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**Journal of
Management Science** Vol. 11 No. 2 December, 2025**HEALTHCARE AND SYSTEMIC CHALLENGES IN NIGERIA**

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ibrahimidris404@gmail.com**Abstract**

This paper, titled "Healthcare and Systemic Challenges in Nigeria", examines critical systemic hurdles that cause the Nigerian healthcare sector to operate far below the capacity necessary to sustain a productive workforce and a functional effective system. As of 2025, while the government has initiated reforms like the National Health Sector Renewal Investment Initiative (NHSRII), the system remains constrained by chronic underfunding, a massive "brain drain" of professionals, and dilapidated infrastructure. This paper investigates the Structure and Functions of Healthcare as well as its Systemic Challenges in Nigeria. However, the study employed a qualitative research method through the use of a secondary source of data for proper analysis. To this effects, the study adopts, Gabriel Almond's structural functionalism theory to examine how different institutions (structures) contribute to overall societal health (function), identifying multiple challenges as dysfunctions that disrupt the system's equilibrium and lead to poor health outcomes. Therefore, the paper finds out that, the Nigerian healthcare system is beleaguered by systemic challenges, including leadership deficiencies, endemic corruption, significant mass emigration of healthcare professionals (brain drain), chronic underfunding, and deteriorating healthcare infrastructure; these, in turn, lead to poor service delivery and suboptimal health outcomes for the population. This paper advocates for responsible leadership, as well as enhancing the capacity and institutional autonomy of anti-corruption agencies to effectively investigate and mitigate corruption. Furthermore, it calls for increased budgetary allocations to the health sector, substantial investments in modern medical infrastructure, and significantly improved training, remuneration, and incentives for healthcare professionals

Key Words: Challenges, Healthcare, Nigeria, Systemic.**Introduction**

Healthcare, at its core, encompasses all actions aimed at improving, maintaining, or restoring health. This includes preventing, diagnosing, treating, and managing illnesses, injuries, and other physical and mental impairments. The healthcare system in Nigeria is a three-tier system with the Federal, State, and Local governments sharing responsibilities, complemented by private and traditional providers. Furthermore, key roles include the Federal Government's focus on policy, disease surveillance and management of tertiary hospitals; State Governments' provision of secondary care through general and teaching

hospitals; and Local Governments' oversight of primary care services like community health centers. The system aims to provide accessible, quality and affordable healthcare services, including preventative care, treatment for various illnesses, and disease management (The Daily Times 2025, February 20).

However, Ugwu (2025) pointed that, Nigeria Africa's most populous nation, boasts immense human and natural resources, yet its healthcare system faces numerous challenges that hinder the well-being of its citizens. Despite several reforms and investments, the system continues to struggle with inadequate infrastructure, corruption, underfunding, brain drain, and accessibility issues. Furthermore, healthcare delivery in Nigeria has experienced progressive deterioration as a result of under-investment by successive governments, to effectively solve several problems that have existed in the sector over many years. This directly impacts the productivity of citizens and Nigeria's economic growth by extension. As of February 2018, the country was ranked 187 out of 191 countries in the world, in assessing the level of compliance with Universal Health Coverage (UHC), as very little of the populace is health insured, whereas even government budget for health services is insignificant. Out-of-pocket payments for health causes households to incur huge expenditures. Private expenditure on health as a percentage of total health expenditure is 74.85% (Premium Times (2024, July 8).

The Nigerian healthcare sector is facing a critical crisis driven by systemic underfunding, infrastructure decay, and mass emigration (brain drain), leaving only 55,000 doctors for over 200 million people. Existing studies lack an integrated analysis connecting weak leadership, corruption, and 2026 Canadian migration policies to 2025 outcomes. The crisis is acutely felt in Northern states like Yobe, Kebbi, Zamfara, and Jigawa, which face severe workforce shortages (The Guardian Newspaper 2025, December 10). This research is necessary to address the gap between existing, fragmented studies and the need for a comprehensive, actionable policy framework.

Consequently, health outcomes remain poor, both in absolute terms and relative to other nations with comparable per capita income level (Abubakar, Dalglish & Angell, 2022). The implication of this is that government expenditure for health is only 5.03 percent of all the money spent on health across the nation. Of the percentage spent on health by the citizens (74.85%), about 70% is spent as out-of-pocket expenditure to pay for access to health services in both government and private facilities. Most of the remaining money spent by citizens on their health is spent on procuring 'alternatives'. Low wages and poor workplace culture have forced hundreds of thousands of health professionals to flee to Europe and America (Premium Times (2024, July 8).

Therefore, a well-functioning, standardized healthcare system in Nigeria offers substantial systemic benefits including improved quality of care, enhanced health outcomes, reduced health disparities, and greater financial protection for citizens. While the current system faces significant challenges that hinder the realization of these benefits. The questions is what are the Structure and Functions of Healthcare as well as its Systemic Challenges in Nigeria. These rhetorical questions will investigate Healthcare and Systematic Challenges in Nigeria, despite efforts and policies initiatives by the successive administration to provide hope for a better future, yet the situation yields not much results.

This study employed a qualitative research method utilizing secondary data sources, specifically books, newspapers, and official government documents. The collected data were subsequently analyzed using content analysis. Accordingly, the paper's subsequent sections adopt Gabriel Almond's structural functionalism theory to analyze to how different

institutions (structures) contribute to overall societal health (function), identifying that challenges such as inadequate infrastructure, poor governance, corruption, weak policy implementation, and unequal access act as dysfunctions that disrupt the system's equilibrium and lead to poor health outcomes. The paper then proceeds to discuss the structure and functions of the healthcare system in Nigeria, as well as the systematic challenges it faces, before offering concluding remarks.

Theoretical Framework of Analysis

Due to the magnitude of this study, the theoretical underpinning that can best explain the analysis on the said topic could be said to be Structural functionalism, developed by political scientist Gabriel Almond (1911, January 12 – 2002, December 25), is a framework that analyzes political systems by identifying universal structures (like legislatures and parties) and the functions they perform (like interest articulation and rule-making) to maintain system stability. The framework allows for comparisons between developed and developing nations by focusing on these functions rather than specific institutions, and categorizes functions into inputs (societal demands) and outputs (governance actions).

Applying Gabriel Almond's structural functionalism to Nigeria's health system shows it as interdependent components (government, providers, patients) aiming for balance. challenges like poor funding, fragmented federal/state/LGA governance, weak infrastructure, and inequitable access create dysfunction, evidenced by high maternal mortality and resource shortages, failing societal needs. This framework explains failures as breakdowns in these interrelationships, deeply tied to political culture, thus requiring comprehensive, multi-sectoral reforms for reintegration and improved outcomes."

This theoretical perspective analyzes the Nigerian healthcare system by examining how different institutions (structures) contribute to overall societal health (function). The analysis identifies challenges, such as inadequate infrastructure, poor governance, corruption, weak policy implementation, and unequal access, as dysfunctions that disrupt the system's equilibrium, thereby leading to poor health outcomes. Furthermore, the framework conceptualizes Nigerian healthcare as a system of interconnected structures (hospitals, clinics, policies, personnel) performing specific functions (treating illness, promoting wellness) essential for maintaining societal stability. Lastly, the country's dysfunctional healthcare system reflects a broader pattern of governance failure, where policies are implemented without strategic vision and institutions crumble under the weight of systematic challenges (Vanguard Newspaper 2025, March 18).

Structure and Functions of the Nigerian Healthcare System

The World Health Organization defines access to health as universal health coverage which means that all people have access to the health services they need, when and where they need them of sufficient quality to be effective, without financial hardship. The goal includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care and beyond to holistic improvement of well-being and quality of life. (WHO 2022, August 29).

The functions of Nigeria's healthcare system, managed by federal, state, and local governments, include policy formulation, service delivery, health financing, disease surveillance, and regulation of health products and services across primary, secondary, and tertiary care levels. The key goals are to ensure access to quality care for all citizens, protect them from financial burdens, and maintain high standards for health services and personnel..Also, Nigeria's healthcare system is to ensure access to comprehensive and

equitable healthcare services for all citizens, protect them from financial burdens, regulate health services, and maintain standards of care across its primary, secondary and tertiary tiers. Key functions include policy formulation, disease surveillance, human resource development, health facility management, and promoting public-private partnerships (Premium Times 2024, March 11).

Nigeria's adoption of Primary Healthcare (PHC) post-Alma-Ata (1978) aimed for universal health, with significant expansion under Olikoye Ransome-Kuti (mid-80s) into over 30,000 centers, but struggles with functionality (only ~20% active) highlight systemic issues like underfunding and weak governance, hindering access to essential services (immunization, maternal care, essential drugs) and jeopardizing "Health for All," requiring policy focus on resource allocation, community engagement, and integrated financing like Social Health Insurance (SHI). Therefore, the country operates a decentralized system of primary healthcare, where each local government area across the country hosts one or more primary healthcare centers (PHCs). These PHCs are supervised by the local government administration, which is tasked with meeting the basic health needs of the population within its jurisdiction. Recognizing the crucial role PHCs play in the country's overall health system, the National Primary Health Care Development Agency (NPHCDA) was established in 1992. The NPHCDA is responsible for overseeing PHC activities, ensuring regular equipment and sustenance, and providing strategic guidance for primary healthcare development nationwide (Business Day 2022, May 24).

Conversely, state governments are tasked with providing secondary healthcare services via general hospitals and coordinating primary healthcare activities through state-level agencies. They also oversee tertiary healthcare institutions, such as state-owned teaching hospitals, and are responsible for implementing national health policies at the operational level. These entities focus on delivering specialized and advanced curative services, supporting primary care initiatives, and managing complex diseases. These services, encompassing specialized treatments, advanced diagnostics, and emergency care for conditions exceeding primary care capacity, are typically offered in general hospitals, as well as private hospitals and clinics". Meanwhile, Nigeria's tertiary healthcare system, which provides advanced medical care in specialist and teaching hospitals (including complex surgeries, specialized diagnostics, and professional medical training), comprises a mix of public (federal university teaching hospitals, federal medical centers) and private facilities. While the Federal Ministry of Health coordinates federal tertiary facilities, the system faces significant, persistent challenges (Victor, 2025).

Healthcare and Systemic Challenges in Nigeria

Leadership Deficiencies

A lack of visionary leadership and commitment to healthcare reform has been identified as a major obstacle in Nigeria's healthcare system. Consequently, many Nigerian hospitals fail due to deficiencies in leadership and long-term commitment to reform programs, hasty initiation of new policies, unscientific reform planning, over-reliance on modeling from developed countries with vastly different contexts, the use of traditional, ineffective change strategies, and inherent resistance from the status quo (Oberlander J. 2012).

This includes a failure to prioritize healthcare in national development plans and a lack of effective oversight. The sad truth is that we have the resources. We have the human capital. But we lack political will. In the 1970s, Saudi royals came to Nigeria for medical treatment. Today, Nigeria sends its leaders abroad for what should be basic care. Our best doctors are

running away, taking any opportunity to leave the country for better working conditions. It is a national shame. (The Nation Newspaper 2025, July 23).

However, Nigeria's political class, has a habit of seeking medical treatment abroad rather than addressing the health crisis at home while millions of Nigerians die due to preventable and treatable diseases, political leaders spend billions of naira on medical tourism (Vanguard Newspaper 2025, March 18).

In addition, the principle of social justice which makes the right to health a fundamental human right to be guaranteed by government has been neglected in Nigeria due to poor leadership in government and also within the health sector. The Nigerian government was not institutionalized the right to the health of citizens until the enactment of the National Health Act of 2014 (FRN National Health Act 2014).

Shortage of Medical Professionals and Brain Drain

The emigration of healthcare professionals (doctors, nurses, etc.) to other countries creates a shortage of skilled personnel and weakens the system. The Minister of Health and Social Welfare, Muhammad Pate, disclosed that a significant number of Nigerian health professionals have emigrated UK, USA etc in recent years with an estimates of over 16,000 doctors in the last five to seven years and about 17,000 been transferred. This "brain drain" is impacting the Nigerian healthcare system, leading to manpower shortages and a worsening doctor-patient ratio. (Premium Times 2024, March 11).

Vanguard Newspaper (2025, March 18) the brain drain has worsened the healthcare crisis, with highly skilled Nigerian doctors and nurses leaving en masse to seek better opportunities abroad. Nigeria risks becoming a country unable to provide even the most basic medical services for its people. Also, best-trained Nigerian medical professionals now work in hospitals across the United States, the United Kingdom, and Canada, while their home country remains in a perpetual state of health crisis. This mass exodus, is driven by low wages, lack of professional development opportunities, poor working conditions, and government indifference to the plight of healthcare workers.

Furthermore, Nigeria continues to face severe shortage of medical doctors, with some states reporting a single doctor attending to over 43,000 patients, putting immense pressure on the healthcare system, the situation is about to get worse as Canada is set to introduce a new Express Entry category in early 2026 to help foreign doctors working in the country transition to permanent residence. Furthermore, the Joint Annual Review Health Sector Statistical Book 2025, states like Yobe, Kebbi, Zamfara, and Jigawa have 0.5 doctors per 10,000 population. This means there is half a doctor for 10,000 people, and approximately one doctor for every 20,000 people. Meanwhile, the World Health Organisation (WHO) recommends a minimum density of 2.5 doctors per 1,000 people. While no Nigerian state meets this threshold, the north faces the most critical shortage (The Guardian Newspaper 2025, December 10).

Insufficient Funding

Nigeria's healthcare budget is significantly below the recommended levels, with less than 5% allocated to the sector. Out-of-pocket payments remain a major barrier to access for many Nigerians, while the National Health Insurance Scheme covers only a small portion of the population. Low investment in medical research and development hinders progress in healthcare delivery. Nigeria is the world's 13th largest oil producer, but its spending on health as a per cent of GDP is second lowest in the world (Tulloch et al., 2017).

A Nigerian Tribune analysis of the 2012-2018 health capital budgets showed consistently poor fund release, with less than 70% of N307.9 billion budgeted actually disbursed, leaving a N106.9 billion deficit and highlighting a significant lack of commitment to health sector investment, despite a slight uptick in 2016-2017, with 2018 seeing a peak in allocation but poor release, confirming ongoing underfunding concerns (Nigerian Tribune 2020 December, 8).

Underfunding in Nigeria's healthcare system receives a national budget allocation far below the recommended Abuja Declaration target of 15% (e.g., 4.81% in 2025), which has led to significant consequences, including the mass emigration of healthcare workers (brain drain), poor health outcomes such as high maternal and infant mortality rates, deteriorating facilities with inadequate equipment, and high out-of-pocket patient expenses for care. These issues stem from a chronic funding gap and a struggle for sustainable healthcare financing, which has created a crisis requiring increased government investment and improved public-private partnerships to achieve universal health coverage. In fact, Nigeria's healthcare system is a national tragedy, failing millions of citizens due to chronic underfunding, mismanagement, and government neglect (Vanguard Newspaper 2025, March 18).

Deteriorating healthcare infrastructure

Many hospitals lack modern equipment, are overcrowded and suffer from poor maintenance. Frequent shortages of essential drugs and unreliable power supply are common. Rural areas often lack access to well-equipped facilities, forcing patients to travel long distances for care. While some facilities have adopted international quality standards, these are not widespread, and quality metrics are often not well-defined or monitored.

However, the Nigerian Healthcare system is highly characterized by outdated and decaying facilities, a severe lack of modern medical equipment and technology, frequent drug shortages, power outages, and a lack of clean water, all of which are exacerbated by chronic underfunding and a brain drain of medical professionals. This inadequate infrastructure creates significant challenges, from poor patient care and safety to a major rural-urban divide, ultimately leading to worse health outcomes for the population (Vanguard Newspaper 2025, March 18).

Nigerian elites, like many citizens, lose confidence in the public health system due to crumbling infrastructure, outdated equipment, poor maintenance, frequent power/water issues, and a critical lack of funding and skilled staff, leading to medical tourism and a desire for better local care, with issues like negligence and poor leadership compounding the crisis, making public facilities inadequate for serious needs (Punch Newspaper, 2022, November, 17).

The severe, chronic issues within Nigeria's Primary Health Centres (PHCs), exemplified by Asata PHC (Enugu) and Dutse Makaranta PHC (FCT Abuja), showing dilapidated buildings, lack of basic amenities like electricity and water, forcing staff to use torchlight for night deliveries, and creating unsuitable environments for care, reflecting a widespread crisis in grassroots healthcare due to underfunding and poor infrastructure (Premium Times 2017, May 17). At Egbiri communities in Ayobo, a suburb town in Lagos state, Ayobo Primary Health Centre (PHC) has no power and water supply and equipment is not in good shape and some patients urinate inside plastic containers (The Cable 2023, July 1).

Corruption

Corruption within the Nigerian healthcare system is widespread, affecting all levels of the sector and severely compromising the quality of services and public trust. The corrupt practices range from petty bribery to sophisticated fraud, driven by systemic failures, weak institutions, and a lack of accountability.

The corruption of resources limited accountability is in many ways a legacy of colonial rule (Kohli 2004; Siollun 2021), in which the British failed to invest in national institutions such as a meritocratic recruited civil service, instead relying on various forms of localized, patrimonial and often indirect rule, giving arbitrary and unchecked power to local elites (Mamdani, 1996).

A recent report from Transparency International – a global coalition against corruption – highlights corruption as a barrier to effective healthcare delivery globally and indicates that \$500 billion is lost to the problem annually. Nigeria ranks 140 out of 180 in its Corruption Perceptions Index, reflecting its pervasive nature within the country's institutions. In healthcare, corruption manifests in many ways, including organ trafficking and unethical transplants, counterfeit drugs and the diversion of humanitarian aid. Corruption Index (Transparency International 23 May, 2025). In north-east Nigeria, the illegal trade of Ready-to-Use Therapeutic Food, which is intended for malnourished children, highlights the severe misuse of humanitarian aid, with healthcare workers implicated in diverting supplies for sale in local markets (T. I 23 May, 2025).

Punch Newspaper (2020, 21st April), Systematic financial abuse has also been documented by organizations set up to help Nigerians access affordable, quality healthcare. The National Health Insurance Scheme (NHIS), for example, allegedly misappropriated more than 6.8 billion Nigerian Naira (\$4.5 million) through illegal allowances between 2016 and 2017. Despite its mandate to reduce out-of-pocket healthcare spending, the NHIS has managed to cover only 5% of Nigerians since it began in 2005, with the majority of Nigerians still financing their own health care through out-of-pocket payments. In north-east Nigeria, the illegal trade of Ready-to-Use Therapeutic Food, which is intended for malnourished children, highlights the severe misuse of humanitarian aid, with healthcare workers implicated in diverting supplies for sale in local markets.

Again, rampant corruption at the National Hospital Abuja in Nigeria's capital, where patient-staff bribery and payments to private accounts are common. In another concerning account at a community health centre in Lagos, one anonymous healthcare worker told Index that contracted health workers who were paid to immunize young children had recorded discarded oral polio vaccinations as "administered". This distortion not only alters public health data but also places entire communities at risk of preventable diseases. There was also alleged misuse of resources, with the source reporting that solar-powered lights intended for use in healthcare centres were installed in the homes of local politicians instead (Adepetun, 23 May, 2025).

Vanguard Newspaper (2025, March 18), some of the practices were more difficult to tackle than others. For instance, procurement-related corruption was found more complicated to address because it usually involves a number of actors including sale representatives, doctors, auditors and pharmacists. Employment related corruption, such as employing unqualified people, was also considered difficult to manage as the government directly employs workers at public facilities.

Nigeria's healthcare system, while structured across primary, secondary, and tertiary tiers managed by federal, state, and local governments, faces severe, widely documented systemic challenges that threaten its stability and effectiveness. The findings highlight that underfunding, massive emigration of health professionals (Brain drain), inadequate infrastructure, corruption and poor governance are the primary causes of this critical state. This study verifies that Nigeria's healthcare system is plagued by immense systemic challenges, operating below the capacity necessary to sustain a productive workforce and deliver effective care. Specific issues include leadership deficiencies, acute shortages of medical professionals (brain drain), underfunding, and poor infrastructure which, if left unaddressed, risk imminent collapse.

Conclusion/Recommendations

In conclusion, the healthcare sector fundamentally constitutes an integral component of the spirit and resilience of any nation. In Nigeria, however, this vital system is currently bedeviled by numerous critical challenges that severely threaten its survival. These multifaceted issues range from persistent leadership deficiencies and a critical shortage of health workers (brain drain) to chronic underfunding, deteriorating healthcare infrastructure and endemic corruption. If these systemic problems are not given immediate and substantial attention, the trajectory indicates a potential collapse that could cripple the sector and undermine the well-being of the entire populace. In fact, I am not a prophet of doom but I have seen enough, heard enough and known enough to come out boldly and say "A nation which neglects its healthcare sector essentially neglects its own survival".

Therefore, this necessitates for responsible leadership, enhancement the capacity and institutional autonomy of anti-corruption agencies to effectively investigate and mitigate corruption, specifically by ensuring their independence from political interference and providing them with sufficient resources to operate efficiently. Concurrently, national development strategies must focus on improving citizen well-being through practical investments. In the health sector, this means increasing budgetary allocations, making substantial investments in modern medical infrastructure, and significantly improving the training, remuneration, and incentives for healthcare professionals. These combined efforts aim to build accountable, transparent institutions and a robust health system, which are essential for sustainable human development.

References

- Abubakar, I, Dalglish S.L, & Angell, B (2022), Investing in Health and the Future of the Nation. The Lancet Nigeria Commission: 399: 1155–200.
- Business Day (2022, May 24), The role of primary health in Nigeria’s health sector value Chain
- Corruption Index Transparency International (23 May, 2025),
Published: RTI International/Ruth McDowall
- Adepetun, E (2025, May 23), Corruption in Nigeria silences healthcare whistleblowers

A lack of protection for health workers is widening the West African country’s inequality gap. Federal Republic of Nigeria. National Health Act 2014.
- Kohli A. (2004), State-Directed Development: Political Power and Industrialization in the Global Periphery. New York: Cambridge University Press.
- Mamdani M. (1996), Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism. Princeton NJ and Oxford UK: Princeton University Press.
- Nigerian Tribune (2020 December, 8), How years of poor healthcare funding affected Nigeria’s response to COVID-19 (Part 2)
- Premium Times (2017, May 17), Nigeria’s dilapidated PHCs where torchlights are used for birth delivery
- Premium Times (2024, March 11), Healing The Brain Drain: Nigeria's Move to Stem Health Workers Migration
- Premium Times (2024, July 8), Brain Drain: Nigeria Now Left with 55,000 Doctors as 16,000 Flee
- Punch Newspaper (2022, November, 17), Public hospitals battling dilapidated infrastructure, brain drain — Duchess Hospital CEO
- Punch Newspaper (2020, April 21), Radical overhauling of health sector
- The Cable (2023, July 1), Poor infrastructure, staff shortage — Nigerian PHCs not equipped for another pandemic
- The Conversation (2018, July 9), Corruption in the Nigerian Health Sector has Many Faces How to Fix it.
- The Daily Times (2025, February 20), The State of Nigeria’s Healthcare System: Challenges and Pathways to Reform
- The Guardian Newspaper (2025, December, 10), Nigeria faces more shortage as Canada rolls out express entry for doctors.
-

- The Nation Newspaper (2025, July 23), Our Leaders Keep Failing The Health Sector
Tulloch O, Cummings C, Ogunbayo D, Ore C. 2017. Perl: A Case study of the
implementation of the 2014 Nigeria Health Act: What can we learn for public
policy reform?
- Ugwu, D. I. (2025), Challenges of Nigerian Healthcare Services: A Call for System
Reform Towards Effective Health Promotion. NIGERIAN JOURNAL OF
HEALTH PROMOTION, 18 (1)
- Vanguard Newspaper (2025, March 18) Underfunding, neglect, mismanagement are
Nigeria's healthcare system's undoing
- Victor. I (2025, September 29), Filling the Tertiary Health Funding Gap in Nigeria:
Realistic Options
- World Health Organization (2022, August 29), Universal Health Declaration