



2016-2026



**10 YEARS OF ATTACKS
AGAINST HEALTHCARE**

THE EXPERIENCE OF MÉDECINS DU MONDE FRANCE

EXECUTIVE SUMMARY**SUMMARY**

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In memory of Alem Mulugeta Getahum and Dr Maysara Rayyes, and in recognition of the commitment of Médecins du Monde's teams who, throughout the world, despite violence and obstacles, continue to defend the right to health.

Between 2016 and 2026, Médecins du Monde France (MdM) documented 223 attacks on healthcare affecting its international operations, out of more than 1,000 incidents reported across all our programmes¹ during this period. This represents nearly two incidents per month. This violence illustrates an alarming trend: more than 17,000 attacks have been recorded worldwide since the adoption of United Nations Security Council Resolution 2286 ten years ago, 64 per cent of which are attributed to state actors. They have resulted in the deaths of 3,600 healthcare professionals and the arrest of a further 2,575. The contexts in which MdM operates illustrate the diversity and complexity of the threats. The NGO has observed that in Myanmar (34 incidents), the Central African Republic (21 incidents), Palestine (19 incidents, on the rise since 2023), Yemen, Ethiopia, Colombia, Syria and Ukraine, peaks in incidents coincide with acute phases of armed conflict.

Over the past ten years, MdM has experienced 140 minor incidents, 77 critical incidents and 6 severe incidents. Beyond the bombing and destruction of healthcare facilities, the majority of attacks suffered are less visible but just as destructive: theft of medical equipment, extortion, arrests of staff or partners, armed intrusions, threats, administrative harassment, and restrictions on movement at checkpoints or borders. These obstacles cause systemic damage: supply chain disruptions, a decline in the quality of care, critical delays in treatment, and a reduction in humanitarian space. In some cases, MdM has had to suspend, relocate or evacuate its operations, leaving thousands of people without access to essential care, with major consequences for their health.

The violence observed by MdM is part of a worrying trend of direct targeting and criminalisation of medical and humanitarian action, where healthcare workers are sometimes forced to prove that they are not breaking the law, thereby reversing the principle of protection enshrined in international law. Persistent impunity fuels the recurrence of attacks and causes lasting damage to health systems and international humanitarian law, which protects healthcare infrastructure and healthcare workers.

Ten years after the adoption of United Nations Security Council Resolution 2286, which condemns attacks on healthcare in conflicts, Médecins du Monde is calling for a political wake-up call: states must stop treating Resolution 2286 as a symbolic commitment and fully undertake their responsibilities regarding the prevention, investigation and protection of healthcare.

Protecting healthcare is not an option: it is essential to safeguarding the lives, dignity and fundamental rights of people living in conflict zones.

¹ In our programmes in France and internationally

INTRODUCTION

In 2016, the United Nations Security Council adopted [Resolution 2286](#) to protect healthcare in armed conflicts, guarantee safe access to the wounded and sick, and strengthen mechanisms for preventing attacks and investigating them once they have occurred.

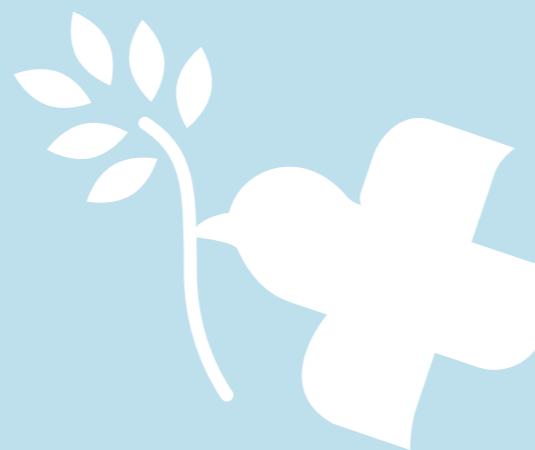
This resolution was intended to address a rise in attacks on hospitals and medical staff in conflicts and was prompted in particular by the bombing by a US aircraft, which lasted for over an hour, of [the Médecins Sans Frontières \(MSF\) hospital in Kunduz, Afghanistan, in October 2015](#). The attack left 42 people dead, including 24 patients and 14 MSF staff members.

Médecins du Monde France is an international humanitarian medical organisation which operates independently in France and abroad to ensure universal and sustainable access to healthcare.

Over the past decade, the organisation has worked with populations living in armed conflicts in nearly 30 countries. It has suffered numerous attacks.

This report highlights ten years of attacks on healthcare, showing how they affect a humanitarian medical organisation and the people it supports.

Ten years after this resolution was adopted, numerous organisations are reporting a situation that is deeply concerning. The report '[Still Under Attack](#)' by [Insecurity Insight](#) on the implementation of the resolution highlights that over the last ten years, more than 17,000 attacks on health services have been recorded, of which 4,327 damaged or destroyed health facilities and 3,000 resulted in armed incursions into facilities or their military occupation, disrupting the provision of care. More than 3,600 healthcare professionals were killed and a further 2,575 arrested, often in cases where the provision of care in accordance with medical ethics was criminalised. The report also highlights that, despite the clear prohibition laid down by international humanitarian law² and reaffirmed by Resolution 2286, States remain responsible for 64% of the violence and impunity remains the norm, whilst attacks are becoming more strategic and systematic. This trend confirms the persistent failure to protect medical staff and a collapse in respect for the rules governing the protection of healthcare, rendering the 2016 pledge largely unfulfilled, whilst the United Nations warns of an unprecedented escalation in armed violence and humanitarian crises across the world³.



² Articles 24–27 of the First Geneva Convention of 1864 protect military and emergency medical personnel; Article 19 protects healthcare facilities; and Articles 34 and 35 protect medical equipment and medical transport, respectively. The Fourth Geneva Convention (1949) extends the protection afforded to military and emergency medical personnel and infrastructure to all civilian hospitals and their staff (Article 18), including those assigned to the administration of civilian hospitals (Article 20).

³ According to the Peace Research Institute Oslo (PRIO), the year 2025 saw 65 conflicts involving at least one state, the highest number since the end of the Second World War.

METHODOLOGY

The report is based on an analysis of internal incident reports from 2016 to 2026 concerning the medical mission and/or the staff of MdM France or its partners who carry out or facilitate this mission. Some incidents may have been overlooked in the analysis if they were not reported via the internal reporting mechanism. In certain contexts, difficulties in accessing areas are increasingly seen as part of everyday work constraints and are not systematically reported as incidents. The figures given below are therefore considered to be a minimum. Furthermore, this analysis concerns only incidents related to healthcare. The organisation has experienced other incidents⁴, which are not directly linked to the NGO's medical activities and are therefore not included here.

This study covers only the international operations of Médecins du Monde France and does not consider attacks suffered by other members of the international network of 17 chapters of Médecins du Monde, nor those that occurred in France.

Furthermore, this analysis does not aim to identify the perpetrators of the attacks. Nor does it distinguish between cases where MdM was directly targeted and other incidents (such as nearby bombings).

⁴ Some of the incidents (car accidents, etc.) are not specifically related to our medical mission and are not given specific attention in this report.

1. KEY FINDINGS

NUMBER OF ATTACKS

Between 2016 and 2026, MdM was the target of **223 attacks** on healthcare facilities. This corresponds to an average of 22 attacks per year, or almost two per month (1.8).

COUNTRIES MOST AFFECTED

MdM operates in some of the world's most complex conflicts and crisis zones.

In **Myanmar**, the incidents can be partly attributed to the country's security situation and the worsening of the internal crisis since 2021, as well as to the nature of the community-based activities (HIV/AIDS and drug use) carried out by MdM in the country. In **Central African Republic**, the increase in attacks carried out by armed groups over the last decade has regularly disrupted the running of hospitals and health centres. In **Palestine**, the genocide underway in Gaza since October 2023 has led to a surge in the number of attacks and obstructions to

healthcare, which have been extensively documented by independent sources. In the West Bank, restrictions on movement imposed by the army or violent settlers have also increased significantly since October 2023, affecting the teams' ability to move around occupied Palestinian territory. In **Yemen**, MdM teams' activities are regularly affected by the conflicts between the Houthis and the coalition led by Saudi Arabia and other actors, resulting in restrictions. In **Ethiopia**, where MdM has been present since the resumption of open conflict in Tigray in 2020, clashes have severely disrupted operations and access to communities. In **Colombia**, despite the peace agreement signed with the FARC in 2016, ongoing fighting between the government and various armed groups continues to complicate humanitarian activities. In **Syria**, numerous air strikes hit healthcare facilities supported by MdM and its partners at the height of the conflict, with some being completely destroyed. Finally, in **Ukraine**, teams based in Mykolaiv are regularly exposed to air strikes and drone attacks, which disrupt access to care and endanger both patients and healthcare staff.

In all these contexts, MdM observes that attacks on healthcare are an integral part of the dynamics of the conflict. They highlight that the principles of precaution and proportionality required by international humanitarian law are not being respected.

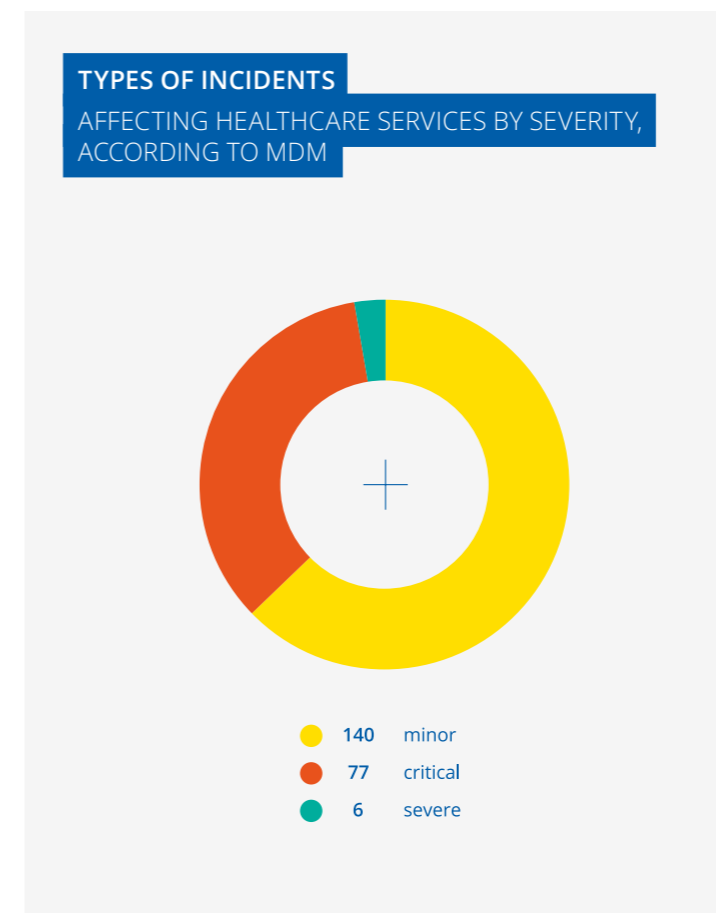
Yet international humanitarian law mandates the absolute protection of healthcare in conflict: the wounded and sick must be treated without discrimination, and hospitals, ambulances and medical staff must be respected and protected in all circumstances. Any attack, obstruction or interference with healthcare constitutes a serious violation of the Geneva Conventions and may amount to a war crime.

In most countries, such incidents are linked to the acute phases of conflict.

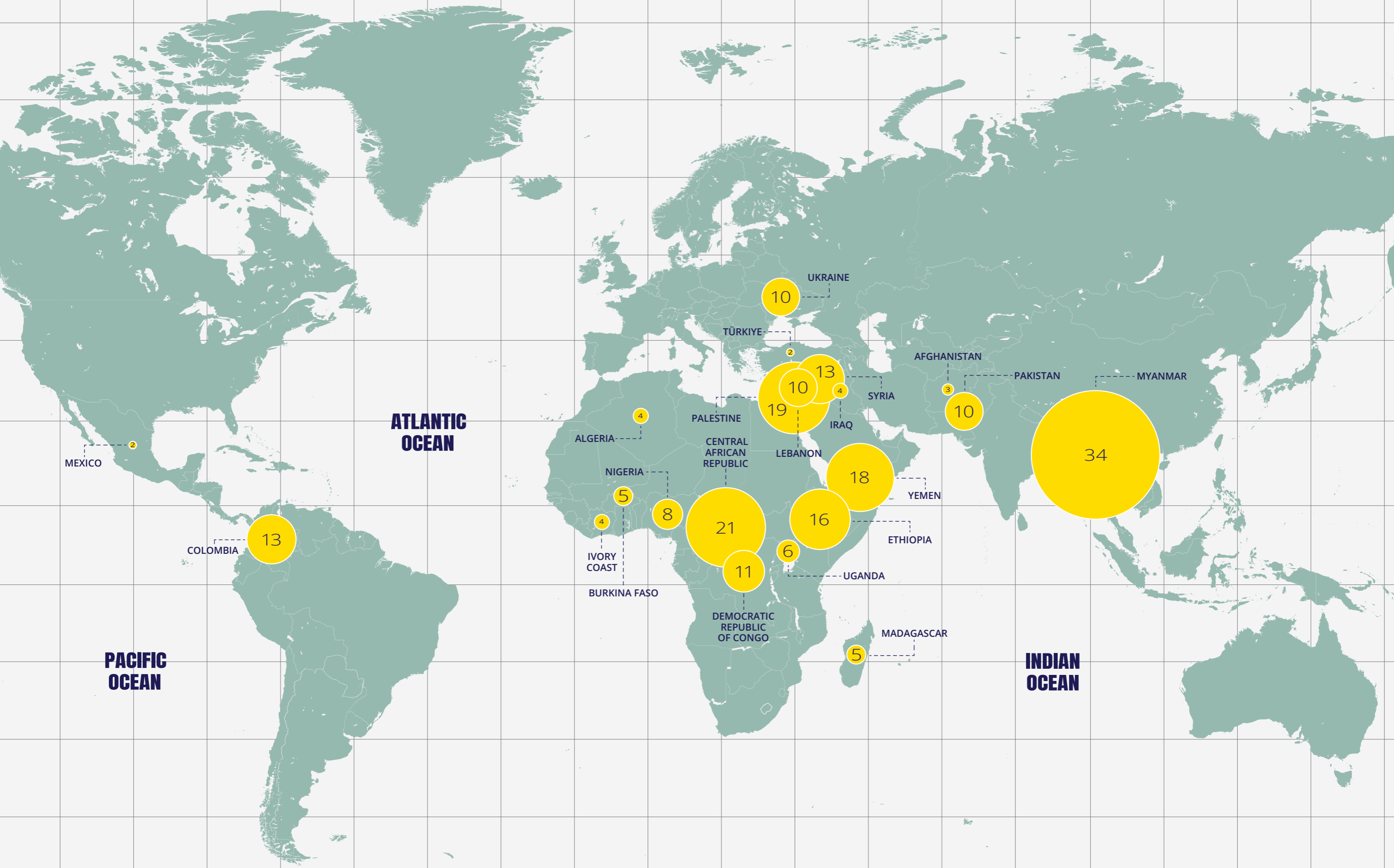
For many years, MdM has relied on rigorous risk analysis and management processes (Security Risk Management or SRM) and has continuously strengthened the security of its field teams and operational partners. Risk prevention and management mechanisms have improved significantly, both within MdM and across the humanitarian sector. However, these measures can reduce, but not eliminate, the dangers to which teams are exposed in contexts of armed conflict, as confirmed by MdM's experience in the field.

TYPES AND CATEGORIES OF INCIDENTS

Whilst the majority of incidents affecting healthcare are categorised as minor (140 incidents), indicating that they had little or no human (physical or psychological), financial, operational or reputational impact, 77 incidents are categorised as critical, indicating that they had a serious physical and/or mental impact, led to a suspension or closure of operations, had a reputational impact or a financial impact of less than €50,000, and 6 are considered severe, indicating a death or a very serious injury, an international reputational impact or a financial impact exceeding €50,000.



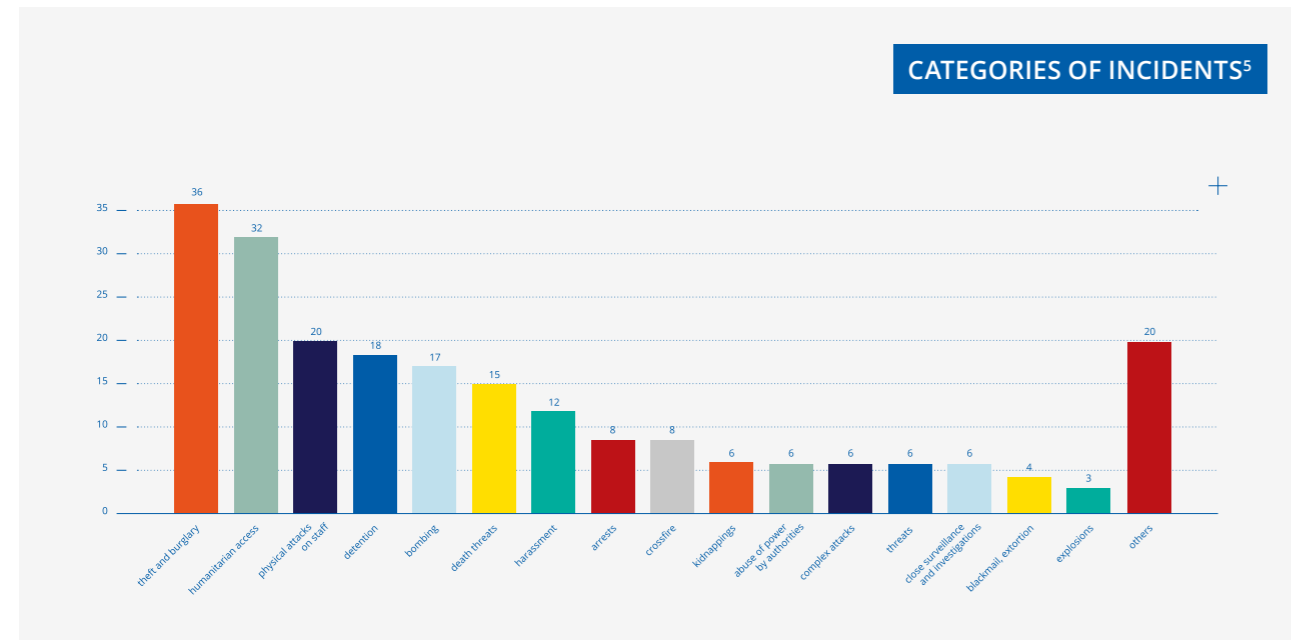
NUMBER OF INCIDENTS BY COUNTRY
BETWEEN 2016 AND 2026



ATLANTIC OCEAN

PACIFIC OCEAN

INDIAN OCEAN



MdM has experienced at least 17 bombings, 6 complex attacks and 8 incidents of crossfire.

Two of our colleagues were killed in armed attacks. In one case, the family members of one of our colleagues were killed in an airstrike the day after his murder, whilst they were trying to recover his body from the rubble. This ‘double tap’ tactic is becoming increasingly common in conflicts in the Middle East and specifically targets humanitarian aid workers.

In several countries, convoys, ambulances or MdM vehicles have been **held up, intercepted or caught in crossfire**, directly exposing teams and patients to danger. The requisitioning of vehicles and requests to transport armed personnel are rising sharply, mainly in Africa.

Beyond high-profile attacks on hospitals and health centres, data collected by MdM shows that most incidents disrupting the continuity of care are **less visible but just as destructive**.

Theft and burglary at health centres, pharmacies or of medical equipment, as well as attempts at extortion by security forces or armed groups – sometimes accompanied by the confiscation of medicines – are among the most frequent incidents.

Teams also report **arrests of staff or partners**, as well as **interrogations, armed intrusions, threats, close surveillance** or other forms of administrative harassment.

⁵ The humanitarian access constraints mentioned in this report refer to any physical, administrative, security or political obstacle that limits or prevents our medical teams from reaching populations in need of help and providing them with essential assistance (authority controls, abuse of power, close surveillance, requisitioning of equipment, obstruction, checkpoints, etc.)

The criminalisation of certain health-care practices (related to harm reduction in connection with drug use, sex work, or the provision of abortion care) can be exploited, thereby increasing the risks of extortion, pressure and abuse against NGOs and their staff. For example, MdM has faced at least one situation in which a member of its staff or one of its partners was arrested in connection with sexual and reproductive health awareness-raising activities. This incident is part of a growing trend of attacks against sexual and reproductive health professionals, who are among those regularly targeted by acts of intimidation, harassment or repression around the world⁶.

Restrictions on movement and travel, whether at borders or checkpoints, regularly prevent staff, medicines or equipment from passing through, despite official authorisations.

These incidents are sometimes part of a wider trend towards **the criminalisation of impartial humanitarian action**, whereby professionals are now required to prove that they are not breaking the law or ‘misappropriating’ medical supplies or services, thereby dangerously reversing the principle of protection enshrined in Resolution 2286 and medical ethics. This trend is a cause for concern for Médecins du Monde.

All such acts of violence, whether visible or not, cause **systemic damage**: disruption to supplies, loss of access, a decline in the quality of care, and critical delays in treatment; and constitute a **direct impediment to the right to health**, with lasting consequences for individuals.

⁶ See: <https://www.frontlinedefenders.org/en/resource-publication/global-analysis-202324>

2. IMPACT OF ATTACKS ON HUMANITARIAN ACCESS AND PEOPLE'S HEALTH

These incidents have a major impact on MDM's ability to maintain access to healthcare for people living in situations of armed conflict, at a time when needs are increasing in such contexts and health systems are being undermined. When a healthcare facility is targeted, access to care can be abruptly cut off, as in September 2024 in Novoraisk, near Kherson, where the destruction of a telemedicine centre deprived 3,800 people of all medical services for several months, whilst an alternative solution was put in place and the destroyed equipment replaced. In most cases, attacks or incidents lead to an **immediate suspension of activities** whilst risks are

assessed and staff, partners and patients are brought to safety. This was notably the case in September 2025, when one of MDM's clinics in Gaza City was destroyed by a bombing: the facility had to close for several days before reopening elsewhere, resulting in a disruption to healthcare access for thousands of people who relied on its primary healthcare services.



The telemedicine centre in Novoraisk, Ukraine, on 15th September 2024.

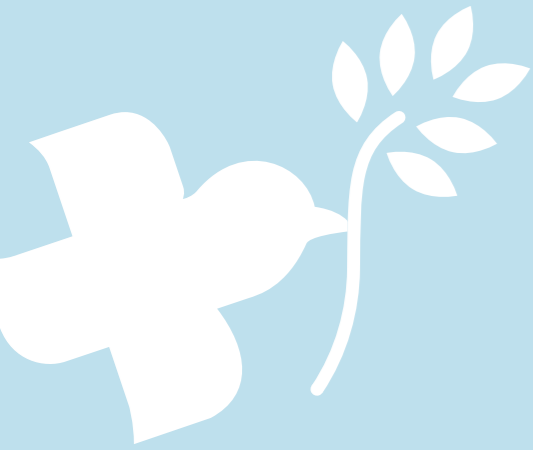
In certain contexts, MDM is also forced **to partially or completely evacuate its teams** following security alerts or direct threats, leading to delays in the implementation of activities that are sometimes vital. The increasing frequency of such incidents can reduce **the humanitarian space**, when mitigation measures are no longer sufficient to guarantee an acceptable level of safety. In such cases, the organisation may be forced to withdraw from an area or cease its activities, leaving people without access to adequate care if no other organisation is able to take over. This has been the case in Nigeria, Burkina Faso, Ethiopia and Yemen.

The health consequences of the attacks are often far-reaching. In Gaza, repeated attacks on health services — including the destruction of hospitals, the forced displacement of healthcare staff and the blocking of medicine supplies — have prevented the system from meeting the needs of populations affected by bombing, displacement and deteriorating living and hygiene conditions. Médecins du Monde observed a massive rise in genital infections and pregnancy complications (85% of pregnant women treated in its clinics had at least one such complication), a 300 per cent increase in miscarriages and an alarming rate of neonatal mortality between June 2024 and August 2025⁷. Malnutrition among children and pregnant and breastfeeding women — which is preventable — decreased in the NGO's clinics during the ceasefire in early 2025, illustrating the direct and predictable nature of the harm caused by attacks on healthcare and the obstruction of aid.

In other contexts, such as in Syria or Lebanon, the repeated targeting of medical personnel creates a climate of fear that forces relief teams and healthcare workers to adapt their practices, sometimes at the expense of the speed or quality of the response. In epidemic situations, such as in the Democratic Republic of the Congo, these dynamics can further exacerbate mistrust, fuel hostile narratives and online disinformation, and hamper response efforts.

In all these contexts, the failure to treat chronic conditions or other illnesses — whether because health centres are inaccessible or out of fear of further harm — can have consequences for individuals that are sometimes long-term. Médecins du Monde also notes that when healthcare services come under attack, women, girls and children continue to be disproportionately affected.

⁷<https://www.medicinsdumonde.org/app/uploads/2025/10/Doc-DSSR-Gaza-V2-export-sans.pdf>



3. CONCLUSION AND RECOMMENDATIONS

Ten years after Resolution 2286, attacks on healthcare remain widespread, systematic and largely unpunished. Médecins du Monde notes that such acts of violence — bombings, arrests, blockades, intimidation and administrative obstacles — destroy vital infrastructure, disrupt access to care and endanger millions of lives. They restrict humanitarian space, cause lasting damage to health systems and constitute serious violations of international humanitarian law. They also exponentially exacerbate the impact of armed conflicts on civilian populations, even though these populations are protected under international law.

The growing criminalisation and politicisation of impartial aid, along with rhetorics that delegitimise humanitarian medical action, including online, combined with a decline in global resources, risk exacerbating these attacks over the next decade.

Faced with this reality, Médecins du Monde reiterates that the protection of healthcare in conflicts is both a legal obligation and a political imperative and calls for decisive action from the international community.

STAKEHOLDERS MUST:



Stop treating Resolution 2286 as a mere declaratory commitment and take action to ensure its implementation and compliance with international humanitarian law.



Ensure that their armed forces fully respect international humanitarian law, by systematically incorporating the protection of healthcare into their rules of engagement.



Put an end to widespread impunity, including by establishing independent investigation mechanisms for each incident.



Guarantee safe access to healthcare, protect healthcare workers, maintain sustainable funding, including to ensure the security of healthcare facilities, and provide comprehensive support for staff, including mental health support.

The international community must strongly reaffirm that healthcare must never be targeted, using clear and accessible messages to raise awareness amongst a wide audience and counter rhetorics used to justify such attacks.

These recommendations require enhanced collaboration between states, legal institutions, armed forces, humanitarian actors and civil society, as well as a courageous commitment to addressing the complex realities of conflict. Protecting healthcare and humanitarian staff is essential to safeguarding the lives, dignity and fundamental rights of people caught up in conflict. Médecins du Monde will continue its commitment to those affected, by documenting, denouncing and preventing such violence, and by meeting their healthcare needs.

Protecting healthcare, humanitarian workers and healthcare professionals is not an option: it is an essential prerequisite for safeguarding the lives, dignity and fundamental rights of people living in conflict zones.

