

LEGAL OBLIGATIONS OF STATES TO MAINTAIN HEALTH CARE SERVICES IN CONFLICT ZONES;THE CASE OF NIGERIA, DRC AND MALI

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ABSTRACT

The maintenance of healthcare services during armed conflict represents both a critical humanitarian necessity and a binding legal obligation under international law. This article examined the legal obligations of states to protect and maintain healthcare services in conflict zones, focusing on the comparative case studies of Nigeria, the Democratic Republic of Congo (DRC), and Mali. Employing a doctrinal research methodology, the study analyzed the applicable international humanitarian law (IHL) and international human rights law (IHRL) frameworks, including the 1949 Geneva Conventions, their Additional Protocols, the African Charter on Human and Peoples' Rights, and relevant United Nations Security Council resolutions. The analysis revealed that while all three nations formally committed to these legal frameworks, a substantial gap persisted between international legal standards and the realities on the ground. Practical implementation remained severely constrained by systemic challenges, including persistent insecurity, direct attacks on medical facilities, the displacement of healthcare personnel, severe funding limitations, humanitarian access restrictions, and widespread impunity for violations due to weak governance and accountability mechanisms. The article argued that while armed conflict inevitably fractures state capacity, it does not absolve nations of their due diligence obligations to safeguard health systems and vulnerable populations. It concluded by proposing targeted legislative, institutional, security, and humanitarian recommendations to bridge the gap between legal ideals and life-saving implementation.

Keywords: *International Humanitarian Law, Right to Health, Conflict Zones, Nigeria, Democratic Republic of Congo, Mali*

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1.0 Introduction

The provision of healthcare services is a fundamental responsibility of every state and an indispensable component of human welfare. Access to healthcare assumes even greater significance during periods of armed conflict, when civilian populations are exposed to heightened risks of injury, disease, malnutrition, displacement, and death. Armed conflicts frequently result in the destruction of health infrastructure, disruption of medical supply chains, displacement of healthcare personnel, and attacks on hospitals and humanitarian workers. These consequences severely undermine the ability of affected populations to access essential medical services at a time when such services are most urgently needed. Consequently, the maintenance of healthcare services in conflict zones has emerged as a critical concern within international humanitarian law, international human rights law, and global health governance.

The international legal order recognises the importance of safeguarding healthcare during armed conflict. The four Geneva Conventions of 1949 and their Additional Protocols impose obligations on states and parties to conflict to respect and protect medical personnel, medical units, hospitals, ambulances, and the wounded and sick. Similarly, international human rights instruments, including the International Covenant on Economic, Social and Cultural Rights and the African Charter on Human and Peoples' Rights, recognise the right to the highest attainable standard of physical and mental health. These instruments collectively establish a framework of legal obligations requiring states not only to refrain from interfering with healthcare services but also to take positive measures to ensure their continued availability and accessibility during periods of conflict.

Despite these legal protections, healthcare systems in many conflict-affected states continue to face severe challenges. In Africa, protracted armed conflicts have had devastating effects on public health infrastructure and service delivery. Hospitals have been damaged or destroyed, healthcare workers have been threatened or killed, and millions of civilians have been displaced from areas where healthcare services are available. The resulting humanitarian crises have exposed significant gaps between international legal obligations and practical implementation on the ground.

Nigeria, the Democratic Republic of Congo (DRC), and Mali provide compelling case studies for examining this issue. In Nigeria, the Boko Haram insurgency and other armed conflicts in the North-East have disrupted healthcare delivery, destroyed medical facilities, and displaced healthcare workers and civilians. In the DRC, decades of armed conflict involving state and non-state actors have contributed to one of the world's most severe humanitarian and public health crises. Similarly, Mali has experienced persistent insecurity arising from armed insurgencies and terrorist activities, which have significantly affected the provision of healthcare services, particularly in conflict-affected regions. These countries illustrate the complex challenges faced by states in fulfilling their legal obligations to maintain healthcare services amidst ongoing violence and instability.

The persistence of attacks on healthcare facilities and the deterioration of health systems in these jurisdictions raise important legal questions regarding the nature and scope of state obligations during armed conflict. While international legal instruments establish standards for the protection of healthcare services, questions remain as to whether affected states have effectively discharged these obligations and what factors impede compliance. There is also a need to assess the adequacy of existing legal frameworks in addressing contemporary challenges posed by non-state armed groups, asymmetric warfare, and fragile governance structures.

This article examines the legal obligations of states to maintain healthcare services in conflict zones, with particular reference to Nigeria, the Democratic Republic of Congo, and Mali. It analyses the relevant international humanitarian and human rights law frameworks governing the protection of healthcare during armed conflict and evaluates the extent to which these obligations have been implemented in the selected jurisdictions. Through a doctrinal and comparative approach, the article identifies the challenges confronting states in fulfilling their obligations and proposes measures for strengthening the protection and delivery of healthcare services in conflict-affected areas.

The article argues that although international law imposes clear obligations on states to ensure the continued provision and protection of healthcare services during armed conflict, the practical realisation of these obligations remains significantly constrained by insecurity, institutional weaknesses, resource limitations, and inadequate accountability mechanisms. It concludes that strengthening legal compliance, institutional capacity, and international cooperation is essential for ensuring effective healthcare delivery and protecting vulnerable populations in conflict zones.

2.0 Conceptual and Theoretical Framework

A proper understanding of the legal obligations of states to maintain healthcare services in conflict zones requires an examination of the key concepts and theoretical foundations underpinning the study. Concepts such as healthcare services, armed conflict, conflict zones, and the right to health provide the normative basis upon which international legal obligations are constructed. Equally important are the theoretical perspectives that justify state responsibility for protecting healthcare systems during periods of insecurity and violence.¹

2.1 Concept of Health Care Services

Healthcare services encompass the range of preventive, curative, rehabilitative, and palliative measures designed to preserve, restore, and improve human health. They include services provided by hospitals, clinics, laboratories, pharmacies, emergency medical teams, and public health institutions, as well as the activities of doctors, nurses, paramedics, and other healthcare professionals. The World Health Organization (WHO) defines health services broadly to include

¹ Amani Africa, 'Protection of Medical Personnel and Facilities in Armed Conflicts' (Amani Africa 5 November 2021) <https://amaniafrica-et.org/protection-of-medical-personnel-and-facilities-in-armed-conflicts/> accessed 27 May 2026.

all services dealing with the diagnosis, treatment, promotion, maintenance, and restoration of health.²

In the context of armed conflict, healthcare services assume an expanded significance. Beyond ordinary medical care, they include emergency treatment for war-related injuries, disease surveillance, maternal and child healthcare, mental health services, vaccination programmes, and humanitarian medical assistance. The disruption of these services during conflict can have catastrophic consequences, including increased mortality rates, the spread of infectious diseases, and the collapse of public health systems. Consequently, the continuity of healthcare services is regarded as an essential humanitarian and legal obligation.

2.2 Concept of Armed Conflict

The concept of armed conflict is central to international humanitarian law and determines the applicability of many legal protections relating to healthcare services. Traditionally, armed conflict refers to situations involving the use of armed force between states or between governmental authorities and organised armed groups.³

International humanitarian law generally distinguishes between international armed conflicts and non-international armed conflicts. International armed conflicts occur between two or more states, while non-international armed conflicts occur within the territory of a state and involve hostilities between governmental forces and organised armed groups or between such groups themselves. Contemporary conflicts in Nigeria, the Democratic Republic of Congo, and Mali largely fall within the category of non-international armed conflicts, although some possess transnational dimensions.

The existence of an armed conflict triggers specific legal obligations under international humanitarian law, including obligations relating to the protection of civilians, medical personnel, hospitals, and healthcare infrastructure.

2.3 Conflict Zones and Humanitarian Emergencies

A conflict zone refers to a geographical area affected by armed violence, military operations, insurgency, terrorism, or other forms of organised hostilities. Such areas are often characterised by insecurity, displacement of populations, destruction of infrastructure, and limited access to essential services.

² M Ramadan, H Tappis, MV Uribe and W Brieger, 'Access to Primary Healthcare Services in Conflict-Affected Fragile States: A Subnational Descriptive Analysis of Educational and Wealth Disparities in Cameroon, Democratic Republic of Congo, Mali and Nigeria' (2021) 20(1) *International Journal for Equity in Health* 253 <<https://pmc.ncbi.nlm.nih.gov/articles/PMC8665620/>> accessed 27 May 2026.

³ World Health Organization (WHO), 'Primary Health Care Programme in the WHO African Region from Alma-Ata to Ouagadougou and Beyond' (WHO 2008) <https://www.who.int/docs/default-source/documents/about-us/evaluation/phc-final-report.pdf> accessed 27 May 2026.

Conflict zones frequently give rise to humanitarian emergencies, which occur when the health, safety, and wellbeing of populations are threatened on a large scale. Humanitarian emergencies are often accompanied by shortages of food, water, shelter, and healthcare services. The destruction of health facilities and the displacement of healthcare workers further exacerbate these conditions, creating significant barriers to healthcare access.

The maintenance of healthcare services in conflict zones is therefore not merely a public health concern but a humanitarian imperative. Ensuring continued access to medical care can significantly reduce mortality and suffering among affected populations.

2.4 The Right to Health under International Law

The right to health is a fundamental human right recognised under numerous international and regional legal instruments. It does not imply a right to be healthy but rather a right to access healthcare facilities, goods, services, and conditions necessary for the attainment of the highest possible standard of health.

The right is expressly recognised under Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), which obliges states to take steps necessary for the prevention, treatment, and control of diseases and to create conditions that ensure access to medical services for all. Similarly, Article 16 of the African Charter on Human and Peoples' Rights guarantees every individual's right to enjoy the best attainable state of physical and mental health.

The Committee on Economic, Social and Cultural Rights has clarified that the right to health includes four essential elements commonly referred to as the AAAQ framework: availability, accessibility, acceptability, and quality. States are therefore required to ensure that healthcare services remain available and accessible, even during emergencies and armed conflicts.⁴

The right to health does not cease during periods of conflict. Although practical limitations may affect the extent of implementation, states remain under an obligation to take all feasible measures to protect and maintain healthcare services for affected populations.

2.5 Theoretical Framework

The legal obligations of states to maintain healthcare services in conflict zones can be understood through the lenses of Human Rights Theory and Human Security Theory.

Human Rights Theory

Human Rights Theory is founded on the principle that every individual possesses inherent rights by virtue of being human. These rights are universal, inalienable, and deserving of protection by

⁴ A Debarre, 'Hard to Reach: Providing Healthcare in Armed Conflict' (International Peace Institute December 2018) https://www.ipinst.org/wp-content/uploads/2018/12/1812_Hard-to-Reach.pdf accessed 27 May 2026.

states and the international community. Within this framework, access to healthcare is viewed as a fundamental human right that states are obligated to respect, protect, and fulfil.

The theory provides a strong normative basis for the obligation to maintain healthcare services during armed conflict. Even where security challenges exist, states remain responsible for taking reasonable measures to ensure that civilians have access to essential medical care. The protection of healthcare infrastructure and personnel is therefore viewed as an extension of the state's broader duty to protect human rights.

Human Security Theory

Human Security Theory expands the traditional concept of security beyond military concerns to include the protection of individuals from threats to their survival, wellbeing, and dignity. Developed primarily within the framework of the United Nations, the theory emphasises the importance of safeguarding individuals against risks such as disease, hunger, poverty, and violence.

Under this approach, healthcare services constitute an essential component of human security. The collapse of health systems during armed conflict not only threatens individual wellbeing but also undermines social stability and sustainable development. Consequently, states are expected to prioritise the protection and continuity of healthcare services as part of their broader responsibility to ensure human security.

The combined application of Human Rights Theory and Human Security Theory provides a comprehensive framework for understanding why states remain legally and morally obligated to maintain healthcare services even in the midst of armed conflict. These theories reinforce the principles embodied in international humanitarian and human rights law and underscore the importance of protecting healthcare systems as a means of safeguarding human dignity and preserving life.

3.0 International Legal Framework Governing Health Care Services in Conflict Zones

The obligation of states to maintain healthcare services in conflict zones is firmly rooted in international law. Both International Humanitarian Law (IHL) and International Human Rights Law (IHRL) establish a comprehensive legal framework aimed at protecting healthcare services, medical personnel, and civilian populations during periods of armed conflict.⁵ These legal regimes impose both negative obligations, requiring states and parties to conflict to refrain from attacking healthcare infrastructure, and positive obligations, requiring them to take active measures to ensure

⁵ International Committee of the Red Cross (ICRC), 'Respecting and Protecting Health Care in Armed Conflicts and in Situations Not Covered by International Humanitarian Law' (ICRC 2012) https://www.icrc.org/sites/default/files/document/file_list/health-care-law-factsheet-icrc-eng.pdf accessed 27 May 2026.

the continued provision of medical care. In addition, regional human rights instruments and resolutions of the United Nations Security Council have further strengthened the legal protection afforded to healthcare services in conflict situations.

3.1 International Humanitarian Law and the Protection of Health Care Services

International Humanitarian Law constitutes the primary body of law regulating conduct during armed conflict. Its central objective is to limit the effects of armed conflict by protecting persons who are not participating in hostilities and restricting the means and methods of warfare. The protection of healthcare services forms one of the fundamental principles of IHL.

Under IHL, the wounded and sick must be respected, protected, and cared for without adverse distinction. Medical personnel, hospitals, ambulances, and other healthcare facilities enjoy special protection and may not be attacked or arbitrarily interfered with. Parties to a conflict are required to facilitate the delivery of medical assistance and ensure that healthcare services remain operational to the greatest extent possible.

The obligation to protect healthcare services applies equally in international and non-international armed conflicts. Given that the conflicts in Nigeria, the Democratic Republic of Congo, and Mali are predominantly non-international in nature, the rules governing internal armed conflicts are particularly relevant to this study.⁶

3.2 The Geneva Conventions of 1949

The four Geneva Conventions of 1949 provide the cornerstone of legal protection for healthcare services during armed conflict. Collectively, they establish detailed obligations concerning the treatment of the wounded and sick, the protection of medical personnel, and the preservation of medical facilities.

The First Geneva Convention focuses specifically on the protection of wounded and sick members of armed forces in the field. It requires parties to a conflict to collect and care for the wounded and sick and to respect and protect medical personnel, units, and establishments.

The Fourth Geneva Convention extends protection to civilian populations and obliges parties to ensure that civilians have access to medical care. It also prohibits attacks on civilian hospitals and requires occupying powers to maintain medical services and public health facilities in territories under their control.

These provisions establish that access to healthcare during armed conflict is not merely a humanitarian aspiration but a legally binding obligation imposed on states and other parties to conflict.

⁶ Amani Africa, 'Protection of Medical Personnel and Facilities in Armed Conflicts' (Amani Africa 5 November 2021) <https://amaniafrica-et.org/protection-of-medical-personnel-and-facilities-in-armed-conflicts/> accessed 27 May 2026.

3.3 Additional Protocols I and II

The Additional Protocols to the Geneva Conventions further strengthen the protection of healthcare services during armed conflict.

Additional Protocol I, which applies to international armed conflicts, reinforces the protection of medical units, transports, and personnel. It prohibits attacks against medical facilities and requires parties to facilitate access to medical care for affected populations.

Additional Protocol II, which applies to certain non-international armed conflicts, is particularly relevant to the situations in Nigeria, the Democratic Republic of Congo, and Mali. It expressly provides for the protection of the wounded and sick and prohibits attacks on medical personnel, medical units, and medical transports. It further requires that all wounded and sick persons receive medical care and attention to the fullest extent practicable.

The significance of Additional Protocol II lies in its recognition that internal armed conflicts, which now constitute the majority of contemporary conflicts, require legal safeguards similar to those applicable in international conflicts.

3.4 Protection of Medical Personnel, Units, and Facilities

A central feature of international humanitarian law is the special protection accorded to healthcare personnel and infrastructure. Medical personnel performing exclusively humanitarian functions are entitled to respect and protection at all times. They may not be punished for carrying out medical duties consistent with professional ethics, regardless of the identity of the patients they treat.

Similarly, hospitals, clinics, ambulances, and other medical facilities enjoy protected status under international law. These facilities must not be targeted, damaged, or used in a manner that compromises their humanitarian function. Parties to conflict are also prohibited from obstructing medical activities or preventing healthcare personnel from providing treatment to those in need.⁷

The protection of healthcare infrastructure is particularly important because attacks on hospitals and medical facilities can have devastating consequences for civilian populations, often depriving entire communities of access to essential healthcare services.

3.5 International Human Rights Law and the Right to Health

While international humanitarian law provides specific protections during armed conflict, international human rights law continues to apply alongside it. Human rights obligations do not

⁷ S Altare, C Greco, N Ogbuoji and others, 'Health Services for Women, Children and Adolescents in Conflict Affected Settings: Experience from North and South Kivu, Democratic Republic of Congo' (2020) 14 *Conflict and Health* 31 <https://link.springer.com/article/10.1186/s13031-020-00265-1> accessed 27 May 2026.

cease during periods of conflict, although certain rights may be subject to lawful limitations under specific circumstances.

The right to health is recognised under numerous international instruments and imposes obligations on states to ensure access to healthcare services. Unlike IHL, which focuses primarily on protection during hostilities, human rights law emphasises the broader duty of states to create and maintain conditions necessary for the enjoyment of health.

This dual application of humanitarian and human rights law strengthens the legal basis for requiring states to maintain healthcare services in conflict zones. Together, these legal regimes establish complementary obligations designed to protect both health systems and the populations that depend upon them.

3.6 The International Covenant on Economic, Social and Cultural Rights

The International Covenant on Economic, Social and Cultural Rights (ICESCR) represents one of the most significant international instruments recognising the right to health. Article 12 of the Covenant acknowledges the right of every person to the enjoyment of the highest attainable standard of physical and mental health.

The Covenant requires states to take steps necessary for the prevention, treatment, and control of diseases and to ensure access to medical services⁸. Although the realisation of economic and social rights is generally subject to progressive implementation, states are expected to fulfil certain minimum core obligations regardless of resource constraints.

In situations of armed conflict, these obligations assume heightened importance. States are expected to take all feasible measures to preserve essential healthcare services and ensure that vulnerable populations continue to receive necessary medical assistance.

3.7 The African Charter on Human and Peoples' Rights

At the regional level, the African Charter on Human and Peoples' Rights provides an important legal basis for the protection of healthcare services in conflict-affected states. Article 16 of the Charter recognises the right of every individual to enjoy the best attainable state of physical and mental health and requires states to take necessary measures to protect the health of their people.

The African Commission on Human and Peoples' Rights has consistently interpreted the Charter as imposing positive obligations on states to ensure access to healthcare services. These obligations remain applicable even during periods of insecurity and armed conflict.

⁸ SL Makali, GB Balaluka and others, 'Exploring the Inherent Resilience of Health Districts in a Context of Chronic Armed Conflict: A Case Study in Eastern Democratic Republic of the Congo' (2024) 22 *Health Research Policy and Systems* 103 <https://link.springer.com/article/10.1186/s12961-024-01252-1> accessed 27 May 2026.

Given that Nigeria, the Democratic Republic of Congo, and Mali are parties to the African Charter, its provisions constitute an important component of their legal obligations concerning healthcare service delivery in conflict zones.

3.8 United Nations Security Council Resolutions on Health Care in Armed Conflict

In recent years, the United Nations Security Council has increasingly recognised the protection of healthcare services as a matter of international peace and security. Of particular significance is Security Council Resolution 2286 (2016), which strongly condemns attacks against medical facilities, healthcare personnel, and humanitarian workers in conflict situations.

The Resolution calls upon all parties to armed conflict to comply fully with their obligations under international law and urges states to investigate violations and hold perpetrators accountable. It also emphasises the importance of ensuring safe and unhindered access to healthcare services for civilian populations affected by conflict.

Although Security Council resolutions do not always create new legal obligations, they reinforce existing obligations under international humanitarian and human rights law and contribute to the development of international norms concerning the protection of healthcare services.

The foregoing legal instruments collectively establish a robust framework requiring states to protect and maintain healthcare services during armed conflict. However, the existence of legal obligations does not necessarily guarantee compliance. The next section therefore examines the specific obligations imposed upon states and the standards by which compliance may be assessed in conflict-affected jurisdictions such as Nigeria, the Democratic Republic of Congo, and Mali.

4.0 Case Studies: Nigeria, Democratic Republic of Congo and Mali

The practical significance of the legal obligations discussed in the preceding sections can best be appreciated through an examination of states experiencing protracted armed conflicts. Nigeria, the Democratic Republic of Congo (DRC), and Mali provide useful case studies because each has faced significant security challenges that have adversely affected healthcare delivery. Although the nature and intensity of the conflicts differ, all three countries have experienced attacks on healthcare infrastructure, displacement of populations, disruption of medical services, and difficulties in ensuring access to healthcare in conflict-affected areas.⁹ An assessment of these

⁹ M Ramadan, H Tappis, MV Uribe and W Brieger, 'Access to Primary Healthcare Services in Conflict-Affected Fragile States: A Subnational Descriptive Analysis of Educational and Wealth Disparities in Cameroon, Democratic Republic of Congo, Mali and Nigeria' (2021) 20(1) *International Journal for Equity in Health* 253 https://www.researchgate.net/publication/356964482_Access_to_primary_healthcare_Services_in_Conflict-Affected_Fragile_States_a_subnational_descriptive_analysis_of_educational_and_wealth_disparities_in_Cameroon_Democratic_Republic_of_Congo_Mali_and_Nig accessed 27 May 2026.

jurisdictions provides insight into the extent to which states have complied with their international obligations to maintain healthcare services during armed conflict.

4.1 Nigeria

Nigeria has, for over a decade, grappled with the Boko Haram insurgency and other armed conflicts, particularly in the North-East region. The insurgency has resulted in widespread destruction of public infrastructure, including hospitals, primary healthcare centres, and medical supply facilities. Numerous healthcare workers have been displaced from conflict-affected communities, while many health facilities have either been destroyed or forced to cease operations due to insecurity.

The conflict has significantly affected access to healthcare services in states such as Borno, Yobe, and Adamawa. Large numbers of internally displaced persons have been forced into camps where healthcare resources are often overstretched. Maternal and child healthcare services have been severely disrupted, while vaccination programmes and disease-control initiatives have faced considerable challenges.¹⁰

In response, the Nigerian government has undertaken various measures aimed at maintaining healthcare services in conflict zones. These measures include collaboration with international humanitarian organisations, the establishment of temporary healthcare facilities in internally displaced persons' camps, and the deployment of emergency medical teams to affected communities. The government has also worked with international partners to strengthen disease surveillance and improve healthcare access in areas recovered from insurgent control.

Despite these efforts, significant challenges remain. Insecurity continues to restrict humanitarian access to certain areas, while shortages of healthcare personnel, inadequate funding, and weak infrastructure undermine service delivery. Consequently, questions persist regarding the extent to which Nigeria has fully discharged its obligations to ensure continuous and equitable access to healthcare in conflict-affected regions.

4.2 Democratic Republic of Congo

The Democratic Republic of Congo presents one of the most complex humanitarian situations in Africa. Decades of armed conflict involving governmental forces, rebel movements, and other non-state armed groups have had devastating consequences for the country's healthcare system. Conflict-affected regions, particularly in the eastern provinces, have experienced repeated attacks on healthcare facilities, displacement of healthcare workers, and widespread disruption of essential medical services.

The impact of conflict on public health in the DRC has been compounded by recurrent disease outbreaks, including Ebola, measles, cholera, and malaria. In many conflict-affected areas,

¹⁰ Health Care in Danger (HciD) Project Reports (Provides statistical realities of hospital attacks across the Sahel and the Kivu regions) (p. 6).

insecurity has hindered the delivery of medical assistance and restricted access to vulnerable populations.¹¹ Healthcare facilities have often operated under extremely difficult conditions, with limited personnel, inadequate medical supplies, and damaged infrastructure.

The Congolese government has adopted various measures to address these challenges, including cooperation with international humanitarian agencies and participation in disease-response programmes. International organisations have played a particularly important role in supporting healthcare delivery, constructing health facilities, training healthcare workers, and providing emergency medical assistance.

Nevertheless, the persistence of armed violence continues to undermine healthcare access. Weak state presence in certain regions, limited financial resources, and ongoing insecurity have constrained the government's ability to ensure effective healthcare service delivery. As a result, the DRC illustrates the difficulties faced by fragile states in fulfilling their legal obligations amidst prolonged conflict and institutional instability.

4.3 Mali

Mali has experienced significant security challenges arising from armed insurgencies, terrorist activities, and intercommunal violence, particularly in the northern and central regions of the country. These conflicts have had serious implications for healthcare delivery, resulting in the closure of health facilities, displacement of healthcare personnel, and disruption of essential medical services.

Insecurity has made it difficult for healthcare workers to operate safely in many affected communities.¹² Several health centres have been forced to suspend operations due to threats from armed groups, while patients in remote areas often face considerable obstacles in accessing medical treatment. The humanitarian situation has been further aggravated by population displacement and deteriorating socio-economic conditions.

The Malian government has sought to maintain healthcare services through cooperation with humanitarian organisations and the implementation of emergency health interventions. International partners have provided substantial assistance in supporting healthcare facilities, supplying medicines, and delivering healthcare services to vulnerable populations.

However, the effectiveness of these measures has been limited by persistent insecurity and governance challenges. Many communities remain underserved, while humanitarian actors continue to face restrictions in accessing certain conflict-affected areas. Consequently, Mali's

¹¹ KC Agbo, UA Haruna, AA Oladunni and others, 'Addressing Gaps in Protection of Health Workers and Infrastructures in Fragile and Conflict-Affected States in Africa' (2024) 3 *Discover Health Systems* 36 <https://link.springer.com/article/10.1007/s44250-024-00106-5> accessed 27 May 2026.

¹² I Andersen, R Rossi and I Hubloue, 'Community-Level Mental Health and Psychosocial Support During Armed Conflict: A Cohort Study From the Democratic Republic of the Congo, Mali, and Nigeria' (2022) 10 *Frontiers in Public Health* 815222 <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2022.815222/full> accessed 27 May 2026.

experience highlights the practical difficulties associated with maintaining healthcare services in environments characterised by chronic instability and limited state capacity.

4.4 Comparative Assessment of State Compliance

A comparative analysis of Nigeria, the Democratic Republic of Congo, and Mali reveals both similarities and differences in their approaches to maintaining healthcare services during armed conflict. All three states have formally committed themselves to international humanitarian and human rights obligations relating to the protection of healthcare services. Each has also undertaken efforts, often in partnership with international organisations, to mitigate the adverse effects of conflict on healthcare delivery.

Nevertheless, common challenges are evident across the three jurisdictions. These include insecurity, attacks on healthcare facilities, displacement of healthcare personnel, inadequate funding, weak institutional capacity, and dependence on humanitarian assistance. In each case, the ability of the state to provide effective healthcare services has been significantly constrained by the realities of armed conflict.

While the degree of compliance varies, the experiences of these countries demonstrate that the existence of legal obligations alone is insufficient to guarantee effective healthcare delivery. Compliance is heavily influenced by factors such as state capacity, territorial control, resource availability, and the nature of the conflict itself. Consequently, strengthening healthcare protection in conflict zones requires not only legal commitment but also practical measures aimed at enhancing institutional resilience and improving security conditions.

The experiences of Nigeria, the DRC, and Mali underscore the continuing gap between international legal standards and realities on the ground. They further highlight the need for stronger accountability mechanisms, enhanced humanitarian access, and greater investment in conflict-resilient healthcare systems. The next section examines the principal challenges that impede the effective fulfilment of state obligations to maintain healthcare services in conflict zones.

5.0 Challenges to Maintaining Health Care Services in Conflict Zones

Despite the existence of extensive international legal obligations requiring states to maintain healthcare services during armed conflict, practical implementation remains fraught with difficulties. The experiences of Nigeria, the Democratic Republic of Congo, and Mali demonstrate that the maintenance of healthcare systems in conflict zones is often undermined by a combination of security, institutional, financial, and humanitarian challenges. These obstacles not only hinder the delivery of essential medical services but also weaken the ability of states to fulfil their obligations under international humanitarian and human rights law.

5.1 Insecurity and Attacks on Health Care Facilities

One of the most significant challenges to maintaining healthcare services in conflict zones is the persistent insecurity created by armed violence.¹³ Hospitals, clinics, ambulances, and healthcare workers frequently become direct or indirect targets of attacks by state and non-state actors. Such attacks may result in the destruction of medical infrastructure, loss of medical supplies, injury or death of healthcare personnel, and interruption of essential health services.

In Nigeria, attacks by insurgent groups have led to the closure of several health facilities in conflict-affected areas of the North-East. Similar incidents have occurred in eastern DRC and parts of Mali, where healthcare facilities have been damaged, looted, or abandoned due to insecurity. The fear of violence often discourages healthcare workers from serving in affected communities, thereby exacerbating existing shortages of medical personnel.

The prevalence of attacks on healthcare infrastructure undermines the protective framework established by international law and significantly restricts access to healthcare for vulnerable populations.

5.2 Displacement of Health Care Personnel

Armed conflicts frequently force doctors, nurses, pharmacists, and other healthcare professionals to flee conflict-affected areas. The displacement of healthcare workers creates serious staffing shortages and weakens already fragile healthcare systems.

In many conflict zones, healthcare personnel face threats, intimidation, kidnapping, and physical violence. As a result, skilled professionals often relocate to safer regions, leaving vulnerable communities without adequate medical care. The loss of experienced healthcare workers can have long-term consequences, particularly where training and replacement mechanisms are limited.

The displacement of healthcare personnel not only affects the availability of healthcare services but also undermines efforts to rebuild and sustain health systems during and after conflict.

5.3 Destruction of Health Infrastructure

Conflict often results in extensive damage to healthcare infrastructure, including hospitals, clinics, laboratories, pharmacies, water systems, and sanitation facilities. The destruction of such infrastructure severely limits the ability of states to provide healthcare services and respond effectively to public health emergencies.

In many conflict-affected regions, healthcare facilities operate in damaged buildings with inadequate equipment and limited access to electricity, water, and essential medicines. Rebuilding healthcare infrastructure requires substantial financial resources and long-term commitment, both of which may be difficult to secure in fragile and conflict-affected states.

¹³ KC Agbo, UA Haruna, AA Oladunni and others, 'Addressing Gaps in Protection of Health Workers and Infrastructures in Fragile and Conflict-Affected States in Africa' (2024) 3 Discover Health Systems 36 <https://link.springer.com/article/10.1007/s44250-024-00106-5> accessed 27 May 2026.

The destruction of health infrastructure also contributes to broader public health challenges, including the spread of communicable diseases, increased maternal and infant mortality, and reduced access to preventive healthcare services.

5.4 Funding Constraints and Resource Limitations

Maintaining healthcare services during armed conflict requires significant financial investment. However, conflicts often divert governmental resources toward military and security operations, leaving limited funding available for healthcare systems.

Nigeria, the DRC, and Mali have all faced resource constraints that have affected their ability to sustain healthcare services in conflict zones. Shortages of medicines, medical equipment, healthcare personnel, and operational funding frequently undermine healthcare delivery. In many instances, governments become heavily dependent on international donors and humanitarian organisations to support healthcare programmes.

While international assistance plays an important role in addressing immediate needs, overreliance on external support may raise concerns regarding sustainability and long-term healthcare system development.

5.5 Humanitarian Access Restrictions

Humanitarian organisations often provide essential healthcare services in conflict zones where state capacity is limited. However, their ability to operate effectively may be hindered by security concerns, bureaucratic obstacles, and restrictions imposed by parties to conflict.

In many conflict situations, humanitarian actors encounter difficulties in reaching populations located in remote or contested territories. Checkpoints, military operations, administrative delays, and deliberate obstruction by armed groups can significantly impede the delivery of medical assistance.

Restrictions on humanitarian access not only compromise healthcare delivery but may also exacerbate humanitarian crises by preventing vulnerable populations from receiving life-saving medical care.

5.6 Weak Governance and Institutional Capacity

Effective healthcare service delivery during armed conflict depends heavily on the strength of governmental institutions. However, conflicts often weaken governance structures, reduce administrative effectiveness, and undermine the capacity of state institutions to perform essential functions.

In fragile states, healthcare ministries and related agencies may lack the personnel, resources, and organisational capacity necessary to coordinate emergency health responses effectively.

Corruption, poor planning, and inadequate policy implementation may further impede healthcare delivery.¹⁴

Weak governance structures can also hinder accountability for attacks on healthcare services and reduce public confidence in governmental efforts to address healthcare needs during conflict.

5.7 Activities of Non-State Armed Groups

The increasing prominence of non-state armed groups in contemporary conflicts presents unique challenges to healthcare protection. Many armed groups operate outside formal legal frameworks and may not consistently comply with international humanitarian law obligations.

Non-state actors may attack healthcare facilities, interfere with humanitarian operations, restrict civilian movement, or occupy medical facilities for military purposes. In some instances, they may impose conditions on healthcare delivery or target healthcare workers perceived to be assisting opposing parties.

The involvement of multiple armed groups often complicates efforts to ensure healthcare access and increases the difficulty of enforcing legal protections.

5.8 Public Health Emergencies and Disease Outbreaks

Conflict zones are particularly vulnerable to disease outbreaks and public health emergencies. Poor sanitation, overcrowding in displacement camps, malnutrition, and limited healthcare access create conditions conducive to the spread of infectious diseases.

The experiences of the Democratic Republic of Congo with Ebola outbreaks and the broader challenges posed by communicable diseases in conflict-affected regions illustrate how conflict can intensify public health risks. Where healthcare systems are already weakened by violence, their ability to respond effectively to disease outbreaks becomes significantly compromised.

Such emergencies place additional pressure on limited healthcare resources and further complicate the fulfilment of state obligations relating to healthcare service provision.

5.9 Limited Accountability for Violations

A further challenge lies in the persistence of impunity for attacks on healthcare services. In many conflict situations, perpetrators of violations against healthcare personnel and facilities are rarely investigated or prosecuted.¹⁵ The absence of effective accountability mechanisms weakens deterrence and contributes to the recurrence of violations.

¹⁴ SM Lwamushi, H Karemere, R Banywesize and others, 'Adaptive Mechanisms of Health Zones to Chronic Traumatic Events in Eastern DRC: A Multiple Case Study' (2023) 12 International Journal of Health Policy and Management 8001 <https://pmc.ncbi.nlm.nih.gov/articles/PMC10699820/> accessed 27 May 2026.

¹⁵ KC Agbo, UA Haruna, AA Oladunni and others, 'Addressing Gaps in Protection of Health Workers and Infrastructures in Fragile and Conflict-Affected States in Africa' (2024) 3 Discover Health Systems 36 <https://link.springer.com/article/10.1007/s44250-024-00106-5> accessed 27 May 2026.

Weak judicial systems, insecurity, lack of evidence, and political considerations often impede efforts to hold perpetrators accountable. As a result, violations continue with limited consequences, undermining both the rule of law and the protection afforded to healthcare services under international law.

The foregoing challenges demonstrate that the maintenance of healthcare services in conflict zones involves far more than the existence of legal obligations. Effective compliance requires adequate resources, institutional capacity, security, accountability, and cooperation between states and humanitarian actors. Addressing these challenges is therefore essential for improving healthcare delivery and ensuring greater protection for conflict-affected populations. The next section proposes measures aimed at strengthening state compliance with international obligations and enhancing the resilience of healthcare systems in conflict zones.

6.0 Recommendations

The foregoing analysis demonstrates that although international law imposes clear obligations on states to maintain healthcare services during armed conflict, the practical implementation of these obligations remains inadequate in many conflict-affected jurisdictions. The experiences of Nigeria, the Democratic Republic of Congo, and Mali reveal persistent challenges arising from insecurity, weak institutions, resource constraints, and limited accountability mechanisms. To bridge the gap between legal obligations and practical realities, a combination of legislative, institutional, security, and humanitarian measures is required. The following recommendations are proposed.

6.1 Strengthening Domestic Implementation of International Humanitarian Law

States should take deliberate steps to domesticate and effectively implement their obligations under the Geneva Conventions, Additional Protocols, and relevant human rights instruments. While Nigeria, the DRC, and Mali are parties to many international treaties protecting healthcare services during armed conflict, effective implementation often remains weak.

Governments should enact comprehensive legislation criminalising attacks on healthcare facilities, medical personnel, patients, and humanitarian workers. Such legislation should clearly define prohibited conduct and provide appropriate sanctions for violations. Domestic legal frameworks should also establish mechanisms for monitoring compliance with international humanitarian law and promoting awareness among military personnel, security agencies, and civilian authorities.

6.2 Enhancing the Protection of Health Care Facilities and Personnel

Healthcare facilities and personnel should receive enhanced protection during armed conflict. Governments should develop security strategies specifically aimed at safeguarding hospitals, clinics, ambulances, and healthcare workers operating in conflict-affected areas.

Security agencies should receive specialised training on the legal protections afforded to healthcare services under international humanitarian law. Military operations should be planned and conducted in a manner that minimises risks to healthcare infrastructure and civilian access to medical services. Furthermore, early warning systems and rapid response mechanisms should be established to address threats against healthcare facilities and personnel.

6.3 Improving Humanitarian Access

States should facilitate safe, rapid, and unimpeded access for humanitarian organisations providing healthcare services in conflict zones. Administrative procedures relating to humanitarian operations should be simplified, and unnecessary restrictions on humanitarian movements should be eliminated.

Governments should also strengthen cooperation with international organisations, non-governmental organisations, and humanitarian agencies engaged in healthcare delivery. Effective coordination mechanisms can help ensure that medical assistance reaches vulnerable populations promptly and efficiently.

Where security concerns exist, states should seek to balance legitimate security considerations with the humanitarian imperative of ensuring access to healthcare services.

6.4 Strengthening Health System Resilience

Healthcare systems in conflict-prone regions should be designed to withstand and adapt to the challenges posed by armed conflict. This requires sustained investment in healthcare infrastructure, emergency preparedness, and workforce development.

Governments should prioritise the construction and rehabilitation of healthcare facilities in vulnerable regions and ensure the availability of essential medicines, medical equipment, and emergency supplies. Contingency plans should be developed to guarantee continuity of healthcare services during periods of instability.

Special attention should also be given to the recruitment, training, and retention of healthcare personnel willing to serve in conflict-affected communities. Incentive programmes, security guarantees, and psychosocial support measures may help address staffing shortages in such areas.

6.5 Establishing Effective Accountability Mechanisms

Accountability is essential for ensuring compliance with legal obligations relating to healthcare services during armed conflict. States should investigate promptly and impartially all allegations of attacks against healthcare facilities, personnel, and patients.

Independent oversight bodies should be empowered to monitor violations and recommend corrective measures. Judicial institutions should be strengthened to facilitate the prosecution of perpetrators and provide remedies for victims. Where domestic mechanisms prove inadequate,

regional and international accountability mechanisms should be utilised in accordance with applicable legal frameworks.

Ending impunity for violations against healthcare services would contribute significantly to deterrence and reinforce respect for international legal norms.

6.6 Enhancing Regional and International Cooperation

The protection of healthcare services in conflict zones requires cooperation beyond the national level. Regional organisations such as the African Union and the Economic Community of West African States should play a more active role in supporting member states affected by armed conflict.

Such support may include technical assistance, capacity-building programmes, conflict prevention initiatives, and coordinated humanitarian responses. International organisations, donor agencies, and development partners should also continue to provide financial and technical support aimed at strengthening healthcare systems in conflict-affected regions.

Regional cooperation can facilitate the sharing of best practices and promote more coordinated responses to transnational security and public health challenges.

6.7 Promoting Community Participation and Public Awareness

Local communities play a critical role in protecting healthcare services during armed conflict. Governments and humanitarian actors should engage community leaders, civil society organisations, and local stakeholders in efforts to safeguard healthcare infrastructure and support healthcare delivery.

Public awareness campaigns should be conducted to educate communities, armed actors, and security personnel on the legal protections afforded to healthcare services under international law. Greater awareness can contribute to improved compliance and reduce the incidence of attacks against healthcare facilities and personnel.¹⁶

Community participation also enhances trust, improves service delivery, and promotes the sustainability of healthcare interventions in conflict-affected areas.

6.8 Integrating Health Protection into Peacebuilding and Recovery Efforts

Healthcare protection should form an integral component of post-conflict reconstruction and peacebuilding initiatives. Rebuilding healthcare infrastructure, restoring medical services, and strengthening public health systems are essential for long-term stability and sustainable development.

¹⁶ KC Agbo, UA Haruna, AA Oladunni and others, 'Addressing Gaps in Protection of Health Workers and Infrastructures in Fragile and Conflict-Affected States in Africa' (2024) 3 Discover Health Systems 36 <https://link.springer.com/article/10.1007/s44250-024-00106-5> accessed 27 May 2026.

Governments should incorporate healthcare recovery into national peacebuilding strategies and allocate adequate resources to rebuilding damaged health systems. International partners should likewise support efforts aimed at restoring healthcare access and addressing the long-term health consequences of armed conflict.

A resilient healthcare system not only improves public health outcomes but also contributes to social cohesion, economic recovery, and the prevention of future humanitarian crises.

Collectively, these recommendations provide a framework for strengthening the protection and delivery of healthcare services in conflict zones. Their implementation would assist states in fulfilling their legal obligations under international law while improving healthcare access for populations affected by armed conflict. Ultimately, effective healthcare protection requires a combination of legal commitment, political will, institutional capacity, and international cooperation.

7.0 Conclusion

The maintenance of healthcare services during armed conflict is both a humanitarian necessity and a legal obligation imposed upon states under international humanitarian law, international human rights law, and regional human rights instruments. The protection of hospitals, medical personnel, patients, and healthcare infrastructure is fundamental to preserving human dignity and reducing the devastating consequences of armed conflict on civilian populations. In situations where violence disrupts normal social and governmental functions, access to healthcare becomes even more critical, as affected populations face heightened risks of injury, disease, displacement, and death.

This article has demonstrated that the legal framework governing healthcare services in conflict zones is well established. The Geneva Conventions of 1949, their Additional Protocols, the International Covenant on Economic, Social and Cultural Rights, the African Charter on Human and Peoples' Rights, and various United Nations instruments collectively impose obligations on states to respect, protect, and fulfil the right to health during periods of armed conflict. These obligations extend beyond merely refraining from attacks on healthcare facilities and require states to take positive measures to ensure the continued availability and accessibility of essential medical services.

The experiences of Nigeria, the Democratic Republic of Congo, and Mali reveal the significant challenges associated with fulfilling these obligations in practice. In each of these jurisdictions, armed conflict has contributed to the destruction of healthcare infrastructure, displacement of healthcare personnel, disruption of medical services, and increased vulnerability of civilian populations. While governments have undertaken various measures to mitigate these effects, including cooperation with humanitarian organisations and emergency healthcare interventions, substantial gaps remain between legal obligations and actual implementation.

The comparative analysis undertaken in this article further demonstrates that the effectiveness of healthcare protection in conflict zones is influenced not only by the existence of legal obligations but also by factors such as state capacity, security conditions, institutional effectiveness, resource availability, and the conduct of non-state armed groups. Persistent insecurity, weak governance structures, humanitarian access restrictions, funding limitations, and inadequate accountability mechanisms continue to impede the effective delivery of healthcare services in conflict-affected regions.

Nevertheless, these challenges do not diminish the legal responsibilities of states. International law recognises that armed conflict may constrain governmental capacity, but it does not absolve states of their duty to take all feasible measures to maintain healthcare services and protect vulnerable populations. The principle of due diligence requires states to utilise available resources, facilitate humanitarian assistance, protect healthcare infrastructure, and ensure accountability for violations affecting healthcare services.

The study therefore concludes that while Nigeria, the Democratic Republic of Congo, and Mali have made varying efforts to address healthcare needs in conflict zones, greater commitment is required to ensure full compliance with international legal obligations. Strengthening domestic implementation of international humanitarian law, improving protection for healthcare personnel and facilities, enhancing humanitarian access, investing in resilient healthcare systems, and promoting accountability for violations are essential steps towards achieving this objective.

Ultimately, the protection of healthcare services in conflict zones should not be viewed solely as a matter of legal compliance. It is also a reflection of the broader commitment of states and the international community to safeguard human life, uphold human dignity, and mitigate the suffering caused by armed conflict. Ensuring access to healthcare during times of war is indispensable to the protection of fundamental human rights and remains one of the most important measures for preserving humanity amidst the realities of armed violence.