The Right to Health Care in Nigeria and the United Nations Convention on the Right to Universal Health Care

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Abstract

This study examines the extent to which Nigeria has fulfilled its obligations concerning the realization of the right to health and identifies the major obstacles hindering effective health care delivery. The study adopts a doctrinal research methodology, relying on the analysis of relevant international human rights instruments, national laws, government policies, judicial decisions, and scholarly literature relating to health care rights and health sector governance in Nigeria. The findings reveal that the realization of the right to health in Nigeria is constrained by underfunding, inadequate and deteriorating infrastructure, unequal geographical distribution of facilities, shortage of qualified personnel, weak governance structures, corruption, and poor policy implementation. These challenges disproportionately affect vulnerable and marginalized groups, particularly rural communities, women, children, persons with disabilities, and low-income populations, thereby exacerbating existing socioeconomic inequalities and contributing to poor health outcomes. The study recommends increased government investment in the health sector in line with international standards, improved transparency and accountability in the management of health resources, strengthening of primary health care systems, equitable distribution of health facilities and personnel, enhanced intergovernmental coordination, and greater collaboration with civil society organizations and international development partners. It concludes that a comprehensive multi-stakeholder approach is essential to ensuring the effective realization of the right to health and achieving universal access to quality health care services for all persons in Nigeria.

Keywords; Health-care, Nigeria Health Care, United Nations Right to Health, Health Infrastructure

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1. Introduction

The United Nations Declaration on the Right to Health Care faces substantial obstacles in Nigeria due to current health care difficulties. The right to health care includes unrestricted access to high-quality, reasonably priced healthcare services. It is a fundamental human right. However, Nigeria faces a number of challenges that limit people's access to healthcare and make it difficult for them to exercise their right to health. In regard to the tenets and guidelines of the UN Declaration on the Right to Health Care, this article examines current health care concerns in Nigeria. By being aware of these issues, we can fight to close the gaps and guarantee that every Nigerian has fair access to healthcare.

The United Nations Declaration on the Right to Health Care, adopted in 1948, recognizes that the highest attainable standard of physical and mental health is a fundamental right of every individual.[1] It establishes principles such as universality, accessibility, availability, affordability, and quality as the foundation for realizing the right to health care. However, in the Nigerian context, several pressing issues undermine the full implementation of this declaration.[2] The lack of proper healthcare infrastructure is one of the main issues Nigeria's healthcare sector is facing. Many healthcare facilities, especially those in rural areas, lack the infrastructure, medical supplies, and technology required to provide high-quality care. This has an impact on the availability and accessibility of healthcare services, particularly for under-served communities. The shortage of healthcare personnel is another significant problem. Nigeria experiences a severe scarcity of physicians, nurses, and other healthcare professionals, which causes an unbalanced doctor-patient ratio. The provision of proper healthcare services is significantly hampered by this scarcity, particularly in under-served areas where there is a strong demand for healthcare workers.

[1] Universal Declaration of Human Rights 1948, art 25.

[2] A Scott-Emuakpor, 'The Evolution of Health Care Systems in Nigeria: Which Way Forward in the Twenty-First Century?' (2010) 51(3) *Nigerian Medical Journal* 53–65.

Additionally, a major obstacle to the realization of the right to health care is the problem of financing health care. Due to a lack of funds, Nigeria's healthcare system only makes a little amount of investment in training, equipment, and infrastructure. The accessibility and affordability of health care services are hampered by this lack of financial resources, especially for poor groups that cannot afford to pay for medical bills. The difficulties Nigeria's health-care system faces are also made worse by regional differences in access to healthcare. There are disparities in health outcomes and resource distribution since urban areas often have better access to healthcare facilities and services than rural ones. The accessibility and availability of health care services for people living in isolated and under-served areas is limited as a result of this imbalance.[3]

2. Overview of the United Nations Declaration on the Right to Healthcare

The United Nations Declaration on the Right to Health Care recognizes the right of every individual to enjoy the highest attainable standard of physical and mental health.[4] Article 25 of the declaration clearly stated:

> 1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
>
> 2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

This declaration, adopted by the United Nations General Assembly in 1948,[5] recognizes the right of every human being to enjoy the highest

[3] National Primary Health Care Development Agency, Integrating Primary Health Care Governance in Nigeria (PHC Under One Roof): Implementation Manual (National Primary Health Care Development Agency, 2013).

[4] African Charter on Human and Peoples' Rights (Ratification and Enforcement) Act, Cap A9, Laws of the Federation of Nigeria (LFN) 2004

[5] *Ibid*

attainable standard of physical and mental health. The statement explains the concepts and regulations that help states guarantee the right to health-care, even if it does not create legally binding responsibilities.[6] The declaration's essential clauses include the following:

a. Non-Discrimination: The declaration stresses that everyone has the right to access healthcare facilities, products, and services without facing any barriers, including those based on race, colour, sex, language, religion, political or other opinions, national or social origin, property, birth, or other status.[7]

b. Accessibility: The right to health care includes the availability and accessibility of essential health services, facilities, goods, and information. It requires that health care services be physically accessible to all, without discrimination, and within safe physical reach, particularly for vulnerable or marginalized populations.

c. Availability: The declaration recognizes that health care services, facilities, goods, and programs should be available in sufficient quantity and quality to meet the health needs of the population. This includes essential medicines, trained health care professionals, and a functioning health care infrastructure.

d. Quality: The right to health care includes the provision of quality health services that are scientifically and medically appropriate. Health facilities, goods, and services should also be monitored for quality, safety, and effectiveness.

e. Participation: Individuals and communities have the right to participate in decisions that affect their health care, including being involved in the planning, implementation, and evaluation of health policies and programs.

f. Accountability: The declaration emphasizes the obligation of states to guarantee access to healthcare and to take action to gradually realize

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[6] Abdulraheem, AR Olapipo and MO Amodu, 'Primary Health Care Services in Nigeria: Critical Issues and Strategies for Enhancing the Use by Rural Communities' (2012) 4(1) *Journal of Public Health and Epidemiology* 5–13.

[7] *Ibid*

that right. States are expected to create and put into effect health laws, programs, and policies that support the right to healthcare and offer channels for complaint and redress.

g. International Cooperation: The provision of the right to health requires international cooperation to ensure that all countries, particularly developing nations, can fulfill their citizens' health needs. The declaration encourages collaboration between nations, the sharing of knowledge and resources, and the provision of technical assistance to promote the right to health globally.

h. Progressive Realization: The right to health is understood as a progressive right, acknowledging that the full realization of the right may take time due to resource constraints. States are expected to take steps, within their available resources, to continuously improve access to health-care and gradually realize the right to health for all.

While the United Nations Declaration on the Right to Health Care outlines these principles, it is crucial to keep in mind that different countries may implement these rights differently depending on their social, economic, and political environments. Nigeria has ratified the UN Declaration on the Right to Health Care, although there are major gaps in the implementation of this right.[8] It is the duty of the Nigerian government to protect and see that its citizens' right to healthcare is realized. The following actions are essential to filling these gaps:

i. Increased Investment
The government must prioritize health-care by increasing its budgetary allocation to the sector. Adequate funding would enable the development of health-care infrastructure, recruitment and training of health-care professionals, and provision of essential drugs and medical equipment.[9]

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[8] World Health Organization, World Health Statistics 2016 (World Health Organization, Geneva, 2016).

[9] National Population Commission (Nigeria) and ICF International, Nigeria Demographic and Health Survey 2013 (National Population Commission and ICF International, Abuja, 2014) <https://dhsprogram.com/pubs/ pdf/FR293/ FR293.pdf <accessed 10 June 2026>.

ii. Strengthening Primary Health-care
Emphasizing primary health-care is essential to improve access to health-care services, particularly in rural areas. Establishing more primary health-care centres and staffing them adequately would enhance the reach and quality of health-care services, leading to early detection and treatment of diseases.

iii. Health-care Workforce Development
Investing in the education and training of health-care professionals is vital to address the shortage of skilled personnel. This includes initiatives to attract and retain health-care workers, improving working conditions, and offering incentives to work in under-served areas.

iv. Health Insurance Coverage
Expanding access to health insurance schemes would enable more Nigerians to afford quality healthcare services. Implementing universal health coverage programs and strengthening existing health insurance schemes can mitigate financial barriers to health-care access.

The United Nations Declaration on the Right to Health emphasizes the basic character of health-care as a human right. It demands the creation of health standards and facilities, non-discrimination, and universal access to health-care services. States can work towards building equitable and inclusive health-care systems that prioritize the well-being and dignity of every person by putting this declaration's contents into practice.

3. Health Care System in Nigeria

Decades after independence, indicators of Nigeria's health outcomes, and coverage of basic health services show under-performance, both in absolute terms and relative to other countries at similar levels of economic development.[10] The health care system remains ineffective as evidenced by lack of coordination, fragmentation of services, the dearth of resources, drugs and supplies, inadequate and decaying

[10] Olusoji Adeyi, 'Health Systems in Nigeria: From Under-Performance to Measured Optimism' (2016) 2(4) *Health Systems and Reform* 285–289.

infrastructure, inequity in resource distribution, access to care, and very deplorable quality of care.[11]

By the beginning of the 4th republic in 1999, the public health system was completely dysfunctional and fragmented into varying forms. These ranged from public health centers that were still under the government domain; unregulated private health services; to licensed and unlicensed practitioners of sorts.[12] The system which at the time, was heavily over-burdened with infrastructural decay, poor conditions of service and low morale among staff have remained so to this day. Besides adequate healthcare delivery, medical and epidemiological surveillance are essential functions of public health agencies whose mandate is to protect the public from major health threats which includes communicable diseases outbreak, disaster outbreak, and bioterrorism and this is an area Nigeria lacks competence. To avoid the various threats and communication gaps to support the health workforce planning, management, and training which can have a positive effect on the health sector performance, one requires timely and accurate medical information from a wide range of sources.[13]

An average of 20,000 Nigerians travel to India each year for medical assistance due to the absence of a solid health-care system at home. Nigeria is responsible for a high amount under-five child death. UNICEF said in a recent report that "preventable or treatable infectious diseases such as malaria, pneumonia, diarrhea, measles and HIV/AIDS account for more than 70% of the estimated one million under-five deaths in Nigeria."[14]

Another report by the WHO says that nearly ten percent of newborn deaths in the world last year occurred in Nigeria.[15] Furthermore, five countries accounted for half of all newborn deaths, with Nigeria third

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[11] Menizibeya O Welcome, 'The Nigerian Health Care System: Need for Integrating Adequate Medical Intelligence and Surveillance Systems' (2011) 3(4) *Journal of Pharmacy and Bioallied Sciences* 470–478.

[12] Alex E Asakitikpi, 'Healthcare Delivery and the Limits of the National Health Insurance Scheme in Nigeria' (2016) XLI(4) Africa Development 29–45.

[13] Menizibeya osain (n6) 9

[14] MO Welcome, 'The Nigerian Health Care System: Need for Integrating Adequate Medical Intelligence and Surveillance Systems' (2011) 3(4) *Journal of Pharmacy and Bioallied* Sciences 470–478.

on the list. These are India (24%), Pakistan (10%), Nigeria (9%), the Democratic Republic of the Congo (4%) and Ethiopia (3%). Most newborn deaths occurred in two regions: Southern Asia (39%) and sub-Saharan Africa (38%). While studies like the Global Burden of Disease show steady improvements in child survival rates, the persistent rate of avoidable deaths in Nigeria is deeply disturbing. Now one may ask; is the problem lack of medical personnel? Certainly not, because 77% of black doctors in the US are said to be Nigerians. Nigerians have achieved tremendous feats in American medicine. For example, Nigerian doctor Oluyinka Olutoye, based in Houston, made history this year by bringing out a fetus from a mother's womb to remove a tumor, and then successfully restoring the unborn baby to the womb. There's rarely any top medical institution in the US or Europe where you don't find Nigerians managing at the top level. So why is Nigeria's health service in such a precarious state.

There is a toxic mix of problems including inaccessibility of quality health care, poor hygiene, corruption, malnutrition, lack of access to safe drinking water, poor health infrastructure, fake drugs, insufficient financial investment, and lack of sufficient health personnel. Government's performance in the health sector has been abysmal. Investment in infrastructure has been poor, and meager remuneration for health workers has created a massive brain drain to the US and Europe. The annual budget of the government for the health sector is 4.17% of the total national budget, which is equivalent to only $5 per person per year. Hardly a year passes without a major national strike by nurses, doctors, or health consultants. The major reasons for these strikes are poor salaries and lack of government investment in the health sector.[16] Unfortunately, many Nigerians cannot afford private hospitals; they are simply too expensive. Since financing is a major problem for patients, one would think that management of the National Health Insurance Authority (NHIA) through the Health Maintenance

[15] United Nations Children's Fund (UNICEF) and World Health Organization (WHO), Countdown to 2015: A Decade of Tracking Progress for Maternal, Newborn and Child Survival (The 2015 Report) (UNICEF and WHO, 2015) http://www.countdown2015mnch.org/documents/2015Report/Countdown_to_2015 <accessed 10 June 2026.

[16] National Bureau of Statistics, Nigeria Poverty Profile Report 2010 (National Bureau of Statistics, 2010) http://www.nigeriastat.gov.ng <accessed 10 June 2026>.

Organizations (HMOs) would help people secure better quality health care. But corruption has crushed this opportunity and made quality medical care inaccessible for people who contributed to the system.[17] The health sector – like other key sectors in the country – has failed largely due to inept leadership. It is such a shame that despite the huge talents of Nigerians, which are on display in health sectors all over the world, our own health system is failing. Donor countries and multilateral organizations are aware of these challenges, but there's little they can do to improve the situation.

The Nigerian health care system consists of public and private sectors. The public sector includes federal, state, and local government-owned health facilities, while the private sector comprises both formal and informal providers. The system faces challenges related to funding, infrastructure, and management. Nigeria's health care system has strengths such as a dedicated workforce, partnerships with international organizations, and ongoing health reforms.[18] However, weaknesses include inadequate infrastructure, limited funding, unequal distribution of health facilities, and low health insurance coverage. Nigeria has made efforts to align its health care system with the principles of the UN Declaration. However, challenges persist in terms of accessibility, affordability, and quality of health care services. Nigeria faces significant infrastructure challenges, including a shortage of health facilities, inadequate medical equipment and supplies, and poor maintenance of existing infrastructure. This leads to substandard healthcare delivery and limited access to essential services. Inadequate infrastructure hampers the effective delivery of health care services, particularly in rural and under-served areas. It limits the capacity to provide timely diagnosis, treatment, and emergency care, leading to poorer health outcomes.[19]

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[17] HB Riman and ES Akpan, 'Healthcare Financing and Health Outcomes in Nigeria: A State Level Study Using Multivariate Analysis' (2012) 2 International Journal of Humanities and Social Science 296–309.

[18] CJ Uneke, AE Ezeoha, CD Ndukwe, PG Oyibo and F Onwe, 'Promotion of Health Sector Reforms for Health Systems Strengthening in Nigeria: Perceptions of Policy Makers versus the General Public on the Nigerian Health Systems Performance' (2013) 28 *Social Work in Public Health* 541–553.

[19] *Nigeria Health Watch*, 'Nigeria Health Watch' http://nigeriahealthwatch.com/ <accessed 9 June 2026>.

To address infrastructure challenges, Nigeria needs to invest in health-care facilities, medical equipment, and maintenance system[20]. Public-private partnerships, increased government spending, and collaboration with international organizations can help improve infrastructure and expand access to quality health-care services. Nigeria's health-care financing system includes the National Health Insurance Authority (NHIA), out-of-pocket payments, donor funding, and budgetary allocations. However, these mechanisms face limitations in terms of coverage, sustainability, and effectiveness. Financial barriers prevent many Nigerians from accessing necessary health-care services. High out-of-pocket payments, limited insurance coverage, and inadequate funding contribute to health-care unaffordability and inequalities in access. To improve health-care financing, Nigeria needs to strengthen the NHIA, expand insurance coverage, and increase government spending on health. Achieving universal health coverage will require innovative financing models, such as risk-pooling mechanisms and strategic purchasing of services.[21]

Nigeria faces significant shortages and imbalances in its health workforce, particularly in rural areas. The country has a low physician-to-patient ratio, inadequate training institutions, brain drain, and retention challenges. The scarcity of health-care professionals hinders access to quality care, especially in undeserved regions. Rural areas suffer the most due to the concentration of health workers in urban centres, exacerbating health-care disparities.

To address workforce shortages, Nigeria must prioritize training, recruitment, and retention of health-care professionals. This includes improving working conditions, offering incentives for rural service, and expanding training institutions to increase the number of skilled health workers.[22] There are large discrepancies in access to healthcare

[20] A Scott-Emuakpor, 'The Evolution of Health Care Systems in Nigeria: Which Way Forward in the Twenty-First Century?' (2010) 51(2) *Nigerian Medical Journal* 53–65 https://www.nigeriamedj.com/text.asp?2010/51/2/53/70997 <accessed 9 June 2026>.

[21] *Ibid*

[22] IO Orubuloye and JB Oni, 'Health Transition Research in Nigeria in the Era of the Structural Adjustment Programme' (1996) Supplement to 6 *Health Transition Review* 301, 302 https://openresearch-repository.anu.edu.au/bitstream/ 1885/

services in Nigeria between different socioeconomic categories, regions, and urban and rural people. Women, children, and those with disabilities who live in marginalized communities frequently experience the most severe hurdles to care. Indicators of health differ greatly throughout Nigeria's regions, with some areas experiencing worse health outcomes. These inequities are a result of limited funding, inadequate infrastructure, and a shortage of health-care workers.

Nigeria must give health equity a priority when making policies and allocating resources in order to reduce health-care inequity.[23] This entails putting targeted initiatives in deserving regions, enhancing transport systems, and making sure that marginalized people have access to basic health-care services. Effective health information systems are crucial for data collection, analysis, and decision-making. They enable monitoring of health indicators, disease surveillance, and evaluation of health programs data management, utilization, and collecting are difficult tasks in Nigeria. Evidence-based decision-making is hampered by a lack of health information technology infrastructure, data fragmentation, and inadequate data analysis capabilities. Nigeria should make investments in a strong infrastructure for health information technology, including electronic health records and data management systems. The quality and quantity of health information available for decision-making will improve as a result of training health-care professionals in data collecting and analysis.

3.1 Contemporary Health Care Issues in Nigeria

The health-care delivery system in Nigeria is structured into primary, secondary, and tertiary levels. The system is run concurrently such that all the three levels of government, even though they hold primary responsibility for only one level of the system each, can go beyond it and provide services at any of the other two levels of care.[24] However, while several reforms have been adopted by the Nigerian government

40194/2/Orubulo6.pdf <accessed 9 June 2026>.

[23] National Population Commission, *Nigeria Demographic and Health Survey* (n 3) 48.

[24] MC Asuzu, 'The Necessity for a Health System Reform in Nigeria' (2004) 16(1) *Journal of Community Medicine and Primary Health Care* 1–3.

to address the numerous issues in the health care system, those of the state and local government levels, are yet to be implemented. The poor health outcomes in the public health institutions have generated a lot of criticisms, comments and reasons, ranging from inadequate funding of the health sector,[25] poor implementation of the National health policy,[26] to disregard of health-care as a human right of the people.[27]

The health-care system in Nigeria is mainly driven by the public sector. Currently, 66 percent of the country's 34,000 health facilities are owned by three tiers of government: federal, state, and local. Meanwhile, the private sectors still contribute substantially to the provision of health services. It is also important to note that secondary and tertiary health-care facilities are mainly located in urban areas, while primary health facilities are prevalent in Nigeria's rural areas. Some of the contemporary health-care issues faced in Nigeria are;

a) Under-funding of the Health Sector

Gross under-funding is a serious social canker-worm devouring the fabrics of the Nigerian health institutions. As a result of the lean budgetary allocation to the health sector, the Nigerian health system is below the World Health Organization Standard of 15% of the total budget. By implication, the fund is not adequately budgeted for and released, timorously to the health institutions, the life-saving organizations for that matter. This gross under-funding of the health sector has been an issue for years. In the late 1980s, external aids in form of technological know-how and personnel were affected by Nigeria's political imbroglio and democratization sanction. Then most medical exchange programs that often assist health care delivery services were not forthcoming thus creating problems.[28]

b) Weak Facilities/Infrastructure

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[25] Natheniel Umukoro, 'Governance and Public Health Care in Nigeria' (2012) 14(4) *Journal of Health Management* 381–395.

[26] EJ Duru and CI Nwagbos, 'The Problems and Prospects of Public Health Care Development in Nigeria's Local Government System' (2007) 6(1) *Global Journal of Social Sciences* 51–60

[27] *Ibid*

[28] World Health Organization, *World Health Statistics 2016: Monitoring Health for the SDGs* (WHO 2016) http://www.who.int/gho/publications/world_ health_ statistics/2016/en/ accessed 9 June 2026..

Arising from the gross under-funding of the health sector institutions is the weak infrastructure and logistic supports which are weak, obsolete and defective. This is due to inadequate maintenance of buildings, medical equipment and vehicles, shortage of drugs, faulty compounding of drugs, poor management of drugs, the expiry of drugs and vaccines and other essential requirements for patients care. The utility Boards in Nigeria often make the problem worse by engaging in irregular supply of water, erratic or rather epileptic supply of electricity and poor telecommunication services. Absence or inadequacy of equipment had been found deficient in most of Nigerian Hospitals. Some of the public hospitals visited sometimes ago had no x-ray machine. Worse still, the poor network of roads and neglect of roads transportation do not make accessibility easy. Hence, most patients referred from the primary level of care, or secondary find it difficult to get to where they can obtain a respite for their ailment and most times worsen the case that ordinarily requires minor treatment.[29]

c) Patients Are Uninformed

One of the major challenges in the health-care sector in Nigeria is that people are not aware of the current health issues they have. Since most Nigerians rely heavily on medical opinions from unqualified individuals, such as authoritative family members, patients do not feel empowered to learn more about their health and they are not actively engaged in the decision-making process of improving their well-being. Furthermore, due to the lack of clarity around what illnesses are plaguing citizens, many patients can be misdiagnosed especially when receiving care at facilities with inadequately trained staff. Because there is little investment in the workforce, misdiagnoses are so common, therefore, many Nigerians do not seek the medical expertise of a doctor until their condition significantly worsens.[30]

d) Lack of Funding to Build and Maintain Infrastructure

Although Nigerian health-care workers are highly-knowledgeable especially at tertiary care facilities, they, however, do not have

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[29] National Population Commission (NPC) and The DHS Program, *Nigeria Demographic and Health Survey 2018* (NPC and The DHS Program 2019) 163, 178 https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf accessed 9 June 2026

[30] Orubuloye and JC Caldwell "The impact of public health services on mortality: A study of mortality differentials in a rural area of Nigeria" (1975) 29/2 *Population Studies* 259.

adequate resources to keep up with the continuous development occurring in the global health-care sector.[31] This fact remains true despite the resources being dedicated to research and development within the global health arena – with a projected 9% of GDP globally allocated to health spending by 2040. In general, health-care is usually financed through public expenditure, private expenditure, or external aid. Public expenditure includes government expenditure spent by state-owned enterprises; private expenditure includes payments by individuals and employers; while external aid refers to the capital, which comes through bilateral aid programs or international, non-governmental organizations. One of the major challenges in the health-care industry in Nigeria is the inadequate allocation of financial resources to improve and maintain the general public's health.

Currently, the existing health care resource allocation is skewed, with a high proportion going towards secondary and tertiary care facilities.[32] This means that people tend to bypass the primary health care facilities in search of better care in the secondary and tertiary facilities. This results to inefficiencies (because these centers are overburdened with medical issues that can be addressed at the primary level) and inequities (because care is more expensive at the secondary and or tertiary care center and average individual cannot usually afford this care). Without the proper financing, gains in development in the Nigerian health-care sector will continue to be stifled. With that said, the amount of money Nigeria should invest on health-care depends on several factors, such as the health challenges the country's population is currently facing, different health inputs (e.g., public health staff, existing technology, etc.), and the level of investment to maintain or improve the country's health status.

The aforementioned factors must be taken into consideration alongside social challenges that demand the same resources. Without the proposed assessment of the countries health care needs, as well as the proper investment in health care, this sector will continue to suffer.[33]

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[31] *Ibid*

[32] ON Ogbu Human Rights Law and Practice in Nigeria (2nd ed, 2013, Snaap Press Ltd) at 26.

[33] C Hormansdorfer, 'Health and Social Protection' in *Promoting Pro-Poor Growth: Social Protection* (OECD 2009) 145–153 <http://www.oecd.org/dac/ poverty reduction/promotingpro-poorgrowthsocial >accessed 9 June 2026.

The sector's growing challenges will lead to the unfortunate practice of medical tourism, where the more privileged Nigerians participate in the $1 billion industry by seeking better medical care outside of the country. Since the majority of Nigeria's population is unable to participate in this practice, as a society, we have a moral obligation to take care of the population, because your place of birth should not determine your prognosis.

e) Health-care is Too Expensive for Most Nigerians

Both the federal and state governments have to invest more in basic health care by expanding the national insurance scheme to reduce the cost of health-care services. Currently, funding for the national insurance scheme is done through the taxing of federal employees and employers whose money is then used as a social health security system to cover the needs of the population.

As of today, 72 percent of total health expenditures in Nigeria are out-of-pocket expenditure. In fact, out-of-pocket payments for health-care services account for a significant percentage of household expenditures in Nigeria. Nigeria is amongst the countries that rank high for out-of-pocket expenditure. The Nigerian national insurance scheme only covers employees working in the federal government, which is roughly 3 percent of the population. Furthermore, only about 5 percent of the population have "prepaid" health care through government-provided health insurance or a voluntary private insurance plan. If Nigeria chooses to strive for universal health care coverage, we should look at the countries in Latin America and the Caribbeans that have successfully implemented some sort of government-led financial reform, providing wider health-care access to its citizens and reducing the financial burden each citizen has to pay for each medical procedure.

f) Lack of Properly Trained and Compensated Staff

Another major challenge in the health-care sector is that there are not enough properly trained staff to meet demand. The few well-trained doctors are overburdened and most of the medical staff are not compensated well. These factors make staying and working in the health-care system a less desirable option. In fact, adequate compensation is lacking so much in this sector that the Joint Health Sector Union (JOHESU), an association of all health workers apart

from medical doctors and dentists, called a nationwide strike to get the government to heed to some of its major demands. These demands included salary adjustments, promotion arrears, and improved work environment for members. Unfortunately, these strikes have left a lot of Nigerians that rely on the public health-care system without health-care assistance during the duration of the strike.[34]

g) Making health-care a national priority

According to World Health Organizations' health system performance ranking for 191 countries, Nigeria is currently ranked 187th. This ranking is used to determine the performance of countries in terms of meeting one important goal – that of maximizing population health.[35] To maximize the population health in Nigeria, the major challenges in the health-care sector have to be overcome by increasing the national budget allocation (% per GDP) for health-care to match the global standard, expanding the national health-care scheme to reduce out-of-pocket spending, investing in training of more medical staff to alleviate current facility burdens, prioritizing continuous medical education for health-care staff to improve their knowledge base, improving awareness campaigns regarding health-care advice for the population. These are all factors that are affected by the limited resources that are allocated to the health-care sector in Nigeria.[36]

Being only four spots away from the bottom, it is obvious that health-care is not a national priority in Nigeria. However, it has to be a priority for everyone – the government, the private sector, and the people, for Nigeria to improve the health care and standard of living of its citizens.

3.2 Impact of Poor Health Care Delivery in Nigeria

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[34] P Saksena, J Hsu and D Evans, 'Financial Risk Protection and Universal Health Coverage: Evidence and Measurement Challenges' (2014) 11(9) *PLoS Medicine* <e1001701 https://doi.org/10.1371/journal.pmed.1001701> accessed 9 June 2026.

[35] World Health Organization, *Annual Report 2021* (WHO 2021).

[36] E Gustafsson-Wright and J Van Der Gaag, *An Analysis of Nigeria's Health Sector by State: Recommendations for the Expansion of the Hygeia Community Health Plan* (Amsterdam Institute for International Development (AIID) 2008).

Regrettably, Nigeria has not only shown lack of interest to the health of its citizens but has failed to take meaningful steps towards the realization of the international obligation it freely contracted by ensuring adequate health-care for its citizens. Indeed, health care in Nigeria is undoubtedly in a sorry state. Nigeria is a country which is still ravaged by staggering number of preventable deaths and plagued by diseases which have been successfully tamed in countries where the health of the citizens is considered paramount. Yet, this is in spite of the consistent declaration of "Health for All" and the constitutional obligation of the Nigerian State to promote the health of its citizens.[37]

Recently, Jide Ojo; a development consultant, in lamenting the poor health-care situation in Nigeria, gave what he termed a "dreadful scorecard" which for its aptness, we take the liberty to reproduce extensively. Quoting Save the Children Organization, an international non-profit organization, and other sources he noted that:

> Almost 800,000 Nigerian children die every year before their fifth birthday, making Nigeria the country with the highest number of newborn death in Africa…An estimated 500,000 women die each year throughout the world from complications of pregnancy and childbirth; 55,000 of these deaths occur in Nigeria. Nigeria is only two percent of the world's population but accounts for over 10 percent of the world's maternal deaths in childbirth and ranks second globally (to India) in number of maternal deaths.

On the disastrous and calamitous state of our health institutions, which has led to medical tourism,[38] Ojo lamented that:

> Many Nigerian public hospitals, be it Primary Health Care Centres, General Hospitals and Teaching Hospitals are grossly underfunded and concomitantly, ill-equipped and understaffed. This partly accounts for the high level of brain drain being experienced in the sector as many well-trained medical personnel have left the shores of Nigeria for greener pastures abroad…

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[37] DD Go'ar, *Synoptic Guide to Basic Law for Undergraduate Students in Nigerian Universities* (Danoya Printing Ventures 2021).

[38] *Ibid*

Due to the high cost of access to quality health-care in Nigeria, many of the masses particularly in rural and sub-urban areas prefer herbal treatments and prayer homes to hospitals.[39] Poor health care delivery in Nigeria has a significant impact on various aspects of the country. Here are some of the key consequences:

i. High mortality rates: Inadequate access to quality health care leads to increased mortality rates, particularly among vulnerable populations such as infants, children, pregnant women, and the elderly. Preventable diseases and conditions, such as malaria, pneumonia, diarrhea, and complications during childbirth, contribute to a significant number of deaths.

ii. Limited life expectancy: The overall life expectancy in Nigeria is significantly lower compared to many other countries. Poor health care services, including limited access to preventive care, early diagnosis, and treatment, contribute to this low life expectancy rate.

iii. Disease burden: Nigeria faces a high burden of communicable diseases, including malaria, HIV/AIDS, tuberculosis, and neglected tropical diseases. Inadequate health care infrastructure and systems, coupled with insufficient funding, hinder effective prevention, control, and treatment of these diseases.

iv. Poor maternal and child health outcomes: Nigeria has one of the highest maternal and child mortality rates globally. Insufficient access to quality antenatal care, skilled birth attendants, emergency obstetric care, and immunization services contribute to these poor health outcomes.

v. Limited access to essential medicines: Inadequate health care delivery often results in limited availability and affordability of essential medicines, leading to challenges in managing various health conditions.[40] This situation further exacerbates the burden of diseases and hampers effective treatment.

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[39] M Bull, *Medical Services in Nigeria, 1954–55* (Oxford Development Project Report), cited in A Scott-Emuakpor, 'The Evolution of Health Care Systems in Nigeria: Which Way Forward in the Twenty-First Century?' (2010) 51(2) *Nigerian Medical Journal* 53 (n 12)

vi. Brain drain and inadequate health workforce: Nigeria faces a significant shortage of health care professionals, including doctors, nurses, and midwives. Poor working conditions, low salaries, and limited career prospects contribute to a phenomenon known as "brain drain," where qualified health professionals seek opportunities abroad, further straining the health care system.

vii. Economic impact: Poor health care delivery has detrimental effects on the overall economy. The direct costs of seeking medical care abroad, coupled with indirect costs such as reduced productivity due to illness and disability, hinder economic development and perpetuate the cycle of poverty.

viii. Inequality in health care access: Health care disparities exist in Nigeria, with a significant gap between urban and rural areas. Rural communities often lack basic health care infrastructure and services, resulting in unequal access to quality health care. This disparity further exacerbates existing social and economic inequalities.

Addressing these challenges requires significant investments in health care infrastructure, increased funding, policy reforms, and improved training and retention of health care professionals. By prioritizing health care delivery, Nigeria can improve the overall well-being of its population and foster sustainable development.

4. Implementation Of The United Nations Declaration On The Right To Health Care In Nigeria

nded) in Section 12 makes provision that international treaties have the force of law by the National Assembly. This means that the provision of the United Nations Declaration on the Right to Health care in Article 25[41] should be implemented.

The United Nations Declaration on the Right to Health Care emphasizes the importance of providing universal access to health-care

[40] I Ogunbekun and Others 'Private Health Care in Nigeria: Walking the Tightrope' (1999) 14(2) *Health Policy and Planning* 174–181

[41] *Ibid*

services,[42] including medical care and necessary support, to all individuals without discrimination. While Nigeria is not specifically mentioned in the declaration, as a member of the United Nations, the country is expected to uphold and implement the principles and goals outlined in international declarations and treaties, including the right to health care.

When the right to health is not recognized or is deprived, it affects several groups of individuals, it's impact is felt more by some specific categories; one category of persons generally affected by the quest of a right to health, are prisoners/persons detained. The Nigerian prisons have become a questionable piece of existence created by a system that has not paid attention to it's maintenance and have in turn created an epitome of national disgrace. These prisons consist of inmates of many categories, from those awaiting trial for charges that have not been filed against them to those who know nothing about the offences they've been accused of, and also those who are in detention for just causes. A vast number of inmates that are awaiting trial have been in prison for more than the stipulated time had they been sentenced in accordance with the law for the crime they are suspected of committing.

It is significant to note that despite the incarceration of the prisoner/detainee, such a person is still entitled to the respect of the right which he possesses, and this portends that the system must ensure that the rights of persons in detention/prisoners to enjoy the highest attainable standard of health is promoted. The right to health is a strong variable in "monitoring and promoting" the health rights of prisoners against torture and other cruel, inhuman or degrading treatment. In the case of *Chief Gani Fawehinmi v General Sani Abacha***,**[43] the applicant who was arrested and detained in prison by the military government applied for his detention to be set aside on grounds that it infringed his right to liberty. The application was set aside by the Federal High Court on the grounds that the court lacked jurisdiction, since the applicant was being detained pursuant to the State Security (Detention of persons) Decree No 2 of 1984. The applicant appealed to the Court of Appeal for an interim order to allow

[42] Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A (III), UN Doc A/RES/217(III).

[43] (2006) NWLR 228

his personal physicians to visit him in detention. On the issue of the interim order, Uwaifo JCA, held:

> The appellant/applicant is in custody of the state and the state has a responsibility to ensure that he is not put in undue danger of his health and safety. The facts show that his good health depends on his taking special drugs. These are at present not made available to him. He wants to have access to them at his own expense. I think he entitled to this.

Similarly, the right to health of detainees/prisoners was held to be justiciable in *International Pen & Ors. (on behalf of Ken Saro-Wiwa) v Nigeria***.**[44] The African Commission stated that:

> …the responsibility of the government is heightened in cases where an individual is in its Custody and therefore someon whose integrity and well-being is completely dependent on the actions of the authorities. The state has a direct responsibility in this case.

Despite requests for hospital treatment made by a qualified prison doctor, these were denied to Ken Saro-Wiwa, causing his health to suffer to the point where his life was endangered. The government has not denied this allegation in any way. Another category are those citizens who lack knowledge and financial wherewithal to patronize or to get the necessary medical facilities and attention, which includes being unable to pay hospital bills or to run the necessary prescribed medical procedures. For instance, nursing mothers or individuals engaged in severe therapeutic procedures. Most of these individuals are not economically advantaged to afford the high rate of medical treatment in Nigeria, let alone, being able to travel abroad in search of better and seemingly more effective medical attention.

In Nigeria, the implementation of the right to health care faces several challenges, including inadequate health-care infrastructure, limited

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[44] *International Pen and Others (on behalf of Ken Saro-Wiwa) v Nigeria* (Communication Nos 137/94, 139/94 and 161/97) [1998] ACHPR 1 (31 October 1998).

resources, and regional disparities. However, efforts have been made to improve health-care access and quality across the country. Here are some key aspects of the implementation of the right to health care in Nigeria:

1. National Health Act: The National Health Act, signed into law in 2014, provides a legal framework for health-care in Nigeria. It emphasizes the right to access health-care services and sets guidelines for the provision of health-care, including the establishment of primary health-care centers and the Basic Health Care Provision Fund (BHCPF) to ensure access to essential health services.

2. Primary Health Care: Nigeria has placed an increased emphasis on strengthening primary health-care as a foundation for delivering accessible and quality health-care services. The revitalization of primary health-care centers is crucial in ensuring universal access to health-care, especially in rural and under-served areas.

3. National Health Insurance Authority (NHIA): The NHIA aims to provide financial protection and improve access to health-care services for Nigerians. It offers various health insurance programs and encourages enrolment to ensure individuals have access to affordable healthcare services.

4. Targeted Health Programs: Nigeria has implemented targeted health programs to address specific health issues. For example, the National Tuberculosis and Leprosy Control Program focuses on the prevention, diagnosis, and treatment of tuberculosis, ensuring that individuals affected by TB have access to health-care services.

5. Partnerships and International Support: Nigeria has collaborated with international organizations and development partners to strengthen its health-care system and improve access to health-care services. Partnerships with organizations such as the World Health Organization (WHO), UNICEF, and the Global Fund have contributed to funding, technical support, and capacity building initiatives.

Despite these initiatives, Nigeria's right to health-care has not yet been fully implemented.[45] These include unequal access to health-care across regions, insufficient funding for health-care, a shortage of human resources, and corruption. A continuous investment, efficient governance, and cooperation amongst many stakeholders, such as the government, civil society organizations, and international partners, are necessary to address these difficulties.

Regardless of the obstacles to fully implementing the United Nations Declaration on the Right to Health Care, Nigeria has implemented a number of programmes and policies to increase access to and the standard of health-care.[46] Nigeria may significantly advance its efforts to guarantee the right to health-care for all of its residents by continuing to give health care a high priority, allocating sufficient resources, and strengthening health systems.

4. Challenges and Barriers to Implementing the Right to Health Care in Nigeria

Implementing the right to health care in Nigeria faces numerous challenges and barriers.[47] These obstacles can limit access to quality health-care services and hinder the realization of the right to health care for all Nigerians. Here are some of the key challenges and barriers:

1. Inadequate Health-care Infrastructure: Nigeria's health-care infrastructure is often insufficient and poorly equipped, particularly in rural and under-served areas. There is a lack of health-care facilities, medical equipment, and essential supplies, making it challenging to provide comprehensive health-care services.

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[45] African Charter on Human and Peoples' Rights (Ratification and Enforcement) Act, Cap A9, Laws of the Federation of Nigeria (LFN) 2004.

[46] OC Okongwu, 'Are Laws the Appropriate Solution? The Need to Adopt Non-Policy Measures in Aid of the Implementation of Sex Discrimination Laws in Nigeria' (2020) 21(1) *International Journal of Discrimination and the Law* 33–52 <https://journals.sagepub.com/doi/pdf/10.1 177/135822912 097 8915 >accessed 9 June 2026.

[47] N Daniels, *Just Health Care* (Cambridge University Press 1985) 56

2. Limited Funding and Resources: Insufficient funding for health-care remains a significant challenge in Nigeria. The health-care sector receives a small portion of the national budget, resulting in a shortage of resources for essential services, infrastructure development, medical equipment, and health-care workforce training.

3. Regional Disparities: There are significant disparities in health-care access between different regions of Nigeria. Rural areas, especially those in the northern regions, face more significant challenges in accessing quality health-care services compared to urban areas. This inequality contributes to gaps in health outcomes and access to health-care resources.

4. Health-care Workforce Shortages: Nigeria faces a shortage of health-care professionals, including doctors, nurses, and other health-care workers. This scarcity limits the capacity to provide adequate health-care services, particularly in remote and under-served areas. Brain drain, where qualified health-care professionals leave the country for better opportunities abroad, exacerbates the workforce shortage.

5. High Out-of-Pocket Payments: The reliance on out-of-pocket payments for health-care places a financial burden on individuals and families. Many Nigerians are unable to afford the cost of health-care services, leading to delayed or inadequate treatment, especially for those in poverty or vulnerable populations.

6. Corruption and Mismanagement: Corruption within the health-care sector can divert resources away from their intended purposes and compromise the quality and accessibility of health-care services. Mismanagement of funds, embezzlement, and lack of transparency hinder the effective delivery of health-care.

7. Lack of Health Education and Awareness: Limited health education and awareness programs contribute to a lack of knowledge about preventive measures and health care-seeking behavior. This can result in delayed diagnosis, poor treatment adherence, and increased burden on the health-care system.

8. Insufficient Coordination and Governance: Inadequate coordination and governance among various stakeholders in the health-care sector can impede effective planning, implementation, and monitoring of health-care policies and programs. The absence of a unified and coordinated approach hampers the provision of equitable and efficient health-care services.

Addressing these challenges and barriers requires comprehensive efforts and investments in the health-care sector. Strategies to improve the implementation of the right to health care in Nigeria should focus on increasing health-care funding,[48] strengthening health-care infrastructure, addressing regional disparities, improving health-care workforce capacity, promoting transparency and accountability, and prioritizing health education and awareness. By tackling these challenges, Nigeria can make significant progress in ensuring universal access to quality health-care services for all its citizens.

6. Conclusion

The provision of the United Nations Declaration on the Right to Health Care is challenged by the enormous modern health care concerns that Nigeria faces. The country's uneven access to high-quality health-care services is a result of a lack of health care staff, inadequate infrastructure, inadequate budget, regional inequities, and corruption. These problems have wide-ranging effects on people's health, put a strain on people and their families, and impede socioeconomic growth. The problem is made worse by the gaps and obstacles in the application of the right to health care, including poor governance, a lack of coordination, and insufficient health education.

To address these issues and fulfil its commitment to the right to health care, Nigeria must prioritize comprehensive reforms and interventions. This requires increased health-care funding to strengthen the health-care system, invest in infrastructure, and ensure the availability of essential resources. Equitable resource allocation and the reduction of regional disparities are essential to reach marginalized and under-

[48] L Munro, 'The Human Rights-Based Approach to Programming: A Contradiction in Terms?' in S Hickey and D Mitlin (eds), *Rights-Based Approaches to Development* (Kumarian Press 2009) 187, cited in J Tobin, *The Right to Health in International Law* (Oxford University Press 2012).

served populations. Furthermore, combating corruption within the health-care sector and promoting transparent governance mechanisms are crucial for the efficient and effective delivery of health-care services. Strengthening the health-care workforce through recruitment, training, and retention strategies is vital to meet the growing demand for health care providers.

Furthermore, empowering people and communities through health education and awareness campaigns can enhance health-seeking behaviour and encourage preventive measures, which will ultimately lessen the strain on the health-care system. To effectively address these issues, cooperation between the government, decision-makers, civil society organizations, and international partners is essential. Nigeria may significantly advance in ensuring the right to health care for all of its inhabitants, especially the most vulnerable and marginalized communities, by coordinating efforts and resources.

Nigeria can go closer to realizing the goal of equitable and accessible health care services as stated in the United Nations Declaration on the Right to Health Care through these thorough reforms, investments, and group efforts. Nigeria can only then genuinely guarantee that every citizen has the chance to exercise their right to the best possible standard of health. Improving health-care in Nigeria requires a multifaceted approach that addresses the challenges and barriers currently faced.[49] Here are some key recommendations to enhance the health-care system in Nigeria.

The government should prioritize health-care funding and allocate a larger portion of the national budget to the sector. Adequate funding is crucial for infrastructure development, procurement of medical equipment and supplies, and training and retention of health-care professionals. Government should mphasize the development and strengthening of primary health-care centres across the country. These centres should be adequately equipped and staffed to provide essential health-care services, health promotion, disease prevention, and early diagnosis and treatment. Implement strategies to address the shortage of health-care professionals. This includes increasing the capacity of

[49] African Charter on Human and Peoples' Rights (Ratification and Enforcement) Act, Cap A9, Laws of the Federation of Nigeria (LFN) 2004.

medical and nursing schools, providing incentives for health-care professionals to work in rural and under-served areas, and exploring partnerships with international organizations to recruit and retain skilled health-care workers.

Government should invest in the construction and maintenance of health-care facilities, particularly in rural and under-served areas. This includes ensuring access to clean water, reliable electricity, and functional medical equipment. Upgrading and modernizing health-care infrastructure will enhance the delivery of quality health-care services.There is also the need to develop robust health information systems that enable accurate and timely data collection, analysis, and reporting.

This will facilitate evidence-based decision-making, resource allocation, and monitoring of health indicators to improve health-care planning and service delivery. Government should expand the reach and effectiveness of the National Health Insurance Authority (NHIA). This includes increasing awareness and enrolment, improving benefit packages, and exploring innovative financing mechanisms to ensure that more Nigerians have access to affordable and comprehensive health insurance coverage. Implement comprehensive health education programs to increase awareness of preventive measures, healthy lifestyles, and the importance of seeking timely health-care. This can be achieved through targeted campaigns, community engagement, and school-based health education programs.

Government should enhance transparency, accountability, and anti-corruption measures within the health-care sector. Strengthen regulatory frameworks, enforce ethical standards, and establish mechanisms for reporting and addressing corruption in health-care delivery. Government should **e**ncourage collaborations between the public and private sectors to leverage resources, expertise, and innovation in health-care service delivery.

Public-private partnerships can help bridge gaps in infrastructure, technology, and specialized care. Government should invest in research and development to advance medical knowledge, develop innovative health-care solutions, and address specific health challenges prevalent in Nigeria. This includes supporting local research

institutions, facilitating collaboration with international partners, and incentivizing research initiatives.[50]

By implementing these recommendations, Nigeria can make significant strides in improving its health-care system, ensuring equitable access to quality health-care services, and ultimately achieving the goal of universal health coverage for all its citizens.

[50] World Health Organization, 'WHO Removes Nigeria from Polio-Endemic List' (25 September 2015) <http://www.who.int/mediacentre/news/ releases/2015/ nigeria-polio/en/> accessed 9 June 2026.