

VIEWPOINT

A Decade of Failure: Attacks on Health Care Ten Years After Resolution 2286

JOSEPH J. AMON AND ROHINI J. HAAR

In May 2026, the Safeguarding Health in Conflict Coalition (SHCC) and Insecurity Insight issued their 2025 annual report on attacks on health care in conflict, entitled *Care in the Crosshairs: Violence Against Health Care in Conflict*.¹ The report marks an important milestone: 10 years since the unanimous adoption of United Nations Security Council Resolution 2286, which condemned violence against health facilities, patients, and health workers and demanded improved reporting, investigation, and accountability for perpetrators. A key finding of the report is that in the past decade, the resolution had little impact on the behavior of perpetrators, with 2,546 incidents of violence against or obstruction of health care documented across 33 countries and territories in 2025. Health facilities were damaged or destroyed on at least 790 occasions; 455 health workers were killed; 218 were kidnapped; and 263 were arrested. State forces were responsible for more than half of the attacks, but nonstate armed actors, including organized criminal groups, were also implicated.

The incidents documented—killings, kidnappings, and arrests of health workers; destruction of hospitals; and targeting of ambulances—occurred in 33 countries, including Palestine, Ukraine, Sudan, Myanmar, and the Democratic Republic of the Congo. In Gaza alone, 432 incidents were recorded, with at least 128 health workers killed and health facilities damaged or destroyed at least 97 times. Children’s hospitals, field hospitals, clinics, and medical storage sites were damaged by 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 on at least 40 occasions.

While intentionally targeting health workers and facilities can violate international humanitarian law, it is clear that systematically destroying health systems also undermines, if not makes impossible, government efforts to realize the right to health and improve underlying determinants of health (including access to clean water, sanitation, and food).²

How did we get here? What must be done to protect health workers and facilities?

JOSEPH J. AMON, PhD, MSPH, is co-chair of the Safeguarding Health in Conflict Coalition.

ROHINI J. HAAR, MD, MPH, is co-chair of the Safeguarding Health in Conflict Coalition.

Please address correspondence to Joseph J. Amon. Email: joe.amon@jhu.edu.

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The expansion of drone warfare and explosive weapons

Two years ago, SHCC's report on attacks occurring in 2023 noted that drones were increasingly being used to target first responders and health facilities.³ The report documented drone attacks in nine countries: Burkina Faso, Ethiopia, Lebanon, Myanmar, the Occupied Palestinian Territory, Sudan, Syria, Ukraine, and Yemen. In 2024, the number of drone-delivered explosives that impacted health care services nearly quadrupled. One hundred forty-eight health facilities were damaged, killing at least 59 health workers.⁴ In 2025, the use of drone-delivered explosives impacting health care increased even more, with 410 incidents recorded.⁵ Incidents were reported in 12 countries, with new incidents of drone use documented in the Democratic Republic of the Congo, Iran, and Yemen.

In Ukraine, incidents where hospitals—including maternity and children's facilities—were damaged or destroyed by drones rose by 116%, from 137 in 2024 to 296 in 2025, with peaks between June and September corresponding to major military offensives. In Sudan, drone attacks rose by 700%, with over 75% linked to the Rapid Support Forces, particularly in the states of North Darfur and North Kordofan.

In Gaza, access to health care was affected by the Israel Defense Forces' use of explosive-laden robots—devices capable of causing extensive destruction—which were deployed near health facilities in Gaza City and Jabalia refugee camp in northern Gaza. The Israel Defense Forces also increased the use of gun drones (unmanned aerial vehicles specifically equipped with kinetic firearms) near health facilities and ambulances.

Health workers arrested and detained

In 2025, health workers also faced an alarming escalation in arrests or detentions. More than 260 health workers were arrested or detained across 17 countries and territories. The circumstances of these detentions were often brutal: Many health workers were beaten or tortured in custody, and

at least seven died at the hands of their captors in Ethiopia, Gaza, Sudan, and Syria.

Health workers were arrested during violent hospital raids, seized at home or while en route to provide care, and swept up in mass civilian detention campaigns. In Ethiopia, over 26% of all health worker arrests occurred during coordinated crackdowns by the Ethiopian National Defense Force amid nationwide protests over pay, working conditions, and governance in the health sector, illustrating how health workers become targets during political upheaval.

In Sudan, both parties to the conflict detained health staff on allegations that they supported opposing forces, subjecting many of them to beatings, threats, and sexual abuse. Syria witnessed similar patterns, with interim government forces arresting health workers during hospital raids and at checkpoints. In Myanmar, arrests continued based on accusations of treating or having links to opposition forces. In Haiti, kidnappings surged in gang-controlled areas of Port-au-Prince.

Addressing attacks on health

Despite clear prohibitions in international humanitarian law, violence against health care has become a disturbing feature of modern conflict. Laws meant to protect health care are disregarded, undermined, and impunity for perpetrators remains the norm.

Some have suggested approaching attacks on health care as a public health problem—documenting the scale and scope, identifying those most vulnerable, and developing preventive interventions.⁶ These important efforts must be coupled with strengthening respect for international humanitarian law and ending impunity.

The 2025 SHCC report includes several recommendations addressed to United Nations (UN) member states, the UN Secretary-General, and the International Criminal Court. Specifically, the report calls for:

- UN member states to establish a new global alliance to protect health care during conflict, composed of a “coalition of the willing” that

would coordinate diplomatic pressure and action against attacks.

- the UN Secretary-General and member states to forcefully reject interpretations of international humanitarian law that undermine the protection of health care, including claims of broad license to attack hospitals based on misinterpretations of the law.
- the International Criminal Court to prioritize investigations and prosecutions of war crimes involving attacks on health care in all situations under its jurisdiction.

Conclusion

Attacks on health facilities, personnel, and transport have profound impacts on the right to health broadly. The destruction of health facilities and the killing of health workers interrupt the ability of communities to access care and prevention services for days, months, and even years, jeopardizing realization of the highest attainable standard of physical and mental health. International human rights law obligates states to respect, protect, and ensure the right to health for all, including in conflict settings.

In 2025, millions of people lost access to health care as a result of attacks on health and the international community's inability to translate Resolution 2286 from noble intent to effective protection. A decade of little progress demands urgent, coordinated action. Change—and the protection of health care in conflict—remains possible, but only if states, international institutions, and civil society act expeditiously to demand accountability and end impunity for attacks on the wounded, the sick, and those who care for them.

Acknowledgments

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