# Slide 1: Overview of Nigeria's Health and Social Care Sector

* The Federal Ministry of Health leads the system, working through State Ministries of Health and Local Government Health Authorities to coordinate national policies, service delivery, and disease control.
* Nigeria adopts a multi-tiered and dual approach, combining hospital-based clinical care with community-level interventions to ensure health coverage across all age groups.
* Health and social care services are delivered via public, private, traditional, and NGO-supported systems, addressing maternal care, immunisation, non-communicable diseases, and long-term care.
* **The presentation focuses** on structure, funding, regulation, workforce, life-stage care, professional specialisms, barriers to access, and public health campaigns shaping Nigeria’s health and social care outcomes.

# Slide 2: Aims of Health and Social Care Provision in Nigeria

* To enhance population wellbeing by ensuring equitable access to quality healthcare and social programs for all demographic groups (Abubakar et al., 2022).
* To reduce health inequalities through rural infrastructure expansion and community-based initiatives targeting the 52% without primary healthcare access (WHO, 2024; UNICEF, 2022).
* To deliver affordable and inclusive care by implementing subsidised services via the National Health Insurance Authority Act for vulnerable groups, including persons with disabilities (NHIA, 2022).

# Slide 3: Aims of Health and Social Care Provision in Nigeria (cont’d)

* To strengthen continuity of care through coordinated policies that integrate clinical and community services, supported by national standards and reforms (Onwuamah et al., 2021).
* To prioritize prevention and treatment, such as immunization campaigns, which have reduced under-five mortality by 18% since 2019, reinforcing a preventive care approach (NPHCDA, 2023).

# Slide 4: Organisation of Health and Social Care Provision in Nigeria

* Three-tier system: Nigeria’s health and social care is organised across federal, state, and local government levels. The Federal Ministry of Health sets policies and national standards, while state and local bodies handle implementation.
* Primary care delivery: Local Government Health Authorities (LGHAs) oversee primary services like antenatal care, immunisation, and health education, especially in rural communities.
* Public-private partnerships: Around 60% of health facilities are privately owned, mostly in urban areas, providing specialised and tertiary care alongside public services.
* Community-based care: Community Health Workers (CHWs) deliver basic services and health education in remote areas, often supported by NGOs and donor agencies.

# Slide 5: Size of the Health and Social Care Sector in Nigeria

* As of 2025, Nigeria’s health and social care sector employs approximately 300,000 professionals, including doctors, nurses, midwives, and community health workers, supporting a population of over 220 million.
* The sector contributes 5.18% to Nigeria’s GDP, with healthcare spending totaling ₦2.48 trillion in the 2025 federal budget (NBS, 2025).
* To strengthen the workforce, 774 Health Fellows were deployed nationwide under the National Health Fellows Program, and the Nigeria Sovereign Investment Authority (NSIA) is retraining 120,000 frontline workers (Ajibo, 2020).
* The country operates around 17,600 primary healthcare centers (PHCs), which form the service delivery base. Urban areas house 60% of private hospitals and the most advanced medical equipment.
* The $1.57 billion HOPE-PHC initiative, backed by the World Bank, supports PHC revitalization, especially in under-resourced rural areas.

# Slide 6: Funding of Health and Social Care in Nigeria

* Public Funding: In 2025, the Nigerian government allocated ₦2.48 trillion (5.18% of the national budget) to healthcare, with funding distributed through general taxation and programs like the Basic Health Care Provision Fund (BHCPF) (Olonade et al., 2019).
* Out-of-Pocket Payments: Due to limited insurance coverage, households finance 74.85% of total healthcare costs directly, paying for services like consultations and medications (NBS, 2023).
* Health Insurance: NHIA covers about 7% of the population, mainly formal workers, with pilot micro-insurance schemes targeting informal sectors (NHIA, 2023).
* International & Informal Support: 12% of funding comes from international donors like the World Bank and Global Fund, while NGOs, faith-based organizations, and traditional healers support care delivery in underserved areas (UNICEF, 2023; David-West et al., 2019).

# Slide 7: Regulation of Health and Social Care in Nigeria

* Oversight: The Federal Ministry of Health (FMOH) leads national regulation, policy coordination, and health standards across all levels (Nabeena, 2024).
* Product Safety: NAFDAC regulates pharmaceuticals, herbal medicines, and medical devices through certification, surveillance, and public health protection (Eruaga et al., 2024).
* Professional Practice: MDCN and NMCN license and monitor doctors, nurses, and midwives to uphold professional competence and service quality (MDCN, 2025; NMCN, 2025).
* Insurance & Programs: NHIA oversees health insurance compliance, while NPHCDA supervises immunisation programs and community health service delivery (NHIA, 2022; Omonisi, 2022).

# Slide 8: Analysis of Health and Social Care Spending in Nigeria

* Low Budget Allocation: In 2025, only 5.18% of Nigeria’s national budget was allocated to health—well below the 15% Abuja Declaration benchmark (Anthony, 2021).
* Out-of-Pocket Burden: Households cover 74.85% of healthcare costs, increasing financial pressure on low-income families (Adebisi et al., 2020).
* Pandemic Impact: The COVID-19 response required ₦231.78 billion, exposing funding gaps and straining service delivery (Ilesanmi et al., 2021).
* Donor Dependence & Gaps: While 12% of funding comes from international aid, uneven fund distribution limits impact in rural areas (Madu & Osborne, 2023).