

MALI

Violence Against Health Care in Conflict 2024



Letter from the Chair



Assaults on health care in conflicts around the world reached new levels of horror in 2024, exceeding 3,600 incidents, 15% more than in 2023. They consisted of air, missile, and drone strikes; shelling; tank fire; shootings; arson; the looting and takeover of health facilities; and the arrest and detention of health workers. As the descriptions in this report show, each incident brings terror, trauma, and - in too many cases - injury, untreated illness, destruction and death.

By far the largest number of attacks on health care – more than 1,300 – took place in Gaza and the West Bank, far more than we have ever reported in one conflict in one year, including more than double the number of health workers killed. Gaza properly drew global attention for the ferocity and relentlessness of assaults on health care. But we must also reckon with the more than 2,300 attacks in other conflicts, including the hundreds in each of Ukraine, Lebanon, Myanmar and Sudan. The cumulative number of attacks over the course of wars that began in the past three years include more than 1,500 in Myanmar since the military coup in 2021; close to 2,000 in Ukraine since the Russian invasion of Ukraine in 2022, and more than 500 since the outbreak of war in Sudan in 2023.

This onslaught of violence has been accompanied by attempts by perpetrators to limit legal protections for health care and civilians in war, driven, as the International Committee of the Red Cross (ICRC) puts it, by a desire to have more “leeway to kill and detain.” Israel has sought to dilute legal requirements of precaution and proportionality during conflict. The new U.S. secretary of defense has called for “a law of war for winners.” Simultaneously, campaigns to delegitimize the International Criminal Court (ICC) are underway. The newly inaugurated U.S. president Donald Trump imposed sanctions on ICC staff and even their families for having charged Israelis with war crimes. In 2023, Russia’s Duma passed legislation criminalizing cooperation with the ICC or any foreign court or ad hoc tribunal that seeks to hold Russians to account. Hungary announced its plan to withdraw from the ICC, falsely alleging political bias.

These terrible developments threaten to make a mockery of the 10th anniversary of Security Council Resolution 2286 in 2026 and the 50th anniversary of the Additional Protocols of the Geneva Conventions (the law protecting health workers and civilians during armed conflict) in 2027. If this resolution and law are to be more than words, the current approach to protection, amounting to mere admonitions, must be replaced by centering accountability, accompanied by the political will to drive it.

That is the approach long taken by the Coalition, and recently taken by a report *In the Line of Fire*, issued in November 2024 by the World Health Organization and the World Innovation Summit for Health. It called for a new alliance of member states, UN agencies, and NGOs. It recognized that the renewal of long-ignored commitments could not possibly suffice. Instead, UN agencies, international organizations, NGOs, and civil society organizations must rally together to take tough action, including outreach to the International Criminal Court, to impose consequences on the perpetrators of violence. Actions must include states cutting off arms transfers to perpetrators of attacks and employing the power of universal jurisdiction to prosecute. If the laws of humanity are to be upheld and the carnage is to end, governments and all concerned citizens everywhere must find the political courage and will to act.




A handwritten signature in black ink that reads "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

 REPORTED INCIDENTS	 HEALTH WORKERS KIDNAPPED	 HEALTH WORKERS ARRESTED
2024		
36	8	8
2023		
48	31	3
2022		
57	26	2

↓ Source: 2022–2024 MLI SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 36 incidents of violence against or obstruction of health care in Mali in 2024, compared to 48 in 2023 and 57 in 2022. In these incidents, at least eight health workers were kidnapped and eight others arrested or detained. The actual number of incidents and the severity of the problem are likely much greater.

-  JNIM fighters armed with guns were implicated in over a quarter of attacks on health care in 2024.
-  FAMA reportedly destroyed a health facility in an armed drone strike and arrested health workers during security operations.
-  Medical supply and staff shortages and health programs suspensions strained Mali’s health care system.

Information on incidents of violence against health care in Mali is compiled from open sources, aid agency data-sharing mechanisms, information projects, and private sources. See [Methodology](#) for further information.



THE CONTEXT

Mali continued to suffer from conflict in 2024 although jihadist and separatist violence decreased slightly overall compared to 2023.¹ The military government reneged on its commitment in the 2015 Algiers Accords peace agreement to return to civilian rule in 2024.² Islamic State Sahel Province (ISSP) and Jama'at Nusrat al-Islam wal-Muslimin (JNIM) continued their insurgencies in the country's northern and central regions, where they operated against the Malian Armed Forces (FAMa) and the Africa Corps (the former Wagner Group), a Russian-linked mercenary group that supports government forces.

Following the announcement by Mali's junta of the end of the 2015 Algerian brokered peace deal in January 2024, the FAMa and Africa Corps also clashed in July with mainly Tuareg armed groups forming the Permanent Strategic Framework alliance in the northern Kidal region. Armed violence threatened the capital, Bamako, when JNIM militants killed over 50 people in their September attack on the international airport and gendarmerie training school.

Armed group blockades on urban areas continued to undermine humanitarian access, especially in Ménaka, which also experienced severe levels of acute food insecurity, while flooding in the summer months destroyed over 29,000 buildings across Mali, exacerbating humanitarian needs.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Reported incidents of violence against or obstruction of health care occurred throughout 2024, with higher numbers recorded at the start and end of the year, coinciding with the termination of the peace agreement in January and multiple coordinated attacks by armed groups. Incidents were recorded across nine Malian regions, mainly in central Gao and Mopti, as in previous years, with reported cases increasing in Ségou and decreasing in Tombouctou in 2024. ISSP were particularly active in Gao, while JNIM were more active in Mopti and Ségou.

In 2024, reported health worker arrests and detentions increased, while reported kidnappings decreased. Most incidents affected health care providers working for national health structures, with two affecting an INGO and one each Red Cross societies and a private health care provider.³

JNIM fighters armed with guns were implicated in ten incidents, with members of the group also firing artillery shells that damaged health centers.⁴ ISSP fighters were also cited in attacks on health care in Mali in 2024.

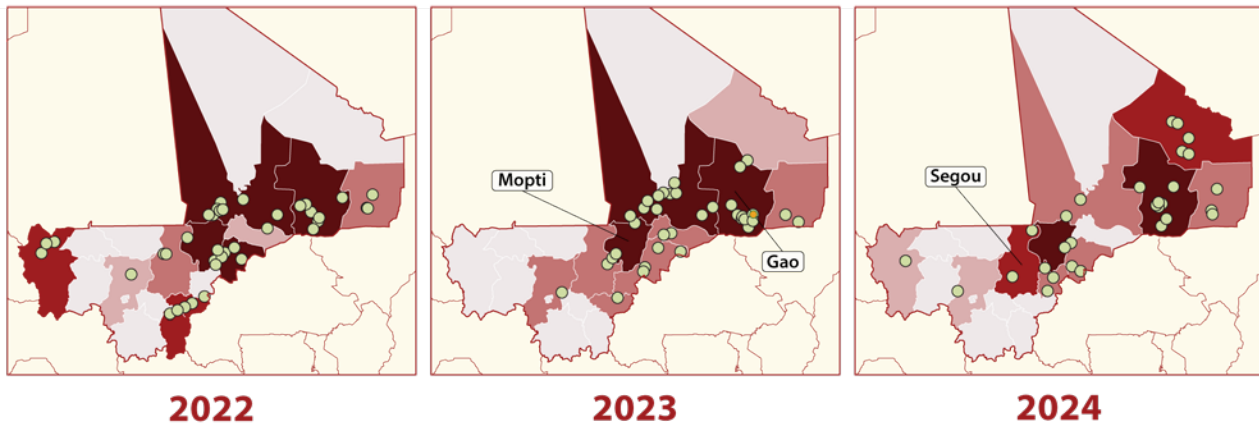
Across Gao, Kidal, Ménaka, Segou, and Tombouctou regions, FAMa troops reportedly searched and damaged medical centers, arrested and later released health workers and patients, and seized medical supplies. FAMa aircraft strikes in Tombouctou and drone attacks in Gao damaged health centers and killed and injured health workers.

Africa Corps mercenaries reportedly detained two health workers in Kidal in January and August.⁵ In joint operations, FAMa troops and Africa Corps mercenaries destroyed a Kidal health center with explosives and arrested several health workers, including a nurse and two pharmacy managers.⁶ Malian gendarmerie officers were also implicated in attacks on health care in Mali in 2024.



Known locations of reported incidents affecting health care in Mali, 2022-2024

Most incidents were recorded in the central Gao and Mopti regions. Reported cases increased in Segou and decreased in Tombouctou in 2024.



Note: The boundaries in these maps reflect 2023 districts.

Source: Safeguarding Health in Conflict Coalition

Health workers kidnapped

Eight health workers were kidnapped in 2024 in five incidents in Gao, Ségou, and Mopti regions, compared to 31 in 20 incidents in 2023 and 26 in 11 incidents in 2022. Reported victims included health workers, pharmacy staff, and community health care leaders who were kidnapped from private clinics, their homes, and while traveling to remote areas to provide care. JNIM militants and unidentified attackers were reported as perpetrators.

In some health worker kidnappings, medical supplies were taken, such as in Gao, where suspected ISSP fighters vandalized a clinic, stole medicines, and abducted a health worker (who later escaped).⁷

Health workers arrested and detained

Eight health workers were arrested or detained in seven incidents in 2024, compared to three in two incidents in 2023 and two in two incidents in 2022. Health workers, including nurses, pharmacists, and INGO health care staff, were arrested by FAMA, Africa Corps mercenaries, and gendarmerie officers, mainly in Kidal, but also in Ménaka. While some detained health workers were released shortly after their arrest, the fates of many staff were not recorded, including a pharmacist detained by police on accusations of collaborating with ISSP and sent to a military camp in Ménaka.⁸ Health workers were also arrested during attacks on health facilities, such as in Kidal, where FAMA troops and Africa Corps mercenaries detained a nurse and then bombed a health center.⁹

Health facilities attacked

Hospitals, clinics and pharmacies were attacked on at least 18 occasions in 2024. Health workers and patients were killed, arrested or abducted; medical supplies looted; and health facilities damaged during these attacks.



JNIM fighters carried out multiple attacks on health facilities in 2024, mainly in Mopti region, but also in Gao and Ségou, including the previously mentioned artillery shelling and looting of medical supplies. In other attacks, JNIM fighters set fire to a health center in Mopti after raiding the area and stealing livestock, depriving local communities of medical assistance.¹⁰ Health facilities were attacked and staff threatened, such as when JNIM fighters entered a local health center in Ségou and ordered staff not to treat FAMA wounded.¹¹

ISSP fighters invaded health centers and stole medicine and money during wider attacks on villages in Gao region.¹²

↓ This factsheet is based on 2022-2024 MLI SHCC Health Care Data. Download the data [here](#) or on the [Humanitarian Data Exchange \(HDX\)](#).

THE IMPACT OF ATTACKS ON HEALTH CARE

Mali is among the world's poorest countries and had the sixth lowest Human Development Index globally in 2022. This is reflected in inadequate resources for the health care system. According to the latest data, the country has only one doctor per 10,000 people, which is well below the WHO's recommended doctor-to-population ratio of 1:1,000. Protracted violence in the country since 2012 has exacerbated the health care system's pre-existing weaknesses.

Frequently, attacks on health care, as well as broader insecurity, have led to the suspension of health care services and made care inaccessible to many people seeking care. For example, in November 2024 MSF temporarily suspended medical activities in Nampala commune, Ségou region, after an MSF team and community health workers were "violently attacked and robbed by armed men." MSF was the only INGO present in the area at the time. Across Mali as a whole, violence and insecurity were major factors disrupting health care access. Among the 108 health service delivery units assessed to be either non-functional or only partially functional in Mali as of October 2024, insecurity was cited as a reason in 42% of cases. Similarly, among 304 health service delivery units in Mali reported to be partially accessible as of October 2024, insecurity was cited as a reason in 65% of cases.

One INGO noted that it had to provide care to patients in makeshift conditions (on one occasion hidden under a rocky outcrop).

Blockades and curfews in parts of Mali coupled with limited humanitarian flights to the Ménaka region, which is inaccessible by land for INGOs due to armed group activity, also disrupted health care provision. Reported impacts of these blockades included shortages of medical supplies and difficulties in conducting health assessments. Among other factors, blockades have also meant that mobile medical units have become the only source of health care for many people. One INGO noted that it had to provide care to patients in makeshift conditions (on one occasion hidden under a rocky outcrop) due to the lack of formal health facilities in and around Douentza town in the Mopti region following the displacement of people by conflict.



SOCIAL MEDIA MONITORING

As part of its social media monitoring in the Sahel, Insecurity Insight tracks publicly accessible online narratives that may affect humanitarian access and the safety of aid workers. In Mali, social media discussions on public platforms about aid organizations throughout 2024 were largely neutral or positive when referencing specific agencies. However, generalized suspicion towards the aid sector persisted, particularly on X, where content often portrayed international assistance as politically driven or harmful to national sovereignty.

These narratives, though broad, can undermine trust in aid and health care delivery and compromise the perceived neutrality of humanitarian workers. Accusations that NGOs promote dependency or serve external agendas risk creating an environment in which community engagement with health services becomes more difficult.

Some user comments expressed skepticism towards international donors and development actors involved in health programming, with claims that they support authoritarian regimes or use aid to spread foreign ideologies. Although not widespread, these views contribute to an atmosphere of doubt that can affect public uptake of essential health interventions, such as vaccination campaigns or WASH services.

Facebook remained the dominant public platform for aid-related posts, with most content produced by local media and civil society networks. This content tended to be factual and neutral in tone. As overall engagement declined towards the end of the year, a small number of coordinated, politically aligned accounts continued to amplify distrust in the aid sector, including organizations providing health support.



- 1 Armed Conflict Location & Event Data (ACLED) database attribution policy, <https://acleddata.com/privacy-policy/> (accessed January 1, 2025).
- 2 Armed Conflict Location & Event Data (ACLED) database attribution policy, <https://acleddata.com/privacy-policy/> (accessed January 1, 2025).
- 3 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 70493; 85506; 92415; 43854.
- 4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 92422; 92417.
- 5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 43854; 70493.
- 6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 88025; 46772; 45116.
- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 92415.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 86533.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 88025.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 92411.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident number 86323.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 MLI SHCC Health Care Data. Incident numbers 92415; 86324.

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.

<https://safeguarding-health.com>

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