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Strengthening Healthcare Systems to Prevent Premature Deaths in Nigeria: Some Policy Recommendations

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Executive Summary

Nigeria's primary healthcare system continues to experience significant service delivery gaps that contribute to preventable and premature deaths. Recent cases in Benue and Sokoto States highlight the consequences of non-functional primary healthcare centres, weak diagnostic capacity, inadequate staffing, and limited access to essential services. These challenges are further compounded by insufficient funding, poor implementation of existing health policies, and weak coordination across federal, state, and local government levels, resulting in persistent inefficiencies in healthcare delivery.

Despite ongoing government reforms aimed at strengthening primary healthcare and advancing Universal Health Coverage, implementation constraints continue to limit their effectiveness. Budgetary allocations to the health sector remain below the 15% Abuja Declaration benchmark, further constraining infrastructure development, workforce capacity, and service delivery improvements.

In response, this policy brief recommends four key interventions:

- The National Assembly may wish to mandate provision of basic laboratory services, essential equipment, and trained personnel in PHCs for evidence-based diagnosis.
- NASS may also wish to improve and safeguard Health Sector financing to meet the 15% Abuja Declaration target.
- The federal legislature may wish to institutionalise robust oversight, coordination, and accountability mechanisms to make sure that all the numerous well-intentioned policies and frameworks like National Health Act, Basic Healthcare Provision Fund – BHCPF, National Strategic Health Development Plan, and the Nigeria Health Sector Renewal Investment Initiative are fully implemented.

Background

A tragic case of preventable death in a rural community in Benue State, reported by Vanguard Newspaper on the 14th of April 2026, highlights the deepening crisis in Nigeria's healthcare



system. A young woman in labour was unable to access care after the nearest primary healthcare centre (PHC) was found locked, with no personnel or essential supplies available¹. Similarly, in Sokoto State, a child reportedly died from a treatable bacterial infection due to delays in accessing functional healthcare services. These incidents are not isolated but, rather, a reflection of a broader pattern of systemic failure, where weak diagnostics, poor staffing, and limited access to timely care continue to result in avoidable deaths across the country².

Across Nigeria's 774 local government areas, PHCs intended to serve as the first point of contact in the healthcare system, but are frequently non-functional or severely under-resourced. Many lack trained personnel, essential medicines, electricity, water supply, and basic diagnostic infrastructure, leading to misdiagnosis and delayed treatment³. Public health experts note that common illnesses such as malaria, typhoid, and bacterial infections are often treated presumptively due to the absence of laboratory services, increasing the risk of preventable mortality. This reflects a widening gap between available medical knowledge and the systems required to deliver it effectively to the populace⁴.

Although the Nigerian government has introduced reforms aimed at strengthening Universal Health Coverage, implementation gaps, weak funding mechanisms, and poor coordination continue to undermine progress⁵. Health sector allocation remains below the 15% Abuja Declaration Benchmark, constraining infrastructural development, workforce expansion, and supply chain efficiency⁶.

Addressing these deficiencies requires urgent legislative and policy intervention to establish clear and enforceable service standards strengthen financing, and improve oversight. A more coordinated and regulated primary healthcare system is therefore essential to ensure that medical knowledge is translated into accessible care for all Nigerians.

¹ Obinna, C. (2026, April 14). *When science exists but care fails: Nigeria's primary healthcare in crisis*. *Vanguard Newspaper*. <https://www.vanguardngr.com/2026/04/when-science-exists-but-care-fails-nigerias-primary-healthcare-in-crisis/>

² Ibid.

³ Ibid

⁴ Ibid

⁵ Elemuwa, C. O., AINU, M., ADIAS, T. C., UFUOMA, R. S., SUNDAY, O. A., ELEMUWA, U. G. & RAIMI, M. O. (2024). Transforming primary healthcare in Nigeria: Enhancing universal health coverage through strong and sustainable primary healthcare laboratories. *Qeios* 31p.

⁶ Adebisi, Y. A., Umah, J. O., Olaoye, O. C., Alaran, A. J., Busayo Sina-Odunsi, A., & Eliseo Lucero-Prisno III, D. (2020). Assessment of health budgetary allocation and expenditure toward achieving universal health coverage in Nigeria. *International Journal of Health and Life Sciences*, 6(2).



Key Issues

The foregoing highlights critical weaknesses in Nigeria's healthcare system that continue to drive preventable deaths. The following issues reflect key gaps requiring urgent policy and legislative attention:

- **Chronic Underfunding and Inefficient Resource Allocation:** Nigeria's health sector consistently receives far below the 15% Abuja Declaration target as seen in the 2026 proposed national budget allocating ₦2.48 trillion which is equivalent to six per cent of the proposed total budget⁷. Budget credibility remains poor, with significant gaps between allocations and actual releases, compounded by inefficiency, corruption, and inequitable distribution between federal, state, and local levels. This directly constrains infrastructure upgrades, staffing, equipment procurement, and service delivery, perpetuating preventable deaths from treatable conditions.
- **Inadequate Access to Functional Primary Healthcare Services:** Although primary healthcare (PHC) facilities make up about 85% of all health facilities and serve as the first point of contact for roughly 70% of Nigerians, only around 20% are fully functional⁸. Many lack basic infrastructure (electricity, water, essential drugs, and equipment), leading to under-utilisation, frequent closures, and forced reliance on costlier higher-level care. Rural and underserved areas are disproportionately affected, contributing to high maternal, neonatal, and under-five mortality from preventable causes.
- **Weak Diagnostic Capacity and Quality of Care:** Limited laboratory infrastructure, outdated or insufficient equipment, shortages of trained personnel, unreliable power supply, and heavy reliance on presumptive (guess-based) treatment frequently result in misdiagnosis, delayed care, and ineffective management of illnesses such as malaria, typhoid, Lassa fever, and infections. This drives antimicrobial resistance and avoidable fatalities. Diagnostic services are particularly weak at the PHC level, with rural facilities often referring patients elsewhere, exacerbating inequities and contributing to premature deaths.

⁷Idowu Abdullahi, "Abuja Declaration: 24 years later, Nigeria's health budget still below 15%", December 28, 2025. <https://punchng.com/abuja-declaration-24-years-later-nigerias-health-budget-still-below-15/>. Accessed 15th April, 2026.

⁸Sarah Sokolabe Yisa Et al, "Strengthening primary health care in Nigeria: a means to achieve universal health coverage". BMJ Glob Health. 2025 Oct 28. doi: [10.1136/bmjgh-2024-018486](https://doi.org/10.1136/bmjgh-2024-018486). <https://pmc.ncbi.nlm.nih.gov/articles/PMC12570898/>. Accessed 15th April, 2026



- **Health Workforce Shortages and Brain Drain:** Nigeria faces a severe shortage of healthcare workers, with a doctor-to-population ratio of about 1:3,500 far below the WHO recommendation of 1:600⁹ and according to the Medical and Dental Council of Nigeria as captured by Amina Umar el at: the country had only 74,543 registered doctors for a population of about 218 million in 2022¹⁰. Poor working conditions, inadequate remuneration, recurring strikes, and migration (brain drain) worsen the situation. This leads to overburdened staff, reduced service quality, and gaps in specialised care, directly undermining efforts to prevent premature deaths.
- **Weak Policy Implementation, Coordination, and Accountability:** Nigeria has numerous well-intentioned policies and frameworks (e.g., National Health Act, Basic Healthcare Provision Fund – BHCPF, National Strategic Health Development Plan, and the Nigeria Health Sector Renewal Investment Initiative). However, implementation gaps persist due to fragmented governance across federal, state, and local levels, overlapping responsibilities, political instability, limited stakeholder engagement, and weak monitoring/evaluation mechanisms. Corruption, poor fund utilisation, and lack of continuity across administrations further erode outcomes, despite legal frameworks.

Legislative Intervention

In light of the issues identified above, the relevant Committees of the National Assembly are urged to consider adopting the following courses of action:

- The National Assembly may wish to mandate provision of basic laboratory services, essential equipment, and trained personnel in PHCs for evidence-based diagnosis.
- NASS may also wish to improve and safeguard Health Sector financing to meet the 15% Abuja Declaration target.
- The federal legislature may wish to institutionalise robust oversight, coordination, and accountability mechanisms to make sure that all the numerous well-intentioned policies and frameworks like National Health Act, Basic Healthcare Provision Fund – BHCPF,

⁹ Motunrayo Joel “No WHO-Recommended Ratio of Doctors to patients, as Former Nigerian Senator Claimed, 5th August, 2021. <https://africacheck.org/fact-checks/spotchecks/no-who-recommended-ratio-doctors-patients-former-nigerian-senator-claimed>. Accessed 15th April, 2026.

¹⁰ Amina Umar, El at, “Crisis of Brain Drain in Nigeria’s Health Sector: Challenges, Opportunities, and the Path Forward”, in *International Journal of MCH AIDS*, 2025 May. doi: [10.25259/IJMA.11.2025](https://doi.org/10.25259/IJMA.11.2025).



National Strategic Health Development Plan, and the Nigeria Health Sector Renewal Investment Initiative are fully implemented.

Conclusion

This brief highlights persistent failures within Nigeria's primary healthcare system that continue to result in preventable deaths. Non-functional facilities, inadequate staffing, weak diagnostic capacity, insufficient funding, and poor coordination across all levels of government remain key drivers of poor health outcomes. Despite ongoing reforms, implementation gaps continue to limit their effectiveness. Addressing these challenges requires urgent legislative action to enforce minimum service standards, strengthen diagnostic and clinical capacity, improve financing mechanisms, and institutionalise effective oversight to ensure a functional and accountable primary healthcare system.

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