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Public Healthcare System and National Security in Nigeria: An Appraisal

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Obinna Ukaeje
Research Fellow, Centre for Strategic Research and Studies (CSRS),
National Defence College,
Abuja, Nigeria

&

Elizabeth Nguumbur Engel
Research Fellow, Centre for Strategic Research and Studies (CSRS),
National Defence College,
Abuja, Nigeria

Abstract

Globally, the healthcare of a nation is a major pillar of its national security, given its direct impact on the citizens and overall stability of the state. However, Nigeria's healthcare system has continued to witness significant deterioration at various levels, from the primary healthcare system through the secondary healthcare system to the tertiary healthcare system, due to some key challenges. Using the human security theory, paper examines the interconnectedness of Nigeria's public healthcare system and its national security through a thematic review of extant literature, national policy interventions and global assessment index. The outcome shows that Nigeria's public healthcare system faces significant challenges, including inadequate health sector funding, poor health insurance coverage, shortage of trained medical professionals, which is directly affecting the country's human security and by inference her national security. The paper recommends provision of strategic and progressive leadership, increase funding and resource allocation, strengthen primary healthcare system, address outmigration of medical professionals among others as ways to address the challenges and boost quality healthcare delivery in Nigeria. The paper dwells largely on secondary sources of data collection.

Keywords: Healthcare System, Public Healthcare System, Public Healthcare, National Security, Health Insurance, Out-of-Pocket Expenditure, Outmigration, Faith-Based Organization.

Corresponding Author:

Ukaeje, Obinna. Center for Research and Strategic Research and Studies (CSRS), National Defense College Abuja, Nigeria
Email: obinnaukaeje@yahoo.com

Introduction

Nation-states, in their desire to protect themselves from external threats such as military invasion, terrorism, insurgency, economic warfare, and cyber warfare, among others, which could have a destructive impact on their governments, economies, and citizens, have developed national security strategies. Incidentally, the challenges of national security have surpassed military threats to include other issues, such as health epidemics, health pandemics, and other health emergencies that can have severe consequences for the stability of the state and the well-being of its citizens. Thus, making the healthcare system a major element of national security.

The healthcare of a nation is intrinsically linked to its national security due to its significant connection to the overall well-being of the population. A robust healthcare system is crucial for national security; it directly impacts a nation's ability to protect its citizens from health threats and maintain overall stability. Conversely, a weak healthcare system harms the overall well-being of the population and undermines national security by causing widespread illness, infectious disease outbreaks, high mortality rates, economic disruption, and social unrest (Dimitrov & Goranov, 2017).

A recent report by the Coalition for Common Sense in Government Procurement in America (CGP) (2022) observed that healthcare, which includes the health and wellness of the American people, is the second pillar shaping the country's national security. It noted that the COVID-19 pandemic caused the US approximately 460,000 deaths between January and December 2021; as a result, the United States spends approximately US\$3.6 trillion or US\$1,172 per person each year. This, however, accounts for about 18 per cent of the US Gross Domestic Product (GDP) and currently ranks among the highest in healthcare spending worldwide (Bieniek-Tobasco et al., 2020). This indicates the importance of the healthcare system in the United States' national security strategy.

In Africa, the critical role of the healthcare system in security has been established in the Alma-Ata Declaration on Primary Health Care, a landmark document that emphasises PHC as the key to achieving "Health for All", adopted in 1978 (WHO, 1978). The Declaration significantly shifted the focus from curative, hospital-based care to a more holistic approach, recognizing health as a fundamental human right and promoting community participation in healthcare. While full implementation has faced challenges, the declaration spurred important achievements in broadening the understanding of health and advocating for equitable access to care. Thus, making healthcare an important element in national development and national security.

Recognising the importance of healthcare to the overall well-being of the country, many African countries embarked on programmes and policies to improve healthcare in their countries. Sadly, the

healthcare system remains at the lowest ebb in the global healthcare index, with the majority of countries in Africa ranking below expectations. Maternal and infant morbidity and mortality rates have remained high, and life expectancy is low, compared to other regions of the world (Itam & Adindu, 2012). Statistics from the WHO (2021) report indicate that less than half of Africa's population (about 615 million people) out of the 1.41 billion of the population have access to healthcare they need, and the continent's quality of health services is generally poor, indicating that more than half of the entire population does not have access to good healthcare. This is attributable to numerous challenges that healthcare systems in Africa are facing, including a shortage of healthcare workers, insufficient funding, a high disease burden and poor leadership and management (WHO 2023). The World Health Organization further noted that each year, approximately 97 million Africans, representing 8.2 per cent of the continent's population, incur catastrophic healthcare costs, due to out-of-pocket costs, particularly in Sierra Leone, Egypt and Morocco, pushing an estimated 15 million people into poverty annually (WHO, 2023).

In Nigeria, the situation is no different, as the public healthcare system is progressively deteriorating due to a combination of factors, including insufficient infrastructure, inadequate funding, a shortage of skilled healthcare professionals and weak governance. These issues are further exacerbated by factors like corruption, medical tourism, and the country's rapidly growing population, resulting in poor healthcare coverage in the country. The recent report of the World Health Organization Universal Health Coverage (UHC) observed that Nigeria's healthcare system ranks poorly globally, specifically at 187 out of 191 countries in the WHO's health system performance ranking (WHO UHC Index, 2024). The Nigerian Health Watch (2025) pegged the percentage of Nigerians with access to quality healthcare at 5 per cent, reflecting significant challenges in achieving universal health coverage.

The implication is that a small percentage of Nigerians have access to quality healthcare, with estimates ranging from 5 per cent to 19 per cent (Nigerian Health Watch, 2025). Even among the number with access to quality healthcare, a good number of them rely on out-of-pocket spending, while only a small percentage is covered by health insurance. Nigeria's healthcare system ranks poorly globally, specifically 187 out of 191 countries in the WHO's health system performance ranking (WHO UHC Index, 2024). This low ranking reflects significant challenges in achieving Universal Health Coverage (UHC) in Nigeria. A situation that calls for serious national concern, considering the rapid growth of the population and its adverse impact on the well-being of the people and the overall stability of the country.

It is in the light of the above that this study examines Nigeria's public healthcare system as it affects the nation's security. The aim is to unravel the issues and challenges affecting the public healthcare system

in Nigeria and its relationship with Nigeria's national security, and to proffer actionable recommendations that would help to improve it.

Methodology

The study employed a qualitative research design, utilising a secondary data collection technique to identify and explain the causes, effects, and challenges of Nigeria's poor public healthcare system, as well as to examine the relationship between Nigeria's healthcare system and national security. The secondary sources relied largely on documented evidence, such as extant studies, newspapers, magazines and social media information on the subject matter. It also involved the use of trend analysis and health indices from notable international and national health monitors, such as the WHO, the Universal Health Coverage, the Federal Ministry of Health, and the Nigerian media, among others.

Conceptual Exploration of Healthcare System, Public Healthcare System, and National Security

Healthcare System

The World Health Organization defines a healthcare system as a system that encompasses “all organizations, people, and actions whose primary intent is to promote, restore or maintain health” (WHO, 2007). This broad definition includes efforts to influence the determinants of health as well as more direct activities that improve health, such as a workforce, funding, information networks, and overall guidance to function effectively. In this same vein, Lawrence (2014) defines the healthcare system as “a complex network of organizations, institutions, resources, and individuals working together to promote, restore, and maintain the health of a population”. To Emmanuel (2014:32), “it is about keeping people healthy or fixing them up when they get sick”. The understanding of these definitions shows that the healthcare system encompasses not just the delivery of healthcare services but also the broader determinants of health, including public health initiatives and preventive measures.

The key components of healthcare system are identified by the WHO to include the institutions, (which comprise hospitals, clinics, public health agencies, insurance companies, and various other entities) involved in providing or financing healthcare; the human resources (healthcare professionals such as doctors, nurses, midwives, laboratory scientists, and other healthcare workers); the financial resources (funding for services and infrastructure), and the physical resources (medical equipment, facilities); the people, a diverse group of people including health providers (doctors, nurse, therapists), the administrators, policymakers, and the patients and communities who utilize the services; and the actions aimed at promoting, restoring, and maintaining health, including preventing, treatment, rehabilitation, and palliative care (Lawrence, 2014). This implies that the healthcare system, just like every system,

encompasses various subsystems, including information management systems, which must work in harmony to attain quality healthcare service delivery and also to address the health needs of the population.

Public Healthcare System

A public healthcare system is a system where the government or a public body provides healthcare services to its citizens, funded through taxes or other public revenue sources. It aims to ensure that healthcare is accessible to all, regardless of their ability to pay, and focuses on preventative care and public health initiatives alongside treatment. The services of a public healthcare system are provided through a network of tertiary care centres, general hospitals, district hospitals, and public health clinics (Jaafar et al., 2013).

According to the World Health Organization, it is a system that organizes societal efforts to promote, restore, and maintain the health of the population as a whole. It encompasses all organized measures, whether public or private, aimed at preventing disease, promoting health, and prolonging life (Capital Area Public Health Network, 2025). This includes a wide range of activities, from individual preventative care to broader initiatives addressing the social determinants of health. Similarly, the United States Centres for Disease Control and Prevention (CDC) refers to a public healthcare system as all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction (American Public Health Association, Website). This implies that all entities contributing to the delivery of essential public healthcare services within a specific jurisdiction are not limited to the government; it also involves the private sector, voluntary organisations and faith-based organizations (FBOs).

Despite the involvement of private sector, voluntary organizations and FBOs, the government plays the major role towards ensuring a well-functioning public healthcare system. As noted by the World Health Organization (2022), the Government, through the Ministry of Health, establishes policies, provides funding, regulates healthcare providers, and ensures access to quality care for all citizens. It also focuses on health promotion, disease prevention, emergency preparedness, physical infrastructure development, and workforce development, contributing to the overall well-being of the population (WHO, 2022). In Nigeria, The Federal Ministry of Health and Social Welfare (FMoHSW) is the primary institution responsible for coordinating the public healthcare system in Nigeria. It formulates health policies, regulates medical standards, and collaborates with various agencies to enhance healthcare delivery (FMoHSW website).

National Security

The concept of national security lacks a universally accepted definition due to its nebulous nature, resulting in differing interpretations among scholars. It encompasses a broad range of perspectives, evolving from traditional military-focused views to more holistic approaches considering economic, social, and environmental factors. The traditional military-focused scholars of the realist school focus on the protection of a nation's borders and citizens from external military threats, encompassing the study of strategy, defence policy, and the role of armed forces. Lipmann (1943) for instance insists that a nation is secure to the extent that it is not in danger of having to sacrifice core values if it wishes to avoid war and is able to, if challenged to maintain them by victory in such a war. This view is supported by Kissinger (1974) who asserts that absolute security for a country implies absolute insecurity for others, insisting that for countries bent on increasing their power and position, security means being able to compel others to act in accordance to their demands. Morgenthau () views national security through the optical prism of power politics and the inherent competition among states. He emphasizes the importance of a strong national defence and the need for states to be prepared to use force to protect their interests, especially those deemed vital.

The interpretations of national security by the traditional military-focused scholars however, attach little or no premium to critical human security realities associated with health/diseases, economic vulnerabilities, ecological threats and natural disasters as pointed out by critics (Hubert, 1999). This prompted new considerations of national security that moved away from the state-centric military focus to encompass a broader range of issues beyond the military might and materials.

The non-traditional security scholars like Trager and Kronenberg (1973) describe national security as that part of government policy that have its objectives in the creation of relevant national and international political conditions favourable to the protection or extension of vital national values against existing and political adversaries. These scholars broadened the scope of national security from a state-centric military security incorporating considerations of human security and the interconnectedness of various global challenges like issues of climate change, infectious diseases, natural disasters, and irregular migration. This understanding of national security by the non-traditional scholars influenced the conceptualization of national security by the United Nations Development Programme (UNDP). The UNDP (1994) captures it within the purview of human security which stresses on safety from chronic threats such as hunger, diseases, oppression, and protection from sudden and harmful impacts in patterns of everyday life. The poor healthcare system threatening the life and well-being of Nigerians falls within the purview of its human security calculus and demands the protection of the government and its people.

Furthermore, the constructive scholars such as Barry Buzan, Ole Waever, Peter Katzenstein, Elizabeth Kier, Martha Finnemore and Ken Booth, challenge the traditional, state-centric view of national security by emphasizing the social and identical factors that shape security perceptions and policies. Barry Buzan, Ole Waever and De Wilde for instance argue that security is a social construct, emphasizing that it is not a fixed concept but rather a process of defining and responding to perceived threats (Buzan et al., 1998). They argue that security is not solely determined by military power and material capabilities, but is also a social construct influenced by shared ideas, identities, and norms, encompassing political, economic, societal, and environmental dimensions. They emphasize the importance of understanding how societies construct and perceive threats, moving beyond objective threat analysis to include the social construction of security issues. This implies that issues of healthcare system which is critical element of Nigeria's national security is stipulated by the National Security Strategy, a national security document of the country is as a result of the leadership's social construction of what constitute a threat to the security and well-being of its citizens, requiring extraordinary measures to address.

Theoretical Framework

The analysis of this study is anchored on the human security theory. Human security theory integrates knowledge and perspectives from various disciplines to address complex issues related to human well-being and safety. It moves beyond the traditional security studies, which often focus on state-centric military threats, to incorporate social, economic, environmental, and political dimensions. The theory has been shaped by several key proponents who have contributed to its development and evolution. Notable amongst these proponents are Mahbub ul Haq, Amartya Sen, Sabina Alkire, and Caroline Thomas. According to Mahbub ul Haq, human security is a people-centred approach that prioritizes the safety and well-being of individuals over the traditional focus on state security, noting that true security is achieved when people are free from both "fear and want" (Mahbub in Tadjbakhsh, 2013). The key objective of human security as captured by Alkire (2002) centres on safeguarding the vital core of all human lives from critical pervasive threats in such a way that is consistent with long-term human fulfilment. In Nigeria, the public health system faces significant challenges that negatively impacts human security, which directly or indirectly affects the well-being of the citizens and the stability of the country. The human security theory therefore, provides a deeper understanding of the intricate relationships between public healthcare and national security in Nigeria, ultimately informing more effective policies and interventions.

Overview of the Public Healthcare System in Nigeria

Nigeria has one of the highest maternal mortality rates in the world, with 1,047 deaths per 100,000 live births, after South Africa, Sudan and Chad (WHO, 2024). Additionally, it ranks low on the Human Development Index (HDI) at 161 out of 193 countries (UNDP, 2024). Life expectancy in Nigeria is 54 years according to the 2024 World Bank data indices, far lower than the global average of 72 and 67 years for lower-middle-income countries, indicating significant socio-economic and health challenges. This re-echoes, the Development Research and Project Centre (DRPC) (2021) report which states, “a Nigerian-born child is least likely to survive beyond the age of 5 years, and those who do will grow up to attain only 36 per cent of the potential productivity attainable with full health and education due to the poor healthcare system”. This indicates that Nigeria’s public healthcare system is in a terrible state.

Nigeria’s public healthcare system operates a 3-tiered structure, encompassing the primary healthcare system, the secondary healthcare system and the tertiary healthcare system as stipulated in the National Health Act 2014. The responsibility of running these three healthcare systems according to the National Health Act 2014 is shared among the three levels of government in Nigeria, the federal, state and local government. The primary healthcare (PHC) is the foundation, and it is managed by local governments with specific focus on health services, health promotion, and disease prevention. It includes facilities like primary health centres (PHCs) and comprehensive health centres (CHC). The secondary healthcare is the responsibility of the State governments, and the services are more specialized than primary healthcare. The State governments provide these services through the general hospitals and the collaboration of private clinics/hospitals in the states.

At the tertiary level is the federal government whose services is to offer specialized, advanced medical care and its typically found in teaching hospitals, specialist hospitals, federal medical centres (FMCs), and medical research institutes (Ofekeze, 2020). Apart from its responsibility of running tertiary healthcare, the federal government plays significant role in the country’s healthcare system, primarily focusing on policy formulation, coordination, and provision of specialized services. It establishes the National Health Policy, regulates the sector, and manages tertiary healthcare facilities. One of such instruments for coordinating healthcare system in the country is the National Primary Health Care Development Agency (NPHCDA), which provides technical direction, support, and resources to states, local governments, and other stakeholders to ensure effective PHC delivery (NPHDA Website). Additionally, the federal government is responsible for disease surveillance, drug regulation, and vaccine management (Gyuse et al., 2018).

In Nigeria, healthcare financing is a shared responsibility between the government (at federal, state, and local government), private sector entities and individuals. The government provides 25 per cent of the

funds, while the remaining 75 per cent comes from the private sector, with household out-of-pocket expenditure accounting for 95 per cent of the private sector spending (CCIH, 2021). Out-of-pocket expenditure refers to situations where individuals or households bear a large portion of their healthcare costs directly, often leading to financial strain and potentially hindering access to necessary medical care. This can be particularly burdensome for low-income individuals and households, who may be forced to choose between healthcare and other essential needs.

The government funds come directly from budgetary allocations. In addition, the government is under an obligation by the African Union Declaration of 2001 to allocate not less than 15 per cent of its budget to health services. Unfortunately, this has not been well implemented as government allocation to health has not gone beyond 7 per cent of its budget since 2001. Instead, community and financial sector resources are mobilized in the spirit of self-help and self-reliance to support healthcare according to the Christian Connections for International Health (CCIH, 2021). Also, high priority is given to PHC services in a few privileged areas and groups rather than the vulnerable areas and people that need it more.

Furthermore, health financing mechanism in Nigeria is the Formal Sector Health Insurance Programme (FSSHIP) under the National Health Insurance Scheme (NHIS). The NHIS was introduced by the federal government and legally backed by the National Health Insurance Scheme Act of 1999, which was repealed and replaced in 2022 by the National Health Insurance Act (NHIA) of 2022. The NHI Act 2022 encompasses both public and privately owned health facilities. It aims to promote, regulate, and integrate health insurance scheme, ultimately striving for Universal Health Coverage (UHC) for all Nigerians and legal residents. Key aspects include mandatory health insurance for everyone, a vulnerable group fund, and a focus on private sector participation in healthcare (NHIA, 2022). The NHIA places health insurance under the private-for-profit health maintenance organizations (HMOs), which administer the purchasing system and channel resources to providers. While the health care providers receive capitation payments for primary healthcare services and fee-for-service for secondary services.

In terms of human resources, Nigeria's public healthcare workers are not well documented, particularly those working in privately owned health facilities (CCIH, 2021). However, the African Centre for Disease Control and Prevention (Africa CDC) (2025) noted that the National Human Resources for Health Strategic Plan 2021-2025 indicates that Nigeria has a total of 385,486 health workers, with medical doctors numbering 74,543 (36.3 per 100,000 persons) and nurses and midwives numbering 301,579. While 9,364 are clinical medical specialists. The Coordinating Minister of Health in Nigeria, Professor Ali Pate puts the total estimation of health professionals working in Nigeria at about 400,000 (Punch, 2023). Sadly, a large number of them are migrating abroad due to poor facilities and poor welfare,

and those working in Nigeria prefer to work in the urban centres. Those who work in the rural areas are either volunteers who are provided incentives or a condition for certain promotions to serve in the rural areas (Lawal, 2020; CCHI, 2021).

Training of healthcare workers in Nigeria is another major source of concern to its healthcare system. Healthcare professional training in Nigeria is a multifaceted effort involving government initiatives, specialized training programs, and collaborations with international partners. The focus is on equipping healthcare workers with the skills and knowledge necessary to address public health challenges and improve patient care. There are 714 health sciences institutions and 52 medical training institutions, including the over 300 nursing training institutions across the country (Okoroafor et al., 2022). These institutions play a crucial role in training the healthcare workforce for the country, which has resulted in a significant increase in nursing education enrolment in recent years, reaching 115,000 annually (FMOH Release, 2025). However, this is constrained by the recent phenomenon of emigration of healthcare workers abroad, resulting in the acute shortage of professional health/medical workers.

The Nigerian public healthcare system lacks a unified system of medicine procurement/supply chain management under both federal and state government. The procurement arrangement for drugs and related consumables is based on health programs. Additionally, procurement and supplies across states vary from state to state and from one health facility to another. However, there are ongoing efforts, spearheaded by the Bureau for Public Procurement (BPP) to establish a unified procurement and supply system (Arise News, 2024). This initiative aims to address existing challenges and create a more robust, efficient, and transparent procurement process.

For effective monitoring of the health system, Nigeria's public health information management system, the National Health Management Information System (NHMIS), is a crucial tool for monitoring health service delivery and the overall health system performance. It aims to provide timely and reliable data for planning, evaluation, and decision-making across all levels of the healthcare system. The NHMIS has evolved over time, with key milestones including the harmonization of multiple reporting systems in 2006 and the adoption of the District Health Information System 2 (DHIS2) platform in 2016 (NHMIS Annual Report, 2021). The DHIS2 platform is a key component of the NHMIS, facilitating data capture, storage, analysis, and report generation. It allows for the tracking of key programmatic indicators and provides data for decision-making (NHMIS Annual Report, 2021). However, the platform does not accommodate the private organizations, which makes it difficult to have accurate data on healthcare analysis.

Key Challenges Facing the Public Health System in Nigeria

Nigeria, just like most countries of the world, faces challenges in its public healthcare system. However, unlike in the more affluent countries, Nigeria faces significant challenges in its public health system due to progressive deterioration, resulting from the accumulation of underinvestment by successive governments. Sadly, not one of the levels of the healthcare system is spared from these challenges, which include inadequate funding, poor health insurance Coverage, inadequate infrastructure, deteriorating medical facilities, shortage of trained healthcare professionals, corruption, poor compensation and outmigration of medical professionals, which has suddenly become a trend among health officers in Nigeria. These challenges are discussed subsequently.

Inadequate Health Sector Funding

For more than two decades, funding in the Nigeria's public health system remains a recurring issue, which suggests that adequate funding remains a major game-changer in the Nigerian public health system. Underfunding and underinvestment in the public health system in Nigeria have been a major trigger of many other associated problems that have befallen it. It has directly affected healthcare delivery in Nigeria to effectively existing problems in the sector, such as rehabilitation and building of new structures, provision of medical facilities and better working condition for medical professionals, which have led to the overall deterioration of the public healthcare system. For instance, the African Union (AU) Declaration that addressed key issues besetting healthcare systems across the continent, held in Abuja in 2001, urged all African countries to boost allocation to healthcare by allocating 15 per cent of their budget to health. However, till the present day, Nigeria has not implemented it; the highest it has ever allocated to health was 7 per cent, which it did in 2021.

In addition, Nigeria's health allocation in global rating falls at 3.9 per cent below the levels in related countries like South Africa with 5.4 per cent, Kenya with 8.2 per cent, and Ethiopia with 4.8 per cent. Even a proportion of the total budget allocated to health has also decreased, falling 11.2 per cent in 2020 to 8.6 per cent in 2022 (Nigeria Budgetary Health Report, 2022). Averagely, the federal government allocation to health in the last 24 years is estimated at 4.7 per cent according to the World Bank report (Tunji, 2024). This indicates the country's long-run inability to fund public healthcare, which has cumulated to the progressive deteriorating health/medical facilities across the country and across all levels.

Inadequate Health Insurance Coverage

The Nigeria's NHIS was introduced to provide affordable healthcare for Nigerians. However, health insurance coverage remains low, with less than 10 per cent of Nigerians enrolled. As a result, many

citizens still rely on out-of-pocket payment for healthcare. This low uptake is attributed to the informal nature of the economy, where large portion of the population are engaged outside structured employment that would typically provide health benefits. The 2024 World Bank report indicates that 75 per cent of Nigeria's total expenditure came from out-of-pocket spending, indicating the domineering role of out-of-pocket spending in health expenditure in Nigeria. Moreover, no serious government would contribute only 25 per cent of the healthcare spending of its citizens and expect to achieve a high health coverage as stipulated by the WHO UHC. This situation exacerbates the poor condition of majority of the population, which might pose serious threat to the overall stability of the country.

Inadequate Infrastructure

One of the major challenges facing Nigeria's healthcare system is inadequate infrastructure, meaning a lack of sufficient facilities, equipment, and resources needed to provide adequate healthcare. It significantly weakens the healthcare system, leading to poor service delivery, increased mortality rates, and limited access to care, particularly in rural areas. This deficiency manifests as a lack of essential equipment, limited access to clean water and electricity, and poorly maintained facilities, hindering effective healthcare administration and management. In some communities in Nigeria, for instance, members of the communities have to travel over 5km to access healthcare because of health/medical facilities (Aranmolate, 2025). Additionally, majority of the laboratories in the primary and secondary health centres across the states of the federation are in a very poor state and require infrastructural upgrading to provide quality healthcare for the people. A study conducted by Ndibuagu et al., (2020) noted that health services provided in public health facilities across Nigeria are poor and are perceived by patients and healthcare providers as dissatisfying, resulting in patients seeking alternatives outside the public health facilities. The implication is that many patients may lose their lives to quacks or have severe complications while seeking for alterative facilities outside the public health facilities, due to the high-cost healthcare out the government facilities.

Shortage of Trained Medical Professionals and Brain Drain

Nigeria's healthcare system suffers a serious shortage of trained medical professionals to brain drain. A high number of Nigerian doctors, nurses, and other health specialists have migrated to Europe and North America where the remuneration and working conditions for health workers are better. Official statistics from the Federal Ministry of Health revealed that over 16,000 doctors have left the country in the last five years in a trend known as 'Japa syndrome', reflecting 50 per cent of the total healthcare workers in Nigeria (FMoH, 2025). Similarly, a report from the FMoH revealed that 88 per cent of nurses and midwives registered with the Nurses and Midwives Council of Nigeria (NMCN) requested for a letter of

good standing to move to the United Kingdom and the US in 2023. This further implies that majority of healthcare professions that migrate abroad, do it because of better remuneration package and career advancement.

Consequently, the brain drain situation has adversely impacted on the healthcare workforce in Nigeria, resulting in acute shortage of the number of medical and health professionals required to meet the healthcare need of Nigerians. According to the 2024 WHO report, Nigeria healthcare system suffers acute shortage of healthcare professionals, with some states ranking as low in the global doctor-to-patient ratio ranking at one doctor to five thousand patients. This is far below the WHO recommended ratio of one doctor to six thousand patients (WHO, 2024). A situation that has prompted some global healthcare monitors to rate Nigeria's healthcare system as one of the worst in Africa (US Department, 2023). Additionally, the shortage of healthcare professionals costing Nigeria an estimated economic loss of about USD 2 billion annually as a result of medical tourism, with India accounting for more than half of the outflow (US Department, 2023).

Pervasive Corruption

Just like most sectors in Nigeria, the health sector has had its share of the pervasive corruption. It manifests in various forms, including diversion of funds meant for healthcare, drug shortages, equipment neglect, and under-the-counter payments, ultimately leading to poor service delivery and increased mortality rates, particularly among vulnerable populations. Reportedly, in 2008, a consignment of Vitamin A Supplement from the Canadian government through its bilateral assistance to Nigeria was diverted and later found in most local and itinerant chemist shops across Nigeria (UNICEF, 2007). At the same period, the Thisday Newspaper reported a case of complacency in the sharing of 300 hundred million naira (N) unallocated health sector fund involving the Minister of Health, Mrs Adenike Grange and members of the Senate Committee on Health, which resulted in the sack of the minister (Thisday, 2008). The World Bank (2020) report estimated that Nigeria loses US\$200 billion per annum due to corruption in the health sector. This reflects the destructive nature of corruption in Nigeria's health sector.

Recently, the Index on Censorship report (2025) noted that in September 2024, the World Bank approved loan of US\$1.57 billion loan for Nigeria, including US\$570 million to strengthen primary healthcare provision across the country, however, the money was diverted through corruption. The report also noted a systematic financial abuse by organizations responsible for the NHIS to a tune of N6.8 billion (US\$4.5m) between 2016 and 2017. Also, in 2021, Sahara Reporters had reported a case of rampant corruption of patient-staff bribery and payments to private account at the National Hospital Abuja (Sahara Reporters, 2021). This shows that corruption is adversely impacting healthcare system in Nigeria.

Government Interventions in the Public Healthcare System in Nigeria

The devastating impact of the deteriorating public healthcare system in Nigeria, the associated migration of medical professionals abroad and other associated challenges has, however, triggered a sense of nationalism among stakeholders, with a commitment to improve the healthcare system across the tiers of government. This is not to extenuate the efforts of multi-lateral institutions like WHO, which has called for improvement in Nigeria's healthcare system and thus devised its strategies for meaningful interventions. For Nigeria, the harsh realities of the deteriorating healthcare system drew attention to the imperative of resuscitating medical facilities across the country, especially in emergencies and outbreaks of pandemics.

As a result, several efforts were made by the government that culminated in the National Health Policy reform of 2016. The 2016 policy was greatly inspired by the Sustainable Development Goals (SDGs) which articulated a new framework for global transformation in all spheres of human life, to which national governments pledge commitment. It has its vision of Universal Health Coverage for Nigerians and the mission is: To provide stakeholders in the health sector with a comprehensive framework for harnessing all resources for health development towards the achievement of universal health coverage as encapsulated in the National Health Act (NHP, 2016).

Therefore, the instrument of public policy is to be deployed for the reform of the health sector in ten core areas, namely;

- a. Health sector governance
- b. Health service delivery
- c. Medicines, vaccines, commodities and health technologies
- d. Health infrastructure
- e. Health information
- f. Health research and development
- g. Community ownership/participation
- h. Partnership for health
- i. Health financing, and
- j. Human resources for health (Okafor 2018)

The implementation of this reform was on the three-tier institutional framework; primary, secondary, and tertiary health facilities. However, the 2016 health policy has been implemented in the breach on the excuses of dwindling government which necessitated a shift from a predominantly welfare schemes to the introduction of users' fee and the resultant proliferations of healthcare provision as noted by Asakitikpi (2018). This shift to a market-centred healthcare service further worsened the public healthcare situation in Nigeria.

To rescue the deteriorating healthcare situation, the federal government initiated and approved the second National Strategic Health Development Plan (NSHDP), covering the period 2018 to 2022. It was a comprehensive health strategy designed to improve health and well-being of the Nigerian population. The plan focuses on reducing maternal, neonatal, child, and adolescent mortality and promoting universal access to comprehensive sexual and reproductive health services. Although the Plan achieved some notable milestones like the domestication of the PHC under One Roof policy and the passage of the National Health Act, it faced challenges in effectively addressing disease outbreaks and improving overall health outcomes, particularly with the COVID-19 pandemic and Lassa fever outbreak.

While government is yet to launch the NSHDP III as the third in series of the five-year strategic plan aimed at improving the country's healthcare system. The Federal Ministry of Health in partnership with the Nigerian Sovereign Investment Authority (NSIA) initiated the implementation of the healthcare expansion programme agreement signed in 2016. The partnership involved a series of agreement aimed at modernizing and expanding healthcare services through private sector participation. The implementation of the first phase of the agreement started in September 2022 with agreement with three state governments (Enugu, Kaduna and Kwara) and five federal tertiary hospitals (Abubakar Tafawa Balewa University Teaching Hospital, Bauchi; Usman Dan Fodio University Teaching Hospital, Sokoto; Federal Medical Centre Asaba, Delta; University of Uyo Teaching Hospital, Akwa-Ibom; and University College Ibadan Teaching Hospital, Oyo) (NSIA, 2022). In addition, a total of 10 memoranda of cooperation were signed between the NSIA, FMOH, and various healthcare facilities to improve and expand healthcare facilities throughout the six geopolitical zones of the country. Six of the agreements already in advanced stages and many of the facilities are to be domiciled in established teaching hospitals (State House Press Release, 2024).

Furthermore, in 2023, the Federal Ministry of Health set ambitious targets to increase healthcare facilities in Nigeria. These targets are part of the broader initiative to improve healthcare access, affordability, and quality. Key areas of focus include strengthening primary health care, expanding health insurance, and improving health data management (FMOHSW, 2023). One major aspect of the targets is the plan to build

10,000 primary healthcare centres across the country, revitalize 8,300 existing ones, and upgrade 17,000 over the next three years. Additionally, in 2024, the federal government disbursed a total of N45.43 billion through the Basic Health Care Provision Fund (BHCPF) to states for healthcare. This allocation was part of efforts to strengthen primary healthcare facilities and ensure access to essential services. Kano State received the largest share, with N2.67 billion, followed by Katsina and Jigawa (Leadership Newspaper, 2024). The disbursement was aimed at improving healthcare access, especially for the poor, and reducing reliance on donor funding. Despite these interventions, more than half of the population of Nigeria does not have access to quality healthcare, while majority of those who have pay out of their pockets. This therefore constitute a significant threat to the health of the country, which if not properly addressed might affect the overall well-being of the country.

Meanwhile, in May 2022, the FGN signed into law a new National Health Insurance Authority bill 2022, repealing the NHIS Act of 1999. The new aimed at expanding the universal healthcare coverage to accommodate poor Nigerians especially those working in the unstructured informal sector. Incidentally, this may not be happening soon due to the lack of legislation on mandatory participation of every citizen in NHIS. This is because the non-mandatory nature of health insurance in Nigeria mostly considers employees in the federal civil service to subscribe to the programme, while leaving behind the huge population in the large informal sector. As Nigeria looks forward to improving the healthcare system to ensure quality healthcare delivery, respond to emergencies and curb the phenomenon of mass flight of its medical of its medical personnel abroad and medical tourism, the most important lesson is to prioritize investment in the health sector, to resuscitate the deteriorating healthcare system for effective service delivery.

Public Healthcare System and National Security in Nigeria

Many observers have taken considerable time to examine the public healthcare system as it has affected different dimensions of Nigeria's national life. An important aspect to look at is how it directly affects the stability and well-being of the country. Experts analyses over the years have proved that a robust and efficient healthcare system is vital for national security as it ensures the well-being of the population and their ability to contribute to the nation's progress. According to Madobi (2022) "it is only when people are alive in sound mind and good health that they can work and become productive. When they work, they contribute meaningfully to the economy, which will inevitably boost the country's economy, thereby eventually leading to national development and growth of the economy".

Dimitrov and Goranov (2017) also pointed out that acute and chronic changes in health status of a country have direct and indirect impacts on security, noting that health issues like epidemics may lead to

destabilization, political unrest, civil disorder or long-term deterioration of the economic viability of a country or even region. The case of the COVID-19 pandemic is a striking example. During the period the entire globe was in total standstill with severe economic shock that affected major macroeconomic variables like GDP, inflation, unemployment, government revenue and exchange rate, which sent the economy to a recession considered to be the worst in recent times (Munshi, 2020).

In Nigeria, the socio-economic and political consequences of the COVID-19 lockdown was huge, as the entire country plunged into severe hunger that resulted in massive protest and looting of government owned warehouses where palliatives were stored across the country. It created tension that threatened Nigeria's national security. This implication is that hunger, diseases, and the general public health of the citizens portends severe threat to the state and must be prioritize for the maintenance and protection of the state. It is on this basis that the NSS 2019 captures healthcare as a core element of Nigeria's national security. The Strategy states:

“The overarching goal of health security is to promote and establish a health system based on primary healthcare that is preventive, restorative, rehabilitative and protective at the macro level for every Nigerian. The objective is to deliver health services that are affordable, universally available, accessible and acceptable within our socio-cultural context so that individuals and communities are assured of productivity, social well-being and optimal standard of living” (NSS, 2019:32).

The Strategy further emphasizes the need for the country to expand and consolidate on the gains of the National Health Insurance Scheme (NHIS) to provide effective, efficient, quality, accessible and affordable health services, including mental healthcare, that will improve the well-being of all Nigerians (NSS, 2019). It also emphasizes the responsibility of the government to see public health as a core pillar of human development, as emplaced in the National Action Plan for Health Security (2018-2022) and Second National Strategic Health Development Plan (2018-2022). The Strategy not only highlights the interconnected of the public health system and national security in Nigeria, it provides the basis for the recognition of the public health system as a core pillar of national security in Nigeria.

However, the Strategy has faced limitations in effectively supporting the healthcare system due to a combination of factors, including weak infrastructure, inadequate funding, and a lack of focus on health security as a core component of national security. Furthermore, the NSS often prioritizes traditional security threats like terrorism, insurgency, separatism diverting resources and attention away from addressing systematic healthcare challenges and potentially overlooking the significant impact of health crises on national security. This was evident during the COVID-19 pandemic where the country faced

the harsh realities of the consequences of her poor healthcare system, including high death toll, poor healthcare delivery, inadequate health facilities, among others. Sadly, these challenges have continued to linger in the health sector due to the inability of the leadership address the key challenges hindering the delivery of quality healthcare in Nigeria.

Conclusion

Unarguably, Nigeria faces significant threats in its public healthcare system despite running a decentralised public healthcare system that shares public healthcare (i.e., Primary Health Care, Secondary Health Care and Tertiary Health Care) responsibility among the three tiers of government, the federal, state and local government respectively. Evidence of these threats can be seen in the poor management of health/medical emergencies, outbreaks of diseases and the overall healthcare of the citizens. This is attributable to some key challenges including the deteriorating state of public health infrastructure and facilities throughout the country, inadequate funding and investment in healthcare, poor health insurance coverage, shortage of trained healthcare professional, pervasive corruption, poor compensation and outmigration of medical professional abroad. However, these were not without government efforts. However, government through the Federal Ministry of Health have made several efforts at addressing these challenges through several healthcare interventions, such as National Health Insurance Scheme Act, 1999 as repealed in 2022, collaboration and partnership with international healthcare managers, such as WHO, FBOs and national stakeholders such as Nigerian Sovereign Investment Authority among others to improve the public health system in Nigeria as well as access to quality healthcare throughout the country. Despite these interventions, the challenges persist. Moreover, there is a general acceptance of the deteriorating state of the healthcare system in Nigeria. This, therefore, poses a significant threat to the well-being and stability of the country, including the welfare of the citizens.

Recommendations

Based on the foregoing, the study therefore provides actionable recommendations that would help the government and other stakeholders in the health system to improve Nigeria's public healthcare system and ensure access to quality healthcare to the majority of the population wherever they may reside in Nigeria. The recommendations are as follows:

1. **Provision of Strategic and Progressive Leadership:** The first step at rejuvenating Nigeria's public healthcare system is to put in place a committed and strategic leadership that would show commitment to improving access to quality healthcare in Nigeria. In this regard, the federal government through ONSA in collaboration with the federal ministry of health can take decisive action towards

ensuring a robust health security strategy that would prioritize investments disease surveillance, emergency preparedness, and public health infrastructure to achieve the objectives stipulated in the National Health Policy and also take responsibility of any shortcoming that may arise.

2. **Effective Monitoring and Evaluation of Performance at All Levels:** The Government at every level should put in place mechanisms that would effectively, monitor, and evaluate performance of projects and programmes and also track the use resources in health sector to ensure efficiency in service delivery. This can be achieved through the institutionalization of performance-based budgeting and other mechanisms for preventing corruption. This would go a long way in reducing corruption and ensuring effective implementation public healthcare projects and programmes in the sector.

3. **Increase Funding and Resource Allocation:** The Federal Government should strive to allocate at least 15 per cent of its national budget to health, as recommended by the World Health Organization. It should also increase investment in the healthcare system through Public Private Partnership, especially in the area of infrastructure rehabilitation and development and upgrading of medical facilities. Additionally, more investment should be made in the national health insurance to expand for more Nigerian to be enrolled.

4. **Strengthen Primary Healthcare System:** The Government should lay more emphasis on strengthening the primary healthcare system by developing and equipping more primary healthcare centres. This will ensure affordable basic healthcare at the community level, and also expand preventive healthcare programme like vaccination and maternal care to reduce disease burden. In addition, it will encourage government to recruit, train and post healthcare medical professions in the rural areas and improve service delivery.

5. **Expand Health Insurance Coverage:** Currently, the NHIS does not make it mandatory for the informal sector, unlike what it has done for the federal civil servants. The government should expand the NHIS to ensure access for vulnerable populations, especially those in the informal sector who are drained often through out-of-pocket spending. Additionally, the federal government should support state governments in developing their own health insurance schemes, regulated by the NHIS. This can help to expand coverage and also reduce out-of-pocket spending.

6. **Address Outmigration of Medical Professionals:** Addressing the outmigration of skilled health professionals will help reduce brain drain syndrome and personnel shortages in Nigeria's healthcare system. This could be done by looking into the remuneration and condition of service of medical/health professions to ensure improvement in accordance with their counterparts in related countries. This will

help to address the flight of health workers abroad and the brain drain syndrome, increase the number of health profession in our health facilities, improve healthcare quality and reduce outbound medical tourism abroad.

7. **Leverage Technology Advancement:** The Government should leverage growing advancements in technology such as telemedicine to connect patients with healthcare providers, particularly in remote areas where well-equipped medical facilities are scarce. This can improve access and convenience. Other digital technologies like the digital health records and data analysis can help to improve efficiency in healthcare delivery. While the digital health records can enhance data management, diagnosis, and treatment by moving health records from paper-based to digital health record Collecting and analysing healthcare data digitally can provide valuable insights for improving service delivery and resource allocation.

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Authors’ Bio:

Obinna Ukaeje is a Research Fellow at the National Defence College, Nigeria. He holds a Bachelor of Science Degree (BSc) in Political Science and Master of Science Degree in International Relations. He has authored many research papers on national security, counterinsurgency and counterterrorism. He lives in Abuja.

Elizabeth Nguumbur Engel is a Research Fellow in the Department of Defence and Security Studies, Centre for Strategic Research and Studies, at the National Defence College, Abuja. She holds a Bachelor of Science and Master of Science Degrees in Political Science and International Relations respectively. She is currently undergoing a PhD at the Nigerian Defence Academy.