World Health Organization

HEALTH CLUSTER

*Escalation of Violence: North Kivu and South Kivu*

Date: 03 February 2025

# Public Health Situation Analysis (PHSA)

| Typologies of emergency | Main health threats | WHO grade | Security level (UNDSS)[1] | INFORM[2] |
|---|---|---|---|---|
| Conflict<br>Food security<br>Displacement<br>Epidemics<br>Nutrition | Trauma and Injury<br>Cholera and Acute Water-borne diseases (AWD)<br>Measles<br>Mpox<br>Protection risks (including GBV)<br>Acute Respiratory Tract Infection (ARTI)<br>including COVID-19,<br>Malaria<br>Maternal And Sexual and Reproductive Health Risks Malnutrition | TBC | **Substantial (4):** North and South Kivu (currently under revision) | **INFORM Risk 2025**<br>8/ 10<br>(Very high)<br><br>**Global Risk Ranking 2025**<br>4 out of 191 countries |

## SUMMARY OF CRISIS AND KEY FINDINGS

On 27 January 2025, the Mouvement du 23 Mars (M23) rebel group announced that its forces would occupy Goma, North Kivu in the Democratic Republic of Congo (DRC). Since then, media outlets recorded M23 forces marching into the city and the group has apparently declared that it has captured Goma.[3] On 28 January 2025, news that M23 had apparently consolidated its control of Goma triggered violent protests in the capital, Kinshasa.[4]

The situation remains very volatile with unclear information on the conflict dynamics and control of territory.[5] There are reports of many lifeless bodies littered in the streets of Goma. Although it is difficult to establish an accurate toll of the number of civilians killed, the loss of life is significant.[6] As of 31 January 2025, about 2958 people have been reported injured, along with 787 deaths.[7] The cumulative number of people injured since the beginning of the crisis (March 2024) is 6027.[8]

After 6 days of an electricity blackout, electricity has been restored to parts of Goma. However, water and internet are not yet available.[9] Shells hit a hospital, resulting in civilian casualties, including infants and pregnant women.[10] In Minova, South Kivu, since the M23 took control of the city on January 21, stocks of essential medicines have been rapidly depleting. Although health partners are doing everything possible to continue to provide life-saving services where possible, despite the risks posed by heavy artillery and the proximity of frontline fighting, attacks on health structures are a real obstacle to people's access to healthcare. humanitarian access is completely cut off.[11] Protection challenges, including attacks on civilians, sexual violence and human rights violations, have reached alarming levels.[12]

Humanitarian partners estimate that so far, more than 700 000 people that were present in IDP camps outside of Goma, are now displaced and dispersed in Goma and the surrounding area including a few thousand having been reported to have moved to neighbouring countries.[13] The most basic needs for survival - food, clean water, medical care, blankets and protection - are insufficient and humanitarian aid is not yet reaching them. Displaced populations in Goma are now facing dire conditions that threaten their health, safety and well-being. [14]

WHO warn of a high risk of an outbreak of cases of mpox, cholera and measles in the city of Goma due to the movement of populations and the disruption of the water supply in the city of Goma for six days.[15] The inhabitants of Goma, and the displaced people who have joined the city to flee the fighting, have been forced to use water from Lake Kivu to fill water cans, increasing the risk of water-borne diseases, such as cholera.[16]

Furthermore, considering the recently confirmed case of Sudan Ebola Virus Disease in Entebbe, Uganda (30 January 2025), there is also a risk of an outbreak in DRC.[17] Tanzania, located across Lake Tanganyika from South Kivu, has recently confirmed an outbreak of Marburg Virus Disease.[18] Considering the significant population movement, there is a risk of an outbreak in DRC.

Due to the fighting, humanitarian activities are severely limited.[19] NGOs have significantly reduced their presence and remain in hibernating mode until conditions allow for the safe delivery of humanitarian aid.[20] Warehouses containing humanitarian response good and medical warehouse of ICRC were looted.[21]

The conflict could easily spread beyond the Kivus.[22] Mostly dormant since their last major incursion into the region in 2012, the M23 suddenly resurged in November 2021 when it attacked Congolese troops. They pushed deep into North Kivu province.[23] The conflict is now pushing deeper into the neighbouring South Kivu province and its capital Bukavu.[24] The escalation of violence toward Bukavu raises fears of even greater displacement, while the breakdown of humanitarian access is leaving entire communities stranded without support.[25]The situation is evolving rapidly at the time of writing.

Conflict in DRC has created one of the world's largest humanitarian crises, with nearly 7 million people, including at least 3.5 million children, displaced and more than 26 million people – or one in every four people – in need of humanitarian assistance.[26] Living conditions in North Kivu are poor, with poverty affecting 7/10 households and unemployment higher than the national average.[27] Most households do not have access to electricity, and approximately one third drink non-potable water.[28] South Kivu is one the most densely populated and poorest provinces in the country, with 80% of the population living below the poverty line.[29]

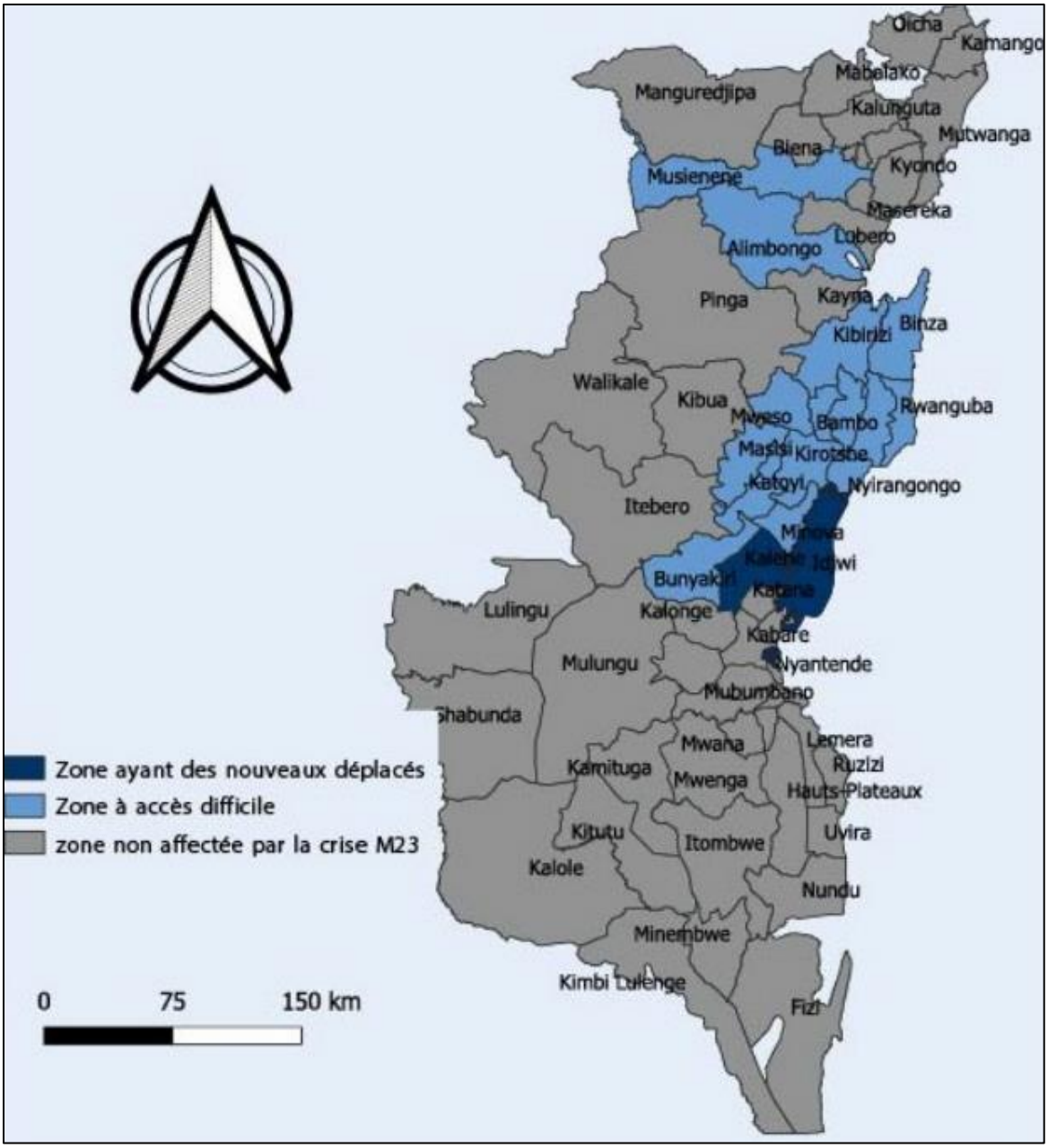



*Figure 1 Map of Affected area highlighting displaced and difficult to access areas (Health Cluster, 28 January 2025)*[30]

## HUMANITARIAN PROFILE

### PEOPLE IN NEED (PiN)

**Considering the rapidly evolving situation at the time of writing, the numbers of people in need are increasing including within Goma and the surrounding areas, including South Kivu.**

### HEALTH NEEDS

With reports of **significant casualties, sexual violence and widespread disruption of basic services**, the population in Goma has urgent health needs.

### DISPLACEMENT

**More than 700 000 people are now displaced** in Goma and the surrounding area.[31]

### CASUALTIES

As of 31 January 2025, about **2958 people have been reported injured, along with 787 deaths.**[32]

### *Humanitarian Response To Date*

On 26 January, the Emergency Relief Coordinator approved an allocation of US$17 million through the Central Emergency Response Fund (CERF) to provide an emergency response to people affected by the crisis. An assessment of the available response capacities is underway with humanitarian partners.[33] The European Commission also announced new humanitarian support for the DRC, with an initial amount of €60 million for 2025.[34] USAID's Bureau of Humanitarian Affairs (BHA) has announced the suspension of much of its funding due to a 90-day moratorium on U.S. assistance. UNICEF reports that this suspension will have an impact on drinking water, sanitation and protection programs.[35]

On 28 January 2025, International Non-Governmental Organizations (INGOs) operating in the DRC express their deep concern over the consequences of the ongoing fighting in the city of Goma since 26 January 2025. Although the situation in Goma remains extremely tense and INGOs have had to suspend operations due to insecurity, they are preparing to respond to growing humanitarian needs, despite already largely insufficient resources. [36]

As of 28 January 2025, about twenty humanitarian partners, based in Minova, are ready to resume their operations as soon as the situation allows. Negotiations are under way for the establishment of a humanitarian corridor that would ensure the delivery of emergency assistance.[37] The situation is evolving rapidly.

### *Displacement*

In Goma and its surroundings, is home to more than 2 million people.[38] Humanitarian partners estimate that so far, more than 700 000 people are now displaced in Goma and the surrounding area.[39] This adds to the 6.4 million people who were already displaced throughout the country before (of which 2.9 million new displacements in 2024 alone).[40]

Within a couple of days, some of the camps that sheltered over 300 000 people last week, are now already completely empty because all their inhabitants have fled the frontlines.[41] The IDP sites around Goma have emptied partially or fully, as their populations become displaced again with no shelter. There have been cases of looting of shops and warehouses and prisoners have escaped from the prison of Goma.[42] On 27 January, an estimated 4 763 prisoners escaped from Muzenze prison, Goma's largest.[43] Artillery fire in areas already sheltering displaced families has spread panic among them, almost emptying one of the

displacement sites around Goma. Hundreds of thousands of men, women and children have fled to the urban centre of Goma, where local infrastructure cannot meet their needs.[44]

In 2024 alone, over 3 million people were forced to flee their homes in eastern DRC, creating an unprecedented protection crisis. More than 1 million Congolese refugees live in neighbouring countries.[45] Given the instability in the region, the DRC itself hosts more than 500 000 refugees from neighbouring countries.[46]

### *Food Insecurity*

WFP warned on 30 January 2025 that food supplies are running dangerously low, as water and electricity outages exacerbate the crisis.[47]Increasingly, families are unable to access basic necessities.[48] WFP is concerned about food scarcity in Goma and rising food prices as the airport and major access roads within region have been cut-off. Depending on the duration of violence the supply of food into the city could be severely hampered.[49]

Between July to December 2024, around 3% of people (around 3.1 million people) are facing critical levels of food insecurity – IPC Phase 4 (Emergency) – characterized by large food gaps and high levels of acute malnutrition. Another 19% (22.4 million people) are facing crisis levels of food insecurity, classified as IPC Phase 3 (Crisis).[50] The affected populations are spread throughout the country; however, the most affected populations are mainly displaced people and returnees – concentrated in the provinces of North Kivu, Ituri, South Kivu and Tanganyika, Maindombe – as well as populations affected by natural disasters and unemployment.[51]

The analysis projected for January to June 2025 indicates a situation where food insecurity rates are expected to be almost identical to those of the current situation, with 25.5 million people (22% of the population analysed) projected to experience high levels of acute food insecurity (IPC Phases 3 or above), including around 3.3 million people who are projected to face critical levels of acute food insecurity (Phase 4) and 22.2 million people who will likely be in Phase 3.[52]

### *Humanitarian Access*

As a hub for humanitarian operations in the region, Goma plays a key role in coordinating and delivering aid in North and South Kivu, as well as much of eastern DRC.[53] Humanitarian infrastructure and warehouses have been looted, severely compromising the humanitarian response. Significant quantities of food, medicines, and essential medical supplies have been lost in targeted attacks on United Nations agencies and humanitarian NGOs critical to the emergency response.[54]

Several roads have been restricted to movement because of the clashes.[55] Goma airport has been closed since 26 January, leading to the suspension of air traffic, including humanitarian cargo ships and rotations of humanitarian staff.[56] The United Nations continues to call for the establishment of humanitarian corridors, the reopening of Goma airport and border crossing points, to allow the movement of voluntary populations, seeking refuge in places sheltered from conflict. [57] Alternative transport routes are being explored.

The United Nations is temporarily relocating nonessential staff from Goma, Bukavu and relocating family members of UN staff from Kinshasa. Life-saving operations will continue to be performed by the staff remaining in place; non -relocated staff will continue performing their duties from elsewhere in response to the deteriorating security situation in North Kivu and South Kivu. This precautionary measure safeguards staff safety while ensuring the UN's vital operations in the region remain uninterrupted.[58]

About twenty humanitarian partners, international and national NGOs, based in Minova, have temporarily suspended their ongoing or scheduled activities while there are reports that the camps around Minova have been dispersed and population moving to Kalehe, Idjwi and Bukavu; the health service coverage in LKalehe is struggling to cope with the new influx.

The overall security situation remains highly volatile and clashes continue. [59] Incidents of crime targeting humanitarian actors have also been reported. A protection partner was twice the victim of a burglary between 12 and 19 January. These incidents forced this partner to temporarily close its Transit and Orientation Centre (CTO) for unaccompanied children in Minova.[60] The Health Cluster reports there are approximately 100 humanitarian workers stranded in Minova.[61]

### *Attacks Against Healthcare and Humanitarians*

WHO has recorded 32 attacks against healthcare since 2024.[62] Two Heal Africa ambulance staff were shot dead while evacuating the wounded.[63] Many humanitarian infrastructures, including NGO offices, health centres and warehouses, have been directly affected by the fighting. Several humanitarian organizations have seen their premises bombed and invaded by fighters. Military posts have been set up near humanitarian offices, including in the city centre. Several humanitarian facilities stockpiling essential resources to support the population have been looted. Looting and shell impacts have further reduced aid stocks, complicating future distributions.[64]

## HEALTH STATUS AND THREATS

**Population mortality**: In the Democratic Republic of the Congo, the current population is 105.7 million, as of 2023 with a projected increase of 110% to 218.2 million by 2050.[65] In DRC, life expectancy at birth (years) has improved by 8.98 years from 52.6 years in 2000 to 61.6 years in 2021.[66] Across DRC, the top causes of death in 2023 were lower respiratory infections, malaria, tuberculosis, stroke and preterm birth complications.[67]

| MORTALITY INDICATORS | DRC | Year | Source |
|---|---|---|---|
| Life expectancy at birth | 61.6 years | 2021 | WHO[68] |
| Infant mortality rate (deaths < 1 year per 1000 births) | 60 | 2022 | UNICEF[69] |
| Child mortality rate (deaths < 5 years per 1000 births) | 76 | 2022 | UNICEF[70] |
| Maternal mortality ratio (per 100 000 live births) | 846 | 2018 | Article[71] |

**Vaccination coverage:** A 2019 survey indicated that in 2018, full immunization coverage was at 35%. Subsequent surveys saw a rapid increase to 50% in 2020.[72] However, the COVID-19 pandemic undermined the great investments as full immunization coverage in the country fell to 41% in the 2021 survey but gradually rose to 45% in the 2023 survey. Nonetheless, the government of DRC remains steadfast in accelerating immunization efforts and targets to attain 75% of immunization coverage by 2027.[73]

**COVID-19 Vaccination:** As of 16 April 2023, a total of 16 398 195 vaccine doses had been administered[74]. Challenges in planning vaccine deployments, vaccinating priority populations, coordinating, and implementing the communications plan, disbursing funds, and conducting supervision of vaccination activities have contributed to low COVID-19 vaccine coverage. In addition, the spread of rumours through social media and by various community and religious leaders resulted in high levels of vaccine hesitancy[75].

| VACCINATION COVERAGE DATA[76] | DRC | Year |
|---|---|---|
| DTP-containing vaccine, 1st dose | 89% | 2023 |
| DTP-containing vaccine, 3rd dose | 84% | 2023 |
| Polio, 3rd dose | 83% | 2023 |
| Measles-containing vaccine, 1st dose | 83% | 2023 |

| KEY HEALTH RISKS IN COMING MONTH | | |
|---|---|---|
| **Public health risk** | **Level of risk*** ** | **Rationale** |
| **Trauma and Injury** | | Humanitarian agencies have reported the shelling of towns near Goma since mid-January resulting in civilian injuries and deaths.[77] The use of artillery in densely populated areas – especially in large urban centres such as the city of Goma is devastating for trapped populations.[78] As of 31 January 2025, about 2958 people have been reported injured, along with 787 deaths.[79] The cumulative number of people injured since the beginning of the crisis (March 2024) is 6027.[80] |
| **Cholera and Acute Water-borne diseases (AWD)** | | In 2024, DRC reported 31 749 cases, including 435 deaths (1.3% CFR).[81] As of 29 December 2024, DRC reported 31 749 with 425 deaths (CFR = 1.3%). New cases in December increased by 29.3% from 1 999 in November to 2 327. Deaths increased by 4.8% from 21 in November to 22 in December. The CFR in December reduced to 0.9% from 1.2% in November. [82] Basic services are largely paralyzed.[83] Electricity and drinking water have been cut off for several days, forcing the population to draw directly on untreated water from Lake Kivu.[84] |
| **Measles** | | The DRC is one of the countries most affected by measles, with persistent epidemics for over 10 years. In South Kivu, measles outbreaks continue to affect thousands of people in IDP camps in recent years[85] Every two to three years, measles outbreaks affect tens or even hundreds of thousands of children in DRC.[86] |
| **Mpox** | | All mpox related activities have been paused as a result of the security situation. The escalating violence in the eastern part of the country poses additional challenges for the mpox response. Between 1 January 2024 and 19 January 2025, DRC reported 70 591 suspected cases, 13 933 confirmed cases, and 1353 deaths (case fatality rate 2%).[87] |
| **Malaria** | | The DRC was second only to Nigeria in the number of malaria cases reported in 2021 (> 30.5 million) in the African region comprising of 12.3% of the total global malaria cases. The 7 ,847 number of reported deaths also represent a similar proportion of global deaths attributed to malaria. DRC is one of the 10 High Burden High Impact countries in the Africa region.[88] |
| **Protection risks (including GBV)** | | Previous conflicts in eastern DRC, such as the M23's conquest of Goma in 2012, have frequently been accompanied by serious human rights violations, including killings of civilians, sexual violence and targeted actions. [89] Increased displacement and secondary displacement of IDPs is removing women and girls from the minimal safety nets that communities have created over time, further amplifying the risk of gender-based violence (GBV), including sexual and intimate partner violence.[90] |
| **Acute Respiratory Tract Infection (ARTI), including COVID-19** | | Across DRC, the top cause of death in 2023 was lower respiratory infections.[91] Research suggests respiratory diseases are commonly driven by overcrowding, unsanitary and substandard living conditions, which is likely to be exacerbated by the recent escalation in violence which has caused widespread displacement. [92] An ongoing influenzae outbreak was declared in the Panzi health zone, Bukavu, South Kivu, in December 2024. |
| **Maternal And Sexual and** | | Access to sexual and reproductive health services (SRH) has been severely constrained by the rising insecurity and lack of supplies. |

| | | |
|---|---|---|
| **Reproductive Health Risks** | | Key humanitarian supply corridors have been blocked by fighting leading to scarcity of essential products for operations by humanitarian actors. With an estimated 400 000 people impacted by the crisis, UNFPA estimates 88 000 are women of reproductive age, while 12 192 are estimated to be pregnant.[93] |
| **Malnutrition** | | WFP warned on 30 January 2025 that food supplies are running dangerously low, as water and electricity outages exacerbate the crisis.[94] WFP is concerned about food scarcity in Goma and rising food prices as the airport and major access roads within region have been cut-off. Depending on the duration of violence the supply of food into the city could be severely hampered.[95] |
| **Viral Haemorrhagic Fever (VHF), including Ebola (EVD) and Marburg Virus Disease (MVD)** | | The last outbreak in DRC occurred in 2022. While there are no cases currently, it's a risk considering the limited health care infrastructure in the affected area.[96] Considering the recently confirmed case of Ebola in Uganda (30 January 2025), there is also a risk of an outbreak in DRC.[97] DRC is endemic with several epidemics having taken place in in North Kivu. Tanzania, located across Lake Tanganyika from South Kivu, has recently confirmed an outbreak of MVD.[98] Considering the significant population movement, there is a risk of an outbreak in DRC. |
| **Tuberculosis and Human Immunodeficiency Virus** | | The DRC is considered a 'high burden' country for tuberculosis and HIV infection. The estimated incidence of tuberculosis is 319/100 000 (2021).[99] |
| **Non-Communicable Diseases (NCD)** | | The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was greater than 600 per 100 000 population since 2015 for both males and females.[100] A number of factors increase the vulnerability of people living with NCDs in a humanitarian crisis, including forced displacement, lack of medical services and supplies, increased exposure to NCD risk factors and mental distress.[101] |
| **Mental Health Conditions** | | The incessant shelling and shelling echoed through all neighbourhoods, amplifying fear among the local population and displaced communities.[102] Heavy artillery fire in and around Goma has been causing widespread fear and psychological distress. For children, the fear of bombs falling nearby, and the uncertainty of safety create mental anguish that is difficult to overcome.[103] |
| **Meningitis** | | Since 2015, the DRC has reported a high number of suspected cases of meningitis. Six provinces in DRC, including North Kivu, lie within the African meningitis belt, where bacterial meningitis is endemic and also experiences epidemics, with 6000 to 10 000 suspected cases reported annually. However, only a very small proportion (0-2%) of cases are laboratory confirmed each year.[104] |
| *Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.* | | |

**Trauma and Injury:** Humanitarian agencies have reported the shelling of towns near Goma since mid-January resulting in civilian injuries and deaths.[105] The use of artillery in densely populated areas – especially in large urban centres such as the city of Goma is devastating for trapped populations.[106] MSF teams in Kyeshero hospital are reporting shelling, shooting and looting, including in the centre of the city, causing panic and displacement.[107] Protection partners have reported widespread violations, including looting, physical injuries, sexual violence, and kidnappings.[108]

Between 23 and 28 January, the hospitals in the city of Goma, supported by MSF, the ICRC and the WHO, treated more than 1000 wounded.[109] On January 19, 2025, several bombs exploded in the locality of Chebumba killed at least two adults and injured four children. [110] As of 31 January 2025, about 2958 people have been reported injured, along with 787 deaths.[111] The cumulative number of people injured since the beginning of the crisis (March 2024) is 6027.[112]

MSF report that since 23 January 2025, ICRC is treating war wounded with trauma cases that need surgical care, and MSF is supporting with less complex cases and cases that may need light surgical care.[113] MSF report that at Kyeshero hospital, a bullet pierced the roof of the operating theatre during an operation, with stocks of equipment and medicines looted, jeopardising our medical assistance inside and outside Goma.[114] Despite the situation, an MSF team continues to provide care for wounded patients at Kyeshero hospital, in support of Ndosho hospital, where the International Committee of the Red Cross (ICRC) is receiving an even greater influx of wounded.[115] Since 23 January 2025, 142 wounded patients have been treated at Kyeshero.[116]

On 28 January alone, MSF received 37 injured people, half of them civilians and most civilians are women. Most of the injuries were caused by shrapnel, while other patients suffered gunshot wounds.[117] The lack of medicines, equipment and medical staff is jeopardizing the treatment of the wounded and increasing the risk of loss of life.[118]

Health structures are saturated and are organizing themselves to take care of the seriously injured, despite electricity and water cuts. [119] As of 28 January 2025, the Bethesda Ndosho hospital has a total of 250 bed-injured patients out of a capacity of 150 beds. The provincial hospital, which has received 88 wounded, needs fuel and other inputs to facilitate surgical procedures.[120]

In South Kivu, the provincial hospital of Bukavu has received several war wounded and is providing medical care. The partners of the health cluster are positioned in the Minova.[121] At least 113 cases of the wounded received at the General Referral Hospital of Minova have been transferred to Goma for specific care.[122]

Medical evacuation is becoming a challenge, amid ongoing violence, with ambulances being targeted.[123] An ambulance driver was shot on 28 January.[124] As of the same date, 30 injured people were reported to be waiting to be evacuated to the hospitals outside the province for care.[125]

More broadly, in 2022, it was reported that 91% of IED incidents in the country occurred in Beni (North-Kivu).[126] In October 2022, a local NGO estimated that there had been at least 2 500 mine/ERW casualties in North-Kivu province.[127] With a continued escalation in conflict in the area, the number of casualties as a result of mine/ERW incidents is likely to significantly increase.

**Cholera and Acute Water-borne diseases (AWD):** As of Epi-week 3, across DRC there were 1065 cases reported with 22 deaths, an increase from week 02 (969 cases and 9 deaths). The majority of cases were reported from the province of Haut-Lomami, followed by North Kivu.[128]

In 2024, DRC reported 31 749 cases, including 435 deaths (1.3% CFR).[129] As of 29 December 2024, DRC reported 31 749 with 425 deaths (CFR = 1.3%). New cases in December increased by 29.3% from 1 999 in November to 2 327. Deaths increased by 4.8% from 21 in November to 22 in December. The CFR in December reduced to 0.9% from 1.2% in November. [130] Additionally, concurrent multiple disease outbreaks, e.g., Mpox, wild polio, measles, COVID-19, other health emergencies, unreliable and inaccessible safe water supply, poor sanitation with increased cross-border movements, and in-country rural to-urban migration have also served as driving factors for cholera outbreaks across the Region.[131] In

2022, North Kivu was among the most affected provinces accounting for 76% of the total cholera cases in DRC.[132]

Basic services are largely paralyzed.[133] Electricity and drinking water have been cut off for several days, forcing the population to draw directly on untreated water from Lake Kivu. This situation exposes thousands of people to the immediate risk of water-borne diseases such as cholera. The morgues are full, and the lifeless bodies left in the streets of the city pose a major health risk for the survivors.[134]

**Measles**: The DRC is one of the countries most affected by measles, with persistent epidemics for over 10 years. In South Kivu, measles outbreaks continue to affect thousands of people in IDP camps in recent years[135] Every two to three years, measles outbreaks affect tens or even hundreds of thousands of children in DRC.[136]

In 2024, a total of 102 539 measles cases including 2231 (CRF 2.2%) were reported in DRC. In week 1 of 2025, a total of 445 measles cases were reported from the North Kivu province, though a measles vaccination campaign was organized in the province in 2024. The recent displacement of population in and around Goma is a contributing factor for a measles outbreak as in 2024 only 40% of children under 2 years old received their second dose of measles vaccine .

**Mpox**: All mpox related activities have been paused as a result of the security situation. The epicentre of the outbreak remains the DRC.[137] Despite many of the provinces reporting stable trends in cases, the situation in the country remains concerning, with continued sustained circulation of virus strains. The escalating violence in the eastern part of the country poses additional challenges for the mpox response.[138]

Between 1 January 2024 and 19 January 2025, DRC reported 70 591 suspected cases, 13 933 confirmed cases, and 1353 deaths (case fatality rate 2%).[139] More broadly, Africa needs approximately 10 million vaccine doses to control the outbreak, according to the Africa Centres for Disease Control and Prevention, but only around 1 million have been delivered.[140]

**Malaria**: The DRC was second only to Nigeria in the number of malaria cases reported in 2021 (> 30.5 million) in the African region comprising of 12.3% of the total global malaria cases. The 7 ,847 number of reported deaths also represent a similar proportion of global deaths attributed to malaria. DRC is one of the 10 High Burden High Impact countries in the Africa region.[141]

**Protection Risks, including GBV**: Risks are detailed in below section entitled *Determinants of Health.*

**Acute Respiratory Tract Infection (ARTI), including COVID-19:** The COVID-19 pandemic exacerbated the existing crises in DRC crisis and compounded an already existing health crisis. Across DRC, the top cause of death in 2023 was lower respiratory infections.[142] Research suggests respiratory diseases are commonly driven by overcrowding, unsanitary and substandard living conditions, which is likely to be exacerbated by the recent escalation in violence which has caused widespread displacement.[143]

**Maternal And Sexual and Reproductive Health Risks:** Access to sexual and reproductive health services (SRH) has been severely constrained by the rising insecurity and lack of supplies. Key humanitarian supply corridors have been blocked by fighting leading to scarcity of essential products for operations by humanitarian actors. With an estimated 400 000 people impacted by the crisis, UNFPA estimates 88 000 are women of reproductive age, while 12 192 are estimated to be pregnant.[144]

More broadly, DRC has one of the highest maternal mortality rates in the world, with the number of fistula cases also very high. [145] In DRC, the proportion of births attended by skilled health personnel has improved by 19.4% from 60.7% in 2001 to 80.1% in 2014. [146] Specifically, Kinshasa saw the highest rate of antenatal care coverage (at least four visits) of 74 %, compared to the lowest coverage of 35 % in Sud-Kivu.[147]

Young people in DRC face several sexual and reproductive health challenges, such as high rates of early childbearing and marriage for girls, early sexual debut, lack of comprehensive contraceptive knowledge, and multiple concurrent sexual partnerships, among others. Only 34% of sexually active adolescents (30%

girls, 39% boys) reported current use of modern contraception while 50% of sexually active girls reported at least one pregnancy and 30% reported at least one abortion.[148] GBV HERE

**Malnutrition**: Food assistance activities in and around Goma have been temporarily paused. WFP is concerned about food scarcity in Goma and rising food prices as the airport and major access roads within region have been cut-off. Depending on the duration of violence the supply of food into the city could be severely hampered.[149] Despite the insecurity, the Kyeshero hospital in North Kivu is trying to continue treating malnourished children.[150]

A quarter of the region's population suffers from acute levels of hunger (IPC 3+), with many people malnourished and debilitated by disease.

In South Kivu, local authorities raised an alert on 28 November 2024 about a sharp increase in deaths following an illness characterized by fever, respiratory distress and general fatigue.[151] Initially undiagnosed, subsequent investigations showed the illness was malaria combined with flu and COVID-19 and complicated by high rates of malnutrition in the context of a weak health system.[152] After an investigation team noted that those who had died were suffering from malnutrition, a rapid nutrition survey was carried out. The results showed that general acute malnutrition stood at a rate of 18%, above the emergency threshold of 15%; and severe acute malnutrition stood at 6%, three times higher than the emergency threshold of 2%.[153]

Across DRC, WFP report that 7.1 million vulnerable women, men, and children depend on lifesaving and life-changing support in 2025.[154] DRC has one of the highest stunting rates in SSA (42% of children under age five), and malnutrition is the underlying cause of almost half of the deaths of children under the age of five. Unlike other African countries, the prevalence of stunting in the DRC has not decreased over the past 20 years. Due to the very high fertility rate, the number of stunted children has increased by 1.5 million.[155]

**Tuberculosis and Human Immunodeficiency Virus:** The DRC is considered a 'high burden' country for tuberculosis and HIV infection. The estimated incidence of tuberculosis is 319/100 000 (2021).[156] According to WHO estimates, 270 000 people fell ill with TB in 2018, which translates into an incidence of 321 cases per 100 000 population, of whom 31 000 (12%) were people living with HIV. Of the 270 000 people estimated to have TB in 2018, only 171 682 were notified, leaving 100 000 people (37%) undetected by the national health system. WHO estimates that around 53 000 people died from the disease in 2018.[157] AIDS-related deaths in DRC have dropped by 61% in the past 10 years, from 37 000 in 2010 to 15 000 in 2019. HIV prevalence hovers around 1% among adults, but 23 000 people became newly infected with HIV last year.[158] Conflict, displacement, food insecurity and poverty make affected populations more vulnerable to HIV transmission.[159]

**Viral Haemorrhagic Fever (VHF), including Ebola (EVD) and Marburg Virus Disease (MVD)::** The last outbreak in DRC occurred in 2022. While there are no cases currently, it's a risk considering the limited health care infrastructure in the affected area.[160] Considering the recently confirmed case of Ebola in Uganda (30 January 2025), there is also a risk of an outbreak in DRC.[161] DRC is endemic with several epidemics having taken place in in North Kivu.

On January 13, WHO informed member states that Tanzania had a suspected outbreak of Marburg Virus Disease (MVD). On Monday 20 January, the President of the Republic of Tanzania confirmed during a press briefing that there was an outbreak of Marburg Virus Disease in the northwestern Kagera region, after one case was tested positive for the virus following investigations and laboratory analysis of suspected cases.[162] Considering the significant population movement due to the conflict in North and South Kivu, an outbreak in DRC is possible.

**Non-Communicable Diseases (NCD):** The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was greater than 600 per 100 000 population since 2015 for both males and females.[163] NCDs require continuity of care and even a short lapse can result in complications, disability and premature death. For instance, heart attacks and strokes are two to three times more common in emergency settings than in normal circumstances.[164]

Diabetes and hypertension are also common and are major risk factors for other NCDs like cardiovascular and chronic kidney diseases.[165]

**Mental Health Conditions:** The incessant shelling and shelling echoed through all neighbourhoods, amplifying fear among the local population and displaced communities.[166] Heavy artillery fire in and around Goma has been causing widespread fear and psychological distress. For children, the fear of bombs falling nearby, and the uncertainty of safety create mental anguish that is difficult to overcome.[167]

**Meningitis**: Since 2015, the DRC has reported a high number of suspected cases of meningitis. Six provinces in DRC, including North Kivu, lie within the African meningitis belt, where bacterial meningitis is endemic and also experiences epidemics, with 6000 to 10 000 suspected cases reported annually. However, only a very small proportion (0-2%) of cases are laboratory confirmed each year.[168]

## DETERMINANTS OF HEALTH

### *Protection Risks*

**Gender Based Violence (GBV):** According to OCHA, numerous protection incidents have been reported.[169] Five girls from the same family were reportedly raped by armed men in the locality of Kalungu. They were taken care of in the local hospital. The same sources report two women raped on January 14 in the Bihovu health area in Kalehe territory.[170] Increased displacement and secondary displacement of IDPs is removing women and girls from the minimal safety nets that communities have created over time, further amplifying the risk of gender-based violence (GBV), including sexual and intimate partner violence.[171]

Disruptions of PSEA (protection against sexual exploitation and abuse) networks are also leaving women and girls exposed by their increased vulnerability and limited access to humanitarian support.[172]Physicians for Human Rights (PHR) recently published research documenting the health and human rights emergency in eastern DRC, including a 'massive influx of cases' of conflict-related sexual violence against children and adults.[173] Early marriage and high fertility rates represent a challenge, where women and girls without any education have a fertility rate twice that of women who complete secondary school. Half of women report having experienced physical violence, and almost a third have experienced sexual violence, most commonly at the hands of an intimate partner (2013).[174]

**Child Protection:** Currently about 3 million people live in Goma, with Save the Children estimating over half of those – or over 1.5 million - are children. [175] Children have already been affected in the chaos in and out of Goma, with four children wounded by explosives in the town of Minova – 30km from Goma and a baby injured in an attack on a hospital in Goma.[176] Like in recent years, the escalation of violence is likely to lead to a sharp increase in grave violations perpetrated against children, notably child recruitment, abductions, and sexual violence. [177] An increase of child recruitment by armed groups has previously been reported in North Kivu (Rutshuru and Masisi territories).[178]

**Mine Risks:** The DRC is contaminated with antipersonnel landmines and explosive remnants of war (ERW), including cluster munition remnants, as a result of armed conflict involving neighbouring countries, militias, and non-state armed groups (NSAGs) since the late 1990s. The DRC is also believed to be contaminated by improvised mines and other improvised explosive devices (IEDs) used by NSAGs, operating mainly in North-Kivu province.[179]

UNMAS reports an increase in use of IEDs in the DRC since 2021. During 2022, it was reported that 91% of IED incidents in the country occurred in Beni (North-Kivu).[180] The total number of mine/ERW casualties in the DRC, for all time, is unknown. In June 2022, the DRC reported an estimated 3121 casualties since 2002. In October 2022, a local NGO estimated that there had been at least 2,500 mine/ERW casualties in North-Kivu province.[181]

### *Water Sanitation and Hygiene (WASH)*

Basic services are largely paralyzed in Goma in recent days.[182] Electricity and drinking water have been cut off for several days, forcing the population to draw directly on untreated water from Lake Kivu. This

situation exposes thousands of people to the immediate risk of water-borne diseases such as cholera.[183] Before the recent escalation, there was a reported lack of potable water in the crowded IDP sites in Goma (February 2024). People across North Kivu had access to only an average of 6.3L of water per day, one latrine between 138 people, and one shower between 249 people.[184]

## HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

### *Pre-crisis health system status*

Besides the fragmented health systems, major bottlenecks of health service delivery are frequent stock-outs of essential commodities, numerous but inadequately trained and paid medical staffs, poor quality of health care and limited financial access. [185] DRC's health care system was greatly impacted by the COVID-19 pandemic and by recurrent disease outbreaks such as cholera, measles, and Ebola.[186]

In North Kivu, even before the most recent escalation, violence strained the health care facilities already stretched thin by decades of conflict. One of those facilities is Masisi general hospital in North Kivu, where children share beds in the malnutrition ward while patients with gunshot and stab wounds are treated in tents.[187] In South Kivu, the looting of the health infrastructure has been ongoing, particularly hospitals and health centres, by armed gangs. [188] This situation has put hospitals and health centres in very difficult conditions for their operation. During these various crises, the health system was supported by both international partners and local organizations. Support from the health system was sometimes directed towards the rehabilitation of infrastructure, the supply of equipment and other inputs. [189]

### *In crisis health system status*

Humanitarian infrastructure and warehouses have been looted, severely compromising the humanitarian response. Significant quantities of food, medicines, and essential medical supplies have been lost in targeted attacks on United Nations agencies and humanitarian NGOs critical to the emergency response.[190]

With much of Goma inaccessible, the hospitals are overwhelmed with urgent health needs. There are significant needs from health facilities in Goma and Bukavu. There is a critical shortage of supplies, medical staff and hospital beds. There is also an urgent need for fuel in addition to medical supplies.[191]

## HUMANITARIAN HEALTH RESPONSE

Across DRC, there are 19.6 million people in need, including 8.7 million in need of health services. Of those in need, the Health Cluster is targeting 4.63 million people across the country as part of the 2024 Humanitarian Response Plan.[197]

In DRC, the Health Cluster has 33 partners, including 4 UN agencies, 14 NGOs, 13 national NGOs and 2 observers. The majority of the Health Cluster partners are present in North Kivu, with 26 organisations present in that province as of 8 January 2025.[198]

Given the intensification of the humanitarian crisis in North and South Kivu, on January 25, 2025, the Health Cluster organized a meeting with the participation of 70 key partners of the health response.[199] In North Kivu, the Health Cluster carried out a capacity assessment in three structures during January, namely Goma Military Hospital, Bethesda Hospital and Kyeshero Hospital.

WHO have identified various challenges facing the health services in the affected areas, including limited access to intervention areas, shortage of drugs, blood products and other inputs, looting of warehouses and health facilities, shortages of water and electricity, along with shortages of ambulances.[200] For North Kivu, the Health Cluster[201] has identified challenges including limited capacity for those suffering with mental health conditions and disengagement of some partners due to the insecurity.[202]

In terms of the response strategy, the Health Cluster relies on integrated health assistance for displaced persons through the establishment of emergency mobile clinics and the flexibility of response given that the situation is volatile.[203] More information can be found from the Health Cluster Flash Update #2 published 28 January 2025 and the WHO Situation Report on North Kivu #2, published 2 February 2025.

### HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS

**Key information on disruption of key health system components**

| ACCESS TO HEALTHCARE | DISRUPTION TO SUPPLY CHAIN | DAMAGE TO HEALTH FACILITIES | ATTACKS AGAINST HEALTH |
|---|---|---|---|
|  |  |  |  |
| Limited access considering movement restrictions due to insecurity including road closures. | In Minova, since January 21, stocks of essential medicines have been rapidly depleting.[192] | Shells hit a hospital, resulting in civilian casualties, including infants and pregnant women.[193] Health structures are saturated with injured patients, while struggling with electricity and water cuts.[194] | WHO has recorded 32 attacks against healthcare since 2024[195]<br><br>Two Heal Africa ambulance staff were shot dead while evacuating the wounded.[196] |

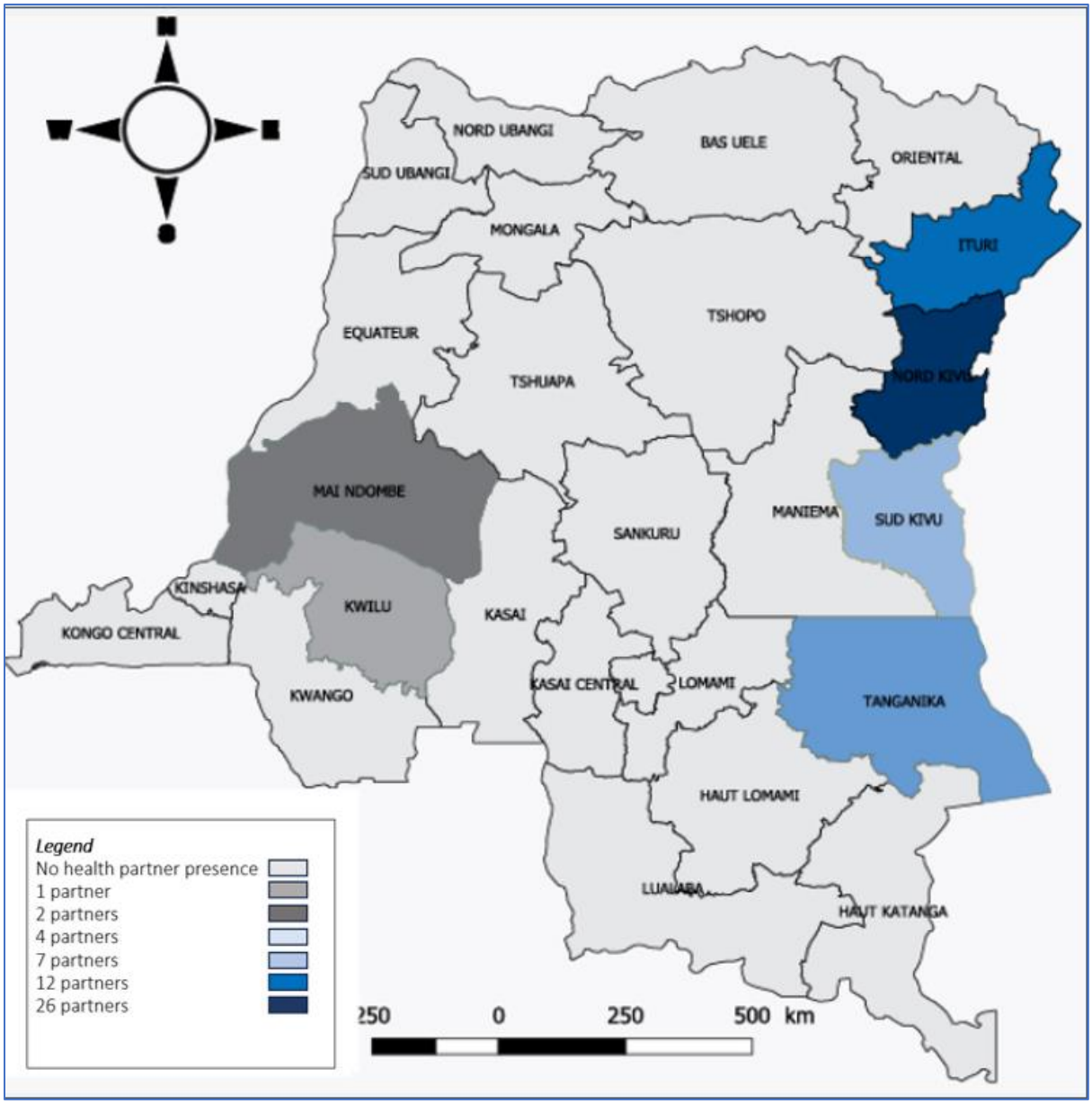



*Figure 2 Map of Presence of Health Cluster Partners, 8 January 2025*[204]

| Information Gaps / Recommended Information Sources | | |
|---|---|---|
| | **Gap** | **Recommended tools/guidance for primary data collection** |
| **Health status & threats for the affected population** | Surveillance data in remote areas | WHO Early Warning Alert and Response System (EWARS) |
| | Recent and up-to-date nutrition data | Emergency Nutrition Assessment |
| | Data on NCDs and their risk factors | Community- and hospital-based studies (STEPS approach) |
| | Health needs information is limited | Health needs assessments |
| **Health Resources & Services Availability** | Availability of health services and distribution and functionality of health care facilities | Expanded Health Resources and Services Availability Monitoring System (HeRAMS) |
| | Scarce or lack of data on attacks against health due to difficult access. | Surveillance System for Attacks on Health Care (SSA) |
| **Humanitarian Health System Performance** | Lack of data on utilisation of humanitarian health services, including mobile clinics | Health Cluster and partners |
| | Lack of data on quality of humanitarian health services | Health Cluster and partners |
| | Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations (AAP)) | Beneficiary satisfaction survey |

## WORLD HEALTH ORGANISATION (WHO) CONTACTS

- **Public Health Information Focal Point (WHO HQ):** Sinead McGrath (mcgraths@who.int) and Nabil Tabbal (tabbaln@who.int)
- **EPR Focal Team Lead (WHO CO):** Amadou Mouctar Diallo (dialloam@who.int)
- **Public Health Information Focal Point (WHO CO):** Ndumu Marvin (marvinn@who.int)
- **Public Health Information Focal Point (WHO RO):** Jean Paul Kimenyi (kimenyij@who.int)
- **National Health Cluster Focal Point (CO):** Alou Badara (traoereal@who.int)

## ENDNOTES

[1] UNDSS (2024), Security Travel Advisory, available at: https://dss.un.org/Welcome-to-UNDSS?returnurl=%2f
[2] Inform Risk Index 2025 (2024), available at: https://drmkc.jrc.ec.europa.eu/inform-index
[3] Security Council Report (2025), Democratic Republic of the Congo: Briefing
[4] Security Council Report (2025), Democratic Republic of the Congo: Briefing
[5] UNFPA (2025), UNFPA: Situation Report - Escalation of Fighting in North Kivu and South Kivu, DRC
[6] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[7] WHO (2025), Rapport de situation n°02 : Evolution de la situation à Goma – Nord Kivu, le 31 jan. 2025
[8] WHO (2025), Rapport de situation n°02 : Evolution de la situation à Goma – Nord Kivu, le 31 jan. 2025
[9] WHO (2025), Rapport de situation n°02 : Evolution de la situation à Goma – Nord Kivu, le 31 jan. 2025
[10] OCHA (2025), West and Central Africa: Latest events at a glance (21 - 27 January 2025)
[11] Forum ONGI DRC (2025), Catastrophe humanitaire en cours au Nord et Sud-Kivu alors que la violence s'Intensifie : Les ONGs Internationales appellent à une action immédiate
[12] Forum ONGI DRC (2025), Catastrophe humanitaire en cours au Nord et Sud-Kivu alors que la violence s'Intensifie : Les ONGs Internationales appellent à une action immédiate
[13] WHO (2025), République démocratique du Congo : Flash update #1 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 29 janvier 2025
[14] Oxfam (2025), Des centaines de milliers de personnes fuient la reprise des combats dans le Nord-Kivu, mettant à rude épreuve les efforts humanitaires
[15] WHO (2025), République démocratique du Congo : Flash update #1 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 29 janvier 2025
[16] MSF (2025), A chaotic situation and many war-wounded in Goma
[17] The Republic of Uganda Ministry of Health (2025), Press Statement- Uganda Confirms Sudan Ebola Virus Disease Outbreak
[18] IFRC (2025), Tanzania Marburg Outbreak 2025 - DREF Operation MDRTZ039
[19] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[20] ECHO (2025), Democratic Republic of the Congo - M23 offensive on Goma (DG ECHO, UN OCHA) (ECHO Daily Flash of 28 January 2025)
[21] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[22] ICG (2025), Fall of DRC's Goma: Urgent Action Needed to Avert a Regional War
[23] ICG (2025), Fall of DRC's Goma: Urgent Action Needed to Avert a Regional War
[24] ICG (2025), Fall of DRC's Goma: Urgent Action Needed to Avert a Regional War
[25] Marcy Corps (2025), "A Race Against Time:" Fear Mounts as Violence Spreads and Humanitarian Aid Falls Critically Short in Eastern DRC
[26] Save the Children (2025), DRC: Over 1.5 million children need protection as Goma faces heavy fighting, Save the Children

[27] WHO (June 2023), *Rapid Needs Assessment Report* (Internal document/unpublished).

[28] WHO (June 2023), *Rapid Needs Assessment Report* (Internal document/unpublished).

[29] IUCN (2023), Democratic Republic of Congo, Available at: https://iucn.org/our-work/topic/ecosystem-restoration/restoration-initiative/projects/democratic-republic-congo [Accessed on 30th June 2023]

[30] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu

[31] WHO (2025), République démocratique du Congo : Flash update #1 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 29 janvier 2025
[32] WHO (2025), Rapport de situation n°02 : Evolution de la situation à Goma – Nord Kivu, le 31 jan. 2025
[33] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[34] EU (2025), EU provides €60 million humanitarian aid to the Democratic Republic of the Congo
[35] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[36] Forum ONGI DRC (2025), Catastrophe humanitaire en cours au Nord et Sud-Kivu alors que la violence s'Intensifie : Les ONGs Internationales appellent à une action immédiate
[37] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[38] Forum ONGI DRC (2025), Catastrophe humanitaire en cours au Nord et Sud-Kivu alors que la violence s'Intensifie : Les ONGs Internationales appellent à une action immédiate
[39] WHO (2025), République démocratique du Congo : Flash update #1 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 29 janvier 2025
[40] ECHO (2025), EU provides €60 million humanitarian aid to the Democratic Republic of the Congo
[41] ECHO (2025), EU provides €60 million humanitarian aid to the Democratic Republic of the Congo
[42] ECHO (2025), Democratic Republic of the Congo - M23 offensive on Goma (DG ECHO, UN OCHA) (ECHO Daily Flash of 28 January 2025)
[43] Ohchr (2025), DRC: Türk calls for urgent action to stem grave human rights crisis in Goma
[44] Oxfam (2025), Des centaines de milliers de personnes fuient la reprise des combats dans le Nord-Kivu, mettant à rude épreuve les efforts humanitaires
[45] ECHO (2024), ECHO Factsheet - Democratic Republic of the Congo (DG ECHO) (ECHO Daily Flash of 31 January 2025)
[46] ECHO (2024), ECHO Factsheet - Democratic Republic of the Congo (DG ECHO) (ECHO Daily Flash of 31 January 2025)
[47] UN News (2025), Hospitals overwhelmed in DR Congo, food running out: Goma faces 'devastation'
[48] IRC (2025), DRC: Waterborne diseases threaten to compound escalating humanitarian crisis, warns the IRC
[49] WFP (2025), Crisis in eastern DRC escalates - leads to greater humanitarian and protection needs
[50] IPC (2025), Democratic Republic of the Congo: Acute Food Insecurity Situation for July - December 2024 and Projection for January - June 2025
[51] IPC (2025), Democratic Republic of the Congo: Acute Food Insecurity Situation for July - December 2024 and Projection for January - June 2025
[52] IPC (2025), Democratic Republic of the Congo: Acute Food Insecurity Situation for July - December 2024 and Projection for January - June 2025
[53] Forum ONGI DRC (2025), Catastrophe humanitaire en cours au Nord et Sud-Kivu alors que la violence s'Intensifie : Les ONGs Internationales appellent à une action immédiate
[54] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community
[55] OCHA (2025), République démocratique du Congo - Flash Update #1 : Les affrontements violents entre M23 et FARDC se sont étendus à Minova, la situation humanitaire se détériore à Kalehe, 21 janvier 2025
[56] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[57] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[58] MONUSCO (2025), UN temporarily relocates non-critical staff from Goma (North-Kivu) without interrupting its operations
[59] OCHA (2025), République démocratique du Congo - Flash Update #1 : Les affrontements violents entre M23 et FARDC se sont étendus à Minova, la situation humanitaire se détériore à Kalehe, 21 janvier 2025
[60] OCHA (2025), République démocratique du Congo - Flash Update #1 : Les affrontements violents entre M23 et FARDC se sont étendus à Minova, la situation humanitaire se détériore à Kalehe, 21 janvier 2025
[61] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[62] WHO (2025), internal data presented at 3L call on 29th January 2025
[63] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[64] Forum ONGI DRC (2025), Catastrophe humanitaire en cours au Nord et Sud-Kivu alors que la violence s'Intensifie : Les ONGs Internationales appellent à une action immédiate
[65] WHO (2025) DRC data, available at: https://data.who.int/countries/180 [accessed 29/1/25]
[66] WHO (2025) DRC data, available at: https://data.who.int/countries/180 [accessed 29/1/25]
[67] WHO (2025) DRC data, available at: https://data.who.int/countries/180 [accessed 29/1/25]
[68] WHO (2025) DRC data, available at: https://data.who.int/countries/180 [accessed 29/1/25]
[69] UNICEF (2025), Data, available at: https://data.unicef.org/country/cod/ [accessed 29/1/25]
[70] UNICEF (2025), Data, available at: https://data.unicef.org/country/cod/ [accessed 29/1/25]
[71] Ramazani IB, Ntela SM, Ahouah M, Ishoso DK, Monique RT. Maternal mortality study in the Eastern Democratic Republic of the Congo. BMC Pregnancy Childbirth. 2022 May 31;22(1):452. doi: 10.1186/s12884-022-04783-z. PMID: 35641954; PMCID: PMC9153209.
[72] CDC (2023), Africa CDC Renews its Commitment to Reduce Vaccine-Preventable Diseases and Outbreaks in Africa

[73] CDC (2023), Africa CDC Renews its Commitment to Reduce Vaccine-Preventable Diseases and Outbreaks in Africa

[74] WHO (2023), Global Democratic Republic of Congo, Available at: https://covid19.who.int/region/afro/country/cd [Accessed on 7th June 2023]

[75] Zola Matuvanga T, et al, (2022) *Challenges to COVID-19 vaccine introduction in the Democratic Republic of the Congo - a commentary.* 2022 Nov 30;18(6):2127272. doi: 10.1080/21645515.2022.2127272. Epub 2022 Sep 27. PMID: 36165731; PMCID: PMC9746480.

[76] WHO (2025), Immunization Dashboard, available at: https://immunizationdata.who.int/ [accessed 29/1/25]
[77] HRW (2025), DR Congo: Civilians at Risk as M23 Approaches Goma
[78] ICRC (2025), RD Congo : le CICR condamne les attaques récentes ayant tué et blessé des civils dans le Nord-Kivu
[79] WHO (2025), Rapport de situation n°02 : Evolution de la situation à Goma – Nord Kivu, le 31 jan. 2025
[80] WHO (2025), Rapport de situation n°02 : Evolution de la situation à Goma – Nord Kivu, le 31 jan. 2025
[81] WHO (2025), Cholera in the WHO African Region, Monthly Regional Cholera Bulletin: December 2024
[82] WHO (2025), Cholera in the WHO African Region, Monthly Regional Cholera Bulletin: December 2024
[83] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community
[84] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community

[85] OCHA (February 2023), *10 million people in desperate need of humanitarian assistance in the Democratic Republic of Congo in 2023,* Available at: https://reliefweb.int/report/democratic-republic-congo/10-million-people-desperate-need-humanitarian-assistance-democratic-republic-congo-2023#:~:text=Attachments&text=Kinshasa%2C%2022%20February%202023%20%2D%20The,vulnerable%20people%20in%20the%20country. [Accessed on 6th June 2023]

[86] WHO (28th May 2023), *Weekly Bulletin On Outbreaks And Other Emergencies*, Week 22: 22-28 May 2023, Data as reported by: 17:00; 28 May 2023.

[87] Ministry of Public Health (2025), Rapport journalier de l'épidémie de Mpox en RDC (20 January 2025)
[88] DRC (2023), Country Disease Outlook
[89] Amnesty (2025), República Democrática del Congo: Las partes enfrentadas deben dar prioridad a la protección civil y el acceso humanitario en Goma
[90] UNFPA (2025), UNFPA: Situation Report - Escalation of Fighting in North Kivu and South Kivu, DRC
[91] WHO (2025) DRC data, available at: https://data.who.int/countries/180 [accessed 29/1/25]
[92] David Cantor, Jina Swartz, Bayard Roberts, Aula Abbara, Alastair Ager, Zulfiqar A. Bhutta, Karl Blanchet, Derebe Madoro Bunte, JohnBosco Chika Chukwuorji, Nihaya Daoud, Winifred Ekezie, Cecilia Jimenez-Damary, Kiran Jobanputra, Nino Makhashvili, Diana Rayes, Maria Helena Restrepo-Espinosa, Alfonso J. Rodriguez-Morales, Bukola Salami, James Smith, Understanding the health needs of internally displaced persons: A scoping review, Journal of Migration and Health, Volume 4, 2021, 100071,
ISSN 2666-6235, https://doi.org/10.1016/j.jmh.2021.100071.
[93] UNFPA (2025), UNFPA: Situation Report - Escalation of Fighting in North Kivu and South Kivu, DRC
[94] UN News (2025), Hospitals overwhelmed in DR Congo, food running out: Goma faces 'devastation'
[95] WFP (2025), Crisis in eastern DRC escalates - leads to greater humanitarian and protection needs

[96] MSF (May 2023), Ensuring Access To New Treatments For Ebola Virus Disease.

[97] The Republic of Uganda Ministry of Health (2025), Press Statement- Uganda Confirms Sudan Ebola Virus Disease Outbreak
[98] IFRC (2025), Tanzania Marburg Outbreak 2025 - DREF Operation MDRTZ039

[99] Stop TB Partnership (2023), DRC Profile, Available at: https://tbassessment.stoptb.org/drc.html#:~:text=The%20estimated%20incidence%20of%20tuberculosis,WHO%202021%20global%20tuberculosis%20report. [Accessed on June 6th 2023]

[100] DRC (2023), Country Disease Outlook
[101] NCD Alliance (2025), NCDs in Humanitarian Settings
[102] Forum ONGI DRC (2025), Catastrophe humanitaire en cours au Nord et Sud-Kivu alors que la violence s'Intensifie : Les ONGs Internationales appellent à une action immédiate
[103] CARE (2025), DRC: Escalating conflict in Goma deepens humanitarian crisis for millions

[104] WHO, (20th September 2021), *Meningitis - Democratic Republic of the Congo*.

[105] HRW (2025), DR Congo: Civilians at Risk as M23 Approaches Goma
[106] ICRC (2025), RD Congo : le CICR condamne les attaques récentes ayant tué et blessé des civils dans le Nord-Kivu
[107] MSF (2025), MSF: Update on situation in Goma, eastern DRC
[108] Protection Cluster and UNHCR (2025), Protection Alert: Intensifying Crisis in North Kivu, Democratic Republic of Congo
[109] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community
[110] OCHA (2025), République démocratique du Congo - Flash Update #1 : Les affrontements violents entre M23 et FARDC se sont étendus à Minova, la situation humanitaire se détériore à Kalehe, 21 janvier 2025
[111] WHO (2025), Rapport de situation n°02 : Evolution de la situation à Goma – Nord Kivu, le 31 jan. 2025

[112] WHO (2025), Rapport de situation n°02 : Evolution de la situation à Goma – Nord Kivu, le 31 jan. 2025
[113] MSF (2025), MSF: Update on situation in Goma, North Kivu, DRC
[114] MSF (2025), MSF appeals for humanitarian access in Goma as casualties seek medical care
[115] MSF (2025), MSF appeals for humanitarian access in Goma as casualties seek medical care
[116] MSF (2025), MSF appeals for humanitarian access in Goma as casualties seek medical care
[117] MSF (2025), MSF appeals for humanitarian access in Goma as casualties seek medical care
[118] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community
[119] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[120] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[121] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[122] OCHA (2025), République démocratique du Congo - Flash Update #1 : Les affrontements violents entre M23 et FARDC se sont étendus à Minova, la situation humanitaire se détériore à Kalehe, 21 janvier 2025
[123] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[124] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[125] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[126] Landmine Monitor (2025), DRC available at: https://the-monitor.org/country-profile/congo-democratic-republic-of/impact?year=2023
[127] Landmine Monitor (2025), DRC available at: https://the-monitor.org/country-profile/congo-democratic-republic-of/impact?year=2023
[128] Govt. DRC and WHO (2025), Situation du choléra en République démocratique et des autres maladies diarrhéiques en RDC - Semaine 03, 2025 (Du 13 au 19 Janvier 2025)
[129] WHO (2025), Cholera in the WHO African Region, Monthly Regional Cholera Bulletin: December 2024
[130] WHO (2025), Cholera in the WHO African Region, Monthly Regional Cholera Bulletin: December 2024
[131] WHO (2025), Cholera in the WHO African Region, Monthly Regional Cholera Bulletin: December 2024

[132] UNICEF (2022), *Country Office Annual Report 2022 Democratic Republic of the Congo.*

[133] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community
[134] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community

[135] OCHA (February 2023), *10 million people in desperate need of humanitarian assistance in the Democratic Republic of Congo in 2023,* Available at: https://reliefweb.int/report/democratic-republic-congo/10-million-people-desperate-need-humanitarian-assistance-democratic-republic-congo-2023#:~:text=Attachments&text=Kinshasa%2C%2022%20February%202023%20%2D%20The,vulnerable%20people%20in%20the%20country. [Accessed on 6th June 2023]

[136] WHO (28th May 2023), *Weekly Bulletin On Outbreaks And Other Emergencies*, Week 22: 22-28 May 2023, Data as reported by: 17:00; 28 May 2023.

[137] WHO (2024), Joint press release Africa CDC, CEPI, Gavi, UNICEF, WHO
[138] WHO (2025), Multi-country outbreak of mpox, external situation report #46 - 28 January 2025
[139] Ministry of Public Health (2025), Rapport journalier de l'épidémie de Mpox en RDC (20 January 2025)
[140] Oxfam (2025), Africa to receive just 10% of doses needed to control mpox outbreak by end of year
[141] DRC (2023), Country Disease Outlook
[142] WHO (2025) DRC data, available at: https://data.who.int/countries/180 [accessed 29/1/25]
[143] David Cantor, Jina Swartz, Bayard Roberts, Aula Abbara, Alastair Ager, Zulfiqar A. Bhutta, Karl Blanchet, Derebe Madoro Bunte, JohnBosco Chika Chukwuorji, Nihaya Daoud, Winifred Ekezie, Cecilia Jimenez-Damary, Kiran Jobanputra, Nino Makhashvili, Diana Rayes, Maria Helena Restrepo-Espinosa, Alfonso J. Rodriguez-Morales, Bukola Salami, James Smith, Understanding the health needs of internally displaced persons: A scoping review, Journal of Migration and Health, Volume 4, 2021, 100071, ISSN 2666-6235, https://doi.org/10.1016/j.jmh.2021.100071.
[144] UNFPA (2025), UNFPA: Situation Report - Escalation of Fighting in North Kivu and South Kivu, DRC

[145] Guo, F., Qi, X., Xiong, H. et al. (2021) *Trends of maternal health service coverage in the Democratic Republic of the Congo: a pooled cross-sectional study of MICS 2010 to 2018.* BMC Pregnancy Childbirth 21, 748 (2021). https://doi.org/10.1186/s12884-021-04220-7

[146] WHO (2023), *Health data overview for the Democratic Republic of the Congo*, Available at: https://data.who.int/countries/180 [Accessed on 7th June 2023]

[147] UNICEF (23rd January 2023), *Maternal and Newborn Health Disparities- Democratic Republic of Congo.*

[148] UNESCO (2019), *The Implementation and effectiveness of sexuality education programs in schools in Kinshasa, Democratic Republic of Congo.*

[149] WFP (2025), Crisis in eastern DRC escalates - leads to greater humanitarian and protection needs

[150] MSF (2025), MSF: Update on situation in Goma, eastern DRC
[151] UNICEF (2025), After reports of 'mystery illness' in DR Congo, UNICEF responds to health needs in the southwest where respiratory illnesses combined with malaria have caused spike in child deaths
[152] UNICEF (2025), After reports of 'mystery illness' in DR Congo, UNICEF responds to health needs in the southwest where respiratory illnesses combined with malaria have caused spike in child deaths
[153] UNICEF (2025), After reports of 'mystery illness' in DR Congo, UNICEF responds to health needs in the southwest where respiratory illnesses combined with malaria have caused spike in child deaths
[154] WFP (2025), WFP Flash Report: Crisis in Eastern DRC, January 2025
[155] World Bank (2025), Overview, available at: https://www.worldbank.org/en/country/drc/overview [accessed 29/1/25]

[156] Stop TB Partnership (2023), DRC Profile, Available at: https://tbassessment.stoptb.org/drc.html#:~:text=The%20estimated%20incidence%20of%20tuberculosis,WHO%202021%20global%20tuberculosis%20report. [Accessed on June 6th 2023]

[157] WHO (July 2020), *Democratic Republic Of The Congo – Integrating tuberculosis screening into community-based HIV activities.*

[158] UNAIDS (22nd November 2022), *UNAIDS is deeply concerned that rising violence in the Democratic Republic of Congo threatens HIV treatment and prevention services.* Available at: https://www.unaids.org/en/keywords/democratic-republic-congo#:~:text=AIDS%2Drelated%20deaths%20in%20the,infected%20with%20HIV%20last%20year. [Accessed on 7th June 2023]

[159] WHO (July 2020), *Democratic Republic Of The Congo – Integrating tuberculosis screening into community-based HIV activities.*

[160] MSF (May 2023), Ensuring Access To New Treatments For Ebola Virus Disease.

[161] The Republic of Uganda Ministry of Health (2025), Press Statement- Uganda Confirms Sudan Ebola Virus Disease Outbreak
[162] IFRC (2025), Tanzania Marburg Outbreak 2025 - DREF Operation MDRTZ039
[163] DRC (2023), Country Disease Outlook
[164] NCD Alliance (2025), NCDs in Humanitarian Settings
[165] NCD Alliance (2025), NCDs in Humanitarian Settings
[166] Forum ONGI DRC (2025), Catastrophe humanitaire en cours au Nord et Sud-Kivu alors que la violence s'Intensifie : Les ONGs Internationales appellent à une action immédiate
[167] CARE (2025), DRC: Escalating conflict in Goma deepens humanitarian crisis for millions

[168] WHO, (20th September 2021), *Meningitis - Democratic Republic of the Congo*.

[169] UNICEF (2025), UNICEF DR Congo Humanitarian Flash Report #2 (Upsurge Violence in North and South Kivu), 24 January 2025
[170] OCHA (2025), République démocratique du Congo - Flash Update #1 : Les affrontements violents entre M23 et FARDC se sont étendus à Minova, la situation humanitaire se détériore à Kalehe, 21 janvier 2025
[171] UNFPA (2025), UNFPA: Situation Report - Escalation of Fighting in North Kivu and South Kivu, DRC
[172] UNFPA (2025), UNFPA: Situation Report - Escalation of Fighting in North Kivu and South Kivu, DRC
[173] PHR (2025), Millions at Risk as Conflict Escalates in Eastern Democratic Republic of the Congo: PHR
[174] World Bank (2025), Overview, available at: https://www.worldbank.org/en/country/drc/overview [accessed 29/1/25]
[175] Save the Children (2025), DRC: Over 1.5 million children need protection as Goma faces heavy fighting, Save the Children
[176] Save the Children (2025), DRC: Over 1.5 million children need protection as Goma faces heavy fighting, Save the Children

[177] UNICEF (30th April 2023) *Upsurge of violence in Rutshuru and Masisi territories, DRC* SitRep # 15 27 Feb-30 April 2023.

[178] UNICEF (30th April 2023) *Upsurge of violence in Rutshuru and Masisi territories, DRC* SitRep # 15 27 Feb-30 April 2023.

[179] Landmine Monitor (2025), DRC available at: https://the-monitor.org/country-profile/congo-democratic-republic-of/impact?year=2023
[180] Landmine Monitor (2025), DRC available at: https://the-monitor.org/country-profile/congo-democratic-republic-of/impact?year=2023
[181] Landmine Monitor (2025), DRC available at: https://the-monitor.org/country-profile/congo-democratic-republic-of/impact?year=2023
[182] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community
[183] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community
[184] ACAPS (2025), ACAPS Briefing Note: Democratic Republic of Congo - Conflict in North Kivu, 27 February 2024

[185] UNICEF (2023), *Child survival in DRC,* Available at: https://www.unicef.org/drcongo/en/what-we-do/child-survival#:~:text=Despite%20a%20significant%20progress%2C%20too,%2C%20pneumonia%2C%20malaria%20and%20diarrhea. [Accessed on June 7th 2023]

[186] World Bank (29th March 2023), The World Bank in DRC. Available at: https://www.worldbank.org/en/country/drc/overview [Accessed 28/06/23]

[187] MSF (10th May 2023), *DR Congo: A state of constant emergency in North Kivu's Masisi hospital,* Available at: https://reliefweb.int/report/democratic-republic-congo/dr-congo-state-constant-emergency-north-kivus-masisi-hospital [Accessed on 7th June 2023]

[188] Mushagalusa CR, Mayeri DG, Kasongo B, Cikomola A, Makali SL, Ngaboyeka A, Chishagala L, Mwembo A, Mukalay A, Bisimwa GB. *Profile of health care workers in a context of instability: a cross-sectional study of four rural health zones in eastern DR Congo (lessons learned).* Hum Resour Health. 2023 Apr 20;21(1):32. doi: 10.1186/s12960-023-00816-6. PMID: 37081428; PMCID: PMC10120134.

[189] Mushagalusa CR, Mayeri DG, Kasongo B, Cikomola A, Makali SL, Ngaboyeka A, Chishagala L, Mwembo A, Mukalay A, Bisimwa GB. *Profile of health care workers in a context of instability: a cross-sectional study of four rural health zones in eastern DR Congo (lessons learned).* Hum Resour Health. 2023 Apr 20;21(1):32. doi: 10.1186/s12960-023-00816-6. PMID: 37081428; PMCID: PMC10120134.

[190] OCHA (2025), The extremely serious humanitarian situation in Goma requires immediate attention from the international community
[191] WHO (2025), internal data presented at 3L call on 29th January 2025
[192] Forum ONGI DRC (2025), Catastrophe humanitaire en cours au Nord et Sud-Kivu alors que la violence s'Intensifie : Les ONGs Internationales appellent à une action immédiate
[193] OCHA (2025), West and Central Africa: Latest events at a glance (21 - 27 January 2025)
[194] OCHA (2025), République démocratique du Congo - Flash Update #3 : Impact humanitaire de la flambée de violences armées dans les provinces du Nord-Kivu et du Sud-Kivu, 28 janvier 2025
[195] WHO (2025), internal data presented at 3L call on 29th January 2025
[196] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[197] Health Cluster and WHO (2025), République démocratique du Congo : Présence opérationnelle des partenaires du cluster santé 3Ws (Qui Fait Quoi) de novembre 2024
[198] Health Cluster and WHO (2025), République démocratique du Congo : Présence opérationnelle des partenaires du cluster santé 3Ws (Qui Fait Quoi) de novembre 2024
[199] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[200] WHO (2025), RAPPORT DE SITUATION N°01- Evolution de la situation à Goma – Nord Kivu, le 30 jan. 2025
[201] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[202] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[203] Health Cluster and WHO (2025), République démocratique du Congo - Flash d'information sur la réponse santé face à l'intensification de la crise humanitaire au Nord-Kivu et au Sud-Kivu
[204] Health Cluster and WHO (2025), République démocratique du Congo : Présence opérationnelle des partenaires du cluster santé 3Ws (Qui Fait Quoi) de novembre 2024

World Health Organization

HEALTH CLUSTER

***Regional Impact of North and South Kivu Crisis: Burundi, Rwanda, Tanzania, and Uganda***

Date: 04 March 2025

# Public Health Situation Analysis (PHSA)

| Typologies of emergency | Main health threats | WHO grade | INFORM (2025)[1] |
|---|---|---|---|
| Conflict<br>Food security<br>Displacement<br>Epidemics<br>Nutrition | Malnutrition and Child Health Risks<br>Malaria<br>Cholera & Acute Watery Diarrhea (AWD)<br>Meningitis<br>Measles<br>Mental Health Conditions<br>Protection Risks, including Gender Based Violence<br>Mpox<br>Acute Respiratory Infection<br>Marburg Virus Disease (MVD) | TBC | **Risk Index**<br>**Burundi**: 6.1 (High)<br>**Rwanda**: 3.5 (Medium)<br>**Tanzania**: 4.3 (Medium)<br>**Uganda**: 6.5 (High) |

## SUMMARY OF CRISIS AND KEY FINDINGS

This PHSA addressed the regional impact of the ongoing conflict in North Kivu and South Kivu in DRC. It specifically covers Burundi, Rwanda, Tanzania, and Uganda.

The humanitarian crisis in the Democratic Republic of the Congo (DRC) is among the world's most complex humanitarian crisis, marked by protracted displacement both within the country and across borders. Since the end of 2024, security, and humanitarian conditions in South and North Kivu have worsened rapidly. Looting and restricted access have severely disrupted humanitarian operations, leaving many without basic services.[2]

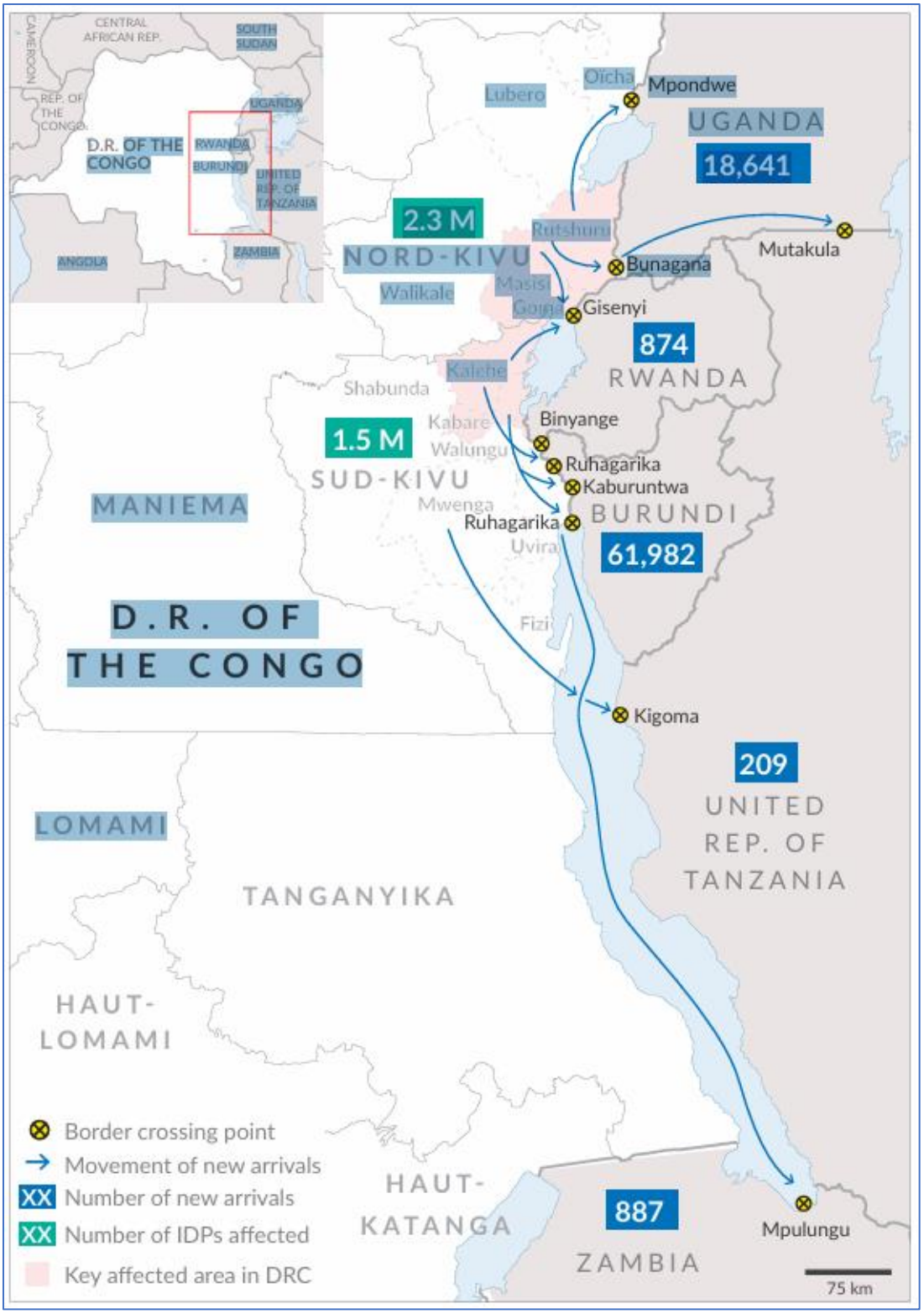
Hospitals in Goma and Bukavu are overwhelmed with casualties. Since January 26, 2025, over 3000 individuals have been injured, and at least 843 fatalities have been reported in health facilities in and around Goma.[3] The influx of displaced persons has strained already limited resources, leading to critical shortages of medical supplies and personnel. The rapid and uninterrupted expansion of the conflict, particularly in South Kivu province, continues to inflict a heavy toll on the civilian population, as evidenced by new movements of displaced people forced to flee combat zones in precarious conditions.[4]

With an estimated 7.8 million internally displaced persons (IDPs), DRC has one of the highest displacement figures globally.[5] Before this crisis, the DRC already had 6.7 million IDPs, hosted 520 000 refugees and there were 1.1 million Congolese refugees abroad.[6]

As of December 2024, there were 862 965 refugees and asylum seekers in neighbouring countries from DRC.[7] Furthermore, there are new arrivals from eastern DRC to neighbouring countries since 1st January

2025.[8] With limited prospects for voluntary return and third-country solutions, the DRC refugee population is expected to grow in 2025. This will increase pressure on host countries, which are already managing challenges like high population growth, food insecurity, worsening socio-economic conditions and the adverse effects of climate change.[9]

The armed conflict that erupted in Goma on 23rd January 2025 has worsened protection and life-saving needs, forcing many to seek asylum in neighbouring countries. This violence is especially severe in eastern provinces bordering Rwanda and Uganda. Pre-existing vulnerabilities worsen the situation, with displaced people facing high risks from limited livelihood opportunities, and inadequate shelter and sanitation facilities.[10] It is worth the mention that even before the latest wave of M23 attacks, the situation in Goma and the surrounding areas was dire. Chronic poverty, widespread food insecurity, and limited access to essential services such as healthcare and clean water have plagued the region for years. Vulnerable populations—including internally displaced persons (IDPs), children, pregnant and lactating women, older adults, and people with disabilities—have been disproportionately affected. IDPs in Goma often live in overcrowded and makeshift shelters, with inadequate access to sanitation and clean water, which increases their susceptibility to communicable diseases such as cholera.




*Map Of Displacement, Eastern DRC, since 3rd March 2025*[11]

## HUMANITARIAN PROFILE

### DRC REGIONAL REFUGEE RESPONSE PLAN (RRP)[12]

**PiN:** 2.1 million people

**Target:** 2.1 million people

(Countries included Angola, Burundi, Congo, Rwanda, Uganda, United Republic of Tanzania, Zambia)

### HEALTH NEEDS OF REFUGEES LEAVING DRC

With reports of **significant casualties, sexual violence and widespread disruption of basic services in eastern DRC**, the fleeing population are likely to have urgent health needs.

### REFUGEES AND ASYLUM SEEKERS, FROM DRC[13]

**Burundi:** 61 146[14]

**Uganda:** 16 725[15]

**Rwanda:** 871[16]

**Tanzania:** 172[17]

### *Humanitarian Response To Date*

**DRC Regional Refugee Response Plan (RRP):** In 2025, partners will continue to implement the priorities outlined in the two-year DRC Regional RRP, launched in 2024. The expanded scope of the RRP reflects both the need for lifesaving emergency assistance and the need to address the protracted nature of the crisis. With many DRC refugees displaced for decades, the plan focuses on building resilience and self-reliance within communities to move towards lasting solutions. In 2025, the DRC RRP seeks $690.2 million to protect and assist 2.1 million refugees and host communities. [18]

Across the region, funding shortfalls have significantly affected the availability and quality of healthcare for DRC refugees. In Uganda, a 15 per cent funding reduction has caused a shortage of 735 healthcare professionals in refugee-supporting facilities.[19] In Tanzania's overcrowded camps, similar funding gaps mean there is an average of one doctor for every 10,000 refugees. Additionally, more than half of the health facilities in Nyarugusu camp, the largest camp for DRC refugees in Tanzania, have closed. Referral services, which provide access to secondary and tertiary healthcare for refugees, have also been affected. Underfunded refugee health programmes not only delay and reduce the quality of healthcare delivered to refugees, but also jeopardize long-term health outcomes by precluding early or preventative treatments that could reduce the need for specialized and costly care.[20]

**Humanitarian Response Plan (DRC):** The 2025 Humanitarian Response Plan (HRP) aims to mobilize $2.54 billion to deliver lifesaving assistance to 11 million people – including 7.8 million internally displaced persons (IDPs), one of the highest displacement figures globally – out of 21.2 million Congolese affected by multiple crises: armed conflict, natural disasters, and epidemics.[21]

### *Displacement Across Region*

A summary of the displacement across the region is provided below:

- **Burundi**: Across the region, neighbouring countries have been deeply impacted by the ongoing violence. As of 27 February, Burundi has recorded over 61,000 arrivals since the beginning of this year, the vast majority of whom have arrived since 14 February.[22]
- **Rwanda**: The arrival rate of new asylum seekers in Rwanda remains relatively low, with only 371 individuals recorded in the past week. At the same time, an increasing number of Rwandan refugees from eastern DRC and those displaced by the war are returning to Rwanda. On 24 February, 311 Rwandan returnees (94 households) from Goma were received in Rwanda. [23]

- **Tanzania:** As of 9th March 2025, 108 asylum seekers from the DRC arrived in Kigoma, northwestern Tanzania, bringing the total number of new arrivals since the beginning of the year to 172. Some individuals are not seeking asylum and opt to stay with relatives in Tanzania.[24]
- **Uganda**: In the past week, Uganda recorded over 3,000 new arrivals from the DRC, with a significant surge on 25 February, when 761 people crossed the border. Reports suggest that unofficial exit levies are typically not collected on Tuesdays, which may have contributed to the increase. Since the start of the year, 29,416 individuals seeking asylum, including 12,029 from the DR Congo, 9,996 from South Sudan, and 6,294 from Sudan have been registered in Uganda. 4,467 new births were also registered during the year. In total the population increased by 18,960 individuals (1%) from last month. Since the start of the conflict in Sudan in Mid-April 2023, 41,298 Sudanese fleeing the conflict have been registered in Uganda. Similarly, the situation in the DR Congo has resulted in increased arrivals into Uganda. There are currently 575,961 registered DR Congolese in Uganda. Additionally, new arrivals told UNHCR that improved transport availability has made travel between Goma and Bunagana easier, possibly influencing the increase in arrivals.[25]

### *Food Security*

Below is a summary of the food security context in the affected countries. Notably, according to the latest Integrated Food Security Phase Classification, an estimated 25.6 million people face crisis and emergency levels of food insecurity, including 6.2 million in the three eastern provinces of Ituri and North Kivu.[26]

- **Burundi**: Between January and March 2025, which coincides with the harvest period, nearly 1.2 million people (10 percent of the total population analysed) are projected to be in IPC Phase 3 (Crisis). This is a marked improvement from the current period (November to December 2024), where 1.9 million people were classified in IPC Phase 3 or above (Crisis or worse). The improvement is likely a result of the expected favourable agricultural performance and abundant rainfall, as well as the increase in household food stocks, even if during this period, the prices of manufactured products are expected to remain higher than average due to the high-cost transportation.[27]
- **Congo:** A third of the population are food insecure, however, with recurring conflict and regional insecurity increasing levels of displacement. More than 90 percent of arable land remains uncultivated, and agriculture is largely limited to subsistence crops – mainly cassava, bananas and peanuts. Domestic food production covers only 30 percent of the country's needs, as the country mainly relies on food imports.[28]
- **Kenya:** Approximately 2.15 million people are facing acute food insecurity and requiring immediate food assistance, following the below-normal October to December 2024 short rains season. Of the 2.15 million, an estimated 265,900 people are in "Emergency" (IPC phase 4) spread across five arid counties (Turkana, Mandera, Garissa, Wajir and Marsabit) with the rest of the food insecure populations in "Crisis" (IPC phase 3). An estimated 108,443 will suffer from severe acute malnutrition (SAM) and a 379,887 will suffer moderate acute malnutrition (MAM). The situation is projected to worsen following the March – May long rains season with an estimated 2.8 million people likely to experience acute food insecurity from March-June 2025.[29]
- **Rwanda:** The country's economy remains largely dependent on agriculture, with 69 percent of rural households involved in small-scale farming on small plots of land. Irregular rainfall, drought, floods, pests, and diseases, together with intense competition for agricultural land, continue to affect food security. Over 38 percent of Rwanda's population lives in poverty, and nearly one-fifth is food insecure. Nearly a third of children under five have chronic malnutrition.[30]
- **Tanzania:** For the projection period of May to October 2024, the food security situation was expected to significantly improve due to the anticipation of normal to above normal rainfall, which will have positive impacts on food crops and livestock production. Around 379 000 people (5 percent of the population analysed) were expected to be in Phase 3, with no population in IPC Phase 4 (Emergency), and about 1.73 million people (24 percent of the population analysed) in Phase 2.[31] According to WFP, a significant share of the population remains malnourished, with high stunting (impaired growth due to undernutrition) and increasing rates of overweight, obesity,

and vitamin and mineral deficiency. An estimated 59 percent of families cannot afford a nutritious diet[32].

- **Uganda:** Between April 2024 and March 2025, approximately 54,000 children aged 6-59 months and 9,800 pregnant or breastfeeding women (PBW) are suffering or projected to suffer acute malnutrition in the 13 refugee settlements and urban refugee populations. This corresponds to a 53 and 26 percent reduction for children and PBW, respectively, compared to the same period last year. The significant improvement is attributed to the strengthened nutrition specific and sensitive interventions among the refugees and host communities.[33]

### *Vulnerable Groups*

While some hosting countries continue to demonstrate significant generosity towards displaced populations, others are tightening their asylum regulations, impacting various aspects of the day-to-day of refugees, such as access to territory and services, freedom of movement, registration, and efficient asylum procedures. This is particularly notable for those with diverse sexual orientations, gender identities, and sex characteristics (SOGIESC), who struggle amidst a growing antagonism and the enactment of discriminatory national legislation. [34] Under these constraints, refugees are increasingly vulnerable to human rights violations, exploitation, and abuse, and more frequently resort to harmful coping strategies to meet their basic needs, resulting in the exposure of segments of the population, particularly women, children, older people, and other persons at risk of exclusion, to additional protection risks. [35]

## HEALTH STATUS AND THREATS

**Population mortality**: A summary of indicators for the affected countries are below:

| MORTALITY INDICATORS | Burundi | Rwanda | Tanzania | Uganda | Source and Year |
|---|---|---|---|---|---|
| Life expectancy at birth (years) | 64 | 67.5 | 66.8 | 66 | WHO 2021[36] |
| Crude mortality (per 1 000 people) | 7 | 6 | 6 | 6 | World Bank 2022[37] |
| Infant mortality rate (deaths < 1 year per 1000 births) | 36 | 29 | 30 | 30 | World Bank 2022[38] |
| Child mortality rate (deaths < 5 years per 1000 births) | 55 | 41 | 44 | 45 | World Bank 2022[39] |
| Maternal mortality ratio (per 100 000 live births) | 494 | 259 | 238 | 284 | World Bank 2020[40] |

**Vaccination coverage:** In Burundi and Tanzania, vaccine rollout programs have faced logistical difficulties, with rural communities experiencing lower access to immunization services. Similar to DRC, vaccine hesitancy in some regions, exacerbated by misinformation and mistrust of government health initiatives, continues to be a significant barrier to achieving high coverage. Meanwhile, Kenya and the Republic of the Congo have reported fluctuating vaccination rates, primarily due to resource constraints and competing health priorities. In both countries, concerns about cross-border disease transmission due to the ongoing instability in DRC have led to increased surveillance and targeted immunization campaigns along migration corridors.

While showing gradual progress, the DRC's immunization efforts continue to face significant challenges compounded by regional instability and cross-border displacement. Strengthening health systems, improving public trust in vaccines, and enhancing regional cooperation will be critical to achieving sustained immunization coverage and preventing future outbreaks across the Great Lakes region. A summary of indicators for the affected countries are below:

| VACCINATION COVERAGE INDICATORS WHO 2023[41] | Burundi | Rwanda | Tanzania | Uganda |
|---|---|---|---|---|
| DTP-containing vaccine, 1st dose | 89% | 99% | 98% | 95% |
| DTP-containing vaccine, 3rd dose | 89% | 94% | 93% | 91% |
| Polio, 3rd dose | 89% | 94% | 84% | 89% |
| Measles-containing vaccine, 1st dose | 86% | 96% | 91% | 93% |
| Measles-containing vaccine, 2nd dose | 80% | 88% | 78% | 21% |

## OVERVIEW OF KEY DISEASE RISKS

**xxxxxxxxxx**

| BURUNDI: KEY HEALTH RISKS IN COMING MONTHS | | |
|---|---|---|
| **Public health risk** | **Level of risk*** ** | **Rationale** |
| **Cholera and Acute Watery Diarrhoea (AWD)** | | Burundi faces cholera outbreaks almost every year in some areas. The ongoing cholera outbreak was officially declared on 1 January 2023. As of 23 February 2025, a total of 2 349 cases, 12 deaths (CFR 0.5%), have been reported since the start of the outbreak.[42] Cholera is spread through contaminated food or water, and is more common in areas with poor water supplies and sewage disposal. In Burundi, the outbreak is due to a combination of factors, including floods, displacement, and water shortages. The health risk assessment carried out using the WHO STAR tool (conducted April 2024) shows that Burundi is at high risk of cholera outbreaks during the period of July, August, September and October following heavy rainfall in localities with poor sanitation. |
| **Measles** | | In 2024, from 1 January to 23 August 2024, 10 deaths were reported in three health districts. On 14 February 2024, Burundi's Ministry of Health reported a measles outbreak, with 20 of the country's 49 health districts experiencing active outbreaks. The 2022 National Vaccination Coverage Survey identified these districts as having unvaccinated children.[43] This relatively low vaccination coverage during the campaign as well as the low routine coverage in MCV1 and MCV2 mean that the country is still far |

| | | |
|---|---|---|
| | | from eliminating measles. As of epidemiological week 45, 2024, 4 health districts are in an active measles outbreak.[44] |
| **Malnutrition** | | Burundi has one of the highest stunting rates in the world. Boys are more affected than girls, and rural children are more at risk of being stunted than their urban counterpart.[45] The 2024 National Nutrition Survey, using the SMART methodology, confirmed that malnutrition remains a critical public health issue in Burundi, with 53% of children under five suffering from stunting, 8% wasted, and 59% anaemic.[46] Stunting is influenced by multiple causes: poverty, poor economic development, poor nutrition for children and their mothers, high prevalence of diseases, lack of hygiene and sanitation, early and close pregnancies, and gender inequalities impacting decision-making about household resources.[47] |
| **Protection Risks, including Gender Based Violence (GBV)** | | GBV remains one of the main protection risks, frequently underreported due to fears of reprisal, restricted access to justice, stigma, cultural attitudes, discrimination, and a culture of impunity. GBV is exacerbated by factors such as inadequate public lighting in camps, lack of adequate shelter, insecurity in neighbourhoods, a lack of privacy in communal facilities, and the low socioeconomic status of displaced women and girls in urban areas. [48] |
| **Malaria** | | As of 17 November 2024, 4 522 606 malaria cases were reported, representing a 22.7% increase compared to the same period last year (2023).[49] |
| **Maternal and Neo-natal Health Risks** | | The skilled birth attendance rate stood at 85% in 2022 (DHIS2), and nearly half of the pregnant women (49%) had at least four antenatal visits. Despite this trend, access to and use of quality emergency obstetric care services are limited. Within the emergency obstetric and newborn care network of 112 health facilities, only 19 out of 53 hospitals offer comprehensive obstetric and newborn care services.[50] |
| **Acute Respiratory Infection** | | In Burundi, acute respiratory infections, which include pneumonia caused by pneumococcus, constitute the second major cause of under-five child mortality. Pneumococcal infection is responsible for 1.6 million deaths each year in the world, including a million children under five of whom pneumonia claims 89%, meningitis 6%, and other serious complications 5%. Around 90% of these deaths occur in developing countries.[51] |
| **Mpox** | | As of 1 March 2025, a total of 7559 confirmed cases have been reported with one death. A total of 46 health districts (out of the 49 for the country) have been affected, including 15 health districts with active outbreak.[52] |
| **Tuberculosis and HIV/AIDs** | | Incidence of tuberculosis in 2021 was 100 per 100 000 people. The mortality rate of TB cases (all forms, excluding HIV coinfection) has reduced since 2015, from 22 to 20 per 100,000 population in 2021, and the TB mortality rate among HIV-positive people has fallen from 6.5 to 2.3 in the same period.[53] Its estimated that 93% of people living with HIV that know their status, while 98% of people living with HIV who know their status are on treatment. Furthermore, 93% of people living with HIV and on treatment who are virally suppressed. Approximately 73 849 people were receiving antiretroviral treatment in 2021.[54] |

| | | |
|---|---|---|
| **Rift Valley Fever** | | Burundi faced the first ever Rift Valley Fever (RVF) outbreak affecting livestock - an important source of income and important for food security and nutrition in April 2022. By June, the rates of cases and death of livestock were rapidly increasing. Half of the country's most vulnerable 7.3 million people, live in provinces where RVF is prevalent.[55] |
| **Mental health** | | In Burundi, mental health has been relegated to the realm of taboo and superstition. The tendency is to consider mental illnesses, that are unknown to the population, as supernatural sufferings that can only be cured by spiritual interventions or by resorting to traditional medicines and rituals.[56] People living with mental health issues are stigmatised and often held responsible for their illness. For these reasons, people are marginalised, ignored and become invisible to a society that fears them.[57] There are on average 6.24 suicides in Burundi each year.[58] |
| **Non-Communicable Diseases (NCD)** | | NCDs are a major health problem in Burundi. The age-standardised mortality rate across four major NCDs (cardiovascular disease, chronic respiratory disease, cancer and diabetes) was 720 per 100 000 in males and 582 in females in 2021.[59] |
| **Trauma and Injury** | | MSF have clinics who treat people with accidental injuries, with nearly 2000 patients a month presenting with injuries related to road accidents, burns and victims of sexual violence. In 2018, MSF conducted 22 400 emergency consultations and performed more than 4000 surgeries (almost 11 a day).[60] There are 12.3 road traffic deaths per 100 000 population.[61] |
| **Neglected tropical diseases (NTD)** | | Burundi is endemic for four out of the five NTDs amenable to preventive chemotherapy through mass drug administration (MDA), namely onchocerciasis, soil-transmitted helminthiasis, schistosomiasis and trachoma.[62] In 2021, there were 4.8 million people targeted for MDA, and 5.4 million were treated. Other notable NTDs that remain endemic are taeniasis and cysticercosis, leprosy, rabies and mycetoma.[63] |
| **Ebola** | | While Ebola was active in DRC, Burundi was a priority 1 country for Ebola preparedness in the region. While important progress has been made in 2019, critical gaps remain in ensuring Ebola prevention and adequate capacities to respond. With the cholera epidemics difficult to contain and peaks in malaria cases, the health situation remains concerning.[64] |
| **Marburg viral disease (MVD)** | | There is an ongoing Marburg viral disease outbreak in Tanzania, which is a neighbouring country of Burundi and host refugees from Burundi. However, the risk of importation of cases into Burundi is low as to date, no new confirmed case of MVD has been confirmed since 28 January 2025 in Tanzania and no confirmed cases of Marburg have been reported outside Tanzania due to ongoing response measures. |
| *Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.* | | |

| RWANDA:<br><br>KEY HEALTH RISKS IN COMING MONTHS | | |
|---|---|---|
| **Public health risk** | **Level of risk*** ** | **Rationale** |
| **Cholera and Acute Watery Diarrhoea (AWD)** | | Ongoing cholera outbreaks in neighboring countries, such as the DRC, Burundi and Tanzania, highlight the ongoing risk to Rwanda. The movement of populations across borders can facilitate the spread of waterborne diseases, necessitating continuous monitoring and preventive measures. Many camps in Rwanda are grappling with environmental degradation, and there is an increasing need to repair and maintain the infrastructure.[65] |
| **Mpox** | | Rwanda reported its first two cases of Mpox on 24 July 2024. As of 9 February 2025, the country has recorded 102 confirmed cases and 6,309 cumulative suspected cases. The risk of spreading to unaffected areas, especially refugee camps, may rise due to the arrival of refugees from the DRC.[66] |
| **Malaria** | | Over the past seven years, Rwanda has significantly reduced the burden of malaria, with the infection rate dropping from 409 cases per 1000 people in 2016 to just 76 cases per 1000 people in 2022. Malaria deaths also fell by more than 89% over the same period.[67] |
| **Acute Respiratory Infections (ARIs)** | | As of February 2025, acute respiratory infections (ARIs) continue to pose a significant public health challenge in Rwanda. While comprehensive national data for 2024 and early 2025 are pending release, historical trends indicate a persistent burden of ARIs. In the fiscal year 2019–2020, respiratory diseases accounted for approximately 24.6% of all morbidity cases among individuals aged five and above, with 3,588,384 reported cases. Among children under five, respiratory diseases constituted 22.2% of morbidity cases, totalling 605 912 instances.[68] |
| **Measles** | | In Rwanda, an ongoing measles outbreak has been reported in Gisagara District. As of epidemiological week 6 of 2025, 366 suspected cases have been recorded, with 32 confirmed through laboratory testing and 334 confirmed by epidemiological link. The outbreak was first declared on January 11. However, the COVID-19 pandemic disrupted routine immunization services, causing MR2 vaccine coverage to decline from 93% in 2018 to 84% in 2022. Consequently, measles cases increased from 94 in 2020 to 126 in 2021.[69] |
| **Protection Risks, including Gender Based Violence (GBV)** | | In 2024 and 2025, most refugees from the DRC hosted in Rwanda are expected to continue to live in camps and remain highly dependent on humanitarian assistance. This has led to harmful coping mechanisms in refugee camps.[70] Among the most concerning behaviours undertaken by families are the sale of productive assets, begging, the sale and exchange of sex, child neglect, and the accrual of high levels of debt.[71] |
| **Marburg Virus Disease (MVD)** | | Rwanda experienced its first MVD outbreak from September to December 2024, resulting in 66 confirmed cases and 15 deaths. The outbreak was declared over on December 20, 2024. However, the |

| | | |
|---|---|---|
| | | risk of re-emergence persists due to potential viral persistence in body fluids of recovered patients and the presence of the virus's animal reservoir, particularly fruit bats. Ongoing surveillance and preventive measures are essential to mitigate future outbreaks.[72] |
| **Malnutrition** | | Rwanda has made significant progress in the fight against malnutrition. Between 2015 and 2020, rates of chronic malnutrition among children under 5 years – known as 'stunting' – decreased from 38 per cent to 33 per cent. However, the current rates are still too high. Just 22 per cent of children between 6-8 months are stunted, but this peaks at a staggering 39 per cent for children aged 18-23 months.[73] |
| **Trauma and Injuries** | | Cross-border skirmishes have increased, raising concerns about a potential direct confrontation between the two countries. |
| *Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.* | | |

| **TANZANIA:**<br>**KEY HEALTH RISKS IN COMING MONTH** | | |
|---|---|---|
| **Public health risk** | **Level of risk*** ** | **Rationale** |
| **Marburg Virus Disease** | | Zero new confirmed cases of Marburg Virus Disease (MVD) were reported from Tanzania during epidemiological week 7 (10 - 16 February 2025). A cumulative total of 10 cases with 10 deaths (CFR 100.0%) have been reported since the Ministry of Health of Tanzania declared the MVD outbreak. Of these, two were confirmed by laboratory tests while eight (8) are considered probable cases with epidemiological links to the index case. Since the last confirmed case died on 28 January 2025, 19 days have passed without a report of a new confirmed case of the disease in the country.[74] |
| **Cholera** | | Currently seven regions have active outbreaks (Simiyu, Morogoro, Rukwa, Lindi, Mbeya, Tabora, and Mara). In 2025, a total of 1 716 cases and 11 deaths (CFR 0.6%) have been reported as of 19 February. Cumulatively from Jan 2024 to 19 Feb 2025, a total of 13 833 cases and 158 deaths (CFR 1.1%) have been reported countrywide. In 2024, Tanzania experienced a significant cholera outbreak in 23 regions, reporting 10,061 cases and 134 deaths (CFR: 1.3%) between January 1 and November 24. The Simiyu region was notably affected, accounting for 1 691 cases, which represented 28.7% of the national total. |
| **Maternal and child health** | | Maternal and child health indicators show that, as of 2022 TDHS-MIS) the under-five mortality rate was 54 per 1000 live births, and the maternal mortality rate in 2022was estimated at 104 per 100 000 live births. |

| | | |
|---|---|---|
| **Malaria** | | Malaria remains a significant public health concern in Tanzania, with notable progress achieved over the past decade. The prevalence of malaria among children aged 6 to 59 months has declined from 18.1% in 2008 to 8.1% in 2022. Challenges in fighting malaria in Tanzania include the emergence of insecticide-resistant mosquito strains.[75] |
| **Waterborne diseases** | | Refugee camps in Tanzania face significant challenges with waterborne diseases due to inadequate WASH facilities. Overcrowding and limited access to clean water have led to increased incidence of diarrheal diseases. The onset of the rainy season exacerbates these issues, as flooding can damage infrastructure, leading to contamination of water sources and further spread of diseases.[76] |
| **Protection Risks, including Gender Based Violence (GBV)** | | Refugees, particularly women and girls, increasingly resort to harmful coping mechanisms. They face greater exposure to risks of gender-based violence (GBV). Children, who accounted for 57 per cent of the refugee population in Tanzania in 2024, are particularly vulnerable to protection risks, including violence and neglect.[77] |
| **Malnutrition** | | Poor-quality diets and vitamin and mineral deficiencies contribute to delayed childhood development, causing irreparable damage, which could lead to longstanding, lifechanging effects, such as severe malnutrition or rising susceptibility to disease. [78] |
| **Mental Health** | | Refugees, particularly survivors of gender-based violence (GBV) and unaccompanied minors, face heightened psychological distress, exacerbated by limited access to mental health and psychosocial support (MHPSS) services due to stigma, workforce shortages, and reliance on donor-funded programs.[79] |
| **Trauma and Injuries** | | Instability in South Kivu, which borders Lake Tanganyika, could disrupt trade and security along the Tanzanian border. |

*Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.*

| **UGANDA:**<br><br>**KEY HEALTH RISKS IN COMING MONTHS** | | |
|---|---|---|
| **Public health risk** | **Level of risk*** ** | **Rationale** |
| **Malaria** | | Malaria remains a public health problem in Uganda, with an estimated 12.4 million cases in 2021 (with incidence rate of 211 cases per 1000 people) and resulting in 3547 deaths. As per 2020 DHIS 2 data analysis, 14.5% of malaria cases are managed in the community. The country is off-track to meet the Global Technical Strategy for Malaria targets as the incidence rate per 1 000 population has increased since 2015, widening the gap between the targets and the actual incidence rate.[80] Malaria is one of the top cause of morbidities both in outpatient and inpatient level. |
| **Diarrheal diseases (including cholera, acute watery** | | The first cholera outbreak in Uganda occurred in 1971 and since then the country has continued to report cholera cases. In the last two decades, Uganda reported cholera outbreaks almost every year.[81] This year, total of 250 cholera cases were reported from Kiryandongo and Lamwo districts |

| | | |
|---|---|---|
| **diarrhoea (AWD))** | | and both are refugee hosting districts. No outbreak was declared by the MoH. |
| **Mpox** | | As of 28 February 2025, 3,685 mpox cases have been confirmed, 30 deaths in 93 districts of Uganda. Response measures are in place. |
| **Ebola (EVD)** | | On 30 January 2025, the Ministry of Health of Uganda declared an outbreak of Sudan virus disease (SVD) following confirmation of a case from three national reference laboratories. As of 6th March 2025, there have been twelve (12) confirmed and 2 probable cases of SVD, including four (04) deaths (2 confirmed and 2 probable) with seven (7) districts affected so far. |
| **Measles** | | Uganda has registered measles outbreaks in more than eight districts/cities across the country since January 2025. The Ministry of Health conducted a rapid measles risk assessment in 2024 which revealed that an estimated 41 districts are at high risk of measles, an additional 73 districts are considered at moderate risk of measles and other vaccine preventable diseases. This is a threat to the current progress Uganda has made to stop measles in the country.[82] Recently, an outbreak has been reported in three districts (Moroto, Kibuku and Sembabule) with 272 suspected cases and 6 deaths reported. Moreover, areas bordering with Kenya also reported an increased number of measles cases due to low immunization coverage and increased cross border movements. |
| **Maternal and Child Health Risks** | | Uganda has improved its child survival rates between 2015 and 2021; however it is not yet meeting the SDG targets for neonatal or under-five mortality rates. [83] The under-5 mortality rate has fallen from 56 to 42 per 1000 live births between 2015 and 2021, it is still above the SDG target of 25 per 1000 live births. Similarly, neonatal mortality fell from 22 to 19 per 1000 live births in the same period, although it remains above the SDG target of 12. [84] |
| **Non-communicable diseases (NCD)** | | There is also a growing burden of NCDs including mental health disorders. [85] NCDs made up 36% of deaths in 2019. [86] The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was 709 per 100,000 in males and 506 in females in 2021.[87] |
| **Human immunodeficiency virus (HIV) and Tuberculosis (TB)** | | Uganda's burden of disease is dominated by communicable diseases, which account for over 50% of morbidity and mortality. Malaria, HIV/AIDS, TB, and respiratory, diarrhoeal, epidemic-prone and vaccine-preventable diseases are the leading causes of illness and death.[88] High TB burden especially in Karamoja region. 1.2 million people were receiving antiretroviral treatment in 2021 in Uganda. Steady progress has been made in reducing HIV and TB mortality and the country is close to achieving the 95-95-95 goals for HIV, achieving 89-92-95 in 2021. [89] |
| **Malnutrition** | | More than one third of all young children – 2.4 million – are stunted. Half of children under five and one quarter of child-bearing-age women are anaemic. Women tend to get pregnant when young and have low birth-weight babies, which predisposes children to malnutrition. Repeated childhood infections such as diarrhoea and low breastfeeding rates also lead to wasting and stunting.[90] In Karamoja region, 112 000 children are estimated to be acutely malnourished with 22,000 to be severe by February 2025.[91] |
| **Rift Valley Fever** | | Reports of outbreaks in 2023 and 2024. 14 suspected cases with seven lab confirmed were reported from Mbarara district as of 21 June 2024.[92] |
| **Anthrax** | | Recurrent outbreaks in several districts across the country reported in the last two years. A total of 91 suspected cases (15 lab- confirmed) were |

| | | |
|---|---|---|
| | | reported between May to September 2024 from Ibanda, Buhweju, Kasese, Kanungu, and Bushenyi But between January and July, Amudat district alone registered 8 confirmed cases. . |
| **Mental Health Risks** | | Mental, neurological and substance use disorders are a major public health burden. Depression, anxiety disorders, and elevated stress levels are the most common, sometimes leading to suicide attempts. Uganda is ranked among the top six countries in Africa in rates of depressive disorders, while 2.9% live with anxiety disorders.[93] For instance, research in Ugandan refugee settlements found that 27% of Congolese refugees suffered from PTSD and 51% from depression.[94] |
| **Protection Risks (including Gender Based Violence)** | | In Uganda, GBV remains widespread, with 51% of adolescents (15–19 years) reportedly experiencing physical violence since age 15. A total of 22% of women aged 15–49 years reported to have experienced sexual violence since the age 15.[95] Poverty levels are high among both refugee and host communities in Uganda. Although refugee households have access to land, in accordance with the legislation, productivity is low and frequently impacted by drought and flooding. Faced with mounting economic, social and protection pressures, refugee men, women, and children have increasingly resorted to harmful practices, such as reducing the number of meals per day, accumulating debt, and sending children to work.[96] |
| *Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.* | | |

## DETERMINANTS OF HEALTH

### *Protection Risks*

Instances of GBV among people affected by the DRC humanitarian crisis are widespread, with heightened risks due to high poverty rates and exacerbated in settlements by the lack of public lighting, inadequate shelters, and insufficient privacy in communal facilities. GBV incidents frequently go unreported due to fear of reprisal, limited access to justice, stigma, discrimination, a culture of impunity, and a lack of confidence in reporting channels. [97]

The challenging protection environment significantly impacts the well-being of refugee children, especially in areas where access to asylum and protection is restricted. In such circumstances, children face barriers in accessing child-friendly procedures and are generally excluded from national child protection systems and services. As a result, refugee children are more often exposed to significant protection risks, as reported by Partners who documented cases of family separation, psychosocial distress, and other violations, including instances of sexual violence, psychological abuse, trafficking, and exploitation. [98]

Some host countries continue to promote encampment policies, limiting refugees to overcrowded settlements, in areas where basic services are stretched to their limits. This creates risks for refugee well-being, in no small part because the health conditions in most host countries are fragile and compounded by natural hazards. Outbreaks of measles, cholera, malaria, and other diseases place further strain on already limited health services and infrastructure. Moreover, there are high rates of mental health issues among both refugees and host communities.[99]

### *Water Sanitation and Hygiene (WASH)*

Funding cuts in 2024 have severely impacted water and sanitation services for DRC refugees. In Uganda, with increased arrivals and aging infrastructure, only two of 13 refugee settlements meet the minimum water standard of 20 litres per person daily. Without significant investment, up to 736,000 refugees and host community members in Uganda may have inadequate water access (less than 10 litres per day) and poor sanitation facilities, raising the risk of water-borne diseases like cholera. In Tanzania, strained water sanitation infrastructure leaves latrine coverage far below minimum standards, with a ratio of one latrine for every 176 students in settlements—far from the minimum standard of 1:40.[100]

### *Education*

Funding shortages in 2024 have sharply limited educational opportunities for young DRC refugees, disrupting families' efforts to rebuild their lives and provide for their children's future. In Tanzanian refugee camps, underfunding has left classrooms in a state of disrepair and worsened overcrowding, with a teacher-student ratio of one to 297. In Angola, resources are so limited that educational activities reach only 50 per cent or 1,874, of targeted children. In Rwanda, many young refugees face barriers to education, with 266 unable to afford boarding fees for designated 'schools of excellence'.[101]

### *Socio-Economic Challenges*

The prolonged nature of this crisis places a tremendous strain on countries that have generously opened their borders to refugees from the DRC.[102] High population growth rates, food insecurity and poor nutrition status, and worsening socioeconomic conditions, all exacerbated by escalating fuel and fertilizer prices, epidemics, and supply chain constraints, continue to put substantial pressure on host governments and communities. Additionally, countries in the region frequently experience shocks associated with the adverse effects of climate change, which further contribute to food insecurity and the loss of livelihoods, in turn leading to harmful coping strategies linked to protection risks.[103]

## HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

### *Pre-crisis health system status*

| Indicator | DRC | Burundi | Rwanda | Uganda | Tanzania | Source |
|---|---|---|---|---|---|---|
| **UHC Service Coverage Index scores(2023)** | 42 | 43 | 58 | 49 | 54 | UHC2030[104] |

These figures above indicate that Rwanda has the highest coverage of essential health services among the listed countries, while the Democratic Republic of the Congo and Burundi have the lowest.

| Indicator | DRC | Burundi | Rwanda | Uganda | Tanzania | Source |
|---|---|---|---|---|---|---|
| **Health Spending US$ per capita(2021)** | 22 | 43 | 58 | 49 | 54 | Banque mondiale[105] |
| **GDP US$ per capita (2023)** | 627.0 | 193.0 | 1010.3 | 1002.0 | 1,224.0 | Banque Mondiale[106] |

Figures on health spending per capita highlight the reliance on external funding and the significant burden of out-of-pocket expenses in these countries.

| Indicator[107] | DRC(2022) | Burundi (2021) | Rwanda (2019) | Uganda (2022) | Tanzania |
|---|---|---|---|---|---|
| **Density of physicians (per 10 000 population) (2019)** | 2 | 1 | 1 | 2 | 1 |

### *In crisis health system status*

**Health workers:**

**Medical supplies and medicines:**

**Surveillance**:

**HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS**

**Key information on disruption of key health system components**

**ACCESS TO HEALTHCARE**

**DISRUPTION TO SUPPLY CHAIN**

**DAMAGE TO HEALTH FACILITIES**

**ATTACKS AGAINST HEALTH**

## HUMANITARIAN HEALTH RESPONSE

Cross-border displacement and security risks have complicated the humanitarian response. Reports indicate that armed groups are targeting civilians attempting to flee to Rwanda and Uganda, with several instances of forced repatriation of Congolese refugees. The situation has prompted neighboring countries to strengthen border controls and increase military patrols, further limiting safe passage for displaced populations.

As of February 19, 2025, about twenty humanitarian partners, based in Minova, are ready to resume their operations as soon as the situation allows. Negotiations are underway for the establishment of a humanitarian corridor that would ensure the delivery of emergency assistance. However, ongoing armed clashes along key transit routes, including the road to Bukavu, continue to hinder relief efforts. The risk of regional escalation remains high, with increased military presence along Rwanda, Uganda, and Burundi's borders further complicating humanitarian access.

The situation is evolving rapidly, and international actors continue to advocate for diplomatic solutions to prevent further escalation and humanitarian deterioration.

| INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES | | |
|---|---|---|
| | **Gap** | **Recommended tools/guidance for primary data collection** |
| **Health status & threats for affected population** | Surveillance data in remote areas | WHO Early Warning Alert and Response System (EWARS) |
| | Recent and up-to-date nutrition data | Emergency Nutrition Assessment |
| | Data on NCDs and their risk factors | Community- and hospital-based studies (STEPS approach) |
| | Health needs information is limited | Health needs assessments |
| | | |
| | | |
| **Health resources & services availability** | Availability of health services and distribution and functionality of health care facilities | Expanded Health Resources and Services Availability Monitoring System (HeRAMS) |
| | Scarce or lack of data on attacks against health due to difficult access. | Surveillance System for Attacks on Health Care (SSA) |
| **Humanitarian health system performance** | Lack of data on utilisation of humanitarian health services, including mobile clinics | Health Cluster and partners |
| | Lack of data on quality of humanitarian health services | Health Cluster and partners |
| | Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations (AAP)) | Beneficiary satisfaction survey |
| | | |

## WORLD HEALTH ORGANISATION (WHO) CONTACTS

- **Public Health Information Focal Point (WHO HQ):** Sinead McGrath (mcgraths@who.int) and Nabil Tabbal (tabbaln@who.int)
- **Public Health Information Focal Point (WHO RO):** Jean Paul Kimenyi (kimenyij@who.int) and Ramazani Mangosa Zaza (ramazanim@who.int), Kasongo Kelakazola Henry (kasongoh@who.int)
- **EPR Focal Team Lead (WHO CO):**
- Kenya – Martins Chibueze Livinus (livinusm@who.int)
- **Public Health Information Focal Point (WHO CO):**

  **Burundi**

  **Rwanda**

  **Uganda**

  **Tanzania**

## ENDNOTES

[1] Inform Risk Index 2025 (2024), available at: https://drmkc.jrc.ec.europa.eu/inform-index
[2] UNHCR (2025), Eastern DRC Displacement Overview (as of 27 February 2025)
[3] WHO (2025), internal data
[4] OCHA (2025), The Humanitarian Coordinator alerts on the humanitarian consequences of the crisis in South Kivu and calls for an end to the fighting
[5] OCHA (2025), The humanitarian community in the DRC calls for $2.54 billion to provide lifesaving assistance to 11 million people affected by crises
[6] UNHCR (2025), Eastern DRC Displacement Overview (as of 27 February 2025)
[7] UNHCR (2025), Eastern DRC Displacement Overview (as of 27 February 2025)
[8] UNHCR (2025), Eastern DRC Displacement Overview (as of 27 February 2025)
[9] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[10] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[11] UNHCR (2025), Eastern DRC Displacement Overview (as of 27 February 2025)
[12] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[13] UNHCR (2025), UNHCR Southern Africa Regional External update #5: Eastern DRC Situation (28 February 2025)
[14] UNHCR (2025), UNHCR Southern Africa Regional External update #5: Eastern DRC Situation (28 February 2025)
[15] UNHCR (2025), UNHCR Southern Africa Regional External update #5: Eastern DRC Situation (28 February 2025)
[16] UNHCR (2025), UNHCR Southern Africa Regional External update #5: Eastern DRC Situation (28 February 2025)
[17] UNHCR (2025), UNHCR Southern Africa Regional External update #5: Eastern DRC Situation (28 February 2025)
[18] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[19]UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[20] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[21] OCHA (2025), The humanitarian community in the DRC calls for $2.54 billion to provide lifesaving assistance to 11 million people affected by crises
[22] UNHCR (2025), UNHCR Southern Africa Regional External update #5: Eastern DRC Situation (28 February 2025)
[23] UNHCR (2025), UNHCR Southern Africa Regional External update #5: Eastern DRC Situation (28 February 2025)
[24] UNHCR (2025), UNHCR Southern Africa Regional External update #5: Eastern DRC Situation (28 February 2025)
[25] UNHCR (2025), UNHCR Southern Africa Regional External update #5: Eastern DRC Situation (28 February 2025)
[26] Democratic Republic of the Congo | World Food Programme
[27] IPC (2025), available from https://www.ipcinfo.org/ipcinfo-website/where-what/en/ [accessed 4/3/25]

[28] WFP (2025), available at: https://www.wfp.org/countries/congo [accessed 4/3/25]
[29] https://ndma.go.ke/2024-short-rains-food-and-nutrition-security-assessment-report/
[30] WFP (2025), available at: https://www.wfp.org/countries/rwanda [accessed 4/3/25]
[31] IPC (2025), available from https://www.ipcinfo.org/ipcinfo-website/where-what/en/ [accessed 4/3/25]
[32] https://www.wfp.org/countries/tanzania
[33] IPC (2025), available from https://www.ipcinfo.org/ipcinfo-website/where-what/en/ [accessed 4/3/25]
[34] OCHA (2024), Democratic Republic of the Congo: Regional Refugee Response Plan (January 2024- December 2025)
[35] OCHA (2024), Democratic Republic of the Congo: Regional Refugee Response Plan (January 2024- December 2025)
[36] Countries
[37] Death rate, crude (per 1,000 people) - | Data
[38] World Bank Open Data | Data
[39] Mortality rate, under-5, male (per 1,000 live births) - | Data
[40] Maternal mortality ratio (modeled estimate, per 100,000 live births) | Data
[41] https://immunizationdata.who.int/dashboard/regions/african-region/
[42] WHO (2024), Weekly Bulletin on Outbreaks and other Emergencies: Week 8: 17-23 February 2025 (Data as reported by: 17:00; 23 February 2025)
[43] WHO (2024), Weekly Bulletin on Outbreaks and other Emergencies: Week 40: 30 September to 6 October 2024 (Data as reported by: 17:00; 6 October 2024)
[44] Joint WHO-MoH and DHIS2 report
[45] UNICEF (2024), Nutrition- Burundi has one of the highest stunting rates in the world and in contrast the highest exclusive breastfeeding rate.
[46] UNICEF (2024), UNICEF Burundi Humanitarian Situation Report No. 6, September 2024
[47] UNICEF (2024), Nutrition- Burundi has one of the highest stunting rates in the world and in contrast the highest exclusive breastfeeding rate.
[48] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[49] Joint WHO-MOH and DHIS2 status reports
[50] UNFPA (2023), United Nations Population Fund Country programme document for Burundi
[51] WHO (2011), Burundi targets respiratory diseases in new UN-backed vaccine scheme
[52] MoH-WHO Mpox situation report
[53] WHO (2024), Weekly Bulletin on Outbreaks and other Emergencies: Week 40: 30 September to 6 October 2024 (Data as reported by: 17:00; 6 October 2024)
[54] WHO (2024), Weekly Bulletin on Outbreaks and other Emergencies: Week 40: 30 September to 6 October 2024 (Data as reported by: 17:00; 6 October 2024)
[55] UN CERF (2022), Burundi Animal Disease, 07 Jul 2022
[56] Health Net TPO (2023), Addressing Mental Health in Burundi
[57] Health Net TPO (2023), Addressing Mental Health in Burundi
[58] WHO (2024), Burundi data, available at: https://data.who.int/countries/108 [accessed 30/10/24]
[59] WHO (2023), Country Disease Burden – Burundi
[60] MSF (2019), In Bujumbura, accident victims get back on their feet for free
[61] WHO (2024), Burundi data, available at: https://data.who.int/countries/108 [accessed 30/10/24]
[62] WHO (2023), Country Disease Burden – Burundi
[63] WHO (2023), Country Disease Burden – Burundi
[64] UNICEF (2020), Humanitarian action UNICEF is on the ground before, during, and after emergencies, working to reach children and families with lifesaving aid and long-term assistance.
[65] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[66] WHO (2025), Weekly Bulletin on Outbreaks and Other Emergencies: Week 08: 17 to 23 February 2025 (Data as Reported by: 17:00; 23 February 2025)
[67] WHO (2023), Community health workers lead the fight against malaria in Rwanda
[68] Health_sector_performance_Report_FY_2019-2020.pdf
[69] Gasana et al. Immunization Saves Lives: Maintaining Good Immunization Coverage To Prevent Potential Outbreaks. Rw. Public Health Bul. 2023. 4 (4): 11-15
[70] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[71] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[72] WHO (2024), Marburg virus disease - Rwanda
[73] UNICEF (2025), available at: https://www.unicef.org/rwanda/nutrition [accessed 4/3/25]
[74] WHO (2025), Weekly Bulletin on Outbreaks and Other Emergencies: Week 08: 17 to 23 February 2025 (Data as Reported by: 17:00; 23 February 2025)
[75] MoH (2023), available at: https://www.moh.go.tz/storage/app/uploads/public/653/f6e/8e7/653f6e8e709ef921643323.pdf?utm_source=chatgpt.com [accessed 4/3/25]
[76] IRC (2023), Overstretched and underfunded refugee camps put over 110,000 Burundians in Tanzania at risk, as potential influx and heavy rains loom large warn aid agencies
[77] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[78] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[79] Silove D, Ventevogel P, Rees S. The contemporary refugee crisis: an overview of mental health challenges. World Psychiatry. 2017 Jun;16(2):130-139. doi: 10.1002/wps.20438. PMID: 28498581; PMCID: PMC5428192.

[80] WHO (2013) Country Cooperation Strategy at Glance
[81] Bwire G, Waniaye JB, Otim JS, Matseketse D, Kagirita A, Orach CG. Cholera risk in cities in Uganda: understanding cases and contacts centered strategy (3CS) for rapid cholera outbreak control. Pan Afr Med J. 2021 Jul 12;39:193. doi: 10.11604/pamj.2021.39.193.27794. PMID: 34603574; PMCID: PMC8464210.
[82] Uganda: Epidemic - 01-2024 - Measles Outbreak (2024-03-26) Format Situation Report - IFRCUganda Red Cross
[83] WHO (2013) Country Cooperation Strategy at Glance
[84] WHO (2013) Country Cooperation Strategy at Glance
[85] WHO (2013) Country Cooperation Strategy at Glance
[86] WHO (2023) Country Disease Outlook August 2023- Uganda
[87] WHO (2023) Country Disease Outlook August 2023- Uganda
[88] WHO (2013) Country Cooperation Strategy at Glance
[89] WHO (2023) Country Disease Outlook August 2023- Uganda
[90] UNICEF (2024), Uganda- Nutrition *Scaling up high impact nutrition interventions*
[91] IPC Uganda, Acute Malnutrition Situation March - May 2024 and Projections for June - October 2024 and November 2024 - February 2025
[92] FSNWG ( 27 June 2024), WHO update on ongoing disease outbreaks
[93] American Psychological Association (2023), Mental health in Uganda
[94] Chiumento, A., Rutayisire, T., Sarabwe, E. et al. Exploring the mental health and psychosocial problems of Congolese refugees living in refugee settings in Rwanda and Uganda: a rapid qualitative study. Confl Health 14, 77 (2020). https://doi.org/10.1186/s13031-020-00323-8
[95] Bukuluki, P., Kisaakye, P., Bulenzi-Gulere, G. *et al.* Vulnerability to violence against women or girls during COVID-19 in Uganda. *BMC Public Health* 23, 23 (2023). https://doi.org/10.1186/s12889-022-14951-7
[96] UNHCR (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[97] OCHA (2024), Democratic Republic of the Congo: Regional Refugee Response Plan (January 2024- December 2025)
[98] OCHA (2024), Democratic Republic of the Congo: Regional Refugee Response Plan (January 2024- December 2025)
[99] OCHA (2024), Democratic Republic of the Congo: Regional Refugee Response Plan (January 2024- December 2025)
[100] OCHA (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[101] OCHA (2025), Humanitarian Action- Democratic Republic of the Congo (RRP)
[102] OCHA (2024), Democratic Republic of the Congo: Regional Refugee Response Plan (January 2024- December 2025)
[103] OCHA (2024), Democratic Republic of the Congo: Regional Refugee Response Plan (January 2024- December 2025)
[104] UHC2030 (n.d.) *UHC country data*. Available at: https://www.uhc2030.org/what-we-do/voices/universal-health-coverage-day/uhc-country-data/ (Accessed: 11 march 2025).
[105] World Bank (2023) *Current health expenditure per capita (US$)*. Available at: https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD (Accessed: 11 march 2025).
[106] World Bank (2023) *GDP per capita (current US$)*. Available at: https://data.worldbank.org/indicator/NY.GDP.PCAP.CD (Accessed: 11 March 2025).
[107] World Bank (2023) *Physicians (per 1,000 people)*. Available at: https://data.worldbank.org/indicator/SH.MED.PHYS.ZS (Accessed: 11 March 2024).