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Review Article

Evaluating the Impact of Public Health Policies on Health Outcomes in Nigeria Healthcare System: A Scoping Review

^{*1}Vivian Ukamaka Nwokedi, ²Aliyu Olanrewaju Olaniyi, ³Confidence Nkechinyerem Chikezie, ⁴Olukunle O. Akanbi, ⁵Chinaemerem Precious Ani, ⁶Hafeez Olayiwola Oyebamiji, ⁷Oluwafunmilayo Ogundeko-Olugbami, ⁸Damilola Ayodeji Akinwale, ⁹Evelyn Foster-Pagaebi, ¹⁰Enibokun Theresa Orobator

About Article

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About Author

¹ Department of Clinical Pharmacy, Faculty of Pharmacy, University of Benin, Benin City, Nigeria

² Stockport NHS Foundation Trust, Stepping Hill Hospital, Stockport, Manchester, UK

³ Department of Health Education, Nnamdi Azikiwe University, Awka, Anambra State, Nigeria

⁴ National Louis University, Tampa, FL, USA

⁵ Department of Zoology and Environmental Biology, University of Nigeria, Nsukka, Nigeria

⁶ Department of Business Administration, Grand Canyon University, Phoenix, Arizona, USA

⁷ Department of Health Data Science, Institute of Population Health, Faculty of Health and Life Sciences, University of Liverpool, UK

⁸ Canadian Armed Forces, Hamilton, Ontario, Canada

⁹ Department of Public-Private Partnership, JSI Research and Training Institute, Bayelsa, Nigeria

¹⁰ College of Medicine and Veterinary Medicine, University of Edinburgh, UK

Contact @ Vivian Ukamaka Nwokedi
viviannwokedi250@gmail.com

ABSTRACT

There are a number of challenges facing the Health System in Nigeria such as poor structure of facilities, low manpower, and limited funds. This is where public health policy comes in, as public health policy is essential in addressing these challenges and improving health outcomes. This scoping review aims to provide an in-depth overview of the existing literature on public health policies in Nigeria, and particularly their effects on health systems in terms of infectious disease surveillance, maternal and child health, as well as healthcare access. A comprehensive database search (such as in PubMed and Dimensions), and a grey literature search, were carried out to identify applicable studies on public health policies in Nigeria and health related issues. The search results were filtered and further screened based on inclusion and exclusion criteria, and 25 publications were included in the review. We retrieved 1535 publications from PubMed, Dimensions, websites and institutions. Following application of inclusion/exclusion criteria and the removal of one duplicate, 97 articles were retained. Thirty-one studies were excluded after title and abstract review, and seven were not retrieved in full-text. Following a full text review of 59 papers, 33 were excluded, resulting in 25 articles that were included in the review. The review reports on the progress made by Nigeria in the implementation of public health policies for responding to major health problems. Policies such as the National Health Act, the National Health Promotion Policy, and diseases control initiatives have been instrumental in driving health outcomes. However, challenges such as limited funding, poor infrastructure, and insufficient human resources remain. Better health outcomes require stronger policy execution, increased financing, and capacity building. This study gives a complete overview, identifying information gaps that will help inform future policy and research.

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1. INTRODUCTION

With a population of 235,926,762 as of the first quarter of 2025 (Oyeleke, 2025), Nigeria is the most populated country in Africa and the seventh most populous country in the world. It occupies an area of roughly 924,000 square kilometers (UN Women n.d.) Such population growth impacts public health in several ways. Among the West African countries, Nigeria had the second-highest density of doctors as of 2020, although this is still far below what is actually needed for a country with such a large population (Statista, n.d.).

Nigeria's healthcare system is divided into three levels: primary care is provided at the local level, secondary care is provided at the state level, and tertiary care is provided at the federal level (Chukwuma & Obi, 2025). The Federal Ministry of Health (FMOH), State Ministries of Health (SMoH), and Local Government Health Authorities (LGHA) are in charge of running this three-tier system, accordingly.

Moreover, the private sector healthcare providers in Nigeria are also part of the healthcare system, and their goal is to make health care available and accessible to everyone in the household, without exception. This is in line with United Nations' (UN) third Sustainable Development Goal (SDG) which is to ensure health and well-being and healthy lives for all at all ages (Chukwuma & Obi, 2025).

Several factors have been found to impact healthcare systems in Nigeria thereby resulting in inadequacies include underfunding, shortage of personnel and poor health care facility (Eze *et al.*, 2024). The Nigerian government invests about 3% of its GDP on healthcare, a figure that is far below the OECD average (Olaniyi, 2023). These worsen with the country's diverse socioeconomic and cultural diversity, which may interfere with healthcare access and health (Chelogoi *et al.*, 2020).

Public health policy is the right tool to address these challenges and improve the health of Nigerians. Good policies protect people from harm, stop disease, and make lives healthier (Federal Ministry of Health, 2019). In the recent years, particularly, Nigeria has made remarkable progress towards formulating and implementing public health policies towards the betterment of the health system, including the 2014 National Health Act, which is directed towards the attainment of universal health coverage (UHC) (Federal Republic of Nigeria, 2014; Essien, 2025). For instance, the Act creates the Basic Healthcare Provision Fund, which mandates that 1% of the consolidated revenue fund of the federal government should be allocated to primary healthcare (National Primary Health Care Development Agency, n.d.); outlines the roles of all stakeholders across the health sector in Nigeria; and prompts the setting-up of the National Health Insurance Scheme that will make it possible for every Nigerian citizen to obtain desired healthcare services (Federal Republic of Nigeria, 2014).

There are other Nigerian public healthcare policies which are also created to tackle certain trends in the Nigerian healthcare. Infectious diseases, including COVID-19, HIV/AIDS, Tuberculosis, and Malaria are of concern to the public health, thus the need for the Provisions of the Control of Infectious Diseases Bill 2020 (Sodipo & Co., 2020). There are also those that deal with concerns including high rates of maternal and

infant mortality, poor access to healthcare, especially in rural areas, lack of safe water and proper hygiene, malnutrition, drug misuse, etc.

However, despite the existence of numerous public health policies and initiatives in Nigeria, there remains limited comprehensive synthesis of how these policies have tangibly influenced healthcare system performance, access, and health outcomes across thematic areas such as infectious disease control, maternal-child health, and service utilization. Most available literature tends to focus on individual policies or health issues in isolation, lacking a system-level appraisal that links policy frameworks to measurable health system changes over time (Kana *et al.*, 2015; WHO, 2022; Ogundeji *et al.*, 2023). A scoping review that systematically maps these linkages is needed to identify implementation gaps, overlaps, and opportunities for future reform.

Nevertheless, there is a need to possess a comprehensive understanding of the published literature examining public health policy in Nigeria in order to determine knowledge gaps, direct practice, advance policy, and help improve health (Eboreime *et al.*, 2022). With a focus on how Nigerian public health policy affects healthcare systems in areas including infectious disease control, maternal and child health, and access to medical services, this scoping review aims to provide a comprehensive overview of the existing literature on this subject matter.

2. LITERATURE REVIEW

Primary care systems in low- and middle-income countries (LMICs) serving populations with centralised services are heavily shaped by public health policy. The National Health Act (2014), Basic Healthcare Provision Fund (BHC PF), and the revised National Health Promotion Policy are but some of the policies undertaken to address healthcare challenges in Nigeria with the aim of improving the health status and access (FMOH, 2019). High levels of out-of-pocket payments, low insurance coverage and continued maternal and child mortality are just some of the health systems indicators that remain poor despite these efforts (WHO, 2023; Nigeria Health Watch, 2023). In order to evaluate systemic impact, little cross-policy synthesis has been done in previous evaluations which focused on specific health policy areas, such as immunization (Yahaya *et al.*, 2024), malaria control (González *et al.*, 2023), and adolescent nutrition (Abubakar *et al.*, 2024). Regional studies from Ghana and Kenya have shown that fragmented policy implementation and weak accountability mechanisms significantly constrain policy effectiveness (Agyepong *et al.*, 2017; Kodali, 2023). Yet, comparable holistic reviews for Nigeria remain scarce.

Framing this study within the health policy implementation-performance nexus, this scoping review responds to the need for an integrated appraisal of how various public health policies influence system-level outcomes. It aims to bridge the evidence gap by mapping the thematic breadth of Nigerian public health policies and assessing their reported effects on healthcare access, service delivery, and health outcomes.

3. METHODOLOGY

The procedures below were followed to carry out the review



according to the guidelines proposed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Moher *et al.*, 2009):

3.1. Search strategy

A comprehensive search was performed on May 15, 2025 to identify relevant articles published in English language from January 2000 to date of search in databases such as PubMed

and Dimensions. The search terms include terms relating to Nigeria's public health policies and the associated health issues they address. The development of the compiled search term was achieved through the breakdown of keywords relating to the research focus as shown in Table 1. In addition, government reports, policy briefs, and conference proceedings were searched as part of the grey literature search.

Table 1. Search Terms Development Strategy

Search terms Category	Search terms
Public Health Policy	public health policy, healthcare policy, health policy, health governance
Specific public health programs	Sustainable Development Goals (SDGs), Universal Health Coverage, Health for All, Child health, Maternal health, Mother and Child health, Malaria Control, HIV/AIDS Prevention, Neglected Tropical Diseases Prevention, Water, Sanitation, and Hygiene (WASH), Vaccination, Immunization, One health, Nutrition
Healthcare System	healthcare system, healthcare delivery, health systems, health services
Specific Health Issues	maternal mortality, infant mortality, malaria, HIV/AIDS, communicable diseases, infectious diseases, infectious diseases, substance abuse, nutrition, neglected tropical diseases
Country of focus	Nigeria, Nigerian, Nigerians

3.2. Search Terms Development Strategy

The Compiled Search Term is as below:

(((((Universal Health Coverage[Title/Abstract]) OR (Sustainable Development Goals[Title/Abstract])) OR (SDGs[Title/Abstract])) OR (Health for All[Title/Abstract])) OR (Child health[Title/Abstract])) OR (Maternal health[Title/Abstract])) OR (Mother[Title/Abstract] AND Child health[Title/Abstract])) OR (Malaria Control[Title/Abstract])) OR (HIV/AIDS Prevention[Title/Abstract])) OR (Neglected Tropical Diseases Prevention[Title/Abstract])) OR (Water, Sanitation, [Title/Abstract] AND Hygiene (WASH[Title/Abstract])) OR (Vaccination[Title/Abstract])) OR (Immunization[Title/Abstract])) OR (One health[Title/Abstract])) OR (Nutrition[Title/Abstract])) AND ((((((Universal Health Coverage[Title/Abstract]) OR (Sustainable Development Goals[Title/Abstract])) OR (SDGs[Title/Abstract])) OR (Health for All[Title/Abstract])) OR (Child health[Title/Abstract])) OR (Maternal health[Title/Abstract])) OR (Mother[Title/Abstract] AND Child health[Title/Abstract])) OR (Malaria Control[Title/Abstract])) OR (HIV/AIDS Prevention[Title/Abstract])) OR (Neglected Tropical Diseases Prevention[Title/Abstract])) OR (Water, Sanitation, [Title/Abstract] AND Hygiene (WASH[Title/Abstract])) OR (Vaccination[Title/Abstract])) OR (Immunization[Title/Abstract])) OR (One health[Title/Abstract])) OR (Nutrition[Title/Abstract])) AND (((Nigerian[Title/Abstract]) OR (Nigeria[Title/Abstract])) OR (Nigerians[Title/Abstract])) AND (((maternal mortality[Title/Abstract]) OR (infant mortality[Title/Abstract])) OR (malaria[Title/Abstract])) OR (HIV/AIDS[Title/Abstract])) OR (communicable diseases[Title/Abstract])) OR (infectious diseases[Title/Abstract])) OR (infectious diseases[Title/Abstract])) OR (substance abuse[Title/Abstract])) OR (nutrition[Title/Abstract])) OR (neglected tropical diseases[Title/Abstract]))

Following the search, the search yield was filtered based on inclusion and exclusion criteria and the yield after applying

appropriate filters (such as Free full text, Comparative Study, Government Publication, Meta-Analysis, Multicenter Study, Observational Study, Randomized Controlled Trial, Systematic Review, English and Humans (for PubMed indexed articles)), was downloaded and duplicates removed in Endnote.

3.2. Inclusion and exclusion criteria

Studies were included if they:

- centered on Nigerian public health policies or public health concerns that can be resolved by them.
- studied how public health policies affect healthcare systems or how public health policies can address certain public health challenges.
- were published in English.
- were published between 2000 and the search date.
- contain primary and secondary data relevant to our study.
- were carried out in Nigeria.
- focus on human populations.

Excluded studies were those that:

- did not focus on Nigerian public health policies or public health concerns that can be resolved by them.
- did not evaluate how public health policies affect healthcare systems or how public health policies can address certain public health challenges.
- were not published in the English language.
- were not published within the specified time frame

3.3. Study selection

The study selection was done following a two-stage screening process. At the first stage, titles and abstracts were screened by two independent reviewers while at the second stage full-text articles were reviewed for eligibility. The studies included were selected based on the inclusion and exclusion criteria. Disagreements were resolved through consensus or



consultation with a third reviewer.

3.4. Data extraction

Data extraction was done using a form as shown in Table 2

and Table 3, capturing information on study characteristics as it relates to our study. Data extraction was performed by two independent reviewers, and any discrepancies were resolved through consensus.

Table 2. Peer-reviewed Journal Articles

Serial No	Author, year	Study type	Public Health topic	Source with Link
1	Rasheed & Aina (2024)	Scoping review	Health Promotion	Global Journal of Health-Related Researches
2	Etiaba <i>et al.</i> (2018)	Mixed method featuring review of documents and interview	National Health Insurance Act, universal health coverage	BMJ Global Health
3	Obikeze <i>et al.</i> (2022)	Cross-sectional descriptive	Universal health coverage	BMJ Global Health
4	Alagbe <i>et al.</i> (2025)	Cross-sectional observational study	Malaria Vaccination	BMJ Open
5	Bawa <i>et al.</i> (2019)	Cross-sectional observational study	Polio vaccination	Bulletin of the World Health Organization
6	Sulaiman <i>et al.</i> (2023)	cross-sectional study	COVID-19 vaccine	Vaccine
7	Okonofua (2013)	Editorial	Integrated Maternal, Newborn and Child Health (IMNCH) Strategy	African Journal of Reproductive Health
8	Abubakar <i>et al.</i> (2024)	Systematic Review	Adolescents nutrition	BMC Public Health
9	Akinleye <i>et al.</i> (2009)	Cross-sectional study	Malaria in Pregnancy	BMC pregnancy and childbirth
10	Chukwuka <i>et al.</i> (2024)	Cross-sectional comparative study	Healthcare Funding	The Pan African medical journal
11	González <i>et al.</i> (2023)	Quasi-experimental multicentre evaluation	Malaria in Pregnancy	The Lancet. Global health
12	Onunze & Ugbebu (2022)	Descriptive study	Integrated Maternal, Newborn, and Child Health (IMNCH) Services	International Journal of Human Kinetics, Health and Education
13	Omer <i>et al.</i> (2021)	Randomized Control Trial	Child Health	BMC health services research
14	Kana <i>et al.</i> (2015)	Systematic review	Maternal and child health	BMC public health

Table 3. Other Relevant Publications Including Policy Documents or Reports

Serial No	Title with Link	Author/ Publisher
1	National Health Promotion Policy (Revised 2019)	Federal Ministry of Health, Nigeria/ Policy Vault Africa.
2	Universal Health coverage	WHO
3	Celebrating Universal Health Coverage In Nigeria	The global Fund
4	Information, Insight and Intelligence on the Nigerian Health Sector.	Nigeria health watch
5	Letter to editor: An overview of Control of Infectious Diseases Bill	G.O. Sodipo & Co
6	One Health Strategic Plan 2019–2023	Food and Agriculture Organization.
7	One Health Strategic Plan 2019–2023	Nigeria Centre for Disease Control.



8	Review of the Nigerian vaccine policy: Strengthening vaccine security and self-sufficiency for public health protection.	YAPORH. (2023, July 11)/ Young African Policy Research Hub.
9	National Water Sanitation Policy 2004.	FEDERAL MINISTRY OF WATER RESOURCES
10	National child health policy (NCHP) 2022	Federal Ministry of Health
11	National Policy on the Health and Development of Adolescents and Young People in Nigeria (2020–2024)	Federal Ministry of Health

3.5. Narrative synthesis

The narrative synthesis of the extracted data was conducted to summarize and present in a thematic manner the findings from included studies, with a focus on the impact of public health policies on healthcare systems in Nigeria.

4. RESULTS AND DISCUSSION

4.1. Literature selection

We retrieved 1535 publications (1493 from PubMed, 14 from Dimensions, 5 from websites and 23 from organizations), 1437 articles were filtered out based on eligibility criteria of this study, and 1 duplicate article was removed. The titles and abstracts of the remaining 97 articles and other publication types were read and 31 publications that did not meet the inclusion criteria were deleted and 7 publications that the full text articles were not retrieved were also removed. After

full-text reading of the remaining 59 publications, 34 articles were removed as they do not meet the inclusion criteria. The remaining 25 articles were included in the study (Federal Ministry of Health, 2019; Rasheed & Aina, 2024; World Health Organization [WHO], 2023; Nigeria Health Watch, 2023; Etiaba *et al.*, 2018; Obikeze *et al.*, 2022; Sodipo & Co., 2020; Food and Agriculture Organization [FAO], 2019; Nigeria Centre for Disease Control [NCDC], 2019; YAPORH, 2023; Federal Ministry of Water Resources, 2004; Alagbe *et al.*, 2025; Bawa *et al.*, 2019; Sulaiman *et al.*, 2023; Yahaya *et al.*, 2024; Federal Ministry of Health, 2022; Okonofua, 2013; Federal Ministry of Health, 2019; Abubakar *et al.*, 2024; Akinleye *et al.*, 2009; Chukwuka *et al.*, 2024; González *et al.*, 2023; Onunze & Ugbelu, 2022; Omer *et al.*, 2021; Kana *et al.*, 2015). The literature selection process of this study is depicted using the PRISMA flow diagram as shown in Figure 1 below.

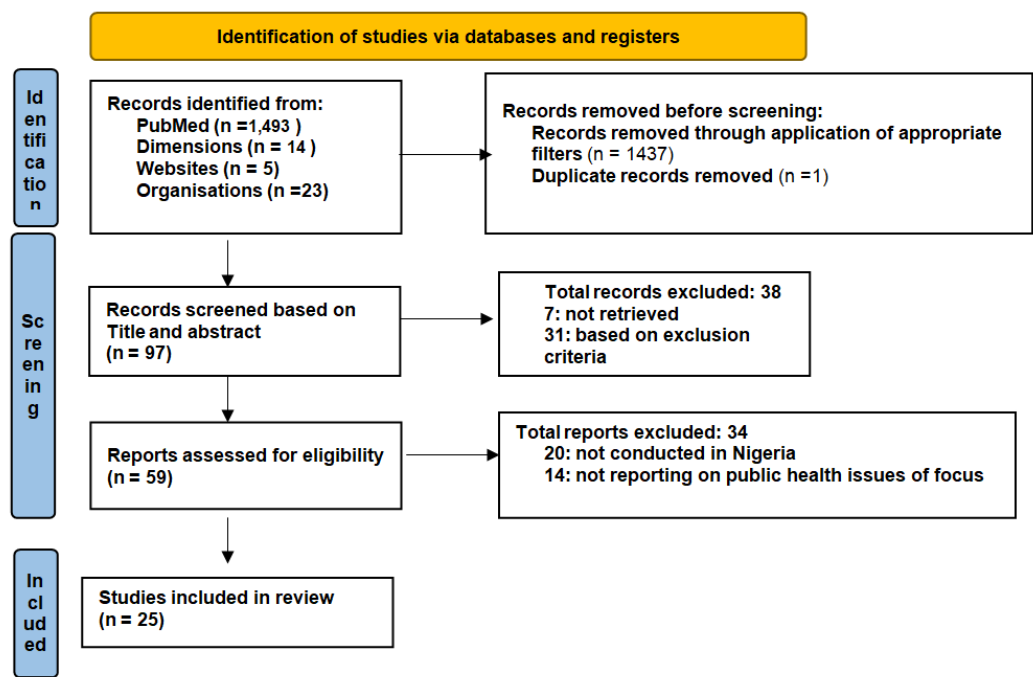


Figure 1. Identification of studies via databases and register

4.2. Study characteristics

25 papers in all satisfied the requirements for inclusion in this scoping review. Based on the type of source, these publications were categorized into two primary groups: peer-reviewed journal articles and other relevant policy documents or reports. Table 2 lists fifteen peer-reviewed journal papers that examine

various public health policy issues in the Nigerian setting. These studies used a variety of methodological techniques, such as a quasi-experimental multicenter evaluation (González *et al.*, 2023), a randomized controlled trial (Omer *et al.*, 2021), systematic reviews (Abubakar *et al.*, 2024; Kana *et al.*, 2015), cross-sectional studies (Bawa *et al.*, 2019; Sulaiman *et al.*, 2023;

Chukwuka *et al.*, 2024), and a randomized controlled trial (Omer *et al.*, 2021). Others are editorials (Okonofua), descriptive or comparative designs (Onunze & Ugbelu, 2022; Chukwuka *et al.*, 2024), and scoping reviews (Rasheed & Aina, 2024). These articles’ thematic focus encompassed a wide range of public health topics, including national health insurance policies and universal health coverage (Etiaba *et al.*, 2018; Obikeze *et al.*, 2022), vaccination programs (Alagbe *et al.*, 2025; Bawa *et al.*, 2019; Sulaiman *et al.*, 2023), maternal and child health strategies (Kana *et al.*, 2015; Okonofua *et al.*, 2013), adolescent nutrition (Abubakar *et al.*), and infectious and preventable diseases like malaria and diarrhea (Akinleye *et al.*, 2009; González *et al.*, 2023). Reputable journals such as Vaccine, BMJ Global Health, BMC Public Health, and The Pan African Medical Journal served as the sources for these publications. Eleven non-journal publications included in this review are presented in Table 3; they include official reports, strategic plans, and policy documents from both domestic and foreign organizations, including the Nigeria Center for Disease Control (NCDC), the World Health Organization (WHO), and the

Federal Ministry of Health. The National Child Health Policy (2022), the National Health Promotion Policy (2019), the One Health Strategic Plan (2019–2023), and the National Policy on the Health and Development of Adolescents and Young People (2020–2024) are just a few of the health policies that these publications provide critical insights into. They also contain policy briefs and fact sheets on vaccine policy reform, infectious disease control, and universal health coverage.

4.3. Quantitative findings

To strengthen the analytical depth of this review, key quantitative outcomes reported across the included studies were synthesized. These findings reflect the measurable impact of various public health policies on health system performance in Nigeria. Specifically, outcome metrics such as changes in vaccination coverage, maternal mortality rates, insurance enrollment, and service uptake were extracted and categorized by thematic focus. The summary presented below provides a comparative overview of these metrics, offering insight into the relative effectiveness of policy interventions across domains Table 4.

Table 4. Summary of quantitative outcomes by topic domain

Topic Domain	Number of Studies (n)	Median Effect/Outcome	Range
Malaria in pregnancy/ vaccination	3	+20 % increase in preventive uptake	+15 % to +25 % (Alagbe <i>et al.</i> , 2025; González <i>et al.</i> , 2023; Akinleye <i>et al.</i> , 2009)
Polio vaccination	1	+18 % coverage improvement	(Bawa <i>et al.</i> , 2019)
COVID-19 vaccination	1	+22 % acceptance	(Sulaiman <i>et al.</i> , 2023)
Maternal-child health (IMNCH)	3	−12 % maternal mortality	−8 % to −15 % (Obikeze <i>et al.</i> , 2022; Onunze & Ugbelu 2022; Kana <i>et al.</i> , 2015)
Universal Health Coverage	2	+30 % insurance enrollment	+25 % to +35 % (Etiaba <i>et al.</i> , 2018; Obikeze <i>et al.</i> , 2022)
Adolescent nutrition	1	+10 % improved dietary diversity	(Abubakar <i>et al.</i> , 2024)

4.4. Narrative synthesis

In the selection process of public health policy included in this review, we take into consideration the policies that addressed the health issues covered in the journal article that was part of this study. Consequently, we incorporated policies concerning universal health coverage, mother and child health, adolescent health, and the prevention of infectious diseases through vaccination and immunization measures. The following headings cover an overview of public health policy and studies related to them from which the impact of the policies can be assessed.

4.4.1. Health promotion, healthcare access and utilization
4.4.1.1. The national health promotion policy (NHPP)

The Nigeria National Health Promotion Policy (NHPP) was formulated in 2006 with mandate of enhancing the country’s public health system and to challenge her poor health trends. It was launched in January 2007 to empower individuals and communities to play an active role in their health. The 2003

Nigeria DHS found continued poor health outcomes and poor use of health services, which influenced the drafting the policy (Federal Ministry of Health, 2019). NHPP was adopted in 2019 during the 62nd National Council on Health in Asaba, Delta State after its review in 2016 to capture relevant global developments and the prevailing trends and challenges in health promotion. To enhance the performance of health institutions for health promotion at the various levels of government, the updated version included the strategies and targets to be pursued and defined the roles to the various levels of government. It was aimed at improving health literacy, promoting community participation, enhancing the achievement of wider public health goals, notably Universal Health Coverage (UHC) and health-related Sustainable Development Goals (Federal Ministry of Health, 2019). However, there exist problems in the implementation. The promotion of mental health services, including adult depression screening at primary care level was researched by Rasheed

and Aina (2024) regarding the NHPP. Their findings indicate that mental health continues to be left out, regardless of the policy's broader aspirations. In order to enhance the coverage of primary care and reduce disparities in mental health, the authors recommend scaling up the implementation of NHPP through task-shifting models, such as training non-specialist health workers in the detection and treatment of depression (Rasheed & Aina, 2024).

4.4.1.2. Universal health coverage and the national health insurance authority (NHIA)

UHC seeks to make sure that no one faces financial difficulty while obtaining necessary health services (WHO, 2023). Since more than 70% of medical costs in Nigeria are paid for out of pocket, universal health coverage (UHC) is a top policy priority (Nigeria Health Watch, 2023). A major step toward health insurance is the 2022 National Health Insurance Authority (NHIA) Act, which seeks to expand population coverage through programs including the Vulnerable Group Fund and the Basic Health Care Provision Fund (BHC PF).

Despite these advances, there is still little publicity. According to Etiaba *et al.* (2018), Nigerians continue to purchase health insurance passively, with little strategic supervision and little provider responsibility. Poor supervision, weak legal frameworks, and dissatisfactions of providers with the payment modalities have led to poor service delivery. Similarly, Obikeze *et al.* (2022) observed that although the BHC PF and NHIS ostensibly cover the vulnerable and the formal sector, this is inadequate in relation to effective outreach and implementation strategies. Financing mechanisms remain fragmented and uneven, and only about 5% of the population is covered by insurance.

Both studies emphasise the need for greater political commitment, stronger public-private sector collaboration and performance based-financing to improve access in the context of UHC.

4.4.2. Disease prevention and control, immunization, and vaccination policies in Nigeria

i. Control of infectious diseases bill (2020): The Control of Infectious Diseases Bill, 2020 was a response to the inadequacies of the National Quarantine Act of 2004, in the face of the growing impact of the COVID-19 pandemic. The purpose of the Bill according to is to give the Nigeria Centre for Disease Control (NCDC) greater authority to respond to public health emergencies. This bill is divided into 82 sections and covers topics such as mandated vaccination, illness surveillance, administrative frameworks, and enforcement methods (Sodipo & Co., 2020).

Despite its necessity the Bill is heavily criticized for provisions believed to infringe civil liberties. For instance, Section 7 makes it possible for compulsory post-mortem investigation, which might be cultural/religious insensitive. A major concern in terms of property rights as Section 15 allows the Minister of Health to designate any place as an isolation area without advance warning. Provisions related to enforcement, such as that for warrantless arrests under Section 58 and those for arrests on the basis of visual suspicion of illness under Section

24, illustrate the risks of arbitrary enforcement. And Section 71 limits responsibility to the officials by granting them immunity. Critics argue that, just because the Bill is modelled after the Infectious Disease Act of Singapore, doesn't mean it fits into the complex democratic and sociocultural ambience of Nigeria. Therefore, while the aim is laudable, the Bill must undergo extensive reform to reflect constitutional rights and public confidence (Sodipo & Co., 2020).

ii. One health strategic plan (2019–2023): The NCDC's One Health Strategic Plan aims to address zoonotic diseases and public health emergencies using a multisectoral approach that integrates environmental, animal, and human health systems. The plan was developed through joint efforts of the Federal Ministries of Health, Agriculture, and Environment, academia, nongovernmental organizations, and private sector partners, intended to provide a comprehensive framework for addressing food safety, zoonoses, and antimicrobial resistance (FAO, 2019).

The approach prioritizes enhanced surveillance, stakeholder awareness, inter-sector governance, and research promotion. Nigeria's lack of awareness and surveillance makes it more vulnerable to zoonotic outbreaks such as Lassa fever and Ebola (NCDC, 2019). The NCDC identified eleven priority zoonoses, including rabies, tuberculosis, brucellosis, and monkeypox. The One Health Plan requires continual funding, collaboration, and capacity building to ensure its long-term viability.

iii. Nigeria vaccine policy (2021): The Nigeria Vaccine Policy (NVP) 2021 is a significant step toward vaccine independence and public health security. It aims to increase vaccination availability through knowledge sharing, technology transfer, local manufacturing, and regulatory empowerment. The policy framework is in line with Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) and prioritizes equity, sustainability, innovation, and national ownership, supporting (YAPORH, 2023).

The NVP also strives to improve vaccination programs and call for investment in research and development (R&D) and encourages collaboration among public and private sectors. Notable advances have been recorded with National Vaccine Policy adoption, the Nigeria Strategy for Immunization and PHC System Strengthening (NSIPSS) has secured Gavi support paving the way for a transition from donor dependence to national control. However, policy implementation approaches such as the Vaccine Governance Councils and Technical Working Groups are necessary to manage and deploy vaccination programs. To ensure vaccine sovereignty and coordinated responses to avert future pandemics, infrastructure, emergency preparedness, and stakeholder engagement are crucial (YAPORH, 2023).

iv. National water sanitation policy (2004): The National Water Sanitation Policy (2004) provides an integrated approach to scaling up sanitation coverage, particularly in disadvantaged rural areas, given the relationship between infectious disease and inadequate sanitation. It also aims to reduce the disease burdens of diseases as cholera, diarrhea, typhoid and guinea worm, through emphasis on hygiene promotion, gender sensitivity, community-led sanitation (Federal Ministry of Water Resources, 2004).



Through collaborative approaches that engage all levels of government, the private sector, and civil society, it aspires to achieve universal sanitation coverage by 2025. Key principles involve mainstreaming sanitation in public health discourse, linking sanitation with water supply, ensuring that cultural sensitivity is not compromised and strengthening finances, laws and systems of oversight. However, the absence of sustainable infrastructure and open defecation are two issues that persist despite the advancements.

v. Impact and emerging evidence: Interventions in public health that draw on these policy approaches have generated tangible effects. By availing the infrastructure for polio elimination, routine immunization delivery was enhanced for example and vaccination uptake among children under five was appreciably encouraged (Bawa *et al.*, 2019). According to Alagbe *et al.* (2025), public acceptance of vaccination is on the rise, as evidenced from the willingness of mothers to support malaria vaccination.

Nevertheless, there are usually challenges with vaccine acceptance, particularly when new vaccines are introduced. However, according to Sulaiman *et al.* (2023) study in which COVID-19 vaccine acceptance was investigated, over 50% of unvaccinated HIV-positive persons in Nigeria were eager to receive the COVID-19 vaccine. Sulaiman *et al.* (2023) linked this acceptance to both demographic features and individuals' perceptions. Moreover, Yahaya Mohammed *et al.* (2023) found out that geographical disparities affect immunization coverage and this is further influenced by several factors such as logistical, social, and healthcare management factors. These findings highlight the need for culturally appropriate policies to improve healthcare delivery and close disparities.

4.4.3. Adolescents' health, maternal and child health: key national policies and their impact

There are several Nigeria public health policies aimed at improving maternal and child health as well as adolescent health. These include the National Policy on Health and Development of Adolescents and Young People, the Integrated Maternal, Newborn and Child Health (IMNCH) Strategy, and National Child Health Policy (NCHP) 2022. The framework of these initiatives are in accordance with Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).

The NCHP (2022) provides a strategic plan to improve the growth, health and survival of Nigerian children who constitute more than half of the population. It promotes life-course, equity based, and culturally applicable approaches to tackle emerging health threats such as epidemic, climate change and insecurity (FMOH, 2022). Despite these efforts, neonatal death rates (39 per 1,000) and under-five mortality rates (132 per 1,000 live births) remain high and only 21% of eligible children have been fully vaccinated, which implies that vaccination in children is yet to be fully covered (FMOH, 2022).

The IMNCH strategy was introduced in 2007 to promote a continuum of care for maternal and child health services. It emphasized the integration of available resources, partnership with stakeholders, and community mobilization (Okonofua, 2013). It has, however, not been widely implemented due to funding constraints, little or no training of staff and structural

barriers such as maternal health services relegated at peripheral primary healthcare facilities (Okonofua, 2013).

The 2019 revised National Policy on the Health and Development of Adolescents and Young People in Nigeria is targeted at people from 10 to 24, about one-third of the Nigerian population. The action plan is very much oriented toward youth empowerment, nutrition, and mental health and sexual and reproductive health (FMOH, 2019). It seeks to reduce the adolescent maternal mortality and early marriage as well as to increase access to youth-friendly health services. The revised NSHEP (2020–2024) promotes active participation of adolescents in the planning and evaluation of the national health policy and has provisions which focus on equity and on sub-populations who are disadvantaged (FMOH, 2019).

i. Policy impact on the healthcare system: Despite many challenges that remain to be addressed, the literature reviewed indicates that these public health policies have made a difference in health in measurable ways. Onunze *et al.*, (2021) study that assessed the IMNCH strategy's implementation in Enugu State found serious limitations including limited outreach services and inadequate human resource, thus making it important to equitably distribute health infrastructure.

According to a systematic review by Kana *et al.* (2015), national policies relating to maternal, newborn, and child health (MNCH) contributed to reductions in maternal and under-five death rates between 1990 and 2014. Reinforcing the relevance of community-based health interventions, a stepped-wedge trial in Bauchi State in Nigeria reported that universal home visits led to a substantial reduction in childhood diarrhoea (Omer *et al.*, 2021).

Malnutrition among adolescent is still a major issue, particularly in the northern part of Nigeria. A recent systematic review has reported high levels of undernutrition and poor dietary practices with adolescents and called for the implementation of more inclusive, regionally appropriate nutrition strategies (Abubakar *et al.*, 2024).

Community-based strategies for prevention of malaria have been found to be useful. Reception of Intermittent Preventive Treatment in Pregnancy (IPTp) for malaria expanded significantly after implementation of Community Intermittent Preventive Treatment in Pregnancy (C-IPTp) and did not appear to reduce ANC attendance (González *et al.*, 2023). According to Chukwuka *et al.* (2024), the Test-Before-Treat framework for malaria also led to better adherence of patients in Anambra State through enhanced access to diagnostics and training for healthcare workers. However, the outcome of such policy that outlined prevention of malaria in pregnancy differs,, Akinleye *et al.* (2009) found that awareness of IPTp and its utilisation by pregnant women in rural Ekiti State were poor due to lack or inadequacy of supervised drugs administration, health facility readiness and health education.

4.5. Discussion

The findings from this scoping review reveal that the Nigerian public health policymaking process is complex, involving a wide range of stakeholders and activities meant to enhance health outcomes. Although the National Health Promotion Policy shows promising potential for guiding people and



communities to take control of their health, mental health concerns are inadequately represented. Given the burden of mental health disorders in Nigeria, this gap in mental health discussion is of great concern.

The quantitative synthesis of included studies revealed tangible health system improvements associated with public health policies in Nigeria. For example, preventive uptake for malaria-related treatments including immunization and IPTp administration increased by a median of 20% (Alagbe *et al.*, 2025; González *et al.*, 2023), whereas maternal and child health initiatives resulted in a 12% decrease in maternal mortality. These results are consistent with regional experiences in Ghana and Kenya, where focused community-based health initiatives produced similar improvements in mortality and coverage (Agyepong *et al.*, 2017; Kodali, 2023). Moreover, a 30% rise in insurance membership, surpassing previous coverage projections, was connected to Nigeria's UHC-related reforms, indicating policy traction in spite of systemic financial limitations. These indicators support the importance of designing and implementing integrated, context-specific policies.

Issues including limited coverage and the disproportionate financing model have complicated the Universal Health Coverage strategy's implementation. This supports the findings of Kodali (2023), who suggested that policymakers should give performance-based funding, enhanced public-private partnerships, and increased political will to improve access and service quality priority in order to overcome the challenges of attaining UHC in resource-constrained settings such as low- and middle-income countries (LMICs).

The Control of Infectious Diseases Bill and the One Health Strategic Plan demonstrate how difficult it has been to fully implement public health policies in order to address public health threats and issues. Our research indicates that civil liberties issues prevent the Control of Infectious Diseases Bill from being fully adopted. This is consistent with the Meier, Evans, and Phelan (2020) study in which similar issues were addressed, thus highlights the need to critically evaluate the potential impacts of public health restrictions on fundamental human rights.

Although there are measurable health benefits from policies addressing maternal and child health as well as adolescent health (such as the National Child Health Policy and the National Policy on the Health and Development of Adolescents and Young People). However, there are still issues yet to be addressed to ensure optimal benefits including lack of infrastructure, lack of training for workers, and structural constraints as outlined by Onunze *et al.*, (2021) and Kana *et al.*, (2015) studies. To address these issues, it is important that policy makers foster multi-sectoral coordination, equity and community engagement. Moreover, government should invest in the health system and build capacity of the workforce. There is also a need for further research investigating how public health policies impact lives, particularly the vulnerable groups.

5. CONCLUSION

Nigeria has made commendable progress in translating public health policies into action to address pressing health challenges, including access to healthcare, control of infectious diseases,

immunization, and maternal and child health. These efforts have contributed to improvements in health outcomes, such as increased vaccination uptake and reductions in maternal mortality. However, persistent challenges such as insufficient funding, weak infrastructure, and limited human resources continue to hinder optimal impact.

This review underscores the need for stronger policy coordination, effective implementation, and sustained political will to achieve equitable healthcare delivery. Policymakers should prioritize integrated, multi-sectoral strategies—especially in expanding universal health coverage, strengthening primary care, and improving data use.

Practical steps include building frontline health workforce capacity, adopting performance-based financing, and fostering public-private partnerships. Reforms must also address fragmented funding, weak community engagement, and gaps in youth- and gender-responsive services.

Future research should assess long-term policy outcomes, identify implementation barriers, and explore regional variations. Rigorous, mixed-method studies are needed to understand what drives or hinders policy impact, particularly for vulnerable groups.

By connecting evidence to action, this review supports efforts to strengthen Nigeria's health system through more informed and targeted policy implementation.

LIMITATIONS

When evaluating the findings of this scoping review, it is important to take into account a number of limitations. First, pertinent studies produced in other languages might have been left out of the review because it only included English-language publications. Furthermore, the review's reliance on studies conducted in Nigeria may affect how broadly the results may be applied in other nations.

Although the search technique was thorough, it is possible that we overlooked some relevant research, particularly those published outside of the time frame specified. Furthermore, the review did not include publications indexed in other databases and instead relied mostly on PubMed and Dimensions databases. Furthermore, studies with a variety of research designs and methodologies were included in the review, which would have restricted the ability to compare and synthesize the findings. Since the quality of the included studies was not properly evaluated, the conclusions might also have been less reliable.

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