

Abstract

The Nigerian Health Law Scape is replete with an array of Laws and Regulations—including the National Health Act, the NHIA Act, and disease-specific legislation. On the flipside, implementation remains uneven, and enforcement mechanisms are weak. The paper explores issues of justiciability, institutional fragmentation, inequitable access to healthcare, and the absence of strategic litigation in advancing health rights. Drawing on scholarly critiques and governance studies, the article argues that Nigeria's health law regime is hindered by poor accountability, overlapping agency mandates, insufficient public health education, amongst others. Recommendations include constitutional reform, performance-based oversight, stronger civil society engagement, and targeted investments in underserved populations.

Keywords: Health Law, Implementation, Public Health, Justiciability, Nigeria,

1. Introduction

Nigeria's health legal framework has experienced significant reforms over the past two decades. The enactment of the National Health Act (2014), the NHIA Act (2022), and disease-control regulations under agencies such as NCDC and NAFDAC have established a strong normative foundation for the realization of the right to health. However, these legal reforms have not necessarily led to improved health outcomes. Various studies highlight persistent challenges such as structural fragmentation, limited public awareness, lack of accountability, and entrenched inequalities in service access. Experts have noted that Nigeria's health legislation often lacks enforceability, with Chapter II of the 1999 Constitution presenting non-justiciable policy goals rather than enforceable rights. Furthermore, while laws like the HIV Anti-Discrimination Act and the National Mental Health Act aim to counter stigma and vulnerability, their implementation is hindered by cultural resistance and weak enforcement mechanisms. Accountability issues are prevalent among health agencies, many of which do not have clear performance standards or oversight mechanisms. Similarly, strategic litigation, which is employed in other jurisdictions to promote health equity, remains underutilized in Nigeria. This article provides an analysis of Nigeria's health law regime, focusing on the disparity between legal intentions and institutional practices. It relies on this analysis and policy evaluations to identify gaps in implementation and explore alternative accountability structures and policies that could enhance the effectiveness of health law in Nigeria.

2. The Legal Framework of Health Law in Nigeria

The 1999 Constitution

The 1999 Constitution of the Federal Republic of Nigeria provides a general foundation for health governance, although it does not explicitly guarantee a justiciable right to healthcare. Section 17(3)(d) of the Constitution mandates the State to ensure the provision of adequate medical and health facilities for all persons, but this section forms part of the Chapter II of the Constitution, which are non-justiciable and unenforceable in a court of law. Nigerians have relied on the fundamental rights provisions—particularly the right to life (Section 33) and the right to dignity of the human person (Section 34) to advocate for healthcare-related entitlements.

National Health Act, 2014

The National Health Act, 2014 provides a foundational legal framework for the organization and delivery of healthcare services in Nigeria. It clearly delineates the responsibilities of the Federal, State, and Local governments, thereby promoting intergovernmental coordination in health service delivery. One of its most impactful provisions is the establishment of the Basic Health Care Provision Fund (BHCPF), which is financed by not less than one percent of the Consolidated Revenue Fund. This fund is primarily intended to improve access to primary healthcare services, especially for vulnerable and underserved populations, by supporting the operations of primary health centers across the country. A major policy under the Act is the recognition of patients' rights. Section 20 guarantees the right to emergency medical treatment without preconditions, thus reinforcing the principle of health equity. In addition, the Act mandates the development of a national health information system to improve transparency, data collection, and policy planning. Other key policies include the establishment of the National Tertiary Health Institutions Standards Committee¹, which is tasked with evaluating the performance and quality standards of federal tertiary hospitals. The Act also provides for the regulation of human health resources and the maintenance of a central register of health practitioners. It further outlines guidelines for public-private partnerships in health service delivery and emphasizes community participation and oversight through health committees at various levels.² Collectively, these provisions are aimed at decentralizing healthcare, improving quality and accountability, and ensuring that health services are accessible, equitable, and efficiently managed. On an institutional level, the National Council on Health—established under the National Health Act of 2014—coordinates health policy and planning across the federal, state, and local levels of government, thereby facilitating collaborative governance in the health sector.

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¹ Section 11

² Section 18 of the National Health Act, 2014. This section outlines the regulation of human health resources, the maintenance of a central register of health practitioners, guidelines for public-private partnerships in health service delivery, and emphasizes community participation and oversight through health committees at various levels.

National Health Insurance Authority (NHIA) Act 2022

This Act repeals the former National Health Insurance Scheme Act of 2004 and establishes the National Health Insurance Agency as the central regulatory body for health insurance in Nigeria. It introduces a mandatory health insurance policy for all citizens and legal residents³, a significant step toward achieving Universal Health Coverage (UHC). The Act empowers the NHIA to oversee public and private insurance schemes and to accredit and regulate Health Maintenance Organisations (HMOs). It also decentralizes insurance administration through the support and regulation of State Social Health Insurance Agencies (SSHIA), enabling states to implement context-specific health financing models under a harmonized national framework.⁴ The Act mandates the inclusion of the informal sector, encourages strategic purchasing of services, and operationalizes the Vulnerable Group Fund to subsidize healthcare access for low-income groups. Additional policy provisions include the promotion of transparency in fund management and the creation of digital platforms to enhance accountability and coverage monitoring.

Quarantine Act 1926

The Quarantine Act remains one of Nigeria's oldest pieces of public health legislation, enacted during the colonial era. Its core objective is to prevent the introduction and spread of dangerous infectious diseases within Nigeria and across its borders. The Act grants the President powers to declare any part of the country as an infected area and to issue regulations for the detention, isolation, or quarantine of persons and goods. It also allows the Minister of Health to enforce these regulations in coordination with port health authorities and security agencies. Although instrumental during the COVID-19 pandemic for the enforcement of lockdowns and travel restrictions, the Act has been widely criticized for its outdated provisions, lack of clear checks and balances, and insufficient protection of individual rights. Interestingly, efforts have been made to enact a modern Legislation which deals with the regulation, management and control of Infectious Diseases in Nigeria. However, the proposed Legislation (Control of Infectious Diseases Bill, 2020) has not been passed into Law.⁵

Nigeria Centre for Disease Control (NCDC) Act 2018

This Act formally establishes the NCDC as Nigeria's lead public health agency, responsible for disease prevention, surveillance, and response. Section 4 of the Act details the core functions of the NCDC, including detecting, investigating, and controlling communicable diseases, establishing public health laboratories, coordinating rapid response during outbreaks, and ensuring Nigeria's compliance with international health regulations such as the International Health Regulations (IHR) of the WHO. The Act mandates the NCDC to maintain a nationwide surveillance system for infectious diseases, operate Emergency Operations Centres (EOCs), and lead national preparedness strategies. The agency also advises the federal and state governments during health crises and works to strengthen public health research and workforce development in epidemiology and diagnostics.⁶

National Agency for Food and Drug Administration and Control (NAFDAC) Act 1993

This Act establishes NAFDAC as the primary regulatory agency responsible for ensuring the safety, quality, and efficacy of regulated products, including food, drugs, medical devices, cosmetics, bottled water, and chemicals. The primary functions of the agency include registration of regulated products, inspection of manufacturing premises, issuance of guidelines and approvals, quality assurance testing, and the dissemination of public awareness information.⁷ NAFDAC is empowered to seize and destroy substandard or counterfeit products and prosecute violators of its regulatory framework. A notable policy embedded in the Act is the requirement for pre-market approval and product registration before any regulated item can be marketed or distributed in Nigeria. This aims to ensure that only certified products reach consumers, thereby protecting public health. The Act also mandates continuous post-marketing surveillance, a process through which products already on the market are randomly tested for compliance with safety and quality standards.⁸ NAFDAC collaborates with both national institutions and international bodies such as the World Health Organization (WHO), Interpol, and regional regulatory agencies to enforce border control protocols and curb the influx of counterfeit goods. The agency also plays a critical role in the control of the drug supply chain and has introduced technologies such as the Mobile Authentication Service (MAS), which enables consumers to verify the authenticity of pharmaceutical products using SMS. Additionally, NAFDAC is central to Nigeria's pharmacovigilance system, which monitors adverse drug reactions and other safety-related information concerning pharmaceutical products. Through its extensive laboratory network, the agency conducts product sampling and tests in line with international best practices. These multifaceted functions have made NAFDAC a core part in Nigeria's public health architecture, ensuring that products consumed by Nigerians meet acceptable standards of safety, efficacy, and quality.

³ Section 14

⁴ Ibid

⁵ The Control of Infectious Diseases Bill, 2020 (Proposed) was introduced in the National Assembly to repeal and replace the Quarantine Act. It aims to give broader powers to the Nigeria Centre for Disease Control (NCDC) and the Minister of Health to manage infectious disease outbreaks more effectively. Among its provisions are compulsory vaccination orders, restrictions on public gatherings, and enhanced powers of surveillance and detention during public health emergencies. However, the bill has sparked national debate. Critics, including civil society groups and human rights advocates, argue that it grants excessive powers to federal authorities without adequate judicial oversight or regard for privacy and civil liberties. As of 2024, the bill has not been passed into law, largely due to public backlash and concerns over its constitutionality and rights implications.

⁶ Section 4

⁷ Section 5

⁸ Ibid

National Agency for the Control of AIDS (NACA) Act 2007

The NACA Act creates the legal foundation for Nigeria's response to the HIV/AIDS epidemic. It establishes NACA as a coordinating and policy-making body tasked with mobilizing resources, overseeing multi-sectoral responses, implementing national strategic plans, and coordinating donor funding and partnerships. The Act mandates NACA to work closely with ministries, states, local governments, civil society, and international partners to address HIV/AIDS prevention, care, and treatment. NACA also monitors progress toward international targets like the UNAIDS 95-95-95 goals⁹. It facilitates data collection on the prevalence of HIV, ensures uniformity in messaging and strategy, and conducts national sensitization campaigns.

HIV and AIDS (Anti-Discrimination) Act 2014

This Act was enacted to combat stigma and discrimination against people living with HIV/AIDS in Nigeria. It provides a comprehensive legal framework that protects the rights of individuals diagnosed with HIV in various sectors including employment, education, healthcare, housing, financial services; formal and informal sectors of the economy. The Act specifically prohibits any form of prejudice based on HIV status and mandates equal treatment under the law. The Act guarantees confidentiality by restricting the disclosure of a person's HIV status without their informed consent, except under conditions clearly defined by law. The Act also provides for the right to privacy and dignity in medical and social settings.¹⁰ Employers, schools, and health service providers are prohibited from mandating HIV testing as a prerequisite for access or retention. The Act imposes penalties for violations, including fines and imprisonment, and establishes mechanisms for affected persons to seek redress in civil courts or before the National Human Rights Commission. Additionally, the Act mandates public awareness campaigns to educate the populace about HIV/AIDS and reduce societal stigma. It aligns with global human rights norms and national strategic frameworks on HIV prevention and control, reinforcing Nigeria's commitment to protecting vulnerable populations.

National Mental Health Act 2021

The National Mental Health Act, signed into law in 2023 replaces the outdated Lunacy Act of 1958 and provides a contemporary and modern approach for mental health care in Nigeria. The Act emphasizes the dignity and rights of individuals with mental health conditions and aims to integrate mental health into the general healthcare system.¹¹ One of the central provisions of the Act is the establishment of a Department of Mental Health Services within the Federal Ministry of Health to coordinate mental health policies and implementation nationwide. The Act also creates the Mental Health Fund to support the development and delivery of services across various levels of care. The Act guarantees individuals the right to informed consent, privacy, and participation in treatment decisions.¹² The Act prohibits discrimination in employment, education, and access to healthcare services based on mental health status¹³. The Act also sets out strict safeguards and procedures for involuntary admission and treatment, including the right to appeal and periodic review by a mental health tribunal¹⁴. Additionally, the Act provides for the registration and regulation of mental health facilities and professionals, as well as the establishment of standards for community-based mental health services. It also encourages awareness campaigns, training of healthcare workers, and data collection for planning and monitoring purposes. This Act marks a significant step in the protection of human rights in the mental health sector and aligns Nigeria's mental health legislation with global best practices.

Compulsory Treatment and Care for Victims of Gunshot Act 2017

This Act was enacted to address the recurring issue of hospitals denying emergency medical care to gunshot victims pending the arrival of law enforcement officers or presentation of a police report. Section 1 of the Act explicitly mandates that all healthcare facilities—public and private—must provide immediate treatment to gunshot victims regardless of police involvement. The goal is to preserve life by eliminating administrative barriers that have historically delayed critical care.¹⁵ The Act prohibits medical personnel from rejecting or delaying treatment on the grounds of non-payment or lack of police documentation. It also provides legal protection for health workers who act in compliance with the law. The Act further requires that once treatment has commenced, the healthcare facility is obliged to report the incident to the nearest police station. This dual approach—treat first, report later—seeks to balance the right to life with public safety and investigative procedures. This law has been widely praised for promoting a human rights-based approach to emergency healthcare in Nigeria. However, its implementation remains uneven due to lack of awareness among healthcare providers and weak enforcement mechanisms. Nevertheless, the Act remains a crucial piece of legislation aimed at improving access to emergency medical services and saving lives in critical injury situations.

⁹ The UNAIDS 95-95-95 Goals, a programme regulated, and managed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) aim to end the AIDS epidemic by 2030. These targets ensure that 95% of people living with HIV know their status, 95% of those diagnosed are on antiretroviral therapy (ART), and 95% of those on ART achieve viral suppression. The goals are designed to accelerate progress in HIV testing, treatment, and viral suppression, ultimately reducing new HIV infections and AIDS-related deaths.

¹⁰ Section 8

¹¹ Adepaju, Victor A. 'Breaking the Chains: Nigeria's New Mental Health Law and its Impact on Care and Rights.' *Nigerian Medical Journal* 64, no. 2 (2023): 172–173.

¹² Section 10

¹³ Section 11

¹⁴ Section 13

¹⁵ Compulsory Treatment and Care for Victims of Gunshot Act, 2017

3. The Institutional Framework for Health Care in Nigeria

Federal Ministry of Health (FMOH): The FMOH is the principal body responsible for national health policy formulation, planning, and coordination. It oversees the implementation of the National Health Act and supervises federal health institutions. The Ministry also leads the National Council on Health, ensuring synergy between federal, state, and local governments. Additionally, it coordinates international collaborations and supervises health-related agencies, including NAFDAC, NCDC etc

National Agency for Food and Drug Administration and Control (NAFDAC): NAFDAC ensures the safety, quality, and efficacy of food, drugs, cosmetics, and related products. Its functions, detailed in Section 5 of the NAFDAC Act, include registration of products, monitoring compliance with standards, issuing guidelines, and carrying out public enlightenment campaigns. NAFDAC also undertakes post-market surveillance and enforces measures against counterfeit and substandard products.

Nigeria Centre for Disease Control (NCDC): The NCDC leads national public health surveillance, epidemic intelligence, and response. Established under the NCDC Act, 2018, its responsibilities include coordinating responses to disease outbreaks, managing national laboratory networks, and ensuring Nigeria's compliance with international health regulations. Section 4 of the Act outlines its functions, including emergency preparedness, operation of rapid response teams, and health risk communication.

National Primary Health Care Development Agency (NPHCDA): Established to strengthen the primary healthcare system, the NPHCDA is responsible for supporting states and LGAs in delivering basic health services. Its key functions include immunization programs, training of frontline health workers, maternal and child health initiatives, and managing funds from the Basic Health Care Provision Fund.

National Health Insurance Authority (NHIA): The NHIA, created by the NHIA Act, 2022, regulates all health insurance activities in Nigeria. It ensures the operation of public and private insurance schemes and the inclusion of vulnerable groups. Section 14 of the Act also empowers it to work with State Social Health Insurance Agencies (SSHIA), promote universal health coverage, and reduce out-of-pocket health expenses.

National Agency for the Control of AIDS (NACA): NACA coordinates the national response to HIV/AIDS. One of its key objectives is to ensure progress toward the UNAIDS 95-95-95 targets¹⁶, which aim that 95% of all people living with HIV know their status, 95% of those diagnosed are on antiretroviral treatment, and 95% of those on treatment achieve viral suppression. These targets help guide strategic health planning and improve health outcomes for people living with HIV.

State Ministries of Health: Each state in Nigeria has a Ministry of Health responsible for implementing national health policies at the subnational level. Their functions include managing state hospitals and health facilities, coordinating disease surveillance, supervising State Social Health Insurance Agencies, and ensuring the delivery of basic healthcare services in collaboration with the NPHCDA. They also work with development partners and are represented in the National Council on Health.

International Health Agencies in Nigeria: Key international agencies operating in Nigeria include the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and the U.S. Centers for Disease Control and Prevention (CDC). The WHO provides technical guidance, supports health systems strengthening, and aids disease control efforts.¹⁷ UNICEF focuses on maternal and child health, immunization, and nutrition.¹⁸ The U.S. CDC supports Nigeria's infectious disease surveillance, lab systems, and training programs through the Nigeria CDC.¹⁹

4. Challenges in the Nigerian Health Law System

Nigeria's health law regime, though comprehensive on paper, has been the subject of critical analysis by scholars and public health experts. Key debates include:

Effectiveness and Implementation Gaps: A recurring critique is that Nigeria has “world-class laws” but weak implementation. For example, the National Health Act 2014 was celebrated as a milestone, yet observers note that its promise remains unfulfilled due to governance bottlenecks.²⁰ Researchers Croke and Ogbuoji (2024) argue that the NHA's governance reforms—such as centralizing primary care under national standards—led to turf conflicts between federal agencies and state authorities, slowing execution. However, this model of centralizing primary healthcare has itself come under scrutiny, with critics describing it as a misnomer in the context of Nigeria's vast population and federal structure. Central oversight without corresponding subnational autonomy often results in inefficiency and alienation of local health actors. Moreover, multiple agencies with

¹⁶ UNAIDS. ‘Understanding Fast-Track: Accelerating Action to End the AIDS Epidemic by 2030.’ Joint United Nations Programme on HIV/AIDS (UNAIDS), 2015.

¹⁷ WHO Nigeria. *Country Cooperation Strategy, 2022–2026*. Abuja: World Health Organization, 2022.

¹⁸ UNICEF Nigeria. *Country Programme Document, 2023–2027*. New York: UNICEF, 2023.

¹⁹ CDC Nigeria. ‘U.S. Centers for Disease Control and Prevention in Nigeria.’ 2022. <https://www.cdc.gov/globalhealth/countries/nigeria/default.htm>

²⁰ Croke, Kevin, and Osondu Ogbuoji. ‘Health Reform in Nigeria: The Politics of Primary Health Care and Universal Health Coverage.’ *Health Policy and Planning* 39, no. 1 (2024): 22–31.

overlapping mandates, and federal-state misalignment impedes coordination. For example, both the Federal Ministry of Health and the National Primary Health Care Development Agency (NPHCDA) are involved in primary health delivery, leading to blurred responsibilities. Similarly, the NHIA and state-level health insurance schemes often operate in silos. It means that while there are health laws and reforms intended to improve healthcare, their implementation is often hindered by governance. Scholars point out that without political will from top leadership to push through reforms and resolve institutional rivalries, even the best-crafted health laws will not translate into better healthcare on the ground. The lesson drawn is that legal frameworks must be accompanied by strong intergovernmental cooperation and accountability systems.²¹

Right to Health and Justiciability: Human rights scholars criticize the Nigerian framework for not making health an enforceable right. As noted, the Constitution's health provisions are unenforceable. "Duty without liability" is how one scholar describes it, since the government faces no direct legal consequences if it fails to provide healthcare²². This gap weakens the legal foundations for healthcare accountability and undermines citizens' ability to demand essential health services as a right rather than a privilege.²³ A critical legal appraisal by notes that Nigeria does have statutory health rights (such as the National Health Act and the Patients' Bill of Rights), yet most citizens are unaware of them or lack the means to enforce them.²⁴ The Patients' Bill of Rights, introduced in 2018 by the Consumer Protection Council and Federal Ministry of Health, outlines rights to informed consent, privacy, and timely care. However, as a soft-law instrument rather than a statute, its enforceability is weak. Remedies for violations generally rely on tort law or professional regulatory frameworks, which are often inaccessible to most Nigerians. The lack of enforceable rights hinders Nigeria's health law implementation. Without legal remedies, the rule of law in health governance weakens. This discourages individuals from challenging service failures and reduces compliance pressure on health institutions.

Equity and Access Disparity: Despite constitutional goals and statutory frameworks, equitable access to healthcare in Nigeria remains a major challenge. Socio-economic, Cultural and Geographic disparities are widespread, particularly affecting rural communities, informal settlements, and low-income populations who battle limited access to quality healthcare services. These underserved groups often struggle with inadequate healthcare facilities, insufficient skilled healthcare personnel, limited access to essential medicines, and severely limited health information.²⁵ The uneven distribution of healthcare infrastructure further worsens these issues, as urban centers and wealthier states receive more healthcare investments, while the poor are left with substandard or no healthcare at all.²⁶ The provisions of the National Health Act and the NHIA Act are intended to promote universal access, but the effective implementation of these laws is hindered by several factors, including but not limited to lack of accountability, limited human capital, corruption, and poor intergovernmental coordination.²⁷ Akande and colleagues have pointed out that while these Laws aim to enhance equity in service delivery, the lack of enforcement capacity and political will has led to limited practical impact. In particular, systemic barriers, such as gender inequality and regional underdevelopment, prevent vulnerable groups, including women, children, and people with disabilities, from accessing even basic services.

High Cost of Healthcare: Despite efforts to reduce out-of-pocket expenses through insurance schemes, coverage remains low, particularly in the informal sector. This results in many low-income families either delaying treatment or resorting to unsafe alternatives, exacerbating health inequities. Legal scholars²⁸ argue that addressing these issues requires more than statutory reform; it demands a justice-oriented approach to healthcare that includes legal empowerment of marginalized communities, equitable budget allocations, and targeted investments in underserved regions. Without addressing these structural inequalities, existing health laws will fail to deliver true equity in healthcare.²⁹

Lack of Public Education: A critical barrier to the optimal implementation of Nigeria's health laws and policies is the persistent gap in public health education. This challenge is deeply rooted in the largely informal socioeconomic structure of the country, widespread illiteracy, and limited access to formal educational institutions, especially in rural and underserved areas. Consequently, a significant portion of the population remains unaware of existing health programs and services. This lack of awareness has allowed misinformation to flourish—ranging from vaccine hesitancy to misconceptions about family planning and disease control strategies. The healthcare sector continues to grapple with myths and falsehoods, which have contributed

²¹ Ibid

²² Diala, A. C. 'Right to Improved Health in Nigeria: A Critical Legal Appraisal.' *LawPavilion Blog*, 2022.

²³ There is ongoing debate on whether Nigeria should amend its Constitution to explicitly guarantee the right to health or at least render Chapter II principles justiciable. In the absence of such reforms, some jurists suggest leveraging international law and applying creative judicial interpretation. For instance, Nigerian courts could adopt the approach of jurisdictions like India or South Africa in interpreting the right to life and dignity—alongside Article 16 of the African Charter on Human and Peoples' Rights, which guarantees the right to health—as imposing minimum health obligations on the state. The Charter, having been domesticated under Nigerian law, provides a potential legal pathway, but judicial willingness and public awareness remain limited.

²⁴ Diala, A. C. 'Right to Improved Health in Nigeria: A Critical Legal Appraisal.' *LawPavilion Blog*, 2022.

²⁵ Adebayo, T. 'Social Determinants of Health and Legal Inequities in Nigeria's Healthcare System.' *Journal of Health Law and Social Justice* 4, no. 1 (2022): 33–48.

²⁶ Adeoye, Mary I., et al. 'Stakeholder Perspectives on the Governance and Accountability of Nigeria's Basic Health Care Provision Fund.' *Health Policy and Planning* 39, no. 10 (2024): 1032–1040.

²⁷ Akande, Wuraola, et al. 'Unsafe Abortion Practices and the Law in Nigeria: Time for Change.' *International Journal of Gynecology & Obstetrics* 150, no. 2 (2020): 242–245.

²⁸ Akintunde, L. and Ogunyemi, F. 'Geographical and Social Inequities in Health Access in Nigeria: Policy Challenges and Implications.' *African Journal of Public Health Policy* 10, no. 2 (2023): 112–127.

²⁹ Croke, Kevin, and Osondu Ogbuoji. 'Health Reform in Nigeria: The Politics of Primary Health Care and Universal Health Coverage.' *Health Policy and Planning* 39, no. 1 (2024): 22–31.

to preventable morbidity and mortality. For example, during COVID-19 and subsequent immunization campaigns, rumors and mistrust hampered uptake in several communities. Bridging this gap demands more than occasional outreach; it requires a coordinated, nationwide health education initiative, rooted in culturally sensitive and linguistically inclusive communication. Government agencies must invest in sustained, large-scale public health campaigns delivered in indigenous languages through radio, community engagement, schools, religious platforms, and social media. It is the responsibility of health sector leadership—at federal, state, and local levels—to make public education a cornerstone of healthcare delivery. This includes integrating health education into national development strategies and ensuring community stakeholders are active participants in co-designing messages that resonate locally. A well-informed public is not only a recipient of healthcare but a key partner in its successful implementation.

5. Conclusion and Recommendations

Nigeria's health law framework is comprehensive but exhibits deficiencies in implementation, enforceability, coordination, and public engagement. The actualisation of effective health rights depends on political will, responsive institutions, and an informed populace. To bridge the gap between policy and practice, amendments to the Constitution, investments in institutional accountability, and inclusive, citizen-centered reforms are imperative. It is essential that courts, civil society, and professional bodies uphold standards in areas where enforcement is deficient. The future of Nigeria's health governance relies on transforming policy intent into measurable impacts through substantial reforms by policymakers, legal practitioners, scholars, and citizens dedicated to health equity and justice. The following are necessary:

Strengthening Implementation Mechanisms: Effective mechanisms are crucial for the enforcement of laws. This can be achieved through i) Conducting quarterly reviews to assess the implementation of Health Law; ii) Promoting collaboration between government entities and community organizations to collect feedback; iii) Engaging underserved communities to evaluate their access to healthcare services.

Constitutional Reform: Reforming Chapter II of Nigeria's Constitution to explicitly guarantee the right to health is essential for ensuring access to healthcare services for all citizens without discrimination. This amendment would align Nigeria with international human rights standards, address healthcare disparities, improve rural healthcare infrastructure, and empower citizens to hold the government accountable. Ultimately, it would promote universal health coverage, social justice, and a better quality of life for Nigerians.

Clarifying Institutional Mandates: The overlapping roles of certain health institutions, such as the NHIA and the NPHCDA, have led to friction in duty discharge, confusion regarding the key responsibilities of each agency, and ultimately, poor execution of duties. It is essential to clearly outline the core functions of these agencies to enable them to carry out their duties without inter-agency interference.

Health Education: The health care sector cannot achieve its core objectives if public education and awareness are not treated with a sense of priority. Unfortunately, the population is often misinformed with respect to health education, access to health care services, use of drugs, and maternal and childcare. Constantly educating the public through traditional and social media, community outreaches, and campaigns is crucial for achieving a healthier nation and ensuring that the public, regardless of gender, sex, culture, or religion, has access to the best possible health care.

Accountability in Public Service: Performance evaluations for leaders of health agencies encompass defining specific metrics, conducting regular assessments, and considering both quantitative and qualitative data. This process is designed to ensure that leaders achieve objectives while fostering a positive environment, thereby facilitating informed decisions regarding leadership and development.