NIGER

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.

Len Rubenstein
Chair, Safeguarding Health in Conflict Coalition

Executive Summary | *Full Report* | *Recommendations* | *Methodology* | *Data*

Niger 2021-2023

REPORTED INCIDENTS AND MOST COMMONLY REPORTED CONCERNS

REPORTED INCIDENTS	HEALTH WORKERS KIDNAPPED
2023	
18	7
2022	
13	0
2021	
4	1

Source: 2021-2023 NER SHCC Health Care Data

OVERVIEW

The Safeguarding Health in Conflict Coalition (SHCC) identified 18 incidents of violence against or obstruction of health care in Niger in 2023, compared to 13 in 2022 and four in 2021.[1] In 2023, at least seven health workers were kidnapped. This factsheet is based on the dataset 2021-2023 NER SHCC Health Care Data, which is available for download on the Humanitarian Data Exchange (HDX).

THE CONTEXT

Violence persisted in Niger in 2023, but according to the Armed Conflict Location & Event Data Project was reported to have been at a lower intensity than in preceding years.[2] Insurgencies continued by Islamist armed groups, including the non-state group Islamic State Sahel Province (ISSP) and Jama'at Nasr al-Islam wal Muslimin (JNIM), especially in the Tillabéri region, and by Islamic State West Africa Province (ISWAP), particularly in the southeastern Diffa region.

Niger's president was ousted in a military-led coup d'état in July. Subsequent sanctions imposed by the Economic Community of West African States (ECOWAS) disrupted the import of supplies of essential items, including food aid.[3] Obstacles to accessing basic services, including health care, were also created when Nigeria cut electricity supplies to Niger, which had previously been dependent on Nigeria for 70% of its electricity. Uncertainty for aid agencies arose at the end of August when the military government declared that UN agencies and INGOs must cease activities in military "operation zones."

Niger 2021-2023

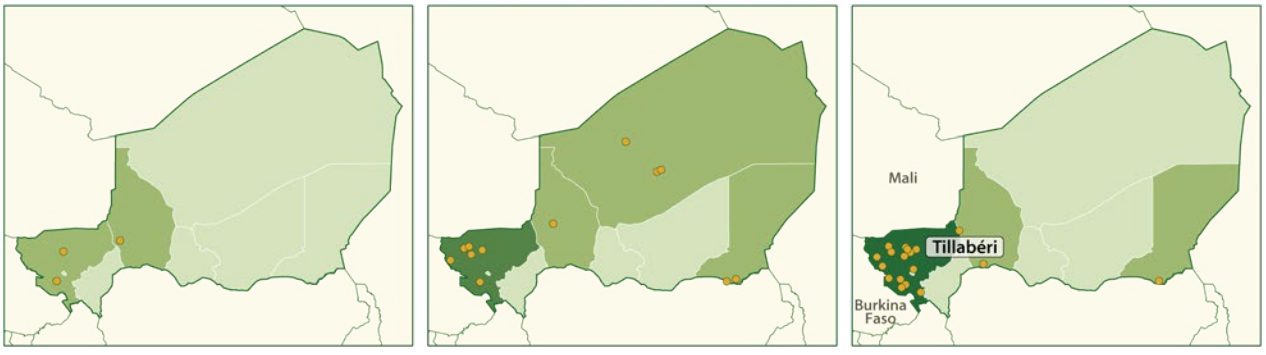
Severe flooding affecting large areas of Niger and a diphtheria outbreak in July in the Zinder region that later spread across the country further exacerbated humanitarian needs in 2023.

VIOLENCE AGAINST OR OBSTRUCTION OF HEALTH CARE IN 2023

Incidents of violence against or obstruction of health care increased slightly in 2023 and were documented in three of Niger's seven regions. Reports were most frequent in the first six months of the year. From 2022 to 2023, cases more than doubled in the Tillabéri region, particularly in Say and Tera departments bordering northeastern Burkina Faso. One incident was reported in each of Diffa and Tahoua regions in 2023, similar to previous years.

Known locations of reported incidents affecting health care in Niger, 2021-2023

Incidents more than doubled in the Tillabéri region bordering north-eastern Burkina Faso and southern Mali between 2022 and 2023.



Ten reported incidents were attributed to ISSP forces armed with firearms in Tillabéri, an increase from five in 2022, reflecting the group's growing presence in the region. JNIM fighters armed with guns were named as perpetrators of five incidents between March and November. The SHCC last reported a JNIM attack on health care in Niger in 2021. ISWAP fighters armed with guns robbed medical supplies from a health center in Diffa during a night attack. Nigerien police arrested three health workers at a health center for treating a man suspected of being a leader of a criminal group in Tahoua.[4] All were later released. The attackers remained unidentified in other attacks.

Two-thirds of incidents took place at health centers. As in 2022, the looting of medical supplies and ambulance hijackings were the types of incidents that were frequently reported in 2023. Health worker kidnappings increased in 2023. Most incidents affected health care providers working in national health structures, while an NGO was directly affected in one incident in Tillabéri.

Health worker kidnappings

Seven health workers were kidnapped in five incidents, compared to no kidnappings in 2022. In Tillabéri, these kidnappings were attributed to JNIM and ISSP. Four were nurses, including two who were kidnapped from a health center by ISSP fighters to provide care to wounded fighters.[5] Both were released a few hours later. Kidnappings took place at health centers, while staff traveled to provide medical care to remote areas,

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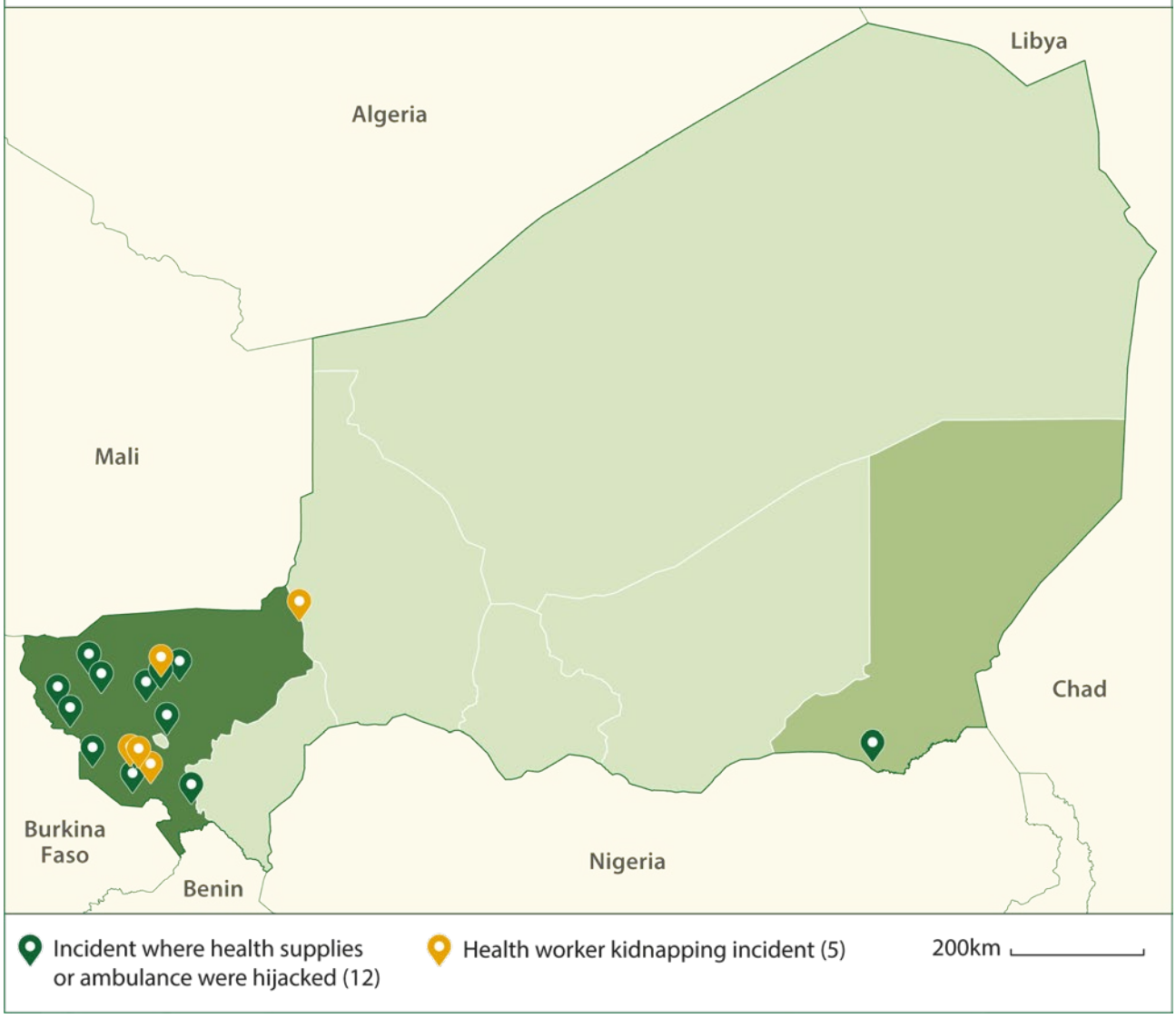
and during wider attacks on civilians. Kidnapped staff were mostly taken on their own or with another colleague, with one nurse being taken together with ten civilians. At least four of the seven kidnapped health workers were released within 24 hours, while the fates of the remaining were not recorded.

Reported incidents affecting health care in Niger, 2023

Most incidents involved vital medical supplies being robbed from health centers and ambulance hijackings in the Tillabéri region. Health worker kidnappings increased from zero incidents in 2022 to five in 2023.



Health transportation stolen or hijacked and health supplies looted

Vital medicine and equipment were looted or ambulances hijacked by JNIM, ISSP, and ISWAP fighters. Most incidents took place at health centers or while staff were traveling by road during working hours. In most lootings, health workers were not harmed, suggesting that access to health supplies was an important motivation behind these incidents. The exception was when JNIM fighters kidnapped two NGO drivers and stole their vehicles and medicines. Both were later released.[6] The looting of medical supplies temporarily reduces access to vital medication.

Niger 2021-2023

THE IMPACT OF ATTACKS ON HEALTH CARE

As one of the world's poorest countries and with a ranking of 189 out of 193 countries on the Human Development Index, Niger has a health care system that has suffered from long-term weaknesses. This is evident in the poor availability of medicines and inadequate numbers of trained health workers. The latest available data from 2020 suggests there are only four doctors per 100,000 people in Niger, one of the lowest ratios of any country. In 2023, an INGO employee in southern Niger commented that there were no radiology facilities and only two doctors in his closest district hospital that 500,000 people depended on. Moreover, the role of one of these doctors largely involved administrative tasks, leaving little time to treat patients.

Attacks on health care in Niger therefore further undermined an already fragile health system that is inadequate to meet the population's needs. Among other impacts and combined with broader insecurity, these attacks contributed to populations seeking health care being unable to access such care. Among the 5% of health service delivery units reported as partially or wholly inaccessible in Niger and assessed as part of data collection undertaken between January and July 2023, insecurity was cited as the main cause in 69% of cases. Furthermore, in the same report, insecurity was often cited as a cause of the dysfunction of 5% of health facilities in the country. A lack of medical supplies was named in 16% of cases. It is possible that in some instances incidents of looting contributed to the medical supply shortages.

> *The latest available data from 2020 suggests there are only four doctor per 100,000 people in Niger, one of the lowest ratios of any country.*

Overall, the fragile security situation in Niger hampers efforts to improve patient outcomes. The country suffers high maternal mortality rates, while malaria is estimated to account for 28% of all illnesses and half of all recorded deaths.

1 The SHCC report contains a chapter on a country when at least 15 incidents of violence against health care were reported in one calendar year or at least 30 incidents over multiple years. This is the first Niger country chapter.
2 Armed Conflict Location & Event Data Project (ACLED) database attribution policy, accessed April 3, 2024.
3 Niger's airspace was reopened in early September 2023. Mali and Burkina Faso did not implement the ECOWAS sanctions, which were lifted in February 2024.
4 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NER SHCC Health Care Data. Incident numbers 41650; 41655.
5 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NER SHCC Health Care Data. Incident number 45003.
6 Insecurity Insight. Safeguarding Health in Conflict Coalition 2023 Report Dataset: 2023 NER SHCC Health Care Data. Incident number 41646.

SAFEGUARDING
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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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