Home Office

Country Policy and Information Note
Nigeria: Medical and Healthcare issues

Version 2.0

28 August 2018

Preface

Purpose and use

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition .

It is not intended to be an exhaustive survey of healthcare in Pakistan.

The note contains no analysis.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the Common EU [European Union] Guidelines for Processing Country of Origin Information (COI), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), Researching Country Origin Information – Training Manual, 2013. Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a terms of reference which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date in the country information section. Any event taking place or report/article published after this date is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of the sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the bibliography.

MedCOI

MedCOI is an Asylum and Migration Integration Fund financed project to obtain medical country of origin information. The project allows 11 European Union member states plus Denmark, Norway and Switzerland to make use of the services of the 'MedCOI' team in the Netherlands and Belgium.

The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI project team before it is forwarded to the UK or other national COI teams. Previous MedCOI responses are stored on its database which participating states are able to access.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the CPIT@homeoffice.gov.uk

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Analysis

Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on Human rights claims on medical grounds.

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Country information

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1. Overview of healthcare system

1.1 Organisation of healthcare system

1.1.1 A Pharm Access Foundation report noted that 'The Nigerian healthcare system is organised into primary, secondary and tertiary healthcare levels.'[1] An Academic Journal of Interdisciplinary Studies paper noted that the healthcare system is 'deeply fragmented, with only a small fraction of the healthcare coming from a unified and organized centre.'[2]

1.1.2 The International Organisation of Scientific Research (IOSR) Journal of Economics and Finance noted that 'Public healthcare provision remains a concurrent responsibility of the three tiers of government: the federal, states and local governments[3]. The Federal Government is responsible for policy development, regulation, overall stewardship and providing healthcare at the tertiary level (teaching hospitals and specialist hospitals).[4] The state governments are responsible for secondary healthcare, while the local government areas (LGAs) manage primary healthcare'[5].

1.1.3 The MedCOI contact [medical contact on the ground in country] referred to in the MedCOI Nigeria Country Fact Sheet noted that 'There is a referral system between these three levels. However, it is not always respected. Ailments that are supposed to be managed at the primary level are often managed at the 'tertiary level. This happens because the other levels especially the primary level is very weak, with inadequate infrastructure, personnel and other deficiencies.' [6]

1.1.4 The MedCOI Nigeria Country Fact Sheet noted that 'Since 2012, the country's health allocation has been at best 6% of the national budget, even though the African countries committed to an allocation of 15% in the Abuja declaration of 2001.[7] [Abuja Declaration 2001] . An All Africa article noted that a budget allocation of 2.2% was planned for 2016[8]. The Pharm Access Foundation report noted that 'The LGA level is the least funded. It is also the least organised level of government.'[9] Therefore, as the MedCOI contact noted that LGA level 'has not been able to properly finance and organise primary healthcare, creating a very weak base for the healthcare system.'[10]

1.1.5 The Howard College global health review noted that 'only 30% of the Federal Account is distributed according to population base, and the least populous

[1] Pharm Access Foundation, 'Nigerian Health Sector, Market Study Report', March 2015, p. 10 url
[2] Academic Journal of Interdisciplinary Studies, Vol. 3, No. 6, November 2014, p. 503 url
[3] IOSR Journal of Economics and Finance, Oyibocha, E.O., et al Vol. 2, Issue 2, Sept-Oct. 2014 url;
[4] Journal of Medicine and Medical Sciences Vol 3(4), April 2012, p. 226 url
[5] Pharm Access Foundation, 'Nigerian Health Sector, Market Study Report', March 2015, p. 10 url ;
[6] Project MedCOI, June 2017
[7] Project MedCOI, June 2017
[8] All Africa, 2 February 2016 url
[9] Pharm Access Foundation, March 2015, p. 10 url
[10] Project MedCOI, June 2017

states often receive more revenues. At the state level, budget patterns have been systematically inequitable between the north and the south due to historical and political factors.'[11] Moreover, an International Journal of Applied Information Systems report noted 'there are more hospitals at the western part of the country as compared to the eastern part; and the lesser hospitals (in terms of the type of health care services) are situated in the northern part of Nigeria.'[12]' An International Organisation for Migration report noted that around 60% of the public primary healthcare facilities are located in the northern regions of the country. These 'are mainly health posts and dispensaries that provide only basic curative services.'[13] A U.S. Department of Commerce, International Trade Administration report noted that 'Much of the healthcare infrastructure is confined to major cities, with people living in urban areas getting four times as much access to healthcare as those living elsewhere.' [14]

1.1.6 An article in the Cable noted that the Nigerian healthcare system can also be divided into a private and public health network.[15] The KPMG International Cooperative country profile noted that because of the poor condition of public services most people rely on the limited private sector, 'in which good treatment is expensive and beyond the reach of the majority of the population.' [16]

1.1.7 A U.S. Department of Commerce, International Trade Administration report noted that of '[t]he private health sector is highly fragmented, consisting of many small medical facilities that are owned by medical professionals.'[17] According to the MedCOI country contact, in the private sector, '[g]enerally, health care facilities are better managed in terms of structures and other resources than were public health facilities. On average, private health care cost is higher than the public.' [18]

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1.2 Numbers of facilities

1.2.1 A Pharm Access Foundation report noted that 'The 2005 Federal Ministry of Health (FMOH)'s census gave an estimated total of 23,640 health facilities, of which 85.8% are primary healthcare facilities, 14% secondary and 0.2% tertiary. Around 9,000 health facilities belong to the private sector, which provides at least 70% of healthcare services in the country.'[19]

1.2.2 A U.S. Department of Commerce, International Trade Administration report noted that 'In 2014, there were approximately 3,534 hospitals, 950 of which were public sector. At that time, Nigeria had an estimated 134,000 hospital beds, this is 0.8 per thousand populations. The number of hospital beds is

[11] Howard College global health review', undated article url
[12] International Journal of Applied Information Systems, Vol. 5, N. 10, August 2013, p. 7 url
[13] IOM: Needs assessment of the Nigerian Health Sector, May 2014, p. 15 url
[14] U.S. Department of Commerce, International Trade Administration, '2016 p.1 url
[15] Cable (The), 'Change in Nigeria's healthcare system', 1 January 2016 url
[16] KPMG International Cooperative, Nigeria – Country Profile, 2012, p. 3 url
[17] U.S. Department of Commerce, International Trade Administration, 2016, p.1 url
[18] Project MedCOI, June 2017.
[19] Pharm Access Foundation, 'Nigerian Health Sector, Market Study Report', March 2015, p. 11 url;

estimated to have grown since 2009, but at an insufficiently high rate to have a significant impact on the population bed ratio.'[20]

1.2.3 A Pharm Access Foundation report noted that 'In order to improve healthcare infrastructure the federal and state governments are adopting a public-private partnership strategy. Multiple models are being used in Nigeria, 'but the most common is the arrangement in which government solely finances the infrastructure and contracts a private entity to operate the facility.'[21]

1.2.4 The MedCOI country contact noted:

'Almost all diseases or ill-health conditions can be managed in the country especially in some highly resourced private hospitals in Lagos. However, they are very expensive and usually out of the reach [for]the poor. Many of the tertiary health facilities especially in the southern part of the country are capable of handling such [diseases]. Certain highly technical surgeries such as heart and bone marrow transplantation are unheard of.' [22]

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1.3 Healthcare human resources

1.3.1 According to a US International Trade Administration's report, the number of doctors in Nigeria was estimated at 66,555 in 2014[23]. A report published by the International Organization for Migration (IOM) stated that 'Nigeria's current stock of practising physicians is about 35% of the officially quoted numbers because the data have never been updated since 1963.' [24] This report also estimated the Nigerian doctors' ratio at 0.17 practitioners per 1000 population, which places it among the lowest in Africa. There is also a shortage of health workers and the density of nurses, midwives and doctors is estimated to be far too low to effectively deliver essential health services[25]. The MedCOI contact states that there is a need of human resources for health (HRH) in Nigeria, especially in the rural areas and in the northern part of the country[26].

1.3.2 The IOM report noted that there is an unequal distribution of HRH between states, especially between the Southern and Northern states. The North East zone is the hardest hit by shortages in HRH followed by the North West. Statistics show that the North East, where 14% of Nigeria's population lives, has only 4% of the country's doctors, whereas the South West, home to 20% of the population, has 43.9% of the practitioners. Also, the North West, a more populous region than the South West and with a higher disease burden, has only one fifth of the country's doctors. Low wages, under-investment in health care infrastructure and the insecurity situation in some

[20] U.S. Department of Commerce, International Trade Administration2016, p.1 url
[21] Pharm Access Foundation, 'Nigerian Health Sector, Market Study Report', March 2015, p. 9 url
[22] Project MedCOI, June 2017.
[23] U.S. Department of Commerce, International Trade Administration 2016, p.1 url
[24] IOM: May 2014, p. 38 url
[25] IOM: May 2014, p. 38 url
[26] Project MedCOI, June 2017

states in Northern Nigeria contribute to the inability to attract medical doctors to their health facilities[27].

1.3.3 The IOM report noted that there is also an unequal distribution of HRH between urban and rural areas. Most of the country's practitioners are concentrated in the tertiary and secondary health facilities located in urban areas. This situation is also explained by less attractive remuneration and inferior work conditions in rural areas[28].

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1.4 Pharmaceutical sector

1.4.1 A European Journal of Pharmaceutical and Medical Research (EJPMR) report noted that 'In 1990, the National Drug Policy (NDP) was launched. Its objective is 'to curb the myriads of challenges militating against the inadequacies in drug availability, supply, and distribution.'[29] The Nigerian Federal Ministry of Health noted that since the NDP adoption and implementation, some modest progress have been recorded, such as the publication of an Essential Medicines List (EML)[30] and a National Drug Formulary (NDF), the establishment of a statutory agency with the responsibility of drug administration and control, and the introduction of a drug registration procedures. However, B.O. Ogbona, researcher at the Nnamdi Azikiwe University Awka's Faculty of Pharmaceutical Sciences, states in the EJPMR report that much more must still be done in many areas, 'such as the realization of self-sufficiency in local production of essential drugs, establishment of an effective drug procurement system, evolving a well-ordered drug distribution system, harmonization, and update of drug legislation.' [31]'

1.4.2 The MedCOI country contact specifies that the EML is the national package that all stakeholders (medicine sellers, pharmacists and physicians) operate with. However, 'access to drugs depends on many factors among which are availability of medicine stores in the areas concerned and the financial capacity to purchase the medicine.' [32]

1.4.3 The African Sociological Review stated that despite the NDP and the existence of the EML, whose last version is the 2010 edition, over 60% of the Nigerian population still lack access to medicines[33]. The same African Sociological Review noted that the proportion of people with access to essential medicines required for the treatment of chronic diseases, such as malaria and HIV, is estimated at 40%[34].

1.4.1 According to the MedCOI country contact, accessibility to drugs is much better in urban areas. Some rural areas do not even have medicine stores at

[27] IOM:, May 2014, p. 10, 24 and 39 url
[28] IOM: May 2014, p. 10 url
[29] European Journal of Pharmaceutical and Medical Research, 2016, p. 1 url
[30] FMOH (Federal Ministry of Health), Essential Medicines List (EML), 2010 url
[31] European Journal of Pharmaceutical and Medical Research 2016, p.1-2 url
[32] Project MedCOI, June 2017
[33] African Sociological Review, 'Essential Medicines in Nigeria: Vol. 18, N. 2, 2014, p. 51 url
[34] African Sociological Review, 'Essential Medicines in Nigeria: Vol. 18, N. 2, 2014, p. 51 url

all[35]. The MedCOI contact also states that patients in Nigeria have access to generic drugs. This contact adds that generic drugs are cheaper and therefore more affordable to the majority of people[36]. However, an article in the African Sociological Review states that between 2002 and 2012, the median availability of selected generic medicines in 'public facilities was 26.2% while that of the private sector was 36.4%.'[37]

1.4.2 The MedCOI country contact noted that people purchase drugs from both public and private medicine stores. Private stores can be 'patent medicine stores' and medium stores. In rural areas, 'patent medicine stores', which are usually unregulated/ unsupervised, are the most frequent kind of private drugs store[38]. The same MedCOI source noted that the drugs supply system follows the federal structure of the country. The Federal Government stocks drugs and pharmaceutical products in the Central Medical Store (CMS) in Lagos. From the CMS, drugs are transported to different states. States also have their State Medical Stores, where medical consumables are stored and transported to local government stores. From the local government stores, drugs are taken to the health facilities[39].

1.4.3 According to the European Journal of Pharmaceutical and Medical Research (EJPMR), the current system of drugs' distribution in Nigeria is chaotic. 'The most notable fallout of the chaotic and unorganized drug distribution system is the unrestricted circulation of fake, substandard, and adulterated pharmaceutical products.' [40] The EJPMR document also noted that figures from different sources show that from 15 to 75% of total drugs circulating in the country are fake[41]. In addition, the EJPMR document noted that poor coordination of medicines procurement and supply to public facilities leads to a shortage of medicines, which are very common in governmental hospitals particularly in primary healthcare facilities[42].

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2. Cancer

2.1.1 The MedCOI country contact noted that 'Nigeria has a National Cancer Control Programme and Nuclear Medicine. Its role is to maintain a cancer register in the country and to develop cancer policies.' [43]

2.1.2 According to the same MedCOI country contact, 'availability of human resources cannot be considered as adequate as such, but it could be efficiently utilised to provide needed care.' [44]

2.1.3 The same MedCOI country contact noted that 'there is no institution specializing in the treatment of cancer in Nigeria. The majority of cancer

[35] Project MedCOI, June 2017
[36] Project MedCOI, June 2017
[37] African Sociological Review, Vol. 18, N. 2, 2014, p. 51 url
[38] Project MedCOI, June 2017
[39] Project MedCOI, June 2017
[40] European Journal of Pharmaceutical and Medical Research, 2016, p.1-2 url
[41] European Journal of Pharmaceutical and Medical Research, 2016, p.1 url
[42] European Journal of Pharmaceutical and Medical Research, 2016, p.1 url
[43] Project MedCOI, June 2017
[44] Project MedCOI, June 2017

cases are treated in tertiary health institutions, however the capacity to manage cancer cases differs from one hospital to another.' [45] The Federal Government has designated six federal tertiary hospitals as oncology centres of excellence. [46] According to the MedCOI contact, 'The University College Hospital Ibadan is one of the tertiary institutions where the majority of cancers could be managed.' [47]

2.1.4 A February 2018 Vanguard article, referring to the International Atomic Energy Agency Directory of Radiotherapy Centres, 'showed that there are only three functional radiotherapy machines in Nigeria.' [48]

2.1.5 According to the MedCOI country contact, there are many factors that limit the access to healthcare for the patients suffering from cancer. Most people are poor, thus financial access to available health services is a challenge on its own[49]. A study about breast cancer states that 'people tend to be poor, health tends not to be universal, many patients present to hospital late because they cannot afford cost of diagnosis, surgery and follow-up monitoring.' [50]

2.1.6 The MedCOI contact stated that 'The geographical accessibility is another explanatory factor… virtually all the health facilities that can handle cancers are in urban settings. Thus, distance is another major factor limiting access to healthcare.' [51]

2.1.7 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of in and outpatient treatment by oncologists from public facilities. [52]

See Annex A for list of available medications.

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3. Diabetes

3.1.1 The MedCOI country contact noted that 'There is no specific Institution designated to treat diabetes in Nigeria… 'available human resources and infrastructures are grossly insufficient for the country…The treatment is possible in public hospitals.' [53]

3.1.2 The same MedCOI country contact noted:

'There is no specific programme that gives patients access to diabetes care at a reduced cost. The International Diabetes Federation (IDF), in collaboration with specialists, provides free insulin and monitoring/treatment devices for children with type 1 diabetes. This aid is subject to availability and local logistic issues.

[45] Project MedCOI, June 2017
[46] Premium Times, 14 August 2015 url
[47] Project MedCOI, June 2017
[48] Vanguard, 'Bridging gaps in radiotherapy support for cancer care', 22 February 2018 url.
[49] Project MedCOI, June 2017
[50] Osaro, E., et all., Author House, Bloomington, 2016, p.58 url
[51] Project MedCOI, June 2017
[52] MedCOI reference enquiry: BMA-8375 (20 July 2016)
[53] Project MedCOI, June 2017

'… treatment for diabetes is not accessible in all the regions of the country. Asides from big urban areas, the skills/expertise and structured multidisciplinary care needed for the care of this complex disease is hardly ever sufficiently available. Remote regions in the country may not have access to all the drugs. Several medications especially insulin (which requires storage in low temperatures) may not be available.' [54]

3.1.3 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of outpatient treatment by endocrinologists from public facilities[55].

See Annex A for list of available medications.

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4. Gynaecology

4.1.1 Information obtained from MedCOI sources indicated that:

'There are Gynaecologists [and] Internists in most tertiary centres including: Lagos University Teaching Hospital, University of Calabar Teaching Hospital, University of Portharcourt Teaching Hospital, Ahmadu Bello University, Zaria, University College Hospital, Ibadan, Lagos State University Teaching Hospital, University of Ilorin Teaching Hospital, Ilorin, Nigeria with a few of them in private practice around the country such as St Nicholas Hospital in Lagos and Garki Hospital Abuja (Public/Private venture).' [56]

See Annex A for list of available medications.

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5. Heart disease

5.1.1 The MedCOI country contact noted that 'There is no specific health institution specialized in CVD's [cardiovascular disease] management. It is managed at the secondary and tertiary levels of care. Heart transplant is not yet available in Nigeria… human resources to manage the medical aspect of cardiovascular disease are adequate. Infrastructure is adequate at the tertiary level facilities. CVD's treatment is possible in public hospitals.' [57]

5.1.2 The MedCOI country contact noted that 'CVD's treatment and drugs are less accessible in the Northern part of the country and in the rural areas compared to the Southern and urban regions.' [58]

5.1.3 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of in and outpatient treatment by cardiologists from public facilities; and diagnostic imaging via electro cardio gram. [59]

See Annex A for list of available medications.

[54] Project MedCOI, June 2017
[55] MedCOI reference enquiry: BMA-9839 (19 July 2017)
[56] MedCOI reference enquiry: BMA-9570 (3 May 2017)
[57] Project MedCOI, June 2017
[58] Project MedCOI, June 2017
[59] MedCOI reference enquiry: BMA-10777 (12 March 2018)

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6. Hepatitis

6.1.1 The MedCOI country contact noted that 'Nigeria does not have a specialized institution for the treatment of hepatitis, but there are specialized subunits in internal medicine departments of the tertiary healthcare centres.' [60]

6.1.2 Information obtained from MedCOI sources indicated that:

'There are Internists in most tertiary centres including: Lagos University Teaching Hospital, University of Calabar Teaching Hospital, University of Portharcourt Teaching Hospital, Ahmadu Bello University, Zaria, University College Hospital, Ibadan, Lagos State University Teaching Hospital, University of Ilorin Teaching Hospital, Ilorin, Nigeria with a few of them in private practice around the country such as St Nicholas Hospital in Lagos and Garki Hospital Abuja (Public/Private venture).' [61]

6.1.3 The MedCOI country contact referred also to the availability of haematologists in the country. [62]

6.1.4 The MedCOI country contact stated in addition that treatment is mainly available in urban areas and but often not economically accessible. [63]

See Annex A for list of available medications.

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7. HIV/AIDs

7.1.1 The MedCOI Country Fact Sheet on Nigeria noted that 'In 2006, the Federal Government of Nigeria introduced the free ARV [Anti-Retroviral] treatment policy for all eligible* persons.' [64]

[*see paragraph 3.1.5 below regarding eligibility.]

7.1.2 The Nigerian National Agency for the Control of AIDS (NACA) stated 'Progress has been made towards achieving universal access to HIV/AIDS services. The number of facilities providing HCT [HIV/AIDS Counselling and Testing] has increased eight folds (sic) and multiple strategies are used to increase access to HCT including community outreaches that were adopted.' [65] The MedCOI Fact Sheet reported that 'the MedCOI contact states that the country has enough pool of human resources and infrastructure to meet the HIV care country's needs.' [66]

7.1.3 Nigeria has a National AIDS and sexually transmitted infections (STIs) Control Programme (NASCP). The NACA [67] has been mandated to support the NASCP. [68] According to the MedCOI country contact, the programme

[60] Project MedCOI, June 2017
[61] MedCOI reference enquiry: BMA-9570 (3 May 2017)
[62] Project MedCOI, June 2017
[63] Project MedCOI, June 2017
[64] Project MedCOI, June 2017
[65] NACA 2015 pp. ix, 59 url
[66] Project MedCOI, June 2017
[67] NACA (National Agency for the Control of AIDS), NACA's mission, n.d. url
[68] Project MedCOI, June 2017

activity includes both free screening and treatment. The programme also covers treatment of the disease, including the treatment of opportunistic infection. [69]

7.1.4 The MedCOI country contact noted that free HIV treatment may be available in all public facilities as well as in designated private facilities. [70] The MedCOI contact also stated that there is no other eligibility criterion to have access to the services other than the clinical eligibility criteria and that free treatment is accessible to all people living with HIV/AIDS. [71]

2.1.5 According to the NASCP [National AIDS and sexually transmitted infections (STIs) Control Programme] integrated 2016 guideline the clinical criteria for initiating ART are as follows:

'-All Adults and adolescents with severe or advanced HIV clinical disease (WHO stage 3 or 4);

'-All adults and adolescents with HIV and CD4+ cell count of less than 350 cells/mm3;

'-All HIV positive pregnant and breastfeeding women;

'-All HIV positive children older than 5 years of age with severe or advanced disease (WHO stage 3 or 4);

'-All HIV positive children older than 5 years of age with CD4+ cell count less than 350 cells/mm3;

'-All HIV positive children less than 2 years of age;

'-All HIV positive children less than 5 years of age with CD4+ cell count of less than 750 cells/mm3 or CD4 percentage less than 25%.' [72]

2.1.6 As to geographical access to ART, the MedCOI country contact stated that treatment centres have been arranged in order to ensure that geographical barriers are minimized. The approach adopted is to make some Primary Health Centres (PHC) facilities into treatment centres. The ARV supply problems have also been minimized by improved logistics management. [73] Still, HIV Counselling and Testing (HCT), ART and Prevention of mother-to-child transmission (PMTCT) are more accessible in urban than in rural areas according to the NACA report.[74]

2.1.7 A Premium Times article from June 2017 noted that 'the health minister said, with the 2016 guidelines things would be better, as there were already 860,000 patients on Anti-retro-viral treatment (ART) in some 1000 comprehensive HIV treatment centres.' [75]

2.1.8 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of in and outpatient treatment

[69] Project MedCOI, June 2017
[70] Project MedCOI, June 2017
[71] Project MedCOI, June 2017
[72] NASCP 2016, p.4, url
[73] Project MedCOI, June 2017
[74] NACA, 2015 p.ix, url
[75] Premium Times – 'Nigerian govt. introduces free treatment for all HIV patients', 20 June 2017 url

and follow up by HIV specialists from public facilities, and laboratory research services for CD4 count and viral load. [76]

See Annex A for list of available medications.

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8. Malaria

8.1.1 The Nigeria Institute of Medical Research noted provision in the country of Artemisinin-based combination therapies (ACTs) and IV Artesunate. [77]

8.1.2 The USAid Malaria Initiative 2017 Nigeria Plan noted provision in the country for insecticide treated mosquito nets (ITNs), quinine, Artemisinin-based combination therapy (ACT), Artemether-lumefantrine, Artesunate-amodiaquine, Injectable artesunate and Sulfadoxine-pyrimethamine.[78]

See Annex A for list of available medications.

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9. Mental health

9.1.1 The MedCOI country contact noted that 'There are 8 neuropsychiatry hospitals throughout the country. Each of the accredited medical schools and the attached teaching hospitals has a psychiatry department. There are also six state-owned mental hospitals financed and managed by various state governments.' [79]

9.1.2 According to the MedCOI country contact, 'the treatment of mental illness is possible in public hospitals. There is no form of mental illness for which treatment is not available in Nigeria. Human resources are not sufficient for the country's needs.'[80] The online publication Punch noted that a consultant psychiatrist at the University of Ilorin Teaching Hospital stated that 'there are less than 300 psychiatrists to Nigeria's estimated 180 million people.'[81] There is also a training of health care workers at the PHC [primary health care] level to diagnose common mental illnesses, according to the MedCOI country contact and BMC Health Services research.[82]

9.1.3 The Department of Foreign Affairs and Trade of Australia (DFAT) Nigeria Country Report noted:

'The Nigerian government formulated its first mental health policy in 1991 but never formally assessed its implementation. In 2003, the government introduced a Mental Health Bill but withdrew it 2009. The bill was re-introduced to the National Assembly in 2013 but is yet to be enacted.

[76] MedCOI reference enquiry: BMA-10458 (20 December 2017)
[77] Nigeria Institute of Medical Research, 27 April 2016 url
[78] USAid, Malaria Initiative 2017 Nigeria Plan, 2017 url
[79] Project MedCOI, June 2017
[80] Project MedCOI, June 2017
[81] Punch, 'Danger as psychiatrists reveal rising mental illness cases in Nigeria', 25 February 2017 url.
[82] Project MedCOI, June 2017 ; BMC Health Services Research, 2015, p.2 url.

'…Mental health issues remain highly stigmatised in Nigeria, with many families hiding conditions or blaming family members' mental illness on curses or witchcraft.'[83]

9.1.4 Treatment facilities are mainly located in the urban and in some semi-urban areas, according to the MedCOI country contact and BMC Health Services research[84]. A Psychiatry Jounal study noted that Nigeria has a significant intracountry disparity in the mental health personnel resources' distribution. The northeastern region is the least resourced, with a weak mental health system that is poorly funded and has very few mental health professionals, as compared to the rest of the country[85].

9.1.5 Information obtained from MedCOI sources indicated the availability of in and outpatient treatment by psychiatrists and psychologists from public facilities. The same source also indicated the availability of psychiatric counselling and medication assistance by psychiatric nurse from public facilities. In addition, the same source indicated the availability of psychiatric treatment in the form of sheltered housing, assisted living and care at home by psychiatric nurse from private facilities. [86]

9.1.6 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of in and outpatient treatment by psychiatrists and psychologists from public facilities; psychiatric counselling, medical assistance by psychiatric nurse, care at home by a nurse from private facilities. [87]

See Annex A for list of available medications.

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10. Neurology

10.1.1 Human resources and infrastructures for the country's needs are insufficient, according to the MedCOI country contact. The MedCOI country contact estimated the number of neurologists at 60. [88]

10.1.2 The International League Against Epilepsy (ILAE) estimated at 193 the number of qualified specialists (neurologist, neurosurgeons and psychiatrists). Presently there are more than 25 CT (computerised tomography) scan machines in the country. (For example Enugu has 3 CT scanners and Lagos more than 5). Again, these facilities are not evenly distributed and many are privately-owned making them more expensive. The country has between 6-10 MRI machines. There are few EEG laboratories.[89]

See Annex A for list of available medications.

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[83] (DFAT), 'Nigeria Country Report', March 2018 url
[84] Project MedCOI, June 2017 ; Gureje, O., et al in: BMC Health Services Research, 2015, p.2 url
[85] Psychiatry Journal Vol. 2015, 2015, pp. 2-3 url.
[86] Project MedCOI, June 2017
[87] MedCOI reference enquiry: BMA-10770 (1 March 2018); BMA-10555 (19 January 2018)
[88] Project MedCOI, June 2017
[89] ILAE (International League Against Epilepsy), Chapter Spotlight: Nigeria, url

11. Ophthalmology

11.1.1 Information obtained from MedCOI sources indicated:

'There are ophthalmologists…in most tertiary centres including: National Hospital, Abuja, Lagos University Teaching Hospital, University of Calabar Teaching Hospital, University of Portharcourt Teaching Hospital, Ahmadu Bello University, Zaria, University College hospital, Ibadan, Obafemi Awolowo University Teaching Hospital Complex, Ife (OAUTHC), Lagos state University Teaching Hospital, University of Ilorin Teaching Hospital, Ilorin, Nigeria with a few of them in private practice around the country such as Reddington Hospital and St Nicholas Hospital in Lagos, Garki Hospital Abuja (Public/Private venture), St Nicholas Hospital in Lagos (Private).' [90]

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12. Paediatrics

12.1.1 The MedCOI country contact noted:

'There are health programs specifically for children and the content varies widely. For example, at the national level, there is a childhood immunization program under which children are immunized in infancy. There is also the prevention of mother-to-child transmission of HIV program which ensures children of HIV positive mothers don't get infected with HIV. The primary and secondary health centres design and run various programs that the paediatrician or the medical officer of health in charge of paediatrics come[s] up with. There is no strict coordination so there is no uniformity in the content of the programs. The situation is similar in tertiary health settings. Some private hospitals have well-coordinated programs for children especially when they are run by paediatricians.'[91]

12.1.2 An Africa Health Nigeria document stated that Nigeria has about 600 paediatricians catering for its 170 million people.[92] The MedCOI country contact stated that 'human resources and infrastructure are not sufficient for the country's needs.'[93]

12.1.3 A This Day article from March 2016 stated that the three major challenges to surmount child and maternity mortality are the availability of quality services, the accessibility to these services and the affordability of these services. [94]

12.1.4 The MedCOI country contact noted that 'A few states, like Lagos state, offer free paediatric health care services to children of parents who pay taxes.' [95]

See Annex A for list of available medications.

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[90] MedCOI reference enquiry: BMA-10515 (3 January 2018)
[91] Project MedCOI, June 2017
[92] Africa Health Nigeria, Vol. 37, N. 2, 2015, p. 4 url
[93] Project MedCOI, June 2017
[94] This Day, 'Reducing Maternal, Child Mortality in Nigeria', 24 March 2017 url
[95] Project MedCOI, June 2017

13. Palliative care

13.1.1 The Journal of Emergency and Internal Medicine noted in a 2017 paper:

'Palliative Care is still at a developmental stage…in 2007 Dr. Anne Merriman facilitated the inauguration of the Hospice and Palliative Care Association of Nigeria (HPCAN) together with the national association founding fathers. The African Palliative Care Association (APCA)…[Dr Merriman] provided the seed grants to [start] the Association. Since then palliative care services have been scaled-up in at least 5 out of the 6 geopolitical zones in Nigeria. The HPCAN had liaised with the Federal Ministry of Health severally and in 2008 submitted a proposal for the establishment of Palliative care Units in all the tertiary health institutions in Nigeria and today we have about 15 of such Centers scattered across the nation.

'…The estimated palliative care needs in Nigeria is well over 4.6 million saddled with severe dearth of manpower.

'…Morphine 80% is most commonly used analgesics used in palliative care services in Nigeria and is widely available in the country. Although most health care workers with inadequate training in pain management…feel more comfortable with Tramadol and Pentazocine.' [96]

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14. Renal disease

14.1.1 A Vanguard article noted that despite the huge number of Nigerians with kidney disorders, the nephrologist ratio is 1 to 1,000,000 patients.[97] A Hong Kong Society of Nephrology article noted that the number of facilities offering renal replacement therapy (RRT) increased in the past 10 years. Today there are about 80 haemodialysis (HD) centres and more than five transplant centres in the country. [98]

14.1.2 The MedCOI country contact noted that 'There is currently no national kidney disease programme, but the country has set up an annual screening programme during the World Kidney Day.' [99]

14.1.3 The MedCOI country contact noted that treatment for renal diseases '… is fairly accessible. The majority of all the teaching hospitals manage renal cases. At least there is one teaching hospital per geopolitical zone. Necessary drugs for renal management are available in the teaching hospitals offering the care as well as in some private medicine stores.' [100] However, the MedCOI contact stated that 'CKD [chronic kidney disease] treatment is not economically accessible.' [101]

14.1.4 A Journal of Public Health in Africa report noted:

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[96] Journal of Emergency and Internal Medicine, 26 December 2017 url
[97] Vanguard, 17,000 kidney failure cases diagnosed annually in Nigeria, 15 March 2016 url
[98] Hong Kong Society of Nephrology, 'Unaffordability of renal replacement therapy in Nigeria', p.16 url
[99] Project MedCOI, June 2017
[100] Project MedCOI, June 2017
[101] Project MedCOI, June 2017

'Accessibility both in terms of cost and physical access can have a significant impact on the effectiveness of CKD management within the country. It can be argued that within Nigeria, population access to tertiary care, including specialised healthcare for chronic diseases, is limited as these services are located in large urban areas. Most of the rural population [is] too poor to pay for the service and even if they could afford the treatment, there is the absence of an efficient transportation system to enable access.' [102]

14.1.5 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of in and outpatient treatment by nephrologists from public facilities; and haemodialysis. [103]

See Annex A for list of available medications.

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15. Sickle cell anaemia/disease

15.1.1 According to the MedCOI country contact, 'there is no national programme on sickle cell disease [SCD].' [104] However, the Federal Ministry of Health (FMoH) has elaborated a National Guideline for the Control Management of Sickle Cell Disease. According to this document, there are six Federal Medical Centers in each of the six geopolitical zones in the country: Abakaliki, Ebonyi State; Birnin-Kebbi, Kebbi State; Ebute- Metta, Lagos State; Gombe, Gombe State; Keffi, Nasarawa State; and Yenagoa, Bayelsa State.[105]

15.1.2 The MedCOI country contact also stated that 'all tertiary health structures are able to manage SCD. Therefore, treatment in public hospitals is possible as most of tertiary health centres are public structures.' [106]

15.1.3 There is also a National Sickle Cell Centre (NSCC) run by the Sickle Cell Foundation Nigeria (SCFN), located in Lagos State. NSCC is dedicated wholly to SCD and has modern laboratories, a specialist library, an emergency care unit, clinical services among other sickle cell intervention initiatives.[107]

15.1.4 The MedCOI country contact highlighted that 'the country has sufficient human resources to take care of SCD patients but the infrastructure is not adequate.' [108]

See Annex A for list of available medications.

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[102] Journal of Public Health in Africa, , , Vo. 6:394, 2015, p. 40 url
[103] MedCOI reference enquiry: BMA-10515 (3 January 2018)
[104] Project MedCOI, June 2017
[105] FMoH (Federal Ministry of Health), Sickle Cell Disease, 2014 url
[106] Project MedCOI, June 2017
[107] SCFN (Sickle Cell Foundation Nigeria), Services, url
[108] Project MedCOI, June 2017

16. Tuberculosis

16.1.1 The MedCOI country contact noted that 'Nigeria has a National Tuberculosis and Leprosy Control Programme (NTBLCP)… there is no serious human resources shortage, but the country lacks basic infrastructure, especially diagnostic materials, reagents and equipment.' [109]

16.1.2 A Copenhagen Consensus document noted:

'A lack of capacity in the primary health system means that in practice the NTLCP often has to work through hospitals to ensure high quality TB diagnosis and treatment. In addition access to primary health care services is patchy and varies considerably by state, reliant on investment decisions made by each local authority. In addition to the lack of availability of high quality treatment at the primary care level, studies have pointed to a lack of awareness in the population of TB and its symptoms as being a major cause of delay and seeking treatment from inappropriate providers.' [110]

16.1.3 The MedCOI country contact noted that 'Diagnosis, anti-TB drugs, medical consultation, laboratory exams and tests are available for free in all TB treatment centres over the country… treatment and anti-TB drugs are accessible in the majority of the country's regions. However, geography is a factor limiting access to treatment for those who live in the far rural areas where there are no healthcare facilities.' [111]

16.1.4 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of in and outpatient treatment by pulmonologists from public facilities. [112]

See Annex A for list of available medications.

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[109] Project MedCOI, June 2017
[110] Copenhagen Consensus, Post-2015 Development Agenda, Nigeria Perspectives, 2015, p. 3 url
[111] Project MedCOI, June 2017
[112] MedCOI reference enquiry: BMA-10287 (3 January 2018)

Annex A: Alphabetical list of available medication at 2017/2018 according to MedCOI sources

A	Abacavir[113], Acamprosate[114], Acenocoumarol[115], Acetylsalicylic acid[116], Adriamycin[117], Alemtuzomab[118], Alfacalcidol[119], Allopurinol[120], Alprazolam[121], Amitryptiline[122], Amlodipine[123], Amoxicillin[124], Apixaban[125], Aripiprazol[126], Aripiprazol depot injections[127], Aspart protamine[128], Aspirin[129], Atenolol[130], Atorvastatin[131], Atripla[132], Atropine[133], Azathioprine[134].
B	Betamethasone[135], Bevacizumab[136], Bimatoprost[137], Biperiden[138], Bisoprolol[139], Bleomycin[140], Botulinum toxin type a/b[141], Brinzolamide[142], Bromperidol[143], Bumetanide[144], Bupropion[145], Buprenorphine[146], Buprenorphine naloxone[147].

[113] MedCOI database, BMA-10697 (9 March 2018)
[114] MedCOI database, BMA-10012 (7 September 2017)
[115] MedCOI database, BMA-10029 (6 September 2017)
[116] MedCOI database, BMA-10476 (27 December 2017)
[117] MedCOI database, BMA-10243 (31 October 2017)
[118] MedCOI database, BMA-11031 (19 April 2018)
[119] MedCOI database, BMA-10515 (3 January 2018)
[120] MedCOI database, BMA-10161 (13 October 2017)
[121] MedCOI database, BMA-9541 (5 May 2017)
[122] MedCOI database, BMA-10833 (17 April 2018)
[123] MedCOI database, BMA-10833 (17 April 2018)
[124] MedCOI database, BMA-9839 (19 July 2017)
[125] MedCOI database, BMA-8918 (5 January 2017)
[126] MedCOI database, BMA-10161 (13 October 2017)
[127] MedCOI database, BMA-9861 (15 June 2017)
[128] MedCOI database, BMA-9548 (24 April 2017)
[129] MedCOI database, BMA-10476 (27 December 2017)
[130] MedCOI database, BMA-9905 (23 August 2017)
[131] MedCOI database, BMA-10777 (12 March 2018)
[132] MedCOI database, BMA-9813 (11 July 2018)
[133] MedCOI database, BMA-10777 (12 March 2018)
[134] MedCOI database, BMA-9709 (15 June 2017)
[135] MedCOI database, BMA-9709 (15 June 2017)
[136] MedCOI database, BMA-9548 (24 April 2017)
[137] MedCOI database, BMA-10515 (3 January 2018)
[138] MedCOI database, BMA-9681 (15 June 2017)
[139] MedCOI database, BMA-10208 (30 October 2017)
[140] MedCOI database, BMA-10243 (31 October 2017)
[141] MedCOI database, BMA-10161 (13 October 2017)
[142] MedCOI database, BMA-9839 (19 July 2017)
[143] MedCOI database, BMA-9681 (15 June 2017)
[144] MedCOI database, BMA-9015 (27 December 2016)
[145] MedCOI database, BMA-10345 (22 November 2017)
[146] MedCOI database, BMA-9792 (6 July 2017)
[147] MedCOI database, BMA-9792 (6 July 2017)

C	Calcium acetate[148], Calcium carbonate[149], Candesartan[150], Carbamazepine[151], Carbasalate calcium[152], Carbomere eye drops[153], Carvedilol[154], Cetirizine[155], Chlorpromazine[156], Ciclosporin[157], Citalopram[158], Clavulanic acid[159], Clomipramine[160], Clopidogrel[161], Clorazepate[162], Clotrimazole[163], Clozapine[164], Colchicine[165], Colecalciferol[166], Cotrimoxazole[167].
D	Dabigatran[168], Daclizumab[169], Dactinomycin[170], Dalteparin[171], Darbepoetin alfa[172], Darunavir[173], Deferoxamine[174], Depakine[175], Desloratadine[176], Dexamethasone[177], Dexamethasone eye drops[178], Diazepam[179], Diclofenac[180], Dimethyl fumarate[181], Disulfiram[182], Docusate sodium[183], Dolutegravir[184], Dorzolamide[185], Doxazosin[186], Doxorubicin[187], Duloxetine[188], Dydrogesterone[189].

[148] MedCOI database, BMA-10515 (3 January 2018)
[149] MedCOI database, BMA-10515 (3 January 2018)
[150] MedCOI database, BMA-10476 (27 December 2017)
[151] MedCOI database, BMA-10059 (14 September 2017)
[152] MedCOI database, BMA-10777 (12 March 2018)
[153] MedCOI database, BMA-10777 (12 March 2018)
[154] MedCOI database, BMA-9905 (23 August 2017)
[155] MedCOI database, BMA-8697 (17 October 2016)
[156] MedCOI database, BMA-9681 (15 June 2017)
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[158] MedCOI database, BMA-10555 (19 January 2018)
[159] MedCOI database, BMA-9839 (19 July 2017)
[160] MedCOI database, BMA-9541 (5 May 2017)
[161] MedCOI database, BMA-10777 (12 March 2018)
[162] MedCOI database, BMA-9541 (5 May 2017)
[163] MedCOI database, BMA-10458 (20 December 2017)
[164] MedCOI database, BMA-9681 (15 June 2017)
[165] MedCOI database, BMA-10161 (13 October 2017)
[166] MedCOI database, BMA-10515 (3 January 2018)
[167] MedCOI database, BMA-10458 (20 December 2017)
[168] MedCOI database, BMA-9839 (19 July 2017)
[169] MedCOI database, BMA-11031 (19 April 2018)
[170] MedCOI database, BMA-11103 (9 May 2018)
[171] MedCOI database, BMA-10898 (17 April 2018)
[172] MedCOI database, BMA-10515 (3 January 2018)
[173] MedCOI database, BMA-10697 (9 March 2018)
[174] MedCOI database, BMA-9448 (4 April 2017)
[175] MedCOI database, BMA-10161 (13 October 2017)
[176] MedCOI database, BMA-10020 (7 September 2017)
[177] MedCOI database, BMA-10016 (8 September 2017)
[178] MedCOI database, BMA-10777 (12 March 2018)
[179] MedCOI database, BMA-10020 (7 September 2017)
[180] MedCOI database, BMA- 10425 (14 December 2017
[181] MedCOI database, BMA-11031 (19 April 2018)
[182] MedCOI database, BMA-9792 (6 July 2017)
[183] MedCOI database, BMA-10161 (13 October 2017)
[184] MedCOI database, BMA-10635 (8 February 2018)
[185] MedCOI database, BMA-10515 (3 January 2018)
[186] MedCOI database, BMA-10555 (19 January 2018)
[187] MedCOI database, BMA-10243 (31 October 2017)
[188] MedCOI database, BMA-9541 (5 May 2017)
[189] MedCOI database, BMA-10898 (17 April 2018)

E	Efavirenz[190], Elvitegravir[191], Emtricitabine[192], Enalapril[193], Enoxaparine sodium[194], Epoetin alfa[195], Epoetin beta[196], Epzicom[197], Erythromicine[198], Escitalopram[199], Esomeprazole[200], Ethambutol[201].
F	Felodipine[202], Ferrous fumarate[203], Fingolimod[204], Fluoxetine[205], Flupentixol[206], Flupentixol decanoate depot injections[207], Fluphenazine[208], Fluphenazine decanoate depot injections[209], Flurazepam[210], Fluticasone[211], Fluvoxamide[212], Folic acid[213], Furosemide[214].
G	Gabapentin[215], Glatiramer acetate[216], Gliclazide[217], Glibenclamide[218], Glucagon[219].
H	Haloperidol[220], Haloperidol depot injections[221], Heparin[222], Hydralazine[223], Hydroclorothiazide[224], Hydroxycarbamide[225], Hydroxyurea[226], Hypromellose eyedrops (Dextran)[227].

[190] MedCOI database, BMA-9813 (11 July 2017)
[191] MedCOI database, BMA-10074 (20 September 2017)
[192] MedCOI database, BMA-10345 (22 November 2017)
[193] MedCOI database, BMA-10161 (13 October 2017)
[194] MedCOI database, BMA-10898 (17 April 2018)
[195] MedCOI database, BMA- 9105 (20 January 2017)
[196] MedCOI database, BMA-9015 (27 December 2016)
[197] MedCOI database, BMA-11311 (16 July 2018)
[198] MedCOI database, BMA-9322 (3 March 2017)
[199] MedCOI database, BMA-10555 (19 January 2018)
[200] MedCOI database, BMA-10016 (8 September 2017)
[201] MedCOI database, BMA-10059 (14 September 2017)
[202] MedCOI database, BMA-10208 (30 October 2017)
[203] MedCOI database, BMA-10898 (17 April 2018)
[204] MedCOI database, BMA-11031 (19 April 2018)
[205] MedCOI database, BMA-9541 (5 May 2017)
[206] MedCOI database, BMA-10161 (13 October 2017)
[207] MedCOI database, BMA-9681 (15 June 2017)
[208] MedCOI database, BMA-9681 (15 June 2017)
[209] MedCOI database, BMA-9681 (15 June 2017)
[210] MedCOI database, BMA-9541 (5 May 2017)
[211] MedCOI database, BMA-10020 (7 September 2017)
[212] MedCOI database, BMA-9541 (5 May 2017)
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[215] MedCOI database, BMA-10833 (17 April 2018)
[216] MedCOI database, BMA-11031 (19 April 2018)
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[223] MedCOI database, BMA-9812 (11 July 2017)
[224] MedCOI database, BMA-109709 (12 April 2018)
[225] MedCOI database, BMA-9839 (19 July 2017)
[226] MedCOI database, BMA-9839 (19 July 2017)
[227] MedCOI database, BMA-10777 (12 March 2018)

I	Ibuprofen[228], Indapamide[229], Insulin[230], Insulin aspart[231], Insulin detemir[232], Insulin glargine[233], Insulin glulisine[234], Insulin isophane[235], Interferon beta 1b[236], Ipratropium[237], Irbesartan[238], Iron[239], Isoniazid[240], Isosorbide-5-mononitrate[241].
K	Kivexa[242].
L	Labetalol[243], Lactulose[244], Lamivudine[245], Lamotrigine[246], Lanthanum carbonate[247], Latanoprost eye drops[248], Levetiracetam[249], Levothyroxine[250], Liothyronine sodium[251], Lisinopril[252], Lithium carbonate[253], Lorazepam[254], Losartan[255].
M	Macrogol[256], Magnesium carbonate[257], Melatonin[258], Mercaptopurine[259], Metformin[260], Methadone[261], Metoclopramide[262], Minoxidil[263], Mirabegron[264], Mirtazapine[265], Montelukast sodium[266], Morphine[267], Morphine sulfate[268].

[228] MedCOI database, BMA-11031 (19 April 2018)
[229] MedCOI database, BMA-10979 (12 April 2018)
[230] MedCOI database, BMA-9038 (5 January 2017)
[231] MedCOI database, BMA-9038 (5 January 2017)
[232] MedCOI database, BMA-9038 (5 January 2017)
[233] MedCOI database, BMA-9038 (5 January 2017)
[234] MedCOI database, BMA-9038 (5 January 2017)-
[235] MedCOI database, BMA-9038 (5 January 2017)
[236] MedCOI database, BMA-11031 (19 April 2018)
[237] MedCOI database, BMA-9552 (25 April 2017)
[238] MedCOI database, BMA-11194 (11 June 2018)
[239] MedCOI database, BMA-10898 (17 April 2018)
[240] MedCOI database, BMA-10059 (14 September 2017)
[241] MedCOI database, BMA- 10777 (12 March 2018)
[242] MedCOI database, BMA-10697 (9 March 2018)
[243] MedCOI database, BMA- 9812 (11 july 2017)
[244] MedCOI database, BMA-10208 (30 October 2017)
[245] MedCOI database, BMA-10697 (9 March 2018)
[246] MedCOI database, BMA-10115 (28 September 2017)
[247] MedCOI database, BMA-10515 (3 January 2018)
[248] MedCOI database, BMA-10515 (3 January 2018)
[249] MedCOI database, BMA-10115 (28 September 2017)
[250] MedCOI database, BMA-9448 (4 April 2017)
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[252] MedCOI database, BMA-10777 (12 March 2018)
[253] MedCOI database, BMA-9681 (15 June 2017)
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[255] MedCOI database, BMA-10425 (14 December 2017)
[256] MedCOI database, BMA-10898 (17 April 2018)
[257] MedCOI database, BMA-9812 (11 July 2017)
[258] MedCOI database, BMA-9541 (5 May 2017)
[259] MedCOI database, BMA-8918 (5 January 2017)
[260] MedCOI database, BMA-10478 (14 December 2017)
[261] MedCOI database, BMA-9792 (6 July 207)
[262] MedCOI database, BMA-10979 (12 April 2018)
[263] MedCOI database, BMA-9812 (11 July 2017)
[264] MedCOI database, BMA-10161 (13 October 2017)
[265] MedCOI database, BMA-10769 (5 March 2018)
[266] MedCOI database, BMA-9552 (25 April 2017)
[267] MedCOI database, BMA-9839 (19 July 2017)
[268] MedCOI database, BMA-9839 (19 July 2017)

N	Nalmefene[269], Naloxone[270], Naltrexone hydrochloride[271], Naproxen[272], Natalizumab[273], Nebivolol[274], Nepafenac[275], Nevirapine[276], Nicardipine[277], Nifedipine[278], Nitrazepam[279], Nitroglycerine[280], Nortriptyline[281], Novomix[282], Nystatin[283].
O	Ocrelizumab[284], Olanzapine[285], Olanzapine pamoate depot injection[286], Omeprazole[287], Oxazepam[288], Oxycodone[289].

[269] MedCOI database, BMA-9792 (6 July 2017)
[270] MedCOI database, BMA-9792 (6 July 2017)
[271] MedCOI database, BMA-9792 (6 July 2017)
[272] MedCOI database, BMA-10833 (17 April 2018)
[273] MedCOI database, BMA-11031 (19 April 2018)
[274] MedCOI database, BMA-10777 (12 March 2018)
[275] MedCOI database, BMA-9709 (15 June 2017)
[276] MedCOI database, BMA-10833 (17 April 2018)
[277] MedCOI database, BMA-9812 (11 July 2017)
[278] MedCOI database, BMA-10833 (17 April 2018)
[279] MedCOI database, BMA-9541 (5 May 2017)
[280] MedCOI database, BMA-10777 (12 March 2018)
[281] MedCOI database, BMA-9541 (5 May 2017)
[282] MedCOI database, BMA-9548 (24 April 2017)
[283] MedCOI database, BMA-10458 (20 December 2017)
[284] MedCOI database, BMA-11031 (19 April 2018)
[285] MedCOI database, BMA-10555 (19 January 2018)
[286] MedCOI database, BMA-9681 (15 June 2017)
[287] MedCOI database, BMA-10478 (14 December 2017)
[288] MedCOI database, BMA-10478 (14 December 2017)
[289] MedCOI database, BMA-9839 (19 July 2017)

P	Paliperidone[290], Paloperidone palmitate depot injections[291], Pantoprazole[292], Paracetamol[293], Paroxetine[294], Peg interferon beta 1a[295], Penfluridol[296], Penicillamine[297], Pentamidine[298], Phenprocoumon[299], Pimozide[300], Pipamperone[301], Povidone eye drops[302], Prednisolone[303], Prednisolone eye drops[304], Prednisone[305], Pregabaline[306], Promethazine[307], Propylthiouracile[308], Psylliumseeds[309], Pyrazinamide[310].
Q	Quetiapine[311]
R	Raltegravir[312], Rifampicin[313], Risperidone[314], Risperidone depot injections[315], Ritonavir[316], Rivaroxaban[317].
S	Salbutamol[318], Sertraline[319], Simvastatine[320], Spironolactone[321].

[290] MedCOI database, BMA-9681 (15 June 2017)
[291] MedCOI database, BMA-9681 (15 June 2017)
[292] MedCOI database, BMA-10777 (12 March 2018)
[293] MedCOI database, BMA-10161 (13 October 2017)
[294] MedCOI database, BMA-10425 (14 December 2017)
[295] MedCOI database, BMA-11031 (19 April 2018)
[296] MedCOI database, BMA-9681 (15 June 2017)
[297] MedCOI database, BMA- 9839 (19 July 2017)
[298] MedCOI database, BMA-10020 (7 September 2017)
[299] MedCOI database, BMA-10029 (6 September 2017)
[300] MedCOI database, BMA-9681 (15 June 2017)
[301] MedCOI database, BMA-9681 (15 June 2017)
[302] MedCOI database, BMA-10020 (7 September 2017)
[303] MedCOI database, BMA-10016 (8 September 2017)
[304] MedCOI database, BMA-10777 (12 March 2018)
[305] MedCOI database, BMA-10016 (8 September 2017)
[306] MedCOI database, BMA-10059 (14 September 2017)
[307] MedCOI database, BMA-9541 (5 May 2017)
[308] MedCOI database, BMA-9390 (22 March 2017)
[309] MedCOI database, BMA-9905 (23 August 2017)
[310] MedCOI database, BMA-10059 (14 September 2017)
[311] MedCOI database, BMA-10555 (19 January 2018)
[312] MedCOI database, BMA-10345 (22 November 2017)
[313] MedCOI database, BMA-10059 (14 September 2017)
[314] MedCOI database, BMA-10345 (22 November 2017)
[315] MedCOI database, BMA-9681 (15 June 2017)
[316] MedCOI database, BMA-10697 (9 March 2018)
[317] MedCOI database, BMA-9839 (19 July 2017)
[318] MedCOI database, BMA-9552 (25 April 2017)
[319] MedCOI database, BMA-10555 (19 January 2018)
[320] MedCOI database, BMA-10515 (3 January 2018)
[321] MedCOI database, BMA-10208 (30 October 2017)

T	Tacrolimus[322], Telmisartan[323], Temazepam[324], Tenofovir alafenamide[325], Tenofovir disoproxil[326], Teriflunomide[327], Thioridazine[328], Timolol[329], Timolol eye drops[330], Tolbutamide[331], Topiramate[332], Torasemide[333], Tramadol[334], Tranexamic acid[335], Trazodone[336], Triamcinolone acetonide[337], Triamterene[338], Trihexyphenidyl[339], Truvada[340].
U	Ulipristal acetate[341].
V	Valproate[342], Valproic acid[343], Valsartan[344], Vaseline paraffin[345], Venlafaxine[346], Vincristine[347].
W	Warfarin[348]
Y	Yellow fever vaccine[349].
Z	Zafirlukast[350], Zidovudine[351], Zolpidem[352], Zopiclone[353], Zuclopenthixol[354], Zuclopenthixol decanoate depot injections[355].

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[322] MedCOI database, BMA-9743 (22 June 2017)
[323] MedCOI database, BMA-10029 (6 September 2017)
[324] MedCOI database, BMA-9541 (5 May 2017)
[325] MedCOI database, BMA-10074 (20 September 2017)
[326] MedCOI database, BMA-10345 (22 November 2017)
[327] MedCOI database, BMA-11031 (19 April 2018)
[328] MedCOI database, BMA-9681 (15 June 2017)
[329] MedCOI database, BMA-10515 (3 January 2018)
[330] MedCOI database, BMA-10515 (3 January 2018)
[331] MedCOI database, BMA-10478 (14 December 2017)
[332] MedCOI database, BMA-10555 (19 January 2018)
[333] MedCOI database, BMA-10029 (6 September 2017)
[334] MedCOI database, BMA-9839 (19 July 2017)
[335] MedCOI database, BMA-10898 (17 April 2018)
[336] MedCOI database, BMA-10345 (22 November 2017)
[337] MedCOI database, BMA-10515 (3 January 2018)
[338] MedCOI database, BMA-9905 (23 August 2017)
[339] MedCOI database, BMA-9681 (15 June 2017)
[340] MedCOI database, BMA-10833 (17 April 2018)
[341] MedCOI database, BMA-10898 (17 April 2018)
[342] MedCOI database, BMA-10161 (13 October 2017)
[343] MedCOI database, BMA-10161 (13 October 2017)
[344] MedCOI database, BMA-9548 (24 April 2017)
[345] MedCOI database, BMA-10515 (3 January 2018)
[346] MedCOI database, BMA-10777 (12 March 2018)
[347] MedCOI database, BMA-10243 (31 October 2017)
[348] MedCOI database, BMA-10029 (6 September 2017)
[349] MedCOI database, BMA-9210 (7 February 2017)
[350] MedCOI database, BMA-9552 (25 April 2017)
[351] MedCOI database, BDA-6185 (20 November 2015)
[352] MedCOI database, BMA-9541 (5 May 2017)
[353] MedCOI database, BMA-9541 (5 May 2017)
[354] MedCOI database, BMA-9681 (15 June 2017)
[355] MedCOI database, BMA-9681 (15 June 2017)

Annex B: Hospitals and medical facilities

The British High Commission produced Nigeria: List of Medical Practitioners/Facilities .

The Federal Ministry of Health website listed public facilities, including Federal Teaching Hospitals, , Federal Medical Centres, and Federal Specialty Hospitals.

The US Embassy in Nigeria produced information on Medical Assistance in the country which included details of facilities in different states.

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Terms of reference

A ‘Terms of Reference’ (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the country information section. The Home Office’s Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

COI

- MedCOI
    - What is itAvailability/accessibility information
- Overview of Health Care System
- Medical conditions: Cancer (oncology)
- Medical conditions: Cardiac disease
- Medical conditions: Diabetes
- Medical conditions: Gynaecology
- Medical conditions: Hepatitis
- Medical conditions: HIV/AIDs
- Medical conditions: Malaria
- Medical conditions: Mental health
- Neurology
- Medical conditions: Opthalmology
- Medical conditions: Paediatrics
- Medical conditions: Renal failure/kidney dialysis
- Medical conditions: Sickle Cell disease
- Medical conditions: Tuberculosis
- Palliative care
- Hospitals
- Psychiatric Hospitals
- Alphabetical list of available medication

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Bibliography

Sources cited

Academic Journal of Interdisciplinary Studies, ‘‘Building a Solid Health Care System in Nigeria: Challenges and Prospects’, Vol. 3, No. 6, November 2014, p. 503 http://www.mcser.org/journal/index.php/ajis/article/viewFile/4899/4741. Last accessed: 21 February 2018.

Africa Health Nigeria Asoka, ‘Six hundred paediatricians for Nigeria’s 170 million citizens’, Vol. 37, N. 2, 2015, p. 4 http://flickread.com/edition/html/index.php?pdf=54bd0c6a5f450#1. Last accessed: 21 February 2018.

African Sociological Review, ‘Essential Medicines in Nigeria: Foregrounding Access to Affordable Essential Medicines’, Vol. 18, N. 2, 2014, p. 51 http://www.ajol.info/index.php/asr/article/viewFile/135382/124881. Last accessed: 21 February 2018.

All Africa, Nigeria: Will the 2016 Health Budget Fund the 2014 National Health Act?, 2 February 2016 http://allafrica.com/stories/201602041407.html. Last accessed: 21 February 2018.

BMC Health Services Research, ‘Integrating mental health into primary care in Nigeria: report of a demonstration project using the mental health gap action programme intervention guide’, in: BMC Health Services Research, 2015, p.2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4475323. Last accessed: 21 February 2018.

Cable (The), Change in Nigeria’s healthcare system, 1 January 2016 https://www.thecable.ng/change-in-nigerias-healthcaresystem. Last accessed: 21 February 2018.

Copenhagen Consensus, Post-2015 Development Agenda, Nigeria Perspectives, 2015, p. 3 (http://www.copenhagenconsensus.com/sites/default/files/nigeria_tb_resource_packet_0.pdf. Last accessed: 21 February 2018.

Department of Foreign Affairs and Trade of Australia (DFAT), ‘Nigeria Country Report’, March 2018 http://dfat.gov.au/about-us/publications/Documents/country-information-report-nigeria.pdf Last accessed: 21 February 2018.

European Journal of Pharmaceutical and Medical Research, ‘National drug distribution in Nigeria : Implementations for the Goals of National Drug Policy’, 2016, p. 1 http://www.ejpmr.com/admin/assets/article_issue/1451537865.pdf. Last accessed: 21 February 2018. Nigerian Government, Federal Ministry of Health,

Federal Ministry of Health

Essential Medicines List (EML), 2010 http://www.health.gov.ng/doc/EML.pdf. Last accessed: 21 February 2018.

National Guideline for the Control Management of Sickle Cell Disease, 2014 http://www.health.gov.ng/doc/SCDGuideline.pdf. Last accessed: 21 February 2018

Hong Kong Society of Nephrology, 'Unaffordability of renal replacement therapy in Nigeria', in: Hong Kong Society of Nephrology, 2016, p. 16 http://www.sciencedirect.com/science/article/pii/S1561541315004500. Last accessed: 21 February 2018.

Howard College global health review', 'An Inverted Pyramid Pyramid : Three-tier Public Financing for Health in Nigeria', p. 11 http://www.hcs.harvard.edu/~hghr/wp-content/uploads/2012/11/12S-Issue.12.pdf. Last accessed: 21 February 2018.

International Journal of Applied Information Systems, ., 'A Distributed Information System for Health Care Facilities in Nigeria: A Web-based Spatial Approach', Vol. 5, N. 10, August 2013, p. 7 http://research.ijais.org/volume5/number10/ijais13-450954.pdf. Last accessed: 21 February 2018.

International League Against Epilepsy (ILAE), Chapter Spotlight: Nigeria, n.d. http://www.ilae.org/visitors/chapters/SpotNigeria.cfm. Last accessed: 21 February 2018

International Organization for Migration (IOM), "Promoting Better Management of Migration in Nigeria", Needs assessment of the Nigerian Health Sector, May 2014, p. 15, https://nigeria.iom.int/sites/default/files/newsletter/ANNEX%20XXIV%20Needs%20Assessment%20of%20the%20Nigeria%20health%20Sector.pdf. Last accessed: 21 February 2018.

International Organisation of Scientific Research (IOSR) Journal of Economics and Finance, 'Sustainable Healthcare System in Nigeria: Vision, Strategies and Challenges', Vol. 2, Issue 2, Sept-Oct. 2014, p. 30 http://www.iosrjournals.org/iosr-jef/papers/vol5issue2/D0522839.pdf. Last accessed: 21 February 2018.

Journal of Emergency and Internal Medicine, 'Palliative Care Trends and Challenges in Nigeria', 26 December 2017 http://www.imedpub.com/articles/palliative-care-trends-and-challenges-in-nigeria--the-journey-so-far.php?aid=21670. Last accessed: 21 February 2018.

Journal of Medicine and Medical Sciences, 'A review of the Nigerian health care funding system and how it compares to that of South Africa, Europe and America', Vol 3(4), April 2012, p. 226 http://www.interesjournals.org/full-articles/a-review-of-the-nigerian-health-care-funding-systemand-how-it-compares-to-that-of-south-africa-europe-and-america.pdf?view=inline. Last accessed: 21 February 2018.

KPMG International Cooperative, Nigeria – Country Profile, 2012, p. 3 https://www.kpmg.com/Africa/en/KPMG-inAfrica/Documents/NIgeria.pdf. Last accessed: 21 February 2018.

MedCOI,

'Country Fact Sheet-Access to Healthcare: Nigeria/ webpage', June 2017 https://www.medcoi.eu/ Subscription only, copy available on request. Last accessed: June 2018.

Database, MedCOI database,

BMA-10697 (9 March 2018)

BMA-10012 (7 September 2017)

BMA-10029 (6 September 2017)

BMA-10476 (27 December 2017)

BMA-10243 (31 October 2017)
BMA-11031 (19 April 2018)
BMA-10515 (3 January 2018)
BMA-10161 (13 October 2017)
BMA-9541 (5 May 2017)
BMA-10833 (17 April 2018)
BMA-9839 (19 July 2017)
BMA-8918 (5 January 2017)
BMA-9861 (15 June 2017)
BMA-9548 (24 April 2017)
BMA-9905 (23 August 2017)
BMA-10777 (12 March 2018)
BMA-9813 (11 July 2018)
BMA-9709 (15 June 2017)
BMA-9681 (15 June 2017)
BMA-10208 (30 October 2017)
BMA-9015 (27 December 2016)
BMA-10345 (22 November 2017)
BMA-9792 (6 July 2017)
BMA-10059 (14 September 2017)
BMA-8697 (17 October 2016)
BMA-10458 (20 December 2017)
BMA-11103 (9 May 2018)
BMA-10898 (17 April 2018)
BMA-9448 (4 April 2017)
BMA-10020 (7 September 2017)
BMA-10016 (8 September 2017)
BMA-10425 (14 December 2017)_
BMA-10635 (8 February 2018)
BMA-10555 (19 January 2018)
BMA-10074 (20 September 2017)
BMA-9105 (20 January 2017)
BMA-11311 (16 July 2018)
BMA-9322 (3 March 2017)
BMA-11044 (17 April 2018)

BMA-10820 (6 April 2018)

BMA-10770 (1 March 2018)

BMA-9812 (11 July 2017)

BMA-109709 (12 April 2018)

BMA-9038 (5 January 2017)

BMA-9552 (25 April 2017)

BMA-11194 (11 June 2018)

BMA-10898 (17 April 2018)

BMA-10697 (9 March 2018)

BMA-10115 (28 September 2017)

BMA-10478 (14 December 2017)

BMA-10769 (5 March 2018)

BMA-9390 (22 March 2017)

BMA-9743 (22 June 2017)

BMA-9210 (7 February 2017)

BMA-10287 (3 January 2018)

BDA-6185 (20 November 2015)

Individual responses, Website https://www.medcoi.eu/. Copy available on request. Last accessed: June 2018.NACA (National Agency for the Control of AIDS), Global AIDS Response, Country Progress Report, Nigeria GARPR , 2015 pp. ix, 59 http://www.unaids.org/sites/default/files/country/documents/NGA_narrative_report_2015.pdf. Last accessed: 21 February 2018.

NASCP (National AIDS and STIs Control Programme), Federal Ministry of Health, Integrated National Guidelines for HIV Prevention, Treatment and Care, 2016, p.4, http://apps.who.int/medicinedocs/documents/s23252en/s23252en.pdf. Last accessed: 21 February 2018

National Agency for the Control of AIDS, NACA's mission, http://naca.gov.ng/naca%E2%80%99s-mission. Last accessed: 21 February 2018

Nigeria Institute of Medical Research, 'Ending Malaria in Nigeria: The WHO Agenda', 27 April 2016 https://nimr.gov.ng/nimr/wp-content/uploads/2016/05/2016-World-Malaria-Day-Lecture_Arowolo.pdf. Last accessed: 21 February 2018.

Osaro, E., et all., Breast Cancer in Nigeria: Diagnosis, Management and Challenges, Author House, Bloomington, 2016, p.58 https://www.researchgate.net/publication/305000477_Breast_Cancer_in_Nigeria_Diagnosis_Management_and_Challenges. Last accessed: 21 February 2018.

Pharm Access Foundation, 'Nigerian Health Sector, Market Study Report', March 2015, p. 10 https://www.rvo.nl/sites/default/files/Market_Study_Health_Nigeria.pdf. Last accessed: 21 February 2018.

Premium Times – Nigeria designates 6 hospitals as Oncology centres of excellence, 14 August 2015 http://www.premiumtimesng.com/news/top-news/188394-nigeria-

designates-6-hospitals-as-oncology-centres-ofexcellence.html. Last accessed: 21 February 2018.

-'Nigerian govt. introduces free treatment for all HIV patients', 20 June 2017 https://www.premiumtimesng.com/news/headlines/234620-nigerian-govt-introduces-free-treatment-hiv-patients.html. Last accessed: 21 February 2018.

Psychiatry Journal, 'Pattern of Presentation and Utilization of Services for Mental and Neurological Disorders in Northeastern Nigeria: A Ten-Year Study', Vol. 2015, pp. 2-3 https://www.hindawi.com/journals/psychiatry/2015/328432/. Last accessed: 21 February 2018.

Punch, 'Danger as psychiatrists reveal rising mental illness cases in Nigeria', 25 February 2017 http://punchng.com/danger-as-psychiatrists-reveal-rising-mental-illness-cases-in-nigeria/. Last accessed: 21 February 2018.

SCFN (Sickle Cell Foundation Nigeria), Services, http://www.sicklecellfoundation.com/about/services/. Last accessed: 21 February 2018.

This Day, 'Reducing Maternal, Child Mortality in Nigeria', 24 March 2017 https://www.thisdaylive.com/index.php/2016/03/24/reducing-maternal-child-mortality-in-nigeria/. Last accessed: 21 February 2018.

US Government

USAid - Malaria Initiative 2017 Nigeria Plan, 2017 https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy17/fy-2017-nigeria-malaria-operational-plan.pdf?sfvrsn=6. Last accessed: 21 February 2018.

US Department of Commerce, International Trade Administration, '2016 Top Markets Report Medical Devices, Country Case Study, Nigeria', 2016, p. 1 (http://trade.gov/topmarkets/pdf/Medical_Devices_Nigeria.pdf. Last accessed: 21 February 2018.

Vanguard,

'Bridging gaps in radiotherapy support for cancer care', 22 February 2018 https://www.vanguardngr.com/2018/02/bridging-gaps-radiotherapy-support-cancer-care/. Last accessed: 21 February 2018.

'17,000 kidney failure cases diagnosed annually in Nigeria', 15 March 2016 http://www.vanguardngr.com/2016/03/17000-kidney-failure-cases-diagnosed-annually-in-nigeria/. Last accessed: 21 February 2018.

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Sources consulted but not cited

Africa Portal, 'Perspectives on Primary Health Care in Nigeria: Past, Present and Future', 1 January 2014 https://www.africaportal.org/publications/perspectives-on-primary-health-care-in-nigeria-past-present-and-future/. Last accessed: 21 February 2018.

All Africa, Nigeria: The Future of Health and Promise of Primary Health Care in Nigeria,' 22 October 2017 http://allafrica.com/stories/201710220033.html. Last accessed: 21 February 2018.

Business Day, ‘A reflection on healthcare services in Nigeria and the challenges of medical tourism’, 19 April 2017 http://www.businessdayonline.com/reflection-healthcare-services-nigeria-challenges-medical-tourism/. Last accessed: 21 February 2018.

InterNations, ‘Healthcare in Nigeria’, undated https://www.internations.org/nigeria-expats/guide/moving-to-nigeria-15540/healthcare-in-nigeria-3. Last accessed: 21 February 2018.

Nigeria Health Watch http://nigeriahealthwatch.com/. Last accessed: 21 February 2018.

Oxford Businees Group, Nigeria set to reform health care system‘, https://oxfordbusinessgroup.com/news/nigeria-set-reform-health-care-system. Last accessed: 21 February 2018.

Premium Times, ‘Nigeria needs to spend N712 billion annually to bridge healthcare financing deficit – BudgIT’, 13 October 2017 https://www.premiumtimesng.com/news/more-news/245924-nigeria-needs-spend-n712-billion-annually-bridge-healthcare-financing-deficit-budgit.html. Last accessed: 21 February 2018.

The Lancet, ‘Nigeria's new government and public financing for universal health coverage’, September 2015 http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00088-1/fulltext. Last accessed: 21 February 2018.

The Sun News, ‘Nigeria’s poor healthcare system’, 14 September 2017 http://sunnewsonline.com/nigerias-poor-healthcare-system/. Last accessed: 21 February 2018.

This Day, ‘Giving Priority to Healthcare in Nigeria’, 27 July 2017 https://www.thisdaylive.com/index.php/2017/07/27/giving-priority-to-healthcare-in-nigeria/. Last accessed: 21 February 2018.

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Version control

Clearance

Below is information on when this note was cleared:

- version **2.0**
- valid from **28 August 2018**

Changes from last version of this note

All information relating to medical and healthcare services has been updated.

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