

## **UNSC Briefing on the Democratic Republic of the Congo**

*December 12, 2025*

Dr. Javid Abdelmoneim

Mr. President,

Allow me to begin with a truth this Council must acknowledge: Despite the appearance of political momentum in recent months, and despite the signing of peace agreements, MSF teams continue to witness staggering levels of violence, displacement, and deprivation in the Kivus and Ituri.

Our patients describe fleeing bombed villages, and extreme brutality.

From MSF's vantage point in hospitals, clinics, and displacement sites, the picture is unambiguous: this crisis is not easing. Health systems are collapsing. Sexual violence is widespread. And humanitarian access and funding are shrinking as needs rise.

The gap between political signaling and the lived reality of millions is widening.

In fact, the ink has barely dried on the agreement signed in Washington, and M23 has already launched a sweeping offensive on Uvira, driving an estimated 200,000 people from their homes – 40 000 of them into Burundi – stark evidence that the promise of peace is masking a landscape of persistent, large-scale violence.

It is increasingly clear that ongoing peace efforts are serving to consolidate the extractive interests of powerful actors rather than to bring relief to the people of DRC.

None of this is new. The violence communities face is rooted in decades of resource predation and structural neglect.

This is the enduring tragedy: generation after generation of Congolese have seen their lives and dignity sacrificed at the altars of politics and profit.

Until civilians are no longer treated as expendable, no political process will bring real relief.

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Mr. President,

Despite high-level commitments in Washington and Doha, violence against civilians remains routine.

Both state forces and non-state armed groups – including M23, FDLR, ADF, elements of the FARDC and their Wazalendo allies – continue to endanger civilians and obstruct access to care. All have been implicated in grave violations of international humanitarian law: summary killings, sexual violence, looting, and blocking humanitarian assistance.

The toll is devastating.

In Binza, MSF patients described men cut down in the fields and women and children shot along the riverbank, their bodies left to drift downstream – testimonies which echo wider reports of massacres in North Kivu. Several of our patients said these attacks were carried out by members of M23.

In Rutshuru Hospital, trauma admissions rose by 67 percent in July. More than 80 percent of gunshot victims admitted to MSF-supported facilities in July and August were civilians.

In Ituri, over the course of this year, we have carried out more than 1,500 trauma surgeries in a single hospital – most for wounds related to conflict.

Medical facilities and staff are not spared: ambulances have been stopped at gunpoint, and armed actors have stormed medical facilities, threatening and terrorizing both patients and staff.

In Masisi, just two weeks ago, the Kazinga Health Center – clearly marked with MSF insignia – was looted and destroyed by a Wazalendo militia.

Three MSF colleagues have been killed this year.

These violations underscore a profound failure to protect civilians.

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Mr. President,

Sexual violence in eastern DRC is a longstanding emergency which has scarred communities for decades. Today it continues at an unimaginable scale.

In the first six months of this year alone, nearly 28,000 survivors sought care in MSF-supported facilities in eastern DRC. That's an average of 155 survivors each and every day.

Three out of four attacks were committed by armed individuals. Attacks occur in fields, on roads, at water points, and inside homes.

Many survivors reach care too late for preventative treatment. Many never reach it at all.

At the same time, essential medical supplies are running dangerously low. In North and South Kivu, half of all health zones lack post-exposure prophylaxis, leaving survivors without the critical care that could prevent infection, avert unwanted pregnancy, and reduce long-term harm.

The scale and normalization of sexual violence reflect a profound collapse of community protection and a near-total absence of accountability.

Women and girls tell us that sexual violence is not simply feared – it is expected.

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Mr. President,

The health system is collapsing under the combined weight of violence, chronic neglect, mass displacement, aid cuts and emerging parallel administrations.

In many areas, up to 85 percent of facilities face critical drug shortages, nearly 40 percent of health personnel have left their posts, and more than half of facilities we have evaluated have closed or been damaged.

The consequences are lethal.

In Walikale, deaths of severely malnourished children within 24 and 48 hours of admission rose by 89 and 309 percent compared to last year. Families arrive far too late – delayed by insecurity, cost, and the absence of functioning care.

Preventative health services have crumbled, and vaccination is repeatedly disrupted, leading to an upsurge in preventable infectious diseases. Cholera cases already exceed 38,000, and deaths have more than doubled compared to last year. Measles continues to spread. A malaria outbreak of unknown proportions is unfolding, while neither diagnostics nor essential treatments are available to contain it.

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Mr. President,

As needs grow, the space to deliver humanitarian assistance is contracting.

Across eastern DRC, state and non-state actors alike impose restrictions unrelated to civilian needs. Lifesaving assistance is delayed, diverted, or blocked.

The closure of the Goma and Bukavu airstrips – and the failure of Kinshasa and M23 to reach an agreement to reopen them – has reduced entry points for supplies and personnel into eastern DRC and slowed movement within the Kivus.

Reaching Walikale can now take more than a month during the rainy season. Shifting conflict lines have also meant that delivering supplies from Bukavu to Uvira has required crossing four international borders at four times the previous cost.

Humanitarian access is not optional – it is a legal obligation. Airports must be reopened, safe passage along key routes must be secured, and medical and humanitarian supplies must move without impediment.

On top of the collapse in civilian protection and the erosion of access, major donors are cutting support and eliminating lifesaving services in full view of surging needs.

Mr. President,

Commitments made in capitals mean little when they are not matched with concrete measures on the ground. We make three calls:

First, civilian protection must be placed at the center of all political and diplomatic engagement.

Progress cannot be measured by the number of agreements signed, but by whether people are safer in their homes, on the roads they travel, and in the places they seek care.

Second, humanitarian access must be upheld – not as a gesture of goodwill or a confidence-building measure – but as a moral obligation underpinned by international humanitarian law.

Third, the humanitarian response must be resourced at the level this crisis demands. Without flexible, timely funding, preventable deaths will continue to mount.

In conclusion Mr. President,

From where we stand – beside patients, not behind podiums – these debates do not lack awareness. They lack consequence.

This Council is regularly briefed on the situation in DRC. Members are able to describe the violations civilians face with precision, even as those violations continue unchecked.

For people living through this conflict, the question is not whether the Council understands their reality – it is why that understanding so rarely translates into meaningful protection.

That disconnect is damning. That failure is profound.

If this Council cannot act when so many lives are at stake, then the promise of civilian protection becomes a hollow doctrine – recited here, but absent where it is most needed.

What is required today is neither new rhetoric nor new diplomatic architecture. It is the will to insist that civilians are not expendable, and that their rights – to safety and to dignity – are non-negotiable. Not in DRC. Not anywhere civilians are under threat.