

Flygtningenævnets baggrundsmateriale

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Public Health Situation Analysis (PHSA)

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

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

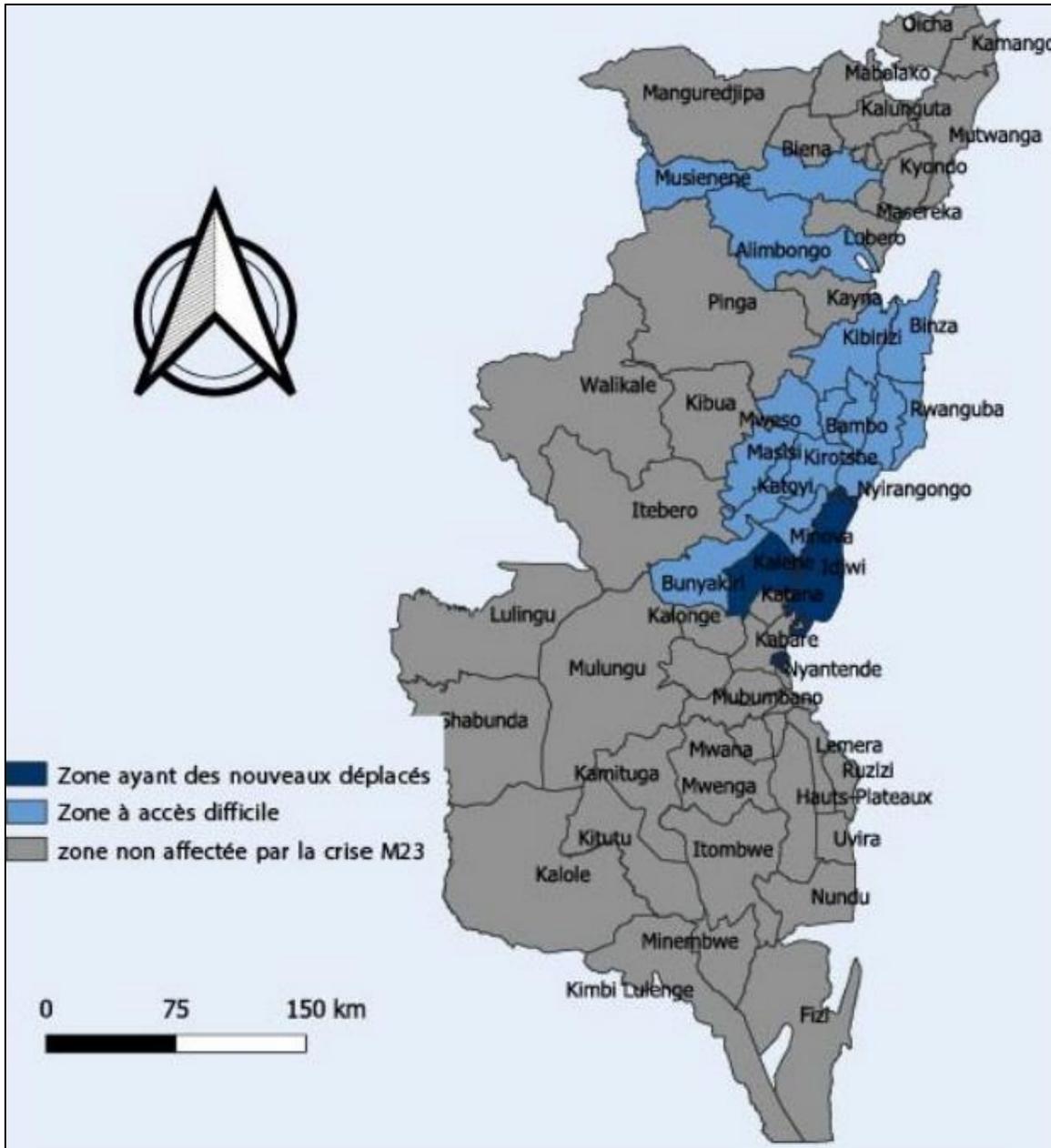


Figure 1 Map of Affected area highlighting displaced and difficult to access areas (Health Cluster, 28 January 2025)³⁰

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 administered⁷⁴. 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 hesitancy⁷⁵.

VACCINATION COVERAGE DATA ⁷⁶	DRC	Year
DTP-containing vaccine, 1st dose	89%	2023
DTP-containing vaccine, 3rd dose	84%	2023
Polio, 3 rd 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	High	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)	High	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	High	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	High	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	Medium	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)	Medium	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	Medium	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 influenza outbreak was declared in the Panzi health zone, Bukavu, South Kivu, in December 2024.
Maternal And Sexual and	Medium	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
<p>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.</p>		

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 Cluster²⁰¹ 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
			
<p>Limited access considering movement restrictions due to insecurity including road closures.</p>	<p>In Minova, since January 21, stocks of essential medicines have been rapidly depleting.¹⁹²</p>	<p>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</p>	<p>WHO has recorded 32 attacks against healthcare since 2024¹⁹⁵</p> <p>Two Heal Africa ambulance staff were shot dead while evacuating the wounded.¹⁹⁶</p>

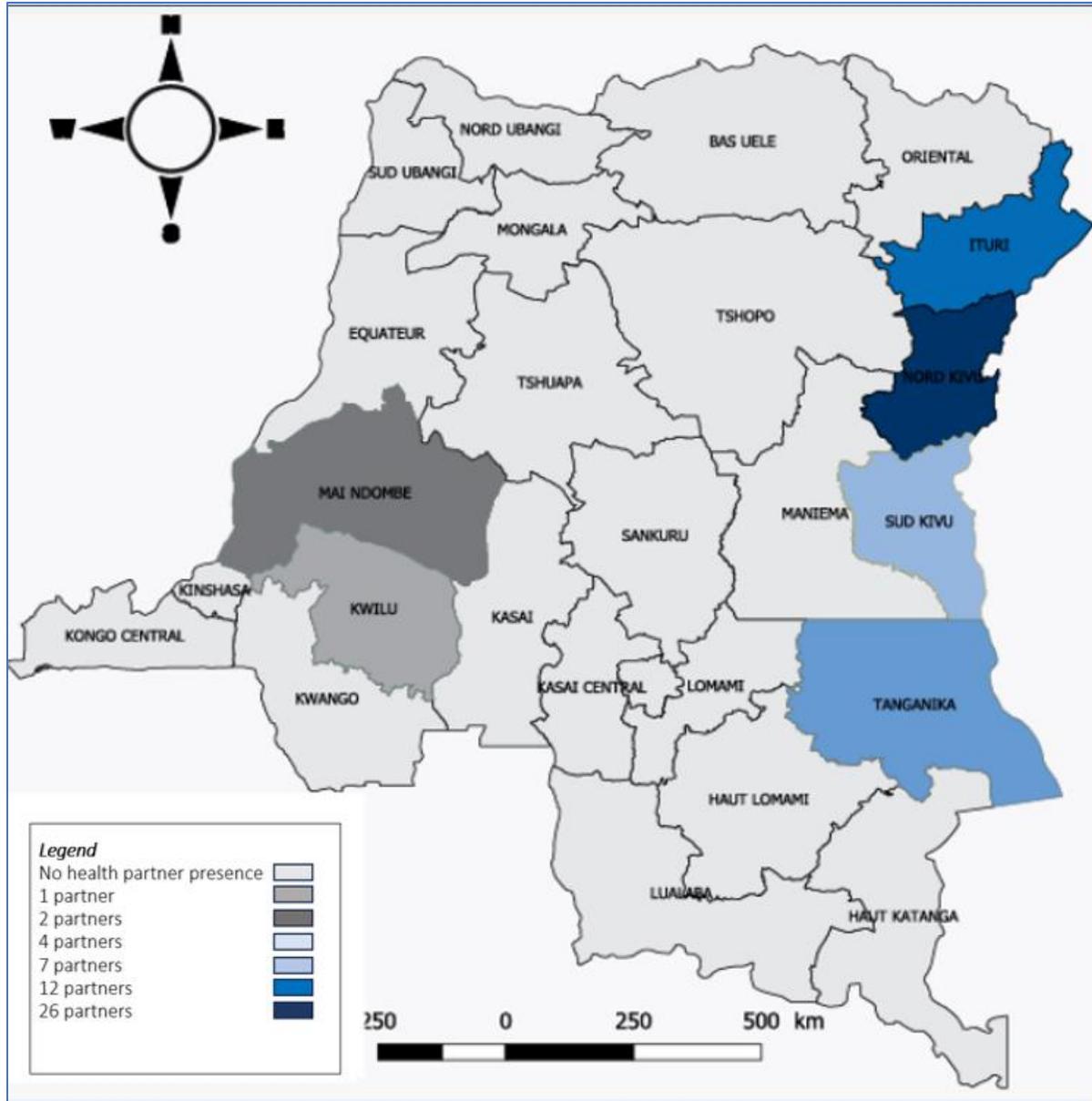


Figure 2 Map of Presence of Health Cluster Partners, 8 January 2025²⁰⁴

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, John Bosco 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.imh.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 Abbata, Alastair Ager, Zulfiqar A. Bhutta, Karl Blanchet, Derebe Madoro Bunte, John Bosco 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.imh.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-kivu-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