ANALYSIS OF HEALTH AND SOCIAL CARE POLICIES AND PRACTICES IN NIGERIA

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# Introduction

# Current Government Policies on Health and Social Care in Nigeria

## Overview of Current Policies

Nigeria has developed various policies across health and social care to address diverse healthcare system obstacles so it can reach higher health results and universal health service coverage. The Basic Health Care Provision Fund (BHCPF) stands as a core element of Nigerian health policy since its creation through the National Health Act of 2014 (Alawode & Adewole, 2021). The program exists to improve fundamental primary healthcare systems and eliminate economic barriers to receiving necessary healthcare services (Wada et al., 2021). The fund uses 1% of Nigeria’s Consolidated Revenue Fund to enhance primary healthcare services with a special emphasis on maternal and child healthcare, thus tackling Nigeria’s major health challenges (Abubakar et al., 2022).

While Nigeria supports international health targets through the Millennium Development Goals and Vision 20:2020, it lacks funding for oral health initiatives, which have historically been neglected in wider health policies (Okoye, 2019). Nigeria established a complete framework through the National Health Act that controls healthcare funding and service delivery systems alongside their governance structures to unify federal, state, and local operations (Madu & Osborne, 2023).

The Nigerian government encounters several barriers in carrying out all aspects of these policies due to financial limitations and deficient infrastructure. According to Nwankwo (2023), the health budgetary allocations have consistently fallen short of the 15% Abuza Declaration benchmark, thus creating enduring funding gaps in infrastructure development and resulting in substandard facilities and inadequate resources. International funding organisations, including PEPFAR and the Global Fund, have demonstrated essential roles in strengthening Nigeria’s disease control capabilities, particularly for HIV/AIDS, while following national health priorities (Alawode & Adewole, 2021).

## Impact on Health and Social Care Provision

Nigeria's health policy NHEP (2023) reforms have brought positive changes in service delivery and infrastructure, yet the continued rural-urban inequality prevents fair access to health care. The Nigeria Health Sector Renewal Investment Initiative NHSRIP (2024) and PHC 2.0 work to extend health service access to underdeveloped areas through infrastructure rehabilitation alongside purposeful financial investments. In 2024, the number of upgraded primary healthcare centres reached 2,600 through funding from a World Bank program worth $1.57 billion for climate-resilient PHC rehabilitation (Amedari & Ejidike, 2021). The birth attendance rate stands at 57%, but the maternal mortality rate reaches 512 deaths per 100,000 live births (Abubakar et al., 2022). Rural clinics operate without the required medical tools and qualified staff, yet high-quality medical centers only exist in urban areas, thus continuing health inequalities throughout the country (Eneanya et al., 2019). The lack of proper coordination together with monitoring systems diminishes the effectiveness of policy-driven investments in producing sustainable nationwide improvements in care accessibility.

According to Wada et al. (2021), despite government reform efforts, multiple health service quality improvements have failed to produce results in Nigeria. Local innovation and pharmaceutical production supported through the Presidential Initiative for Unlocking the Healthcare Value Chain (PVAC) aims to minimise health tourism, according to Madu & Osborne (2023). The implementation of PVAC experienced implementation challenges because import tariffs were delayed, along with rising operational expenses, forcing 20% of private hospitals to cease operations in 2024 (Nwankwo, 2023). PVAC has obtained $5 billion worth of investments, but local antibiotics remain out of reach due to high prices reaching ₦20,000 per dose and preventing most Nigerians from accessing them (Madu & Osborne, 2023). The National Health Insurance Scheme enrollment rate stands at 5%, which leaves 70% of the country dependent on paying for healthcare directly (Adebisi et al., 2020). Hence, the present healthcare conditions block access to treatment for women and people with low income, so enforceable financing reforms must ensure inclusive access to care.

The Nigerian health workforce faces a crisis because the immigration of healthcare professionals is high, and domestic retention efforts are inadequate. The healthcare system experiences significant service gaps because Nigeria has just four doctors for every 10,000 citizens when the WHO recommends at least 22 doctors per 10,000 (Amedari & Ejidike, 2021). The Health Workforce Migration Policy 2024 introduced a retraining initiative for 120,000 frontline workers through the NSIA Healthcare Expansion Programme, as proposed by Giwa (2024). Despite evidence of political commitment, the structural factors, including low pay, insufficient facilities, and career development challenges, maintain health professionals' migration from the country (Alawode & Adewole, 2021). Moreover, government health expenditure, currently 4.33% of the national budget, remains well below the 15% benchmark set by the Abuja Declaration (Madu & Osborne, 2023). The delay of universal high-quality healthcare for all citizens becomes inevitable unless Nigeria makes substantial changes to its workforce investment alongside accountability systems and long-term planning frameworks.

# Legislation and Guidance Impacting Health and Social Care

## Sources and Status of Legislation, Regulation, and Guidance

According to the National Health Act NHA (2024), Nigeria has established a comprehensive legal framework for healthcare regulation, including service standards, financing, and delivery. The Basic Health Care Provision Fund (BHCPF) exists within the Act to distribute 1% of the national budget for primary healthcare services combined with emergency care and maternal child health services (Alawode & Adewole, 2021) and through the Act, federal, state, and local governments received detailed responsibilities that decentralised service delivery and boosted resource distribution equity (Aribo-Abude, 2020). The National Health Insurance Authority Act of 2022 extends the NHA to establish nationwide compulsory health insurance through the NHIA (2024). The regulation cuts healthcare costs by 70% of health financing expenditures while expanding coverage of essential benefits between public and private insurance systems (Madu & Osborne, 2023).

The Nigerian healthcare sector maintains compliance, safety, and operational efficiency through key regulatory bodies. National health policy development and strategic planning at FMoHSW follow the Sector-Wide Approach (SWAp) to unify donor funds with domestic objectives (Croke & Ogbuoji, 2023). BHCPF disbursement goes through the National Primary Health Care Development Agency (NPHCDA), revitalizing efforts, particularly in maternal mortality reduction and immunization delivery (Onwujekwe et al., 2019). The NHIA guarantees insurance participation coverage and protection for mandated populations. NAFDAC operates as a pharmaceutical regulator alongside NMCN, which exercises authority to license and monitor nursing care standards (Eruaga et al., 2024). These statutory and self-regulatory frameworks combine to create a multi-tiered governance system supporting health safety, accountability, and Universal Health Coverage advancement (Fayehun et al., 2022).

## Impact on Health and Social Care Provision

Nigeria applies patient safety principles through its National Health Act (NHA) of 2014 and the Medical and Dental Practitioners Act of 2004 through requirements for service standards and ethical practice codes. The Base Health Care Provision Fund, managed by the NHA, sought to enhance safety through primary healthcare funding, though compliance rates remain insufficient (Aribo-Abude, 2020). Croke and Ogbuoji (2023) showed that only 15% of medical facilities followed standardized safety protocols. At the same time, hospital-acquired infections and prescription mistakes occurred frequently because of inadequate facilities and constant staff shortages. Medical errors affecting 42.8% of doctors practicing in Abia State involved primarily prescription-related mistakes. However, none of these practitioners reported these instances due to concerns about litigation (Giwa, 2024). Unpredictable regulatory compliance, weak enforcement, and widespread secretive practices stop healthcare organizations from achieving full implementation. According to Eruaga et al. (2024), most professionals avoid their ethical duties unless severe consequences threaten life or health, which harms both patient trust and healthcare organization integrity.

Despite the National Health Insurance Authority Act NHIA (2024) implementing policies to enhance access and service equity, major legal and regulatory gaps negatively affect the quality of care in Nigeria. The Act requires universal insurance coverage, reaching only 5% of Nigerians, while 70% depend on paying out-of-pocket costs (Madu & Osborne, 2023). The evaluation of healthcare quality in Nigeria conducted by Wada et al. (2021) with healthcare professionals revealed that 87% of respondents identified the systemic problems of poor infrastructure and medication shortages or Azithromycin and rural service delivery barriers as major reasons for poor healthcare quality. The healthcare of rural maternal patients and newborns suffers due to insufficient electricity in 30% of clinics and water availability in only 60% of facilities (Umeokafor, 2019). The inadequacies in patient privacy protections and consent violations continue because institutions fail to control practices, and their staff receive insufficient ethical behavior training (Samson, 2021). The lack of patient confidentiality, together with the failure to obtain informed consent, damages patient faith and produces detrimental healthcare results, particularly within marginalized populations.

The legal requirements for healthcare providers in Nigeria include criminal and civil regulations yet remain inconsistently enforced. Criminal prosecution of medical practitioners for gross negligence alongside civil suits for malpractice exist, yet such actions remain exceptional because of cultural traditions and financial limitations alongside patient rights unfamiliarity (Ugochukwu et al., 2020). Health providers regularly fail to provide emergency care to gunshot victims due to their concerns about harassment by law enforcement and legal complications, according to the Compulsory Treatment and Care for Victims of Gunshot Act (2017) (Fayehun et al., 2022). Defensive medicine has become widespread among providers because of unclear laws and absent protective institutional policies that restrict the impact of legislative efforts to protect health rights and safety.

Various case studies present concrete evidence about the consequences of insufficient regulatory oversight, showing we need immediate modifications. The 1996 Pfizer drug trial in Kano triggered a major ethical oversight failure because unapproved medication was given to children, which led to multiple deaths (Pona et al., 2021). Research from Abia State in 2017 demonstrated widespread physician practice of error concealment since all medical professionals surveyed admitted to avoiding error disclosure (Adegboye & Akande, 2019). The enforcement of Nigeria’s healthcare laws remains ineffective because policies exist without proper implementation. The healthcare sector should implement error-reporting systems protected by law and extend NHIA coverage while providing ethical training at all professional levels, according to Onwujekwe et al. (2019). Nigeria must bridge its legislative gaps with lived practice so its regulatory frameworks can achieve their safety purposes for patients and medical professionals.

# Principles and Values Underpinning Health and Social Care

## Underpinning Principles of Health and Social Care

Nigeria's health and social care sector uses dignity and respect for autonomy and quality of care as fundamental ethical principles that national laws and international health standards protect. According to the National Health Act (2014), every person deserves non-discriminatory treatment since they have inherent value beyond factors like gender, socioeconomic status, or age (Ezeonwumelu et al., 2022). According to the WHO (2022), rights-based healthcare framework dignity stands as a fundamental principle in care delivery, and it finds reflection in the Universal Declaration of Human Rights (1948) that establishes dignity as an essential care component. Nigerian healthcare workers face ongoing practice barriers that impede their ability to protect dignity because of physical space limitations, too few staff members, and restrictive healthcare policies (Orji & Onyenemerem, 2020). The ethical code of conduct has been implemented to address both formal healthcare sectors and traditional practitioners with requirements to practice the principles of beneficence alongside justice and informed consent (Ugochukwu et al., 2020).

Nigeria embraces autonomy and respect as a national priority, but its complete acceptance must progress through cultural and institutional development. The Code of Medical Ethics, as stated by MDCN (2025), mandates doctors to gain patient consent and acknowledge their personal choices, thus applying the bioethical framework described by Beauchamp and Childress (2019). In Nigeria, the exercise of autonomy follows communal norms because family members typically consult together when making decisions (Afolabi, 2022). Low literacy levels combined with gender disparities create barriers to patient care because they prevent people from actively participating in making healthcare decisions (Okeke, 2022). Training about ethical practice, patient rights, and autonomy is part of the new educational curriculum for healthcare workers to build stronger patient autonomy (Ezeonwumelu et al., 2022). The WHO’s Health Systems Strengthening (HSS) framework and Nigeria’s dedication to SDG 3 on health and well-being demonstrate its dedication to merging national ethical norms with global requirements (Ugochukwu et al., 2020).

## Impact on the Provision of Care

Nigeria’s day-to-day medical delivery system depends heavily on how healthcare professionals implement ethical principles, which include dignity, autonomy, and quality care. Public hospitals and accredited facilities work toward maintaining dignity through their commitment to patients' privacy, respectful staff interactions, and equal service provision (Giwa, 2024). Lagos University Teaching Hospital (LUTH) implements private ward arrangements and gender-appropriate communication rules to maintain patient respect regardless of personal backgrounds (Adebayo et al., 2021). The goals established to maintain dignity struggle to materialize because of insufficient infrastructure alongside overcrowded facilities. Patients visiting public primary healthcare centers (PHCs) experience dehumanizing healthcare conditions because they must sleep on floor spaces instead of receiving beds while enduring long waiting queues for their consultations (Oleribe et al., 2019). These substandard conditions break fundamental human dignity standards while revealing differences between policy visions and healthcare reality. The institutional support systems for ethical care practice face barriers from systemic challenges, including insufficient resources and deteriorating facilities that prevent consistent implementation (Orji & Onyenemerem, 2020).

The respect for individual decision-making power remains a policy priority in Nigeria, although its application remains uneven among different healthcare facilities. According to the Medical and Dental Council of Nigeria, major procedures, including surgeries in tertiary facilities, demand written informed consent from patients (MDCN, 2021). The practice of autonomy faces serious challenges in rural locations with patriarchal traditions since social rankings tend to override personal rights (Aribo-Abude, 2020). Maternal health care decisions often transfer to males within Nigerian society, which prohibits women from determining their bodily choices (Afolabi, 2022). Research conducted in Enugu State demonstrated that 42% of women getting caesarean sections did not receive prior consultation, as healthcare institutions failed to uphold their right to make choices (Okeke et al., 2020). Healthcare workers face additional obstacles due to combined literacy problems and personal biases, making communication more challenging (Orji & Onyenemerem, 2020). The Midwives Service Scheme (MSS) demonstrates potential by training rural midwives to support patient empowerment during childbirth (Afolabi, 2022).

Quality care is the main objective in Nigerian healthcare. Its achievement shows significant variation between different healthcare systems. Under the National Health Insurance Scheme, accreditation facilities must establish standardized clinical protocols for enhancing service reliability and minimizing malpractice (Uzochukwu et al., 2020). System and infrastructure deficiencies, including older medical equipment, unstable electricity, and medication shortages, impair patient treatment results (Pona et al., 2021). PHC staff members who face excessive workloads provide hurried consultations that create medical mistakes and affect patient care quality (Oleribe et al., 2019). Including WHO clinical ethics training at Bayero University Kano has led to an increase in future professional knowledge, which supports the development of compassionate patient-centered care (Adebayo et al., 2021). National efforts to achieve ethical healthcare implementation show progress through incremental reform initiatives despite the challenge of reaching full-scale implementation.

# Assessment of Current Policies, Legislation, and Practices

## Assessment of How Policy Meets Current Needs

## Analysis of the Aims and Purposes of Legislation and Guidance