

NIGERIA

Violence Against Health Care in Conflict 2023



**SAFEGUARDING
HEALTH
IN CONFLICT**



**Insecurity
Insight**
Data on People in Danger

Letter from the Chair



The year 2023 was a grim one for violence inflicted on health care. In 2022, the Safeguarding Health in Conflict Coalition identified the highest number of incidents since we began reporting. Yet in 2023 the number was 25% greater, exceeding 2,500.

The intensity of conflicts characterized by pervasive attacks on health care in recent years declined somewhat in 2023, including in Syria, Yemen, and the Tigray region of Ethiopia. As a result, it might also have been expected that the global trend of violence against health care would turn downward. Instead, from the first days of two new and catastrophic wars, one in Sudan and the other between Israel and Hamas, health care came under ferocious assault. In both conflicts warring parties killed health workers, attacked facilities, and destroyed health care systems. Meanwhile, attacks on health care in Myanmar and Ukraine continued at a relentless pace, in each case exceeding 1,000 since the start of the conflicts in 2021 and 2022, respectively. In many chronic conflicts, fighting forces continued to kidnap and kill health workers and loot health facilities.

At the same time, new and disturbing trends emerged. In Burkina Faso, Ethiopia, Gaza, Lebanon, Myanmar, Sudan, Syria, Ukraine, and Yemen combatants employed drones to attack health clinics, hospitals, and ambulances. In many conflicts, combatants violently entered hospitals or occupied them as sites from which to conduct military operations, leading to injuries to and the deaths of patients and staff. In many conflicts, the conduct of combatants revealed open contempt for their duty to protect civilians and health care under international humanitarian law (IHL). Israel, while purporting to abide by IHL, promoted a view of its obligations that, if accepted, would undermine the fundamental protections that IHL puts in place for civilians and health care in war.

The one consistent feature of the attacks was continued impunity for these crimes. For more than a decade, despite their repeated commitments, governments have failed to follow through on these commitments and reform their military practices, cease arms transfers to perpetrators, and bring those responsible for crimes to justice.

We need a new approach, starting with stronger leadership from UN agencies and governments willing to join with civil society and the health care community to take far more assertive action to end the scourge of violence against health care. Among other steps, they can press prosecutors domestically and internationally to bring cases of war crimes and crimes against humanity committed against health care, to develop political support for special tribunals to circumvent UN Security Council members' vetoes of referrals to the International Criminal Court, and restrict the sale of arms to forces that commit crimes.

There are some sources of hope. After years of lassitude, the World Health Organization has spoken forcefully against vicious assaults on health facilities and health workers. Civil society groups are exerting pressure to stop arms transfers to perpetrators of violence, while some militaries have launched initiatives to reduce civilian casualties in war. Leaders must build on these initiatives. Ending the suffering of millions of people depends on their doing so.

A handwritten signature in black ink, appearing to read "Len Rubenstein". The signature is fluid and cursive.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



19

REPORTED INCIDENTS



19

HEALTH WORKERS KIDNAPPED

↓ Source: 2023 SHCC Health Care Nigeria Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 19 incidents of violence against or obstruction of health care in Nigeria in 2023, compared to 47 in 2022. At least 19 health workers were kidnapped in 12 incidents. The actual number of incidents and the severity of the problem are likely much greater because of probable under-reporting. This factsheet is based on the dataset [2023 NGA SHCC Health Care Data](#), which is available for download on the [Humanitarian Data Exchange \(HDX\)](#).

THE CONTEXT

Over the past two decades, Nigeria has grappled with multiple and complex national security threats. In the northeast of the country, Jama'tu Ahlis Sunna Lidda'awati wal-Jihad (JAS) and non-state group Islamic State West Africa Province (ISWAP) continued to carry out attacks and expanded their activities, destabilizing the region and displacing thousands of people.

In the country's northwest, what began as occasional clashes between farmers and herders competing over increasingly scarce land and water resources has evolved into generalized violence against civilians perpetrated by armed groups, which are locally known as bandits. These incidents have been reported predominantly in Zamfara state, as well as in areas bordering Sokoto, Katsina, and Kaduna states.

In the central belt, violence between herders and farming communities has spread southwards, and other long-standing disputes continued in the Niger Delta and the southeast, including a violent militancy in the Niger Delta targeting oil companies and secessionist campaigns by groups such as the Indigenous People of Biafra in the southeast.

In the northeast, Nigerian security forces carried out counter-insurgency operations targeting non-state armed groups; however, communities the security forces described as "insurgent strongholds" were also harmed. During these operations, Nigerian forces destroyed villages, crops, and livestock, displaced communities, and created "garrison towns" where humanitarian agencies working in them were only able to travel between them by helicopter.¹ Most of the roads outside these towns were inaccessible, and as a result aid agencies, including health care providers, were unable to assist or access outlying communities. According to estimates, over one million people lived in these areas.

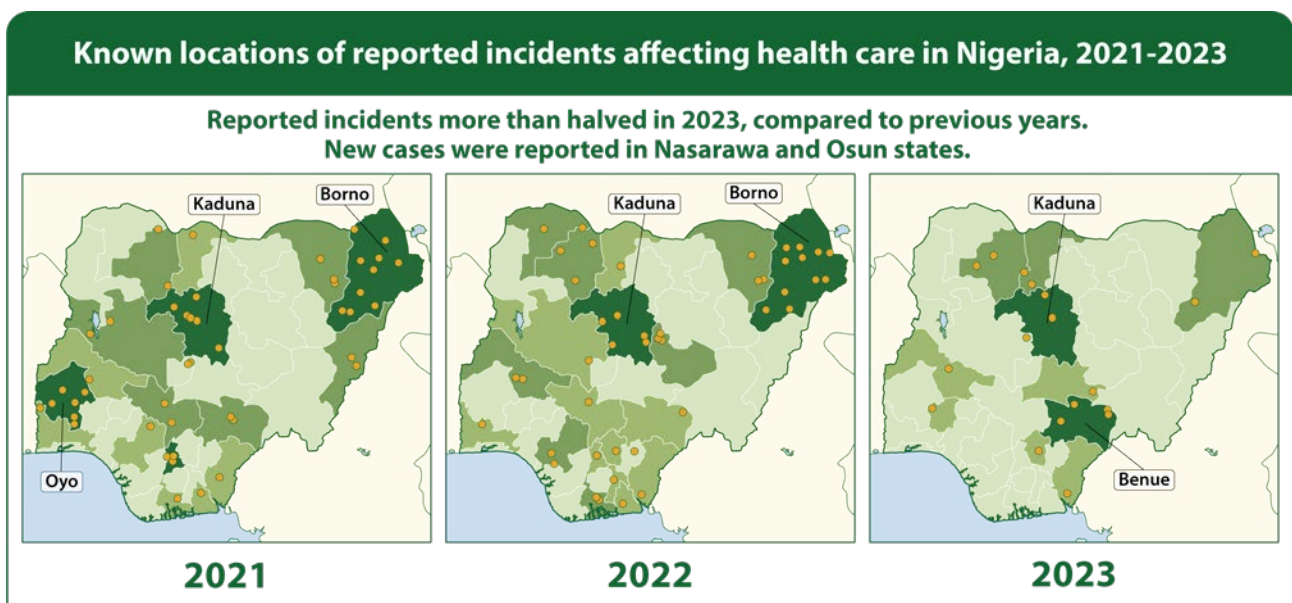


Continued attacks on civilians and civilian infrastructure, particularly in the northeast, but increasingly in other parts of the country, particularly in the northwest, made communities more vulnerable.

Environmental disasters also increased humanitarian needs across the country. In July 2023, a state of emergency over food insecurity was declared, with malnutrition levels especially high in northeast and northwest Nigeria.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

The number of incidents of violence against or obstruction of health care more than halved and the number of states reporting cases nearly halved in 2023, compared to 2022.² Reports in the BAY states decreased from 17 in Borno and Yobe combined in 2022 to three in Borno in 2023.³ New cases were reported in Nasarawa and Osun states in 2023. As in previous years, in 2023 the majority of incidents affected health care providers working in national health structures. INGOs were directly affected in two of the three cases recorded in Borno. In the country as a whole, health worker kidnappings nearly halved in 2023.

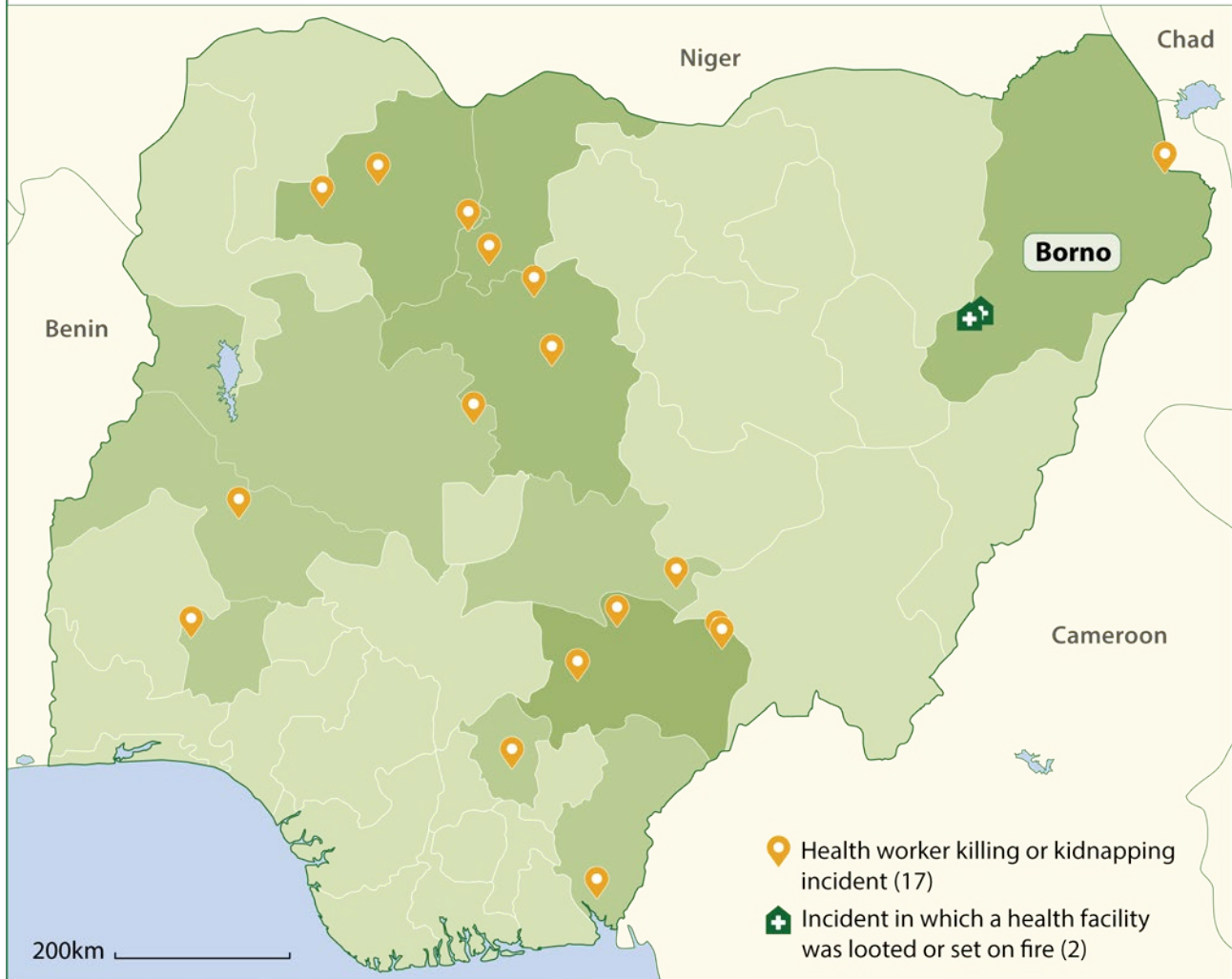


Most incidents of violence against or obstruction of health care were attributed to unidentified men with guns killing and kidnapping health workers. Two health facilities were looted of vital medical supplies and set ablaze in Borno.⁴ ISWAP was named as perpetrator on two occasions in Borno in 2023, compared to seven in 2022. The group looted and set one of the previously mentioned hospitals on fire and kidnapped three INGO health workers and two security guards from a guest house.⁵ Two were freed by the Nigerian Armed Forces the following month. Katsina militia kidnapped two on-duty health workers in Katsina state.⁶ No identified cases attributed to Boko Haram were reported in 2023, compared to one in 2022. In other attacks, the attackers remained unidentified.



Reported incidents affecting health care in Nigeria, 2023

Health facilities were looted and set on fire in Borno.
Health worker killings and kidnappings were more widely dispersed.



Health workers killed and kidnapped

Nineteen health workers were kidnapped in 12 incidents in 2023, compared to 37 in 21 incidents in 2022. Kidnappings were recorded in eight states and mostly occurred while victims were at home and traveling to or from work. The two exceptions were two health workers who were abducted from the University of Nigeria Teaching Hospital in Enugu and the Dongon-Dawa Healthcare Facility in Katsina.⁷ As in previous years, ransoms were demanded as a condition for release in several kidnapping cases, suggesting staff may have been targeted for their perceived wealth. Nine of the 19 kidnapping victims were released while the fates of the remaining staff were not recorded.

Six health workers were killed in five incidents in 2023, a similar number to 2022. Most health worker killings involved staff being shot, but a doctor was attacked and killed with a machete by armed men on a motorcycle in Nasarawa state.⁸ Staff were killed inside their homes, while traveling to and from work, and during wider attacks on civilians. Four were male doctors, while the gender of the remaining two nurses was not reported.



STILL LOOKING FOR ANSWERS

On November 17, 2022, a Médecins du Monde (Doctors of the World, or MdM) staff member was killed by a Nigerian soldier at Damboa military base in Borno state.

For more than two years since then, Mdm has been calling for complete transparency around the circumstances of the attack, publicly through a statement published shortly after the incident, and privately to both Nigerian civilian and military authorities and UN officials. Mdm representatives traveled multiple times to the country in the aftermath of the incident to try and achieve accountability, including in 2023, and Mdm also asked other stakeholders for support. However, more than a year later, Mdm continues to request a copy of the military report on the incident, but without success.

Full transparency regarding the circumstances of the attack remains key to ensuring that the drivers of the assault are known, and all involved stakeholders need to take measures to improve the safety and security of all humanitarian workers in Borno state.



THE IMPACT OF ATTACKS ON HEALTH CARE

The health sector identified over five million people in need in the so-called BAY states (Borno, Adamawa, and Yobe) states in northeast Nigeria. Only 62% of health facilities in these states were fully functioning, with the remainder providing limited or no support due to an absence of staff and medical equipment, and insecurity. High incidence of tuberculosis and high rates of maternal and neonatal mortality remained key public health concerns.



The impact on nutrition services was noted by respondents to a [2022 survey](#) undertaken by the International Rescue Committee and partners, with such services being impacted in more than half of the incidents reported in northeast Nigeria, adversely affecting the nutritional status of children dependent on such services. The looting of nutrition supplies was specifically mentioned as the main reason for services being interrupted.

The northwest region had some of the [worst health indicators](#) in the country, with communities unable to reach health facilities and carry out livelihood activities due to insecurity and conflict. According to a UNICEF [smart survey](#) conducted in 2022, severe acute malnutrition (SAM) rates in Katsina, Sokoto, and Zamfara were above the emergency threshold with the SAM burden doubling from 275,000 children in December 2021 to 531,000 children in the 2022 lean season.

Médecins Sans Frontières (MSF) [reported](#) the impact of insecurity and attacks in northwest Nigeria and stated, “When people fall sick, their families are forced to weigh up the risks of traveling to a health facility against staying put without medical care.” Escalating violence impacted the work of aid agencies, with security constraints hampering access to specific areas. MSF reported that one of its teams suspended services at an in-patient malnutrition facility in Zamfara state in a context of widespread malnutrition.

In mid-2022 and continuing well into 2023, the country grappled with [multiple diphtheria outbreaks](#), with Kano, Yobe, and Katsina states reporting the most cases.

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- 1 Public presentation given on March 19, 2024 at the European Humanitarian Forum.
- 2 This is likely due to under-reporting and does not necessarily reflect a downward trend in violence.
- 3 This may be due to restrictions imposed by the Nigerian military.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident numbers 37103; 44822.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident numbers 37103; 38640.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident number 40905.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident numbers 42566; 41015.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NGA SHCC Health Care Data. Incident number 42085.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

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