

# Attacks on Healthcare: Devastating New Norm as Hotspots Like Sudan Are Overlooked

[Analysis](#) 20/03/2026 • [Felix Sassmannshausen](#)



From left to right, panellists Sylvain Perron (MSF), Stéphanie Rinaldi (University of Manchester), Karl Blanchet (Geneva Centre of Humanitarian Studies), and Supriya Rao (ICRC) discussed attacks on healthcare.

The year 2025 saw significant declines in the number of attacks on healthcare worldwide as compared to 2024, but events still remain at record high levels in comparison to previous years, said a leading civil society group that tracks incidents last week in Geneva.

This grim reality took centre stage at a seminar organized by the Geneva Health Forum at a session of the UN-sponsored [Humanitarian Networks and Partnerships Week \(HNPW\)](#). The event on [Strengthening the Application of International Humanitarian Law](#) brought together civil society and academic experts from around the world.

According to tracking data of attacks on health facilities published by the leading civil society coalition [Insecurity Insight](#), and highlighted at the event, there were 2,723 recorded conflict-related attacks on medical facilities, transport, and personnel in 2025.

While this marks a welcome decrease from the 3,921 incidents documented by the Health Map in 2024, it still represents a trend of escalation, in comparison to the 2,238 recorded cases in 2022 and 1,600 in 2021, said Manchester University researcher Stéphanie Rinaldi who presented the data.

The tracking, which also includes criminal, cartel, and militia attacks, highlights Ukraine, DR Congo, Myanmar, Sudan, and Syria as the leading hotspots last year, with high concentrations of attacks on healthcare in Mexico and Colombia, Yemen, Gaza and parts of central and West Africa as well. Government or regime attacks on health workers and facilities, such as those seen in Iran during the January “Dey” [civil uprising, are also tracked in the “political” category](#).

The tracking data is more detailed than the World Health Organization’s [dashboard on healthcare attacks](#), also drawing from a wider range of civil society sources. Data is collected in collaboration with Physicians for Human Rights, the International Council of Nurses, Johns Hopkins University and other academic institutions, and supported by the Swiss Confederation, UK AID, and German Humanitarian Assistance.

### International norms not strong enough

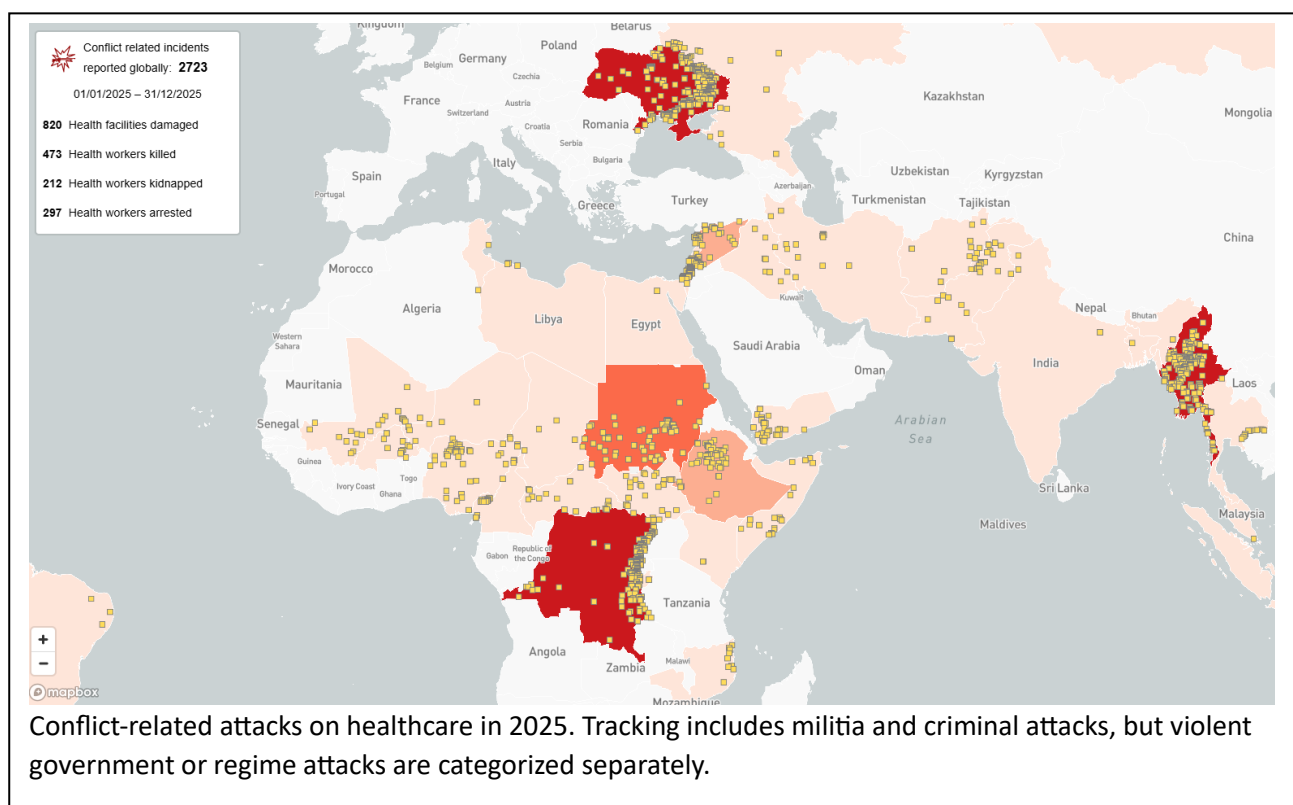
The discussion brought together key voices from the frontlines, including Médecins Sans Frontières (MSF) Sudan programme manager Sylvain Perron, and International Committee of the Red Cross (ICRC) legal adviser Supriya Rao. Driven by the mounting toll of attacks on healthcare on medical professionals, the panellists moved beyond mere condemnation to explore concrete mechanisms to fight impunity.

As belligerents increasingly violate the laws of war and armed conflict, the disregard for international norms inflicts severe, long-term impacts on health systems that are already destabilised by crises, participants noted.

“Healthcare workers are worried about international norms not being strong enough to protect them,” warned Professor Karl Blanchet, director of the Geneva Centre of Humanitarian Studies and moderator of the panel.

### More national prosecution is needed

While international humanitarian law explicitly shields civilian medical staff operating inside health facilities, ICRC’s Rao stressed that active prosecutions of war crimes at the national level are necessary to successfully





ICRC legal adviser Supriya Rao: what's needed, and too rare, is national prosecution of military crimes.

hold perpetrators to account. But this is precisely the kind of action that is rare or non-existent in many of the world's worst hotspots today.

Even when legal mechanisms are in place, “accountability can often become an alibi,” Rao charged, noting that formal commissions and investigations frequently lead nowhere. Rather than relying solely on post-incident prosecutions, she argued that the primary focus must be on generating the necessary political will to prevent these violations from happening in the first place.

At the same time, hospital assaults have increasingly become a hallmark of modern warfare, with facilities raided, bombed, or occupied in conflict zones worldwide.

Recent media reports have highlighted the severe damage to healthcare in [Ukraine and Gaza](#), where more than half of the enclave's hospitals were put out of service during the two-year Israel-Hamas war. Less in the spotlight, but equally devastating, have been the [attacks on health care in DRC, Sudan and Myanmar](#) – where an earthquake last year compounded the civil war's impacts.

### **Situation in Sudan is especially dire**

The current situation in Sudan is especially dire while remaining overlooked, panellists stressed. The civil war between the Sudanese Armed Forces and the Rapid Support Forces (RSF) has triggered a widespread displacement crisis, forcing roughly 12 million people to flee their homes.

The widespread displacement, meanwhile, has contributed to the collapse of the country's medical infrastructure and fuelled disease outbreaks. “We stopped being doctors and became survivors,” said MSF's Perron, sharing a stark testimony from a Sudanese health worker.

According to the Health Map data published by Insecurity Insight, a total of 141 reported incidents of conflict violence affected health care in Sudan during 2025, with at least 53 health workers killed and nine kidnapped.

This dynamic reached a brutal peak in an October 2025 attack on the Saudi Maternity Hospital in El Fasher, where RSF gunmen reportedly stormed the facility [and killed more than 460 patients and their companions](#), while abducting six health workers. Most recently, a 24-year-old Sudanese Red Crescent



Sudanese refugees receive critical medical care at an MSF-run health centre in the Adré refugee camp, Chad (2024).

volunteer was killed while on duty in the maternity ward of Al-Dilling hospital when the health facility was attacked in March.

“International humanitarian law is dead there; we have seen it in the past three years”, concluded MSF’s Perron, explaining that medical teams are now forced to rely on dangerous pragmatism rather than international legal frameworks just to continue operating.

Additionally, aid workers reported systematic blockades in the capital, Khartoum, and indiscriminate, ethnically targeted violence in regions like West Darfur. Maintaining neutrality is exceedingly difficult due to increased efforts of instrumentalising aid and health organisations by conflict parties, Perron pointed out.

The violent incidents not only force essential health workers to flee. Attacks on healthcare also damage or destroy facilities, transports and supply routes, which can completely paralyse local health systems, exacerbating humanitarian crises.

### **International law mandates strict protection of healthcare**

As wars and civil wars increasingly involve densely populated urban areas and civilian infrastructure, health care facilities also are increasingly at the nexus of the maelstrom.

The Israel Defense Forces, for instance, justified its attacks in Gaza [with documentation that armed Hamas forces were operating](#) from inside and around hospitals, as well as from tunnel networks underneath facilities, turning them into military targets.

Human rights lawyers, meanwhile, argued that under international humanitarian law, medical facilities benefit from specific protection and [only lose this status under strict, exceptional circumstances](#). Even if a

facility is misused for military purposes, attacking forces are obligated to issue a timely warning and allow sufficient time for the act to cease before any operation can proceed.

“Any loss of protection is an absolute exception,” stated ICRC expert Rao.

Legal scholars argue that [rules of “proportionality”](#), properly applied, would still forbid assault in cases where the risks of harm to civilians and particularly patients, outweighed the military threat. Also, legal experts assert that international humanitarian law requires parties to conflict to facilitate safe and unimpeded passage for medical personnel and supplies.

Beyond direct violence, the tightening of supply routes frequently deprives hospitals of the medicines, equipment, and basic services they need to function. The denial of these vital resources compromises medical services, weakens entire health systems, and also places civilian lives at risk.

### Divergence in leading data sets tracking attacks

Gathering accurate evidence of attacks on healthcare is highly complex because data collection is frequently hindered by active insecurity, communication blockages, and the severe risks local health professionals face if they publicly report incidents.

The challenges are also highlighted by the stark discrepancies in data collected by different international monitoring systems. Most notably, the [World Health Organization’s Surveillance System for Attacks on Health Care \(WHO SSA\)](#) and the independent database of [Insecurity Insight](#), highlight considerable inconsistencies in their datasets, said Blanchet, citing the results of a recent comparative exercise.

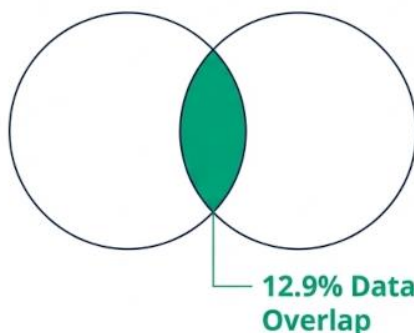
This discrepancy is most glaring in the 2024 figures. While the WHO SSA recorded 1,645 attacks across 16 countries, Insecurity Insight and the Safeguarding Health in Conflict Coalition (SHCC) documented nearly [4,000 such attacks across 36 countries](#)

## The Measurement Gap

### 2024 Global Monitoring Systems Comparison

#### WHO SSA

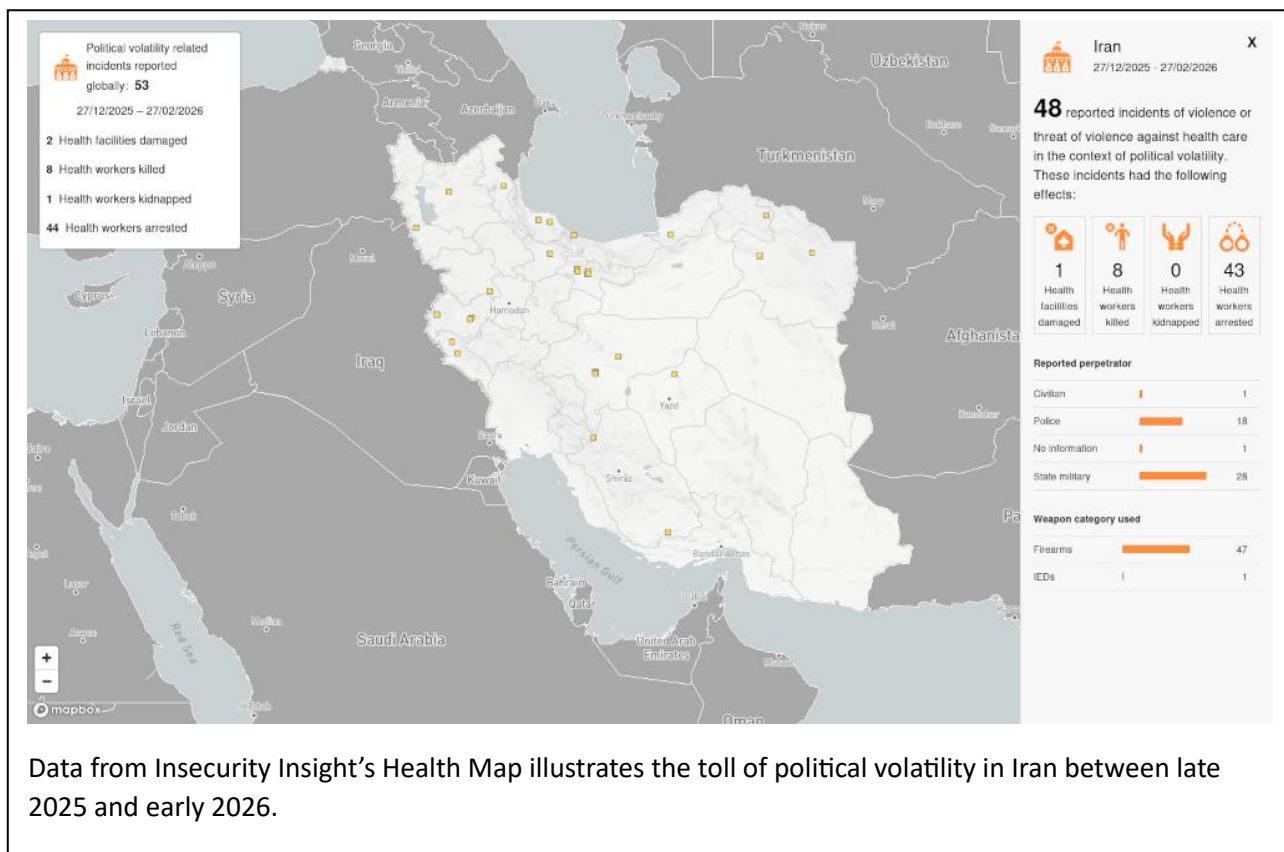
- Incidents: 1,645
- Countries: 16
- Methodology: Country Offices / Local Partners



#### Insecurity Insight / SHCC

- Incidents: 3,623
- Countries: 36
- Methodology: Event-Based / AI Scraping / Open-Source

A significant gap of documented incidents exists between official WHO reports and independent monitoring due to differing methodologies.



The gap stems from differing methodologies. The WHO SSA relies heavily on reports from country offices and local partners, which can capture vital confidential information but may be hindered by political barriers, communications blackouts, or a fear of reprisals. In contrast, Insecurity Insight casts a wider net using an event-based approach, utilizing AI technology to scrape open-source media alongside partner contributions.

A previous detailed assessment [comparing the two systems with data from 2017](#) found only a 12.9% overlap in reported incidents. The divergence suggests that considerable under-reporting remains, Blanchet said.

Rather than viewing these datasets as competing, experts stress the need for collaboration. Rinaldi emphasized that researchers are actively in dialogue with WHO to share data, aiming to collate existing information into a format that supplements official channels and remains as open and accessible as possible.

### Iran's civil uprising – 6 incidents or 48?

The discrepancies are further highlighted by Insecurity Insight's data on regime assaults on health workers and health care centres during the Iranian civil uprising that began in late 2025 and continued into February 2026. Security forces systematically targeted medical professionals for treating injured protesters during the nationwide uprising, according to multiple reports.

Tracking these incidents under "political volatility," Insecurity Insight documented 48 incidents of violence against healthcare in Iran [between 27 December 2025 and 27 February 2026](#). During this brief two-month window, state military and police forces were responsible for the arrest of 43 health workers and the killing of 8 health workers, with further arrests and attacks following during the war.

For the same period, up to the start of the US-Israeli attacks on Iran on 28 February, the WHO's SSA recorded 6 attacks on healthcare resulting in one death and 54 injuries, with impacts on medical facilities, personnel, and supplies.

Closing reporting gaps is critical because accurate data collection is the essential first step in identifying perpetrators and fighting impunity. "Accountability... is about documenting the crimes that our teams witness everywhere in the world," MSF's Perron stressed during the expert panel in Geneva.

### **Strengthening protections**

Despite the bleak landscape, dedicated efforts are underway to reaffirm the protective status of medical facilities, ICRC legal adviser Rao asserted. The ICRC has spearheaded [a "Global Initiative to Galvanize Political Commitment to International Humanitarian Law"](#), which now includes 103 states, committed to improving implementation of existing legal frameworks.

To drive this agenda, the ICRC has hosted a series of expert exchanges and state consultations, with fourth and fifth rounds scheduled for May and June, announced Rao. These consultations aim to generate political will and gather good practices to translate international norms into practical domestic frameworks and military doctrines.

Following these rounds, the initiative will conclude with a final high-level meeting in November, where a dedicated report outlining specific legal recommendations will be published.

Beyond reinforcing political will to prevent attacks on healthcare, the initiative focuses on integrating specific protections into domestic legislation, military field manuals, and standing orders. Practical measures include establishing coordination platforms to map out essential water and electricity systems, securing alternative resupply routes, and ensuring curfews do not hinder medical personnel.

Looking ahead, stakeholders are preparing for the 10th anniversary of [UN Security Council Resolution 2286 in May 2026](#), viewing it as a pivotal moment to shift from rhetoric to concrete action. The resolution, originally adopted historically in May 2016, strongly condemned targeted assaults on medical personnel and demanded an end to impunity for perpetrators.

"It is absolutely possible to protect hospitals in armed conflicts," stated legal expert Rao.

Image Credits: [WHO/Nicolò Filippo Rosso](#), [Felix Sassmannshausen/HPW](#), [Insecurity Insight](#), [Health Map/Insecurity Insight](#), [WHO](#).



The Nasser Medical Complex in Gaza in the aftermath of military operations during the Israel–Gaza war. In February 2026 MSF withdrew its staff from most parts of the hospital, stating that [armed men operating from the facility](#) jeopardized health care activities.



Stéphanie Rinaldi of the University of Manchester presented data on the escalating attacks on healthcare in conflict zones.

# The Path Forward

Global Initiatives for Legal Implementation



**May 2026**

10th Anniversary UN  
Security Council  
Resolution 2286

**May/June (Upcoming)**

Expert Exchanges &  
State Consultations  
(Rounds 4 & 5)

**November (Upcoming)**

High-Level Meeting &  
Legal Recommendations  
Report

Key 2026 global milestones for the protection of healthcare in conflict.