HEALTHCARE INEQUALITY IN NIGERIA: STRUCTURAL BARRIERS AND POLICY SOLUTIONS

Chiugo Onwuatuegwu[1]

Abstract

Access to healthcare is a fundamental human right enshrined in the Constitution of the Federal Republic of Nigeria, yet for millions, it remains an unrealized promise. Profound disparities in healthcare quality and access persist, creating a landscape of deep-seated inequality between the affluent urban population and the impoverished rural majority. This article argues that these inequities are not accidental but are systemic, embedded within the structural fabric of the nation's socio-economic and healthcare systems. It provides a critical analysis of the primary legal and policy frameworks designed to ensure equity, including the National Health Act 2014 and the National Health Insurance Authority Act 2022, and finds their efficacy critically undermined by failures in governance, funding, and implementation. By dissecting these structural barriers, from geographical isolation to socio-cultural norms, this paper exposes the gap between legislative intent and the reality of healthcare delivery. Ultimately, it proffers a comprehensive policy framework aimed at dismantling these barriers to advance the goal of true health equity for all Nigerians.

1.0. Introduction

The Nigerian healthcare system operates within a dual framework comprising both public and private sectors, each with distinct roles and challenges. The public sector, managed by federal, state, and local governments, focuses primarily on primary healthcare services, aiming to reach a broad segment of the population. However, resource limitations, administrative inefficiencies, and challenges in policy implementation often undermine its effectiveness. Conversely, the private sector complements public efforts by providing specialized and tertiary healthcare services, catering more to urban and affluent communities. This division often results in disparities in access and quality of care, particularly for low-income and rural populations. The healthcare system is funded through government allocations, donor contributions, and out-of-pocket payments by individuals. While donor contributions have alleviated some financial burdens, reliance on out-of-pocket payments has created barriers for low-income populations.

The inequitable access to healthcare in Nigeria is further exacerbated by systemic issues such as socioeconomic disparities, inadequate infrastructure, and cultural barriers. Socioeconomic factors, including income inequality and geographic location, significantly influence individuals' ability to access quality healthcare. Rural areas, in particular, face a scarcity of healthcare facilities and professionals, compelling residents to travel long distances for basic medical services. Moreover, infrastructural deficits, such as poorly equipped healthcare centers, lack of basic amenities, poor and erratic power supply and unreliable supply chains for medical resources, hinder the delivery of effective care.

Cultural and societal factors also play a critical role in shaping healthcare accessibility. Deep-rooted stigmas, gender norms, and traditional beliefs can deter individuals, especially women and marginalized groups, from seeking timely medical attention. For instance, cultural practices and mistrust in modern medical interventions often lead to a preference for traditional healers, further complicating efforts to provide standardized and effective healthcare solutions. Recognizing these challenges, this article aims to explore the structural, policy, and cultural dimensions that contribute to healthcare inequities in Nigeria. The research will critically analyze existing legislative frameworks, such as the National Health Act (2014) and the National Health Insurance Scheme (NHIS), and assess their implementation effectiveness. By identifying the gaps between policy formulation and practical outcomes, this research aims to provide actionable recommendations for achieving equitable healthcare access for all Nigerians.

[1] Chiugo Onwuatuegwu Phd, is a Lecturer in the Department of Public Law, Faculty of Law, Nnamdi Azikiwe University, Awka. She can be contacted via co.onwuatuegwu@unizik.edu.ng and 07065969122

2.0. The Nature and Structure of the Nigerian Healthcare System

2.1. The structure of the Nigerian Healthcare System

Nigeria operates a federal system of government with a national government and sub-national state and local governments. Congruously, Nigeria operates a three-tier system of health care delivery in which the federal government is responsible for the provision of health services through the tertiary and teaching hospitals, the state governments provide same through secondary hospitals, while the local governments deliver health services through the primary health care centers (PHCs).[2]

The primary health centers are deployed at the grass roots in the ward health system which locates a primary health center at each political ward (9,560 wards) to be run by the local government authority. Secondary health care is delivered at the general hospitals run by the state governments and each is deployed to cover several local governments. The tertiary hospitals are run by the federal government and offer tertiary care and health manpower training in teaching hospitals and federal medical centers[3]

a. Primary Healthcare Center (PHC): This level is the bedrock of the Nigerian healthcare system and is intended to be the first point of contact for individuals and communities. This is achieved by the creation and management of Primary Healthcare Centers (PHCs) domiciled in the Local Districts. PHCs are predominantly managed by Local Government Authorities (LGAs) and are tasked with providing essential health services, including immunisation, maternal and child health services, and treatment of common ailments.[4]

It's administered by the Primary health commission of each State and led by an executive secretary.
The primary health care delivery system consists of pyramids of health facilities in the villages/neighbourhoods (health posts covering 500 persons), primary health clinics(one per group of villages covering 2000–5000 persons) and the primary health centers at the apex covering each political ward consisting of 10–20,000 persons. The health providers at these facilities are deployed such that health posts are manned by community health extension workers, clinics are manned by a nurse/midwife and the health centers by a doctor or nurse where available. Linkages to the secondary and tertiary health facilities are affected via a two-way referral system. The system was planned to be the basis of the health system of the country and a foundation for further growth and development of the system. This system was to deliver the ward minimum package of health services (WMPHS) representing the purposed essential package of health services (EPHS) for Nigerians. Health care utilization is designed to begin at the primary health center as entry point and for cases beyond the capacity of the personnel and facilities to be referred upward to the secondary and then to the tertiary care levels as warranted.[5]

The National Health Act 2014 is the basic national health policy on PHC and is central to providing health for all. It stipulates the creation of a basic health care provision fund (not less than 1% of federal government consolidated revenue fund). Fifty per cent of this fund will be disbursed by a National Health Insurance Scheme (NHIS) to provide a basic minimum package of health services to citizens. It requires that the remaining 50% will be used to provide essential drugs, vaccines and consumables, and infrastructure; develop human resources; and ensure emergency medical treatment at the PHC level.[6]

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[2] Alonge, S. K. "*Primary Health Care In Nigeria: An Appraisal Of The Effect Of Foreign Donations*". African Journal of Health, Safety and Environment, Vol. 1(2), 86-100. doi:10.52417/ajhse.v1i2.96.

[3] O. Abah, Vivien. 2023. 'Poor Health Care Access in Nigeria: A Function of Fundamental Misconceptions and Misconstruction of the Health System'. Healthcare Access - New Threats, New Approaches. IntechOpen. doi:10.5772/intechopen.108530.

[4] Oladipo, J. A. "Primary Health Care in Nigeria: An Overview of Its Development, Status, and Challenges." *Journal of Public Health in Africa* 5, no. 1 (2014): 378.

[5] O. Abah, Vivien. 2023. 'Poor Health Care Access in Nigeria: A Function of Fundamental Misconceptions and Misconstruction of the Health System'. Healthcare Access - New Threats, New Approaches. IntechOpen. doi:10.5772/intechopen.108530.

[6] Alonge, S. K. "*Primary Health Care In Nigeria: An Appraisal Of The Effect Of Foreign Donations*". African Journal of Health, Safety and Environment, Vol. 1(2), 86-100. doi:10.52417/ajhse.v1i2.96.

In spite of this laudable financial commitment to primary healthcare. It suffers serious challenges such as Moribund Infrastructure, Inadequate healthcare facilities, A strained workforce, Horrible road networks, Poverty, corruption and mismanagement, Poor health delivery systems etc.[7]

a. Secondary Healthcare: The Nigerian secondary healthcare system is primarily structured around State governments who manage general hospitals, State-owned teaching hospitals and some specialized facilities providing a broad spectrum of specialist medical and surgical services. often with diagnostic and Laboratory facilities. These facilities provide a range of specialist services and act as referral centers for patients from PHCs.[8]

These hospitals provide more comprehensive diagnostic services and are equipped to handle cases beyond the scope of primary care. The state governments are responsible for managing and coordinating these facilities, often adapting national policies and strategies for local implementation.[9] This tier consists of general hospitals and in some cases, State owned Teaching Hospitals which are operated by State Governments. They serve as referral centres for the PHCs, offering more specialised services and in-patient care.

The management of the Secondary Healthcare system is the core responsibility of the State Government.

b. Tertiary Healthcare: At the apex of the public healthcare pyramid are the federal government-owned tertiary institutions, which include teaching hospitals and federal medical centres. These institutions provide highly specialised, advanced medical care and are also centres for medical research and training.[10]

The tertiary healthcare system in Nigeria is the highest level of healthcare, primarily managed by the Federal Government and in some cases, through public-private partnership. It comprises specialized services, including teaching hospitals, Federal Medical Centers, specialist hospitals and Medical Research Institutes.[11]

The tertiary healthcare is typically accessed through referrals from primary and secondary healthcare providers.

The Private Sector arm: The private sector in Nigerian healthcare is a burgeoning and diverse field, encompassing a wide array of providers from for-profit hospitals and clinics to faith-based organisations and non-governmental organisations (NGOs). The private sector plays a significant role in healthcare delivery, particularly in urban centres, where it caters to a substantial portion of the population that can afford its services. However, the quality and cost of care in the private sector vary considerably, and regulation remains a significant challenge.[12]

The administration of the Nigerian healthcare system is a shared responsibility among the three tiers of government. The Federal Ministry of Health is responsible for policy formulation, regulation, and the management of tertiary health institutions. State Ministries of Health oversee the secondary healthcare level, and Local Government Health Authorities are tasked with the management of primary healthcare. This division of labour, in principle, allows for a decentralised approach to healthcare delivery.

Funding for healthcare in Nigeria is derived from a variety of sources, yet it remains chronically insufficient. Government budgetary allocation to health has consistently fallen short of the 15% of the

[7] Ibid

[8] Gyuse, Abraham & Ayuk, Agam. (2018). Facilitators and barriers to effective primary health care in Nigeria. African Journal of Primary Health Care & Family Medicine. 10. 10.4102/phcfm.v10i1.1641.

[9] Ibid

[10] Federal Ministry of Health. *National Health Policy 2016*. Abuja: Federal Ministry of Health, 2016.

[11] Ibid

[12] Akande, T. M., and A. J. Owoyade. "The Role of the Private Sector in Health Care Delivery in Nigeria." In *The Nigerian Health Care System: Pathway to Universal and High-Quality Health Care*, edited by J. A. Balogun, 235-252. Cham: Springer International Publishing, 2022.

total budget pledged by African Union member states in the 2001 Abuja Declaration.[13] A significant portion of healthcare financing comes from out-of-pocket payments by individuals, which places a heavy financial burden on households and is a major contributor to poverty.[14] The National Health Insurance Authority and various state-level health insurance schemes are intended to pool risk and provide financial protection, but as previously noted, their coverage remains low. Donor funding also plays a crucial role, particularly in supporting specific disease control programs.[15] The Basic Health Care Provision Fund (BHCPF) established by the National Health Act represents a strategic attempt to inject much-needed and predictable funding into the primary healthcare sub-sector, which is widely regarded as the most cost-effective level of care.[16] However, implementation remains poor.

2.2. The legal framework of the Nigerian Healthcare System.

The legal landscape of the Nigerian Healthcare system is replete with Laws: Federal and State; that regulate and govern diverse concerns in Healthcare. From Healthcare and Hospital Management to drug regulation, sale and control, to training and education of health care personnel to maternal and infant mortality to access to healthcare. However, for the purpose of this research, this researcher will focus on the Federal Laws that regulate and govern access to healthcare in Nigeria. A number of them include:

1. **The National Health Act 2014:** This Act provides the primary legal framework for the regulation, development, and management of the national health system. A landmark provision is the establishment of the Basic Health Care Provision Fund (BHCPF), intended to provide a dedicated source of funding for primary healthcare. The Act also legally codifies the rights and obligations of healthcare users and providers, setting a baseline for standards of care.[17]

The primary objective of The National Health Act of 2014 is to improve healthcare access for all citizens by establishing a framework for the regulation, development and management of a national health system. The key provisions on access to healthcare include the establishment of a Basic Care Provision Fund, Provision of a framework for the development and regulation of Health Insurance Schemes, The possibility for a framework for the exemption of certain categories of people from paying for healthcare services at public health establishments, based on defined criteria and A requirement for healthcare providers to offer emergency medical treatment regardless of ability to pay.[18]

The Basic Health Care Provision Fund (BHCPF) is a key initiative in Nigeria established under the National Health Act of 2014. It aims to strengthen the primary healthcare system by providing predictable and sustainable funding. The fund addresses financial barriers to healthcare, ensuring access to quality services for all Nigerians, particularly those in rural and underserved areas. By reducing reliance on out-of-pocket expenses, the BHCPF plays a critical role in making healthcare more affordable and equitable, contributing to the nation's goal of achieving Universal Health Coverage (UHC) .[19]

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[13] World Health Organization. *The Abuja Declaration: Ten Years On*. Geneva: World Health Organization, 2011.

[14] Uzochukwu, B. S. C., O. O. Onwujekwe, and E. N. Onoka. "The Role of Out-of-Pocket Payments in Health Care Financing in Nigeria." *African Journal of Health Economics* 1, no. 1 (2012): 1-oppor

[15] Ibid

[16] Ononokpono, D. N., and U. A. Udo. "The Basic Health Care Provision Fund (BHCPF) and the quest for universal health coverage in Nigeria: prospects and challenges." *Pan African Medical Journal* 37 (2020): 214.

[17] *National Health Act, 2014*. Laws of the Federation of Nigeria.

[18] Akpoghome, T. U. (2018). "Examining The Protection Of Access To And Delivery Of Healthcare By The National Health Act 2014". Advances in Social Sciences Research Journal, 5(6), 521-535. DOI: http://dx.doi.org/10.14738/assrj.56.4802.

[19] National Health Care Act, 2014

The main objectives of the BHCPF include revitalizing primary healthcare infrastructure, improving access to essential services, and reducing financial burdens on households. It seeks to enhance health outcomes by focusing on key areas like maternal and child health, immunisation, and treatment of common diseases. Moreover, the fund promotes transparency and accountability in healthcare financing, ensuring efficient resource allocation. Ultimately, the BHCPF serves as a transformative tool to bridge systemic inequalities and ensure that every Nigerian has access to basic and quality healthcare services.[20]

1. **The National Health Insurance Authority (NHIA) Act 2022:** Repealing the National Health Insurance Scheme (NHIS) Act of 1999, this new legislation represents a paradigm shift by making health insurance mandatory for all Nigerians in contrast to the previous scheme's voluntary nature led to limited coverage, primarily benefiting formal sector employees.[21]

The National Health Insurance Act (NHIA) which was enacted in 2022 is aimed at significantly improving access to healthcare by mandating health insurance for all citizens and legal residents regardless of their socio-economic status. This Act establishes the National Health Insurance Authority which focuses the provision of a framework, ensuring universal health coverage at both the Federal and State Levels, ultimately reducing out-of-pocket expenses and improving health outcomes.[22] It is therefore safe to say that a core objective of the NHIA Act is to drastically reduce the high burden of out-of-pocket expenditure and institutionalise financial risk protection for the entire populace, including the establishment of a Vulnerable Group Fund.[23]

The new National Health Insurance Act bill was passed to promote, regulate, and integrate health insurance programs in Nigeria, as well as to increase and harness private sector engagement in healthcare delivery.[24]
The new Act also creates a Vulnerable Group Fund for children under the age of five, pregnant women, the elderly, individuals with physical and mental disabilities, and the impoverished, thus ensuring equity in healthcare access.[25]

In spite of these laudable improvements which the new Act embodies, The NHIA faces a number of challenges which include;

1. Corruption
2. Poorly structured primary, secondary and tertiary healthcare.
3. Political Interference in executing public health programs[26]

1. **The National Health Policy (2016):** This policy document serves as the strategic compass for the health sector. Its overarching goal is to achieve Universal Health Coverage (UHC) and ensure that all Nigerians have access to a level of health that enables them to lead socially and economically productive lives. It prioritises strengthening the primary healthcare system as the main vehicle for achieving its objectives and emphasises inter-sectoral collaboration to address the social determinants of health.[27]

[20] Ibid
[21] Adewole, D. A., T. D. Al-Gasseer, and D. O. Aremu. "The Nigerian National Health Insurance Scheme: A Decade After." *The Nigerian Postgraduate Medical Journal* 23, no. 4 (2016): 185–191.
[22] Eze OI, Iseolorunkanmi A, Adeloye D. The National Health Insurance Scheme (NHIS) in Nigeria: current issues and implementation challenges. *Journal of Global Health Economics and Policy*. 2024;4:e2024002. doi:10.52872/001c.120197
[23] *National Health Insurance Authority Act, 2022*. Laws of the Federation of Nigeria.
[24] Ilesanmi OS, Afolabi AA, Adeoya CT. Driving the implementation of the National Health Act of Nigeria to improve the health of her population. *Pan Afr Med J*. 2023;45:157. Published 2023 Aug 11. doi:10.11604/pamj.2023.45.157.37223
[25] Ibid
[26] Ibid
[27] Federal Ministry of Health. *National Health Policy 2016*. Abuja: Federal Ministry of Health, 2016.

The 2016 National Health Policy, though not a Law, is a policy document that aims to promote access to healthcare by strengthening the health system, particularly primary healthcare, and promoting universal health coverage.[28]
It focuses on ensuring efficient, accessible, and affordable healthcare for all citizens while establishing mechanisms for continuous funding and removal of financial barriers to accessing healthcare for Nigerians.[29]
The key aspects of the 2016 National Health Policy are;

1. Strengthening Primary Health care
2. Achieving Universal Health coverage by ensuring that all Nigerians have access to essential health services without financial hardship.
3. Providing mechanisms for guaranteeing continuous funding and remove financial barriers to accessing health care.
4. Promoting equity in healthcare access by prioritizing vulnerable groups and ensuring timely access to quality healthcare services for all.
5. Promoting collaboration between public and private healthcare providers to improve access and quality of services.[30]

The Laws and Policies discussed, though not exhaustive, form a baseline and foundation for accessing the legal framework of equitable access to healthcare in Nigeria. However, the gap between the letters of these Laws and effective implementation of the purpose of these Laws remain the main challenge to resolving inequitable access to healthcare.

3.0. Implementation Challenges to equitable access to Healthcare in Nigeria

3.1. Introduction

Inequalities in health are far-reaching, from the point of provision to that of reception. It is not an injustice if good health is unattainable, though it would be unfortunate; however, the presence of health inequalities, where they are avoidable, is inequity.[31] Equity in health care can be described as "When health resources are allocated and health care services are received according to need".[32] This is irrespective of social status or influence, instead concentrating on those with poor health status, greater disease burden and lesser resources. Equity in access to healthcare for everyone in need requires both economic and political input.[33]
Healthcare inequality in Nigeria is a complex issue that reflects the profound disparities in access to medical services, health outcomes, and opportunities across different population groups. It is driven by a variety of factors, including geographical location, socio-economic status, gender inequalities, cultural influences, to mention a few. This researcher would study the most common number of them.

3.2. Geographical Disparities

Geographical Location in a vital component in ensuring equitable access to Healthcare. In Nigeria, the tertiary and secondary healthcare facilities are mostly located in the urban areas. The Urban areas are more likely to benefit from well-equipped hospitals, advanced medical technologies, and a higher concentration of healthcare professionals. The primary healthcare facilities which are located

[28] National Health Policy 2016: "Promoting the Health of Nigerians to Accelerate Socio-Economic Development". Federal Ministry of Health, Abuja. http://ngfrepository.org.ng:8080/jspui/handle/123456789/3155
[29] Ibid
[30] Ibid
[31] Chukwudozie, Amanda. "Inequalities in Health: The Role of Health Insurance in Nigeria." *Journal of public health in Africa* vol. 6,1 512. 16 Aug. 2015, doi:10.4081/jphia.2015.512
[32] *Qidwai W, Ashfaq T, Khoja TAM, et al. Equity in healthcare: status, barriers, and challenges. Middle East J Fam Med 2011;9:33-8.*
[33] Chukwudozie, Amanda. "Inequalities in Health: The Role of Health Insurance in Nigeria." *Journal of public health in Africa* vol. 6,1 512. 16 Aug. 2015, doi:10.4081/jphia.2015.512

in the rural areas are grossly underfunded and mismanaged. The PHCs struggle with poorly managed infrastructure, Lack of basic equipment, Shortage of medical personnel etc.[34] This disparity which is evident in unequal distribution of health care facilities, infrastructural limitations and limited work force has resulted in Citizens accessing healthcare services in secondary healthcare facilities for ailments which can be managed at the Primary Health Care Centers. The obvious consequence of this is that residents in the rural areas who cannot travel to the urban areas to access healthcare services are in most cases, cut off from accessing healthcare services. This had led in no small measure to the constant outbreak of diseases and its attendant poor management and control in the rural areas, High rate of maternal mortality in the rural areas etc.[35]

3.3. Gender and Vulnerable Populations

In Nigeria, gender profoundly impacts access to healthcare, creating disparities in utilization and outcomes, particularly for women. Women face significant challenges accessing quality maternal and reproductive health services, contributing to high maternal mortality rates.[36]

Deeply ingrained norms has overtime, restricted accessibility of heath care services to women limiting their decision making power regarding healthcare. In most cultures, women are required to seek permission from their husbands before they can access healthcare services.[37]

There is a dearth of gender-responsive policies and programs that can ameliorate the deeply rooted cultural norms that perpetuate the inequities within the healthcare system for women. Gender disparities further worsen the healthcare inequality crisis, especially in rural areas where cultural norms and financial dependency limit women's access to medical services. Maternal and reproductive health services are often inadequate, resulting in alarmingly high maternal and infant mortality rates. Vulnerable groups like children, the elderly, and individuals with disabilities face additional barriers, including discrimination, insufficient health interventions, and lack of education.[38]

Studies demonstrate that maternal and child mortality is much higher amongst the poor in low-income countries, with access to health care concentrated among the wealthiest. Evidence suggests that in Nigeria inequalities in access to quality services continue to persist.[39]

3.4. Ethnic and Cultural Factors

Nigeria's ethnic and cultural diversity significantly influences healthcare accessibility. Ethnic and cultural factors hinder the ability of citizens to access healthcare services. Additionally, traditional practices and beliefs often overshadow medical advice, causing delays in seeking effective treatment.[40]

Cultural expectations around gender roles in most cases, restrict women's access to healthcare, particularly in decision-making regarding their health or seeking care for certain conditions. Worse, some cultures severely limit the right of women to access healthcare needs and in most cases, require a woman to seek the permission of her husband before accessing healthcare services.[41]

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[34] Ezeaka, N. B., Ochuba, C. C., Bartholomew, C. E. (2025), Addressing Healthcare Inequalities in Nigeria: A Communication Perspective on Advocacy and Policy Implications. Journal of Advanced Research and Multidisciplinary Studies 4(4), 1-11. DOI: 10.52589/JARMSAAQQDLCJ

[35] Improving Access to Health Care for Marginalized Groups in Nigeria. https://borgenproject.org/marginalized-groups-in-nigeria/ improving Access to Health Care for Marginalized Groups in Nigeria - The Borgen Project. Accessed on 18th July, 2025

[36] Oduenyi, C., Banerjee, J., Adetiloye, O. *et al.* Gender discrimination as a barrier to high-quality maternal and newborn health care in Nigeria: findings from a cross-sectional quality of care assessment. *BMC Health Serv Res* **21**, 198 (2021). https://doi.org/10.1186/s12913-021-06204-x

[37] Ibid

[38] Ibid

[39] Oludamilola Adeyanju, Sandy Tubeuf, Tim Ensor, Socio-economic inequalities in access to maternal and child healthcare in Nigeria: changes over time and decomposition analysis, *Health Policy and Planning*, Volume 32, Issue 8, October 2017, Pages 1111–1118, https://doi.org/10.1093/heapol/czx049

[40] Ibid

[41] "Patriarchal Traditions undermine heath care in Nigeria". https://www.gavi.org/vaccineswork/patriarchal-traditions-undermine-healthcare-nigeria#:~:text=After%20my%20husband%20knows%2C%20I,and%20responsibility%20to%20be%20providers. Accessed on 27th June, 2025

Cultural Limitations significantly impact healthcare access in Nigeria by shaping health-seeking behaviours, creating barriers to healthcare services. Some communities exhibit resistance to modern healthcare practices due to ingrained cultural beliefs, impacting the effectiveness of public health campaigns and interventions.[42]

Cultural Barriers and Stigma are most prevalent in mental wellness situations, HIV/AIDS, Post-Partum Maternal Care where patients for fear of stigmatization refuse to access healthcare services and, in most cases, opt for self-help in managing their health crisis.[43]
Stigma poses significant challenges to achieving Universal Health Coverage (UHC) by limiting access to services, excluding marginalized populations, and increasing out-of-pocket costs. In Nigeria, individuals with HIV/AIDS, mental health disorders, and disabilities often face discrimination, resulting in reduced healthcare access. Stigma discourages the use of available services, restricts the population covered, and leads to higher personal expenditures due to reduced insurance coverage and social exclusion.[44]

3.5. Socioeconomic Status

Socioeconomic status is a key determinant of healthcare access. Individuals from wealthier backgrounds can afford high-quality medical services, whereas those from lower-income backgrounds often delay or forego treatment due to the high cost of out-of-pocket payments. With approximately 90% of healthcare expenses paid out-of-pocket and only about 3% of the population covered by health insurance, the financial burden on households is overwhelming, pushing many deeper into poverty.[45]

According to World Bank data, as at 2010, 62% of Nigerians lived on less than $1.25 a day. In a country where the majority percentage of the people are classified as living under the global poverty level, the inability of people under a certain social stratus to access healthcare is worrisome and an obvious, important public health problem. Poverty and poor income significantly impact access to healthcare, creating a disparity where low-income individuals and families face substantial barriers to accessing quality medical care. [46]
The lack or poor coverage of health insurance, particularly among lower-income brackets and out-of-pocket expenses in healthcare bills, further worsens financial burdens on such individuals and families who seek medical care. [47]

Poverty also leads to inadequate nutrition and poor living conditions, increasing the risk of illness and thus, making individuals more vulnerable to health challenges. The lack of access to clean water and sanitation can contribute to the spread of diseases, disproportionately affecting poor communities and resulting to higher rates of illness and death.
Poverty and low income is most evident in the environmental and living conditions. Poor housing, exposure to pollution, and lack of clean water contribute to higher rates of respiratory and infectious diseases among low-income populations. Limited access to nutritious food increases the risk of

[42] Ogbonna, C.K., Azubuike, P.C., Enyam, M.O. *et al.* Addressing stigma to achieve healthcare equity and universal health coverage in Nigeria. *Discov glob soc* **2**, 73 (2024). https://doi.org/10.1007/s44282-024-00104-1
[43] Ibid
[44] Ibid
[45] Ezeaka, N. B., Ochuba, C. C., Bartholomew, C. E. (2025), Addressing Healthcare Inequalities in Nigeria: A Communication Perspective on Advocacy and Policy Implications. Journal of Advanced Research and Multidisciplinary Studies 4(4), 1-11. DOI: 10.52589/JARMS AAQQDLCJ
[46] Chukwudozie, Amanda. "Inequalities in Health: The Role of Health Insurance in Nigeria." *Journal of public health in Africa* vol. 6,1 512. 16 Aug. 2015, doi:10.4081/jphia.2015.512
[47] Ibid

malnutrition and related health complications. Studies show that poverty increases vulnerability to preventable diseases due to poor nutrition, inadequate sanitation, and limited access to vaccinations.[48]

4.0. Policy Recommendation: A National Health Equity Plan (2025-2030)

To translate legislative intent into meaningful action, Nigeria requires a coherent, funded, and measurable National Health Equity Plan. This plan must move beyond the letters of the Law to provide a clear roadmap for dismantling the structural barriers to care. The following template outlines the core pillars and actionable strategies for such a plan.

A National Health Equity Plan (2025-2030)

Vision: To create a Nigerian healthcare system where every citizen, regardless of socioeconomic status, geographic location, or gender, has equitable access to high-quality, affordable, and dignified healthcare, thereby achieving Universal Health Coverage (UHC).

Objective 1: Foundational Strengthening of Primary Health Care (PHC)

1.1: Infrastructure and Resource Revitalization.

a. To Conduct a mandatory nationwide audit of all 9,560 PHCs to assess their status (functionality, staffing, equipment, power, and water supply).

b. To Establish and enforce a legally-binding "Minimum Standards for PHCs" package, including diagnostic tools, essential drug lists, and functional utilities.

c. To Revamp the national medical supply chain to ensure the last-mile delivery of drugs and consumables to rural PHCs, utilizing technology for inventory management.

1.2: Human Resources for Health.

a. To Implement a "Rural Service Incentive Program" offering significant financial bonuses, housing support, and career advancement tracks for health workers serving in underserved areas for a minimum of three years.

b. Authorize and scale up task-shifting and task-sharing policies to empower nurses, midwives, and community health extension workers (CHEWs) to deliver a wider range of services under proper supervision.

1.3: Sustainable and Transparent Funding.

a. To ensure the full, timely, and transparent disbursement of the Basic Health Care Provision Fund (BHCPF) as mandated by the National Health Act.

b. To establish a public-facing digital portal that tracks BHCPF allocations from the federal level down to individual PHCs to enhance accountability.

Objective 2: Universal Health Coverage Through Mandatory Insurance

2.1: Expand NHIA Coverage to the Informal Sector.

a. Design and launch a phased, mandatory enrollment strategy for the informal sector and rural populations, using mobile payment systems and community cooperatives for premium collection.

[48] Dr. Rasheed Ayobami Aranmolate. The State of Healthcare in Nigeria: Challenges and Opportunities. March, 6, 2025. https://gml.com.ng/the-state-of-healthcare-in-nigeria-challenges-and-opportunities/#:~:text= KEY% 20CHALLENGES%20FACING%20THE%20NIGERIAN%20HEALTHCARE%20SECTOR&text=Lack%20modern%20 medical%20equipment%20and,a%20lack%20of%20clean%20water.Accessed on 27th June, 2025

b. Launch a massive, multi-lingual public awareness campaign to educate citizens on the benefits and mechanisms of health insurance.

2.2: Operationalize the Vulnerable Group Fund.

To establish clear, simple, and automated criteria for identifying and enrolling vulnerable persons (pregnant women, children under 5, elderly, disabled) into the fund at the point of contact with a PHC, removing bureaucratic hurdles.

Objective 3: Addressing Socio-Cultural and Economic Determinants

3.1: Promoting Gender-Responsive Healthcare.

a. To Launch targeted interventions to address the specific health challenges faced by women, including improving access to maternal and reproductive health services.

b. To Initiate community-level dialogues led by local leaders and health workers to address cultural norms that restrict women's autonomy in healthcare decisions.

3.2: Community Engagement and Health Education.

a. To stablish and empower "Community Health Committees" for each PHC, giving them a formal role in overseeing service delivery and providing feedback.

b. To Develop and disseminate public health education materials (addressing hygiene, nutrition, vaccination, and stigma around diseases like HIV/AIDS and mental health) in local languages through trusted channels like radio, town criers, and religious institutions.

Objective 4: Governance, Accountability, and Monitoring

4.1: Enforce Political Will and Inter-Sectoral Collaboration.

Establish a Presidential Council on Health Equity, bringing together the Ministries of Health, Finance, Works, and Water Resources to ensure that health goals are integrated into national development and infrastructure planning.

4.2: Implement a National Health Equity Scorecard.

Develop and publish an annual National Health Equity Scorecard with key performance indicators (KPIs) such as maternal mortality rates by state, out-of-pocket expenditure as a percentage of income, and PHC staffing levels. This scorecard will be used to hold federal, state, and local governments accountable.

5.0. Conclusion

The fundamental challenge to healthcare equity in Nigeria is not an absence of legislation but a profound failure of implementation. A robust legal framework, designed to guarantee the right to health, is effectively neutralized by deep-rooted structural barriers. The gap between the country's urban and rural populations, as well as the wealthy and the poor, is perpetuated by an underfunded primary healthcare system, the high cost of out-of-pocket payments, and socio-cultural factors that systematically exclude the most vulnerable, leaving the promise of laws like the National Health Act unfulfilled.

Closing this gap between policy and practice is an urgent matter of social justice and a prerequisite for national development. The solution demands moving beyond rhetoric to embrace a comprehensive and realistic strategy, centered on revitalizing primary healthcare, achieving true universal insurance coverage, and tackling adverse social determinants through committed governance. The constitutional right to health can be a lived reality for every citizen but it requires unwavering political will, prudent use of resources, and a collective commitment from all stakeholders.