

Commentary

Safeguarding Public Health in the Face of Insecurity in Nigeria

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Abstract

Public health practitioners play a critical role in promoting disease prevention, health education, and outbreak response, particularly in low- and middle-income countries like Nigeria. However, in regions affected by conflict and insecurity, especially in the North-East, North-West, and Middle Belt, the ability of these professionals to deliver essential services is increasingly threatened. This study employed a narrative review methodology, synthesizing peer-reviewed literature, policy documents, and reports from international health organizations to examine security challenges affecting public health workers in Nigeria's conflict zones. It explores the multifaceted security challenges confronting public health practitioners in Nigeria's conflict-prone areas, including targeted violence, kidnapping, infrastructure collapse, and community resistance. It examines the physical and psychological toll on health workers, the implications for healthcare delivery and disease control, and the underlying structural and sociocultural drivers of health insecurity. The study emphasizes the urgent need for context-specific interventions such as enhanced security planning, psychosocial support, community engagement, and policy reforms. Recommendations include integrating safety mandates into national health policies, investing in protective infrastructure and mental health services, and strengthening international partnerships. Addressing these challenges is essential not only for protecting frontline workers but also for ensuring progress toward Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) in Nigeria.

Keywords: Public health practitioners; Insecurity; Conflict-affected regions; Nigeria; Healthcare delivery.

Introduction

Public health practitioners are foundational to the functioning of any health system in disease prevention, health education, outbreak response, and the delivery of essential services to communities. Their contributions are even more critical in fragile health systems plagued by high disease burdens and limited infrastructure. In such settings, public health workers are key agents of community mobilization and disease surveillance (1).

However, in Nigeria, the effectiveness of public health interventions is being increasingly compromised by worsening insecurity. Insecurity affects health system performance in multiple ways thereby threatening health workers' safety, reducing their capacity to reach vulnerable populations. Insecurity also erodes community trust in health interventions, creating a cycle that sustains poor health outcomes and weakens health systems (2). This challenge is most acute in distressed and volatile regions, including parts of the Northern Nigeria, and the Middle Belt, where violence, insurgency, and socioeconomic instability converge. These areas are not only hotspots for disease outbreaks but also among the most dangerous for healthcare workers to operate in. Reports have highlighted frequent cases of abductions, assaults, and attacks on healthcare workers and facilities, endangering lives and disrupting critical services (3).

Persistent outbreaks of preventable diseases such as cholera, Lassa fever, yellow fever, and meningitis remain a major public health concern in Nigeria. These outbreaks are often intensified by poor sanitation, low vaccination rates,

internal displacement, and weak health infrastructure (4). In such high-risk areas, health workers often withdraw services or refuse deployment altogether, leading to increases in morbidity and mortality, especially among vulnerable populations like children and pregnant women (5).

The intersection of public health and security in Nigeria presents a deeply complex challenge. Insecurity restricts the movement of health professionals, disrupts supply chains, delays outbreak responses, and weakens disease surveillance systems.⁶ Moreover, the persistent threat of violence contributes to burnout, low morale, and high attrition rates among frontline health workers. As a result, communities in these regions are left without essential health services, further perpetuating cycles of disease, poverty, and underdevelopment.

Achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) in Nigeria depends on protecting and empowering the health workforce, especially in high-risk environments. A nuanced understanding of the challenges faced by public health practitioners in insecure regions is necessary for designing evidence-based policies and practical interventions. These must prioritise the safety, resilience, and operational capacity of healthcare workers (6).

This study explores security threats facing public health practitioners in Nigeria's underserved and disease-prone regions. It identifies major threats, including violence, kidnapping, armed conflict and attacks on health facilities, and examines how these challenges affect healthcare

delivery. It assesses the impact of insecurity on public health outcomes. The goal is to inform the development of protective and sustainable health strategies for Nigeria's most vulnerable regions.

Insecurity and the Public Health Crisis in Nigeria

A Fragile Healthcare System under Pressure

The primary healthcare (PHC) level, meant to serve as the foundation of health service delivery, remains severely underfunded and poorly staffed. With insufficient infrastructure and a critical shortage of trained personnel, the PHC system struggles to meet the basic health needs of the population (7). Although secondary and tertiary facilities are relatively better equipped, their services are concentrated in urban areas and are often inaccessible to rural and conflict-affected populations.

Despite legislative efforts such as the National Health Act of 2014, which aimed to improve financing and access, substantial disparities persist, especially in insecure regions where mobility constraints, attacks on health workers, and destroyed infrastructure compound the systemic deficiencies (8).

Nigeria's health system faces a dual disease burden. Communicable diseases such as malaria, tuberculosis, HIV/AIDS, cholera, and Lassa fever remain prevalent, particularly in areas with poor sanitation and limited healthcare access (1). Simultaneously, non-communicable diseases (NCDs) including hypertension, diabetes, and cancers are increasing due to urbanization, sedentary lifestyles, and low health literacy. This dual burden presents significant challenges for public health practitioners,

especially in settings where insecurity disrupts service delivery (9).

The Deepening Threat to Public Health Practitioners

Insecurities such as armed conflict, insurgency, and violence against health workers are widespread in the Northern regions of Nigeria. Kidnappings, killings, and destruction of healthcare infrastructure have created fear and disruption (10). Polio vaccination campaigns have been suspended in some areas due to violent attacks, while road ambushes continue to hinder outreach efforts (11).

Beyond physical harm, health workers experience significant emotional and psychological trauma. Depression, anxiety, post-traumatic stress disorder (PTSD), and burnout are common among those working in high-stress conditions (9, 12). The 2013 killing of nine female vaccinators in Kano State severely affected immunization efforts across northern Nigeria (13). Community resistance and stigma, such as during the Lassa fever outbreak in Edo State, further complicate health interventions (10).

Underlying Drivers of Health Insecurity

Insecurity in public health delivery has multiple causes. Armed insurgencies and communal clashes in states like Borno have forced healthcare workers to flee or refuse postings. Over 30% of healthcare workers in the state have experienced direct threats to their lives (14). Infrastructure deficits, including impassable roads, unsafe buildings, and poor facility standards, further isolate vulnerable communities. In Northeast Nigeria, fewer than 20% of facilities meet basic safety criteria (3, 15).

Social and cultural dynamics also play a role. Misinformation and conspiracy theories often spread through informal networks, fuel distrust in health interventions, particularly immunization campaigns (16, 17). In some regions, gender norms restrict the movement and activities of female health workers, while the stigma around diseases like HIV/AIDS and tuberculosis discourages health-seeking behaviour (2, 14).

Toward Safer Health Practice in Insecure Zones

Mitigating these complex threats requires a multi-pronged and context-specific approach. First, effective risk assessment and planning are essential. Incorporating Geographic Information Systems (GIS) and community-based risk mapping helps identify high-risk zones and develop responsive security protocols (18).

Secondly, physical protection measures, such as secure accommodations, armed escorts, satellite tracking, and encrypted communication, must become standard for practitioners in high-risk areas (19, 20). Access to personal protective equipment and rapid-response teams also enhances health worker safety and preparedness.

Training and capacity-building initiatives are vital. Health workers should receive training in personal security, trauma care, and navigating volatile environments. Psychological preparedness is equally important to building long-term resilience (1, 18).

Engaging communities remains a cornerstone strategy. Community-based surveillance systems, local watch

groups, and the inclusion of traditional and religious leaders in planning can help foster trust and reduce hostility toward health interventions (17).

Policy and Strategic Recommendations

Protecting public health practitioners in Nigeria requires comprehensive policy reform. The National Health Act should be revised to include explicit security provisions for health workers in conflict-affected and high-risk areas. Such amendments would provide a legal framework, ensure accountability, and clarify operational measures for safeguarding frontline personnel (12). This would demonstrate political commitment and establish enforceable standards for federal and subnational health authorities.

Legal reform must be accompanied by sustainable and strategic financing. Government budgets should prioritise investments in secure infrastructure, field logistics, and psychosocial support for health workers exposed to trauma. Long-term sustainability requires public-private partnerships and international donor engagement to mobilise technical and financial resources. Without sustained funding, policy intentions will remain unfulfilled, and health workers will continue operating in conditions that compromise their safety and service effectiveness (20).

Lessons Learned

Insecurity for public health practitioners in Nigeria stems from systemic issues like fragile health infrastructure, political instability, and sociocultural distrust etc. Protecting Healthcare workers requires embedding security into the health system, including policies, budgets, and operations.

A focus on psychological well-being is as critical as one on physical safety, as chronic psychological insecurity directly fuels burnout, absenteeism, and turnover. Effective community engagement, respecting local power structures, cultural norms, and trust reduces resistance to interventions and protects health workers in fragile settings.

Implications for Clinical and Public Health Practice

This study highlights the need to integrate security risk assessments into routine planning for healthcare delivery, outreach, and workforce deployment in conflict zones. Public health training should include personal security awareness, trauma-informed care, and basic psychological first aid. Health facilities in insecure areas need secure accommodation, reliable communications, and clear evacuation protocols. At the community level, on-going collaboration with traditional, religious, and community leaders builds trust, counters misinformation, and boosts intervention acceptance. Mental health services, including counselling and peer support, should be embedded in the health workforce to reduce burnout and enhance resilience.

Conclusion

Protecting public health practitioners in Nigeria is not merely a matter of institutional duty, it is a strategic imperative. Without securing those at the forefront of healthcare delivery, efforts toward universal health coverage and epidemic preparedness will remain undermined. It is only through a coordinated, multi-level response that Nigeria can ensure a secure and resilient public health system capable of withstanding the country's evolving security landscape.

Recommendation

Addressing security threats to public health practitioners in Nigeria demands urgent policy action. Revise the National Health Act to mandate worker protection, especially in conflict zones and underserved areas. Direct investments towards operational safety and workforce resilience, prioritize community engagement via local networks to build trust and cut intervention resistance. Partner with international organizations for expertise, resources, and context-specific best practices. Protecting health workers is a moral duty and strategic necessity for universal health coverage, health equity, and public health goals.

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