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HEALING UNDER FIRE: NAVIGATING HEALTHCARE CHALLENGES AMID TERRORISM IN NIGERIA

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Abstract
It is often said that health is wealth. Health is foundational to livelihood in any country. However, healthcare provision in Nigeria is under pressure due to the mounting terrorist threat which has destabilised the medical system, availability of services and health personnel. In this paper, the connection between terrorism and healthcare will be explored as insecurity undermines the resilience of the healthcare system and the provision of services. The study is multi-disciplinary and qualitative, including systematic literature reviews and evaluation of legal framework on counterterrorism and healthcare in Nigeria. The results show that policies are badly broken, hospitals are not well-prepared, and procedure for enforcement of laws are either non-existent or poorly carried out. The paper recommends an overall approach that includes healthcare policy reforms, targeted capacity-building initiatives, and enhanced security measures to protect medical services in conflict-affected areas. It also emphasizes the importance of a community-based model for delivering healthcare to internally displaced persons and other vulnerable groups. The paper concludes with practical strategies to strengthen healthcare resilience in terrorism-prone regions of Nigeria, aiming to contribute meaningfully to the global discourse on healthcare in conflict settings.

Keywords: Healthcare, terrorism, insecurity, legislations, Nigeria

1. Introduction

Nigeria is one of the countries currently being ravaged by the evils of insecurity. A country that once enjoyed relative peace and tranquility has gradually deteriorated to a place where even expatriates move their businesses or investments away from citing insecurity as the main motivation for this. This insecurity keeps threatening sectors such as economy, education and health.[1] One of the major issues causing insecurity in the country today is terrorism. Terrorism, which was at one point a Northern issue has gradually deteriorated into a country-wide and transborder challenge. Terrorism poses a significant threat to global security, undermining societal stability and disrupting critical infrastructure.[2] Nigeria, as one of the most populous countries in Africa, has faced persistent challenges from terrorist activities, particularly from groups such as Boko Haram and the Islamic State West Africa Province (ISWAP).[3] Also, the South Eastern region live in daily fear of the Independent People of Biafra Militant group which has been proscribed as terrorist by the Nigerian government.[4] These groups have orchestrated attacks that have not only targeted security establishments but also disrupted civilian infrastructure,

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[1] I Griesemer, et al, 'Transparency and Accountability in Healthcare: Bridging Antiracism and Quality Improvement to Advance Health Equity' (2025) 35(1) *Critical Public Health* <https://doi.org/10.1080/09581596.2025.2481963> accessed 2 July 2025; A N Romeo, 'Proliferation of Small Arms and Light Weapons: An Assessment of its Impact on Nigeria's Internal Security' (2024) 4(2) ESCAE Journal of Management and Security Studies 1

[2] United Nations Office on Drugs and Crime, *Annual Report 2023* (United Nations 2023) <https://www.unodc.org/unodc/en/about-unodc/annual-report.html> accessed 1 July 2025

[3] N Anyadike, 'Boko Haram and National Security Challenges in Nigeria: Causes and Solutions' (2022) 45(3) *Journal of African Security Studies* 210; M Eze, 'The Role of ISWAP in Transborder Insecurity in the Lake Chad Basin' (2021) 16(2) *West African Security Review* 65; B Umar and M Ibrahim, 'The Impact of Terrorism on Nigeria's Healthcare System' (2021) 19(3) *Journal of Health Policy in Africa* 89; A Walker, *What Is Boko Haram?* (Chatham House, 2021)

[4] If Abada, M Okoye, P Hezekiah Omeh, 'Separatist Agitation by the Indigenous People of Biafra and National Question in Nigeria (2020) 2(1) Journal of Public and International Affairs 9

including healthcare facilities. The link between terrorism and its adverse effects on healthcare delivery is a pressing concern that necessitates scholarly attention.[5]

The healthcare sector has always been facing challenges such as funding, poor infrastructure, training of health workers, corruption and so on. This has weakened this sector over the years.[6] Terrorism adds fuel to these fires, and so we have a double crisis of insecurity and substandard healthcare. For example, in the most frequent targets of terror in the Northeast, hospitals have been bombed, doctors kidnapped, medical goods stolen, just to name a few.[7] The consequences of these activities extend from loss of lives to public health crises which include: spread of infectious diseases, poor maternal and child health and mental distress to survivors. The objective of this paper is to review the relationship between terrorism and healthcare in Nigeria. This includes how terrorism disrupts health care delivery, how health workers adapt to the situation and the social inequalities within policy and practice that compound the problem. Through a multidisciplinary approach, this study contributes to a wider understanding of healthcare resilience in conflict settings which can be used to inform policy and implementation. This research has significance as the findings can be used to inform policy and practice both in Nigeria and other contexts of conflict. Although numerous studies have focused on the economic and security impacts of terrorism, little research has focused on healthcare delivery issues.[8] This paper fills that void, with a subtle account of health and security. It will also have implications for policymakers, medical practitioners and humanitarian organizations attempting to shore up healthcare infrastructure in warzones.

2. Conceptualizing Healthcare Resilience in Conflict Settings

The notion of resilience in healthcare has gained traction in recent years as a way to describe how health systems can withstand, adapt to and recover from catastrophic shocks. The concept is particularly at home in the world of war, where healthcare is relentlessly attacked by insecurity, shortages and barbarism. Here is when resilience comes to the picture: What does it mean for a health system to be resilient? Resilience is about how well the health system is able to provide key functions and services under a certain set of circumstances. It is not only about being able to react to emergency conditions but also being able to change and transform in ways that maximise long-term performance and sustainability.[9]

Healthcare resilience is system theory which centers around the entanglement of components of a system. This theory in healthcare includes elements such as infrastructure, human capital, supply chains, governance, and the community.[10] Healthcare can only be resilient when these elements function collectively in order to absorb shocks, remain functional, and re-balance as situations arise. A stable healthcare system, for instance, might have redeployment plans, emergency supply-chains of critical drugs, and communication channels to plan in the event of an emergency.[11] Healthcare resilience matters more in Nigeria, with the country being so rife with conflict and insurgencies. Boko Haram, the armed

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[5] O Ojeleke, W Groot, I Bonuedi and M Pavlova, 'The Impact of Armed Conflicts on Health-Care Utilization in Northern Nigeria: A Difference-in-Differences Analysis' (2022) 14(4) *World Medical & Health Policy* 624, 624–664

[6] O Oleribe, J Momoh, B Uzochukwu B, et al, 'Identifying Key Challenges Facing Healthcare Systems in Africa and Potential Solutions' (2019) 12 *Int J Gen Med* 395, 395–403; A Okpani and S Abimbola, 'Operationalizing Universal Health Coverage in Nigeria through Social Health Insurance' (2022) 16(2) *BMC Health Services Research* 100; Okafor Ikechukwu Joseph, 'Health Infrastructure and Implementation of Health Policy in Nigeria: A Case of NHIS in FCT, Abuja' (2020) 3(4) International Journal of Management, Social Sciences, Peace and Conflict Studies 211

[7] R M Eze, 'The Role of Non-Governmental Organizations in the Development of Nigeria' (2023) 3(2) Journal of Social Theory and Research 1 <https://www.researchgate.net/publication/377223801_THE_ROLE_OF_NON-GOVERNMENTAL_ORGANIZATIONS_IN_THE_DEVELOPMENT_OF_NIGERIA> accessed 1 July 2025

[8] B O Ogbonna et al, 'Terrorism, Population Health, and Epidemiological Dynamics in Nigeria: Implications for Public Health' (2020) 9(1) MOJ Public Health 27

[9] ibid

[10] E Hollnagel, J Braithwaite, and R Wears, *Resilient Health Care* (2nd edn, Routledge 2019); E Barasa, R Mbau, and L Gilson, 'What Is Resilience and How Can It Be Nurtured? A Systematic Review of Empirical Literature on Organizational Resilience' (2018) 18(1) *Health Policy and Planning* 48

[11] K Blanchet, S L Nam, B Ramalingam and F Pozo-Martin, 'Governance and Capacity to Manage Resilience of Health Systems: Towards a New Conceptual Framework' (2017) 6(8) Int J Health Policy Manag 431; World Health Organization, *Building Health Systems Resilience for Universal Health Coverage and Health Security During the COVID-19 Pandemic and Beyond* (WHO/UHL/PHC-SP/2021.01, 19 October 2021)

group that emerged in the early 2000s, has been catastrophic to Northeastern health systems. Unpredictable devastation – the looting or burning of hospitals, the assassination or abduction of medical personnel, the flight of whole towns – has made delivery of healthcare inconvenient.[12] All of these have underlined the need for resilient health systems that can address the specific needs of the conflicts.[13]

Healthcare requires resilience to stay open and be able to continue to treat even during a crisis. It is both disaster response for war-related injuries, and the everyday stuff of vaccinations, child health, chronic illness care. This kind of service has been difficult to deliver on the conflict zones of Nigeria when the supply chain is disrupted, employees are pushed and security risks are present. Vaccination campaigns have been stopped during extreme times of war, for example, triggering outbreaks of vaccine-preventable diseases like measles and polio.[14] These epidemics demonstrate how the impact of conflict is multiplied on health and how resilience can help mitigate that.

Community involvement is another aspect of healthcare resilience. Communities are also often at the centre of the transition, between conflict zones, to close service gaps and maintain continuity of care. Community health workers (CHWs), for instance, have been a key source of primary healthcare services when medical institutions are not available or unable to operate. CHWs are usually sourced from within their community of origin, building trust and increasing access to care. But they only work if they are well-trained, supported and protected.[15]

Governance and leadership are also at the heart of healthcare resilience. Governance is about having a mechanism for coordinated actions, managing resources, and accountability. In Nigeria, governance constraints have often held healthcare systems in the fighting zones back. Delays in releasing funds, non-coordination between actors, and lack of robust accountability mechanisms, for instance, have put a dent in the ability to continue delivering healthcare during times of crisis.[16] Building governance and improving collaboration between state institutions, NGOs and international partners are also key measures to improve healthcare resilience.

Healthcare resilience also depends on the mental health of healthcare staff. Healthcare professionals in conflict situations work in the midst of stress and risks of injury, witness trauma, and with few resources to spare. These illnesses result in burnout, anxiety and depression that make it hard for them to deliver good care. Protecting the mental health of medical staff is, then, a vital part of resilience. This can be done with peer support networks, counselling and rest periods.[17]

But the health-care systems' resilience also depends on wider socio-economic factors like poverty, education and social solidarity. Social-economic inequalities in Nigeria have made conflict-affected people particularly vulnerable and unable to get healthcare. Displaced people in informal settlements, for instance, encounter several barriers to care: financial and transport difficulties; stigma. Such socio-

[12] Amnesty International, *Nigeria: Boko Haram: Civilians continue to be at risk of human rights abuses by Boko Haram and human rights violations by state security forces* (Written statement to the 30th session of the UN Human Rights Council, 24 September 2015) <https://www.amnesty.org/en/wp-content/uploads/2021/05/AFR4424282015ENGLISH.pdf> accessed 1 July 2025; UN Office for the Coordination of Humanitarian Affairs, Humanitarian Needs Overview: Nigeria 2023 (UN OCHA, 2023) https://www.unocha.org accessed 10 January 2025; Khaleel Muhammad, 'Malnutrition: MSF raises alarm over looming deadlier catastrophe in 2025' (Daily Post Nigeria, 6 December 2024) <https://dailypost.ng/2024/12/06/malnutrition-msf-raises-alarm-over-looming-deadlier-catastrophe-in-2025/> accessed 1 June 2025

[13] Robert Martins Eze, 'The Role of Non-Governmental Organizations in the Development of Nigeria' (2023) 3(2) *Journal of Social Theory and Research* https://publications.jostar.org.ng/role-non-governmental-organizations-development-nigeria accessed 2 June 2025; Patrycja Grzebyk and Agnieszka Bieńczyk-Missala, 'Safety and Protection of Humanitarian Workers' in *The Humanitarian Challenge: 20 Years European Network on Humanitarian Action (NOHA)* (Springer 2015) 221

[14] World Health Organization, 'Accessing Essential Health Services in Fragile, Conflict-Affected and Vulnerable Settings' (WHO, 2025) <https://www.who.int/activities/accessing-essential-health-services-in-fragile-conflict-affected-and-vulnerable-settings> accessed 2 June 2025

[15] A L Hartzler, L Tuzzio, C Hsu and E H Wagner, 'Roles and Functions of Community Health Workers in Primary Care' (2018) 16(3) Annals of Family Medicine 240, 243

[16] Michele Decker, 'Ungoverned Spaces Among Informal Health Providers in Nigeria' (2024) 33(1) *African Security Review* 1

[17] Caring for Caregivers Initiative, 'Supporting the Mental Health of Healthcare Workers in Conflict Settings' (2020)

economic determinants need to be addressed in order to construct strong healthcare delivery systems that are inclusive and equitable.[18] Healthcare resilience during conflicts or unrest also needs to remain equitable and inclusive. Women, children, the elderly and people with disabilities are among the most vulnerable of all health issues in war zones. Women and children, for instance, suffer the most from interruptions in maternal and child health care, and people with disabilities also have more difficulty navigating care. Having inclusive healthcare systems that cater for these populations is also part of resilience.[19]

The resilience of healthcare is hinged on policy. In Nigeria, the National Health Policy (NHP) and the National Counter-Terrorism Strategy (NACTEST) set out policy principles for addressing healthcare challenges in conflict settings. However, such policies have not been consistently implemented and the health and security policy frameworks need to be more closely aligned. For example, while protection of critical infrastructure such as hospitals is a focus of NACTEST, its implementation has suffered from a lack of funding and competing priorities. Ensuring better coordination between health and security policy is key to strengthening the capacity of healthcare in conflicts.

Global cooperation and humanitarian efforts have also supported the provision of healthcare in conflict areas. Global organizations such as the World Health Organization (WHO), the International Committee of the Red Cross (ICRC) and Médecins Sans Frontières (MSF) have made significant contributions by delivering medical supplies, training local healthcare workers and providing basic care in Nigeria.[20] These partnerships supplement national efforts and can be especially crucial in times of crisis. However, for these efforts to be sustainable, they should be well-coordinated with national efforts and plans.

Healthcare resilience is a malleable, local concept that must be reinvented in a continual way. In Nigeria, building sustainable health care infrastructure in war zones is an intricate mix of infrastructure, human capital, governance, technology and community. It also requires, however, an interest in equity, inclusion and the wider socio-economic determinants of health. Nigeria can guarantee a more robust healthcare infrastructure and healthcare continuity in the midst of prolonged conflict by a multi-sectoral holistic approach.

3. Impact of Terrorism on Healthcare in Nigeria

Boko Haram terrorist acts in Nigeria have been characterised by premeditated assaults on healthcare facilities. These are attempts to weaken communities and overthrow government. For example, more than 60 per cent of hospitals in northeastern Nigeria have been destroyed or have gone out of operation as a result of terrorist attack.[21] Devastation to hospitals, clinics and supply lines renders the population deprived of life-saving medical treatment, including vaccinations, childbirth and emergency room treatment. A direct outcome of that destruction is the halt in service. Doctors, concerned about their wellbeing, leave their stations in war zones. For instance, at the height of the Boko Haram rebellion, a lot of health workers moved away from Borno and Yobe States, leaving a vacuum in services.[22] Mobility of health workers further skews the uneven distribution of goods, while vulnerable populations with already fragile access to health services are driven further to the peripheries.

Skirmishes have forced health workers to flee their posts, damaged infrastructure and critically reduced emergency response capacity. When health emergencies like cholera and COVID-19 strike, the absence of functioning facilities or health workers on the ground has had devastating consequences. Disease

[18] K Chelak and S Chakole, 'The Role of Social Determinants of Health in Promoting Health Equality: A Narrative Review' (2023) 15(1) *Cureus* e33425 https://doi.org/10.7759/cureus.33425

[19] World Health Organization, *Quality of Care in Fragile, Conflict-Affected and Vulnerable Settings: Taking Action* (WHO 2020)

[20] Joe Abuchi, 'Healthcare Delivery in Conflict Zones: Examining the Situation in North-East Nigeria' (The Authority, 30 September 2024) <https://authorityngr.com/2024/09/30/healthcare-delivery-in-conflict-zonesexamining-the-situation-in-north-east-nigeria/> accessed 2 July 2025

[21] National Emergency Management Agency Act 1999, s 6; UNICEF, *Annual Report: Nigeria* (2020)

[22] D Omiyi, E Arubuola, M Chilaka, M Rahman Jabin, 'Migration of Health Workers and Its Impacts on the Nigerian Health Care Sector: Protocol for a Scoping Review' (2025) 14 JMIR Res Protoc e62726 <https://doi.org/10.2196/62726> accessed 1 July 2025

outbreaks, such as cholera and COVID-19, in northeast Nigeria could not be contained, leading to increases in mortality rates and risks of cross-border transmission.[23] These highlights how health security and terrorism are both connected.

The mental cost to health care workers who remain in fighting fields is another dimension of the effect. Medical staff face chronic stress and burnout because they are always vulnerable to violence and lack of proper security. We know from studies that clinicians in war zones develop more PTSD than clinicians in non-conflict zones.[24] It shows why mental health support systems tailored to the demands of clinicians in these settings are needed. Besides, terrorist attacks compound current supply chain failures. Vaccines, medicines and surgical equipment that would be needed frequently do not make it to war zones because of security. According to Oganyi, several medical equipment that was to be delivered to northeastern Nigeria was delaying or diverted due to logistical problems and attack on convoys.[25] That has resulted in rancour on lifesaving drugs, undermining treatments for chronic diseases like hypertension and diabetes.

Insufficient funding and bureaucratic inefficiency keep efforts to develop healthcare infrastructure after war behind. International donor agencies and institutions like MSF and the ICRC have stepped up to help in significant numbers, but interventions cannot be sustained.[26] Temporary medical camps set up in war zones, for example, will typically be abandoned when donor money is exhausted, leaving communities without sustainable options. Terrorism and access to healthcare also point to structural inequality. Inequality is typically also made worse by problems in healthcare among populations in war-torn areas, by poverty, isolation and discrimination. These all create a cycle where marginalized populations are left vulnerable not only to terrorists but also malnutrition.[27] Even the National Health Act of 2014 that was meant to promote access to healthcare, a move that has also been criticised for its failure to help close these gaps, particularly in conflict areas.

Furthermore, attacks on health workers and hospitals contravene international humanitarian law which requires that medical staff and infrastructure be protected in armed conflicts.[28] This said, Nigeria has been unable to hold perpetrators to account in part due to weak enforcement measures and lack of political will.[29] This has been made worse by the privatisation of healthcare in Nigeria. Private providers, as part of the wider health care system, do not like to spend time in conflicts, both because of the risks and economic viability. That places public health care institutions, which are already thin, on the receiving end of services.[30] The private sector's inability to reach conflict zones underscores the need for public-private partnerships to incentivize investment in these areas.

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[23] World Health Organization, *World Health Statistics 2019: Monitoring Health for the SDGs, Sustainable Development Goals* (2019)

[24] L Jones, 'Healthcare professionals in war zones are vulnerable too' (2014) 21(6) *Journal of Psychiatric and Mental Health Nursing* 413

[25] J D Oganyi, 'Challenges of Medicine Supply in Nigeria' (2023) 3(2) Newport International Journal of Scientific and Experimental Sciences 159

[26] *The Washington Post*, 'Sudan Faces Healthcare Crisis as USAID Funding Cuts Deepen' (29 June 2025) <https://www.washingtonpost.com/world/2025/06/29/sudan-usaid-funding-cuts-trump-musk/> accessed 1 July 2025; *Human Rights Watch*, "Disaster in the Foreseeable Future: Afghanistan's Healthcare Crisis" (12 February 2024) <https://www.hrw.org/report/2024/02/12/disaster-foreseeable-future/afghanistans-healthcare-crisis> accessed 1 July 2025; *Conflict and Health*, 'Global Health Diplomacy in Conflict Settings: Operational Challenges' (2025) <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-024-00605-5> accessed 1 July 2025

[27] S Adomi et al, 'Equity of Healthcare Access in Nigeria: A Scoping Review' (2024) 24(3) *The Nigerian Health Journal* 1345 https://doi.org/10.60787/tnhj.v24i3.891 accessed 1 July 2025

[28] Fourth Geneva Convention 1949, art 18

[29] *Chatham House*, 'Taking Action Against Corruption in Nigeria' (18 March 2025) <https://www.chathamhouse.org/sites/default/files/2025-03/2025-03-18-taking-action-against-corruption-nigeria-hoffmann.pdf> accessed 14 June 2025; *The Guardian*, 'Activists Call for State of Emergency in Nigeria Due to Gender-Based Violence' (25 February 2025) <https://www.theguardian.com/world/2025/feb/25/activists-call-state-emergency-gender-based-violence-nigeria> accessed 14 June 2025; *UNCAC Coalition*, 'Nigeria and the United Nations Convention Against Corruption: A Parallel Report' (2025) <https://uncaccoalition.org/uncacparallelreportnigeria/> accessed 14 June 2025.

[30] O Onwujekwe et al, 'Where Do We Start? Building Consensus on Drivers of Health Sector Corruption in Nigeria and Ways to Address It' (2019) 9 *International Journal of Health Policy and Management* 286 <https://doi.org/10.15171/ijhpm.2019.128> accessed 1 July 2025

There is potential for technology to address some of these challenges. Telemedicine and mHealth technologies were implemented to expand access to healthcare in inaccessible and insecure areas. However, these are not neo-liberal solutions. Connectivity, digital literacy and data security all remain challenges for the broad application of technology in conflict zones.[31] Nigeria Data Protection Regulation 2019 enforces a regulation that will regulate the protection of health data, but not all of it is implemented as well especially in the rural areas.

The concept of building healthcare resilience during periods of terrorism will take various forms. One, constructing attacks-resistant infrastructure (such as fortified medical facilities). Two, crisis-management and personal security trainings should be integrated into capacity-building programmes for medical staff. Three, linking health and security policies can help to better coordinate during an emergency. Joint planning sessions between the health and security services, for example, could quicken response time and deployment.[32]

Global cooperation is important too in confronting the health effects of terrorism. Health system reconstruction has also been supported by organizations like WHO and UNICEF, which have offered technical support and funding to rebuild health infrastructure in warzones. But outside assistance is where Nigeria needs to build locally driven solutions, which is not sustainable. By creating a healthcare resilience fund, both in the public and private sectors, the funding to address these issues could be found.[33]

Communal engagement is the second crucial ingredient. Involving local leaders and community organisations in planning and implementing health services will ensure that they are culturally appropriate and tailored to the population. For example, training community health volunteers could improve care and develop trust between clinicians and residents.[34] The consequences of terrorism on health system and delivery in Nigeria are serious and have wide-reaching implications for public health and national security. These problems demand a more comprehensive response that involves effective policies, investments and inclusive governance.

4. Leveraging International and Local Interventions for Healthcare in Conflict Settings

Healthcare systems in conflict areas are often in a perpetual state of emergency and balancing provision for longer term survival. These are all problems that require serious and deliberate international and local interventions to limit the effect of war on healthcare and build resilience. Interventions, ranging from emergency medical treatment to capacity-building, were common in Nigeria, which is still the scene of insurgencies and bloody battles. How global and local interventions can co-exist, therefore, is the key to designing a coordinated strategy that will maximise the outcomes of healthcare.[35]

Humanitarian organisations, global health agencies and donor organisations are typically known for intervening in conflicts. They are the actors that provide medicine and personnel, and build infrastructure to bridge gaps in healthcare delivery. In Nigeria, organisations like the World Health Organization, the International Committee of the Red Cross and Médecins Sans Frontières have helped to redress the

[31] Emmanuel Ukpe, 'Transforming Healthcare: Telemedicine's Role and Impact in Nigeria' (2025) 30(2) *IOSR Journal of Humanities and Social Science* 20 <https://www.iosrjournals.org/iosr-jhss/papers/Vol.30-Issue2/Ser-7/D3002072026.pdf> accessed 1 July 2025

[32] Federal Ministry of Health, *Second National Strategic Health Development Plan 2018–2022* (2018) <https://ngfrepository.org.ng:8443/jspui/bitstream/123456789/3283/1/SECOND%20NATIONAL%20STRATEGIC%20HEALTH%20DEVELOPMENT%20PLAN%202018%20%e2%80%93%202022.pdf >accessed 1 July 2025

[33] UNICEF, *Rebuilding Health Systems in Post-Conflict Settings* (2020)

[34] Anna Durrance-Bagale et al, 'Community Engagement in Health Systems Interventions and Research in Conflict-Affected Countries: A Scoping Review of Approaches' (2022) 15(1) *Global Health Action* 2074131 https://doi.org/10.1080/16549716.2022.2074131 accessed 1 July 2025

[35] Adamaagashi Izuchukwu P, Akinro Victoria Taiwo, Ewere Osazee Christopher and Frank Chinemerem Egejuru, 'The Role of International Organizations in Global Public Policy Formation and Implementation' (2024) 10(6) *International Journal of Social Sciences and Management Research* 233–254 https://iiardjournals.org/get/IJSSMR/VOL.%2010%20NO.%206%202024/The%20Role%20of%20International%20233-254.pdf accessed 1 July 2025

healthcare crisis created by the Boko Haram insurgency. MSF, for example, has set up mobile clinics in slums and villages to provide critical health care to refugees.[36] In a similar way, the WHO provide technical assistance for disease surveillance and vaccine initiatives in conflict areas.[37]

These have made some contributions, but foreign aid is typically problematic in conflict environments. Expenses, lack of transport and resource scarcity all affect the provision of aid. eg, aid workers in Nigeria have been attacked by armed groups causing services to be disrupted.[38] And the external funding, if they're too dependent on, raises questions about whether such interventions will remain viable, because priorities for funding can change over time. These issues can only be met if we develop the capacity at the grassroots level and when we work with both international and local stakeholders.

The Federal government, non-governmental organizations (NGOs) and community-based organisations also need to intervene locally, in order to ensure that health care services continue and are sustainable during conflicts. In Nigeria, the Federal Ministry of Health has undertaken various projects to build healthcare resilience in war-torn regions. For instance, emergency health teams and mobile health units have made care more accessible in areas where healthcare facilities are sparse.[39] Local NGOs like the Nigeria Red Cross Society also helped to administer emergency medical services, distribute medicines, and help train community health workers.

Taking advantage of local knowledge and building trust with communities is one of the main advantages of local interventions. Community health workers who are mobilised from conflict zones, for example, have provided basic healthcare and facilitated health education. They know the local languages, culture and dynamics which makes them better and enables them to take healthcare treatments more easily. But the ability of local players is limited by resources, lack of governance and inadequate training and support.[40] Stimulating local actors' capacities, then, becomes crucial to making healthcare more sustainable.

Combining international and regional interventions presents the best chance for strengthening healthcare resilience in conflict areas. Innovative collaborations that bring together the technical knowhow and capabilities of foreign actors with the contextual and local knowledge and community engagement of local players can make medical care more effective and more resilient. For instance, foreign entities and local NGO have partnered to provide integrated healthcare services in Nigeria. The WHO's association with the FMOH on the polio elimination programme in the Northeast is a case study in this kind of integration.[41] This collaboration used the WHO's technical capacity and FMOH's regional network to make real gains in polio vaccination coverage.[42]

Also central to integrated healthcare approaches is capacity-building. These programmes will enable local healthcare workers and institutions to build their capacity, knowhow and resources to better manage healthcare needs during wartime. International organisations in Nigeria have supported capacity-building projects on training healthcare professionals, supply chain management and disease surveillance. The ICRC, for example, has trained health workers in conflict zones in emergency

[36] *Médecins Sans Frontières*, 'MSF Overcomes Security Challenges to Treat Children in Borno State' (ReliefWeb, 2020)< https://reliefweb.int/report/nigeria/nigeria-msf-overcomes-security-challenges-treat-children-borno-state >accessed 1 July 2025
[37] *World Health Organization*, 'Breaking Barriers, Building Bridges: Collaborative Effort to Reach Zero-Dose Children in Nigeria' (WHO, 2024) <https://www.who.int/news-room/feature-stories/detail/breaking-barriers-building-bridges-collaborative-effort-nigeria> accessed 2 July 2025
[38] ICRC, 'Annual Report on Humanitarian Interventions in Nigeria' (2021)
[39] ibid
[40] O Onwujekwe et al, 'Where Do We Start? Building Consensus on Drivers of Health Sector Corruption in Nigeria and Ways to Address It', *ibid*
[41] *World Health Organization*, 'Experts Accede to Impressive Progress by Nigeria's Polio Eradication Programme' (28 March 2018) <https://www.afro.who.int/news/experts-accede-impressive-progress-nigerias-polio-eradication-programme> accessed 1 July 2025
[42] *World Health Organization*, 'Experts Accede to Impressive Progress by Nigeria's Polio Eradication Programme', ibid.,

medicine and trauma care.[43] Not only do these interventions support local actors' immediate action capabilities but they also build health systems for the long term.

Innovation in coordinating international and local healthcare can become revolutionary. Telemedicine, mobile health (mHealth) applications and electronic health records are just some technologies that could provide healthcare in a warzone. In Nigeria, the mHealth apps were deployed to monitor outbreaks, share health data, and coordinate actions. For instance, during the Ebola pandemic in West Africa, suspected cases were reported using mobile phones, while contact trace was tracked, showing how technology can help improve healthcare resilience.[44] Technology should be integrated into medical interventions but digital infrastructure, training and data security must be invested in order to make it work.

Healthcare interventions in war areas are also at risk if international and regional strategies are not aligned with national policies and arrangements. The National Health Policy and the National Counter-Terrorism Strategy in Nigeria serve as the guide for healthcare interventions during conflict situations. These policies focus on healthcare infrastructure protection, healthcare workers' safety and health-security interventions. The integration of international and domestic actions with these policies could help coordinate, minimize redundant activity and encourage responsibility.[45] There must be principles of humanitarianism (neutrality, impartiality and autonomy) in order to guide healthcare provision in war zones. They make healthcare provision in line with need and not subject to discrimination or politics. Humanitarian practices are especially important in Nigeria, where healthcare personnel and institutions have been attacked by armed groups. International and local players will need to ensure that these standards are followed and healthcare is protected in conflict situations.[46]

Community engagement is the backbone of good health in conflict. The more the communities are engaged in designing, implementing and assessing healthcare interventions, the more relevant, acceptable and sustainable they will be. The social work undertaken in Nigeria has also included health committees, participatory planning and feedback. FOr example, the participation of local leaders in vaccination campaigns has increased access to previously unvaccinated people and diminished vaccine resistance.[47] Ensuring that communities are engaged also means investing in trust, inclusion and addressing the social determinants of health.

Funding for healthcare is another important part of health care during conflicts. Funding for healthcare provision, capacity-building and infrastructure development must be sufficient and sustainable. For healthcare services in conflict zones in Nigeria, the financial commitments have been external and arguably unsustainable. New forms of financing (such as public-private partnerships and health insurance for the communities) could help healthcare interventions become more financially sustainable. These processes can be a supplement to international funds and bring more funds to healthcare problems in war zones.[48]

5. Policy and Institutional Gaps in Healthcare Resilience

The challenge being faced by the health sector in Nigeria today is caused by a lack of policy and institutional integration which have seriously undermined the creation of health systems that are able to

[43] ICRC, *ibid*
[44] Annah Rufu, 'The Use of Mobile Technology among Healthcare Providers (HcPs) for Improved Health Outcomes in Sub-Saharan Africa (SSA): A Narrative Review' *International Journal of Medical Science and Clinical Invention* https://doi.org/10.18535/IJMSCI/V5I12.01 accessed 1 July 2025
[45] E Eji, 'Rethinking Nigeria's Counter-Terrorism Strategy' (2016) 18(3) *The International Journal of Intelligence, Security, and Public Affairs* 198 <https://doi.org/10.1080/23800992.2016.1242278> accessed 2 July 2025
[46] ICRC, ibid
[47] World Health Organization, 'Quality of Care in Fragile, Conflict-Affected and Vulnerable Settings' (WHO, 2021) <https://www.who.int/teams/integrated-health-services/quality-of-care/quality-of-care-in-fragile-conflict-affected-and-vulnerable-settings> accessed 2 July 2025
[48] Chinyere Mbachu, Enyi Etiaba, Chioma Onyedinma, Obinna Onwujekwe and Beth Kreling, 'Strengthening Health System Resilience: Lessons from Nigeria's COVID-19 Pandemic Governance Strategies' (2024) *World Health Organization, Regional Office for Africa* <https://iris.who.int/handle/10665/379804> accessed 1 July 2025

thrive during conflicts or unrests. The problem does not lie in the absence or lack of policies or regulations that could help, but in the existence of multiple policy frameworks that have not been fully implemented or effectively coordinated by health and security agencies, resulting in structural deficiencies. These gaps are expressed in lack of investment, poor inter-agency coordination and legal protections for health systems and staff. One of the reasons is the siloed nature of Nigerian health policies. In fact, and quite unfortunately, the National Health Act 2014 is unevenly implemented, especially in conflict regions/areas. The Act establishes a Basic Health Care Provision Fund to facilitate more accessible services, but inefficiencies and corruption have impeded its operation and use.[49] Likewise, the Terrorism (Prevention and Prohibition) Act 2022 specifies measures to safeguard infrastructure such as hospitals but these are too patchy in terms of funding and competing security interests.[50] These policy deficiencies are also made worse by institutional barriers. For example, insufficient data and surveillance means that evidence-based decision making is not possible.[51] Timely and accurate data are needed and essential to know what type healthcare is required by people affected by conflict and how intervention programmes are working. But in many conflict zones data are collected intermittently, and current health information systems are poorly funded and integrated.[52] The data-sucking dependence on international organisations highlights national inadequacies. That dependency also threatens to fall out of sync with health goals of Nigeria.[53]

A second serious lack is coordination between health and security agencies/authorities. The NACTEST (National Counter-Terrorism Strategy) focuses on inter-agency coordination, but little has been done.[54] For instance, in the case of the Boko Haram attacks, the absence of coordination between security services and health professionals frequently put off interventions in cases of health emergencies. Coordination in aspects such as shared task forces and shared planning processes are crucial to reconciling these institutional chasms.[55] It would really help to have a legislation that supports this kind of coordination or collaborative effort.

The policy and institutional vacuum also need to be filled by law and regulation. The government of Nigeria would require more extensive legislation in Nigeria regarding healthcare and war. Existing legislation, such as the National Emergency Management Agency (NEMA) Act, give a foundation for disaster recovery, but cannot keep up with the special dynamics of prolonged conflicts. There should, for example, be more robust legal protections for health workers and facilities from attack in accordance with international humanitarian law. National laws should reflect these international standards if the country is to achieve a resilient healthcare system.[56]

International collaborations can make no overstatement of their contributions towards closing these loopholes. Organisations like the World Health Organization (WHO), Médecins Sans Frontières (MSF), and the International Committee of the Red Cross (ICRC) have been pivotal in assisting with medical

[49] O Onwujekwe et al, 'Where Do We Start? Building Consensus on Drivers of Health Sector Corruption in Nigeria and Ways to Address It', *ibid.*
[50] Terrorism (Prevention and Prohibition) Act 2022 (Nigeria), s 4
[51] Oluwole Odutolu, Nnenna Ihebuzor, Ritgak Tilley-Gyado, Valentina Martufi, Michael Ajuluchukwu, Olalekan Olubajo, Bolanle Banigbe, Opeyemi Fadeyibi, Rabiya Abdullhai and Ado J G Muhammad, 'Putting Institutions at the Center of Primary Health Care Reforms: Experience from Implementation in Three States in Nigeria' (2016) 2(4) *Health Systems & Reform* 290 https://doi.org/10.1080/23288604.2016.1234863 accessed 1 July 2025
[52] Nnamdi E Anthony, Franklin N Agetue and Raphael Obuseh, 'An Overview of Emergency Preparedness, Response and Disaster Management in Nigeria: A Study of NEMA' (2019) 11(1) *World Educators Forum* 322–342 <https://globalacademicgroup.com/journals/world%20educators%20forum/AN%20OVERVIEW%20OF%20EMERGENCY%20PREPAREDNESS,%20RESPONSE%20AND%20DISASTER%20MANAGEMENT%20IN%20NIGERIA_%20A%20STUDY%20OF%20NEMA.pdf> accessed 1 July 2025
[53] B Tijani, T Jaiyeola, B Oladejo, and Z Kassam, 'Improving Data Integrity in Public Health: A Case Study of an Outbreak Management System in Nigeria' (2021) 9 (Suppl 2) *Global Health Science & Practice* S226 https://doi.org/10.9745/GHSP-D-21-00240 accessed 1 July 2025
[54] Terrorism Prevention Act, ss 7 and 10
[55] O Onwujekwe et al, 'Where Do We Start? Building Consensus on Drivers of Health Sector Corruption in Nigeria and Ways to Address It', *ibid.*
[56] *ibid*

services provision in the battlefield.[57] Such alliances deliver resources, technical knowhow and policy reform support. But externality belies the necessity of long-term, locally based solutions. Creating the infrastructure for national institutions to self-manage healthcare resilience will take strategic investment and political will.

Scoping with socio-economic determinants of health is another important facet of the policy-institutional intersection. Conflict increases these inequalities, so social protection should be part of healthcare policies. Financial assistance, food security and education programs targeted to specific areas can counteract indirect health impacts of conflict. These do not just increase access to healthcare but help foster social solidarity and stability, the building blocks of resilience. The National Social Investment Programme (NSIP), for example, could be extended to health needs in war-torn regions.[58] Integrating technologies into healthcare models holds the greatest potential for filling policy and institutional holes. Telemedicine, mHealth apps and electronic health records are ways that services can be more effectively provided, especially in remote and conflict zones. MHealth platforms, for example, are utilised to monitor disease outbreaks and organise vaccination programmes even in non-secure environments. It is not only infrastructure investment that will expand technology usage, but also policies that encourage digital literacy and data security must go into place. The Nigeria Data Protection Regulation 2019 takes a first tentative step to this end, but it will need to be expanded to include data challenges for health.[59]

Healthcare is vulnerable to institutional fragilities, and we need governance changes to address these challenges. Providing stronger accountability mechanisms, like performance reviews and local scrutiny, can cut inefficiencies and maximize utilization. Further, establishing a culture of openness in government agencies and healthcare providers can create public trust and stakeholder cooperation. Regulations like the Freedom of Information Act 2011 can be leveraged for more openness and transparency in healthcare policy making.[60]

Human capital challenges are a policy issue too. The absence of skilled health workers in warzones remains a persistent problem, one made worse by the displacement of such staff to safer zones or abroad. To address this, better conditions of employment and compensation are necessary as well as policy incentives that favour service in rural areas. Scholarships and loan forgiveness for students in healthcare, for instance, who pledge to serve in wartime environments can alleviate labour shortages. The National Primary Health Care Development Agency Act provides a road map for this sort of problem but also needs effective implementation.[61]

Community engagement, finally, is an essential but under-rated element of healthcare resilience. Policies that make it easier for communities to become active participants in decisions can make interventions seem more relevant and credible. For instance, including local officials in the planning and delivery of health programmes can ensure that they are culturally responsive and targeted to population-level needs. Furthermore, local actions like training for health volunteers can bolster communities' ability to help deliver healthcare in crisis situations.[62] Hence, to close policy and institutional gaps in

[57] Médecins Sans Frontières, *ibid.*
[58] Institute for Peace and Conflict Resolution, 'Social Protection Policy Can Address Conflict in Nigeria – IPCR DG' (Vanguard, 2023) https://www.vanguardngr.com/2023/11/social-protection-policy-can-address-conflict-in-nigeria-ipcr-dg/ accessed 2 July 2025; World Bank, 'Advancing Social Protection in a Dynamic Nigeria' (2019) <https://documents1.worldbank.org/curated/en/612461580272758131/pdf/Advancing-Social-Protection-in-a-Dynamic-Nigeria.pdf> accessed 2 July 2025; Institute of Development Studies, 'Social Protection in Nigeria: Analysing Capacities' (2024) https://www.ids.ac.uk/publications/social-protection-in-nigeria-analysing-capacities/ accessed 2 July 2025.
[59] *Nigeria Centre for Disease Control*, 'SORMAS in Nigeria' (Exemplars in Global Health) https://www.exemplars.health/emerging-topics/epidemic-preparedness-and-response/digital-health-tools/sormas-nigeria accessed 2 July 2025; *DLA Piper*, 'Data Protection Laws in Nigeria' (2025) https://www.dlapiperdataprotection.com/?c=NG&t=law accessed 2 July 2025
[60] I Griesemer, K Black, L Hausmann, D Gurewich, A Garikipati, R Husain, and S Baker, 'Transparency and Accountability in Healthcare: Bridging Antiracism and Quality Improvement to Advance Health Equity' (2025) 35(1) *Critical Public Health* <https://doi.org/10.1080/09581596.2025.2481963> accessed 1 July 2025
[61] The National Primary Health Care Development Agency Act, s 7
[62] *PMCID*, 'The Role of Community Health Workers in Low-Resource Settings' (2023) <https://pmc.ncbi.nlm.nih.gov/articles/PMC6415721/> accessed 2 July 2025; *The Guardian*, '20 Ways to Deliver Excellence in Community-Based Healthcare' (2013)

healthcare resilience, it will be needed to make use of the intersection of health and security policies, governance mechanisms and technologies.

6. Summary of Findings

Nigeria's health sector is suffering from structural inadequacy due mainly to a lack of policy and institutional integration, that make it difficult to build robust healthcare systems that can function well during conflicts and terrorist attacks. There is no lack of relevant policies and regulations, but fragmented ones and the inability to connect them with health and security systems have left structural gaps. The National Health Act, 2014 and Terrorism (Prevention and Prohibition) Act, 2022 are vague attempts to combat these problems, but are not enacted as generally, especially in conflict zones. Insecurity, inefficiency and lack of cross-organisational coordination make the situation even worse and healthcare systems are understaffed and under-funded.

Some of the institutional obstacles are: data are not collected on time or in a precise way, thus inhibiting evidence-based decision-making. In addition, the call to international bodies such as WHO and Médecins Sans Frontières, while admirable, is another reminder of how weak our country is at providing healthcare in wartime. What's more, we lack adequate legislation to protect healthcare workers and infrastructure in the event of conflict, which opens many locations to attacks and violence. Coordination between health and security forces is absent and it defers the delivery of crucial health response. What's more, stronger legal safeguards for healthcare facilities in line with international humanitarian law are still needed

7. Conclusion

Lack of coordinated policies, inefficiencies in institutions and lack of legal protection for medical personnel and infrastructure are some of the challenges facing Nigeria's health system in conflict areas. Even if there are policies (National Health Act, Terrorism (Prevention and Prohibition) Act), they have been enshrined in silos, and not integrated between health and security agencies. These hurdles need to be addressed through better alignment of health and security policies, better data and decision-making based on evidence, better laws and more community and global collaboration for Nigeria to overcome.
A synergistic, integrated policy response that combines policy changes at the national level, better utilisation of technology and better engagement with the international community will be needed to tackle Nigeria's healthcare system in the fight against armed conflict. Creating healthcare resilience locally, human capital development and legal protections are the steps Nigeria can take to build a health system that is resilient against terrorism and conflict.

8. Recommendations

Firstly, the Nigerian government should do a better job at data collection and health surveillance, particularly in conflicts areas. That would help in the calculation of healthcare needs and in the design and measurement of interventions. Investments in interoperable health information systems are needed to collect data at the right time, reliably, especially in violence-affected regions. Secondly, the government must create official systems of health and security coordination. A daily concerted planning and training exercise would mean that security forces could maintain protection for healthcare professionals and hospitals, and medical personnel are trained to work in conflict zones. This will foster more cohesive emergency responses and greater health and security based unified response system.

Thirdly, the government should create conditions that will ensure more qualified healthcare workers in conflict zones by granting better working conditions, incentives for doctors to work in conflict zones. Programs like scholarship and loan forgiveness for medical students who promise to work in these places could reduce shortages of workers. Training community health volunteers and getting local leaders to contribute to health planning will make sure that interventions are culturally responsive and more palatable to the population. Finally, while national efforts are needed, international organisations will still contribute to filling the gaps in Nigeria's health system. Partnerships strategically with organisations such as WHO, MSF, and the ICRC can be invaluable for both resources and skills, but these should be about building local capacity for sustainability.

<https://www.theguardian.com/global-development-professionals-network/2013/sep/25/community-child-healthcare-best-bits> accessed 2 July 2025