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of Nursing



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Care amongst the chaos

The voices of nurses working in conflict

INTERNATIONAL NURSING ACADEMY



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Foreword

Attacks on health systems are not only devastating to the individuals directly affected – health staff and their families – but they also leave deep and lasting scars on entire communities. The consequences ripple far beyond the immediate violence, placing immense strain on health systems that must respond to widespread civilian injuries and escalating public health needs.

The nursing profession has long stood at the frontline of crisis. Forged in the fires of conflict and disaster, nursing staff continue to play an unparalleled role in every phase of disaster management – from preparedness and emergency response to long-term recovery. Their courage and commitment is unwavering, even in the most challenging and dangerous circumstances.

No nurse should ever face violence or obstruction simply for doing their job. The killing of any member of nursing staff, in any context, for any reason, is entirely unacceptable. Our thoughts are with all those currently delivering care amid war, insecurity, and humanitarian crises. Their resilience and dedication are a testament to the values of our profession.

Earlier this year, we published a revised Humanitarian crises framework, outlining how and when we respond to global humanitarian concerns. Our work in this area continues to advocate for the protection and support of nursing staff worldwide.

This report is grounded in the fundamental principle that health care workers must be protected, not persecuted. It does not align with any side in any conflict. It stands for the right of nurses and other health professionals to deliver care in safety, wherever they are.



Professor Nicola Ranger
RCN General Secretary and Chief Executive



Executive summary

Across our world, nursing staff are under attack, as the number and magnitude of conflicts rise, more staff become targets.

Nursing staff play a vital and often under-recognised role in conflict zones, acting as frontline responders amid violence, instability, and humanitarian emergencies. Their responsibilities go far beyond routine health care, encompassing emergency treatment, trauma response, mental health support, and the continued provision of essential health services under the most challenging conditions.

In situations of armed conflict, natural disaster, and political unrest, nursing staff are frequently exposed to significant physical danger, emotional strain, and complex ethical dilemmas. Despite these immense pressures, they continue to deliver care with resilience, compassion, and professionalism.

Worldwide, there are 29.8 million nurses (WHO, 2025), making nurses the largest part of the global health workforce. However, despite nurses and midwives making up almost 50% of the health workforce, their voices often go unheard, particularly those working directly in conflict. The influence of gender in this dynamic is significant. Women make up around 90% of the nursing workforce, yet they remain underrepresented in leadership roles (about 25%) (Maurud, Børøund and Moen, 2022). As a result, their perspectives can often be marginalised, and their experiences, particularly those involving gender-based violence and abuse, are frequently left out of the conversation.

This report will outline the rising incidence of violence against staff and health facilities and present accounts from nursing staff working in many war zones. We have drawn on statistical data from reputable sources to provide critical context regarding the environments in which nursing staff are currently operating.

The need to support the nursing and midwifery workforce in conflict is acute, and the dangers they face are growing by the day. This report is a call to action, to recognise the acute danger to nursing staff and our responsibility as a global community to protect all health workers in conflict.

The politics may be complicated, but our demand is clear – nursing staff must not be a target. This report builds from robust data and helps support the following recommendations:

1. Governments must uphold International Humanitarian Law to protect nurses.
2. Stop the normalisation of attacks on health care.
3. Enable safe access and delivery of care.
4. Reverse aid cuts and invest in resilient health systems.
5. Provide mental health and emotional support for nurses and other health care staff, alongside access to technical support.
6. Amplify the voices of nurses affected by conflict.
7. Build organisational and international solidarity.

Protections for health workers, patients and health facilities

Across our world, nursing staff are under attack, as the number and magnitude of conflicts rise, more staff become targets.

International humanitarian law

International humanitarian law aims to improve the impacts of war. It distinguishes between those who are active combatants and those who are not participants of war. This includes health workers, civilians and aid workers, as well as those who are no longer participants of war, for example, people who are injured or prisoners of war (ICRC, 2004). There are two sources of international humanitarian law, both of which are legally binding:

- **Treaties** are written conventions in which states formally establish “rules of war” which they must abide by. An example of this is the Four 1949 Geneva Conventions. Treaties are binding for all those that agree to be bound by them, which is usually done through formal approval (ICRC, 2025).
- **Customary international law** is based on general practice which has been accepted as law. Examples of this includes official documentation which record military operations, national legislation, or case law. Customary international law is crucial as it “fills important gaps” in regulating conflict especially where states involved have not ratified a treaty (ICRC, 2024).

The 1949 Geneva Conventions and their Additional Protocols (1977) are a set of international treaties that form the foundation of international humanitarian law. The conventions alongside the additional protocols set out international principles for the treatment of soldiers, prisoners of war, and civilians. The Conventions enshrine into international humanitarian law the protection of health workers and medical units, such as hospitals, clinics, and ambulances. It sets out that health workers and units must not be targets of attacks or restricted from carrying out their work. The Conventions also guarantee relief to wounded and sick without distinction (ICRC, 2025).

Between 2016 and 2024, the number of health workers who have been killed in conflict and insecure settings has increased fivefold.

Photo by Scott Olson/Getty Images



Despite the legally binding nature of international humanitarian law, violations continue and health workers and health systems are far too often victims of attacks. The International Committee of the Red Cross (ICRC) identifies states which lack respect for international humanitarian law as the “single most important challenge” (ICRC, 2024) for protecting people in armed conflicts. It is paramount that the protections afforded to health workers, their patients, and health facilities are upheld.

Reporting attacks on health care

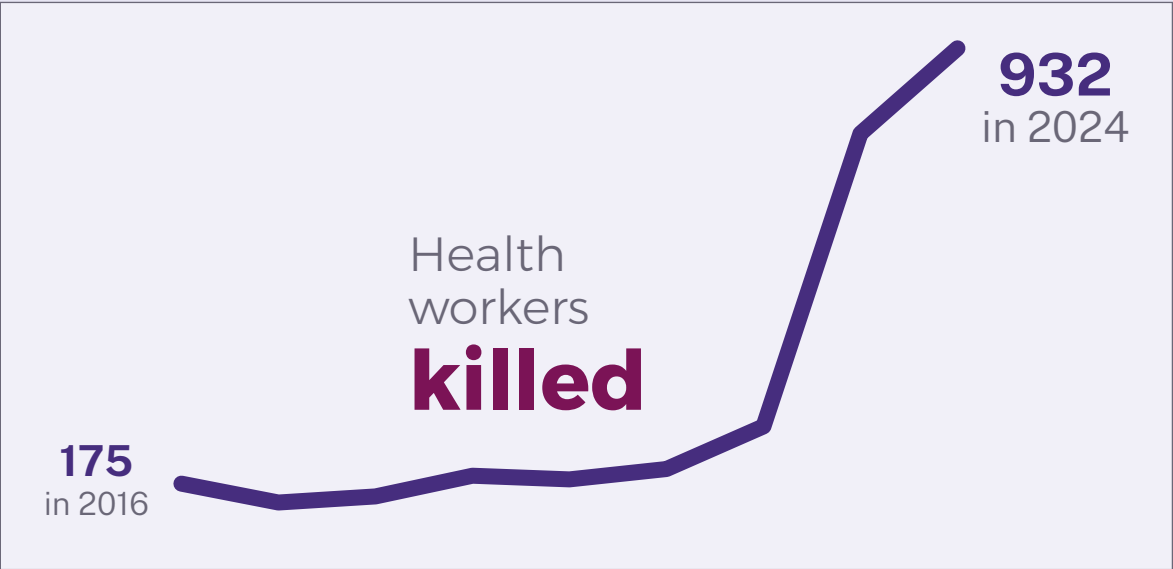
Data collected by *Insecurity Insight* (The Humanitarian Data Exchange) shines a light on attacks on health workers and health systems in insecure and dangerous environments. Insecurity Insight’s reporting mechanism includes agency and open-source events¹. It collects critical data on incidents of safety, security and restricted access for the health workforce, as well as attacks on services and health infrastructure. Limitations in data collection mean it is not possible to identify the number of nursing personnel impacted by attacks.

However, given that nursing staff are the largest part of the global health workforce, they are likely to make up a significant number of the recorded deaths. More generally, the data is based on known incidents to agencies and from open sources, which are unlikely to capture all attacks. There are often delays in reporting instances of attacks, which means that the data is continually being updated, as such we have looked at the last full reporting year of data which is 2024.

¹ These events are published in the Attacks on Health Care News Brief and included in the Safeguarding Health in Conflict Coalition (SHCC) annual reporting on violence against or obstruction of health care.

Health workers

The data paints a worrying picture for health workers in conflict and insecure settings and demonstrates the exponential rise in the number of deaths of health workers in recent years. Between 2016 and 2024, the number of health workers who have been killed in conflict and insecure settings has increased fivefold. In 2024 alone, there were 2,724 incidents where health workers were impacted by attacks. By comparison, in 2016, the number of attacks on health workers was recorded as 480.

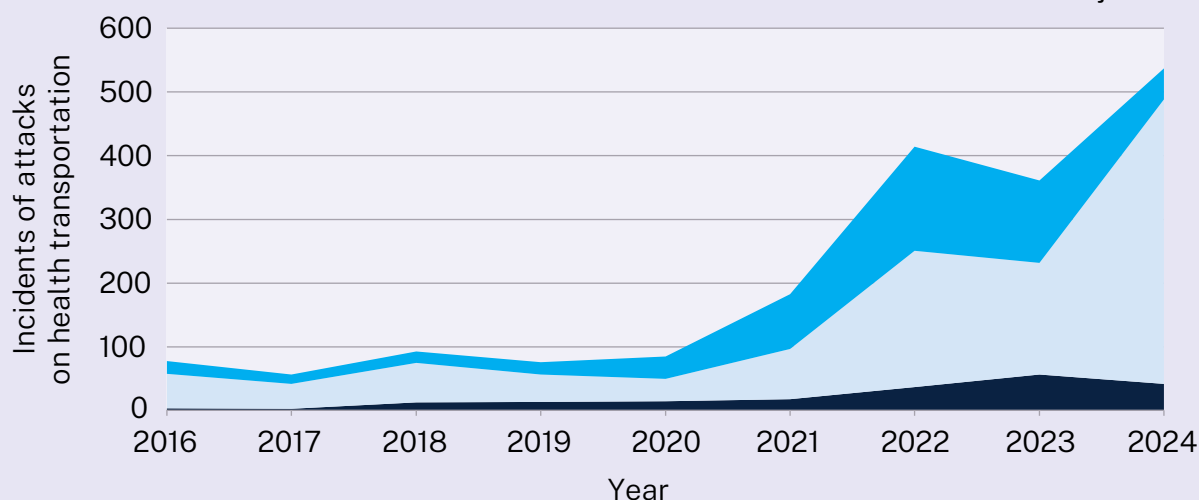


Health transportation

Health transportation, such as ambulances, are increasingly under attack. The number of incidents of attacks against health vehicles (including those destroyed, damaged, stolen or hijacked) has increased almost sevenfold between 2016 (78) and 2024 (537).



Destroyed Damaged Stolen/hijacked



Health facilities

In 2024 alone, there were 1,022 incidents of health facilities being damaged in attacks in conflict and insecure settings, and 107 incidents of health facilities being occupied.



Occupation of facility



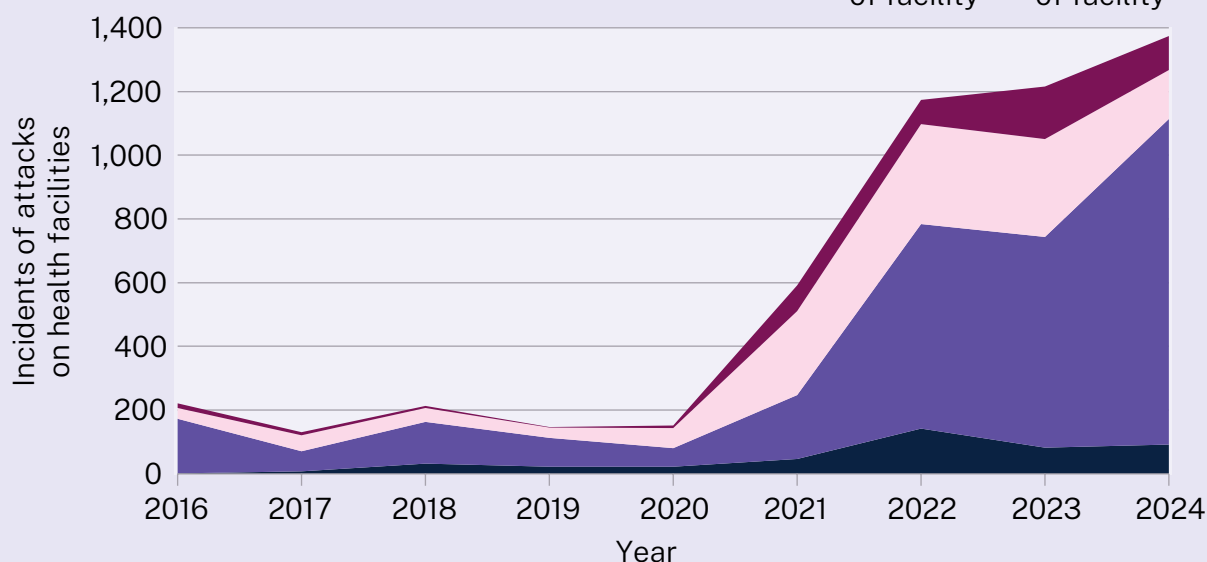
Forceful entry



Damage of facility



Destruction of facility



Care amongst the chaos



At the end of the second world war, there was a clear international response. War criminals were tried, convicted, and sentenced. A modern concept of ‘crimes against humanity’ was developed, and new international treaties were developed, including the Universal Declaration of Human Rights and the current versions of the Geneva Conventions. The international community decreed certain behaviours were inexcusable, and reacted, not just with words, but with action.

This is increasingly not the case today.”

British Medical Association, *Medicine Under Attack: the increasing assault on healthcare workers (2025)*

The increase in attacks on health workers is clear; yet the voices of nursing staff themselves are rarely heard. Historically, nursing staff in war settings have often been portrayed as compassionate caregivers – silent heroes working behind the frontlines. Figures such as Florence Nightingale and Mary Seacole during the Crimean War, and military nurses throughout the World Wars, created a legacy defined by dedication and humanitarianism. However, today, nurses in conflict zones are increasingly recognised as autonomous, highly skilled professionals whose role is both safety-critical and symbolic of hope in the most difficult circumstances.

The nursing workforce forms the backbone of every health system worldwide. Even in peacetime, many systems struggle to deliver high-quality care and are unable to provide high levels universal health coverage. In war and civil crises, they must continue their roles under immense pressure, often without training in trauma care or mass-casualty response (Mani, Kuhn and Plummer, 2024). They are required to make rapid assessments, take difficult decisions, and adapt to unpredictable and extreme conditions.

The cumulative effects of trauma and chronic stress places nursing staff at high risk of psychological harm, underscoring the urgent need for structured mental health support tailored to individual needs (Gilmore and Ramos, 2015). Nursing in conflict settings is shaped by factors including personal safety,

emotional resilience, and the quality of institutional support. Despite these challenges, nurses consistently provide high quality and impartial care to all patients often at great personal cost to their own physical and mental well-being.

Alongside data which highlights the alarming rise of attacks on health workers this report highlights country-specific case studies and brings to the fore the accounts of nurses in conflict directly. As the voice of nursing, we have engaged in consultations with health partners, including international and national humanitarian organisations and diaspora groups, to identify nurses and midwives working in environments marked by active conflict, oppression, and severe restrictions on freedom. Over the last six months, we have gathered testimonies from six nurses and one midwife based in Afghanistan, Gaza, Lebanon and Myanmar.

Participants were invited to describe their working conditions, the challenges they face, and the support they need to practise safely. Their accounts provide a sobering and powerful portrayal of lives and work conducted in environments of extreme hostility and hardship. Alongside professional realities, many also shared personal reflections on the impact of these conditions on their families and daily lives. These testimonies, marked by resilience and professionalism, highlight the enduring commitment of nurses and midwives to their patients.

While many challenges are shared across these four countries, each context also presents unique features that warrant individual examination. For this reason, the report is organised by country, with thematic analysis provided within each national context.

Note: For security reasons, most names have been changed.



Photo by Khalil Ramzi Alkahlut/Anadolu via Getty Images

AFGHANISTAN

Since the Taliban's return to power in Afghanistan in August 2021, access to education, employment, health care, and freedom of movement has been severely restricted for women and girls. Afghanistan has one of the highest maternal mortality rates in the world and millions of women in remote areas have limited, or no access to health care (United Nations Sexual and Reproductive Health Agency, 2025).

In December 2024, the Taliban banned women from nursing and midwifery courses (Howard, 2024). The collapse of formal education for women has not only devastated individual careers but also critically endangered the future of Afghanistan's health care system. Meanwhile, ongoing insecurity, systemic gender-based oppression, and a lack of medical infrastructure have been compounded by the closure of educational institutions and barriers to certification, which have seriously damaged nurses' and midwives' prospects.

Afsoon, a nurse interviewed by the RCN, reflects on this dire situation: "Most of my friends and colleagues have finished university, but due to the Taliban, they cannot receive their certification. Without it, they have no job, no income, and no future."

Participants described an alarming decline in health care quality and accessibility, as Asmaan (a nurse) describes:

"We are so far from (high-quality) medical standards. Most villages have no hospitals; patients die in ambulances because there is no emergency care, no oxygen, no nurses."

Asmaan also stated that, without a functional health care infrastructure, nurses operate under constant threat, both from patients' families linked to the Taliban and from broader social violence.

"We are threatened by caretakers: 'If something happens to my child, my husband is a Taliban, and he will come after you.' How can we work safely like this?"



Most of my friends and colleagues have finished university, but due to the Taliban, they cannot receive their certification. Without it, they have no job, no income, and no future."

Afsoon, a nurse interviewed by the RCN



In December 2024, the Taliban banned women from nursing and midwifery courses.

Isolation and loss of public spaces and widespread mental health impact

The testimonies reveal a widespread mental health crisis fuelled by systemic disenfranchisement and fear. Afsoon reported severe emotional and mental health consequences, including depression, stress, and suicidality, particularly among young women:

“Many women attempted suicide. Some succeeded because, without education, without work, they see no reason to live.”

Ongoing resistance, quiet hope and call for international support

Despite these challenges, many nurses and midwives like Asmaan find ways to continue learning and maintaining hope through small, persistent acts.

“We are taking baby steps. Online courses, small studies, anything to keep learning and dreaming of a future where we can speak and be heard.”

These acts of resistance show the enduring strength and determination of Afghan women under the harshest conditions. Participants emphasised the critical need for international assistance in creating safe educational and professional development opportunities for women.

Without external support, the systematic erasure of Afghan women from health care and public life will only deepen.



We only want one simple thing: life, then life, then life in peace.”

Omar, Gaza nurse

Nursing staff in Gaza are working in catastrophic conditions. Since October 7 2023, airstrikes across the Gaza strip carried out by Israel’s military have resulted in overwhelming numbers of civilian casualties and injuries. Analysis by the Integrated Food Security Phase Classification (IPC, 2025) found that Israel’s aid blockade has created famine conditions in Gaza. The World Health Organization has also reported that the blockade has depleted Gaza’s health system of essential medical supplies (WHO, 2025).

In September 2025, a UN Commission inquiry found that Israel has committed a genocide in Gaza. The inquiry’s evidence included reference to attacks on health care facilities and health workers, as well as restricted access to health care. According to the World Health Organization 94% of hospitals in Gaza have been destroyed or damaged by attacks, this has severely limited

health service delivery (WHO, 2025). Nurses in Gaza work continuously, often at significant personal risk, attempting to deliver life-saving care in a collapsing environment.

This testimony from Omar, a Gaza-based nurse offers a visceral, first-hand account of the realities faced by frontline health care providers.

Frontline health care in a war zone

Nursing staff in Gaza are continuing to provide care to a severely war-wounded population without access to adequate health facilities and under extremely unsafe circumstances that threaten not only their own lives, but the lives of their family and loved ones. The following statement illustrates that reality:

“Despite the fatigue and exhaustion, we work around the clock, especially during Ramadan, and we continue to wear [our uniforms] and are committed to fulfilling our duty. During 24-hour shifts, we care for large numbers of patients with complex and traumatic injuries – including amputations, diabetic complications, and gunshot wounds – in an environment where both resources and personnel are increasingly scarce. Even after enduring gruelling shifts, we are immediately called back into service when hostilities resume, leaving no time for rest or recovery. In the morning, I was contacted for an emergency shift due to the shortage of medical staff and deteriorating health conditions inside the hospital.”

Personal trauma and emotional devastation

The emotional and psychological impact of working amid continuous warfare is profound and enduring:

“I saw body parts and smelled the lingering scent of blood (I have witnessed) unforgettable scenes and shifts inside the hospital... will continue to haunt me in my dreams.”

The call for life, peace, and human dignity amid the devastation, the fundamental human desire for safety, dignity, and peace remains:

“We only want a simple thing: life, then life, then life in peace.”

This cry for fundamental human rights and survival highlights the enduring spirit of Gaza’s nurses. Even while facing overwhelming odds, they continue to prioritise their duty to others and hold onto the hope for a future without violence. Their resilience offers a powerful reminder of the human cost of conflict – and the urgent necessity of humanitarian support, ceasefire efforts, and global solidarity.

According to the World Health Organization 94% of hospitals in Gaza have been destroyed or damaged by attacks.

NOZ

LEBA



Even in the darkest times, there is courage, compassion, and an unwavering commitment to care for others.

Afif, nurse

Lebanon's prolonged economic collapse and social instability has deeply strained its health care system (Aoun and Tajvar, 2024). Hospitals face severe resource shortages, infrastructure decay, and mass staff exhaustion. The Israel-Lebanon conflict in Lebanon has further exacerbated challenges to health care delivery and has had devastating consequences for health care staff. Israeli military attacks have impacted one in 10 hospitals in Lebanon and half of all attacks on health care have caused the death of a health worker (WHO, 2024).

Nursing staff and educators are at the core of this fragile system. This testimony from Afif, a Lebanese intensive care unit nurse and clinical educator, offers an intimate look into the realities of delivering care and education in a country on the edge of collapse, reflecting extraordinary resilience amid unimaginable strain.

Crisis conditions in health care practice and education

The conflict has severely disrupted both clinical practice and nursing education, forcing rapid adaptation under extreme conditions.

“Each day requires quick decision making in the face of scarce supplies and relentless emergencies... Providing nursing education has become an exercise in adaptability... relying on case studies and virtual tools to compensate for the lack of practical experience. Hospitals have been stretched beyond capacity, and nurses often operate with limited resources, treating both physical injuries and the invisible wounds of fear and trauma. Educators, meanwhile, struggle to sustain training programs without access to clinical placements. Despite innovation, the absence of hands-on training presents a significant long-term risk to nursing quality and workforce readiness. The prolonged crisis has had a devastating impact on the mental and physical health of nurses, compounded by personal loss and continuous exposure to trauma.

The physical exhaustion of working non-stop and the emotional burden of witnessing so much suffering has tested me in ways I never imagined.”

Personal tragedies, including the death of colleagues due to violence, and the emotional demands of frontline work, have left many health care workers deeply affected. Despite this, solidarity among teams and small acts of self-care, such as taking reflective moments or supporting one another, have been critical for survival. Afif recalls an inspiring moment during hardship:

“Receiving a call from my students, as they organised themselves to support hospitals, inspired me to keep going even during long, exhausting 18-hour shifts”.

Urgent need for safety, resources, and psychological support

Staff stress the urgent need for improved working conditions, access to critical resources, and emotional support systems. Investment in the health care infrastructure, mental health services, and nursing education is essential not only for responding to the immediate crisis but for rebuilding the country’s future health care capacity.

Moreover, the power of storytelling and solidarity across health care communities remains vital to healing and maintaining resilience.

Sharing these experiences helps us heal, reflect, and unite as a community of health care workers.

Half of all attacks on health care have caused the death of a health worker.

MYANMAR



Photo by Thierry Falaise/LightRocket via Getty Images



Although our future seems uncertain, we are still alive, and I will continue to provide the best possible health care to the people”.

May, nurse

Since the military coup in Myanmar in 2021, the country’s health care system has faced catastrophic collapse (WHO, 2023). Amid this devastation, nurses and midwives have stepped forward as vital pillars of health care provision in dangerous and resource-scarce environments. In the aftermath of the coup, the formal health care infrastructure disintegrated. Many nursing and midwifery staff found themselves independently responsible for the medical needs of entire communities. Sallat, a nurse working in Myanmar, described these responsibilities:

“The regional doctor in the village was gone. The township and district hospitals were closed. People were struggling,

especially pregnant women who needed to give birth.”

Without clinics or hospitals, nurses like Sallat began offering home deliveries, emergency care, and ongoing health services to displaced and vulnerable populations. Staff also repeatedly highlighted the dire lack of medical supplies, soaring costs and obstacles to medical evacuations, as May (a nurse) reports:

“There has been a severe shortage of medicine, and transportation difficulties have made it impossible to get adequate supplies. The prices of goods and medicine have skyrocketed.”

Accompanying critically ill patients to hospitals has become a life-threatening mission for nurses, often delayed or made impossible by violence, worsening the death toll still further. Ellie is a midwife who has faced this difficulty and recalled the experience:

“Following their instructions, I tried to transport the patient to the nearest doctor. An airstrike occurred, forcing us to seek shelter briefly... he sadly passed away before we reached the district hospital.”

As a midwife, Ellie feels strongly about health promotion, but the efforts to maintain public health education and preventive care have been severely hindered by conflict.

“It has become very difficult to conduct health education campaigns... I try to incorporate it into my medical treatments whenever possible.”

April, a senior nurse leader, spoke about the breaches of international conventions and the lack of accountability:

“What is the point of international law if they murder our colleagues and don’t face consequences?”

Despite the dangers, many nurses (like Sallat, quoted below), volunteered to assist in their villages and communities, building deep trust among the local populations.

“When I returned home, the villagers were thrilled to see me, welcoming me with open arms... They had complete trust and confidence in me.”



What is the point of international law if they murder our colleagues and don’t face consequences?”

April, senior nurse leader



The RCN's global commitment

The RCN's Humanitarian Crises Framework

As part of the global nursing community, the RCN recognises its vital role in supporting nurses across the world. In May 2025, we published an updated *Humanitarian Crises Framework* (RCN, 2025), which guides when and how the RCN will respond to humanitarian issues of concern.

In line with this Framework, we aim to respond to global humanitarian crises where nursing staff are impacted, for example, where:

- 1** nurses, nursing support workers, midwives and other health care workers are targeted with violence, have faced human rights violations, and where there have been breaches of key human rights conventions
- 2** nurses, nursing support workers, midwives and other health care workers' rights at work are seriously compromised
- 3** nursing students are unable to continue or complete nursing programmes of study
- 4** health and public policy issues have had a significant impact on the nursing profession
- 5** there are cases where nurses, nursing support workers, midwives and other health workers have been prevented from delivering care, and in cases where patients are prevented from accessing adequate health care in an impartial and non-discriminatory manner
- 6** there is a violation of medical neutrality – 'the principle of non-interference with medical services in times of armed conflict and civil unrest'
- 7** governments act in ways which contravene their commitments to protect and promote human rights as enshrined in international agreements
- 8** the Nursing and Midwifery Council (NMC) registrants find themselves in a position which contravenes principles outlined in the NMC Code to "...treat people as individuals and uphold their dignity..." and to "...respect and uphold people's human rights..."

The framework sets out possible actions for the RCN to undertake in response to a humanitarian crisis which meets the above criteria. One example of a possible action that we may take is providing direct support to nursing staff in country, this is explored further in the following section.

Supporting nursing in vulnerable contexts

As a global voice for nursing, we play a critical role in supporting nurses working in some of the most vulnerable and complex environments, where systems are fragile, resources are scarce, and conflict and crisis are ongoing realities.

We are a platform that enables nurses to become the global health leaders and frontline responders the world urgently needs. Across fragile and conflict-affected settings, we witness time and again that nursing is undervalued, tokenised, and inadequately protected. Despite being the majority of the health workforce, nursing and midwifery staff are too often left unsupported, expected to fulfil their moral and professional duties without the systems, resources, or safeguards necessary to do so safely and effectively. Without support, nurses will continue to be exposed to abuse and violence, unable to care for the population they serve successfully.

The creation of the RCN's International Nursing Academy in May 2024 marks a critical step in establishing a neutral, global player that stands firmly for nursing, irrespective of politics, borders, or economic constraints. The academy was built to meet the needs of nurses in vulnerable areas, offering technical assistance, access to research and evidence-based resources, advocacy, and a strong international presence to protect, elevate, and support nurses globally.

We want to ensure that our support can reach nurses in politically sensitive or high-risk contexts without compromising their safety or the integrity of their work. Maintaining political neutrality is essential to safeguard the lives and work of nurses and other health care workers in conflict-affected or repressive settings. In authoritarian regimes such as Myanmar, health care professionals who are perceived to support opposition movements or speak against the government have faced severe consequences – including imprisonment, torture, forced disappearance, and even death. In conflict zones like the Palestinian territories, Sudan and Yemen, perceived political alignment – even when unintended – can make health care workers targets of violence or retaliation. Through the RCN's Royal Charter and work we reinforce our commitment to protecting nurses across all regions and ensure that medical care remains a safe and impartial service, not a political statement.

RCN's on-the-ground impact: country-specific support

We currently operate in-country programmes that directly support nurses and health systems in vulnerable contexts. These programmes are designed to improve patient care, build leadership capacity, and strengthen health care systems under stress. Key initiatives include:

- **Gaza and the West Bank**

In the face of continuing conflict and humanitarian crises, we are working with local partners to support nursing education, clinical skill-building, and leadership development. Our interventions are designed to protect the profession and enable continuity of care under threat.

- **Ghana and Malawi**

We are strengthening mental health services and building leadership and research capacity in health systems, navigating limited infrastructure and high workforce demands.

- **Myanmar**

The RCN is supporting both undergraduate and bridging degree programmes for displaced and in-country nurses, many of whom work covertly in resource-limited settings. We continue to advocate for their protection and professional development.

- **Sri Lanka**

In a country that is recovering from conflict, we are providing technical support to public health nursing officers, enhancing primary care delivery in vulnerable communities.

- **Sudan**

We are undertaking explorative work to support the development of the next generation of Sudan's nurses and supporting nurse development within an active conflict.

- **UK Overseas Territories**

Focused on mental health care and quality improvement in geographically isolated regions where health care access remains a persistent challenge.

Where security permits we maintain close communication with our members and partners, ensuring transparency and shared learning. We are currently developing digital platforms to connect nurses across borders, amplifying collective action, peer support, and shared advocacy. This network strengthens our capacity to respond rapidly and strategically to emerging crises.

Our focus for 2025 and beyond

Global health threats are becoming increasingly complex. From conflict and displacement to public health emergencies and climate-driven crises, nurses remain the constant. However, they cannot continue to carry this burden.

We are committed to expanding our role as an enabler, and advocate for nursing staff operating in the world's most vulnerable environments. Through our International Nursing Academy and our global partnerships, we will continue to support those on the front lines of care, no matter how challenging the context.



Recommendations

Uphold long-established international law to protect health workers

Every day, nursing staff are killed, and health facilities are destroyed in conflict, in direct violation of international humanitarian law. The growing normalisation of attacks on health care infrastructure, often under the pretence that hospitals shield combatants, is unacceptable and dangerous. Even in popular culture, we see depictions of hospitals as legitimate targets, further eroding respect for international norms (Hoyle et al., (2018).

All governments must:

- condemn attacks on health workers and work with international partners to demand an end to the deliberate targeting of health workers and health systems
- take collective responsibility and act to reassert the importance of international humanitarian law and ensure that health workers are protected, not criminalised or targeted
- call for the release of health workers who have been unlawfully detained, in line with the recommendation made by the UN Special Rapporteur on the right to health (United Nations, 2024)
- call for investigations and prosecutions by the International Criminal Court (ICC) wherever deliberate targeting occurs. Where applicable, Governments must support investigations and initiate prosecutions for violations, in line with the recommendation made by the UN Special Rapporteur on the right to health (United Nations, 2024)
- support actions to improve monitoring and reporting of attacks on health, via the WHO's Surveillance System for Attacks on Health Care², to reduce under-reporting and allow for data to be disaggregated by profession.

² In line with World Health Assembly Resolution [WHA 65.20] the World Health Organization monitors and collects data on attacks on health workers and health systems. This enables governments, NGOs, and UN bodies to monitor trends in attacks.

We support calls made by the Safeguarding Healthcare in Conflict Coalition, and endorsed by the British Medical Association (BMA, 2025), for the International Criminal Court to:

- prioritise investigations and prosecutions of war crimes which involve attacks on “the wounded and sick, health facilities, and health workers.”³

Enable safe access and delivery of care

Ongoing attacks and instability severely damage health care systems, making it nearly impossible for nursing staff to deliver safe care. With the destruction of infrastructures and the disruption of supply chains, basic medical supplies become scarce, and the ability to deliver emergency and routine care collapses.

All governments must:

- facilitate safe corridors for medical delivery, vaccinations, and patient referral. This is required to ensure the continued support of population health with nursing at its heart
- ensure that international humanitarian agencies are enabled to provide services urgently. Where delivery of services are blocked it must be accurately reported and condemned.

Strengthen health care infrastructure

Sufficient investment in health systems is required to build resilient health care infrastructure and to provide immediate relief in conflict settings.

UK Government must:

- reverse cuts to Official Development Assistance (ODA) to support the rebuilding of vulnerable health systems and bring the UK’s ODA contribution in line with the United Nations target of 0.7% of gross national income (UK Parliament, House of Commons Library, 2025)

³ 2024-SHCC-Annual-Report.pdf

Provide mental health and emotional support

Nursing staff in conflict zones face not only physical danger but also profound emotional and psychological strain, as evidenced so clearly through our case studies. The constant threat of violence, grief from the death of patients and colleagues, and a lack of support create the conditions for widespread burnout, trauma, and post-traumatic stress disorder. Nursing staff must be able to seek help safely, whether in person or online, without fear of reprisal or stigma.

Global nursing networks and stakeholders should:

- prioritise the establishment of accessible, confidential, and culturally appropriate mental health support systems for nursing staff and health professionals in conflict and post-conflict settings.

Recognise and amplify nurses' voices and act upon their call

The experiences of nursing staff on the frontlines of conflict and crisis must not only be acknowledged but meaningfully acted upon. As a global community, we must support nurses not only with resources but with platforms to share their stories, influence policy, and lead the change needed within health systems and humanitarian response. In our increasingly connected world, the tools for cross-border solidarity, advocacy, and collaboration are readily available.

Professional bodies representing health workers must:

- amplify the voice of nursing staff and health workers facing rights violations and highlight attacks on health workers through public advocacy and evidence-based reporting
- make visible their solidarity during crises, press governments to uphold international protections, and work together across professions to build coordinated responses to threats against health workers.

Solidarity must be more than a statement; it must be a strategic, sustained effort to protect, empower, and elevate nursing and midwifery staff worldwide. By doing so, we not only strengthen the nursing profession but also uphold the broader principle that access to safe, ethical, and impartial health care is a universal right.

Conclusions

This report sets out the stark reality of nursing staff working in conflict and the acute post-conflict phase. Nursing staff are among the most essential yet most endangered elements in conflict and crisis zones. As this report has shown, they serve not only as caregivers but as lifelines for entire communities, providing trauma care, chronic disease management, mental health support, and critical public health services, often in the absence of functioning infrastructure or physician oversight.

Despite facing direct violence, psychological trauma, and systemic neglect, nurses remain steadfast in their duty to deliver care impartially and ethically.

Widely available evidence confirms an exponential rise in the number of health workers who have been killed in conflict and insecure settings – a fivefold increase since 2016.

We have highlighted the alarming rise in attacks on health workers but also the erasure of nurses' voices in global discussions, the psychological and operational burdens they bear, and the ongoing breaches of international humanitarian law. Through powerful testimonies from nurses in Afghanistan, Gaza, Lebanon, and Myanmar, we are reminded that these challenges are not abstract – they are lived realities for thousands of professionals striving to protect life under siege.

We have also emphasised how gender-based inequality compounds these risks, with women, who make up 90% of the nursing workforce, facing both institutional marginalisation and gender-specific violence in conflict zones. The loss of educational and professional opportunities, especially in contexts like Afghanistan, directly threatens the future of entire health systems.

Considering this evidence, there is a clear and urgent moral, legal, and professional imperative to act. The international community must not remain passive. The nursing workforce must no longer be seen as collateral damage in political conflicts – they must be recognised as protected personnel, critical to public health and human dignity. The need to act is gaining urgency by the day – there is a humanity imperative that nursing and all health care professionals are protected.

Additional information and support

To find out more about the RCN's work supporting nurses in conflict and insecure environments, please visit our International Policy webpage at:

rcn.org.uk/About-us/Our-Influencing-work/International-policy

You can read more about the work of the RCN International Academy at:

rcn.org.uk/About-us/International

If you are affected by any of the topics covered in this report, RCN members can access support by visiting our Get Help pages: rcn.org.uk/Get-Help

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