Attacks on Health Care

News Brief

16-31 October 2026

The impact of violence on health care on patients

Violence against health care has devastating consequences for patients, extending far beyond those directly injured or killed in violence: many are unable to access essential medical care, experience interruptions to ongoing treatment, lose access to medicines and medical supplies, or face delays in emergency care. The damage to health facilities, disruption of services and loss of health workers can have lasting effects, leading to preventable illness, disability and death. For many patients, the consequences persist long after the initial attack.

Patient killings in attacks on health care: the gap between perception and reality

Media coverage can shape perceptions of attacks on health care, particularly when it focuses on incidents involving large numbers of patients killed. Such attacks often attract international attention and prompt investigations because of the horrific nature of the attack. While these incidents are particularly disturbing and important to document, they are not necessarily representative of the wider pattern of violence against health care nor how violence against health care impacts patients. Insecurity Insight's monitoring of attacks on health care recorded 287 attacks on health care in which 1,198 patients were killed between January 2016 and September 2026.[1] These incidents accounted for less than 2% of all recorded attacks on health care during a decade of data. Approximately 52% of all patients were killed in just seven attacks. This highlights an important distinction between the visibility of high-fatality attacks characterised by horrendous violence against patients and their frequency within the large scale of violence against health care. Although attacks resulting in large numbers of patient killings receive significant attention, they represent a small proportion of recorded incidents. The vast majority of attacks do not result in patients being killed but they contribute to the destruction of the health system that deprives patients of access to care contributing to the growing burden of excess deaths during conflict.

The following examples illustrate the nature of some of high-fatality patient incidents:

- **16 March 2026, Kabul, Afghanistan:** An airstrike struck Omid Addiction Treatment Hospital, a two-storey, 2,000-bed facility providing treatment and rehabilitation for people with drug dependence. The attack took place at around 21:00, while patients were inside the facility, including in sleeping quarters and communal areas. Three strikes hit different parts of the complex, causing extensive destruction and fires. Families gathered outside the hospital searching for relatives, while survivors described the difficulty of escaping through smoke and debris. Over 200 people were killed and 122 injured, the vast majority among patients.
- **14 November 2025, North Kivu, DRC:** The ADF attacked Byambwe Reference Health Centre overnight, killing over 20 patients and looting medicines and medical equipment. Two health workers were also reportedly abducted. Parts of the facility, including the maternity ward, were set on fire, leaving the health centre inoperable.
- **28 October 2025, El Fasher, North Darfur, Sudan:** The RSF raided Saudi Maternity Hospital, the city's last partially functioning hospital and a critical facility for women and other patients. More than 460 patients and their companions were reportedly killed. Those seeking medical care, including women and children, were among the victims. RSF fighters reportedly entered the wards and killed patients, their companions and medical personnel. Doctors reportedly removed their white coats in an attempt to avoid being identified and targeted. Children as young as eight were among those killed. Six health workers were also forcibly taken away. Find out what people said on social media in the aftermath of the hospital attack **here**.

These incidents illustrate horrendous violence, but their exceptional scale should not obscure the broader pattern. High-fatality attacks account for a small proportion of recorded incidents, while violence against health care occurs across a much wider range of circumstances that cumulatively undermine the ability to deliver care. Focusing primarily on incidents with large numbers of patient deaths risks overlooking the frequency and cumulative impact of the many other attacks that disrupt health services, endanger patients and undermine access to care and drive up mortality.

Past editions: **01-15 October**; **16-30 September**; **19-31 August**; **05-18 August**; **22 July-04 August**; **08-21 July**; **24 June-07 July**; **10-23 June**; **27 May-09 June**; **13-26 May**; **29 April-12 May**; **15-28 April**; **01-14 April**; **18-31 March**; **All**

SHCC Reports: **2025**; **2024**; **2023**; **2022**; **2021**; **All**

See 'Other resources' for dedicated News Briefs covering Myanmar, the occupied Palestinian territory, and Sudan

---

SHCC Attacks on Health Care

The section aligns with the **definition** of attacks on health care used by the **Safeguarding Health in Conflict Coalition** (SHCC).

Africa

Democratic Republic of the Congo

Reported on 17 October 2026: In Kaniola group, South Kivu province, residents' access to health facilities was restricted by the blockade of the Nzibira–Shabunda road by AFC/M23 (Front for the Refoundation of the Nation, FRN) fighters, which had lasted for nearly four weeks. Sick people had difficulty reaching medical care. The fighters allegedly demanded the recruitment of ten young people from Nzibira into their ranks, threatening to keep the road closed. **Source: Radio Okapi**

25 October 2026: In Mangobo Health Zone, Mangobo commune, Kisangani city, Tshopo province, a health centre was looted and a health worker assaulted, injured and temporarily held against their will. Medical supplies and equipment were stolen. **Source: UN News**

Publicly-reported incidents affecting Ebola response measures in the DRC

22 October 2026: In Nia-Nia locality, Mambasa territory, Ituri province, Ebola response activities were suspended in several pillars of the rural health zone after surveillance, risk communication and community engagement, and infection prevention and control officers began an indefinite strike over unpaid bonuses for August, September and October 2026. **Sources: Actualite and Radio Okapi**

Around 22 October 2026: In an undisclosed location, a community worker raising awareness about Ebola was attacked by an angry mob, who also set his house on fire. **Source: Sunday World**

24 October 2026: In Bafwasende town, Tshopo province, a nurse was killed by the local population while working for Ebola response efforts as part of community outreach, when he stopped to check on a lot of land. A school principal who was also involved in the response efforts was also seriously injured. The attackers, reportedly armed with machetes and batons, accused them of spreading Ebola by contaminating a water source. Subsequently, health workers in Bafwasende reportedly sheltered at the general hospital under police guard, too afraid to go home, while the army also briefly deployed to the area. **Sources: Sunday World, UN News, UN News I, Premium Times and Riot Times Online**

Data by Insecurity Insight shows that since the outbreak on 21 May and 15 October 2026, 82 attacks on Ebola response measures have been reported in the DRC. Ebola treatment centres have been attacked and damaged 19 times, including nine cases of facilities being deliberately set on fire. In addition, four response workers have been killed and nine others kidnapped. Data is collected daily, with continuous backdating as new sources and incidents are identified or additional information becomes available. Therefore, the data may differ from the version retrieved on 04 September following subsequent updates

South Sudan

20 October 2026: In Uror county, Jonglei state, MSF reportedly relocated three international staff as a precautionary measure following fighting between the South Sudan People's Defence Forces (SSPDF) and the Sudan People's Liberation Army-in-Opposition (SPLA-iO), while approximately 50 national staff reportedly left the area to join their families. MSF also suspended operations at the Pieri Primary Health Care Centre and discharged patients amid concerns over further violence, leaving communities without access to essential health services. **Source: OCHA Humanitarian Update**

Asia

Thailand

31 October 2026: In Mae Sam Laep village, Mae Sariang district, Mae Sam Laep Subdistrict Health Promoting Hospital, a conference building, and a church sustained damage when Myanmar military aircraft dropped two bombs on a resistance base opposite the village at around 1900hrs. The four window panes and four door panes of the hospital were shattered. The health facility was functioning at the time of the attack. **Sources: Connect Burma and Khaosod Engli**

Europe

Ukraine

17 October 2026: In Masheve village, Semenivka urban hromada, Novhorod-Siverskyi raion, Chernihiv oblast, a rural medical and midwifery centre and a canteen at an educational institution were attacked and damaged by a Russian Gerbera drone strike at around 0200hrs. **Sources: Apostrophe, CHE, Cheline, MyNizhyn, Novgorod-Siversky District Military Administration, Suspilne and UA Varta**

17 October 2026: In Korabelnyi district, Kherson city, urban hromada, raion and oblast, a 64-year-old driver and emergency medical technician at substation No. 2 of the emergency medical service was killed by a Russian forces sequential KAB strikes while on call to provide medical assistance to victims of airstrikes. A nurse and paramedic were injured. **Sources: Antikor, Kyiv Post,** LB, **Pravda, Suspilne, UA Varta, UN News and UN News Ukraine**

18 October 2026: In Hrushevska rural settlement and rural hromada, Kryvyi Rih raion, Dnipropetrovsk oblast, a pharmacy and a private home were damaged during a Russian attack with drones, artillery, and aerial bombs on four locations. **Sources: 1kr, Dnipropetrovsk Regional State Administration, Deutsche Welle, Interfax, UA NEWS and Ukrinform**

18 October 2026: In Kherson city, raion and oblast, a building that houses the Ukrainian Red Cross Kherson Regional Branch was damaged by a Russian airstrike, damaging windows, doors, the ceiling, furniture and office equipment. No Ukrainian Red Cross staff or volunteers were inside the building at the time of the attack. **Sources: UN News, UN News Ukraine and Interfax Ukraine**

19 October 2026: In Solomyanskyi district, Kyiv city, a fire broke out inside the Consultative and Diagnostic Centres following a Russian ballistic attack. The blast wave shattered more than 200 windows and doors inside the building and damaged the ceilings. Equipment at the medical facility was also damaged. **Sources: UA Varta I and UA Varta II**

20 October 2026: In Solomianskyi district, Kyiv city, a health centre was damaged by Russian jet powered drone strikes that hit the upper floor, partially destroying the roof, in the afternoon. Patients were planned to be relocated. **Sources: Interfax Ukraine, The New Voice of Ukraine, UA Varta and UN News**

22 October 2026: In Pecherskyi district, Kyiv city, an ambulance station building was hit by Russian ballistic missile strikes during the night, damaging six ambulances. **Sources: Blik, Informator, Kyiv City Military Administration I, Kyiv City Military Administration II, Pravda, The Public, UA Varta I, UA Varta II, Ukrinform I and Ukrinform II**

23 October 2026: In Derhachi city and urban hromada, Kharkiv raion and oblast, Dergachivska Central Hospital was hit in a Russian Molniya drone strike at 0240hrs. A security guard who was nearby suffered an acute stress reaction. The drone hit the roof of the hospital causing a fire, which partially burned down the administrative building housing the hospital's administrative section, accounting department, sterilisation, and dental laboratories. **Sources: 057, 1svobodnyi, Dumka, Glavnoe, Gwara Media, Head of Dergachiv MBA, Kharkiv Times, Magnolia-TV, MediaPort and Suspilne**

26 October 2026: In Kherson city, urban hromada, raion and oblast, a health facility was attacked with a Russian Molniya drone, injuring a 62-year-old nurse. **Source: UA Varta**

Middle East and North Africa

Yemen

16 October 2026: In Al-Shaqab village, Jabal Sabr area, Taiz district and governorate, ambulances were prevented from reaching and transporting injured people to healthcare facilities due to Houthi shelling of the road leading to the village, delaying medical assistance to a woman and a child injured in shelling. **Source: Yemen Window**

17 October 2026: In Al-Mashawalah area, Al-Wazi'iyah district, Taiz governorate, a health centre was struck by Saudi aircraft and artillery, killing one person and injuring a woman. **Source: Yemen News Agency**

20 October 2026: In Sabir Al-Mawadim district, Taiz city and governorate, a hospital was hit by mortar fragments. **Source: UN News**

20 October 2026: In Taiz city and governorate, Al-Thawra General Hospital was fired upon with gunfire by an unidentified conflict party, injuring three soldiers and one patient. **Source: Al Quds**

20 October 2026: In Al-Sarari village, Saber al-Mawadam district, Taiz governorate, an ambulance transporting injured people was attacked by Houthi forces with a projectile, killing the driver and injuring an unspecified number of health workers. **Sources: Yemen Window, Yemen Window II and UN News**

21 October 2026: In Kahlan village, Saber al-Mawadam district, Taiz governorate, an ambulance transporting injured people was fired upon by a Houthi sniper in the evening, while attempting to evacuate them for medical treatment, forcing residents to move the injured to a safer area. The wounded were unable to reach hospitals in Taiz city due to the ongoing siege. **Source: Yemen Window**

As reported on 22 October 2026: In Taiz city and governorate, health facilities faced the risk of closure or reduced operations due to the Houthi siege, which restricted access to medicines, medical supplies and fuel needed to operate them. The closure of key supply routes, particularly the road linking Taiz to Aden, further disrupted the delivery of these supplies. Patients, particularly those with kidney failure, cancer and critical medical conditions, also faced difficulties accessing hospitals and receiving treatment. **Sources: Al Quds and Yemen Window**

24-25 October 2026: In the al Afa area, Al-Asbah isolation, Shamaytin district, Taiz governorate, Maternity and Childhood Hospital was struck by Saudi airstrikes, severely damaging some departments of the facility. **Sources: Al Quds**, **Press TV** and **Yemen News Agency**

Conflict impact on health care services in Yemen

Escalating hostilities along Yemen's west coast are placing health services under increasing strain. Insecurity Insight's report, ***Escalation on Yemen's West Coast***, documents at least 11 incidents affecting health care, including repeated strikes on health facilities, obstruction of ambulances, threats to health workers and disruption to medical supplies between 01 August and 22 September 2026. These incidents are compounding existing system weaknesses, restricting access to emergency, maternal and child health care, and increasing the risk of preventable deaths. The report highlights the cumulative impact of conflict on health system capacity and outlines priorities for protecting medical services, maintaining supply routes and safeguarding access to essential health care.

The Americas

Colombia

26 October 2026: In Suarez municipality, Cauca department, hospital staff were physically and verbally assaulted by relatives of a patient who arrived at the hospital without vital signs. The incident caused damage to biomedical equipment and emergency areas. **Source: Info Bae**

26 October 2026: In Suarez municipality, Cauca department, an ambulance was intercepted and attacked while transporting a patient to hospital by a group of armed men, who intimidated the ambulance crew and searched the vehicle, before letting it continue its journey, at around 1100hrs. **Sources: Info Bae**, **El Pais** and **El Tiempo**

26 October 2026: In Suarez municipality, Cauca department, a hospital was stormed by a group of armed men who shot and killed a patient while receiving treatment in the medical centre. The incident led to the temporary closure of the facility and triggered an unspecified number of workers to resign due to fear. This happened around ten minutes after an ambulance carrying the same patient was attacked. **Sources: Info Bae**, **El Pais** and **El Tiempo**

Haiti

As reported on 28 October 2026: In Port-au-Prince city and arrondissement, West department, an unspecified number of MSF mobile clinics were forced to suspend activities due to armed conflict in the neighbourhoods they operate in. An unspecified number of MSF staff also left their homes. **Sources: Doctors Without Borders** and **Dostor**

Mexico

23 October 2026: On Hernán Cortés Avenue, San Luis Potosí city and state, a Red Cross ambulance was attacked with gunfire by unidentified armed perpetrators at night. **Sources: SLP News Agency** and **Personal Communication**

[1] The WHO Surveillance System for Attacks on Health Care (SSA) recorded 412 attacks on health care in which patients were killed between January 2018 and 30 September 2026, representing 4% of all recorded incidents. A total of 4,072 people were affected across these incidents. However, the data do not always distinguish between deaths among patients and health personnel. In 332 of 413 incidents in which health personnel were recorded as affected by fatalities, deaths were also attributed to patients. This includes 145 incidents in which a single total death was recorded, with both patients and health personnel listed as affected. As a result, it is unclear how many of the recorded deaths were patients and how many were health personnel, or to determine the precise number of incidents in which patients were killed. Accessed 04 November 2026.

This News Brief comprises threats and violence as well as protests and other events affecting the delivery of and access to health care. It is part of the Attacks on Health Care project by Insecurity Insight. It is prepared from information available in local, national and international news outlets and online databases. The incidents reported are not a complete nor a representative list of all events that affected the provision of health care and have not been independently verified. All decisions made, on the basis of, or with consideration to, such information remains the responsibility of their respective organisations. This document is part of the Attacks on Health Care project by Insecurity Insight. It is funded and supported by the Tides Foundation. The opinions expressed in it do not reflect in any way the position of the Tides Foundation who is not responsible for the content expressed in this document.

Please **get in touch** if you are interested in curated datasets, if you have made a public statement that you would like us to include in our News Brief, to report an incident or if you have additional information on an incident we have reported on. Join our **mailing list**.

Insecurity Insight. 2026. Attacks on Health Care News Brief, 16-31 October 2026. Switzerland: Insecurity Insight. https://bit.ly/16-31Oct2026Health

Help support the protection of health care by sharing this resource. Please copy and paste this link: https://bit.ly/16-31Oct2026Health

Other resources



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

While this handbook is primarily aimed at health programme managers providing frontline services, it is also highly relevant for non-governmental organisations (NGOs) working with partners who implement healthcare services. The handbook helps to identify practical activities that local health partners can implement and that NGO partners can include in partnership agreements and budget for.

The SR4H Handbook brings together some of the best practices on security risk management and proposes a framework adapted for health care providers working with limited resources. The objective is to promote an approach that considers the safety and security of health professionals while ensuring patients' access to care.

Country News Briefs:

Myanmar: **01-15 October**; **16-30 September**; **01-15 September**; **19-31 August**: **05-18 August**; **22 July-04 August**; **08-21 July**; **24 June-07 July**; **10-23 June**; **27 May-09 June**; **13-26 May**; **29 April-12 May**; **15-28 April**; **All**

Occupied Palestinian territory: **01-15 October**; **16-30 September**; **01-15 September**; **19-31 August**; **05-18 August**; **22 July-04 August**; **08-21 July**; **24 June-07 July**; **10-23 June**; **27 May-09 June**; **13-26 May**; **29 April-12 May**; **All**

Sudan: **01-15 October**; **16-30 September**; **01-15 September**; **19-31 August**; **05-18 August**; **22 July-04 August**; **08-21 July**; **24 June-07 July**; **10-23 June**; **27 May-09 June**; **13-26 May**; **29 April-12 May**; **15-28 April**; **All**