

STRENGTHENING ACCOUNTABILITY MECHANISMS IN THE OVERSIGHT OF THE RIGHT TO HEALTH IN NIGERIA*

Abstract

The right to health is a basic human right recognized internationally and embedded in Nigeria's legal system through the Constitution, health laws, and policies. Yet, many Nigerians still struggle to access quality healthcare, especially in rural and underserved communities. Weak accountability in the health sector is a major reason for this, with challenges including poor policy implementation, political interference, limited citizen involvement, and inadequate institutional capacity. This article looks at how strengthening accountability can help improve oversight of the right to health in Nigeria. It examines the legal and conceptual foundations of health rights, including the AAAQ framework and minimum core obligations, and the government's duty to respect, protect, and fulfill these rights. The study also reviews key national laws and policies, such as the National Health Act 2014, the National Health Insurance Authority Act, and the National Health Policy, highlighting the roles of federal, state, and local institutions. It identifies obstacles that hinder effective accountability, including the non-justiciability of socio-economic rights, weak enforcement, limited transparency, and low public participation. Finally, the article recommends ways to strengthen accountability in health governance, such as building institutional capacity, improving transparency, encouraging citizen engagement, and ensuring proper enforcement of health laws. By focusing on accountability, Nigeria can make real progress toward equitable, accessible, and quality healthcare for all citizens.

Keywords: Accountability, Right to Health, Accessibility, National Health Act, Governance.

1. Introduction

The Right to Health emerged as a globally recognized concept after the World War II global efforts for peace and it was recognized in 1946 by the World Health Organisation (WHO).¹ According to the WHO, the Right to Health is defined as a state of well-being and not merely the absence of a disease.² This right to health was subsequently codified in the 1948 Universal Declaration of Human Rights (UDHR) and the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR).³ By virtue of these instruments, the standard used to measure the Right to Health was the 'highest attainable standard of health' which includes accessibility to healthcare, quality of health care and non-discrimination.⁴ The Right to Health has also been extended to access to other rights such as quality food, water, housing and a healthy environment.⁵ The underlying rationale behind this extension is premised on the fact that these extensions are determinants of good health and they impact health outcomes.⁶ It has been argued that Nigeria's health system is constantly faced with

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¹ V A. Leary, 'The Right to Health in International Human Rights Law' (1994) 1(1) *Health and Human Rights* 24 – 56; It was recognized by the Constitution of the World Health Organisation.

² G L. Krahn PhD and Others, 'It's time to reconsider how we define health: Perspective from disability and chronic condition' (2021) 14(4) *Disability and Health Journal*

³ Article 25 of the 1948 Universal Declaration of Human Rights (UDHR) recognized health as part of the right to an adequate standard of living, linking it to dignity and well-being. Article

⁴ M Pezzullo, 'The Right to Healthcare for the Most Vulnerable Migrant Groups and the Universal Implementation of the Right to Enjoy the Highest Attainable Standard of Physical and Mental Health' (2025) 1(1) *South Asia Journal for Minorities*

⁵ World Health Organisation, 'Human Rights' (2025) https://www.who.int/health-topics/human-rights#tab=tab_1 Accessed 20th December 2025.

⁶ *Ibid.*

national challenges in its delivery of standardized and effective health care.⁷ Notwithstanding years of investments and international collaborations and efforts, the Nigerian Health Care System remains plagued by limitations such as underfunding, lack of manpower, poor infrastructure, and weak coordination across different levels of government, leading to serious gaps in access, particularly in rural and hard-to-reach areas.⁸ Furthermore, pointers like protection against child and mother deaths, and other fundamental services do not meet global standards.⁹ This is majorly attributed to the inefficiencies of the Nigeria's health system, which struggles to meet all 'six World Health Organization (WHO) building blocks' which includes 'service delivery', 'health workers', 'health information systems', 'access to essential medicines', 'financing', and 'leadership and governance'.¹⁰ Over the past decade, Nigeria has pursued a range of health sector reforms aimed at improving access and service delivery.¹¹ Despite these initiatives, inconsistent implementation, inadequate financing, and political constraints have undermined their effectiveness, resulting in fragmented outcomes and limited consolidated evidence on their scalability and sustainability.¹² Thus, it is crucial to establish health accountability mechanisms which ensures the establishment of quality and effective health care system. These accountability mechanisms foster a culture of responsibility, public trust and is a core component of effective governance in the health sector. This research aims to evaluate the health system in Nigeria particularly the right to health in Nigeria, its conceptual and legal framework, the accountability mechanisms in health rights oversight and the challenges to accountability in Nigeria. The research also goes further to proffer recommendations aimed at strengthening accountability mechanisms in the oversight of the 'Right to Health' in Nigeria.

2. Conceptual and Legal Frameworks

In its simplest terms, the 'Right to Health' means 'every human being is entitled to the maximum standard of physical and mental wellbeing.'¹³ Its scope goes beyond access to hospitals and medical practitioners as it includes access to basic settings people need to survive such as clean water, clean environment, proper sanitation, adequate food and nutrition, safe housing, education and access to education.¹⁴ Scholars have also opined 'that it includes the right to make decisions about one's own body and health without discrimination.' The 'Right to Health' is recognised under several transnational agreements to which Nigeria is a party such as the 'International Covenant on Economic, Social and Cultural Rights (ICESCR)'; the 'International Convention on the Elimination of All Forms of Racial Discrimination (CERD)'; 'the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)'; and the 'Convention on the Rights of the Child (CRC).'¹⁵ Nigeria is also a party to important civil and political rights treaties with health implications,

⁷A A Adewoye *et al*, 'Strengthening Nigeria's Health System: A Scoping Review of Recent Reforms, Implementation Outcomes, and Systemic Challenges (2015–2025)' (2025) 1(2) *Glob. South Health Horizon* 1 - 25.

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ K Croke and O Ogbuoji, 'Health Reform in Nigeria: The Politics of Primary Health Care and Universal Health Coverage' (2023) 39(1) *Health Policy and Planning* 1-10

¹² A F Lawal, 'Politics of Healthcare Reform in Africa: Insights from Rural Nigeria' (2024) 7(1) *Berumpun: International Journal of Social, Politics, and Humanities* 26-38 <https://doi.org/10.33019/berumpun.v7i1> Accessed 20th December 2025.

¹³ National Human Rights Commission, 'The Right to Health' [https://www.nigeriarights.gov.ng/focus-areas/right-to-health.html#:~:text=The%20right%20to%20health%20is%20the%20right,on%20the%20Rights%20of%20the%20Child%20\(CRC\)](https://www.nigeriarights.gov.ng/focus-areas/right-to-health.html#:~:text=The%20right%20to%20health%20is%20the%20right,on%20the%20Rights%20of%20the%20Child%20(CRC)) Accessed 20th December 2025.

¹⁴ *Ibid.*

¹⁵ *Ibid.*

including the ‘International Covenant on Civil and Political Rights (ICCPR) and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.’¹⁶ At the regional level, the ‘Right to Health’ is guaranteed under the African Charter on Human and Peoples’ Rights. Domestically, it is reflected in ‘Chapter II’ of the Constitution of the Federal Republic of Nigeria 1999 (as amended), as well as in health-related legislation such as the National Health Insurance Scheme Act.¹⁷

For instance, Article 12 of the ICESCR ‘mandates contracting states to the covenant to recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.’¹⁸ Article 12(2) of the Covenant also ‘provide the steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right.’ ‘These steps shall include those necessary for:

- a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
- b) The improvement of all aspects of environmental and industrial hygiene;
- c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.’

The ICESCR obligates states to take steps to improve health, reduce infant mortality, control diseases and ensure equal access to medical services, water, food and healthy environment.¹⁹ The term Highest Attainable Standard has been interpreted to mean that states must work towards achieving the best health outcomes possible with available resources and not perfection.²⁰ In other words, states are expected to create conditions where everyone can live healthy lives, encompassing direct healthcare and broader societal factors which contribute to physical and mental well-being.

The right to health is also implemented through the ‘AAAQ framework’ which stands for ‘Availability’, ‘Accessibility’, ‘Acceptability’, and of ‘Quality.’²¹ The framework stipulates the requirements to be met by the states in order to meet health related obligations. It requires health facilities, goods and services be ‘accessible, available, acceptable and must be of good quality.’²² The ‘AAAQ Framework’ provides solid criteria for implementing fiscal, societal and cultural rights such as ‘Right to Health.’ It ensures these implementations by breaking down these broad requirements into measurable components.²³ In relation to the framework, it requires the availability of sufficient quantity of health facilities goods and services, thereby ensuring that these facilities are available to citizens without discrimination. This also forms part of the foundational duties states must fulfill promptly forming part of the essential minimum of human rights including the right to health.²⁴

¹⁶ Ibid.

¹⁷ Chapter II of the Constitution of the Federal Republic of Nigeria provide for Socio – Economic Rights which includes the Duty of the Government to provide health to all persons in Nigeria.

¹⁸ Olu Olumese, ‘Duty without liability: The impact of article 12 of the International Covenant on Economic, Social and Cultural Rights on the right to health care in Nigeria’ (2021) 21 (2) *African Law Journal*

¹⁹ Ibid.

²⁰ Paul Hunt, ‘The human right to the highest attainable standard of health: new opportunities and challenges’ (2006) 100 (7) *Transactions of The Royal Society of Tropical Medicine and Hygiene* 603 – 607.

²¹ Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to Health, UN Doc. E/C.12/2000/4 (2000), para. 13.

²² International Guidelines on Human Rights and Drug Policy, ‘Obligations arising from human rights standards: Right to the highest attainable standard of health’ https://www.humanrights-drugpolicy.org/guidelines/obligations-arising-from-human-rights-standards/right-to-the-highest-attainable-standard-of-health/#cite_80 Accessed 20 December 2025.

²³ Ibid.

²⁴ Ibid.

Accountability is essential to human rights and it includes the right to health. The United Nations Committee on Economic, Social and Cultural Rights²⁵ has emphasized that the fundamental responsibilities of contracting state to the ICESCR is to ensure that the rights recognized by the Covenant are fulfilled.²⁶ Notwithstanding the fact that the covenant allows states to implement these requirements in accordance with their peculiarities and legal thresholds, the governments must ensure that the rights recognized in the covenant are realized and implemented accordingly.²⁷ In the circumstances, accountability is essential in making sure that states meet their obligation under the covenant. For instance, governments are required to ensure that there is an appropriate means of redress for aggrieved right holders.²⁸ These accountability mechanisms can take many forms, including the courts, administrative and regulatory bodies, political processes, and community-based or social accountability structures.²⁹ Regardless of the form they take, their main purpose is to ensure that government decisions and omissions are scrutinised and that affected individuals and communities have access to effective remedies.

Remedies for violations of the right to health may address individual harm through measures such as compensation, restitution, or rehabilitation or tackle deeper, systemic problems through reforms and guarantees that similar violations will not happen again.³⁰ Importantly, accountability should not be seen only as assigning blame or punishment. Rather, it is a continuous process of learning what is working and what is not, so that policies and programmes can be improved.³¹ Meaningful participation is a key part of this process. People and communities have a right to be involved in health-related decision-making, including the design of health policies and the monitoring of their implementation.³² To support this, governments must create transparent, inclusive, and accessible spaces for engagement, such as public consultations, health committees, budget reviews, and community meetings. Transparency and regular monitoring are also essential. Governments have a duty to share information about health policies, spending, and outcomes. When data and information are made public, it allows both government and citizens to track progress, identify gaps, and hold decision-makers accountable.³³

3. Legal and Institutional Frameworks

Legal Framework

Constitution of the Federal Republic of Nigeria 1999 (as amended)

The legal foundation for the ‘Right to Health’ in Nigeria can be traced to the Constitution of the Federal Republic of Nigeria 1999 (as amended).³⁴ The Nigerian Constitution, which is the *grundnorm* of all legislation, provides for the ‘fundamental objectives and directive principles of states policy’

²⁵ the body responsible for monitoring implementation of the covenant

²⁶ S Qiu and G Macnaughton, ‘Mechanisms of Accountability for the Realization of the Right to Health in China’ (2017) 19 (1) *Health and Human Rights Journal* 279 – 292

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.

³⁰ R G Teshome, ‘Provision of Remedies for Violation of Economic, Social and Cultural Rights: A Comparative Study of the United Nations, Inter-American and African Human Rights Systems’ (2020) 28 (2) *African Journal of International and Comparative Law*

³¹ Ibid.

³² Ibid.

³³ Ibid.

³⁴ O Nnamuchi, ‘The Right to Health’ (2010) SSRN

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1622874 Accessed 20th December 2025.

which serves a roadmap for government actions and policy.³⁵ These provisions/actions focus on national development and promote social justice, economic growth, education and Nigeria's Cultural values.³⁶ They outline Nigeria's political and economic objectives and present the country as a democratic state committed to the welfare, freedom and well-being of all its citizens. For instance, Section 16A of the Constitution provides that 'the Nigerian government is required to shape its policies to ensure that all citizens have reliable access to sufficient, affordable, and safe food.' This means developing and implementing strategies that guarantee the nation's food security, focusing on making food available, accessible, and affordable for everyone.³⁷ The State must continuously improve the methods of producing, storing, and distributing food to meet the population's needs.³⁸ It is also responsible for taking adequate measures to ensure that food security is not threatened or undermined by any individual, group, or institution. Additionally, the government should promote and sustain programmes and activities that strengthen and maintain food security throughout the country.³⁹ Section 17(3) further provides that the Nigerian government is required to shape its policies to ensure that all citizens, regardless of their background, have fair opportunities to earn a living and access suitable employment. It must guarantee that working conditions are just, humane, and allow time and facilities for leisure as well as participation in social, religious, and cultural activities. The State also has the responsibility to protect the health, safety, and welfare of all workers, ensuring that their rights are not abused or put at risk.⁴⁰ Additionally, the government must provide adequate medical and health facilities to meet the needs of all citizens.⁴¹ Although, these provisions serve as a cornerstone for government actions and policy, they are non-justiciable.⁴² The principle of non-justiciability stipulates those certain matters often socio-economic rights or political questions, are outside the power of courts to enforce or rule on, even if rights are violated, preventing citizens from seeking legal remedy.⁴³ Thus, it suggests that courts cannot compel government actions on the 'enforcement of the fundamental objectives and directive principles of states policy', which includes the 'Right to Health'. The non-justiciability of these provisions is also reinforced by section 6(6) of the Constitution which provides that:

The judicial powers vested in accordance with the foregoing provisions of this section –
c) shall not, except as otherwise provided by this Constitution, extend to any issue or question as to whether any act or omission by any authority or person or as to whether any law or any judicial decision is in conformity with the Fundamental Objectives and Directive Principles of State Policy set out in Chapter II of this Constitution.'

The above reproduced section 'expressly limits the judicial powers of the courts to matters which do not extend issues which borders on the Fundamental Objectives and Directive Principles of State Policy, depriving the citizenry of the right to legal remedy arising from breach of the provision by

³⁵ B. O Okere, 'Fundamental Objectives and Directive Principles of State Policy Under the Nigerian \ Constitution' (2008) 32(1) *International & Comparative Law Quarterly*

³⁶ *Ibid.*

³⁷ Section 16 of the Constitution of the Federal Republic of Nigeria 1999 (as amended)

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ G C. Gray, 'The Responsibilization Strategy of Health and Safety: Neo-liberalism and the Reconfiguration of Individual Responsibility for Risk' (2009) 49(3) *The British Journal of Criminology* 326 – 342.

⁴¹ *Ibid.*

⁴² In other words, they cannot be enforced in a court of law

⁴³ D Antia, 'Arguments Against the Non-Justiciable Status of Chapter II of the Constitution of the Federal Republic of Nigeria, 1999 as Amended' (2024) SSRN <https://ssrn.com/abstract=4731935> Accessed 20th December 2025.

governments who are mandated by virtue of section 13 to protect such right.⁴⁴ In light of the foregoing, the non-justiciability of the right of health contravenes the requirements of the ICESCR which obligates states to recognize rights provided by the covenants. It is important to note that Nigeria became a party to the ICESCR by ratification on 29th July 1993 and it entered into force in Nigeria that same year in October. Thus, the obligations provided by the covenant are binding on Nigeria.

National Health Act 2014

The ‘National Health Act 2014’ is another significant legislation which provides the legal basis for regulating, developing, and managing the country's health system, establishing standards, rights and a unified National Health System incorporating public/private providers, aiming for Universal Health Coverage.’ It is an Act enacted to provide a ‘framework for the regulation, development and management of a national health system and set standards for rendering health services in the federation; and for related matters.’⁴⁵ Section 1 of the Act provides that The National Health System is established for the entire country to provide a clear framework for setting standards and regulating health services, while respecting existing professional regulatory laws. This system covers both public and private healthcare providers and encourages cooperation and shared responsibility among all health service actors across Nigeria. It aims to ensure that everyone in the country can access the best possible healthcare within the limits of available resources. The framework also defines the ‘rights and responsibilities of healthcare providers, health workers, health facilities, and users, while safeguarding, promoting, and fulfilling the right of all Nigerians to access quality health services.’⁴⁶ By virtue of section 1 of the NHA 2014, theoretically, the Act seems to comply with the highest attainable standard of health’ which includes accessibility to healthcare, quality of health care and non-discrimination’, which is the measure used to assess the standard right to health. The Act promotes equitable access to quality healthcare, defines the rights and duties of health care users and providers, and strengthens accountability within the health sector. Through these provisions, the Act translates constitutional health objectives into enforceable policy and practice.

National Health Insurance Authority Act

National Health Insurance Authority Act is another significant regulation relating to the right to health in Nigeria.⁴⁷ It is an ancillary framework which strengthens the legal foundation of the right to health in Nigeria. It is a major step towards making healthcare affordable for Nigerians.⁴⁸ It sets up a mandatory health insurance system designed to ensure that more people, including those in the informal sector and vulnerable groups, can access healthcare without financial hardship.⁴⁹ To carry out its objectives, ‘Section 1 of the Act creates the National Health Insurance Authority and the objects of the Authority includes:

⁴⁴ Section 13 of the Constitution provides that it shall be the duty and responsibility of all organs of government, and of all authorities and persons, exercising legislative, executive or judicial powers, to conform to, observe and apply the provisions of this Chapter of this Constitution.

⁴⁵ The Objectives of the Act.

⁴⁶ Chapter 3 of the Act.

⁴⁷ O Olanrewaju, ‘National Health Insurance Scheme, Poverty, and the Right to Health in Nigeria: Toward Promoting Accessible Healthcare for Vulnerable Citizens’ (2025) ResearchGate https://www.researchgate.net/publication/398287652_National_Health_Insurance_Scheme_Poverty_and_the_Right_to_Health_in_Nigeria_Toward_Promoting_Accessible_Healthcare_for_Vulnerable_Citizens Accessed 20 December 2025.

⁴⁸ Ibid.

⁴⁹ Ibid.

- i. promote, regulate and integrate health insurance schemes;
- ii. improve and harness private sector participation in the provision of health care services; and
- iii. do such other things that will assist the authority in achieving Universal Health Coverage to all Nigerians.’

Institutional Actors and their Mandates

Federal Ministry of Health and Social Welfare

The Federal Ministry of Health and Social Welfare, an agency of the Federal Government, is the leading parastatal responsible for strengthening health policy, improving service delivery, and promoting social welfare, with the goal of achieving universal health coverage.⁵⁰ The Ministry is ‘mandated to develop and implement national health policies, ensure quality health services, regulate health institutions and professionals, and promote social welfare for all Nigerians.’⁵¹ It plays a central role in advancing Universal Health Coverage, health security, and equitable access to healthcare. The Ministry carries out its mandate through better governance and coordination, improved population health outcomes, development of the health value chain such as encouraging local production of medicines and stronger health security to protect Nigerians from public health threats.⁵² In carrying out its mandates, it focuses on a 4-point agenda which guides all the policies and interventions of the ministry and this ‘four-point agenda include:

- i. Improving governance and leadership in the health sector
- ii. Enhancing population health outcomes
- iii. Unlocking the healthcare value chain
- iv. Strengthening health security and resilience’

National Health Insurance Authority (NHIA)

The National Health Insurance Authority is a government agency responsible for the regulation and management of Nigerian Health Insurance Scheme.⁵³ It gives effect to the provisions of the National Health Insurance Authority Act which aims to manage and regulate health insurance schemes, monitor service quality, and help protect families from high medical costs.⁵⁴ By spreading healthcare risks and increasing coverage across the country, the NHIA supports universal health coverage, ensuring that all Nigerians can access essential healthcare services without being pushed into financial difficulty.⁵⁵

State Ministries of Health and State Health Insurance Agencies

At the State level, the states of the Federation are responsible for adapting the national health coordinating public health programmes.⁵⁶ They ensure that healthcare services, especially primary and secondary care, reach communities effectively. On the other hand, State Health Insurance Agencies are responsible for adapting national health insurance schemes.⁵⁷ For instance, the ‘Lagos State Health

⁵⁰ Federal Ministry of Health and Social Welfare, ‘About Us’ <https://health.gov.ng/about-us/#:~:text=%F0%9F%8F%A5,of%20Health%20and%20Social%20Welfare> Accessed 20th December 2025.

⁵¹ Ibid.

⁵² Ibid.

⁵³ National Health Insurance Authority, ‘About Us’ [https://www.nhia.gov.ng/about-us/#:~:text=The%20National%20Health%20Insurance%20Authority%20\(NHIA\)%20was,provision%20*%20Achieve%20Universal%20Health%20Coverage%20\(UHC\)](https://www.nhia.gov.ng/about-us/#:~:text=The%20National%20Health%20Insurance%20Authority%20(NHIA)%20was,provision%20*%20Achieve%20Universal%20Health%20Coverage%20(UHC)) Accessed 20th December 2025.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Severe Malaria Observatory, ‘Nigeria health system’ (2025) <https://www.severemalaria.org/countries/nigeria/nigeria-health-system>. Accessed 20th December 2025.

⁵⁷ Ibid.

Scheme (LSHS) is a health insurance programme launched by the Lagos State Government to bring universal health coverage to the large and growing population of Lagos.⁵⁸ The scheme is managed by the Lagos State Health Management Agency (LASHMA), which ensures that all residents, including public servants, can access affordable and quality healthcare.⁵⁹ Through this initiative, Lagosians are protected from the financial burden of high medical costs, helping families avoid being pushed into hardship because of healthcare expenses.⁶⁰

4. Accountability Mechanisms in Health Rights Oversight

Accountability is preliminarily described as a theoretical concept, which means the term has various interpretations that have given birth to various theories and it has been argued that these theories have conflicting description of accountability.⁶¹ In the world of politics, it has been argued that accountability is the basis upon which the exercise of power is checked.⁶² Accountability mechanisms are central to the realization of health rights in Nigeria, especially given the constitutional, legal, and policy commitments the country has made to improve public health outcomes.⁶³ Health rights oversight refers to the 'systems and processes through which duty bearers primarily government institutions are held responsible for respecting, protecting, and fulfilling the right to health.'⁶⁴ In Nigeria, these mechanisms operate across legal, institutional, political, and social levels, though their effectiveness remains uneven. Accountability is shaped by constitutional provisions, statutes, and judicial interpretation.⁶⁵ While the 1999 Constitution places health under the Directive Principles of State Policy, making it non-justiciable, courts have increasingly relied on international human rights instruments. This has opened limited but important pathways for litigation on health-related rights.⁶⁶ Strategic public interest litigation by civil society organizations has helped to challenge poor service delivery, environmental health hazards, and government neglect, although access to justice remains constrained by cost, delays, and limited awareness. Bodies such as the Federal Ministry of Health, National Primary Health Care Development Agency, and state ministries are responsible for policy formulation and implementation.⁶⁷ Oversight institutions like the National Assembly and State Houses of Assembly are expected to scrutinize health budgets, monitor implementation, and investigate failures through committees and public hearings. Administrative and regulatory mechanisms further contribute to health rights accountability. Social accountability has emerged as one of the most promising mechanisms in Nigeria's health sector.⁶⁸ Civil society organizations, community-based groups, the media, and development partners increasingly use tools such as budget tracking, scorecards, and citizen monitoring to demand transparency and better performance.⁶⁹ Programs like community health committees and ward development committees allow

⁵⁸ Lagos State Government, 'Lagos Unveils New Diaspora Health Insurance Plans' (2025) <https://lagosstate.gov.ng/news/all/view/69398e7888319a643b70d4ad> Accessed 20 December 2025.

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ P Walker, 'Understanding Accountability: Theoretical Models and their Implications for Social Service Organizations' (2002) 36 (1) *Social Policy Administration* 62 – 75.

⁶² A Schedler *et al*, 'The Self-restraining State: Power and Accountability in New Democracies' (Lynne Rienner Publishers 1999) 1 - 395

⁶³ Worluh-Okolie *et al* 'Legal and Institutional Frameworks for Human Rights Protection in Nigeria: Challenges and Pathways to Effective Enforcement' (2024) 1(2) *Fountain University Law Journal*

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid n 41

⁶⁷ Ibid, n 47.

⁶⁸ A F Lawal and E Lodenstein, 'Negotiating Access to Health Care for All through Social and Political Accountability: A Qualitative Study in Rural Nigeria' (2022) 11(3) *Social Sciences* 123.

⁶⁹ Ibid.

citizens to participate directly in oversight at the grassroots level. These initiatives have recorded some successes, particularly in maternal and child health, but sustainability remains a challenge due to funding constraints and limited government responsiveness.⁷⁰

5. Challenges to Effective Accountability in Nigeria

Non-justiciability of Socio-economic rights

One of the challenges of accountability in Nigeria's health sector is the non-justiciability of socio-economic rights, including the right to health.⁷¹ Under the 1999 Constitution, socio-economic rights are largely contained in the 'Fundamental Objectives and Directive Principles of State Policy (Chapter II),' which are not enforceable by courts.⁷² This legal limitation means that citizens cannot directly take the government to court to compel the provision of adequate healthcare or other basic social services.⁷³ Unlike civil and political rights, which can be enforced through judicial processes, socio-economic rights rely on the government's goodwill and political will for implementation. The non-justiciability of the right to health has practical consequences for Nigerians.⁷⁴ Health system weaknesses such as poorly equipped primary healthcare centres, inadequate staffing, irregular drug supply, and limited access in rural areas often persist because affected communities have limited legal recourse.⁷⁵ Government failures in implementing health policies, including the 'Basic Health Care Provision Fund (BHCPF)' or 'state health insurance schemes', are difficult to challenge legally, reducing accountability.⁷⁶ Vulnerable groups, such as women, children, and the poor, are disproportionately affected, as they rely most on public healthcare services.⁷⁷ This situation underscores the need for alternative accountability mechanisms beyond the courts. Legislative oversight, social accountability through civil society, community participation, and administrative enforcement become critical in monitoring government performance.

Weak enforcement of health laws and policies

Another significant challenge to accountability in Nigeria's health sector is the weak enforcement of existing health laws and policies.⁷⁸ Although frameworks such as the 'National Health Act 2014', the 'National Health Insurance Authority Act', and various state health regulations provide clear standards for healthcare delivery, their implementation is often inconsistent.⁷⁹ As a result, key provisions like the 'Basic Health Care Provision Fund (BHCPF)', regulatory oversight of health facilities, and mandatory health insurance coverage often fail to achieve their intended outcomes.⁸⁰ Health facilities remain under-resourced, health workers are inadequately supervised, and patients,

⁷⁰ Ibid.

⁷¹ O Nnamuchi, 'Kleptocracy and Its Many Faces: The Challenges of Justiciability of the Right to Health Care in Nigeria' (2008) 52 (1) *Journal of African Law* 1 – 42

⁷² Section 6(6) (c) of the CFRN

⁷³ Ibid.

⁷⁴ C I Njoku, 'Rethinking the Non-Justiciability of Economic, Social and the Rights and the Rights to Dignified Conditions of Living in Nigeria' (2024) 3(2) *Awka Capital Bar Journal*.

⁷⁵ Ibid.

⁷⁶ B Uzochukwu *et al*, 'Accountability mechanisms for implementing a health financing option: the case of the basic health care provision fund (BHCPF) in Nigeria' (2018) 17 (100) *International Journal for Equity in Health*

⁷⁷ Ibid.

⁷⁸ Ibid, n 31.

⁷⁹ O G. Igechi *et al*, 'The Politics of Healthcare in Nigeria: An Analysis of Policy Implementation and Outcomes' (2025) 1(1) *Salus et Scienta*

⁸⁰ Ibid.

particularly in less developed areas, face difficulties accessing quality care.⁸¹ Weak enforcement also undermines accountability, as there are few consequences for government agencies or health providers that fail to meet standards or deliver essential services.⁸² This gap highlights the need not just for strong laws but for practical mechanisms to monitor compliance, hold institutions accountable, and ensure that policies translate into real improvements in healthcare access and quality.⁸³

Institutional capacity deficits

Many government agencies, at the federal, state, and local levels, lack adequate staffing, skilled personnel, and the technical resources needed to perform their mandates effectively.⁸⁴ Weak infrastructure, insufficient funding, and outdated systems further constrain their ability to monitor health services, enforce regulations, and respond to emerging public health issues.⁸⁵ These capacity gaps often result in poor coordination among institutions, delays in policy implementation, and inconsistent enforcement of health laws.⁸⁶ For instance, primary healthcare centres frequently operate without essential equipment, medicines, or trained personnel, making it difficult to meet national health standards.⁸⁷ Similarly, regulatory and oversight bodies, including health insurance agencies and professional councils, struggle to supervise health facilities effectively or ensure compliance with established guidelines.⁸⁸ The consequence is that accountability mechanisms, even when legally established, fail to function as intended. Citizens are unable to hold government agencies or health providers responsible for shortcomings, and systemic problems remain unaddressed.⁸⁹

Political interference and government deficits

Political interference and broader governance weaknesses remain major obstacles to effective accountability in Nigeria's health sector.⁹⁰ Decisions around health policy, funding, and leadership appointments are often influenced by political considerations rather than technical expertise or public health needs.⁹¹ This affects the independence and effectiveness of key health institutions and weakens oversight mechanisms that are meant to ensure transparency and accountability. Frequent changes in political leadership, shifting priorities, and lack of continuity in government programmes also undermine long-term health planning.⁹² Health initiatives may be abandoned, rebranded, or underfunded due to changes in administration, leading to poor implementation and limited impact. In some cases, funds meant for health programmes are diverted or poorly managed, further reducing public trust in the system.⁹³ Governance deficits such as weak transparency, limited data sharing, and

⁸¹ A O Ogunyemi *et al*, 'Factors influencing primary health care service provision to older adults in lagos, nigeria: understanding the experiences of the demand population' (2025) 25 (3016) *International Journal of Health Economics and Management*

⁸² D W Brinkerhoff, 'Accountability and health systems: toward conceptual clarity and policy relevance' (2004) 19(6) *Health Policy and Planning* 371 – 379

⁸³ *Ibid.*

⁸⁴ J Amakiri and L O Arugu, 'Policy Implementation and Local Government Administration in Nigeria: Bridging the Gap between Policy and Practice (2025) 1(1) *UKR Journal of Education and Literature (UKRJEL)*

⁸⁵ *Ibid.*

⁸⁶ *Ibid.*

⁸⁷ L J. Mogakwe *et al*, 'Facilitating Compliance with Quality Standards at Primary Health Care Clinics through Adequate Health Care Resources' (2022) 1 *Africa Journal of Nursing and Midwifery*

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

⁹⁰ A S Oyekale, 'Assessment of primary health care facilities' service readiness in Nigeria' (2017) 17 *BMC Health Services Research* 172

⁹¹ *Ibid.*

⁹² *Ibid.*

⁹³ *Ibid.*

poor coordination across levels of government make it difficult to track performance or hold officials accountable for failures in service delivery. When accountability structures are influenced by political pressure, sanctions for non-performance are rarely enforced.

Limited public participation and access to information.

Limited public participation and restricted access to information pose serious challenges to accountability in Nigeria's health sector.⁹⁴ Although citizens are the primary beneficiaries of health policies and programmes, they are often left out of the decision-making processes that affect their well-being.⁹⁵ Policy formulation, budget planning, and programme implementation are frequently carried out with minimal consultation, particularly at the community and local government levels.⁹⁶ In addition, access to timely and reliable information on health policies, funding, and service delivery remains weak. Government data on health budgets, insurance coverage, and programme outcomes are not always publicly available or presented in user-friendly formats.⁹⁷ This lack of transparency makes it difficult for citizens, civil society organisations, and the media to monitor government performance or demand accountability. Low levels of public awareness further compound the problem.⁹⁸ Many Nigerians are unaware of their health rights, available services, or existing complaint and redress mechanisms. As a result, violations of the right to health often go unreported and unchallenged, allowing systemic problems to persist.

6. Recommendations

1. Addressing the non-justiciability of socio-economic rights remains critical to strengthening accountability mechanisms. Although Chapter II of the Nigerian Constitution renders these rights non-enforceable, this should not completely exclude judicial engagement. Nigerian courts can adopt a more progressive and purposive approach by interpreting the 'Right to Health' in connection with enforceable rights such as the 'Right to Life', 'Dignity of the Human Person', and 'Freedom from Discrimination'. Judicial creativity in this regard can help bridge the accountability gap without immediate constitutional amendment. In the long term, constitutional reform should be pursued to make key socio-economic rights, including health, directly justiciable. This would empower citizens to seek legal remedies when the state fails to provide basic health services. In addition, public interest litigation should be encouraged, and legal aid mechanisms strengthened to allow vulnerable groups to access justice.
2. Nigeria has several health-related laws and policies, but their impact is weakened by poor enforcement. Strengthening accountability requires moving beyond policy formulation to effective implementation. Regulatory agencies must be adequately funded, staffed, and empowered to monitor compliance with health standards across public and private facilities. Clear enforcement mechanisms, including sanctions for non-compliance, should be consistently applied to deter negligence and abuse. The implementation of key frameworks such as the National Health Act, the National Health Insurance Authority Act, and the Basic Health Care Provision Fund should be closely monitored through regular audits and performance evaluations. Intergovernmental coordination between federal, state, and local

⁹⁴ D C. Ogbuabor and O E. Onwujekwe, 'The community is just a small circle: citizen participation in the free maternal and child healthcare programme of Enugu State, Nigeria' (2018) 11(1) *Global Health Action*

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ S A Muse and S Narsiah, 'Challenges to Public Participation in Political Processes in Nigeria' (2015) 44 (2, 3) *Journal of Social Sciences* 181 – 187.

⁹⁸ Ibid.

authorities must also be improved to avoid duplication and gaps in responsibility. When health laws are enforced consistently and transparently, they are more likely to translate into real improvements in service delivery and public trust in the health system.

3. Institutional capacity deficits significantly undermine accountability in Nigeria's health sector. Strengthening capacity requires sustained investment in human resources, infrastructure, and systems. Health institutions must be staffed with qualified professionals who are trained not only in service delivery but also in governance, monitoring, and accountability practices. In addition, data collection and health information systems should be modernised to support evidence-based decision-making. Reliable data enables institutions to track performance, identify gaps, and respond effectively to public health challenges. Capacity-building efforts should also focus on improving coordination among health institutions across all levels of government. When institutions are well-resourced and properly managed, they are better positioned to enforce standards, respond to citizen complaints, and uphold the right to health.
4. Political interference continues to weaken accountability in Nigeria's health sector. To address this, health governance must be insulated from undue political influence. Appointments to leadership positions in health institutions should be based on competence, experience, and professionalism rather than political loyalty. Clear tenure protections can also help ensure continuity of programmes and policies beyond electoral cycles. Transparency in budgeting, procurement, and resource allocation is equally important. Open and accountable financial processes reduce opportunities for mismanagement and corruption. Strengthening internal controls and external oversight through legislatures, audit institutions, and civil society can further improve governance outcomes. A health system driven by evidence, professionalism, and public interest is more likely to deliver equitable and sustainable outcomes for Nigerians.
5. Meaningful public participation is essential for accountability in health governance. Citizens should be actively involved in health policy development, budget planning, and programme monitoring, particularly at the community and local government levels. Creating inclusive platforms such as public consultations, health committees, and community forums allows policies to reflect local needs and realities. Access to information is equally important. Governments must proactively disclose health-related data, including budgets, insurance coverage, and programme outcomes, in formats that are accessible and understandable to the public. Promoting health rights awareness and strengthening feedback and complaint mechanisms will further ensure that Nigerians can actively participate in protecting and advancing their right to health.