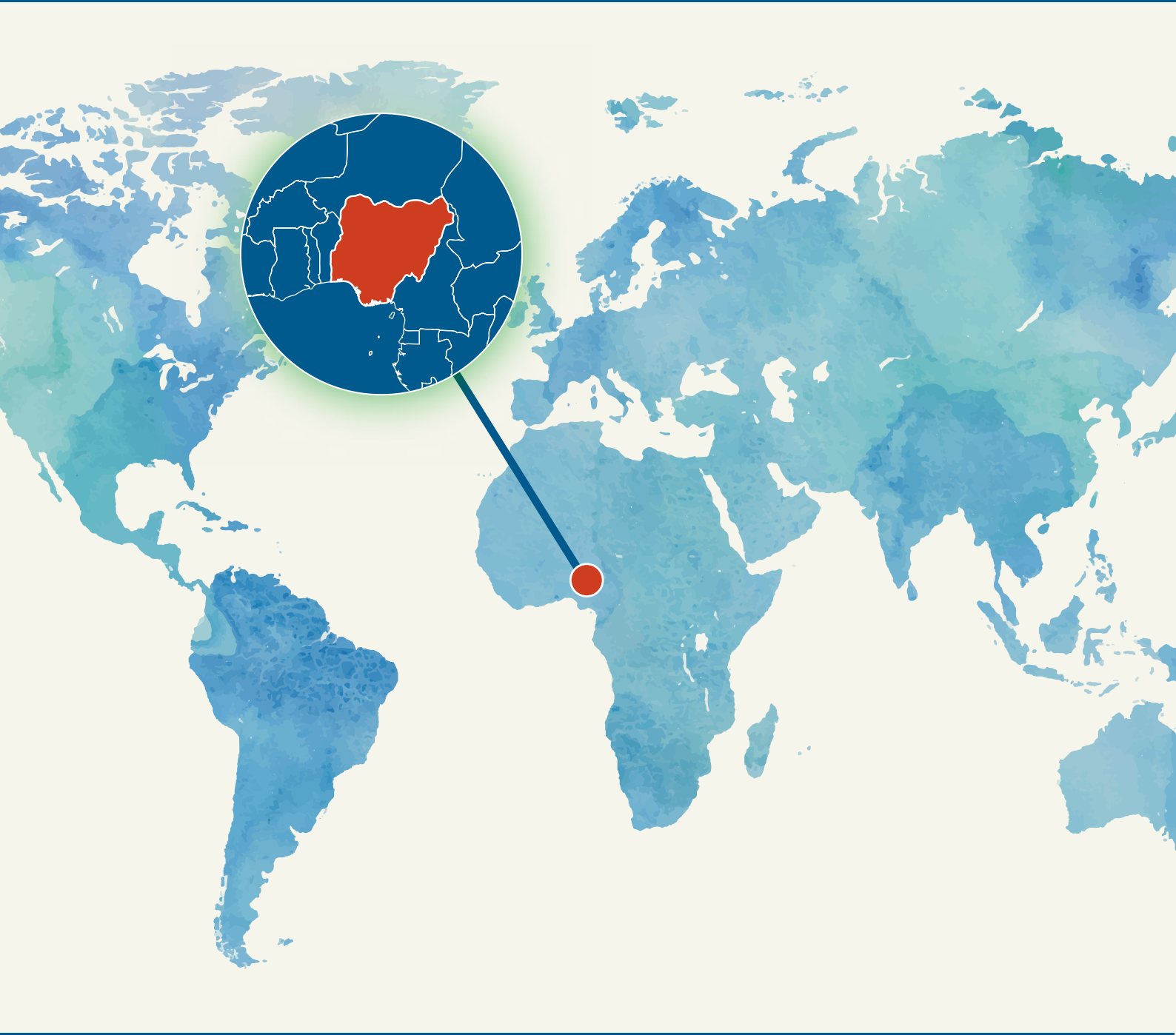


# NIGERIA

## Violence Against Health Care in Conflict 2021



**SAFEGUARDING  
HEALTH  
IN CONFLICT**



**Insecurity  
Insight**  
Data on People in Danger

# Letter from the Chair



During the past 18 months the list of health care systems that have been destroyed or severely compromised by war-related violence lengthened. Three-quarters of the health facilities in Ethiopia's Tigray region were destroyed or damaged in the conflict that began in November 2020. In the now-forgotten conflict in Gaza in the spring of 2021, 30 health facilities were damaged. In Myanmar the public health system has all but collapsed since the coup in February 2021, because many hospitals have been occupied by the military, while COVID-19, HIV, TB, and malaria programs stalled and 300 health workers were arrested. Then in February 2022 Russia began attacking hospitals, ambulances, and health workers during its invasion of Ukraine. By the end of April 2022, The World Health Organizations confirmed almost 200 such attacks.

The past year was marked by continued international failure to prevent such attacks and hold perpetrators to account. Governments' expressions of horror at the violence continued without being accompanied by action. By the fifth anniversary of the passing of UN Security Council Resolution 2286, in which governments committed to concrete actions to prevent such attacks and increase accountability, very little had been done. Nor did the Security Council consider new course corrections to implement the resolution's requirements.

At the same time, one of the foundations of action, the WHO's systems for tracking attacks, remained inadequate to its function. Except for reporting in Myanmar and Ukraine, where widespread attention increased pressure to collect data, the system severely under-reported incidents. In Ethiopia, despite the effective destruction of the health system and the murder of health workers in Tigray region and other attacks in Afar and Amhara regions, the WHO reported zero attacks in the country for the whole of 2021. This failure no doubt contributed to the lack of global attention to the dire situation in Ethiopia. When the WHO system did report, it continued to withhold information essential to understanding what took place and where attacks occurred.

There were some advances in the area of accountability. Germany obtained a conviction of a Syrian war criminal under principles of universal jurisdiction (although not for crimes involving attacks on health care). The prosecutor of the International Criminal Court (ICC) accepted Ukraine's request to investigate alleged war crimes there. But these cases did not address the continuing structural problem that permits the five permanent members of the Security Council to block certain referrals to the ICC, but nevertheless are a sign that accountability may finally be on the increase.

Perhaps 2022 will be an inflection point, as images and reports of attacks on health care and their consequences in Ukraine continue to go viral, accompanied by frequent and loud demands for accountability – but it won't be if the lassitude of the international community continues.

A handwritten signature in black ink, appearing to read 'Len Rubenstein'.

Len Rubenstein  
*Chair, Safeguarding Health in Conflict Coalition*

 [Methodology | Full Report](#)



On August 1, 2021, Islamic State West Africa Province (ISWAP) militants kidnapped two vaccination workers and stole their vehicle and vaccine supplies as they were carrying out activities linked to a cholera immunization campaign. The victims were released after locals intervened.<sup>1</sup>

## REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS



↓ Source: 2021 SHCC Nigeria Health Data

## OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 49 incidents of violence against or obstruction of health care in Nigeria in 2021, an increase from 43 such incidents in 2020. Thirty health workers were kidnapped, and health facilities were damaged or destroyed and medical supplies taken in these incidents.

This factsheet is based on the dataset [2021 Nigeria Health Data](#), which is available for download on the Humanitarian Data Exchange (HDX).<sup>2</sup>

## THE CONTEXT

Nigeria continued to experience insecurity issues in both the north-east and south-east of the country. Boko Haram and ISWAP insurgencies continued in the north, together with an increase in banditry and kidnappings in the north-west and unrest in the south-east, mostly as a result of the activities of separatist groups.

ISWAP's claim that it had killed Boko Haram leader Abubakar Shekau in June 2021 was followed by a decline in Boko Haram attacks, with 64 attacks on civilians carried out by the group in 2021 overall, according to the Global Terrorism Index.<sup>3</sup> In 2021 Nigeria recorded a total of 448 killings perpetrated by designated terrorist groups, which constituted a significant drop compared to 2015, when 2,135 people were reported to have died from terrorist acts.



Nevertheless, insecurity in the north-east remained high. In Borno state ISWAP carried out a major attack on the town of Dikwa in March 2021 in which 25 humanitarian workers remained trapped until government military reinforcements arrived.<sup>4</sup> The UN suspended aid to the state in April 2021 after a series of clashes around Damasak town.

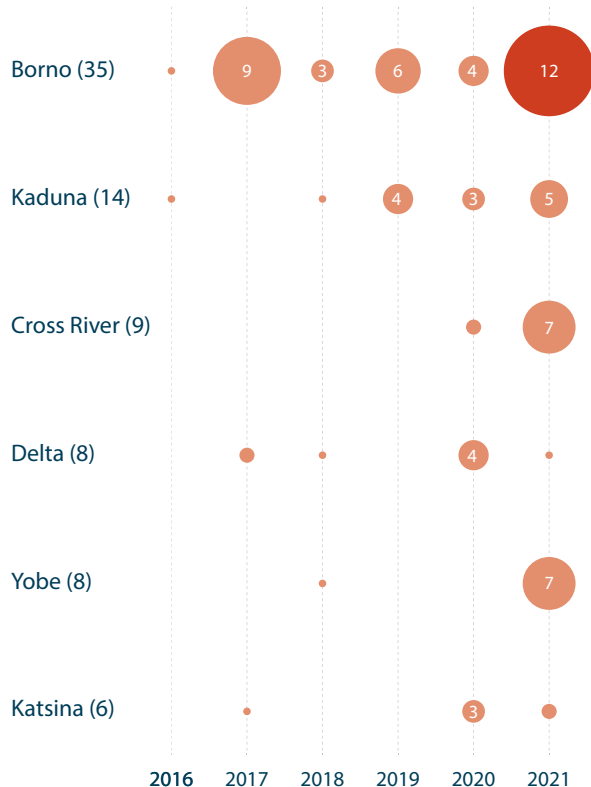
The long-standing conflict between traditional nomadic Fulani herding communities and settled farmers in Niger, Ogun, and Benue states over political supremacy and access to land and livelihoods also affected health workers. Fulani targeted health professionals in the area, and military operations carried out in response to ethnic violence caused collateral damage to the local health infrastructure.

## VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2021

In 2021, 49 incidents of violence against or obstruction of health care occurring in 17 of Nigeria's 36 states were reported in the country, compared to 43 in 2020.<sup>5</sup> Nearly a quarter were reported in Borno state in north-eastern Nigeria, where insurgent-related activity was high. Half of these incidents involved the looting of medical supplies. This was a marked change from 2020, when high incident numbers were reported in Katsina, Cross River, and Delta states.

### Reported incidents affecting health care in Nigeria, 2016–2021, by state<sup>6</sup>

The most incidents in 2021 were reported in Borno state, where insurgent-related activity was high



Range: 1 – 12 incidents

Nearly half of the incidents of violence against health care in 2021 involved the kidnapping of a least one health worker, a trend that was similar to 2020. In total, at least 30 health workers, including doctors, nurses, a dentist, and a laboratory technician, were kidnapped in 20 incidents during 2021. The kidnappings were widely dispersed, reported in 13 of 36 states, although a quarter of kidnapping incidents took place in Kaduna state. This was a change from 2020, when most of the kidnappings were reported in Katsina state.

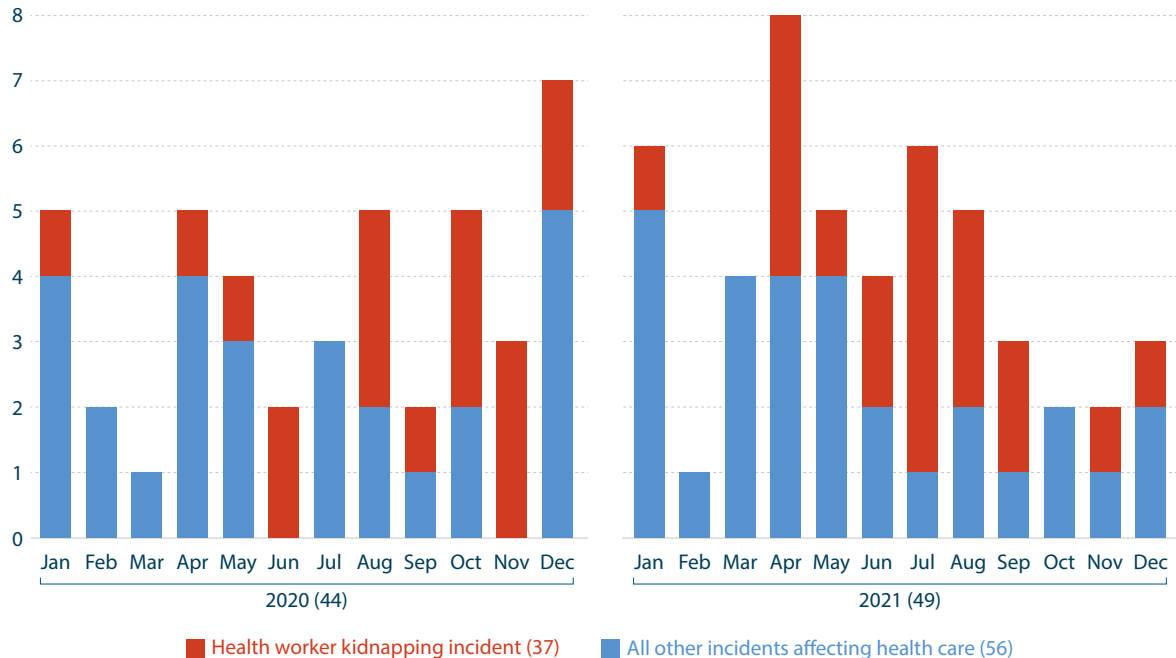
Health workers were kidnapped directly from health facilities, when traveling to or from work, or when working in the field. Thirteen health workers were kidnapped while they were working at hospitals in Adamawa, Kaduna, Kogi, Oyo, and Zamfara states. Two were kidnapped in home invasions in Akwa Ibom and Niger states.

Health workers were kidnapped on their own or in small groups. In one case five health workers, including two nurses, were abducted by gunmen who stormed the residential headquarters of the National Tuberculosis and Leprosy Center in Kaduna in July 2021.<sup>7</sup> In total, four of the health workers were killed by their captors,<sup>8</sup> ten were released after one to seven days of captivity, and the fate of 16 others was not reported.



## Reported incidents affecting health care in Nigeria, 2020–2021

Nearly half of incidents in 2021 involved the kidnapping of a health worker, a trend that had continued from 2020



On 11 occasions health facilities were attacked, stormed, and damaged in Anambra, Benue, Borno, Kaduna, Nasarawa, and Yobe states. In all but one incident health workers were unharmed. In that incident in March 2021 gunmen attacked Niima Clinic in Kaduna state, killing one health worker, and injuring three others.<sup>9</sup> At least six health facilities were set on fire in Borno and Yobe states.

Medical supplies and equipment were looted from health facilities on at least 13 occasions. Lootings frequently took place in Borno and Yobe states and were often attributed to ISWAP.

## PERPETRATORS



### North-east Nigeria

Members of ISWAP, unidentified non-state armed groups, and a private security company were reported to have perpetrated violence against or obstructed health care in north-east Nigeria in 2021. In most cases these perpetrators were armed with firearms.

**ISWAP** fighters in Borno state stole medical supplies in January 2021 and abducted two cholera immunization workers in March.<sup>10</sup> Twice during May ISWAP fighters looted medical supplies from INGO health facilities.<sup>11</sup> In July the group attacked a hospital in an IDP camp, injuring six patients.<sup>12</sup> In November **ISWAP** fighters raided a clinic and stole towels, chairs, and bedspreads, before setting surrounding grass on fire as part of a wider assault on the community.<sup>13</sup> In August **ISWAP** fighters used explosives to breach the UN hub in Borno state, forcing aid





workers providing assistance to IDPs to retreat to a fortified bunker. The militants torched the UN facility and two hospitals run by NGOs. As a result, humanitarian support to nearly 100,000 people was suspended.<sup>14</sup> In December **ISWAP** fighters fired shots at a pharmacy.<sup>15</sup>

In Yobe state **ISWAP** fighters set two health facilities on fire in January and March during wider attacks on civilians. Members of the group also looted medical supplies on four occasions in January, May, June, and December.<sup>16</sup>

Members of a **private security company** detained two health workers from a health facility in Borno state.<sup>17</sup>

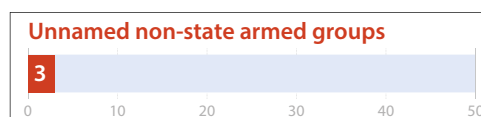
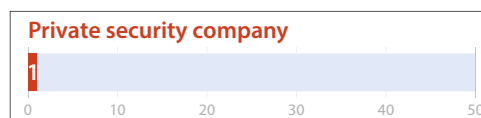
Members of **unidentified non-state armed groups** in Adamawa state kidnapped a doctor who was the owner of the Aisha Private Hospital in the early evening of December 13. The doctor was released on December 17 after the group contacted his family and demanded a ransom payment.<sup>18</sup> Another health worker was abducted while traveling in Yobe state in August and medical supplies were looted from a health facility in Borno state.<sup>19</sup>

## Other states

Elsewhere in Nigeria unidentified non-state armed actors, members of the Nigerian Armed Forces in Benue state, and armed herdsmen in Niger and Ogun states were named by those reporting the violence as the main perpetrators of violence against or obstruction of health care. Reported information suggests their frequent use of firearms and arson.

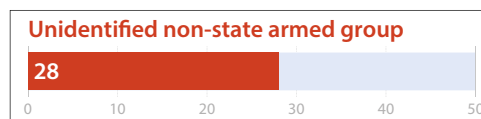
**Armed herdsmen** in Niger state abducted and murdered a doctor and owner of a health facility in Magama LGA in June.<sup>20</sup> In Ogun state armed herdsmen abducted two health workers who were on their way to the Imeko General Hospital in April and demanded 20 million naira (about 48,000 US dollars) in ransom before the victims were freed a week later.<sup>21</sup>

A health center burned down during the **Nigerian Armed Forces** Operation Whirl Stroke in Benue state's Konshisha local government area (LGA) in April. The operation sought to counter armed Fulani herdsmen and militia groups operating in the region. Patients and nursing mothers in the maternity ward were forced to flee the clinic and three patients were killed.<sup>22</sup> Also in April in Konshisha LGA the **Nigerian Armed Forces** demolished a health center during Operation Whirl Stroke, while at least 70 people were killed in the surrounding area.<sup>23</sup>





Members of **unidentified non-state armed groups** kidnapped 26 health workers in 2021. Nearly half were kidnapped in Kaduna state. In addition, six health workers were killed, including three in one incident in Anambra state in September.<sup>24</sup> In a separate incident in Rivers state **gunmen** entered a clinic where four patients were being treated for gunshot wounds. All four patients and a nurse were shot and killed.<sup>25</sup>



Members of **armed groups** also set fire to health facilities in Anambra state and stole medical supplies and equipment from a medical storage warehouse in Kogi state.<sup>26</sup>

## IMPACT ON HEALTH SYSTEMS AND ACCESS TO HEALTH CARE



### Health services

In 2021 violence significantly disrupted the health system across the country's north-eastern states. Of the approximately 2,400 health facilities in Borno, Adamawa, and Yobe states, almost half (48%) were not functioning.<sup>27</sup>

In Gwoza and Pulka towns in Borno state the security situation deteriorated so badly that MSF suspended all its work there in August 2021, closing a hospital in Pulka and suspending anti-malaria treatment and obstetrical care in Gwoza.<sup>28</sup> No other NGOs operate in the area and hundreds of thousands of people will no longer have access to health care.<sup>29</sup>



### Access to health care

In one-third of the LGAs visited by protection monitoring teams in Nigeria's north-eastern states in 2021 household members reported that they did not feel safe at the local hospital.<sup>30</sup> The looting in December by ISWAP militants in Guiba town, Borno state resulted in a 70% reduction in health care consultations.<sup>31</sup>

Communities interviewed as part of protection monitoring reported being unable to pass military-run checkpoints on the way to health facilities, especially when trying to reach services after the official curfew time. In particular, those who lacked valid means of identification experienced this problem.

Difficulties in accessing health care also impacted the treatment of survivors of sexual violence. Fear of traveling along dangerous roads meant that rape survivors were unable to access treatment.<sup>32</sup>

The International Committee of the Red Cross highlighted the way in which attacks on water supply infrastructure blocked people's access to clean water and basic health care services.<sup>33</sup>

While nearly all of Nigeria's 36 states reported cholera cases in 2021, the vast majority were concentrated in the six northern states of Bauchi, Kano, Jigawa, Zamfara, Sokoto, and Katsina. Conflict and violence left hundreds of thousands of people displaced, many of whom lived in overcrowded conditions with poor or non-existent sewerage systems and no access to clean drinking water. Water sources can easily become contaminated with sewage, especially in the rainy season, causing waterborne diseases such as cholera to spread quickly.<sup>34</sup>





Nigeria has the highest number of deaths from malaria worldwide, and MSF's withdrawal from Gwoza and Pulka resulted in the cancellation of the organization's mass seasonal malaria prevention campaign.<sup>35</sup> This was particularly concerning because in 2021 Borno state had an unusual spike in malaria cases during the dry season, when malaria is usually less severe. This unexplained incidence of malaria in the dry season, combined with MSF's withdrawal, had significant implications for the local population, whose members could no longer access anti-malarial drugs or medical care for serious malaria cases.<sup>36</sup>

Generally, victims' inability to access health services following sexual assaults increases serious mental trauma and the spread of sexually transmitted diseases.<sup>37</sup>



- 1 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29343.
- 2 Ten incidents that had not been reported elsewhere were provided by the Conflict and Humanitarian Data Centre of the International NGO Safety Organisation (INSO). Reports on four additional incidents that had not been reported elsewhere were reported by the WHO Surveillance System for Attacks on Health Care (SSA).
- 3 <https://reliefweb.int/sites/reliefweb.int/files/resources/GTI-2022-web.pdf>.
- 4 <https://www.france24.com/en/live-news/20210302-jihadists-attack-un-base-in-nigeria-trapping-25-aid-workers>.
- 5 Four incidents that had not been reported elsewhere were provided by the WHO Surveillance System for Attacks on Health Care. Further information on the locations of these incidents is not available.
- 6 This chart shows the states where six or more incidents were reported in the period 2016–2021.





- 7 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 28789.
- 8 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 28460; 28685.
- 9 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 27783.
- 10 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29343; 772.
- 11 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 773; 774.
- 12 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29343.
- 13 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 30302.
- 14 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 27071.
- 15 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 7710.
- 16 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 26844; 27239.
- 17 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 778.
- 18 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Health Nigeria Data. Incident number 30550.
- 19 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 775; 779.
- 20 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 28460.
- 21 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 27710.
- 22 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 30059.
- 23 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 27702.
- 24 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29552.
- 25 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 28143.
- 26 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29838; 27222.
- 27 <https://reliefweb.int/report/nigeria/nigeria-humanitarian-needs-overview-2022-february-2022>, p. 33.
- 28 Insecurity Insight. Safeguarding Health in Conflict Coalition 2022 Report Dataset: 2021 SHCC Nigeria Health Data. Incident number 29411; 29409.
- 29 <https://www.msf.org/msf-ends-activities-gwoza-and-pulka>.
- 30 IRC Protection Monitoring 2021 (no public link).
- 31 IRC 2021 Health Analysis and Protection Monitoring Nigeria.
- 32 <https://www.msf.org/northwest-nigeria-gripped-humanitarian-crisis-violence-escalates>.
- 33 <https://www.icrc.org/en/document/nigeria-slow-violence-health-care>.
- 34 <https://reliefweb.int/report/nigeria/nigeria-tackling-worst-cholera-outbreak-decade>;  
<https://msf.org.uk/article/photostory-inside-nigerias-deadly-cholera-epidemic>.
- 35 <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2021>.
- 36 <https://msf.org.uk/article/nigeria-extended-malaria-season-borno-claims-lives>.
- 37 <https://www.msf.org/northwest-nigeria-gripped-humanitarian-crisis-violence-escalates>.

# **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](http://www.safeguardinghealth.org)

Safeguarding Health in Conflict Coalition  
615 N. Wolfe Street, E7143, Baltimore, MD 21205  
Jenny Jun, [safeguardinghcc@gmail.com](mailto:safeguardinghcc@gmail.com)