NIGER

Violence Against Health Care in Conflict

2024

SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight

Data on People in Danger

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.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

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REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	INCIDENTS WHERE HEALTH SUPPLIES WERE LOOTED	INCIDENTS WHERE HEALTH FACILITIES WERE SET ON FIRE	HEALTH WORKERS KILLED	HEALTH WORKERS KIDNAPPED
2024				
15	4	3	3	3
2023				
19	5	0	0	7
2022				
14	0	0	1	0

Source: 2022-2024 NER SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 15 incidents of violence against or obstruction of health care in Niger in 2024, compared to 19 in 2023 and 14 in 2022. In these incidents, health facilities were set on fire and medical supplies looted. Three health workers were killed and three kidnapped.

Escalating insecurity and deepened humanitarian crisis strained health care systems.

A suspected Niger Armed Forces drone strike hit a clinic treating victims of an earlier market attack in Tillabéri town.

Inadequate access to quality health services is a key driver of malnutrition.

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

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THE CONTEXT

Conflict continued in Niger in 2024, with an increase of nearly 50% in people killed compared to 2023.[1] The military government that seized power in a coup in July 2023 remained in control. Conflict remained most intense in the western Tillabéri region bordering Mali and Burkina Faso, where Jama'at Nusrat al-Islam wal-Muslimin (JNIM) and Islamic State Sahel Province (ISSP) insurgencies continued to oppose the Niger Armed Forces (FAN). The Islamic State West Africa Province (ISWAP) and Boko Haram armed groups carried out repeated attacks against civilians and state security forces in the southeastern Diffa region.[2]

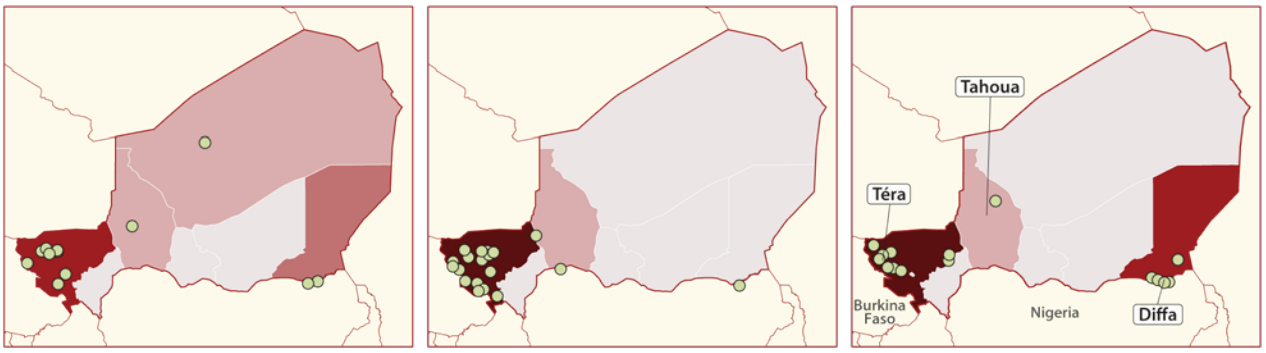
The humanitarian situation was exacerbated by the country's worst flooding since 2020, which reportedly affected 46,500 households and killed over 200 people. Over 500,000 people were internally displaced in 2024 and 3.1 million people were in need of humanitarian assistance.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2024

Incidents of violence against or obstruction of health care were reported in three of Niger's seven regions in 2024. As in previous years, most incidents occurred in the Téra department of Tillabéri region, bordering northeastern Burkina Faso, where conflict remained intense. Reported cases increased in Diffa region in 2024, especially in areas bordering Nigeria's Yobe state, where the FAN fought against the Boko Haram insurgency. All identified incidents affected health care providers working for national health structures.

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

Incidents continued to be reported in Tillabéri region's Téra department, bordering Burkina Faso, with cases increasing in Diffa region, bordering Nigeria.



Source: Safeguarding Health in Conflict Coalition

In 2024, reports of ambulance hijackings and the looting of medical supplies persisted, and reports of the killing of health workers and health facilities being set on fire increased. For the first time since SHCC began reporting in 2014, a drone armed with explosives was reported to have affected health care in Niger. During the incident, which occurred in October, a suspected FAN drone strike hit a clinic treating injured victims from an earlier strike on a market in Tillabéri town.[3]

As in previous years, most of the incidents reported in Tillabéri were attributed to ISSP militants armed with firearms. ISWAP fighters in Diffa region were named as perpetrators of three incidents between May and

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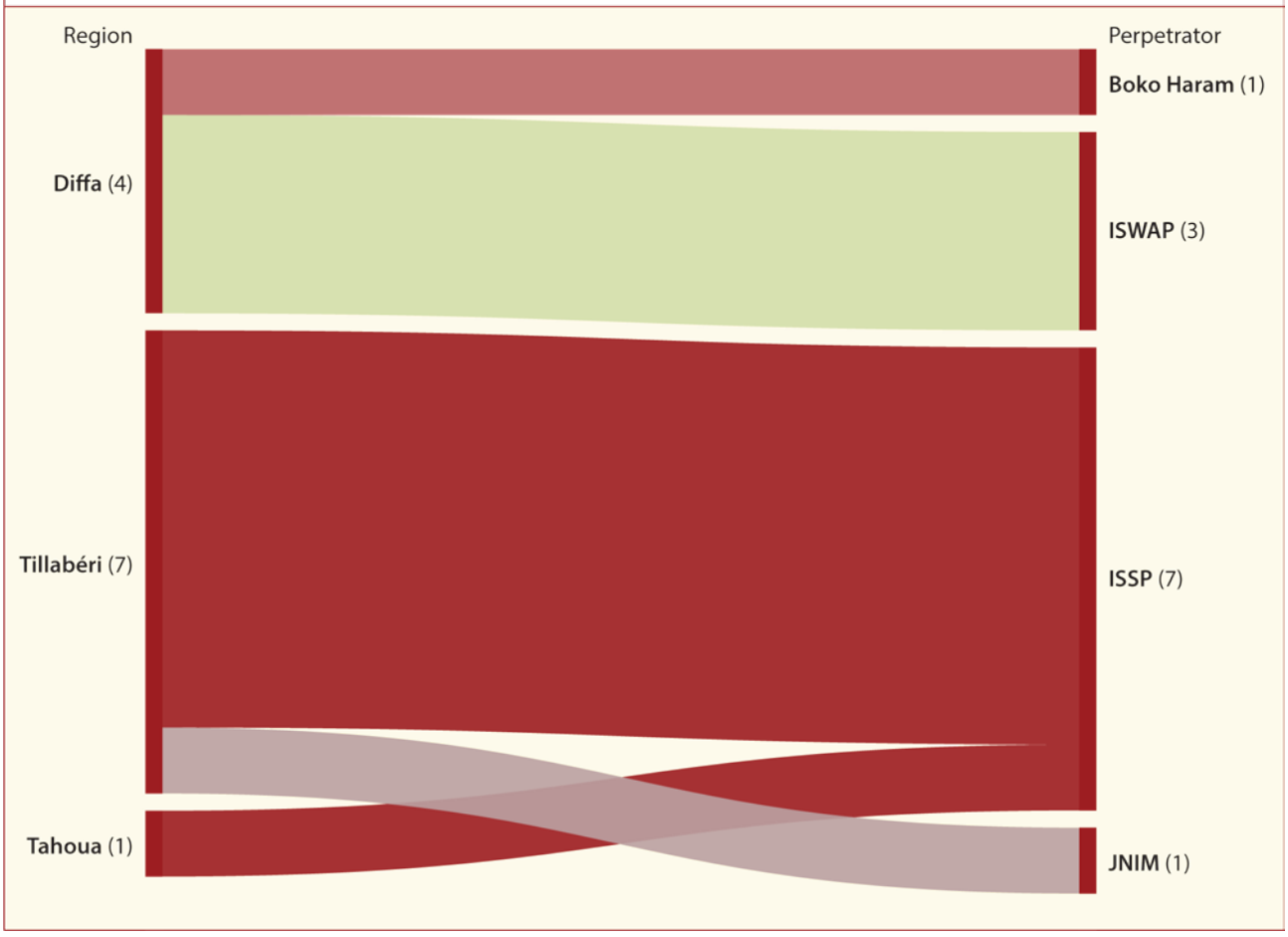
October, an increase from one in 2023, reflecting the group's growing presence in the region.[4] Boko Haram fighters in Diffa region ambushed and hijacked an ambulance.[5] This is the first incident the SHCC has identified involving Boko Haram fighters attacking health care in Niger. One incident was attributed to JNIM fighters in Tillabéri in 2024, compared to five in 2023. The perpetrators of other attacks remained unidentified.

Named perpetrators of reported incidents affecting health care in Niger, 2024

More than half of reported incidents were attributed to ISSP. Boko Haram, JNIM and ISWAP were all named as being responsible for violence against health care.



Source: Safeguarding Health in Conflict Coalition

Health facilities set on fire, ambulances stolen and medical supplies looted

At least three health centers were set on fire by ISSP in Tillabéri region and ISWAP in Diffa, either during broader attacks on civilians that resulted in killings or the seizure of medical supplies. Vital medicine and equipment were looted or ambulances hijacked by JNIM, ISSP, and ISWAP fighters, sometimes during assaults on local communities. In one incident, ISWAP fighters attempted to steal medical supplies from a health center, and when they failed, they set the building on fire.[6]

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Health worker kidnappings

Three health workers were killed in two incidents in Niger in 2024. Two health workers were killed when ISSP fighters attacked a health center in Téra town. An ambulance driver was killed, and three others, possibly health workers, were kidnapped after unidentified armed attackers ambushed their ambulance in Niger's southeastern Diffa region, where ISWAP is active.[7] The SHCC last reported the killing of a health worker in Niger in May 2022, when suspected Islamic State militants killed a health worker and other civilians on the Gadobo-Sangara axis in Tillabéri region.

Three health workers were kidnapped in two incidents in 2024, compared to seven in five incidents in 2023. In 2024, Islamic State fighters abducted health workers in the northern departments of Filingué and Téra in Tillabéri region, a shift from 2023, when the department where the highest number of incidents were reported was Say.[8] Health workers were kidnapped during attacks on villages and towns. For example, a health worker and a pharmacist were reportedly kidnapped by ISSP fighters during a raid in March on Ibankan village in Filingué department.[9]

This factsheet is based on 2022-2024 NER SHCC Health Care Data. Download the data here or on the Humanitarian Data Exchange (HDX).

THE IMPACT OF ATTACKS ON HEALTH CARE

Niger's health care system suffers from long-term weaknesses that pre-date the current levels of violence and instability. This is reflected in an infant mortality rate of 60 per 1,000 live births and a life expectancy at birth of only 62 years.

Until recent years, all training for doctors and nurses occurred outside of Niger in countries such as Morocco, Senegal, and Burkina Faso. The lack of educational institutions and training facilities has contributed to critical shortages of health workers. According to the Health Resources and Services Availability Monitoring System, this in turn contributed to the non-functioning or partial functioning of Niger's health care facilities. Ongoing violence against health workers and facilities has likely worsened this situation by making the profession less appealing to prospective students.

Protracted violence and insecurity are also likely to have exacerbated constraints limiting the ability of health-care-seeking patients to access treatment. A REACH Initiative survey conducted in May 2024 found that access to health care was "problematic" in a significant proportion of evaluated localities in Tahoua region. Ultimately, factors such as these have translated into negative patient outcomes. For example, the World Health Organization stated in January 2025 that "inadequate access to quality health services" is a key driver of malnutrition in Niger, and insecurity may have contributed to reduced admissions to health facilities for treatment for malnutrition. The expulsion by Niger's government in November 2024 of Acted, a French NGO that supported water, hygiene, and sanitation services among displaced communities, and Action Pour le Bien-Être (APBE), a local NGO, may have exacerbated the situation.

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SOCIAL MEDIA MONITORING

As part of its social media monitoring project across the Sahel, Insecurity Insight tracks public online discourse to help humanitarian organizations anticipate risks, address misinformation and navigate an increasingly politicized information space.

From April to December 2024, social media discourse in Niger – and more broadly across the Sahel – reflected growing skepticism towards international aid. While overall activity declined towards the end of the year, negative narratives remained present, particularly on X, where international organizations were often portrayed as vehicles for foreign interference or to increase their respective home countries' geopolitical influence.

In Niger, criticism shifted from specific agencies to broader concerns about the aid sector itself. Themes included allegations of corruption, espionage and aid dependency, often framed through nationalist or anti-Western lenses. A small number of vocal accounts, some aligned with military governments in the region and exhibiting pro-Russian tendencies, continued to question the presence and motives of foreign NGOs. These narratives echoed trends seen in neighboring Mali and Burkina Faso, indicating a region-wide discourse.

The impact of this sentiment has become increasingly tangible. In November 2024, the French NGO Acted – which had been active in Niger since 2009 and involved in humanitarian and health-related support, including WASH services – was expelled together with the local organization ABPE. The response on social media was notably muted, reflecting either disengagement or apprehension about speaking out. Indeed, at the same time a journalist who publicly criticized the expulsions was arrested, reinforcing concerns about a shrinking space for civic dialogue.

As international aid organizations reassess their roles in this evolving environment, there is a risk that essential services may be disrupted. While the desire for greater national ownership of health and development programs is understandable – and, in many cases, welcome – rapid or politically motivated transitions may leave critical gaps, particularly in communities already facing instability or limited access to care.

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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 NER SHCC Health Care Data. Incident number 85536.
4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident numbers 92449; 92445; 46898.
5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident number 47360.
6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident number 92449.
7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident numbers 85101; 67123.
8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident numbers 92447; 46299.
9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2024 Report Dataset: 2022-2024 NER SHCC Health Care Data. Incident number 46299.

SAFEGUARDING
HEALTH
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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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