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Protect humanitarian health workers, preserve humanity

19 August 2025

An urgent call to action from the Global Health Cluster

Our world is increasingly shaped by conflict, where humanitarian principles are often cast aside, and there is a steady erosion of respect for international humanitarian law[i]. Attacks on healthcare have become horrifyingly routine. Health workers are threatened or attacked, health facilities destroyed, and humanitarian convoys targeted, leaving patients without life-saving care or the most basic care they need to survive.

Between January 2024 and August 2025, WHO documented **2,450 attacks** on health care across **21 countries** and territories. These led to **2,060 deaths** and **2,395 injuries** among health workers and patients. In this same period, **1,392 attacks** impacted health personnel through killing, injury, abduction, arrest and/ or intimidation[ii]. All these incidents affect the rights of civilians caught in conflict; rights Member States have committed to protect.

In the face of this escalating crisis, the Global Health Cluster (GHC[iii]) unites with partners around the world, on World Humanitarian Day, to issue an urgent call: protect humanitarian action and safeguard the people who risk everything to deliver life-saving health care in crisis-affected and high-risk humanitarian settings.

In 2025 alone, verified attacks on health care include:
- Ukraine: **310 attacks**
- The occupied Palestinian territory, including East Jerusalem: **304 attacks**
- Sudan: **38 attacks** resulting in **933 deaths of health workers and patient**s.
- The Democratic Republic of Congo, Haiti, and Myanmar: a combined total of **71 attacks**, impacting health facilities, medical supply chains, health personnel, and patients [iv].

The stories are in the numbers, and they tell a bleak tale of frontline health responders/aid workers and humanitarian staff who were killed or injured while trying to save others.

Despite these conditions, health partners serve in the world's most complex emergencies. In **27 countries** including the occupied Palestinian territory, Sudan, and Ukraine, Health Clusters are working with over **900 partners** to ensure that life-saving services continue, there is effective and timely coordination among partners, and that local responders are supported. Roughly **two-thirds of GHC's partners** are local and national organizations, serving their own communities on the frontlines, facing the greatest risks. Between 2000 and 2023, **86% of all aid worker** victims were national staff from both international and national organizations, and **96%** of those killed, injured, or kidnapped between January and October 2024 were locally-hired staff[v]. Yet when systems falter, our partners and local responders do not. They stay, work together, and deliver. Their resilience embodies humanity's strength.

Our mission to save lives is under threat, as funding cuts for humanitarian work and shrinking access to the most vulnerable threaten survival. Partners are being forced to scale back operations, close down offices and cut staff, with national NGOs the most affected amongst humanitarian partners[vi]. As of 10 June 2025, o**nly 12% of funding required under the 2025 Global Humanitarian Overview** has been received leaving humanitarian partners without the resources to reach those with life-threatening needs[vii]. Meanwhile, we are witnessing the growing politicization of aid. Health is no longer treated as neutral, and humanitarian action is increasingly manipulated or hindered.

Between June and November 2024, humanitarian access deteriorated in **20% of 93 countries**, while nearly half of them continue to face high to extreme constraints[viii]. In Burkina Faso, Haiti, Myanmar, the occupied Palestinian territory and Sudan, bureaucratic hurdles, interference, or extreme access restrictions have forced suspensions and scale-backs of operations and supplies, leaving millions without life-saving care[ix].
In some instances, these restrictions have paved the way for the delivery of aid through military-controlled private establishments, violating and ignoring core humanitarian principles, including neutrality and impartiality, and setting a dangerous precedent. Such practices contradict the fundamental humanitarian obligations to ensure centrality of protection and safety and dignity of populations, making them a deeply flawed response. This is a profound betrayal of our collective humanity.

The international community has spoken. It has condemned attacks on health. It has affirmed its commitment to protect humanitarian workers. But statements alone cannot shield an ambulance from an airstrike, a doctor from a bullet, or a humanitarian convoy from an errant drone.

Action does!

We call on governments, partners, and the international community at large to move beyond declarations and take urgent, sustained action:

- uphold international humanitarian law and protect health care in all contexts
- ensure accountability for those responsible for attacks on health care
- guarantee sustained funding and support for Health Cluster response, coordination and broader humanitarian action
- empower frontline responders with direct, flexible and predictable resources
- reject the politicization, securitization and privatization of humanitarian aid; and
- affirm that health care must remain neutral, protected and accessible.

If we are to act for humanity, then the time to act is now. Not only with words, but with the courage to uphold the law, the integrity to protect those at risk, and the political will to stand with those who continue to provide care in the darkest of hours.

Saving lives should not cost lives.

About the Global Health Cluster
Mandated under the IASC Humanitarian Coordination system, the Global Health Cluster (GHC) supports 27 Health Clusters and Sectors globally to coordinate effective health responses in humanitarian emergencies. With over 900 partners at the country level and 65 at the global level, GHC promotes collaboration across UN agencies, nongovernmental organizations, national authorities, and affected communities. WHO is the IASC Cluster Lead Agency for health, providing support through the GHC Secretariat in the Humanitarian and Disaster Management Division of the Health Emergencies Programme. The GHC also works closely with all IASC Global Clusters to address urgent humanitarian needs.

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[i] https://humanitarianaction.info/document/global-humanitarian-overview-2025/article/trends-crises-world-fire#page-title
[ii] SSA Home | Index (as of 12 August 2025 10AM CET)
[iii] The Global Health Cluster represents over 900 partners at the country level and 65 at the global level
[iv] SSA Home | Index (as of 12 August 2025 10AM CET)
[v] https://humanitarianaction.info/document/global-humanitarian-overview-2025/article/attacks-and-access-barriers-are-imperiling-lives-people-need-assistance
[vi] https://humanitarianaction.info/document/hyper-prioritized-global-humanitarian-overview-2025-cruel-math-aid-cuts/article/hyper-prioritized-global-humanitarian-overview-cruel-math-aid-cuts
[vii] Ibid
[viii] https://www.acaps.org/en/thematics/all-topics/humanitarian-access
[ix] https://www.unocha.org/publications/report/sudan/sudan-humanitarian-update-june-july-2025