**STRUCTURE AND OVERVIEW OF THE HEALTH AND SOCIAL CARE SECTOR IN NIGERIA.**

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# Introduction

National development in Nigeria heavily relies on the health and social care sector, which delivers diverse health services through multiple service levels to support its expanding population. The Federal Ministry of Health governs the sector, which spreads across federal, state, and local levels to offer necessary services through public, private, and traditional care systems across the entire lifespan. Nigeria implements a dual healthcare approach which unites medical facilities with community programs to accomplish universal health coverage by establishing strategic financial support while regulating the healthcare workforce. Service delivery throughout Nigeria goes forward with programs for maternal care and immunization service and long-term care support in addition to non-communicable disease management. This report explores the structure and organisation of Nigeria’s health and social care provision, analysing its funding mechanisms, regulatory bodies, and care across life stages. It also examines professional specialisms, barriers to access, and national responses to public health challenges through campaigns and reforms that shape the country's health outcomes.

# 2.0. Structure of Health and Social Care Provision in Nigeria

## 2.1. Main Aims of Health and Social Care Provision

Nigeria's primary health and social care delivery objectives seek to enhance population welfare by establishing equal access to quality health services and social programs for different demographic groups (Abubakar et al., 2022). Olalubi and Bello (2020) demonstrate that strategic inclusive service delivery creates essential links between clinical and community-based care, which depends on stakeholder involvement. The Nigerian healthcare system works actively to build its preventive measures and treatment systems. The WHO (2024) reports that the Primary healthcare infrastructure expansion in rural areas is a national priority because this initiative seeks to improve service delivery to the 52% of individuals who lack access. Together with local entities, community-level initiatives deploy health education to share preventive strategies which tackle social determinants of health by focusing on nutrition and hygiene (UNICEF, 2022).

Hospital-based care supports the primary healthcare efforts for complex medical conditions while continued work on service accessibility remains a central objective (Koce et al., 2019). The National Health Insurance Authority Act supports inclusivity through legislation by implementing subsidised care services for vulnerable groups, including disabled individuals (NHIA, 2022). The National Primary Health Care Development Agency (NPHCDA, 2023) has supported immunisation campaigns that resulted in an 18% decrease in under-five mortality rates since 2019. The commitment to continuous patient care includes national policy reforms that strengthen service delivery coordination and create quality standards (Onwuamah et al., 2021). Nigeria advances its commitment to establishing a health and social care system that meets every citizen's needs throughout the entire care journey through these established goals.

## 2.2. Organisation of Health and Social Care in Nigeria

Nigeria operates health and social care provision through three decentralized levels of organization linking the federal government to states and local governments. The Federal Ministry of Health (FMOH) serves as the central authority responsible for policy formulation, regulation, coordination of disease control programs, and standard setting across the sector (FMOH, 2021). State Ministries of Health adapt these frameworks to their regional health priorities before Local Government Health Authorities (LGHAs) carry out direct implementation of primary health care services that involve antenatal care and immunisation campaigns along with health education programs (NPHCDA, 2023). The collaboration between Nigeria and international partners like the World Health Organization and UNICEF brings funding along with technical support and enables emergency response programs in areas with limited services (UNICEF, 2022; WHO, 2024).

Nearly 60% of health facilities in Nigeria operate from the private sector, and these facilities mainly exist in urban areas that offer better access to specialized and tertiary medical services (WHO, 2024). Healthcare facilities in cities possess well-equipped referral hospitals with diverse healthcare personnel and primary health centers alongside mobile clinics that receive funding from donor agencies and non-government organizations (Aluh et al., 2023). Through their community health work CHWs contribute to remote area social care services by delivering health education and basic care with referral services (Koce et al., 2019). Urban-rural service disparities continue to exist because 70% of advanced medical technologies and with specialized services operate exclusively in urban zones, which leaves rural populations limited to fragmented public services and community support (FMOH, 2021; WHO, 2023). The multiple healthcare levels demonstrate Nigeria's approach to harmonize national health plans with community-specific characteristics and population distribution patterns.

## 2.3. Size of the Health and Social Care Sector in Nigeria

As of 2025, the Nigerian healthcare sector employs an estimated 300,000 health workers, including doctors, nurses, midwives, and community health extension workers, who form the backbone of service delivery across various levels of care (Oyindamola & Esan, 2024). To enhance workforce capacity and address service distribution gaps, strategic programs like the National Health Fellows Program (NHFP) have been instituted, deploying health fellows to each of the 774 local government areas (Onwujekwe et al., 2019). In tandem, the Nigeria Sovereign Investment Authority (NSIA) has embarked on an initiative to retrain 120,000 frontline workers by 2025, ensuring continuous professional development and system responsiveness (Ajibo, 2020).

Infrastructure-wise, Nigeria’s health sector is supported by approximately 17,600 primary healthcare centers (PHCs), forming the foundational layer of care provision (NPHCDA, 2024). Under the $1.57 billion World Bank-supported HOPE-PHC revitalisation initiative, these centers are upgrading to improve service quality and accessibility (Onwujekwe et al., 2019). Urban areas host the most advanced medical technologies, while rural communities benefit from mobile clinics and public PHC's. The private sector complements public infrastructure by operating 60% of hospitals, primarily in urban zones, reinforcing service availability and diversity (Olalubi & Bello, 2020).

## 2.3. Funding of Health and Social Care in Nigeria

Health and social care services in Nigeria receive financial support from four primary sources: public funding and three other avenues: private payments, international aid and informal funding streams. The federal government continues to establish public funding as the essential base through national budget allocations of 5.18% to health care in 2025 using general taxation income (Olonade et al., 2019). The national institutions and disease control programs receive funding from these allocations, supporting the Basic Health Care Provision Fund (BHCPF) that delivered ₦37 billion to primary healthcare centers during 2024 (Ogundeji et al., 2019).

Out-of-pocket (OOP) payments remain the leading method of health financing in Nigeria with a rate of 74.85% recorded in 2023 (NBS, 2023). Households pay multiple medical costs for consultations, emergency treatments, and medications because many health facilities operate without national insurance protection (Adejoh et al., 2020). The National Health Insurance Authority (NHIA, 2023) came into existence through the 2022 Act to extend insurance coverage to formal workers who make up 7% of the population and run experimental programs to enrol informal workers using local micro-insurance models.

Private healthcare providers operate 60% of urban hospitals and generate financial income through patient billings and paid subscriptions (Arize et al., 2021). The nation’s healthcare spending receives 12% of its budget from international development partners. Additionally, the World Bank contributed $1.57 billion through HOPE-PHC, while disease-specific programs received funding from various donors (Nmadu et al., 2020). Also, Faith-based organisations and NGOs deliver health services to communities without adequate support by using donor grants and public donations (UNICEF, 2023). Traditional practitioners and patent medicine vendors provide 60% of primary care services outside Nigerian financial institutions (David-West et al., 2019).

## 2.4. Regulation in the Nigerian Health and Social Care Sector

Under the supervision of the Federal Ministry of Health (FMOH), Nigeria operates its health and social care regulations to coordinate policymaking and establish national health standards throughout the entire sector (Nabeena, 2024). Within this oversight system, core regulatory institutions maintain responsibility for guaranteeing safety standards, professional capabilities and high-quality services. The National Agency for Food and Drug Administration and Control (NAFDAC) guides pharmaceuticals as well as herbal medicines medical devices, and food products through pre-market approvals and post-market surveillance tasks to protect public health standards (NAFDAC, 2023; Eruaga et al., 2024).

The management of professional and service oversight rests with two regulatory bodies: The Medical and Dental Council of Nigeria (MDCN) and the Nursing and Midwifery Council of Nigeria (NMCN) (Gbenro, 2018; NMCN, 2025; MDCN, 2025). The 2022 Act created the National Health Insurance Authority (NHIA) with the mandate to establish standards for health financing programs and implement insurance regulations (NHIA, 2022). The National Primary Health Care Development Agency (NPHCDA) acts as a supervisory body by coordinating immunisation programs and community health interventions (Omonisi A.E, 2022). The regulatory bodies establish identical health service standards between government and private providers to maintain accountability and deliver quality care alongside national health goal compliance.

## 2.6. Analysis of Health and Social Care Spending for Nigeria

Nigeria demonstrates minimal financial commitment to healthcare programs since the sector receives only 5.18% of the 2025 budgetary funds, which is below the required 15% set by the Abuja Declaration (Anthony, 2021). The Basic Health Care Provision Fund and minimal funding boosts have failed to reduce inequalities, especially because rural PHC's suffer from inadequate resources (Eneh, 2022). A substantial 74.85% of healthcare expenses are paid from patients' pockets, burdening financially disadvantaged households (Adebisi et al., 2020). Financial weaknesses emerged during COVID-19 because the nation required ₦231.78 billion to respond to the pandemic and distribute vaccines (Ilesanmi et al., 2021). International aid represents 12% of health financing. However, inefficient fund distribution prevents equitable care (Madu & Osborne, 2023).

# 3.0. Health and Social Care Across the Life Stages

## 3.1. Health and Social Care Provision Across Key Life Stages in Nigeria

Nigeria’s health and social care provision across the life course is structured to cater to key developmental stages, with services targeting maternal, child, adolescent, adult, and elderly populations (Nmadu et al., 2020). At birth and during the perinatal period, maternal and neonatal care is prioritised through programs such as the Basic Health Care Provision Fund (BHCPF), which supports antenatal care, skilled birth attendance, and postnatal follow-up (FMOH, 2021). The maternal mortality ratio stands at 512 deaths per 100,000 live births, with services delivered through a combination of primary healthcare centers and referral systems (WHO, 2024). For childhood immunisation, the National Primary Health Care Development Agency (NPHCDA) implements routine programs targeting vaccine-preventable diseases such as polio, measles, and diphtheria (NPHCDA, 2023). National surveys indicate that 57% of children under one year receive full immunisation, with variations observed between urban and rural areas (NPHCDA, 2023).

Adolescents benefit from select health interventions, including school-based education, mental health counselling, and reproductive health awareness programs, often supported by non-governmental organisations (Olalubi & Bello, 2020). National data highlights that 19% of girls aged 15–19 have begun childbearing, while contraceptive access remains limited in this age group (Abubakar et al., 2022). In adulthood, non-communicable diseases such as hypertension and diabetes are managed predominantly at tertiary facilities, with emerging efforts to integrate care into primary health settings (Onwujekwe et al., 2019). Health financing remains largely out-of-pocket, with households covering 74.85% of health costs (Ilesanmi et al., 2021). For the elderly, geriatric care is primarily family-based, as structured public services remain limited. The National Health Insurance Authority (NHIA) provides limited coverage for older adults, resulting in continued reliance on informal care networks (NHIA, 2023).

## 3.2. Long-Term Care Arrangements

Long-term care arrangements in Nigeria primarily involve family-based support systems and community-level interventions supplemented by government and non-governmental initiatives (Mogaji, 2022). Elderly individuals and persons with chronic illnesses or disabilities often receive care within their households, where family members assist with daily living activities, such as feeding, bathing, and mobility (Baiyewu et al., 2020). While institutionalised care facilities remain limited, religious organisations and NGOs have established community homes and outreach programs that offer shelter, food, and basic health services for elderly and vulnerable individuals (Okoh et al., 2020). Government involvement includes frameworks under the National Social Safety Nets Project, which provides conditional cash transfers and targeted social welfare to support long-term care for disadvantaged populations (Adebusoye et al., 2020). Additionally, the National Health Insurance Authority (NHIA, 2023) is gradually expanding its coverage to include geriatric and chronic care support, offering subsidised medical consultations and medications for registered enrollees. These collective arrangements strongly emphasise Nigeria's integrated, community-supported, long-term care models.

## 3.3. How Services Are Accessed

According to Agwu et al. (2021), the health and social care system uses three distinct levels of primary, secondary, and tertiary services to deliver to patients. Primary Health Care (PHC) centers in local areas handle most health needs when Nigerians seek medical attention. These centers offer vital services, including vaccinations, maternal care, and child services and manage common medical problems (Uguru et al., 2024). Secondary facilities, such as general hospitals and tertiary institutions with teaching hospitals, provide specialised care to patients based on the level of complexity in their medical condition (WHO, 2023). The National Health Insurance Authority (NHIA) enables health service accessibility by providing health coverage to formal-sector workers. It serves informal-sector workers through the Basic Health Care Provision Fund (BHCPF), which provides financial support for vulnerable population care (NHIA, 2023). Traditional medicine remains a primary source of healthcare options for rural communities since traditional birth attendants and herbalists provide acceptable cultural remedies (Olasehinde et al., 2023).

Community-based initiatives such as Community Health Influencers Promoters and Services (CHIPS) connect informal healthcare providers to formal healthcare systems through their program to increase stakeholder access (Omonisi, 2022). Urban populations gain access to tertiary hospital centers along with private medical facilities in concentrated zones. The PHCs and mobile health units in rural areas operate with help from international organizations such as UNICEF (UNICEF, 2022). Through the mandatory health insurance scheme of the NHIA established by the 2022 Act, the organisation provides access to healthcare by pooling resources to decrease out-of-pocket expenses for members, according to NHIA (2023). Traditional healers, along with patent medicine vendors, offer additional complementary care to patients who seek treatment for mental disorders as well as chronic conditions and choose providers based on their cultural beliefs (Mogaji, 2022). The present healthcare framework embraces multiple mechanisms that unite official and unofficial healthcare systems to serve diverse Nigerian patient requirements.

## 3.4. Barriers to Access and Strategies for Enhancing Health and Social Care Accessibility in Nigeria

Multiple structural and socio-economic elements prevent Nigerian citizens from obtaining health care access. Financial limitations create the most significant obstacle since 90% of Nigerians use out-of-pocket payments for medical services, thus affecting poorer households who experience recurrent poverty-driven health inequities (Benedeth et al., 2025). Omonisi (2022) explains that rural populations encounter difficulties accessing health facilities due to their distance from these facilities and the insufficient transport infrastructure, which affects the Sauka community specifically. Community-held health beliefs and gender-based limitations from social norms cause people, primarily women and adolescents, to avoid formal healthcare services in traditional areas (Ogundeji et al., 2019). Infrastructural deficits, including staff shortages, outdated equipment, and inconsistent drug supplies, damage healthcare quality by deteriorating system trust among the public (Gbenro, 2018). Rural communities and marginalised populations face two main barriers that create limitations for provider-patient communication: language differences and insufficient health literacy understanding (Madu & Osborne, 2023).

Motivating such obstacles requires policy changes and creative service delivery approaches. Through the National Health Insurance Authority (NHIA, 2022) Act of 2022, the government seeks to bring medical coverage to 83 million underprivileged Nigerians by providing subsidised health schemes and micro-insurance programs, thus addressing financial restrictions on healthcare. Telemedicine platforms and mobile clinics operated by Mobile health technologies offer remote-area communities’ access to prenatal care, immunisations, and chronic disease management without patients needing to visit physical facilities (Aluh et al., 2023). The Basic Health Care Provision Fund (BHCPF) and donor partnerships with GAVI and other organisations have invested in primary health care facilities and subsidised basic healthcare through their initiatives (Nmadu et al., 2020). Empowering community health workers through task-shifting strategies has improved workforce efficiency while filling the distribution gaps of healthcare professionals (Ekenna et al., 2020).

# 4.0. Specialism in Health and Social Care

## 4.1. Specialist Areas within Health and Social Care in Nigeria

Various specialised areas operate in Nigeria’s health and social care sector to serve unique health requirements of different population groups. The National Primary Health Care Development Agency (NPHCDA, 2023) coordinates maternal care by implementing antenatal services, skilled birth attendance, and postnatal care. The agency executes maternal health programs in communities and supports placing midwife professionals in areas without sufficient medical staff (Ajibo, 2020). Maternal services receive financial support through the Basic Health Care Provision Fund (BHCPF), which offers subsidised health care services to enhance safer delivery procedures and increase maternal success rates (NPHCDA, 2023).

The control of infectious diseases remains a primary specialisation that concentrates on programs for malaria and tuberculosis. Through its national leadership role the Nigeria Centre for Disease Control (NCDC) conducts malaria and TB programs while executing initiatives such as insecticide-treated net mass distribution and antimalarial drug delivery and diagnostic testing (Alawode & Adewole, 2021). Free tuberculosis care is accessed through public health programs encouraging early diagnosis and treatment compliance at national treatment centers (NCDC, 2023). The provision of mental health services occurs mainly through psychiatric hospitals, teaching hospitals and community outreach programs, which are managed by NGOs, according to Uguru et al. (2024). In urban regions, the Federal Neuro-Psychiatric Hospital in Yaba, Lagos, delivers both inpatient and outpatient treatment at its location in Lagos (Eruaga et al., 2024). Community-based care facilities in rural regions use culturally sensitive mental health programs and psychosocial support services (Gizaw et al., 2022).

Paediatrics in Nigeria encompasses immunisation, management of childhood illnesses, and neonatal care. The National Primary Health Care Development Agency directs all nationwide childhood disease immunisation activities, which include polio and measles programs (Fabunmi et al., 2020). Investments in both neonatal intensive care units and community health worker training enable early interventions to be accessible to malnutrition and common infection treatment, especially (UNICEF, 2023). The field of geriatric care is gradually receiving more attention because of preventive health campaigns and social health insurance inclusion programs (Mohammed, 2022). Health services aim to handle non-communicable diseases in elderly people through diabetes and hypertension management without neglecting their integration into community health services and wellness screening initiatives (Agwu et al., 2021).

## 4.2. Key Health and Social Care Professions in Nigeria

The Nigerian health and social care sector maintains various professional groups which work together to provide complete service delivery (Okunade et al., 2023). Doctors who train at tertiary hospitals together with universities perform diagnoses, conduct surgeries and handle chronic conditions across numerous specialties from obstetrics to internal medicine (MDCN, 2023). Nurses deliver essential clinical support to patients in hospitals as well as primary care facilities while providing treatment administration and prevention education to patients through health outreach services (NMCN, 2021). The Community Health Workers (CHWs) utilise the grassroots setting to execute immunisation programs and maternal education initiatives and disease surveillance functions as part of the Community Health Influencers, Promoters, and Services (CHIPS) initiative (Olaniran et al., 2019).

Pharmacists both ensure medication safety and provide prescription distribution services while leading pharmaceutical supply chain operations in hospital and retail environments (Yaya et al., 2019). Medical Laboratory Scientists use public and private laboratory facilities for disease detection, including malaria and tuberculosis, which guides evidence-based medical decisions (Adebayo et al., 2020). Elderly individuals, along with disabled and chronically ill patients, receive daily assistance from caregivers who either come from their family or hold formal training certification and benefit from NGO-run development programs that promote better care practices (Olaniran et al., 2019). Healthcare professionals from various backgrounds team up between health facilities and communal environments to provide for Nigeria's health needs using preventive therapeutic and support services (Okunade et al., 2022). The roles of nurses and midwives are backed by professional development systems and regulatory organisations, which create standardised practice models and maintain competency standards.

## 4.3. Regulation of Access to Health and Social Care Professions in Nigeria

Specialised licensing bodies monitor entry points into Nigeria’s health and social care sector through their regulated process of establishing competence alongside national standards (Kinsella et al., 2020). Pressing for medical or dental practice in Nigeria requires practitioners trained abroad to demonstrate their competency through assessment exams as supervised by the Medical and Dental Council of Nigeria (MDCN) (WTO, 2024). The Nursing and Midwifery Council of Nigeria (NMCN) manages nurse and midwife practice through programs that authorise training and grant official recognition to qualifications (Anthony, 2021). Drugs dispensing standards together with pharmaceutical practice standards fall under the mandate of the Pharmacists Council of Nigeria (PCN), as pharmacists obtain their licenses from this institution (Onwuamah et al., 2021). The Medical Laboratory Science Council of Nigeria (MLSCN) grants certification for laboratory scientists to guarantee both medical diagnostic precision and equipment regulatory standards (Alawode & Adewole, 2021). Grassroots care delivery training follows guidelines established by the National Primary Health Care Development Agency (NPHCDA) to standardise community health worker practice (Abubakar et al., 2022). The bodies work together with the Federal Ministry of Health to integrate professional regulations with national health policies, thus ensuring harmonisation between the public and private sectors. The requirement for continuing professional development often becomes necessary to maintain licensure so healthcare practitioners stay informed about advancing healthcare standards (Aluh et al., 2023).

# 5.0. Current Issues in Nigerian Health and Social Care

## 5.1. Assessing Equality of Access to Healthcare and Social Care in Nigeria

Systemic inequalities persist in Nigeria, with healthcare and social care access showing major inconsistencies between income groups and geographical areas as well as gender differences, educational backgrounds, and urban-rural divisions (Adebayo et al., 2020). The research by Yaya et al. (2019) shows that gender imbalances reach their peak in maternal healthcare because 67% of women require skilled birth assistance, yet northern regions show especially low numbers because societal traditions limit womanly freedom and decision-making power. The lack of healthcare choice control among women amounts to 71.2%, while maternal fatalities reach 512 deaths per 100,000 live births due to this barrier (Okunade et al., 2022). The high level of income inequality results in limited healthcare access through the payment structure where the poor spend 74.85% of their health costs (Gbenro, 2018). The healthcare expenditures of wealthier households represent one-ninth of what the poorest income group spends, so lower-income families must choose between healthcare denial and informal care (Anthony, 2021). The National Health Insurance Authority (NHIA) provides coverage through its program that reaches 7% of Nigerians, but this mainly exists for formal-sector workers who leave behind informal workers and those residing in rural areas (NBS, 2023).

Geographically, healthcare utilisation rates remain the lowest in the North West and North East regions because these zones suffer from insecurity and poverty and contain fewer healthcare facilities (NBS, 2023). The northern regions have only 20% of medical facilities providing emergency obstetric care service, while the more developed southern areas maintain better care access (Arize et al., 2021). The educational background of female individuals strongly impacts their access to maternal health services since women who are educated and affluent will use these services at a rate that is three times higher than uneducated women (David-West et al., 2019). Rural areas and people with limited education experience additional social exclusion because of poor health literacy, which prevents them from receiving preventive healthcare.

The urban-rural divide exacerbates inequities. Advanced medical facilities operate in 70% of urban areas, but rural regions serve their populations through Primary Health Centres, which often lack sufficient staff and mobile clinics (Ilesanmi et al., 2021). Northern rural women have trouble reaching delivery facilities because they must travel excessively long distances (Eneh, 2022).

## 5.2. Current Public Health Issues

The health and social care sector of Nigeria confronts multiple persistent public health threats that include malaria, maternal mortality, polio, HIV/AIDS and COVID-19 (Alawode & Adewole, 2021b). Malaria continues to be a global health threat extending across the most significant portion of Nigerian territory because the country handles 27% of global infections while showing 194,000 fatalities in 2021 (Kapata et al., 2020). The progress made by insecticide-treated bed nets and antimalarial drugs faces risks from funding instability and potential international aid cuts, including the US President’s Malaria Initiative (Pona et al., 2021). The research by Louw et al. (2019) demonstrated that Nigeria faces a serious maternal mortality problem because its PHCs lack necessary resources and mothers cannot access skilled birth providers. The Maternal Mortality Reduction Initiative (MAMII) works to bridge these gaps even though basic service standards exist only in 35% of healthcare centers, especially in rural areas (Ahmed et al., 2021).

Nigeria was declared polio-free in 2020; polio vaccination campaigns still combat vaccine hesitancy and logistical barriers. While coordinated by the National Primary Health Care Development (NPHCDA), 43% of children are not fully immunised, indicating systemic inequities (Kalu, 2020). Nigeria is also ranked fourth in the HIV/AIDS global prevalence burden. The funding suspensions risk reversing the gains, but the US President’s Emergency Plan for AIDS Relief (PEPFAR) supports 90 percent of treatment (Precious et al., 2024). Local funding is boosted through domestic initiatives such as the National Agency for the Control of AIDS (NACA), but international aid is still crucial (Pona et al., 2021).

The COVID-19 pandemic unveiled critical weaknesses in surveillance networks and diagnostic testing capabilities. NCDC achieved enhanced response capabilities through its ₦2.9 billion 2025 budget increase, but vaccine distribution problems and healthcare worker shortages continue to exist (Baiyewu et al., 2020).

## 5.3. Current Issues in Provision

The Nigerian healthcare system is experiencing fundamental operational problems that impair its service quality. The 2025 health budget amounts to only 5.18% of the federal funds, while the Abuja Declaration requires 15% funding (dRPC, 2025). The very high rate of out-of-pocket expenses (74.85%) creates additional health disparities between groups, and the delayed funds from the Basic Health Care Provision Fund (BHCPF) restricts primary care restoration efforts. The irregular nature of international funding through PEPFAR, which suspends HIV program support, creates new resource challenges (Kapata et al., 2020). Better professional prospects drive skilled workers to migrate outside of Nigeria, thus creating severe health workforce deficits that affect rural areas (Mohammed, 2022). Healthcare service quality becomes compromised, and access is restricted because medical professionals leave the country, leading to understaffed facilities in rural areas (Gizaw et al., 2022). Benedeth et al. (2025) showed that healthcare employee strikes caused by poor pay and workplace conditions deteriorate healthcare service continuity while damaging public trust in healthcare institutions.

Advanced medical technologies exist mainly in urban areas, where 70% are located, yet rural health facilities must operate using broken equipment without electricity or water (Fabunmi et al., 2020). The Nigeria Health Sector Renewal Investment Initiative (NHSRII) aspires to establish twice the number of operational PHCs by 2027. However, its advancement is obstructed because of poor management and corruption (Ahmed et al., 2021). In 2025, Lassa fever caused 214 cases with 39 fatality counts, indicating insufficient emergency readiness and poor strategic resource use (Benedeth et al., 2025).

## 5.4. Campaigns Addressing Public Health Issues

The Nigerian government and stakeholders have implemented multifaceted initiatives to address public health challenges, focusing on disease prevention, healthcare infrastructure, and equitable access.

1. National Health Sector Renewal Investment Initiative (NHSRII)

The NHSRII introduced in 2024 contains four fundamental pillars: effective governance, quality health systems with unlocking value chains, and health security (Mogaji, 2022). The nationwide program uses Basic Health Care Provision Fund (BHCPF) money to distribute ₦282.65 billion to states for rural PHC facility improvements (World Bank, 2024). The PVAC engages in public-private partnerships by establishing collaborations with US Pharmacopeial Convention as well as other entities to stimulate local pharmaceutical manufacturing (Ahmed et al., 2021).

2. Malaria Control Campaigns

The distribution of insecticide-treated bed nets is the primary method for preventing malaria infections (Ugwu et al., 2024). Through delta state collaboration with the National Malaria Elimination Program and its support from the Global Fund and Management Sciences for Health (MSH), more than 7 million bed nets were substituted in 2025 (Thalia, 2025). The distribution teams reached households to deliver prevention information regarding malaria and COVID-19 safety through radio broadcasts and town announce programs (Ogundeji & Babarainde, 2024). Through national net distribution by the Society for Family Health (SFH) along with preventive education and measures the organization achieved a 20% reduction in malaria incidence in targeted regions (Thalia, 2025).

3. Strengthening Health Security

The National Action Plan for Health Security (NAPHS) is Nigeria’s health security framework, which started operations following the 2017 Joint External Evaluation (Fasominu et al., 2022). The framework improved epidemic readiness, resulting in new public health facilities and emergency operation bases. The 2025 Lassa fever outbreak saw Nigeria actively participate in Phase 2 vaccine trials funded by CEPI to develop the vaccine despite research and international cooperation achievements (Soniregun, 2024). Through its leadership role, the Nigeria Centre for Disease Control (NCDC) oversees outbreak responses by conducting disease surveillance for diphtheria and COVID-19 variants, and other diseases (Ojo et al., 2020).

4. Maternal and Child Health Programs

The Maternal Mortality Reduction Initiative (MAMII) under the Joint Annual Review framework trains community health workers and midwives to address maternal deaths at high rates (512 per 100,000 live births) (Avidime et al., 2020). Through its MamaCare program, The Wellbeing Foundation Africa taught 1.2 million expectant mothers about antenatal care during 2023. Save the Children Nigeria achieved a 15% decline in child malnutrition among affected areas through nutrition-focused work (Rotimi et al., 2024).

5. Non-Communicable Disease (NCD) Prevention

The 2024 Gatefield Health Summit placed NCDs at the forefront by endorsing the “Know Your Number, Control Your Number” screening campaign for early hypertension and diabetes detection. The stakeholders pushed for reduced health commodity fees and NCD prevention measures within primary healthcare systems. (Abujah, 2024).

6. Health Workforce Development

Through a health workforce registry system launched by the Federal Ministry of Health in 25 states, the ministry aimed to track and redistribute medical specialists. The African Medical Centres of Excellence, Afrexim Bank, and King’s College Hospital established a 500-bed training center in Abuja in 2025 to train healthcare workers and prevent professional migration (Zurn et al., 2021).

7. National Health Insurance Expansion

Through its NHIA (2022) initiative, the National Health Insurance Authority made care available for 19.4 million Nigerians in 2024 through micro-insurance pilot programs for informal sector employees. Through its collaboration with private hospitals, the NHIA implements care subsidies, although the fees that both parties receive continue to undergo assessment.

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