliated 4th Mountain Infantry Brigade, alongside the UAE-backed Southern Transitional Council (STC). Al-Qaeda in the Arabian Peninsula (AQAP) continued to operate independently in some areas, amid ongoing regional involvement. Although front lines were relatively stable, hostilities and air strikes persisted in multiple governorates, and reported civilian fatalities rose compared with 2024, with the highest casualties recorded in the cities of Amanat al-Asimah (Sana'a City), Sa'dah, and Al Hudaydah.

The regional escalation of the conflict following Hamas's attacks on southern Israel on October 7, 2023 continued to affect Yemen in 2025, with Israeli air strikes hitting Houthi-controlled areas at several points during the year, including Sana'a International Airport in May 2025 and multiple newspaper offices in Sana'a in September in which 31 journalists and media workers were reportedly killed. In May 2025, the United States under the Trump administration announced a ceasefire with Yemen's Houthi forces that effectively paused the March-May US air strikes on Houthi forces and Houthi attacks on Red Sea shipping.

A cholera crisis persisted amid water and sanitation failures. Cholera continued to be a major health emergency in Yemen, amid disruptions to the water and sanitation services and failures in sewage management in some areas. Tens of thousands of suspected cholera cases were reported in 2025, with more than 200 associated deaths.

Funding cuts, including the 2025 freeze on USAID funding, constrained humanitarian health responses, including efforts to prevent and treat cholera and alleviate the malnutrition crisis that impacted over half of the population. In 2025, the Health Cluster reduced its target population from 10.5 million to seven million people, despite sustained high needs, with an estimated 19.5 million people requiring some form of assistance.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, incidents of violence against or obstruction of health care were reported in 15 governorates – two more than in 2024 – with reported incidents doubling in Amanat al-Asimah from August onwards. Incidents were reported in Abyan and Hajjah in 2025, while the number of incidents declined in Aden, Ibb, and Ta'izz. Most incidents were linked to Houthi forces armed with guns.

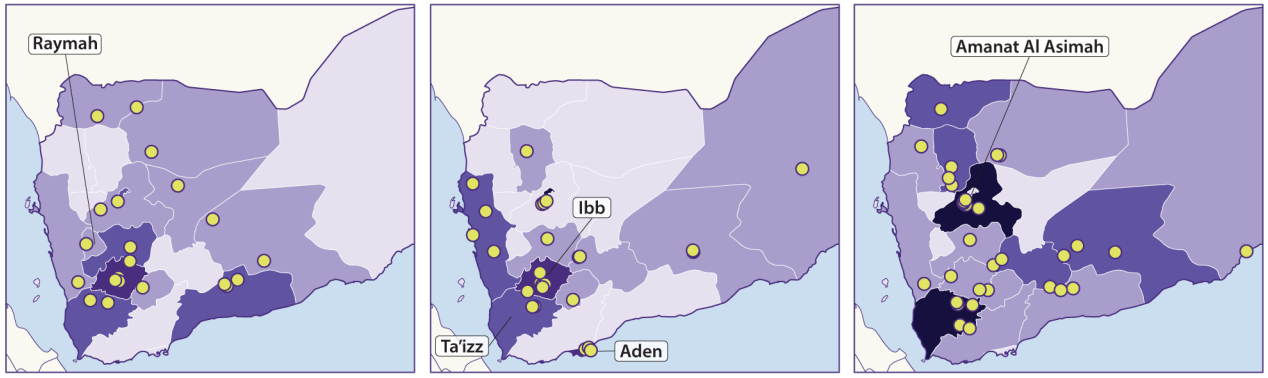
Health worker arrests and detentions and health facility raids by Houthi forces increased from April onwards. Damage to and the destruction of health care facilities increased, and health worker killings and injuries continued.

In 2025, conflict parties' use of explosive weapons that impacted health care surged, with aircraft and drone strikes accounting for 26% of all reported incidents. This ended a 20 month period since July 2023 during which no air strikes affecting health facilities had been reported. US air strikes during March and April damaged or destroyed health facilities on six occasions in Al Bayda, Al Jawf, Hajjah, and Sa'dah and killed two health workers. Israel Defense Forces (IDF) air strikes in August reportedly targeting an oil facility damaged a hospital in Amanat al-Asimah.[174] Houthi forces drone strikes damaged ambulances, killing and injuring first responders in Ad Dali' and Shabwah in April and October.[175]

Yemen

Known locations of reported incidents affecting health care in Yemen, 2023-2025

Incidents doubled in Amanat al-Asimah governorate, where conflict persists in 2025, while the number of incidents declined in Aden, Ibb, and Ta'izz governorates.



Source: Insecurity Insight for the SHCC.

Improvised explosive devices (IEDs) twice impacted health care in Yemen in 2025: AQAP fighters detonated an IED in Abyan in April, damaging an STC ambulance, and in October another device detonated near a hospital in Ta'izz during an attempted Houthi placement, killing and injuring an unspecified number of people.[176] A hand grenade was used to threaten staff at an international NGO (INGO)-supported hospital in Amran governorate when an armed individual stormed the facility in April, prompting the INGO to suspend activities for 24 hours following this incident. In a prior attack in March, a staff member was threatened with a firearm.[177]

Fighters from the 7th Giants Brigade, the STC and the Islah-affiliated 4th Mountain Infantry Brigade were also linked to attacks on health care in Yemen in 2025. The conflict party responsible for some incidents remained unidentified.

The majority of incidents affected health care providers working for national health structures, with six affecting INGOs, two UN agencies, and one each a private health organization and Red Cross Society.[178]

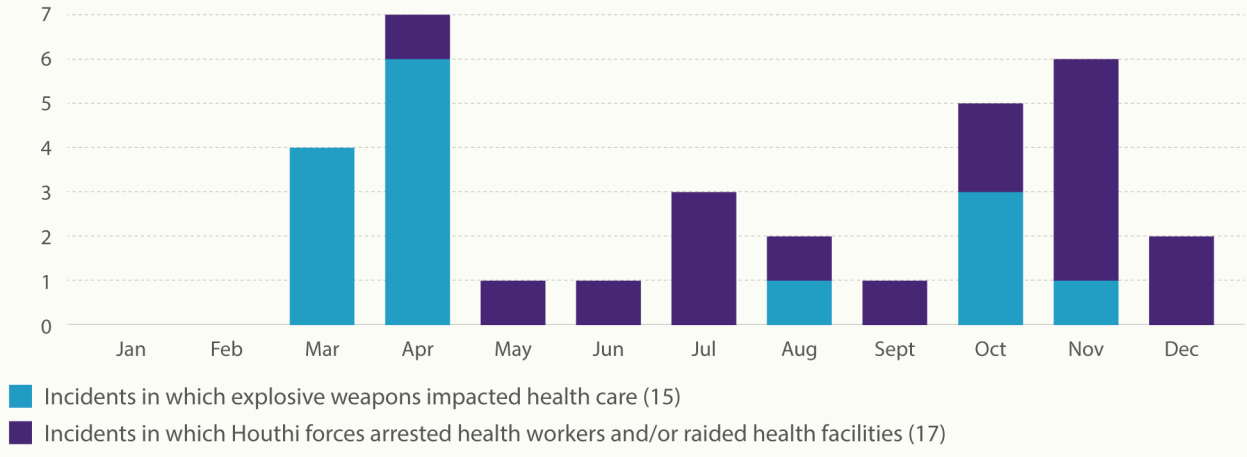
Health facilities damaged and destroyed

Between March and November, health facilities were reportedly damaged or destroyed nine times, compared to one incident in 2024 and six in 2023. The majority of these incidents involved air strikes (mostly by US forces, but also one linked to the IDF), with a further incident linked to Houthi shelling damaging a health facility in Shabwah.[179] Damaged or destroyed health care facilities included health centers, hospitals, medical centers and storage warehouses, maternity departments, and a newly built oncology hospital. In one such air strike, a rural clinic supported by an INGO was reportedly destroyed in US air strikes.[180] The facility provided basic primary care, including cholera-related treatment, to approximately 14,000 people. A temporary clinic was subsequently established, although service provision in the area was disrupted. In a separate incident, US air strikes damaged a hospital in Al Bayda where humanitarian partners ran an emergency obstetric and newborn care program. The hospital's solar panels were also destroyed.[181]

Yemen

Reported incidents affecting health care in Yemen, 2025

Conflict parties' use of explosive weapons peaked during US air strikes in March and April, while Houthi forces' arrests of health workers and raids on health facilities increased from late May onwards.



Source: Insecurity Insight for the SHCC.

Health workers arrested

Between May and December 2025, 17 health workers were reportedly arrested or detained in 14 incidents, compared to 19 in 15 incidents in 2024 and no incidents in 2023. The arrested health workers included doctors, nurses, and hospital managers, who were mostly detained by Houthi forces during violent raids on hospitals, clinics, organizational headquarters, and homes and in wider campaigns of arrests. Health workers were often interrogated on accusations of treating Islamic State members, sharing videos or political expression.

Health facilities violently raided

Between April and December 2025, health facilities were reported violently raided or searched at least 12 times, compared to 19 times in 2024 and ten in 2023. Multiple conflict parties were linked to these incidents, with most attributed to Houthi forces storming health facilities, arresting health workers, and confiscating devices, equipment, and supplies in Amanat al-Asimah during October and November. Houthi forces also raided a clinic in Al Bayda in July, forcibly taking away a doctor after accusing him of treating Islamic State members.[182]

Fighters from the 7th Giants Brigade stormed a specialist clinic and detained an aid worker in Al Hudaydah in June.[183] Islah-affiliated 4th Mountain Infantry Brigade forces raided a hospital in Ta'izz in November and abducted a doctor while he was with his wife in the ICU, where she was recovering from an amputation.[184] STC forces raided hospitals in Hadhramaut in December, forcibly removing wounded Popular Resistance and Hadhramaut Protection Forces soldiers receiving treatment.[185]

This chapter is based on 2023-2025 YEM 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.

Yemen

THE IMPACT OF ATTACKS ON HEALTH CARE

Yemen's health care system, already fragile before the escalation of the conflict, was under severe strain by 2025, with around 40% of health facilities partially functioning or not functioning due to shortages of staff, funding, electricity, medicines and equipment, while only one in five functioning facilities were able to provide maternal and child health care services, limiting access to essential and preventive care.

These pressures coincided with the ongoing cholera emergency, as funding shortfalls reported at the end of 2024 led to the closure of several diarrhea treatment and oral rehydration centers, reducing treatment capacity.

The movement restrictions imposed on female Yemeni aid workers, which prevents them from traveling without male guardians, also continued to impede humanitarian delivery and limited the ability of vulnerable women and girls to access humanitarian services.

Conflict-related violence affecting infrastructure further constrained service delivery when Israeli air strikes in January 2025 reportedly hit Ras Issa and Al Hudaydah ports and energy infrastructure in Sana'a. These strikes, which adversely affected the availability and movement of essential goods and health-related commodities, had a disproportionate effect on a country that was heavily reliant on maritime imports for fuel, food, and medical supplies.

Water infrastructure was also affected: in April 2025, a US air strike reportedly struck a water management facility and tank in Al Hudaydah, disrupting safe water access for an estimated 50,000 people and, amid ongoing cholera transmission, increasing public health risks and pressure on health care services.

Yemen

173 The SHCC's 2024 Annual Report cited 52 incidents of violence against or obstruction of health care in Yemen in 2024 and 47 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.
174 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident number 116907.
175 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident numbers 98515; 119942; 120014.
176 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident numbers 104384; 119943.
177 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident number 96377.
178 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident numbers 96377; 99623; 120895; 120896; 122408; 122498; 119737; 123071; 119940; 120897.
179 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident number 120900.
180 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident number 131112.
181 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident number 98511.
182 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident number 28254.
183 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident number 109215.
184 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident number 120894.
185 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 YEM SHCC Health Care Data. Incident number 124785.

Iran

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS		
REPORTED INCIDENTS	HEALTH WORKERS KILLED	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED
JUNE 13-24, 2025		
27	19	14

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 27 incidents of violence against or obstruction of health care in Iran during the Iran-Israel war in June 2025. Among reported incidents, 19 health workers were killed, while health facilities were damaged 14 times.

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.

Methodology and sources

After 2022, 2025 marked only the second time that incidents of violence against or obstruction of health care in Iran were covered in a standalone chapter in the SHCC's Annual Report. In 2022, at least 72 health workers were arrested and four killed during protests following Mahsa Amini's death.[186] In January 2024, three paramedics were killed by an Islamic State double-tap bomb attack as they responded to the victims of an earlier blast.[187]

Information on incidents of violence against health care in Iran are compiled from open sources, information projects, aid agency data-sharing mechanisms and private sources. 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

Armed conflict between Iran and Israel erupted on June 13, 2025, when the Israel Defence Forces (IDF) launched air strikes reportedly targeting military and nuclear facilities in Iran. Over 935 people, including women and children, were reportedly killed, thousands fled Tehran and other cities, and many types of

Iran

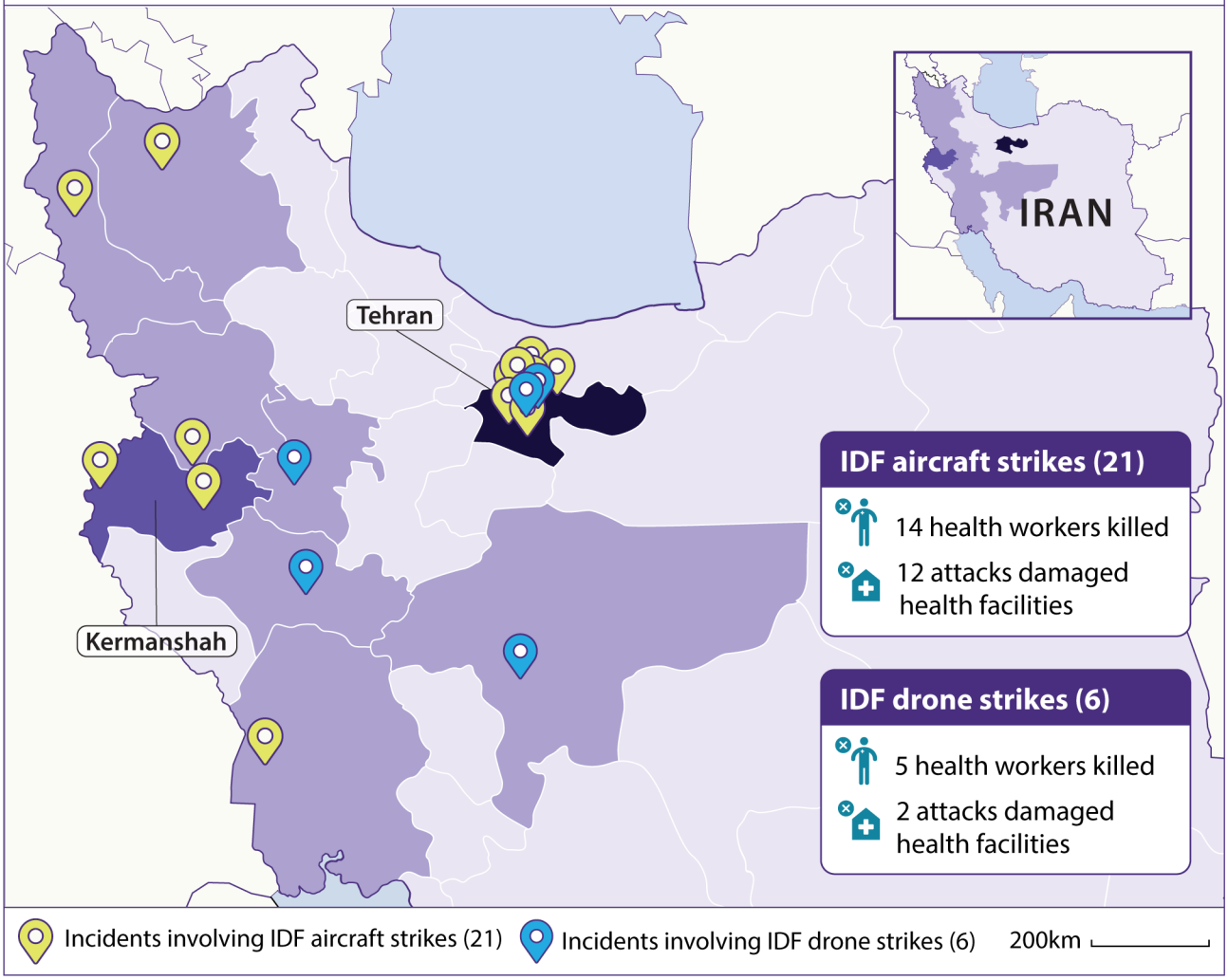
civilian infrastructure, such as health facilities, schools, and water and energy networks, were damaged. The United States also carried out strikes on Iranian nuclear sites on June 21. On June 24, a ceasefire was declared amid growing international concern over civilian casualties and the risk of wider regional escalation of the conflict.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

All 27 reported incidents of violence against or obstruction of health care in Iran between June 13 and 24 were attributed to the IDF using explosive weapons. On average, health care was impacted by explosive weapons use at least 2.5 times each day throughout the conflict, with higher numbers recorded on the first day and again the day before the ceasefire was declared on June 24.

Known locations of reported incidents where IDF aircraft and drone strikes affected health care in Iran, June 13-24, 2025

Around 64% of incidents took place in Tehran. The remaining incidents were recorded in Iran's western provinces bordering Iraq.



Source: Insecurity Insight for the SHCC.

Iran

All reported health worker killings were recorded in the first four days of the conflict, while subsequent IDF-issued evacuation warnings in some areas may have explained the low number killed inside health facilities after the warnings were issued.

Most incidents involved IDF aircraft-delivered strikes damaging health facilities and ambulances and harming health workers, while six incidents involved IDF drones armed with explosives causing similar harm.

Incidents were reported across nine of Iran's 31 provinces, with around 64% taking place in the capital, Tehran. The remaining incidents were recorded in Iran's western provinces bordering Iraq.

The majority of cases affected health care providers working for national health structures, with eight incidents affecting Red Cross societies and one incident each affecting an NGO and a private health organization.[188]

Maternal and child services were repeatedly affected by IDF aircraft and drone strikes in Tehran between June 13 and 24, 2025.[189] The fence of a children's hospital was damaged by a nighttime drone strike, while infants and children were evacuated from a children's hospital following IDF warnings to evacuate the area prior to a bombing offensive. A surgeon and obstetrician-gynecologist and her husband were severely burned and their baby was killed when an IDF aircraft strike hit their home, and a neonatal specialist and her three-year-old daughter were killed in a separate IDF aircraft strike.

Health workers killed

At least 19 health workers were reportedly killed in 14 incidents. Along with the two staff members killed in hospital bombings, 11 other health workers were killed in double tap strikes while responding to victims of previous IDF bombings, while at least six were traveling in ambulances when they were killed.[190] Two doctors and a dentist were killed when their homes in Tehran were struck by IDF aircraft strikes in three separate incidents.[191]

> *Health workers at a hospital in Karaj reported exhaustion after back-to-back shifts as injured people continued to arrive from other hospitals.*

Health facilities damaged or destroyed

Health facilities were reportedly damaged 14 times between June 13 and 24 by 12 reported Israeli aircraft strikes and two drone strikes. Nearly 72% of damaged health facilities were located in Tehran. IDF aircraft strikes damaged health facilities in Kermanshah, Khuzestan, and Kurdistan provinces, including a children's facility, a burn hospital, and the Evin Prison infirmary, as well as health centers and emergency health care buildings.[192]

Two health workers were killed in hospital bombings. The IDF issued evacuation warnings in some areas that could explain the low number of health workers killed in the recorded hospital bombings. IDF aircraft strikes reportedly hit and badly damaged the Evin Prison infirmary, killing a doctor, while a physician and infectious disease specialist, who volunteered at the prison clinic once a week, sustained major injuries requiring amputation.[193] An ear, nose and throat (ENT) specialist was killed when two Israeli air strikes hit Tajrish Square, 50 meters away from the Tajrish Martyrs Hospital in Tehran.[194]

Iran

This chapter is based on 2022-2025 IRN 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.

THE IMPACT OF ATTACKS ON HEALTH CARE

Patients' access to health care was disrupted during the conflict, including in Tehran, where infants and children were evacuated from Ameneh Infant Care Center following an Israeli warning to clear the surrounding district, interrupting specialized pediatric services.[195] Mehrad Private Hospital reportedly reduced clinic opening hours in response to IDF air strikes, while patients at Shahid Motahari Hospital and Labafinejad Hospital were evacuated and transferred to other facilities.[196] The Iranian Red Crescent Society stated that approximately 1,500 hospital beds were damaged across Iran during the conflict.

The 12-day conflict put pressure on Iran's health care system, particularly in underserved areas, reflecting disparities in the distribution of specialists, 42% of whom were concentrated in five major cities: Isfahan, Karaj, Mashhad, Shiraz and Tehran. The Islamic Revolutionary Guard Corps (IRGC) mobilised health workers from multiple provinces, including Gilan, Isfahan, Khuzestan and Qazvin, to reinforce hospitals in Tehran, reducing staffing in their home regions. Reports indicated that elective surgeries and essential services, including maternal care, dialysis, and oncology treatment, were denied or delayed, with a greater impact in remote and underserved areas.

Health facilities and staff were overwhelmed by increasing numbers of casualties, particularly in rural areas, while facing shortages due to health workers moving to larger cities, forcing hospitals to reconfigure services and relocate medical equipment to manage the influx. At Imam Khomeini Hospital in Tehran, intensive care unit capacity was expanded, and patients with minor injuries were transferred to other clinics. Health workers at a hospital in Karaj reported exhaustion after back-to-back shifts as injured people continued to arrive from other hospitals.

186 https://mapaction-maps.herokuapp.com/health?fromDate=01-01-2022&toDate=31-12-2022&lat=32.71682&lng=53.66684&zoom=4.24&country=IRN&category=Political.
187 https://www.bbc.com/news/world-middle-east-67872281.
188 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 IRN SHCC Health Care Data. Incident numbers 104367; 104369; 104370; 104371; 104376; 104378; 104383; 108929; 108930.
189 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 IRN SHCC Health Care Data. Incident numbers 104354; 104373; 104374.
190 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 IRN SHCC Health Care Data. Incident numbers 104369; 104376; 104377; 104378.
191 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 IRN SHCC Health Care Data. Incident numbers 104373; 104374; 104379.
192 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 IRN SHCC Health Care Data. Incident numbers 104355; 104356; 104357; 104366.
193 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 IRN SHCC Health Care Data. Incident number 104360.
194 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 IRN SHCC Health Care Data. Incident number 104375.
195 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 IRN SHCC Health Care Data. Incident number 104381.
196 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2022-2025 IRN SHCC Health Care Data. Incident numbers 104361; 104362.

Lebanon

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS			
REPORTED INCIDENTS	INCIDENTS AFFECTING EMERGENCY MEDICAL SERVICES	INCIDENTS WHERE HEALTH FACILITIES WERE DAMAGED/ DESTROYED	HEALTH WORKERS KILLED
2025			
15	9	6	3
2024			
497	310	209	408
2023			
18	9	2	9

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 15 incidents of violence against or obstruction of health care in Lebanon in 2025, compared to 497 in 2024 and 18 in 2023.[197] Among incidents reported in 2025, emergency medical services (EMS) were attacked on at least nine occasions and health facilities were damaged at least six times. At least three health workers were killed.

Methodology and sources
Information on incidents of violence against health care in Lebanon is compiled from open and private sources and information projects. 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

In 2025, Lebanon remained affected by a non-international armed conflict between Israel and the non-state armed group Hezbollah. Despite a ceasefire announced on November 27, 2024, violations continued throughout 2025, resulting in civilian deaths and injuries and the widespread damaging or destruction of essential infrastructure.

Lebanon

Ongoing violence hindered reconstruction efforts, with Lebanon's recovery and reconstruction needs estimated at USD 11 billion by March 2025. By 2025, approximately 4.1 million people remained in need of humanitarian assistance, with thousands facing high levels of acute food insecurity, including around 22,000 people in IPC Phase 4 ("Emergency") between November 2025 and March 2026. By September 2025, around 82,000 people remained displaced due to ongoing Israel Defense Forces (IDF) armed violence and its occupation of parts of southern Lebanon, and by October approximately 64,000 were still internally displaced, primarily from southern border areas, including Bint Jbeil, Marjayoun, and El Nabatieh.

The early 2025 United States Agency for International Development (USAID) aid freeze disrupted planned US funding flows and contributed to the reduced availability of humanitarian assistance in Lebanon, particularly for nutrition, food security, and refugee support programs.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, violence against or obstruction of health care decreased dramatically in Lebanon following the ceasefire in late 2024, but overall insecurity persisted. Incidents were reported in three governorates (three fewer than the previous year), with most cases continuing to occur in Bint Jbeil, Marjayoun and Nabatieh districts in Lebanon's southern Nabatieh governorate.

Over half of the reported incidents involved attacks on EMS during the first five months of 2025. Damage to health facilities and health worker killings continued, despite the ceasefire, although at lower levels than in 2024. Maternal care services in Lebanon were disrupted when nearby IDF air strikes interrupted routine health services at a school, causing panic among children and teachers.[198]

All but one of the reported incidents were attributed to the IDF, often involving drone- or aircraft-delivered strikes that damaged health facilities and ambulances or struck areas in the vicinity of hospitals. In two cases, the IDF used drones to drop stun grenades on a health center and sound bombs on emergency workers as part of "double-tap" strikes while these workers were conducting recovery and rescue efforts after an earlier strike.[199] The IDF also used sniper fire and live gunfire against emergency responders during recovery operations.

One incident was not attributed to the IDF: gunmen opened fire inside a hospital in Bekaa governorate, which was reportedly linked to a dispute involving a group member who had recently been admitted to the hospital.[200]

A similar number of cases affected health care providers working for national health structures and providers affiliated with Hezbollah or the Amal Movement. NGOs, private health care organizations, Red Cross societies and UN agencies were also affected by IDF attacks.

Attacks on emergency medical services

EMS were directly affected by violence at least nine times between January and May 2025, compared to 310 times in 2024. Three emergency workers were killed and two injured, with most incidents occurring in Bint Jbeil, Marjayoun, and Nabatieh districts in Nabatieh governorate. Along with the previously mentioned drone-launched stun grenades and sound bombs, emergency workers were killed and injured by IDF armed drone and aircraft strikes (which in some instances were reported as being part of "double-tap" strikes) or sniper fire while conducting body retrievals or responding to emergencies. Two paramedics

Lebanon

were killed by IDF gunfire as Lebanese families returned to their homes in southern Lebanon following a period of reduced hostilities.[201]

Health facilities damaged

In 2025, health facilities were damaged at least six times, compared to 209 in 2024. In addition to the previously mentioned hospital attack by gunmen, four health facilities, including a newly established health center and a medical storage facility, were destroyed or severely damaged by IDF air strikes, while a fifth facility was struck by a stun grenade dropped from an IDF drone.[202]

Health facilities damaged

In 2024, health facilities were damaged at least 208 times, with 90% of these incidents occurring during Operation Northern Arrow. Clinics, health centers, hospitals, and pharmacies were damaged in IDF drone and aircraft strikes, shelling, and remote-controlled IED detonations. Neonatal units, including in Kharoubi Hospital in Sidon, were damaged twice.[203] Some hospitals were damaged by Israeli air strikes on more than one occasion, including Tebnine Government Hospital, which was damaged seven times, and Salah Ghandour Hospital, which was damaged on four occasions.

This chapter is based on 2023-2025 LBN 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.

THE IMPACT OF ATTACKS ON HEALTH CARE

With hostilities in Lebanon still ongoing despite the ceasefire, the reduced capacity to medically evacuate wounded and sick and the damaging or destruction of health facilities represented a loss of care capacity for those in need that significantly affected the survival chances of people living in areas where shelling and bombing occurred. Moreover, the losses represented by both the killing of health care professionals and the damaging or destruction of medical infrastructure are unlikely to be reinstated in the most affected zones, creating long-lasting gaps in the health care system.

Years of prolonged conflict and violence in Lebanon have led to widespread mental health challenges and psychological trauma. Children have suffered severe physical and mental impacts from the conflict. There is an urgent need for mental health and psychosocial support, while persistent social stigma continues to impede child protection and mental health interventions. In February 2025, UNICEF reported that 45% of households had to reduce health spending and 33% lacked essential medications for their children. Médecins Sans Frontières (MSF) patients described the ongoing trauma experienced in particular by children, with one noting that their daughter "faints at the sound of any strike, even if it's far away," underscoring the long-term consequences of attacks on health care and the urgent need for protective and psychosocial support.

Lebanon

Health needs that emerged during the conflict were further exacerbated by displacement, which restricted access to health care, placed additional strain on already overburdened health systems, limited the availability of essential medicines, and caused additional physical and psychological harm. Displacement likely worsened outcomes for individuals with non-communicable diseases in 2025, because people's attempts to escape from conflict-affected areas made it difficult for them to access essential medications. The damaging or destruction of Lebanon's water supply infrastructure, compounded by drought, insecurity, and attacks on health care, continued to heighten the risk of waterborne diseases such as cholera, hepatitis A, and rotavirus, underscoring the urgent need for resilient water supply and health care systems.

Health needs were further impacted by food insecurity. Conflict and displacement drove high rates of malnutrition by limiting access to agricultural imports, arable land, skilled labor, and safe markets, disproportionately impacting agriculture-dependent governorates, degrading the food system, and heightening food insecurity. The destruction of water and food supply system infrastructure, compounded by the 2025 drought, drove high levels of food insecurity. Qualitative interviews by Action Against Hunger (ACF), Insecurity Insight, and Oxfam underscored the extensive, long-term impact of armed violence on communities and civilian infrastructure.

The functioning of health care infrastructure grew worse during 2025. By March, 33 primary health care centers and eight hospitals were completely closed. In addition to weakened and over-burdened health infrastructure, issues like violence, injury, trauma, and displacement all served as barriers to health workers being able to deliver care and carry out their roles. In December 2025, the International Organization for Migration, Lebanese Ministry of Public Health and International Lebanese Medical Association launched a project called Connecting Global Talent: Diaspora Engagement in Healthcare-Phase II that was designed to link Lebanon's medically trained diaspora with local health care professionals.

197 The SHCC's 2024 Annual Report cited 485 incidents of violence against or obstruction of health care in Lebanon in 2024, 18 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.

198 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 LBN SHCC Health Care Data. Incident number 100256.

199 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 LBN SHCC Health Care Data. Incident numbers 120878; 91152.

200 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 LBN SHCC Health Care Data. Incident number 101571.

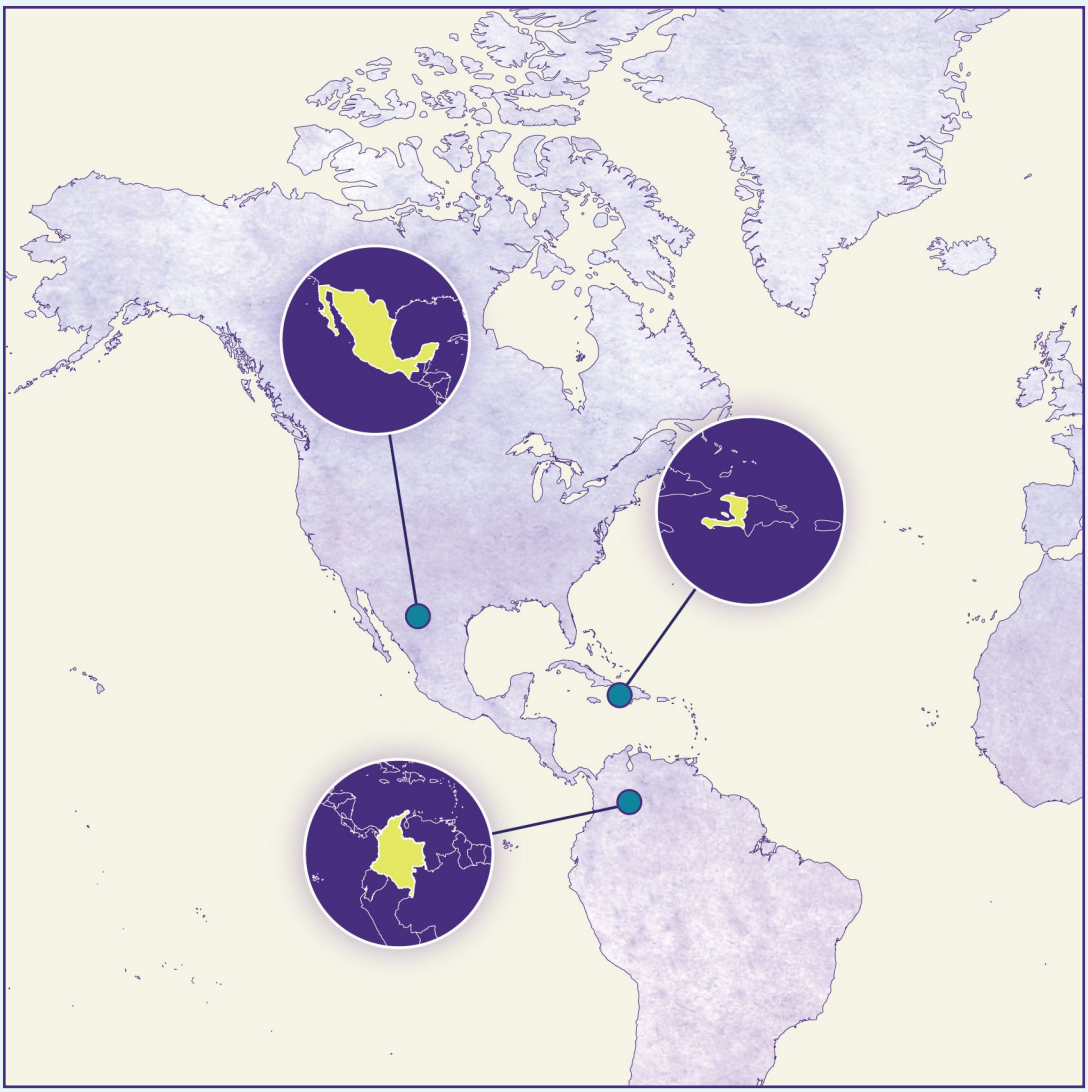
201 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 LBN SHCC Health Care Data. Incident numbers 91149;105791.

202 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 LBN SHCC Health Care Data. Incident numbers 96303; 102004; 120878.

203 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2023-2024 LBN SHCC Health Care Data. Incident numbers 85120; 85286.

The Americas

- **Colombia**
- **Mexico**
- **Haiti**



Colombia

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2025			
28	10	7	15
2024			
19	7	4	7
2023			
18	1	9	4

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 28 incidents of violence against or obstruction of health care in Colombia in 2025, compared to 19 in 2024 and 18 in 2023.[204] Among incidents reported in 2025, health facilities were attacked ten times, seven health workers were killed and were 15 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 Colombia are compiled from information-sharing projects and open sources. 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.

Colombia

THE CONTEXT

In 2025, Colombia experienced increased activities by armed groups. Nearly a decade since the 2016 peace accord between the government and the Revolutionary Armed Forces of Colombia (FARC), the estimated number of members in armed groups quadrupled from 6,500 in 2017 to more than 25,000 in 2025. Violence among local parties involved the FARC; the Gulf Clan; the National Liberation Army (ELN), including fighters from the Manuel Vásquez Castaño Front of the Eastern War Front; and FARC dissident factions, including Hernando Gonzalez Acosta. The use of explosive weapons, including drone-delivered explosives and landmines, increased in 2025, with at least 544 civilians affected by the use of explosive devices between January and August, representing a 145% increase compared to the same period in 2024. Violence increased in the departments of Antioquia, Cauca, Norte de Santander, and Valle del Cauca, fueled by disputes over drug-trafficking routes, illegal mining, and territorial control.

Displacement surged, particularly in western departments and Norte de Santander. Between January and August, over 79,500 people were reportedly displaced, a 94% increase from 2024. In August 2025 alone, at least 3,112 people were displaced, mainly in the departments of Bolívar, Cauca and Chocó. Over 137,000 people were confined – a practice used by armed groups to restrict civilian movement and exert territorial control – and 51% of the affected population belonged to Indigenous and Afro-Colombian communities. The most affected departments were Bolívar, Cauca, Chocó, Guaviare and Valle del Cauca.

Armed groups' forced recruitment of civilians, including children, remained a concern in 2025, with over 578 cases of child recruitment reported in the first half of the year. In addition, at least 15 children were killed during four security forces operations against FARC dissidents in Amazonas, Arauca, and Guaviare departments between August and November 2025. Attacks, threats, and movement restrictions imposed by armed actors continued to affect health care delivery, particularly in rural and marginalized communities, despite the Colombian health care system being among the strongest in Latin America.

Colombia

USAID funding freeze endangered the 2016 peace deal by withdrawing up to USD 440 million annually from around 80 programs, including those focusing on cocaine production, land reform and movement towards a transitional justice system, thus increasing the risk of violence. Organizations aiding human rights, democracy, peacebuilding, and helping Indigenous and Afro-Colombian people were affected.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

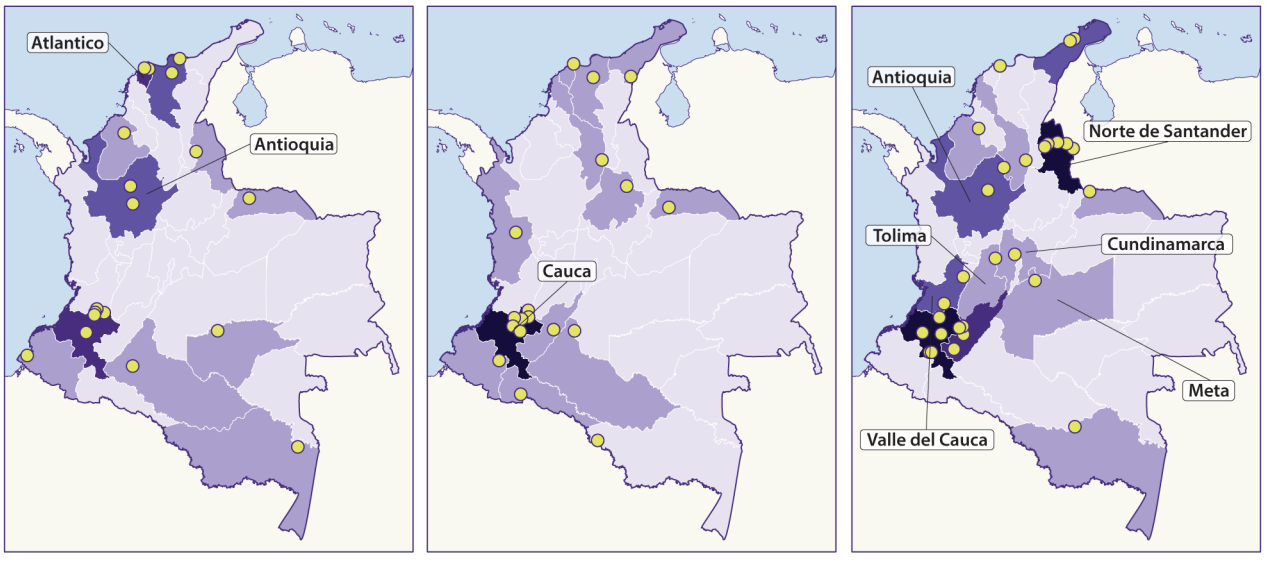
In 2025, publicly reported violence against or obstruction of health care in Colombia increased by nearly 50%, with incidents reported across 16 departments – four more affected areas than in 2024.[205] All reported cases affected health care providers working for national health structures. Attacks on health facilities and the killing of health workers increased, while kidnappings of health workers doubled.

As in previous years, most incidents in 2025 were recorded in the Cauca department, with small shifts from Colombia's peripheral departments, such as Caquetá, Chocó, Magdalena, Nariño, Putumayo, and Santander, located in the Amazon, Pacific coast, Caribbean coast, and eastern border regions, toward more central Andean and plains areas, including Antioquia, Cundinamarca, Meta, Norte de Santander, Tolima, and Valle del Cauca. Incidents continued in Atlántico, Arauca, Amazonas, Bolívar Huila and La Guajira in 2025.

The majority of reported violence impacting health care was attributed to unidentified men with guns, likely affiliated to armed groups operating in the area in question. Armed violence attributed to FARC dissidents impacting health care increased from one recorded case in 2024 to four in 2025. On two occasions, FARC dissidents' armed drones impacted health care in Cauca.[206] Hernando Gonzalez Acosta FARC dissidents kidnapped eight health workers and UN mission personnel while they were traveling in Huila department.[207]

Known locations of reported incidents affecting health care in Colombia, 2023-2025

As in previous years, incidents in 2025 were concentrated in Cauca department, where violence remains persistent, but shifted slightly from Colombia's peripheral regions toward central departments such as Antioquia, Cundinamarca, Meta, Norte de Santander, Tolima, and Valle del Cauca.



Source: Insecurity Insight for the SHCC.

Colombia

ELN members, including fighters from the Manuel Vásquez Castaño Front of the Eastern War Front, abducted a patient from a medical facility after clashes with the Guadalupe Salcedo 10th Front, intercepted an ambulance and injured two health workers while abducting another patient, and killed a health worker in crossfire during an attack on a police station.[208]

Colombian military forces dismantled a clandestine medical facility operated by the Gulf Clan in Antioquia and seized all the medicines it contained.[209]

Health worker killings and kidnappings

Fifteen health workers were reported killed in seven incidents in 2025, compared to four in four incidents in 2024 and nine in eight incidents in 2023. Victims in 2025 included an ambulance driver, a nurse, and optometrists killed in shootings at medical facilities. Unidentified armed actors killed victims inside their homes and while they were traveling to provide health care. An ambulance driver was shot and killed in crossfire during an ELN attack on a police station in Norte de Santander.[210]

Kidnappings by armed actors also continued in 2025, with 15 health workers kidnapped in six incidents, compared to seven in three incidents in 2024 and three in three incidents in 2023. A nurse was taken from her home in Norte de Santander and a health worker was kidnapped along with her children, who were later released.[211] Armed groups forced a doctor to travel with them to provide medical care to their members, while another health worker was kidnapped after being lured to attend a bogus workshop.[212] Criminals also targeted medical transport, kidnapping drivers and assistants and stealing medicines, although some victims were later rescued and some supplies were recovered.[213] Ambulances were intercepted and health workers were detained for hours.[214] Four of the 15 kidnapped health workers were released, but the fates of the remaining staff members remain unclear.

Health facilities attacked

Health facilities, including children's hospitals and field clinics, were attacked at least ten times in 2025, compared to seven incidents in 2024 and one publicly reported incident in 2023. These attacks occurred across nine departments and often involved shootings, the use of explosive devices, and forced entry. Patients were abducted and staff were threatened and/or harmed.

In addition to the incidents at health facilities attributed to the ELN, FARC, and Colombian military personnel, unidentified actors armed with firearms entered health facilities, stole medical supplies, and robbed and threatened patients; shot guards and people leaving facilities; attacked clinics with gunfire; and entered facilities and assaulted patients receiving care.

This chapter is based on 2023-2025 COL 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.

Colombia

THE IMPACT OF ATTACKS ON HEALTH CARE

Escalating violence between armed groups in 2025 severely undermined access to health care in parts of Colombia. The ICRC reported that in areas where people cannot move freely, access to primary health services deteriorated sharply, increasing stress, mistrust and social fragmentation. Pre-existing structural inequalities further constrained health care access for internally displaced persons (IDPs). While humanitarian organizations provided limited health care services in some departments, including Arauca, Chocó, La Guajira, and Norte de Santander, many IDPs remained without access to health care.

Health facilities and services faced increased disruptions, including the suspension of their activities. Following a surge in violence between multiple armed groups in the Ábrego, Teorama, and Tibú municipalities in the Catatumbo region's Norte de Santander department, at least four basic health care centers closed or suspended their services, while outreach medical services were halted. Vaccination programs, nutritional services and mental health services were interrupted, while only limited emergency services remained operational. Disruptions of this kind can leave entire communities without access to preventive and primary health care, increasing the risk of untreated illness and long-term negative impacts on people's health status.

Women and girls were particularly vulnerable to disruptions to health services. In early 2025, Médecins Sans Frontières (MSF) reported a deterioration in community health conditions during its emergency response in the Catatumbo region of Norte de Santander department. Children displayed symptoms of malnutrition, while many pregnant women could not access prenatal care, increasing risks for both maternal and infant health. Some patients showed severe violence-related psychological symptoms that were consistent with a recent survey study by Østergaard et al. linking repeated exposure to armed conflict and its impact on health, including mental health. Armed groups' recruitment and exploitation of women and girls, coupled with restricted health care and reproductive services, further put women and girls at risk.

Renewed government commitments to strengthen primary health care in rural and conflict-affected areas, together with progress in various health indicators, represented key steps toward more equitable nationwide health care access.

Colombia

204 The SHCC's 2024 Annual Report cited 18 incidents of violence against or obstruction of health care in Colombia in 2024, compared to 18 in 2023 and 13 in 2022. Data is continuously updated and numbers can change if new information is made publicly available.

205 In October 2025, the website of the Ombudsman's Office declared over 325 registered cases of violence against health care, although the description of these events is not public and depends on confidential information obtained through a national system managed by the Colombian government.

206 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COL SHCC Health Care Data. Incident numbers 122289; 122296.

207 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COL SHCC Health Care Data. Incident number 119663.

208 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COL SHCC Health Care Data. Incident numbers 96309; 119994; 123613.

209 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COL SHCC Health Care Data. Incident number 119531.

210 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COL SHCC Health Care Data. Incident number 123613.

211 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COL SHCC Health Care Data. Incident numbers 123166; 116636.

212 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COL SHCC Health Care Data. Incident numbers 119662; 122294.

213 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COL SHCC Health Care Data. Incident number 122298.

214 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 COL SHCC Health Care Data. Incident number 122288.

Mexico

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS			
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2025			
27	17	7	2
2024			
28	19	6	4
2023			
12	4	6	9

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 27 incidents of violence against or obstruction of health care in Mexico in 2025, compared to 28 in 2024 and 12 in 2023. Among incidents reported in 2025, health facilities were attacked at least 17 times, while seven health workers were killed and two were kidnapped.

The actual number of incidents and the severity of the problem are likely greater, but the absence of reported attacks on health care in some locations may reflect service closures or reporting constraints rather than improved security, 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 Mexico is compiled from open and private sources and information projects. 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.

Mexico

THE CONTEXT

In 2025, violence by armed groups and drug cartels, including the Jalisco New Generation Cartel and Sinaloa Cartel, persisted, driven by shifting alliances and territorial disputes across numerous states, including Baja California, Chihuahua, Guerrero, Michoacán, Puebla, Sinaloa, and Veracruz. Official homicide figures declined, reportedly due to new government security strategies, in terms of which the National Guard was formally incorporated into the Secretariat of National Defense, solidifying its military status, and 10,000 officers were deployed to the US-Mexico border. This decline likely understates the true scale of violence in the country, and homicide rates increased in six states: Baja California Sur, Campeche, Hidalgo, Nayarit, Sinaloa, and Veracruz.

Despite new government health initiatives, including improvements to coverage, quality, and access to government-provided health services introduced in late 2024, health care providers continued to be affected by violence perpetrated by members of organized crime groups.

Mexico faced multiple humanitarian crises in 2025. In October, flooding and landslides caused by Hurricane Priscilla and Tropical Storm Raymond damaged or destroyed thousands of structures, including hospitals and roads, limiting health care access for isolated communities in south-eastern areas of the country. Armed violence, restrictive US border policies, and avian influenza and measles outbreaks further strained health services, which disproportionately affected vulnerable populations.

Funding cuts reduced humanitarian assistance in 2025. Reductions in USAID funding forced the suspension of health programs, particularly along migration routes passing through Tapachula city and Mexico City, and shelter services and legal support for internally displaced people and asylum seekers at the US-Mexico border. An 11% cut to the national health budget and persistent medicine shortages forced some patients to use private health services.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

In 2025, violence against or obstruction of health care in Mexico remained at similar levels to that reported in 2024. Incidents were reported in nine states, seven fewer than the previous year, but cases in Sinaloa more than doubled between 2024 and 2025, reflecting the wider deterioration in security in the state.

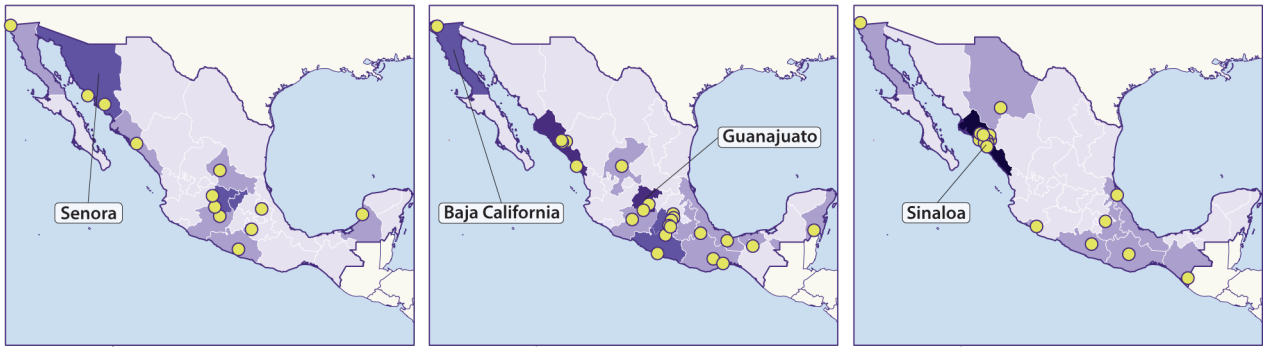
Armed violence inside hospitals, clinics, pharmacies and rehabilitation centers continued in 2025, with these types of incidents nearly doubling in Sinaloa state. Recorded incidents involving health worker killings and kidnappings also persisted, as did the use of restraints against health workers and patients, with reports of individuals being attacked and forcibly bound. Notably, cases of armed men impersonating health care professionals in order to gain access to health facilities continued to be registered.

The majority of publicly reported violence impacting health care was attributed to unidentified men with guns. The Sinaloa Cartel was named in four incidents, all occurring on April 7 in Culiacan Rosales city, Sinaloa state, when cartel members entered four rehabilitation centers. Sources' accounts vary on the details of these incidents, with reports ranging from patient abductions to patients and staff being threatened and patients being forced to leave these centers.[215] On the same day in the same city, members of the Los Chapitos gang were suspected of carrying out a mass shooting at a private rehabilitation center.[216]

Mexico

Known locations of reported incidents affecting health care in Mexico, 2023-2025

Incidents more than doubled in Sinaloa in 2025, reflecting the wider deterioration in security in the state.



Source: Insecurity Insight for the SHCC.

In Michoacán de Ocampo state, the Jalisco New Generation Cartel reportedly detonated an explosive device inside a vehicle parked outside a police headquarters, damaging a nearby hospital in the process.[217] In another incident, a children's health center was set on fire in Sinaloa state.[218]

Most cases affected health care providers working for national health structures, with five incidents affecting Red Cross societies and another four affecting private health care organizations.[219]

Health facilities attacked

Hospitals, clinics, pharmacies, and rehabilitation centers were attacked on at least 17 occasions in 2025, compared to 19 such incidents in 2024 and four in 2023. These incidents occurred across multiple Mexican states, most notably in Sinaloa, as well as in Baja California, Chihuahua, Guerrero, Michoacán de Ocampo, Puebla, and Veracruz, and often involved shootings, arson, the use of explosive devices, and forced entry. Patients and staff were abducted or threatened, and some were killed.

Criminal groups and affiliated gangs used health care facilities as battlegrounds to target rivals or patients, with multiple abductions and three mass shootings reported, including one attack by suspected Los Chapitos gang members who killed nine men, including two health workers, at a private rehabilitation center in Sinaloa state. During the attack, the perpetrators reportedly looked for the center's owner and asked the victims whether they belonged to the Los Pelones Cartel before shooting them. Later that day, the center's owner was kidnapped and killed.[220]

In some cases, armed attackers impersonated health workers and patients' relatives to access health facilities and shoot patients receiving medical care in Baja California and Veracruz.[221] In one case in Baja California, attackers posing as health workers shot and killed a patient who had been admitted days earlier with gunshot wounds. They were suspected of being responsible for the initial attack on this patient.[222] Other incidents involved individuals seeking refuge in health facilities only to be pursued or attacked inside them.

Mexico

DRUG REHABILITATION CENTERS UNDER ATTACK

Drug rehabilitation center attacks are a recurring violent phenomenon in Mexico, largely driven by cartel turf wars and the targeting of rival gang members who may be hiding or recovering in these facilities. Violence at these centers often involves armed men in military-style clothing, with multiple high-casualty incidents reported over the past decade, particularly in northern and central states like Chihuahua, Guanajuato, and Sinaloa, which are key battlegrounds over drug-trafficking routes.

Some reports indicated that criminal groups targeted rehabilitation centers to forcibly recruit recovering addicts as dealers or lookouts, killing those who refused to cooperate. Many of these centers were privately run, underfunded and unregistered, making them undefended targets, especially in areas with high levels of organized crime. The proliferation of these attacks is linked to the lack of government funding for rehabilitation, which has created a reliance on what are often unlicensed and unsecured facilities.

Health workers killed and kidnapped

Seven health workers were reported killed in six incidents in 2025, compared to six in both 2024 and 2023. Victims included a paramedic and surgeon who were killed in shootings at medical facilities or in ambushes on ambulances.

Between April and July, two health workers were kidnapped in two incidents, compared to four in four incidents in 2024 and nine in five incidents in 2023. In addition to the previously mentioned abduction and killing of a rehabilitation center owner, a paramedic was ambushed and kidnapped in Sinaloa state. He was later found with multiple gunshot wounds and died after being taken to hospital.[223]

On two documented occasions in Sinaloa, health workers were subjected to the use of restraints by armed men. In January, an ambulance was intercepted and two paramedics were assaulted, with one paramedic being restrained by having his hands tied. In April, an individual delivering medicines disappeared and was later found dead, with his hands bound and his body bearing gunshot wounds.[224]

This chapter is based on 2023-2025 MEX 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.

THE IMPACT OF ATTACKS ON HEALTH CARE

Ongoing armed violence linked to organized criminal groups in Mexico disrupted health care delivery in 2025. In western Colima, one of the country's most violent states, violence contributed to shortages of specialists and medications, limited the capacity of hospital infrastructure, and resulted in insufficient

health care access in rural communities. Nationally, the number of beds and diagnostic technology lagged behind international standards, leading to delayed treatments and diminished care for critical illnesses. As a result, entire populations lacked access to basic health services.

Patients faced multiple challenges when attempting to reach clinics and hospitals. Some patients, including children, died while crossing mountainous parts of Sinaloa to obtain health care. In rural areas, facilities often stood empty as doctors moved to cities, while armed groups on roads blocked access to more distant facilities. Medical facilities in Sinaloa state, including the General Hospital in Culiacán and IMSS-Bienestar clinic in Chirimoyos, were closed due to the presence of armed groups, leading to health worker protests and security being reinforced.

Armed violence and insecurity also fueled growing mental health needs. In the first three months of 2025, Médecins Sans Frontières (MSF) reported a sharp increase in mental health consultations at its Comprehensive Care Center in Mexico City, with patients showing high levels of post-traumatic stress, depression and anxiety. Health workers, particularly medical interns in remote areas such as Zacatecas, faced insecurity, psychological stress and employment uncertainty. In Sinaloa state, patients reported insomnia, appetite changes, depression, and feelings of hopelessness and loss of control over their lives, while physical symptoms included skin allergies and dryness, hair loss, muscle contractures, gastritis, neuralgia, and migraines.

215 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident numbers 105030; 105034; 105033; 105035.
216 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 105039.
217 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 123012.
218 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 110208.
219 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident numbers 103337; 103338; 103339; 103449; 113445; 10334; 105027; 105037; 105039.
220 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident numbers 105037; 105039.
221 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 113448.
222 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 102065.
223 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident number 113445.
224 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 MEX SHCC Health Care Data. Incident numbers 103338; 105031.

Haiti

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS			
REPORTED INCIDENTS	INCIDENTS WHERE HEALTH FACILITIES WERE ATTACKED	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2025			
23	13	5	15
2024			
42	25	3	4
2023			
42	16	1	33

Source: Insecurity Insight for the SHCC.

OVERVIEW

Using data collected by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified 23 incidents of violence against or obstruction of health care in Haiti in 2025, compared to 42 incidents in both 2024 and 2023.[225] Among incidents reported in 2025, 15 health workers were kidnapped and five killed, while health facilities were attacked on 13 occasions.

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 Haiti is compiled from open sources, information projects, aid agency data-sharing mechanisms, and private sources. 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.

Haiti

THE CONTEXT

Organized armed violence involving gangs such as the 400 Mawozo, Base 5 Sècondes, Ti Bwa, Taliban gang and Vithelomme Innocent continued across Haiti in 2025. Armed groups exercised territorial control over 90% of Port-au-Prince and key transport routes, while expanding their activities into other regions, further disrupting already-scarce essential health care and basic social services. Haiti's political institutions remained largely non-functional. It has been a decade since the country last held national elections. The country has lacked a functioning parliament since 2019, and has had no elected officials at the national level since January 2023, when the mandates of the remaining senators expired. In September 2025, the UN Security Council approved the creation of the Gang Suppression Force (GSF), an international security mission intended to build on the prior Multinational Security Support mission and assist efforts in Haiti to address organized armed violence.

More than 8,100 people were reported killed between January and November 2025, reflecting sustained levels of organized armed violence affecting civilians and infrastructure. Armed gangs maintained their control over transportation corridors, disrupting livelihoods, movement and humanitarian access across the country. Displacement, restrictions on communications and fear of retribution from gangs affected the reporting environment. Power outages, unstable telecommunications networks, and attacks on radio stations disrupted communications and limited access to information used by communities and humanitarian organizations.

Humanitarian conditions remained severe, and more than half of Haiti's population required humanitarian assistance. By early 2025, 1.4 million people were internally displaced, representing roughly one-tenth of the population, with women and girls comprising 55% of displaced people. In total, 5.7 million people – more than half the country's population – were also experiencing food insecurity. Extreme weather events, including hurricanes, floods, and droughts, continued to affect vulnerable communities. The continued closure of the country's primary airport further complicated assistance efforts.

Cuts to USAID funding forced the suspension of key health programs like HIV prevention services and jeopardized years of progress in local clinical care, leaving many communities with reduced access to routine treatment and preventive care.

Rampant sexual violence by gangs has led to an increased reported incidence of sexually transmitted infections. Cholera outbreaks were reported in several departments, with risks heightened in overcrowded displacement sites and areas with limited access to clean water and sanitation facilities.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2025

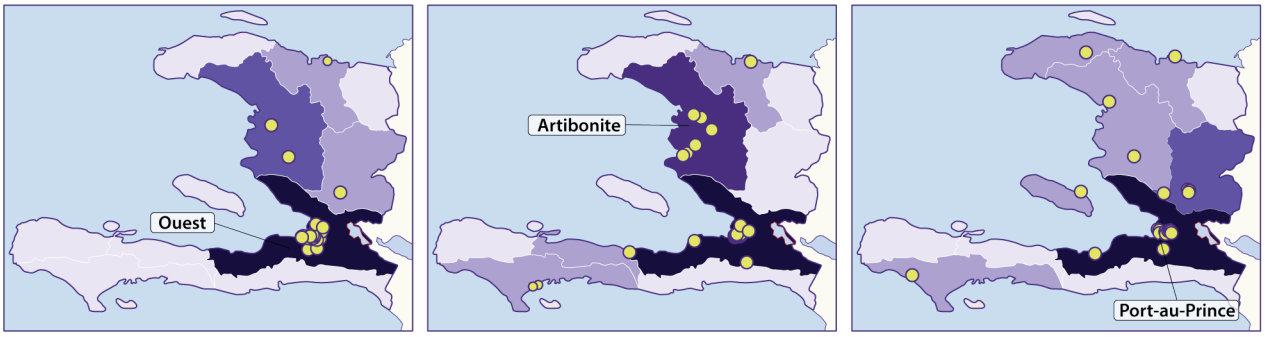
In 2025, reported incidents of violence against or obstruction of health care attributed to organized armed gangs declined overall, but rose in Port-au-Prince, reflecting continued instability and the concentration of cases in Ouest department, as recorded in previous years. Incidents decreased in Arbonite department, while incidents were also recorded in Nord-Ouest department.

Most incidents were attributed to unidentified armed men, reflecting attribution challenges due to fragmented and changing gang networks. Well-established gangs, including 400 Mawozo, Base 5 Secondes, Ti Bwa, Taliban gang and Vithelomme Innocent, were implicated in some cases.[226]

Haiti

Known locations of reported incidents affecting health care in Haiti, 2023-2025

Incidents persisted in Port-au-Prince, reflecting continued instability and the concentration of cases in Ouest department, as recorded in previous years.



Source: Insecurity Insight for the SHCC.

In 2025, health worker kidnappings surged and health facilities continued to be attacked. Reports of targeted health worker killings persisted, while patients in hospitals were also targeted. The majority of cases affected health care providers working for national health structures, with six incidents affecting an NGO and two a UN agency.[227]

Health facilities attacked

Clinics and hospitals in Haiti were repeatedly attacked, looted, deliberately set on fire or obstructed by armed gangs in 2025, particularly in Port-au-Prince and surrounding communes. Armed groups opened fire on health facilities and aid convoys, erected barricades, vandalized infrastructure, stole medical equipment and ambulances, and in some cases forced hospitals to suspend their services or evacuate staff. Major facilities affected included the Albert Schweitzer Hospital and Mirebalais University Hospital, while parts of the State University Hospital of Haiti were set on fire. Staff were also kidnapped, and stray gunfire and nearby clashes further endangered patients and staff.

Health workers killed and kidnapped

Five health workers were killed in five incidents in 2025, compared to three in three incidents in 2024 and one in 2023. Some staff were killed in targeted shootings, often at close range, by gunmen while leaving work, traveling home or driving. In two separate health worker killings in Delmas commune, the victims were killed during an attempted kidnapping.[228] One doctor was stabbed several times and killed by unidentified individuals who entered her family home at night.[229]

In 2025, 15 health workers were kidnapped in four incidents in 2025, compared to four in four incidents in 2024 and 33 in 27 incidents in 2023. Health workers were kidnapped by gunmen in or around major urban centers in Ouest department's Port-au-Prince arrondissement, where gangs exert territorial control. Two mass kidnappings were recorded, with seven health workers abducted in one incident and six in another.[230] Eight kidnapped health workers were released. The fates of seven abducted INGO staff members who were intercepted near the US embassy while trying to avoid traffic congestion and kidnapped by an armed group affiliated with the Vithelomme Innocent gang were not recorded. Some kidnapped health workers

Haiti

were harmed to coerce the payment of ransoms, including a doctor abducted from her home by armed individuals who was tortured and burned before her release.[231]

This chapter is based on 2023-2025 HTI 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.

THE IMPACT OF ATTACKS ON HEALTH CARE

Haiti's health care system remained fragile in 2025, with insecurity, limited infrastructure and resource shortages constraining access to health services for large parts of the population. Insecurity disrupted the functioning of health facilities, particularly in the Port-au-Prince metropolitan area. The Ministry of Public Health and Population estimated that around 40% of inpatient facilities had closed nationally due to insecurity or looting, while between 60% and 80% of health facilities in Port-au-Prince were reported to be closed or non-functional because of violence, looting, supply disruptions, and the departure of medical staff. The Hôpital Universitaire d'État d'Haïti, the country's main public hospital, remained closed, leaving the Hôpital Universitaire de la Paix as the only public hospital in the capital able to manage large numbers of severely injured patients. Some health centers were adapting to this difficult situation by decentralizing services to community outposts to maintain care for patients who could not travel to the capital's main metropolitan area due to the risk of violence.

Movement restrictions and insecurity also limited access to the few remaining services. Residents in neighborhoods controlled by armed groups often avoided traveling to health facilities outside their communities due to fears of violence.

Limited access to health care affected the treatment of serious illnesses and the continuity of care. Access to maternal health services remained constrained in several areas, with some pregnant women having to travel long distances to reach facilities. The concentration of services in a small number of operational facilities increased pressure on them, particularly trauma hospitals and emergency departments receiving patients injured in violent incidents. Insecurity and limited employment opportunities also contributed to the migration of medical professionals, reducing the availability of qualified health workers in several regions.

Haiti

225 The SHCC's 2024 Annual Report cited 39 incidents of violence against or obstruction of health care in Haiti in 2024 and 42 in 2023. Data is continuously updated and numbers can change if new information is made publicly available.

226 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 HTI SHCC Health Care Data. Incident numbers 117515; 119268; 119269; 119270; 122306; 113131.

227 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 HTI SHCC Health Care Data. Incident numbers 95380; 96379; 113131; 116637; 117515; 122301; 115821; 120415

228 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 HTI SHCC Health Care Data. Incident numbers 96372; 120415.

229 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 HTI SHCC Health Care Data. Incident number 100259.

230 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 HTI SHCC Health Care Data. Incident numbers 113131; 115821.

231 Insecurity Insight. Safeguarding Health in Conflict Coalition 2025 Report Dataset: 2023-2025 HTI SHCC Health Care Data. Incident number 88275.

Methodology

REPORT COVERAGE

This thirteenth report of the Safeguarding Health in Conflict Coalition (SHCC) covers 33 countries and territories and provides details on incidents involving threats and violence against health care in 21 countries (including one territory) that experienced conflict in 2025.[232] For these 21 countries that have their own chapter, the 2025 report further provides information on the impact of violence on health care, including the impact on health workers, health care systems, and people's access to health care, based on multiple secondary sources.

To determine whether a country is considered to have experienced conflict in 2025, the report is based on the system of conflict determination adopted by the Uppsala Conflict Data Program (UCDP).[233] A country, territory, or region within a country is included in the SHCC report if it is included on the UCDP list of one of the three types of conflict (state-based armed conflict, non-state armed conflict and one-sided violence),[234] and if Insecurity Insight identified at least one attack on health care perpetrated by a conflict actor, which for the purposes of this report is defined as a person affiliated with organized actors involved in armed conflict. A chapter is included in the report for the 21 countries that reported more than 15 incidents in one year or more than 30 incidents over multiple years. Incidents from 12 other countries are included in the total count of incidents of violence against health care, but neither the incidents nor the situation in the affected countries is described in detail.

Nineteen of the countries with country chapters in 2025 had country chapters in the 2024 report. For the 2025 report, detailed descriptions were included for Iran and Somalia after no detailed chapters were included for them in 2024. Data from Afghanistan, Chad, Honduras, India, Indonesia, Iraq, Israel, Libya, Mozambique, Niger, Russia and Venezuela is included in the total count, but these 12 countries do not have country chapters in the 2025 report.

DATA SOURCES

The data for this report was compiled and analyzed by Insecurity Insight and shared for publication in collaboration with the SHCC. The report uses an event-based approach to documenting attacks on health care, which are referred to as "incidents" throughout the report. To prepare this report, event-based information from multiple sources was cross-checked and consolidated into a single dataset of recorded incidents that were coded using standard definitions. Each country chapter lists the principal sources used to compile the dataset, referring to "open sources" when incidents were reported by edited media, "private sources" when information was received through personal networks, "aid agency data-sharing mechanisms" when the information was provided by an aid agency or the International NGO Safety Organisation (INSO), and "information projects" when information was added through cross-checking with other organizations doing related work. These organizations included the Armed Conflict Location & Event Data (ACLED) project; the Aid Worker Security Database (AWSD), Airwars, the Syrian Observatory for Human Rights (SOHR), and the Syrian Network for Human Rights (SNHR) for data on Syria; and the Civilian Impact Monitoring Project (CIMP) for data on Yemen.

The data cited in this report can be accessed via Attacks on Health Care in Countries in Conflict (SHCC) Data on Insecurity Insight's page on the Humanitarian Data Exchange (HDX). However, some incidents are not included in these lists when the individual/organization providing the data explicitly requested that information on these incidents should not be shared further. No incidents shared by the INSO are included in these lists. The data for the 21 countries included in this report is made available as individual datasets.

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The links are provided in the individual country chapters. For the 12 countries mentioned above that do not have country chapters about them in the 2025 report, the data is also available via the HDX data grids for the relevant countries, excluding any data shared by the INSO.

The data is also available on Insecurity Insight's interactive global map on attacks on health care. This platform is updated if new information becomes available, so numbers of incidents included in this report and displayed on the platform can therefore differ.

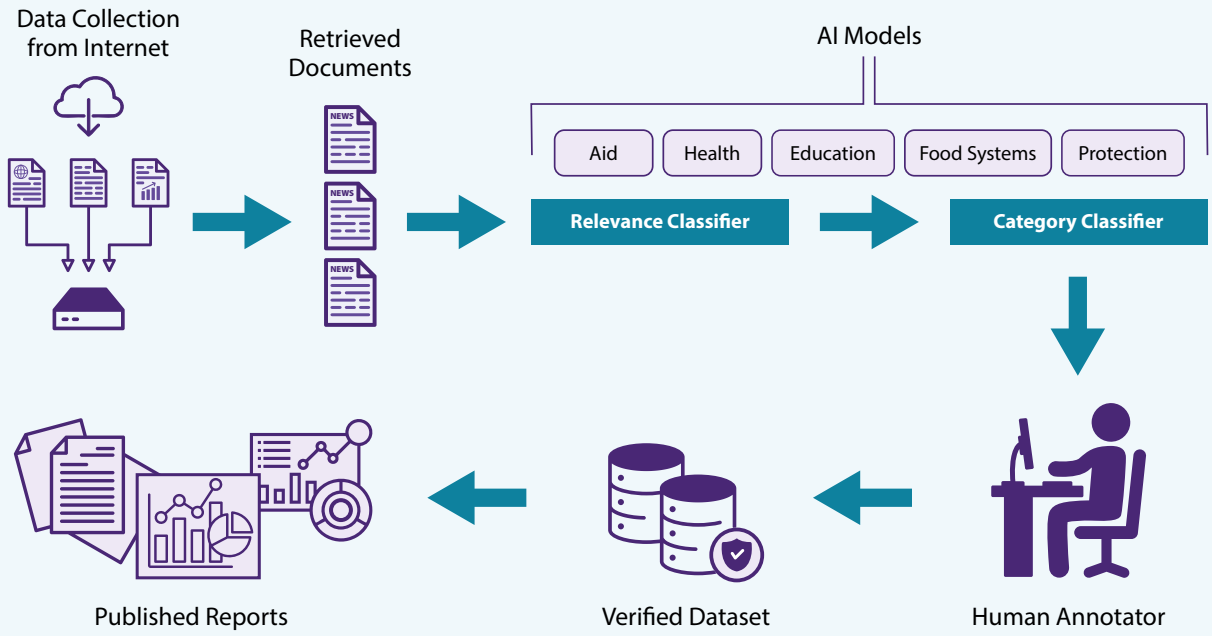
The report covers the impact of attacks on health care as far as available reports indicate. It cites secondary sources that normally use mixed-method approaches to summarize the known impacts of attacks on the delivery of and access to health care.

TECHNOLOGY AND WORKFLOWS IN DOCUMENTING PUBLICLY REPORTED INCIDENTS OF VIOLENCE AGAINST HEALTH CARE

To document the growing flow of detailed information about violence against health care from open platforms, Insecurity Insight uses AI-supported tools to find this information by applying classifier and categorization functions to publicly available information. The incidents are found through classifier functions that are trained on ten years of data on violence against health care. This system is now available in English, French and Arabic.

The identified information is displayed on a tailor-made platform where Insecurity Insight staff manually check the trustworthiness of the source and plausibility of incidents as part of the remote verification process. The AI-supported tools enable efficiency and access to information. Inclusion decisions are all made by trained staff.

Insecurity Insight's open-source data-collection process



Methodology

This data-collection process has been instrumental in bringing in information from areas where aid agencies have no access and where health services are provided by local organizations that are independent of the UN-managed Health Cluster system. This has been made possible thanks to the increased number of first-hand reports from witnesses in conflict zones, which are enabled by rising smartphone, internet, and international platform access. Increasing internet restrictions, restrictions on access to certain social media platforms, and restrictive measures imposed on independent journalists can reduce the extent to which this information can effectively be shared and, consequently, collected.

DEFINITION OF ATTACKS ON HEALTH CARE

This report follows the WHO's definition of an attack on health care: "*any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access and delivery of curative and/or preventive health services.*"[235]

The report focuses on incidents of violence against health care in the context of armed conflict, non-state armed conflict or one-sided violence, as defined by the UCDP, while the WHO focuses on attacks during emergencies.

In accordance with the WHO's definition, incidents of violence against health care can include bombings, explosions, looting, robberies, hijackings, shootings, gunfire, the forced closure of health facilities, the violent searching of health facilities, fire, arson, the military use of health facilities, the military takeover of health facilities, chemical attacks, cyber attacks, the abduction of health workers, the denial or delay of health services, assaults, forcing staff to act against their ethical principles, executions, torture, violent demonstrations, administrative harassment, obstruction, sexual violence, psychological violence, and threats of violence.

All these categories have been included insofar as they were reported in sources. However, some forms of violence, such as psychological violence, blockages of access to health care or threats of violence, are rarely reported. We also record incidents of violence against patients in health facilities when references to the effects of violence on patients are included in the descriptions of incidents.

DEFINITION OF CONFLICT

The SHCC report covers three types of conflict as defined by the UCDP for countries that reported at least one incident of violence against health care perpetrated by a conflict actor:[236]

- **State-based armed conflict** is defined as *"a contested incompatibility that concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths in one calendar year."*
- **Non-state armed conflict** is defined as *"The use of armed force between two organized armed groups, neither of which is the government of a state, which results in at least 25 battle-related deaths in a year."*[237]
- **One-sided violence** is defined as *"The deliberate use of armed force by the government of a state or by a formally organized group against civilians which results in at least 25 deaths in a year."*

Methodology

This report is limited to violence perpetrated by conflict actors. Interpersonal violence and violence by patients against health care providers are not included in this report, even when they occurred in conflict-affected countries.

Incidents are only included when (a) the perpetrator was a member of a party to a conflict, and (b) available evidence suggested that the incident occurred either in the context of a contested incompatibility of territory or as a one-sided act of violence by security forces included on the UCDP list of countries with more than 25 reported deaths from one-sided violence attributed to security forces or non-state armed actors.

CONCEPTUALIZATION OF THE IMPACT OF ATTACKS ON HEALTH CARE

SHCC data is compiled with the objective of supporting policy and practice that improve the protection of health workers, the health system, and access to health care. The aim is to inform policy efforts to encourage perpetrator accountability, identify opportunities for preventing armed actor violence against health care providers, and support measures to mitigate the effects of violence on health systems and access to care. To balance analytical ambitions with practical constraints on data availability and what is needed for actionable insights, the data is used to explore the context of violence against health care, the vulnerability of the health system, the means and intent of conflict parties, and the impact of violence on health services and health outcomes across time and space in the context of international legal norms (see below).[238]

Key concepts

Vulnerability refers to the intersecting factors that explain how health services are exposed to harm during conflict. These factors include the characteristics of health systems, facilities, and operations that increase risk, as well as elements that can be strengthened to reduce that vulnerability.

Context, means and intent describe how the tactics, strategies, and weapons systems (means) used by conflict parties contribute to harming health care in a range of contexts. The possible motives (intent) behind attacks on or interference with health care, which are central to legal and accountability assessments, are also considered.

Impact refers to the processes through which violence progressively weakens health systems and restricts access to care. These processes diminish the quality, availability, and accessibility of services and often unfold in complex, cumulative ways rather than as immediate or isolated incidents. Over time, they contribute to poorer health outcomes, increased mortality, and wide-ranging local and global consequences.

Norms: The protection of health care is included under the obligations prescribed by international humanitarian law and international human rights law. States retain responsibility for ensuring respect for these obligations.

This framework informs the criteria for including incidents in the database. The impact of incidents of violence against patients is far-reaching and affects health workers, the functioning of the relevant health system, patients' physical access to health care, and people's perceptions that influence their choices with regard to seeking health care.

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Attacks on health care affect health workers both psychologically and physically, which frequently results in qualified staff leaving the profession or the area where attacks occur. Therefore, all violence against health workers perpetrated by conflict parties is included in this report, ranging from incidents that occurred in a health facility to those that impacted workers on their way to work, or at home, or while out shopping, etc., because all of these incidents affect the well-being and sense of safety of health workers, and consequently their ability to provide care or willingness to continue to work in highly insecure environments.

The damaging or destruction of physical health care infrastructure affects the quality of care that can be provided. Damage can be direct when a health facility is damaged in an attack, or indirect as a consequence of damage to other infrastructure such as electricity or water supply systems or the looting of medicines. The impact of individual violent events is spread over time and location, and it is often the cumulative impact of multiple incidents and their diverse effects that create the most concerning impacts that reduce the extent and quality of the care provided.

Insecurity and fear of health systems being the target of attacks also affect how and when people decide to seek medical help. Delays in accessing care can make treatment more difficult and thereby contribute to worse health outcomes. Various studies focus on different aspects of the impact of attacks on health care and cover different points in time, and information on the complex consequences of individual incidents remains limited in many cases.

No single data-collection method can fully cover such wide-ranging impacts. The Insecurity Insight incident-monitoring system that collects data for the SHCC provides the basis for deciding whether incidents need to be considered, and mixed-method approaches provide the best option to understand the complex impact chains.

DATA MANAGEMENT ETHICS

The SHCC applies strict principles to ensure responsible, safe, ethical and effective data management. These principles are based on the IASC Operational Guidance on Data Responsibility in Humanitarian Action and the work of the Data Responsibility Working Group, and center around the principles of data security, data privacy, and data use, taking into account that the SHCC's work has a responsibility to health workers, health systems, and humanitarian health care providers.

The key objectives are that:

- data is used to make more informed decisions to protect health workers and the health care system;
- the privacy and security of the information related to people at risk are protected;
- data is shared and disseminated to improve stakeholders' understanding of how conflict affects the delivery of health care;
- transparency regarding data sources contributes to the collective improvement of data and information; and
- data-collection processes are open and transparent, allowing public access to the data and accountability with regard to its use.

The SHCC applies data ethics to identify solutions to data-related dilemmas when competing principles require it to take priority decisions guided by the principle of doing no harm. Based on these considerations, we report the available information on the perpetrator(s) of violence. Information on the perpetrator(s) is

not only important methodologically to determine if an incident is conflict-related, but, most significantly, it provides key information required to develop preventive strategies and mitigation measures that reduce the incidence and impact of attacks and to support accountability processes. Because we believe that the key objective of all data work has to be that it can be used to address and mitigate harm, the SHCC considers the information related to perpetrators and the locations of incidents in countries to be of primary importance. The SHCC also recognizes the harmful nature of data-collection and analysis processes that turn the information communities provide into confidential and proprietary data. We make our datasets openly available as a public good to give all communities access to them. Strict data security principles are applied to personally identifiable information and to any information that links to people or organizations at risk from any potential repercussions from conflict parties.

INCLUSION OF INCIDENTS

To describe attacks on health care, the report includes only incidents that met the inclusion criteria for UCDP-defined types of conflicts and the conflict-related perpetrators of such attacks. Based on this principle, we included the following types of incidents and details in the report dataset:

- incidents affecting health facilities, recording whether they were destroyed, damaged, looted or occupied by armed individuals/groups;[239]
- incidents affecting health workers, recording whether they were killed, kidnapped, injured, assaulted, arrested, threatened or experienced sexual violence (when available, we recorded the number of affected patients, although we acknowledge the likely serious under-reporting of these figures);
- incidents affecting health care transport/vehicles, recording whether ambulances or other official health care vehicles were destroyed, damaged, hijacked/stolen, or stopped/delayed; and
- incidents affecting health supplies, recording whether they were taken/looted, damaged or stopped/delayed.

These categories are not mutually exclusive. For example, health workers may be attacked while in a health facility, while using official health care transport or elsewhere.

KEY DEFINITIONS

Health worker refers to any person working in a professional or voluntary capacity in the provision of health services or who provides direct support to patients, including administrators, ambulance personnel, community health workers, dentists, doctors, government health officials, hospital staff, medical education staff, nurses, midwives, paramedics, physiotherapists, surgeons, vaccination workers, volunteers, or any other health-related personnel not named here.

Health worker affected refers to incidents in which at least one health worker was killed, injured, kidnapped, or arrested, or experienced sexual violence, threats, or harassment.

Health facility refers to any facility that provides direct health-related support to patients, including clinics, hospitals, laboratories, makeshift hospitals, medical education facilities, mobile clinics, pharmacies, warehouses, or any other health facility not named here.

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Health facility affected refers to incidents in which at least one health facility was damaged, destroyed, or subjected to armed entry, military occupation, looting, or bombing in the vicinity.

Health transport/vehicle refers to any vehicle used to transport any injured or ill person or woman in labor to a health facility to receive medical care.

Health transport/vehicle affected refers to incidents in which at least one ambulance or other health care transport/vehicle was damaged, destroyed, hijacked, or delayed with or without a person requiring medical assistance on board.

Health supplies refers to safe, effective, good quality, and affordable medicines, vaccines, and other health-related products, including medical equipment, diagnostics, personal protective equipment, assistive technologies, and other essential health-related commodities. People's ability to access the essential health-care services that supply these treatment-related commodities is also a factor here.

SOURCES OF REPORTED INCIDENTS OF ATTACKS ON HEALTH CARE

The aim of this report is to bring together known information on individual attacks on health care gathered from multiple sources. Access to sources differs among countries, and each source has its own strengths and weaknesses. Some differences can be found in the definitions of what constitutes attacks on health care used by the different sources that were used to compile the SHCC dataset. Each source introduces unique reporting and selection biases, which are discussed below.

To identify incidents that meet the inclusion criteria, when Insecurity Insight collected data for the SHCC it used a range of distinct sources that provided a combination of media-reported incidents and incidents reported by partners and network organizations:

1. information included in Insecurity Insight's Attacks on Health Care News Briefs, consisting of a combination of media sources identified through tailormade AI technology and other publicly shared information from partner networks, such as the Aid Worker Security Database (AWSD) for global data from international aid agencies coordinating health programs; Airwars and the Syrian Observatory for Human Rights (SOHR) and Syrian Network for Human Rights (SNHR) for data on Syria; the Civilian Impact Monitoring Project (CIMP) for data on Yemen; and databases such as that of the Armed Conflict Location & Event Data (ACLED) project;
2. research conducted by a small team of Insecurity Insight members to identify additional incidents reported by UN agencies, the media and other sources;
3. incidents affecting health care shared by the INSO Conflict and Humanitarian Data Centre (CHDC) for 15 countries: Afghanistan, Burkina Faso, Cameroon, the CAR, the DRC, Haiti, Mali, Mozambique, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria, and Ukraine;[240]
4. incidents affecting health care in Ethiopia shared by the Amhara Association of America;
5. incidents affecting health care in Yemen shared by Mwatana for Human Rights, Yemen; and
6. information from casualty recorders in the occupied Palestinian territory (oPt) that tended to be based on names and Israeli ID numbers, but gave no information on the date and location of a particular incident, which required complex matching. This work is ongoing.

Methodology

INCIDENT CODING PRINCIPLES

The general theory and principles of event-based coding were followed. Firstly, care was taken not to enter the same incident more than once. Secondly, the information in text-based event descriptions was turned into data by coding the "six Ws": **w**ho did **w**hat to **w**hom, **w**here, **w**hen and with what **w**eapon. The standard coding principles are set out in the SHCC *Overview Data Codebook*. Please see www.insecurityinsight.org/projects/healthcare/shcc for full details of SHCC coding and annexes.

IDENTIFYING HEALTH WORKER FATALITIES: INCIDENT-AND CASUALTY-RECORDING APPROACHES

Insecurity Insight uses an incident-based approach to identify and then classify information for the SHCC. Using the unique place and time of an incident as the key information, all reported information is given a unique classification identification (ID) number. The number of health workers killed during a particular incident is recorded under the incident details. Multiple health workers killed in the same event are always recorded under the same incident ID number. In incident-based recording, individuals are recorded as numbers of people killed without necessarily recording their names or ages.

Many human rights/casualty-recording organizations take an individual-based approach to the recording of fatal casualties. In this approach, each killed individual is recorded under a unique ID number that usually includes the victim's name and age, and the circumstances of their death (date and location). Most do not routinely record information regarding the victim's profession.

These two approaches to documentation result in different numbers of conflict deaths that may fuel unhelpful discussions about the "true number" of casualties. For example, Healthcare Workers Watch - Palestine based its counts on the names of Palestinians who were killed, using their Israeli-issued personal ID number to identify unique individuals. However, these lists do not include the locations or dates of these deaths. According to this source, 1,571 health workers had been killed since October 2023, while the UN rreported more than 1,000 health worker fatalities.

Insecurity Insight has recorded 757 health workers killed in Gaza and 21 in the West Bank in 2025 by analyzing all fatal incident reports where health workers were known to have been among the dead. However, this incident-based approach undercounts the number of health workers killed, because it does not include any health workers killed in incidents where the victim's profession was not immediately identified. Cross-checking against other sources is continuing and numbers will change.

For example, by the time the 2023 SHCC report was published in May 2024, Insecurity Insight had recorded 146 health worker killings for 2023, but a year later, 414 health worker killings are on record for the same period of 2023 as a result of continuous cross-checking against sources. Equally, in May 2025, Insecurity Insight had recorded 617 health workers killed in Gaza and 11 in the West Bank in 2024, but by May 2026, the number of recorded health workers deaths for 2024 had risen to 757 in Gaza and 21 in the West Bank.

In comparison, in Sudan, by the time the 2023 SHCC report was published in May 2024, Insecurity Insight had recorded 56 health worker killings for 2023, but a year later, 55 health worker killings were on record for the same period of 2023 as a result of continuous cross-checking against sources.

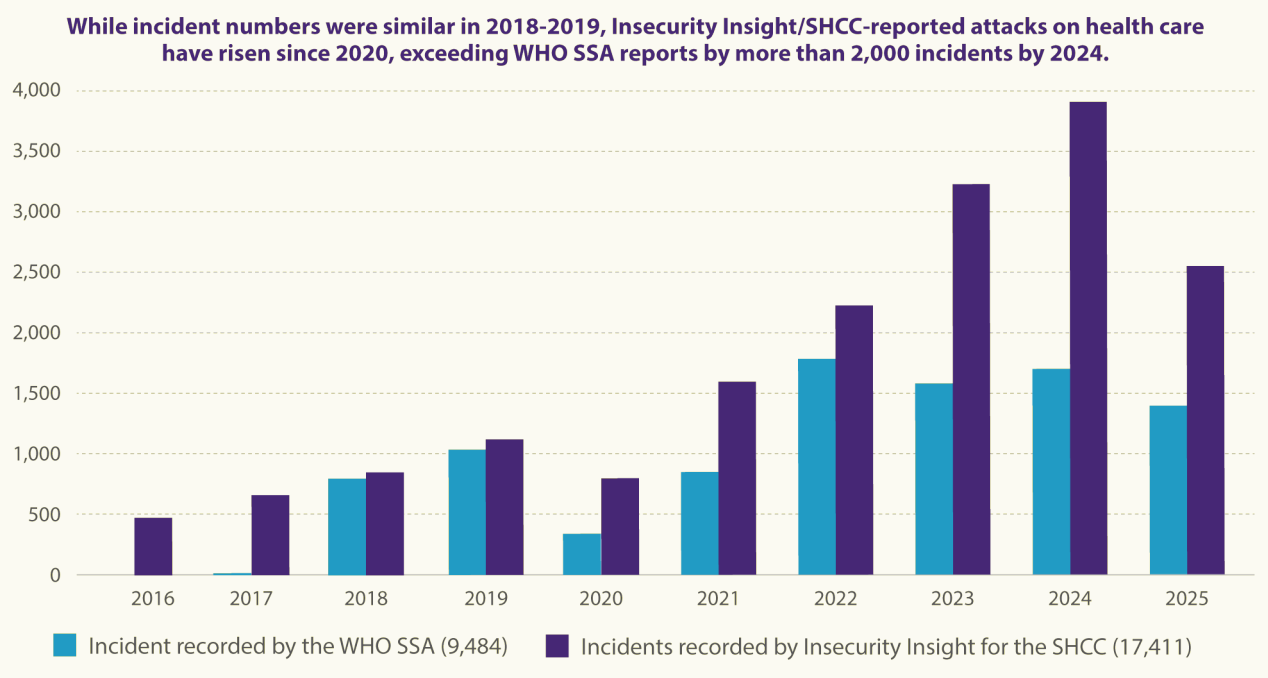
Efforts to combine and reconcile these two separate approaches are extremely time-consuming and complex. Both approaches miss vital information, such as names, official ID numbers, profession, or the date and location of incidents that would help to match information. The increased standardization of methods for both incident-based and individual-based casualty recording would help to improve the reliability of data and information. Insecurity Insight is working with Airwars on cross-checking all recorded names using a tool designed specifically for this purpose to match partial and full names across multiple datasets, which can then be used to locate individuals across different records where information such as profession might not otherwise have been identified.

INCLUSION AND CODING OF WHO SSA-REPORTED INCIDENTS

Insecurity Insight has continuously cross-checked information against the data contained in the WHO Surveillance System for Attacks on Health Care (SSA) database. As of April 19, 2026, the WHO SSA reported a total of 1,385 attacks on health care in 19 countries for 2025. For the same period Insecurity Insight's monitoring for the SHCC reported 2,546 incidents across 33 countries for 2025. Moreover, Insecurity Insight data recorded an overall increase of reported incidents of 15% for 2024 compared to 2023, and a 62% increase compared to 2022. The WHO SSA data recorded an increase in reported events for 2024 of 6% compared to 2023, but this still constituted a 7% decrease from the number of incidents reported in 2022.

While the numbers of reported incidents were not very different for 2018 and 2019, Insecurity Insight-reported incidents have continued to increase over the past years compared to WHO SSA reports. In 2020, Insecurity Insight reported 460 more incidents than the SSA, while for 2024, it reported 1,981 more incidents than the SSA.

Incidents reported by the SHCC and WHO SSA, 2016-2025



Source: Insecurity Insight for the SHCC.

Methodology

Cross-checking individual incidents against the information collected by Insecurity Insight for the SHCC remains challenging, since the WHO SSA does not provide any information on location, except for the country where the incident occurred. Yet such cross-checking is important to estimate overall numbers. A detailed assessment of differences in data for 2017 found a similar number of incidents reported, but event-by-event comparison found only a 12.9% overlap of reported incidents and thus suggested considerable under-reporting in both datasets.[241] Since then, Insecurity Insight has invested in improved online search functions with the pro bono help of leading tech companies.[242] This is likely to have contributed to better coverage of incidents reported from open sources. It is also likely that the WHO SSA has better access to information about incidents that are confidentially reported through the aid system, including information on sensitive cases such as kidnappings or arrests.

INCIDENTS REPORTED BY THE SHCC AND WHO SSA IN 2025

In 2025, Insecurity Insight's monitoring for the SHCC reported more incidents than the WHO SSA in nearly all countries covered by the WHO SSA, with the largest differences in the DRC, the oPt, Myanmar, Sudan and Yemen.

	Number of incidents reported by Insecurity Insight for the SHCC in 2025	Number of incidents reported by the WHO SSA in 2025
Burkina Faso	13	9
Cameroon	30	20
CAR	23	
Colombia	28	
DRC	325	40
Ethiopia	69	
Haiti	23	11
Iran	27	6
Lebanon	15	3
Mali	22	21
Mexico	27	
Myanmar	259	70
Nigeria	43	
oPt	625	461
Pakistan	32	
Somalia	18	
South Sudan	31	9
Sudan	134	65
Syrian Arab Republic	74	32
Ukraine	613	582
Yemen	48	2
Other countries	71	54
Total	**2,546**	**1,385**

Methodology

SOURCES OF INFORMATION ON THE IMPACT OF ATTACKS ON HEALTH CARE

Mixed-method studies from a variety of sources were included in the review of the impact of attacks on health care. These include:

- academic studies; and
- applied studies focusing on affected populations or security risk perceptions among health workers.

ANALYTICAL APPROACHES

This report describes the patterns of violence against health care for selected countries based on available information on what happened during recorded incidents. Most of the details about violence against health care are provided by those who experienced or observed the violence and reported it to others, who then shared this information as an incident report. Only in exceptional cases do perpetrators provide any information about incidents. As a result, all described patterns are those based on the observed facts, such as what uniforms the perpetrators wore, whether they operated alone or in groups, and what weapons systems they had access to. In addition, some details of the location and nature of the attack suggest possible motives. For example, if members of an armed group forcibly enter a health facility and only loot medicine, it is possible that they carried out the attack because they needed medical supplies for the group's fighters. If doctors are kidnapped and a ransom is demanded, it is possible that the health workers were attacked for their perceived wealth.

In many other cases, the location of the attack may provide few reliable clues about motives. For example, the fact that a health worker was attacked immediately outside a health facility is no indication that the attack specifically targeted the health worker because of their profession. The attack may only have been a random one targeting people in the street that happened to be directed at a health worker and happened to occur outside a health facility but could have targeted anyone and happened anywhere else. Nonetheless, it remains possible that the attack was indeed directed at a health worker because of their profession, and that the location was chosen for strategic reasons, e.g. because a private home or moving vehicle is a "softer" target than a more secure health facility where a doctor or nurse may work in wards that are some distance from the entrance. Moreover, there are suggestions that phone tracking may allow targeted attacks to be scheduled at times and locations where health personnel are at their most vulnerable. However, despite this uncertainty as to motive in cases such as these, the location of an attack remains a very important element of the information used to design strategies to improve the safety of health workers.

LIMITATIONS OF THE RESEARCH

This report is based on a dataset of incidents of violence against health care that has been systematically compiled from a range of trusted sources and carefully coded. The figures presented in the report can be cited as the total number of incidents of attacks on health care in 2025 reported by the SHCC and identified by Insecurity Insight. These numbers provide a minimum estimate of the damage to health care from violence and threats of violence that occurred in the reporting year. However, the severity of the problem is likely much greater, because many incidents probably go unreported and are thus not counted here. Moreover, differences in definitions and biases in individual sources suggest that the contexts that are identified are also not representative of the actual contexts and that the SHCC dataset suffers from reporting and selection bias.

Methodology

REPORTING AND SELECTION BIAS

"Reporting bias" is the technical term for the possible selective reporting of those who bring the information obtained from a variety of sources together into one dataset. While the Insecurity Insight/SHCC research process tries to avoid any obvious selection bias and focuses the selection process exclusively on incidents based on carefully selected inclusion criteria, the SHCC dataset contains selection bias because by bringing together available information from different sources on violence and threats of violence against health care, the SHCC inevitably introduces all the selection bias inherent in the original sources it combines into one dataset. Those who report individual incidents may select or ignore specific incidents for a range of reasons, including editorial choices, when the source is a media outlet; lack of knowledge, because the affected communities had no connection to the body compiling the information in the first place; and because of deliberate censorship, or internet access disruptions in the country in question, or simple errors of omission. These biases mean that the SHCC's collection of incidents is neither complete nor representative. This has important implications for the conclusions that can be drawn from the data.

1. **The reported numbers of incidents by country should not be compared to those of other countries without taking into account the factors that affect information flows and possible selection bias.**
   For example, in Ukraine, highly skilled researchers are able to document many incidents without fear of reprisal from authorities in the parts of Ukraine that remained under Ukrainian government control. In the oPt, courageous reporters continued to document the violence and destruction occurring around them, while diaspora networks from Myanmar, Sudan, and Cameroon are important sources of information shared with the outside world. This resulted in higher numbers of reported incidents reaching the SHCC related to incidents these researchers and reporters have access to.

   In a number of countries, and increasingly so in countries across the Sahel, but also in Myanmar and Sudan, health professionals and professional journalists could jeopardize their own and other people's safety by publicly reporting incidents, which is likely to result in more incidents going unreported despite the effective diaspora information networks. Repeated internet restrictions that occurred in Myanmar, Gaza and Iran, among others, are also likely to result in some information not being transmitted. Overall, low internet penetration and fear of reprisals are likely to affect reporting from the Sahel and surrounding countries. Growing insecurity and widespread funding- and security-related closures of health programs are also likely to have reduced access to information, because fewer staff often mean that reporting activities can no longer be maintained. Parts of northern Nigeria continued to be difficult to access, while the expulsion of aid agencies from Gaza and Niger meant that these countries were not easily accessible to outside actors, and this is likely to have impacted information flows from these areas. The withdrawal of registration authorization for key organizations in South Sudan is also likely to have affected the total number of incidents that were reported and therefore made available to the SHCC in 2025.

2. **The accuracy of the information and definitions of what constitutes an attack on health care may vary.**
   Some organizations record only certain types of incidents, e.g. those involving health facilities or those affecting international aid agencies, while the incident descriptions that are available may also contain errors. In addition, not all organizations that compile information on relevant incidents include all the details necessary to systematically code all aspects of these incidents. In particular,

information related to the perpetrator(s) and context of a particular incident is often missing or may be biased in the original source. Also, in some cases, especially those involving robberies and abductions, it is often difficult to ascertain from available information whether the act was committed by a party to the conflict or by criminals. We based our decisions to include information of this kind on judgements about the most likely motivations for an attack, without claiming to be completely accurate.

For some countries, combining available information is challenging when various data-collection efforts do not share data in ways that allow information to be cross-checked. Moreover, not all contributors provided access to their original sources, and many details were lost in the process, affecting our ability to ensure more accurate and consistent classification.

3. **The reported categories of the contexts in which incidents took place should not be read as describing the full range of incidents or how frequently they occur.**
For example, the killings and kidnappings of doctors or bombings of hospitals are more likely to be captured by reporting systems than the blockade of supplies and equipment. These incidents are therefore likely to occur more frequently than reports indicate.

Moreover, this report focuses exclusively on threats and acts of violence committed by conflict parties and does not cover violence by patients, by their families, or linked to workplace settings. This means that the violence observed covers conflict-related violence and reflects patterns of violence committed by conflict actors. This means that it may not reflect the full range of violence experienced by health workers, for whom threats made and violence inflicted by patients, families, and potentially superiors may be a more common experience than attacks by a soldier, police officer, or member of a non-state armed actor group.

KNOWN REPORTING AND SELECTION BIASES IN SHCC SOURCES

The dataset on which this report is based suffers from the limitations inherent in the contributors' data sources used to compile the dataset. Some data sources use media reports, while others collect and collate reports through a network of partners, direct observation, or the triangulation of sources. Many information providers use a combination of these methods. Seven possible reporting biases affect the flow of information:

1. In some countries, the media frequently report a wide range of attacks on health care, while in others, formal media outlets report hardly any such incidents.
2. In some countries, citizen journalists who carry out their own documentation and investigations are key sources of information. A restrictive environment for journalists and government-imposed internet shutdowns can disrupt such information flows during specific time periods.
3. In some countries, very active networks can be found of SHCC partner organizations that contribute information, while in others no such networks exist. Building up networks takes time, and these networks are usually better developed in countries experiencing long-standing conflicts. Changes in personnel or funding shortfalls can disrupt information flows.

Methodology

4. In some countries, numerous parallel data-collection processes exist that publish different numbers because of differences in geographic coverage or the ability to reach information providers. If the original data is not shared, it is impossible to cross-check for double reporting of the same events.
5. In some countries, data-collection initiatives may publish data in one year that leads to a sudden rise in reported incidents. If they do not continue this work in subsequent years, the numbers of reported incidents then drop.
6. Incidents occurring in the early stages of conflicts need to be found in a variety of sources until data-collection networks are established.
7. Some organizations o not share incidents, in order to protect their independence and neutrality. In countries where such organizations are key health care providers, information flows can remain very limited.

Methodology

232 In the interests of simplicity, these will all be referred to as "countries" in the discussion that follows.
233 Department of Peace and Conflict Research, Uppsala University. Uppsala Conflict Data Program. https://ucdp.uu.se/ (accessed April 7, 2026).
234 https://ucdp.uu.se/. Because the 2025 UCDP country conflict list was not publicly available when this report was being written, we consulted UCDP staff via email to obtain information on the changes related to countries included in the UCDP list for 2025.
235 WHO (World Health Organization) (2020) "Attacks on health care initiative: documenting the problem." 22 July. https://www.who.int/news-room/questions-and-answers/item/attacks-on-healthcare-initiative-documenting-the-problem.
236 Department of Peace and Conflict Research, Uppsala University. UCDP Definitions. https://www.pcr.uu.se/research/ucdp/definitions/.
237 Under this definition, gang violence in Haiti and Mexico are included because gangs are classified as "organized groups" whose activities have resulted in at least 25 battle deaths. Also included is violence in India's Manipur state as non-state violence between Kuki-Zomis and Meiteis.
238 In addition to the conceptual underpinnings of Insecurity Insight's Security in Numbers Database (SiND), the framework draws on the research of the Researching the Impact of Attacks on Health Care (RIAH) project consortium, the life-long work of Leonard Rubenstein (particularly his book *Perilous Medicine: The Struggle to Protect Health Care from Violence of War*, published in 2023) and the work of Robin Coupland (see the article "The role of health-related data in promoting the security of health care in armed conflict and other emergencies", published in the *International Review of the Red Cross* in 2013).
239 In the case of the Gaza Strip in the oPt, the methodology also includes incidents of violence, damage, and destruction that occurred in the close vicinity of health facilities, because the geographic characteristics of this narrow strip of land mean that any violent incident on the limited arterial roads that are available for use can directly impede access for ambulances and individual patients, and affect health workers' travel to and from work in important ways.
240 At the INSO's request, these incidents are not included in the publicly available datasets.
241 https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-023-00498-w.
242 https://arxiv.org/abs/2410.06370.

Abbreviations

3R	Return, Reclamation, and Rehabilitation
AA	Arakan Army
ACLED	Armed Conflict Location & Event Data Project
ADF	Allied Democratic Forces
AQAP	Al-Qaeda in the Arabian Peninsula
BAY	Borno, Adamawa and Yobe
B2B	Back-to-back method
B2B	Back-to-back method
CAF	Cameroon Armed Forces
CAR	Central African Republic
CDM	Civil Disobedience Movement
CIMP	Civilian Impact Monitoring Project
CMC-FDP	Collective of Movements for Change/Self-Defense Force of Congolese People
CODECO	Cooperative for the Economic Development of Conro
COTU	Committee on Tribal Unity
COVID-19	Coronavirus Disease 2019
CPC	Coalition of Patriots for Change
CRPF	Central Reserve Police Force
CSPS	Health and Social Promotion Center
DRC	Democratic Republic of the Congo
EAO	Ethnic Armed Organization
ECOWAS	Economic Community of West African States
ENDF	Ethiopian National Defense Force
FACA	CAR's Armed Forces
FAMa	Malian Armed Forces
FARDC	Armed Forces of the Democratic Republic of the Congo
FDLR	Democratic Forces for the Liberation of Rwanda
FF	Force de frappe
GATIA	Imghad Tuareg Self-Defense Group and Allies
GNA	Government of National Accord
HDX	Humanitarian Data Exchange
HIV	Human Immunodeficiency Virus
HSDU	Health service delivery unit
HTS	Hayat Tahrir al-Sham
IED	Improvised explosive device
ICRC	International Committee of the Red Cross
ICU	Intensive care unit

Abbreviations

IDP	Internally displaced person
IDF	Israel Defense Forces
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International non-governmental organization
IRC	International Rescue Committee
ISGS	Islamic State in the Greater Sahara
ISSP	Islamic State Sahel Province
ISWAP	Islamic State West Africa Province
JAS	Jama'tu Ahlis Sunna Lidda'awati wal-Jihad
JNIM	Jama'at Nusrat al-Islam wal Muslimeen
KIA	Kachin Independence Army
KLA	Karen National Liberation Army
LNA	Libyan National Army
LNGO	Local non-governmental organization
M23	March 23 Movement
MAP	Medical Aid for Palestinians
MDA	Magen David Adom
MdM	Médecins du Monde (Doctors of the World)
MINUSMA	The United Nations Multidimensional Integrated Stabilization Mission in Mali
MSF	Médecins Sans Frontières
NDC	Nduma Defense of Congo
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OLA Oromo	Liberation Army
OLF-Shene Oromo	Liberation Army-Shene
oPt	occupied Palestinian territory
OSCE	Organization for Security and Co-operation in Europe
PARECO	Résistants patriotes congolais
PDF	People's Defense Forces
PHR	Physicians for Human Rights
PRCS	Palestinian Red Crescent Society
PTSD	Post-Traumatic Stress Disorder
RIAH	Researching the Impact of Attacks on Healthcare
RSF	Rapid Support Forces
SAF	Sudanese Armed Forces
SAF	Syrian Armed Forces
SDF	Syrian Democratic Forces

Abbreviations

SDG	Sudanese Pound
SHCC	Safeguarding Health in Conflict Coalition
SNA	Syrian National Army
SNHR	Syrian Network for Human Rights
SPLA-IO	Sudan People's Liberation Army in Opposition
SRH	Sexual and reproductive health
SSP	South Sudanese Pound
SSPDF	South Sudan People's Defence Forces
STC	Southern Transitional Council
TAF	Turkish Armed Forces
TNLA	Ta'ang National Liberation Army
TPLF	Tigray People's Liberation Front
UAE	United Arab Emirates
UCDP	Uppsala Conflict Data Program
UPC	Union of Congolese Patriots
UPC	Union for Peace
UN	United Nations
UNICEF	United Nations Children's Fund
UNHAS	UN Humanitarian Air Services
UNAMA	United Nations Assistance Mission in Afghanistan
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WATAP	Women Training and Promotion
WHO	World Health Organization
WHOSSA	World Health Organization Surveillance System of Attacks on Healthcare

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 Coalititon (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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