

* COMMAND SUMMARY

MISSION STATUS

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PROCEED WITH CONTROLS

THREAT LEVEL

HIGH

CONFIDENCE

HIGH

^ CRITICAL RISK FACTORS

- > Kidnapping and express kidnapping of foreign nationals in Kinshasa; MSF/NGO staff are explicitly named targets by armed groups in eastern DRC, with ten humanitarian incidents reported since December 2025
- > Active simultaneous disease outbreaks (cholera, mpox, measles, meningococcal disease, circulating poliovirus) present severe occupational exposure risk to medical teams conducting mass community immunisation
- > Violent anti-foreign/anti-UN protests in Kinshasa can erupt with little warning; sporadic gunfire has been reported during demonstrations; enforced disappearances by state security services are escalating

KEY REC Proceed only with verified MSF in-country coordination, dedicated local security liaison, and a pre-registered medical evacuation (MEDEVAC) contract in place; restrict village outreach to low-risk provinces west and north of Kinshasa; do not operate after dark

All intelligence gathered. Now producing the full dossier.

INTELLIGENCE DOSSIER

CLIENT: Médecins Sans Frontières (MSF)
MISSION: 4-Week Mass Immunisation Programme – Village Outreach
TEAM: 6 Personnel (3M / 3F), all qualified doctors
PRIMARY BASE: Kinshasa, DRC
CLASSIFICATION: Sensitive – For Authorised Recipient Use Only
DATE OF ISSUE: 11 April 2026

ANALYST: Senior Intelligence Consultant

SOURCES: FCDO, US State Dept, Safeairspace.net, UN OCHA / ReliefWeb, CDC, UNICEF, MSF, WHO, Human Rights Watch, Critical Threats Project, Security Council Report, Al Jazeera, BBC, Reuters, AP

1. MISSION OVERVIEW

Médecins Sans Frontières (MSF) — also known as Doctors Without Borders — is deploying a six-person medical team to Kinshasa, Democratic Republic of the Congo (DRC) for a four-week mass immunisation programme targeting rural and peri-urban villages.

MSF currently runs some of its largest medical relief operations in the DRC, working across 17 of 26 provinces.

The mission is operationally viable but comes against a backdrop of extreme complexity. The DRC is simultaneously navigating an armed conflict in the east, a fragile and repeatedly violated peace process, multiple concurrent disease outbreaks, and a deteriorating security environment in Kinshasa itself. The team's village-outreach nature increases exposure to transport hazards, community-level disease risk, and opportunistic criminal targeting of foreign nationals. This dossier covers the full threat environment as of 11 April 2026.

2. AREA THREAT ASSESSMENT

POLITICAL & CONFLICT:

As of 26 March 2026, the security and political situation in the DRC remains "extremely tense," per a senior UN official addressing the Security Council.

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As of 8 April 2026, M23 recaptured several villages from pro-Congolese government forces in the Kalehe highlands between North and South Kivu — fighting is ongoing with no effective ceasefire.

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Although the DRC signed a ceasefire and a declaration of principles with M23, it was followed by repeated violations, with both sides accusing each other of breaking the agreement.

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Congolese security forces have been responsible for numerous enforced disappearances in and around Kinshasa since March 2025, with the government using the National Cyber Defense Council (CNC) as a proxy to arrest political opponents.

CRIMINAL:

Crime rates are very high, especially in Kinshasa and in the east of the country.

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Kidnapping is a risk in parts of Kinshasa, including the Limete area; there have been several recent incidents where criminals pretending to be police or security personnel have captured foreign nationals and demanded payment for their release.

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Express kidnappings are often perpetrated by small groups of individuals dressed in police uniforms; the threat is particularly high in the Gombe district of Kinshasa.

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In Kinshasa, robberies by gangs of street children are increasingly common and becoming more aggressive.

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Violent crime is common throughout DRC, including armed robbery, armed home invasion, and assault; local police lack the resources to respond to serious crime in a timely and adequate manner.

CIVIL UNREST:

On 28 January 2025, there were large and violent protests outside multiple embassies in Kinshasa in response to fighting in eastern DRC; this resulted in an increased security presence and there is an ongoing risk of sporadic protests which can involve gunfire.

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There is an ongoing risk of terrorist attacks at gathering points in Kinshasa.

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Curfews may be imposed with little notice; roadblocks and road closures may occur without warning.

HUMANITARIAN:

26.6 million people — a quarter of the DRC's population — are expected to face food insecurity in 2026; humanitarian actors continue to be targeted, with ten incidents reported since December 2025.

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In 2026, clashes between M23, FARDC (Forces Armées de la République Démocratique du Congo), and allied militias have displaced hundreds of thousands; more than 7 million people are now internally displaced across the DRC.

ENVIRONMENTAL / INFRASTRUCTURE:

During the wet season (approximately September to May), heavy rainfall often causes severe flooding in parts of DRC; check for news of flooding before travelling.

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Outside main cities, most roads are not drivable even with an off-road vehicle; road conditions are poor and deteriorate significantly during the rainy season from October to May.

MEDICAL ENVIRONMENT:

The country is currently facing several simultaneous outbreaks, including mpox, cholera, and measles.

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As of 24 March 2026, there is an active outbreak of meningococcal disease in the Mangembo Health Zone of Kongo Central Province.

3. KINETIC THREAT LEVELS

THREAT CATEGORY	LIKELIHOOD	SEVERITY	RATING
Kidnapping of foreign nationals (Kinshasa)	High	High	HIGH
Express kidnapping / robbery by fake police	High	Moderate	HIGH

THREAT CATEGORY	LIKELIHOOD	SEVERITY	RATING
Anti-foreign/anti-UN protest violence in Kinshasa	Moderate	High	HIGH
Targeted attack on humanitarian/NGO personnel (eastern DRC, if team deploys there)	High	Severe	SEVERE
Road ambush / carjacking in rural areas	Moderate	High	HIGH
Improvised roadblock extortion by security forces	High	Moderate	MODERATE
Explosive drone attack (risk near eastern border)	Low	Severe	MODERATE
Crowd violence / mob formation near incident scenes	Moderate	Moderate	MODERATE

4. LEGAL & REGULATORY CONTEXT

> **Visas:**

You must have the correct documentation to enter the country, including a visa issued by the nearest DRC Embassy to your country of residence. It is no longer possible to buy a short-term pass at the border.

MSF should secure multi-entry visas, stamped letters of invitation from the DRC Ministry of Foreign Affairs.

> **Entry Requirements:**

Passports must have an expiry date at least six months after the date of arrival in DRC.

A WHO Yellow Fever vaccination card is mandatory for entry.

> **Departure Tax:**

A departure tax of USD \$55 applies on international flights and USD \$10 on domestic flights.

> **Photography:**

It is illegal to take pictures of government buildings, military installations, and along border areas. You could be fined, have photographic equipment confiscated, or be arrested.

> **Detention Risk:**

DRC authorities rarely meet their international obligations to notify embassies when foreign nationals

are detained; even if requested, adequate consular access is not always granted.

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- > **MSF Status:** MSF holds established in-country operations and coordination with the DRC Ministry of Health. Ensure all team members carry official MSF identification, mission authorisation letters, and Ministry of Health endorsements at all times.
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- > **Currency:**
The Congolese Franc (CDF) is the official currency, though US dollars are widely accepted; most vendors and banking institutions will accept only bills printed from 2010 or later, and bills must be crisp and in good condition.
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5. HOSTILE ACTOR PROFILES

M23 / Alliance Fleuve Congo (AFC):

The M23 armed group is currently occupying the major cities of Goma and Bukavu.

In February 2026, explosive drone attacks at Kisangani airport were claimed by the AFC/M23 rebel coalition, demonstrating the group's capability extends beyond the North Kivu/Goma area.

While the primary theatre is eastern DRC, the group's drone capability is an escalating regional concern.

Criminal Gangs / Fake Police:

Violent crime including armed robbery, kidnapping, murder, rape, and assault is common; assailants may pose as police or security agents.

This is the primary threat to the MSF team in and around Kinshasa.

Allied Democratic Forces (ADF):

Attacks from the ADF rebel group have also resumed in Mambasa territory, far from their traditional areas of operations.

This group has a history of targeting civilians and aid workers in north-eastern DRC.

State Security / CNC:

Congolese security forces have been responsible for numerous enforced disappearances in and around Kinshasa since March 2025; the government is using the National Cyber Defense Council (CNC) as a proxy

to carry out arrests and detentions on dubious grounds.

Digital communications should be treated as potentially monitored.

MONUSCO (UN Peacekeeping):

The UN Security Council has extended MONUSCO's mandate until December 2026, maintaining an authorised troop ceiling of 11,500 military personnel.

MONUSCO presence in Kinshasa can trigger protest activity directed at foreign nationals.

6. DIGITAL SECURITY

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The CNC has acquired advanced technology allowing targeted eavesdropping, especially on messaging apps, and has expanded into arrests and secret detention without judicial oversight.

Teams should assume all digital communications in-country may be monitored.

- > Use end-to-end encrypted messaging apps (Signal preferred); avoid discussing operational details over standard phone calls or SMS.
 - > Recent hostilities between government and AFC/M23 forces have been marked by continued jamming and spoofing of GPS signals.
Do not rely solely on GPS navigation, particularly outside Kinshasa; carry physical maps.
 - > Cellular phones are the norm as landlines are nearly non-existent; it may be possible to purchase a local SIM card.
Teams should carry satellite communication capability as a backup.
 - > Maintain a strict operational security (OPSEC) posture: do not broadcast route plans, schedules, or accommodation details on social media or unencrypted channels.
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7. MEDICAL & CASEVAC

Disease Exposure – Critical for Immunisation Teams:

The team will have direct contact with rural communities; current concurrent outbreaks present elevated occupational exposure:

> **Cholera:**

The DRC cholera outbreak has tallied 64,427 total cases since the start of 2025, including 1,888 deaths — the worst outbreak in 25 years.

In areas with little prior exposure to cholera such as Kinshasa, low disease awareness and delays in care-seeking are contributing to exceptionally high fatality rates.

> **Mpox:**

Between the first week of 2024 and the second week of 2026, more than 80,000 samples were tested, with over 34,000 laboratory-confirmed mpox cases and more than 2,200 deaths.

DRC has recently declared the end of the mpox Public Health Emergency of International Concern (PHEIC).

> **Measles:**

In 2025, DRC was again faced with a major measles epidemic, with more than 82,869 suspected cases and 1,175 deaths recorded in almost all provinces.

> **Meningococcal Disease:**

The current outbreak in Kongo Central Province is caused by *Neisseria meningitidis* serogroup W, spread through respiratory secretions or saliva; the best protection is meningococcal vaccination.

> **Malaria:** Endemic throughout DRC;

according to official statistics, malaria causes four times more deaths per year in DRC than conflict, meningitis, cholera, measles, and respiratory diseases combined.

> **Ebola:**

The last Ebola outbreak was declared over on 1 December 2025.

However,

a future outbreak is not unexpected given that EVD is endemic; Ebola virus is enzootic and a resurgence from viral persistence in survivors has been described in recent epidemics.

Pre-Deployment Vaccination Checklist:

Yellow Fever (mandatory), Hepatitis A & B, Typhoid, Meningococcal ACWY, MMR, Polio (booster), Rabies (pre-exposure), Mpox (recommended for healthcare workers).

IN-COUNTRY MEDICAL FACILITIES:

Medical care is extremely limited. The Centre Privé d'Urgence (CPU) clinic in Kinshasa is able to cope with basic health problems and to stabilise a patient after most serious accidents.

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Outside Kinshasa, western-standard medical facilities are almost non-existent; medical evacuation to South Africa or elsewhere could be necessary.

MEDEVAC (Medical Evacuation):

A pre-contracted MEDEVAC agreement is **non-negotiable** before departure. Recommended providers operating in DRC: AMREF Flying Doctors, International SOS, African Air Rescue. The nearest major trauma facility with international standards is in Nairobi (Kenya) or Johannesburg (South Africa).

There is no general emergency medical number in the DRC; in a medical emergency requiring an ambulance, contact a hospital directly.

8. GO / NO-GO TRIGGERS

GO Conditions (All must be satisfied):

- > MSF Kinshasa country office has confirmed operational security, local liaison, and MoH (Ministry of Health) authorisation
- > Full pre-deployment vaccinations completed for all six personnel
- > MEDEVAC contract confirmed and active
- > Team has received hostile environment and first aid training (HEAT/HEFAT)
- > Village outreach routes confirmed to western/central DRC provinces only – not North Kivu, South Kivu, Ituri, Haut-Uélé, or Mai-Ndombe

NO-GO Triggers (Any one warrants suspension or extraction):

- > Significant deterioration in Kinshasa security: protests, curfew imposition, or gunfire within 5km of operational area
- > Kidnapping or direct threat against MSF personnel or vehicles
- > New Ebola, Marburg, or unknown haemorrhagic fever outbreak declared in planned village outreach zones

- > Imposition of any airspace restrictions or closure of N'djili International Airport (FZAA), Kinshasa
- > Any team member subjected to detention, extortion, or targeted surveillance by security forces

8B. AIRSPACE & BORDER STATUS

ROUTE / BORDER	STATUS	LAST VERIFIED	NOTES
Kinshasa N'djili Intl Airport (FZAA)	OPEN	Apr 2026	Primary entry/exit; ICAO audit underway Mar 2026
Eastern DRC Airspace (200NM of eastern border)	RESTRICTED	Feb 2026	
Goma Airport (FZNA)	CLOSED / NO-GO	Ongoing	
Kisangani Airport (FZIC)	HIGH RISK	Feb 2026	
DRC–Rwanda Border (Goma/Gisenyi)	CLOSED / UNSTABLE	Ongoing	
DRC–Burundi Border	VOLATILE	Apr 2026	
Kinshasa–Brazzaville Ferry (Congo River)	RESTRICTED HOURS	Ongoing	
Kinshasa FIR GPS Environment	DEGRADED	Mar 2026	

9. EMERGENCY CONTACTS

SERVICE	NUMBER	NOTES
US Embassy Kinshasa (Emergency)	+243 81-556-0151 / +243-972-616-193	24/7 after-hours line
UK Embassy Kinshasa	+243 81 555 2200	Consular emergencies
MSF Kinshasa Country Office	Coordinate pre-departure	Confirm number with MSF HQ before deployment
CPU Clinic Kinshasa (Medical)	Contact via hotel / MSF office	Basic stabilisation facility
CMM Emergency Medical Centre	+243 81 884 1774	General medical services, Kinshasa
AMREF Flying Doctors (MEDEVAC)	+254 20 600 2492	Pre-contract required
International SOS	Confirm via MSF MEDEVAC contract	24/7 regional coordination
DRC National Emergency	NONE	
Contact nearest police station directly		
Police / Gendarmerie	Nearest station	Response highly variable; do not rely on timely assistance

10. DOS AND DONT S

DO:

#	ACTION	REASON
1	Register all six team members with your home country embassy in Kinshasa upon arrival	Enables consular access and emergency notification if detained or missing
2	Carry official MSF ID, MoH authorisation letters, and mission documentation at all times	Reduces risk of arbitrary detention at checkpoints; establishes legitimate humanitarian status
3	Use pre-vetted, MSF-approved private vehicles with experienced local drivers only	

#	ACTION	REASON
4	Travel in convoy of minimum two vehicles for all village outreach missions	Provides emergency support capacity if one vehicle is disabled or ambushed
5	Maintain a daily check-in protocol with MSF Kinshasa base at fixed times	Enables rapid detection of a missing team and triggers timely extraction
6	Wear clearly marked MSF identification (bibs/vests) visibly at all times in the field	Signals humanitarian status to armed actors; reduces risk of being mistaken for combatants or journalists
7	Carry oral rehydration salts, PPE (gloves, masks, gowns), and malaria prophylaxis during all village visits	Direct exposure to cholera, mpox, measles, and malaria is expected during community immunisation

DON'T:

#	ACTION	REASON
1	Do not travel after dark under any circumstances	
	security forces operate roadblocks and criminal activity surges at night	
2	Do not walk alone anywhere in Kinshasa, even during daylight hours	
	express kidnapping risk is active 24 hours	
3	Do not photograph military personnel, government buildings, checkpoints, or security forces	
4	Do not discuss operational plans, movements, or schedules on unencrypted communications	State intelligence (CNC) actively monitors messaging apps; operational security protects the whole team
5	Do not wear military-style or camouflage clothing of any kind	
6	Do not deploy to North Kivu, South Kivu, Ituri, or Haut-Uélé provinces under any circumstances	

#	ACTION	REASON
7	Do not accept unsolicited police escorts or enter unmarked vehicles	
Express kidnappings are frequently perpetrated by		

// END OF REPORT

Prepared by RiskBrief Intelligence Engine