Overcoming the challenges to Primary Healthcare and Universal Health Coverage in Nigeria: The Pivotal Role of the Family Physician

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ABSTRACT

Background: Nigeria, the most populous country in Africa and the leading nation in sub-Saharan Africa, is facing a severe healthcare crisis. Its life expectancy of 62.2 years and other worsening health indicators, such as Maternal mortality rate of 814 maternal deaths per 100,000 live births, highlight a weakened health system. Although Family Physicians are the largest group of Physicians in developed countries and have transformed primary healthcare. Their role and involvement in Nigeria's health system are not yet fully realised. This review examines the main barriers to effective primary healthcare (PHC) and universal health coverage (UHC), and the role family physicians could play in achieving a strengthened PHC system.

Methodology: We conducted a systematic review of the literature across multiple electronic databases, including AJOL, PubMed, Scopus, and ResearchGate. The findings from the literature review were compiled into a comprehensive report, designed to provide clear and actionable insights.

Result: The main cause of PHC failure in Nigeria is the shortage of healthcare professionals, especially doctors, to provide necessary care, further worsened By the emigration of professionals seeking better pay and opportunities. Other significant challenges include chronic under-funding, with health expenditure consistently below the 15% target set by the Abuja Declaration, and out-of-pocket expenses making up to 70% of health costs. Infrastructure gaps are extensive, as only about 20% of PHC facilities are fully operational, further strained by critical shortages of water, sanitation, and reliable electricity. A lack of policy direction, poor coordination and implementation among the three tiers of government, insurgency, and banditry in some areas are key factors limiting access.

Conclusion: Nigeria's progress towards establishing robust PHC and UHC faces a complex journey that requires expanding the insurance scheme to enrol all Nigerians. Increased budgetary allocation to develop and maintain infrastructure, alongside competitive salaries and allowances, will motivate staff and enhance the quality of services. Aligning donor agencies' vertical programmes and reporting systems with the National health plan and unified electronic record system (EMR) will produce better results. Investing in the training and deployment of family physicians to lead the PHC team will significantly improve primary healthcare and ultimately help the country achieve UHC.

Keywords: Challenges, Primary Healthcare, Universal Health Coverage, Family Physician, Nigeria

INTRODUCTION

Nigeria, the most populous country in Africa with a population of 237.9 million[1], has poorer health indicators, including a low Human Development Index of 0.548 and a ranking of 157th out of 191 countries according to the 2023 World Health Organisation's global assessment of the health system.[2] Although the health system ranking has improved from 187th out of 191 countries in 2017, it still falls below the median for countries worldwide. With a maternal mortality rate of 814 per 100,000 live births, an infant mortality rate of 70 per 1,000, and an under-five mortality rate of 104 per 1,000 live births, the country faces significant health challenges. Despite being burdened with conditions such as hypertension, diabetes, and neurological diseases, Nigeria also has the highest number of malaria cases in the world, along with the highest number of deaths from this preventable,

treatable, and eradicable disease.

Over 20 years, life expectancy in Nigeria has increased significantly from 54.1 years in 2000 to 63.4 years in 2021, with an average of 62.2 years for both sexes.[3] However, this figure still falls below the global average of 73 years, emphasizing the need to enhance the healthcare system.[4] Primary Health Care, the foundation of any country's healthcare system and the first point of contact for individuals, families, and communities with the health sector, has experienced neglect and underperformance in Nigeria due to various factors. Nigeria, with over 30,000 PHC centres spread across rural and urban areas, has only about 20 functional PHCs in terms of infrastructure and manpower.[5]

Universal Health Coverage (UHC), a vital component of Sustainable Development Goal (SDG) 3, seeks to ensure that people of all ages can access the healthcare they need without slipping into poverty. In pursuit of UHC, the WHO recommends that countries refocus and realign their services with Primary Healthcare, as these strategies are expected to improve life expectancy and overall health indicators.[6] Nigeria, with an out-of-pocket healthcare payment rate of 76%, is far from achieving the desired UHC target, as expanding health insurance coverage is essential for strengthening Primary Healthcare and the health system.[7]

Family Physicians, also known as General Practitioners (GPs), serve as primary providers of high-quality primary healthcare (PHC). They are specially trained to deliver continuous, coordinated, and comprehensive care to individuals, families, and communities, thereby enhancing the overall well-being of the population. Many developed economies have a significant number of family physicians who greatly influence their populations' health.[8] However, the limited number of family physicians in the Nigerian health system restricts the achievement of the desired impact.

In line with WHO recommendations, the National Postgraduate Medical College and the West Africa College of Physicians are actively training family physicians for postgraduate fellowships. To increase the number of practising family physicians, the National Postgraduate Medical College also offers an additional diploma programme. Nonetheless, these efforts are limited in scope, given that Nigeria has only 1,200 family physicians in practice for a population of over 200 million people, compared to more than 104,000 practising family physicians serving a population of 350 million in the United States and 48,000 for a population of 41.2 million in Canada. Consequently, this review aims to examine the main barriers to effective primary healthcare (PHC) and universal health coverage (UHC), as well as the potential role that family physicians could play in strengthening PHC within the Nigerian health system.[9,10]

METHODS

Literature Search: We conducted a systematic review of the literature across multiple electronic databases, including AJOL, PubMed, Scopus, and ResearchGate. Google Scholar and the WHO library database were also included in the search. Additional articles were identified from references cited in relevant manuscripts and reports. The search strategies aimed to identify a wide range of challenges, problems, and obstacles affecting the achievement of quality primary healthcare and Universal Health Coverage, as well as the role family physicians could play in overcoming the numerous challenges in Nigeria. Key search terms for exploring challenges included: “Failure of primary healthcare in Nigeria”, 'Universal health coverage challenges in Nigeria', 'Primary healthcare underfunding in Nigeria', 'Healthcare infrastructure in Nigeria', 'Healthcare access barriers in Nigeria', 'Social health insurance in Nigeria', “Family physician and PHC”, and “Family physician and UHC in Nigeria”. Only peer-reviewed manuscripts and reviews from reputable sources, published in English from 2010 to June 2025, were included.

Exclusion Criteria: Articles not available in English were excluded, as well as studies published before 2010. Research focusing on primary healthcare that does not pertain to the challenges of delivering quality care in PHC and UHC settings to the entire Nigerian population was also excluded.

Data extraction: Relevant data were collected from selected articles and extracted information includes the poor state of primary healthcare in Nigeria, Nigeria's health indices, challenges affecting primary healthcare, and obstacles to achieving universal health coverage, the role of family physicians and PHC, as well as the role of family physicians in UHC. It also involves identifying key policy implications of poor-quality primary healthcare and key policy recommendations to improve primary healthcare services and access.

Reporting and review: The findings from the literature review were compiled into a comprehensive report, structured to provide clear and actionable insights, with sections dedicated to various challenges affecting primary healthcare in Nigeria, Universal Health Coverage, recommendations for policymakers, and the role of family physicians in strengthening PHC

and achieving UHC.

CHALLENGES

Underfunding of Primary Healthcare:

Contrary to the pledge in the Abuja Declaration of 2001, which states that member countries commit 15% of their annual national budgets to the health sector, the Nigerian government has consistently underfunded this sector, with overall budget allocations remaining below 6%.[11] Out-of-pocket expenditure (OOPE) amounts to 70%.[12] With only 5% coverage through Federal, state, and voluntary insurance – primarily focused in urban centres – realising Universal Health Coverage in Nigeria remains a distant goal.[13,14] The implementation of the National Health Act, passed in 2014, which allocates 1% of the Consolidated Revenue Fund (CRF) to health (amounting to 130-140 million dollars in 2019), has led to the enrolment of 1.2 million people nationwide. However, the Nigerian government's failure to meet the WHO-recommended 30-40% out-of-pocket expenditure (OOPE) creates a barrier to accessing primary healthcare services, widens health inequalities, and pushes many into poverty. [15,16] While federal funding remains stagnant, donor agencies have prioritised areas such as Tuberculosis, HIV, Malaria, as well as maternal and child health.[14]

Donor Agencies Focus on Vertical Programmes: The activities of donor Agencies UNICEF, USAID, DFID, though significant in amount, have focused on vertical intervention, with the donor adopting their own HIS for data capturing and reporting. While the country's primary healthcare has benefited immensely from such intervention in the area of malaria, TB, and HIV, sustained long-term benefit to the nation's health system will come from integration of such activities, aligning with the country's health development strategies.[17,18] The withdrawal of United States funding for USAID initiatives in Nigeria in January 2025 has further impacted primary healthcare services for millions and neglected critical health sectors within the Nigerian government. Considering that USAID contributed approximately US$2.8 billion to Nigerian healthcare between 2022 and 2024, a staggering amount used in fighting HIV, malaria, tuberculosis, polio, and other initiatives on nutrition and immunisation, it undoubtedly threatens Nigeria's fragile health system.[18,19]

Healthcare Infrastructure: About 88% of health facilities in Nigeria are PHCs, but only around 20% of these are operational. The rest are in various states of disrepair, with some buildings dilapidated and others lacking access to water, electricity, and basic amenities. The 10,000 PHC initiative, aimed to revitalise 10,000 PHCs across 774 local governments in Nigeria, was inaugurated in 2017. While it has achieved some success at the community level, access to these facilities in most rural areas remains difficult due to shortages of manpower, essential medicines, and challenges such as insurgency and banditry. The absence of necessary equipment like hematocrit machines, scanning devices, forceps, and delivery couches for antenatal and postnatal services impairs the delivery of quality primary healthcare.[7,20]

Manpower Shortage: The density of skilled health workers in Nigeria is low and significantly below the WHO recommendation. Even more concerning is the uneven distribution, which leaves the Northern region underserved. CHEWs are the most common health workers in primary health care, while doctors are the least available. Poor pay, limited opportunities for career advancement, and the emigration of nurses and doctors to other countries for better prospects all contribute to the decline in skilled manpower in PHCs. [11,17]

Poor remuneration of healthcare workers: Low pay for skilled health workers contributes to low staff morale, leading to a decline in the quality of care provided and serving as a major driver for professionals to seek better opportunities abroad. The so-called “brain drain” or “JAPA” syndrome—where health workers migrate to countries that offer better pay and opportunities for career progression—is a result of underpayment and a significant factor in staff shortages.[17]

Family Physician in Primary Health Care: Nigeria has over 130,000 registered doctors, but only 58,000 renewed their practising licences in 2023 due to emigration or brain drain. While the WHO recommends one doctor for every 600 patients, Nigeria has one doctor for every 10,000 people. Family physicians led the team of health workers in PHC facilities of countries such as the US, UK, Canada, Australia, and New Zealand, helping transform the health system of those countries; however, they are relatively few in Nigeria. With only about 1,200 family physicians concentrated in the outpatient departments of tertiary hospitals, mission hospitals, geriatric hospitals, and private hospitals and clinics, their contribution as first-line doctors significantly reduces referral to tertiary care by 70% (10,15). Most facilities in rural and remote areas are led mostly by CHEWs, further contributing to the quality of care and range of services that can be rendered.[11] Poor funding, wrong or misplaced government priorities, and poor infrastructure hindered the employment of this skilled physician who continues to emigrate to other climes.

Health Information System: The Nigerian primary healthcare system utilises the Health Information System (HIS) for data collection and management, overseen by the Federal Ministry of Health. Data collection is conducted using the District Health Information System (DHIS2) platform and is valuable for tracking routine immunisation data as well as identifying and responding to disease outbreaks. The numerous vertical programmes, mostly donor-driven, run parallel HIS, resulting in a multiplicity of data collection tools. The almost complete lack of data from the private or informal health sector, which provides 60% of healthcare services to Nigerians, contributes to the limited reliability of data collected for planning and decision-making.[7]

Government Policy and Coordination: The National Health Act of 2014 caused conflict between health sector agencies and suffered from poor implementation. Lack of policy direction and coordination among the three tiers of government affects the delivery of quality primary healthcare. The weakest tier of government, the local government, which does not have predictable monthly funding from the federation account, is responsible for delivering the most critical aspect of healthcare. This leads to inefficiency, limited access, and poor quality of care. Conflict between the State and local government, weak collaboration and failed commitment to stated policy implementation.[21-23]

Recommendations

The lack of success in achieving adequate, sustainable, and effective healthcare financing for primary healthcare remains a challenge in reaching UHC in Nigeria. Narrowing the gap of out-of-pocket payments, as recommended by the WHO, is crucial, and this would require intervention from the federal and state governments along with community participation. Strengthening health insurance by engaging the full participation of the informal sector and encouraging philanthropists and community involvement in the NHIS scheme is essential to enrolling all Nigerians.[7,24]

The experience of Ijeshaland Geriatric Centre, a community-led initiative in Nigeria involving a 3-5 billion Naira investment in infrastructure, now co-managed with a Federal Health institution, could serve as a model for future government investments in primary healthcare. The community voluntarily enrolled thousands of their elderly citizens under the National Insurance Scheme to access essential primary healthcare services for free, delivered by a team led by family physicians with notable success. Overhauling the leadership of the PHC team in Nigeria is essential to achieving high-quality care.

Revolutionising the Health Information System by implementing a standard Electronic Record System across healthcare facilities nationwide, in both private and public sectors, will facilitate effective referrals and the collection of high-quality data for planning, budgeting, and research. Increased funding to enhance salaries, incentives for health workers in rural areas, and improvements to infrastructure will undoubtedly boost productivity.[11,25]

Conclusion

Achieving UHC in Nigeria requires expanding insurance coverage for all Nigerians through resource mobilisation. Collaborative efforts among the federal Ministry of Education, Health, universities, and other allied health institutions could strengthen the training of the necessary skilled workforce in PHCs. Generous funding, well-maintained infrastructure, improved staff salaries and allowances, and active involvement of Family Physicians, who are the first-line doctors in managing and supervising primary healthcare facilities nationwide, will undoubtedly improve the quality of care and accelerate the realisation of UHC in Nigeria through careful resource utilisation and deployment of limited manpower.

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