



# CHANGING BEHAVIOUR

TACKLING VIOLENCE AGAINST HEALTH CARE IN NIGER,  
THE CENTRAL AFRICAN REPUBLIC AND NIGERIA

SELECTED EXPERIENCES



# FOREWORD

The causes of violence against health-care workers, facilities and vehicles are complex and varied. But their impact is the same everywhere: people are denied access to health care. Women, children and men may suffer lifelong injuries or die because their access is delayed or deliberately impeded.

Efforts to document violence against health care often focus on the most tragic cases. While such a portrayal is often effective in attracting public attention, it fails to uncover the undercurrents of the violence. There is, therefore, a need for insights aimed at providing solutions, based on progress and positive practices, or at least mitigation mechanisms to counter such violence.

For the International Red Cross and Red Crescent Movement, safeguarding the delivery of health care is fundamental. In 2011, the Health Care in Danger initiative was established to bring violence against health-care services to the world's attention and to develop practical measures to prevent it. The magnitude of this task is such that it cannot be carried out by one organization alone. We need multisectoral cooperation and collaboration in which governments – both those affected by conflict and other emergencies and those not – play a crucial role.

To this end, we have been gathering case studies of good practices to promote as widely as possible. The focus of this publication is domestic measures to protect health care from violence, exploring three diverse African countries: Niger, Nigeria and the Central African Republic.

This publication is intended chiefly for humanitarian and health workers, the Movement, and organizations that deliver medical services in humanitarian settings, but also any health-care workers and policymakers who wish to further the cause of making health-care delivery more secure in the countries where they work. It is meant as both a learning tool and a source of inspiration and discussion.

The ICRC reminds parties to current conflicts, and the international community as a whole, that protecting patients and health personnel in conflicts and other emergencies remains a crucial challenge, and that commitments taken to prevent and mitigate attacks on health care must be backed by action.

Together we can make a tangible difference to this serious humanitarian issue which prevents millions of people worldwide getting the health care they need.

*Maciej Polkowski, Head of the Health Care in Danger initiative*

# INTRODUCTION

Since 2015, the ICRC has been documenting allegations about kidnapping of health-care professionals and other types of violence against health-care personnel working in hospitals, primary health centres and clinics in Niger's Diffa region.

In May 2018, armed men stormed a hospital in the Central African Republic where an ICRC surgical team works, threatening patients, medical staff and Red Cross volunteers.<sup>1</sup> Later that day, it was reported that an ambulance was stopped and threatened on the streets of Bangui, while on its way to the same hospital.

Meanwhile, in Nigeria, armed militants, gangs and cults clash incessantly with government security forces. Civilians too often end up caught in the crossfire, suffering various injuries, including life-threatening gunshot wounds.

These are not isolated examples. Frequently, health-care providers are attacked, patients discriminated against, ambulances held up at checkpoints, hospitals bombed, medical supplies looted and entire communities cut off from critical services, all around the world. Between May 2016 and April 2018, the ICRC registered over 1,200 incidents in 16 countries affected by conflict or other emergencies. These numbers are staggering.

When health-care services are disrupted as a result of violence, it is the sick and wounded who pay the immediate price. When people struggle to access the care they need, it can lead to illness, disability or death. The entire community bears the long-term effects, as these diseases, disabilities or avoidable deaths may engender economic hardship, social burdens and yet more suffering. Violence or threats against health workers, facilities and patients

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<sup>1</sup> <https://www.icrc.org/en/document/icrc-health-care-workers-suffer-attacks-every-single-week>, all web addresses accessed September 2018.

## DEFINITIONS



**Violence against health-care personnel** includes killing, injuring, kidnapping, harassment, threats, intimidation, and robbery; and arresting people for performing their medical duties.

**Health-care personnel** include doctors, nurses, paramedical staff including first-aiders, and support staff assigned to medical functions; the administrative staff of health-care facilities; and ambulance personnel.



**Violence against patients** includes killing, injuring, harassing and intimidating patients or those trying to access health care; blocking or interfering with timely access to care; the deliberate failure to provide or denial of assistance; discrimination in access to, and quality of, care; and interruption of medical care.

**The wounded and the sick** include all persons whether military or civilian who are in need of medical assistance and who refrain from any act of hostility. This includes maternity cases, newborn babies and the infirm.

is thus one of the biggest, most complex and yet under-recognized humanitarian and public health issues today.

However, as this publication shows, there is reason to hope. The detailed accounts of initiatives to protect the medical mission in Niger, the Central African Republic and Nigeria provide some practical insights into what can be done. These examples show that, although calls for compliance with international humanitarian law and international human rights law and for an immediate halt to attacks against health care are right and important, solutions to this difficult humanitarian issue also lie in long-term approaches, prevention, and practical measures.

Considerable progress has already been made on developing preventive mechanisms for violence against health care in conflict settings, and many solutions are waiting to be implemented. There is, however, still a real need to continue gathering scientific evidence in order

to improve existing tools and to scale up the use of the most effective ones to prevent violence and mitigate its consequences.

This should be done through a multidisciplinary approach spanning the fields of public health, health economics, behavioural science, health systems, management science, political science and anthropology.

While the ICRC continues to document and address violence against health care in the countries where we work, we cannot achieve our goals alone. That is why it is crucial to involve health authorities and other government departments, as well as the military and law enforcement agencies, in this effort. But most importantly, this work cannot happen without involving those at the centre of this phenomenon: the health-care workers in the countries affected by conflict and other emergencies.



**Violence against health-care facilities** includes bombing, shelling, looting, forced entry, shooting into, encircling or other forceful interference with the running of health-care facilities (such as depriving them of electricity and water).

**Health-care facilities** include hospitals, laboratories, clinics, first-aid posts, blood transfusion centres, and the medical and pharmaceutical stores of these facilities.



**Violence against medical vehicles** includes attacks upon, theft of and interference with medical vehicles.

**Medical vehicles** include ambulances, medical ships or aircraft, whether civilian or military; and vehicles transporting medical supplies or equipment.





A patient receives first aid in the Bangui Community Hospital emergency room.

In the case of the initiatives presented in this publication, the aim is to better understand the root causes of violence in three African countries and the action taken to reduce it, and to learn from these examples to inspire further action, at the local and global levels.

In Niger, a crucial first step was to conduct local data collection to understand the environment and the context of the violence. This provided a solid basis to develop a strategy to reduce the violence and start forging successful relationships with local authorities, health-care workers' unions and armed groups to implement that strategy.

Within the logic of preventing attacks on health-care services, the Central African Republic example sheds light on the vital importance of behavioural change campaigns. Such campaigns should target not only the weapon bearers, from both State and non-State forces, but also the broader public audience. Indeed, surveys, case studies and anecdotal evidence from many contexts affected by conflict and other emergencies document widespread violence and threatening behaviour by civilians towards health staff. If respect for health care is generally poor in a society, it is also likely to be so among the weapon bearers there.

Nigeria is an important example of what changes in legislation can achieve in terms of protecting health care from violence. Of course, changes in legislation are very context-specific, touching upon many aspects of the national health system and the legislative environment, and it is not possible to present a single roadmap for such preventive measures. Indeed, the case of Nigeria underlines the need to thoroughly analyse each national legislative system in terms of specific local needs and particular vulnerabilities to violence, including in armed conflict.<sup>2</sup>

Lastly, all three case studies point to the need to foster partnerships among – and beyond – the community of concern underpinning the Health Care in Danger initiative. We need a collective effort by the humanitarian, development and health communities, together with civil society organizations and the media, to keep this issue at the top of the global and national agendas, continue to produce results and ultimately achieve our goal: make health-care delivery safe and secure in even the most difficult circumstances.

2 <https://www.icrc.org/en/document/working-towards-safer-access-health-care-rivers-state>

# HEALTH CARE IN DANGER

Health Care in Danger (HCiD) is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, health workers, facilities and vehicles, and ensuring safe access to and delivery of health care in armed conflict and other emergencies.

Launched in 2011, HCiD's work extends over three distinct but interconnected areas:

## **CONSOLIDATING AND IMPROVING FIELD PRACTICE AND NATIONAL RESPONSE TO VIOLENCE**

The HCiD initiative supports the identification and implementation of concrete, practical measures and operational responses at national and local levels to prevent violence and safeguard health care in armed conflict and other emergencies.

## **THE MOBILIZATION OF GLOBAL AND LOCAL COMMUNITIES OF CONCERN**

The Community of Concern is a catalyst for change, supporting, at the local level, the implementation of recommendations and measures to protect health care. It is made up of health professionals, governments, weapon bearers, civil society representatives, NGOs, international organizations and more. Together with this community and through research, debate, consultations and workshops worldwide, the HCiD initiative has identified a number of recommendations and practical steps to safeguard health-care services and now advocates for their wider dissemination and implementation where needed.

## **RAISING PUBLIC AWARENESS ON VIOLENCE AGAINST HEALTH CARE**

The HCiD initiative seeks, through public communication activities highlighting the humanitarian impact of violence against the medical mission, to broaden public understanding of and support for international and national initiatives for the protection of health care.

### **MORE INFORMATION**

[www.healthcareindanger.org](http://www.healthcareindanger.org)  
<http://community.healthcareindanger.org/join/>  
[@HCIDproject](#) [#NotaTarget](#)

**PROTECT  
HEALTH CARE**

**IT'S A  
MATTER  
OF LIFE  
& DEATH**

# DRAWING ON DATA TO DEVELOP A COMMON STRATEGY IN NIGER

## UNDERSTANDING THE PROBLEM: ATTACKS ON THE RISE

Over the past three years, Niger has been experiencing armed violence in two main areas: the Tillabery region has been affected by the Malian conflict across the border; and the Diffa region has been affected by the non-international armed conflict between the Lake Chad countries and Islamic State in West Africa. The violence has taken its toll on people's access to health services.

The health-care system in Niger – one of the lowest-ranked countries on the Human Development Index – faces endemic geographical, human-resource and financial challenges. The violence has exacerbated these constraints on health-care provision.

Since 2015, the ICRC delegation has been documenting allegations of attacks on health workers and facilities. Of the 62 such allegations made between January 2017 and June 2018, the most common were armed entries into health centres (29% of allegations), followed by pillaging of health centres (27% of allegations) and threats made against health-care personnel (15% of allegations).

Such attacks have numerous humanitarian consequences for civilians and other people trying to access the health care to which they are entitled. Armed entries by weapon bearers heighten insecurity, making civilians afraid to go to health centres, and potentially nullifying

the protection afforded health centres under international law. Pillaging and destruction of health facilities can lead to shortages of medication and equipment or make them completely unusable. Attacks and threats against health workers leave many fearing for their lives and even fleeing or refusing to be posted in these areas. In turn, the areas most in need are often the ones most short-staffed.

A state of emergency was declared at the onset of the violence in both regions, which prohibits all movement (by car or foot) at night. These restrictions put people in need of care at greater risk. Many are reluctant to seek health care out of fear of violating the curfew or encountering armed groups at night, while others use alternative coping mechanisms that may be harmful to their health, exacerbating the consequences. This happens even in urgent or life-threatening circumstances and may result in patients' conditions worsening, or even death.





People who fled Bosso, Yébi and Toumour after an attack wait to receive assistance.

## ICRC AND PARTNERS TAKE ACTION

The ICRC delegation's first task was to understand the environment and legal framework. It commissioned a study to map the existing framework and operational practices and to identify weaknesses with the protection of health care in times of conflict. The study concluded that while the right to health care is protected under the Nigerien constitution and other bodies of law, which includes protection of the emblem and everyone's right to be treated, there was a weakness in terms of protecting access to care in times of conflict. The study also uncovered certain legal texts that would help protect health care in areas affected by conflict but had remained dormant, such as the protocol between the Ministries of Defence and of Public Health to set up a permanent commission.

### NATIONAL WORKSHOP

Based on the study, the ICRC and the Ministry of Public Health decided to organize a national workshop, bringing together 33 key representatives from the Ministry, the armed and security forces (army, police, gendarmerie and national guard), the Red Cross Society of Niger, the regional authorities and health workers' unions. The objective was to provide a forum to discuss the issue of health-care access in conflict areas, identify the causes and consequences of problems, discuss the existing framework for protecting health care, and issue recommendations.



A young mother lies beside her one-month-old baby at Diffa Regional Hospital.

The workshop was an excellent opportunity to raise awareness and exchange ideas. Twelve final recommendations were produced, grouped into six main topics:

1. Set up a select committee to follow up on the recommendations' implementation.
2. Activate the health and defence ministries' permanent commission, and expand it to include the Ministry of Interior, Public Safety and Decentralization.
3. Advocate for the permanent commission to devise a contingency plan.
4. Build the capacity of health personnel and communities.
5. Step up communication and awareness-raising campaigns.
6. Devise a proposal to encourage health workers to work in conflict areas.

### PLAN OF ACTION AND NEXT STEPS

The recommendations were translated into a plan of action. So far, at time of writing, this is what has been done:

- A select committee was set up in July 2017 with nine core members from the Ministry of Public Health, the armed and security forces, the Red Cross Society of Niger and health workers' unions. The committee has met four times so far.
- The committee sent an appeal to the Ministry of Public Health requesting that the permanent commission of the Ministries of Defence and of Public Health be (1) activated, and (2) expanded to include the Ministry of Interior, Public Safety and Decentralization for optimal coordination.

- An awareness-raising campaign was launched in both regions. Billboards on protecting medical workers and facilities were installed in 20 of the health centres worst affected by attacks. The unveiling of the billboards was accompanied by large-scale awareness-raising. Key messages on safeguarding medical services were broadcast in various local languages on community radio stations in Diffa. Lastly, work is ongoing with the authorities regarding the importance of allowing medical evacuations to take place and finding a system for night-time evacuations.
- The committee developed a plan to mitigate the lack of human resources and workers' reluctance to be posted in conflict areas, using non-financial and financially feasible incentives. It has been sent to the Ministry of Public Health; the next step is to meet to discuss it.
- First-aid training is being delivered to relay persons and community members to compensate for the lack of health-care access during curfew.





## TOUT LE MONDE A LE DROIT D'ÊTRE SOIGNÉ



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Even small things can have a big impact. Metal signs like this one were used for Health Care in Danger prevention campaigns in Tillabery and Diffa. A couple dozen of these signs were put up, explaining that health-care centres are neutral zones and that the medical staff treat patients impartially. Since then, there has been a significant change in people's behaviour.

Such a large initiative involving so many players is challenging, both from an organizational standpoint, managing the participants' busy schedules, and from a resources standpoint. The lack of resources is an obstacle, as many initiatives require hard-to-obtain financing. The committee needs to show creativity and resourcefulness to obtain financing through other means. Nevertheless, the efforts made since the work began one year ago have proven effective and important. The first-aid training for affected communities has been extremely

useful according to many interviewed in early 2018, as in some instances it allowed them to cope without immediate access to health care. In parallel, educating weapon bearers and improving communication between communities and authorities may have contributed to a dramatic drop in alleged incidents and their humanitarian consequences in 2018. While there is still a long way to go, the positive impact for civilians is enough to warrant the effort.

# OVERCOMING THE CHALLENGES: ONE MATRON'S STORY

Aissatou Abdourahamane is the matron of the Integrated Health Centre in Bosso, in Niger's Diffa region. Her work involves assisting midwives, nurses and doctors in deliveries. Aissatou has also witnessed several of the violent attacks that have shaken the region.

*I've been working as a matron at the health centre in Bosso since 2000. Bosso has always been a lively city and a trade point due to its proximity to Nigeria. The health centre has always been a key facility for many people from both countries, especially the maternity ward. Until 2015, there were 14 health workers at the centre and most services were well staffed. But the situation became complicated after the attacks on government forces in February 2015. Then another offensive in June 2016 drove many people to flee.*

*I was among the few who decided to return to Bosso, only a week after the second attack in June 2016. The first thing I did was to go back and visit the health centre. It was heart-breaking to see the damage. Many rooms had been ransacked, the medicine cabinets in the pharmacy were emptied, torn boxes and broken flasks were smashed all over the floor. I started cleaning up, burned the rubbish and closed all the doors that remained open after the looting. By some miracle, the maternity building was spared, as was the clinical laboratory. The doors were still tightly locked. Even today, I can't explain how.*

An ICRC nurse vaccinates a child  
against measles in Bosso.





Surgeons carry out an operation at Diffa Regional Hospital.

*In the following days, I continued to move around the building. I hoped my presence would deter any further looting. I was known by many people on both sides of the border since I had helped many women give birth, but I had no particular allegiances to any group, so I was well accepted. Little by little, I started rebuilding the work of the centre. The ongoing conflict prevented recruitment in Bosso and the surrounding area. Many midwives came to help with deliveries but were put off staying long-term.*

*We've had to adapt to the state of emergency, with strict curfew hours. The hardest part is when patients with severe complications or open wounds arrive at night and the ambulances have to wait until morning to move them to Diffa city. In such cases, we can only pray to God.*

*But it's not all doom and gloom. Many women have started returning to the centre for prenatal care in the past year. Regardless of the armed crisis, it's essential that we take care of them, teach them healthy habits, and provide good follow-up during their pregnancies.*

*It's these small achievements that give me the strength to stay here and continue bringing lives into the world, despite the risks and uncertainty.*



# CHANGING ATTITUDES AND BEHAVIOUR IN THE CENTRAL AFRICAN REPUBLIC

## BACKGROUND

Even in the best of times, getting health care in the Central African Republic isn't easy because of recurrent political instability and dilapidated public services. But since December 2012, the crisis has escalated, with devastating consequences for people's ability to get the care they need.

Hospitals have been broken into, health-care personnel threatened and patients refused safe passage or stopped at checkpoints. These incidents around the country have repeatedly

prevented medical facilities from functioning normally. There is also a lot of fear among people about how they will be treated in hospitals. To push back against this worrying trend, we at the International Committee of the Red Cross (ICRC) launched a new, intensive Health Care in Danger (HCID) campaign in May 2018.

## THE DEFINING MOMENT

What sparked the big push for the campaign was a serious security incident on 1 May 2018 at Bangui Community Hospital, where an ICRC surgical team was based. A crowd of several hundred people – some armed – stormed the hospital looking for patients who had been brought in earlier that day after an attack on the Notre-Dame de Fatima church. Health workers must be able to do their duty in safety. But the crowd put everyone at risk – the patients, the ICRC team, the entire hospital staff. One person accompanying a patient was killed.

In the following days, as tensions escalated, barricades were erected around the PK5 Muslim-majority district in Bangui, where there is an ICRC-supported health centre run by the Central African Red Cross Society. Twice its ambulance was prevented from evacuating patients. No medical supplies were allowed in to replenish stocks. And a team spent days trapped at the centre, under pressure from weapon bearers demanding that their wounded comrades be treated first.





**VOLUNTEER FOR THE CENTRAL AFRICAN RED CROSS  
AFTER A MOVEMENT-LED AWARENESS-RAISING SESSION**

*As a Red Cross volunteer, I know – because I’ve seen it myself – that when an ambulance is targeted or hijacked by armed men, it’s the whole emergency care system that suffers. Depriving people of an ambulance is simply unacceptable. Health-care staff and facilities need to be left alone.*

## JOINING FORCES TO RAISE AWARENESS

As a result of the incident at the hospital, we launched the campaign and teamed up with the Ministry of Health and other medical providers, such as MSF, to carry it out.

It's not easy to convince people – from the general public to weapon bearers – that everyone who is wounded or sick must be treated based on need alone, without discrimination or regard for whose side they are on. Many people do not understand this principle well enough, and some people do not trust the motives and intentions of organizations who offer medical services.

Our main objective was therefore to raise awareness of the critical role that health-care services – including medical facilities, staff, vehicles and patients – play during periods of armed conflict, and of the importance of ensuring that these services are not hindered. We approached influential people and organizations in the community, such as women's and youth organizations, community and religious leaders, the representatives of the neighbourhoods in Bangui and a group of eight legislators. We also redoubled our awareness-raising efforts with weapon bearers and conducted sessions with the young people who had erected the barriers.

Bangui Community Hospital.







Victims of the violence wait for treatment at Bangui Community Hospital.

#### ICRC COMMUNICATIONS REPRESENTATIVE

*The people we meet – whether health-care personnel, representatives of civil society organizations, or weapon bearers – are generally receptive to the idea that health-care services should not be obstructed. Often they'll attend a couple of awareness-raising sessions. But we feel it takes many more for the message to really stick with them, especially in the heat of the moment when conflict breaks out. We need to do more, be on the air more often at the right times, put up more posters in hospitals and religious buildings. We need to drive home the message, even in peaceful times. We can't afford to get complacent.*

## HITTING THE AIRWAVES

We wanted to use every means possible to spread our message. Because the situation in Bangui was so tense, we started simple: “Tomorrow, your brother might need an operation. If the hospital isn’t running, he won’t get the care he needs”; “Even enemies have the right to be cared for if they are wounded”; “Don’t interfere with ambulances, health-care personnel, patients or the running of hospitals: what if you were the one who needed treatment?” We distributed posters with these messages to hospitals, pharmacies, police stations, social clubs, and in areas where there had been fighting.

In addition, Central African Red Cross volunteers handed out flyers at Bangui Community Hospital and asked people for their feedback. These discussions gave them an idea of how the messages were perceived, whether the messages had sunk in, and whether people would change their behaviour.

We also ran radio spots. Radio is an important source of information in the country, given the poor state of the phone networks and roads. The spots were produced in French and Sango, the local language. We arranged to have them broadcast on local radio stations, together with a skit on HCID, and get listeners’ feedback. We also sent the spots to the subdelegations so they could be broadcast on local stations.

Even though the mobile phone network is limited mostly to Bangui and the major towns, we had the four telephone networks send out a series of text messages, spread out over several weeks to maximize their impact. We also used a film that we had commissioned the previous year from the Red Cross’s theatre troupe. It is a comedy based on traditional story lines containing themes that reinforce our messages.

The Central African Red Cross records a radio series at Ndeke Luka radio station in Bangui.





## GETTING THE MEDIA ON BOARD

The final phase in the campaign was a workshop for a couple of dozen representatives of the national media. We wanted not only to brief journalists, but also to get their ideas about how the media could promote respect for health-care services. The participants were divided into working groups to examine how the media perceives its collaboration with the ICRC and come up with new ideas for actions, tools and impactful messages to raise awareness. One of the suggestions was for some of the participants to form a long-term working

group to continue seeking ways to communicate the campaign's messages to the public.

The workshop also touched on misuse of the red cross emblem. Some former volunteers – or people pretending to be volunteers – have allegedly joined armed groups and worn their Red Cross bibs while carrying weapons. The participants were asked how they would report on such an incident, and what messages they would include.

### JOURNALIST AFTER AN AWARENESS-RAISING SESSION FOR THE MEDIA

*We really appreciated this workshop. It's allowed us, as journalists, to better understand the role that humanitarians play and above all the principles that guide the ICRC's work. It has eased our concerns about the sometimes ambiguous role that some NGOs play. From now on we will be more careful in our commentary and will stand behind calls to not obstruct the running of health-care facilities, no matter what. It's a question of life and death for people who are injured and need urgent care. Personal opinions have nothing to do with it.*

Bangui Community Hospital, where the ICRC has two surgical teams.



## ACHIEVEMENTS AND FOLLOW-UP

The multifaceted campaign continued through June 2018, and in all we held more than 20 awareness-raising sessions. We managed to reach a wide and diverse audience and discuss the issue constructively with a number of different groups. The next step is to evaluate the results and decide whether to repeat

the same messages or adapt them to maximize their impact and keep the issue on people's minds. We are continuing our dialogue with influential people, including the media, and are considering holding some of the same workshops in other parts of the country.

## LESSONS LEARNED

We learned that it was more effective to spread out our activities over time and use our materials in a variety of ways. Weaving the campaign into regular activities also helped. For example, this year's workshop for heads of local Red Cross branches and their focal points focused on HCID themes.

Reacting quickly was also important: by immediately approaching the groups that were obstructing medical services – such as the young people at the barriers – we were able to get results quickly and ensure ambulances were able to get through again. At the same

time, the hospital incident taught us that we need to be promoting respect for health-care services continually, not only when fighting, conflict or security issues arise. It is clear that we needed to do more, more consistently and proactively, for a wider audience. In order to achieve lasting results we must keep the Ministry of Health on board, both in the planning and the implementation of HCID initiatives. The long-term impact of the campaign will be measured by observing how the population, authorities, leaders and weapon bearers react should another violent event take place in Bangui.

A surgical assistant at Bangui Community Hospital waits in front of the operating room for the surgeon to arrive to perform a skin graft.







# STRENGTHENING NIGERIA'S LEGAL FRAMEWORK ON CARE FOR GUNSHOT VICTIMS

## CARE FOR GUNSHOT VICTIMS IN CRISIS

Nigeria is plagued by firearm violence. The ongoing non-international armed conflict in north-eastern Nigeria, communal tensions in the North Central zone and the proliferation of small arms continue to claim many victims. In the Niger Delta, regular clashes between militants and gangs/cults and government security forces take a heavy toll. Civilians are often caught in the crossfire and sustain various injuries, including life-threatening gunshot wounds.

In the past, gunshot victims in Nigeria have struggled to receive prompt medical attention in either government or private health-care centres. On top of a financially strapped medical system, the erroneous perception among health-care personnel that gunshot wounds must be reported to the police before giving any medical attention has prevented the wounded from receiving timely, life-saving care. As a result, lives have been lost, needlessly.

## HINDERED BY THE LEGAL FRAMEWORK

The laws on treating gunshot victims in Nigeria are very specific.

The 1984 Robbery and Firearms (Special Provisions) Act states: "It shall be the duty of any person, hospital or clinic that admits, treats or administers any drug to any person suspected of having bullet wounds to immediately report the matter to the police."

The Act further states: "It shall be an offence punishable under this Act for any person to knowingly house, shelter, or give quarters to any person who has committed an offence under Section 1(2) of this Act." The Act does not prevent health-care workers from treating gunshot victims. But it makes it an offence if such cases in a hospital or clinic are not reported.

These constraints posed a major challenge for hospitals and clinics. Health workers were reluctant to provide life-saving care and found themselves in a difficult legal position.

In many cases, doctors were questioned and even arrested for doing their duty and treating gunshot victims. To shield themselves from interference by law enforcement officials, health-care workers felt compelled to request police clearance before providing any treatment. In addition, many police officers exploited the opportunity to extort money from victims' relatives in exchange for allowing their loved ones to be treated. At the same time, by reporting gunshot cases to the police, health-care workers could be exposed to retaliation from patients and their relatives for denunciation.



Members of the Nigerian Red Cross participate in first-aid training.

## SPEAKING OUT FOR CHANGE

Following a number of legal proceedings against the police, the authorities took measures to try to put an end to the bribery. Many police commanders declared publicly that health-care workers may treat gunshot victims without police clearance. But this has not had the desired outcome.

In 2009, a well-known journalist bled to death after armed men shot him at his home. Following allegations by a Lagos hospital that it had been prevented from treating the victim, which led to his death, the inspector general of police issued a public statement denying that police had ever restrained doctors from attending to those in need of attention following accidents and shootings in the country.<sup>3</sup>

In the same vein, in 2015, Inspector General of Police Solomon Arase restated this position, calling on members of the public, including medical personnel, to attend to gunshot victims before informing the police.<sup>4</sup> The media continued to report regularly on other cases in which gunshot victims were denied treatment.<sup>5</sup> The public outcry following the journalist's death in the 2009 case prompted the National Assembly to begin drafting a new law to address this humanitarian issue. However, the bill suffered a huge setback because of the lack of political will and consensus at the time.

<sup>3</sup> <https://www.vanguardngr.com/2009/09/treat-gunshot-victims-police-tell-doctors>, all web addresses accessed August 2018.

<sup>4</sup> <https://www.pulse.ng/news/local/how-doctors-killed-a-young-man-in-port-harcourt.id7731027.html>; <https://www.qed.ng/police-indict-reddington-hospital-over-refusal-to-treat-shot-engineer/#.W72lehMzZou>

<sup>5</sup> <https://www.pulse.ng/news/local/how-doctors-killed-a-young-man-in-port-harcourt-id7731027.html>; <https://www.qed.ng/police-indict-reddington-hospital-over-refusal-to-treat-shot-engineer/#.W72lehMzZou>



## TAKING ACTION WITH KEY PARTNERS

The ICRC sub-delegation in Port Harcourt and the Rivers State Ministry of Health set up a multidisciplinary Health Care in Danger working group in 2016 – comprising public and private health-care practitioners, representatives of health-care professionals' associations and international non-governmental organizations (e.g. MSF), and academics – to address issues affecting access to and delivery of health care in the state. The working group identified treatment of gunshot victims as a major humanitarian challenge.

The working group developed information, education and communication materials to help patients better understand the health-care system, and to educate health-care workers about their rights and responsibilities to provide neutral and impartial care in situations of violence.

The working group has carried out various initiatives to tackle the issue of treating gunshot wounds:

- A protocol/advocacy tool detailing the rights and responsibilities of health-care professionals when treating patients in emergencies, approved by the Ministry of Health and distributed to health-care professionals and facilities.
- An internal notice (see figure 2 below) developed with the Nigerian police based on the Robbery and Firearms Act, clearly stating the correct position of the law on treating gunshot wounds. This notice was circulated nationwide and used as an awareness-raising tool. It was intended to curb the behaviour of police officers who, ignoring the provisions of the law, were involved in the harassment and arrest of health-care workers.

Most recently, the working group has developed and deployed a state-wide data collection tool to gather data on violent incidents against health-care services.

Patients at the State Specialist Hospital in Maiduguri.





An ICRC doctor works alongside a Nigerian colleague at a hospital in Kaduna State, which has seen an increase in armed violence over the last three years. Hospitals there have received ICRC support to cope with large numbers of casualties.

## NEW LEGISLATION GUARANTEES CARE

The police notice on treating gunshot wounds brought the issue to the attention of the vice president, the Senate president and the federal minister of health. The bill on the compulsory treatment of gunshot victims was speedily reconsidered, passed by parliament in July 2016 and assented to by the president in December 2017.

The Compulsory Treatment and Care for Victims of Gunshots Act:

- establishes the right of every person with a gunshot wound to be treated – to guarantee access to medical services, immediate and adequate treatment with or without a monetary deposit is compulsory
- provides that security agents have a duty to assist victims of gunshot wounds
- forbids any form of inhuman/degrading treatment of victims of gunshots
- sets a two-hour deadline for hospitals to notify the police and family members
- establishes the investigative obligation of the police.

The Act also sets out penalties for offences such as obstructing access or denying health-care services. Security operatives who obstruct access to health care or health-care workers who reject gunshot victims can be held liable.

The Act allows for a two-hour window before medical practitioners must notify the police of a gunshot wound. This window is meant to remind practitioners that they do not need permission from the police to treat a victim. It also allows practitioners to treat victims immediately before having to notify the police.





An injured man is helped out of a car on arrival at the State Specialist Hospital in Maiduguri.

## WHAT HAPPENS NEXT

Despite certain legal gaps in this new law, it is a major step forward in addressing the issue of access to and delivery of emergency care for gunshot victims. The next step is a public awareness-raising campaign to promote implementation of the law and behavioural change among law enforcement operatives and health-care workers.




The ICRC will partner with health-care professionals and associations to promote awareness of the law, and with academic researchers to assess its impact in changing behaviour.





We help people around the world affected by armed conflict and other violence, doing everything we can to protect their lives and dignity and to relieve their suffering, often with our Red Cross and Red Crescent partners. We also seek to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

People know they can count on us to carry out a range of life-saving activities in conflict zones and to work closely with the communities there to understand and meet their needs. Our experience and expertise enable us to respond quickly and effectively, without taking sides.

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