Home Office

Country Policy and Information Note
Nigeria: Medical and healthcare issues

Version 3.0

January 2020

Preface

Purpose

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 Nigeria.

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(s) in the country information section. Any event taking place or report/article published after these date(s) 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 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 Country Policy and Information Team.

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Assessment

Updated: 31 October 2019

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

Section 3 updated: 31 October 2019

1. Overview of healthcare system

1.1.1 The 2018 Nigeria Demographic and Health Survey was 'designed to provide data for monitoring the population and health situation in Nigeria.' This extensive document contained behavioural and statistical information, particularly about the health of women and children, and conditions such as HIV, malaria and sickle cell anaemia[1].

1.1.2 The UNICEF Nigeria Multiple Indicator Cluster Survey (MICS) 2016-17 provided 'data on main indicators related to survival, development and protection of children, women and men.' [2]

1.1.3 The Foreign and Commonwealth Office (FCO) Travel Advice for Nigeria noted 'Medical facilities in some parts of Nigeria may only be very basic.'[3]

1.1.4 The US Embassy in Nigeria noted that 'Nigeria imports the majority of its pharmaceutical and medical supply needs, primarily from European sources. Medical shortages have hindered medical practice, research, and training.' [4]

1.1.5 The Australian Department of Foreign Affairs and Trade noted that 'Nigerians have poor access to health care and poor health outcomes, particularly outside major urban centres. Nigeria spent USD94 per person on health care in 2016 and demand for public health care significantly exceeds supply. Medical and health services are the responsibility of all levels of government. Access to and availability of quality medical services are inadequate, with most Nigerian unable to afford health care.'[5]

1.1.6 A SocialProtection.org article from 2019 noted:

'…the inability to effectively address the country's numerous public health challenges has contributed to the persistent and high level of poverty and the weakness of the health system.

'…Although…vulnerable groups sometime benefit from free health care services and exemption mechanisms, they largely have to pay for health care services. Free health care services and exemption mechanisms are often politically motivated, are poorly implemented, do not become fully operationalised, and sometimes only last a few years.

'States such as Osun, Niger, Kaduna, Kano, Ekiti, Lagos, Ondo, Enugu and Jigawa are known to have provided some free health policies at one point or another since the return of democracy in 1999.'[6]

[1] Nigeria FMoH, 'NDHS 2018', October 2019 url
[2] Unicef, 'Nigeria MICS', 2016-17 url
[3] FCO, 'Health Travel Advice for Nigeria' 2019, url
[4] US Embassy in Nigeria, 'Medical Assistance', undated url
[5] DFAT Australia, 'Nigeria Country Information Report', 9 March 2018 (para 2.16) url
[6] SocialProtection.org, 'Health care in Nigeria: Challenges…', 7 February 2019 url

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2. Organisation of healthcare system

2.1.1 A Pharm Access Foundation report noted that 'The Nigerian healthcare system is organised into primary, secondary and tertiary healthcare levels.'[7]

2.1.2 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.'[8]

2.1.3 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[9]. The Federal Government is responsible for policy, social development, regulation, overall stewardship and providing healthcare at the tertiary level (teaching hospitals and specialist hospitals)[10]. The state governments are responsible for secondary healthcare, while the local government areas (LGAs) manage primary healthcare[11].

2.1.4 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.' [12]

2.1.5 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 2001[13]. An All Africa article noted that a budget allocation of 2.2% was planned for 2016[14]. The Pharm Access Foundation report noted that 'The LGA level is the least funded. It is also the least organised level of government.'[15] 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.'[16]

2.1.6 The Howard College global health review noted that 'only 30% of the Federal Account is distributed according to population base, and the least populous 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.'[17] Moreover, an International Journal of Applied Information Systems report noted 'there are more hospitals at the

[7] Pharm Access Foundation, 'Nigerian Health Sector, Market Study Report' (p10), March 2015, url
[8] Academic Journal of Interdisciplinary Studies, Vol. 3, No. 6, (p503), November 2014, url
[9] IOSR Journal of Economics and Finance, Oyibocha, E.O., et al Vol. 2, Issue 2, Sept-Oct. 2014, url;
[10] Journal of Medicine and Medical Sciences Vol 3(4), (p 226), April 2012, url
[11] Pharm Access Foundation, 'Nigerian Health Sector, Market Study Report', (p10), March 2015, url ;
[12] Project MedCOI, June 2017, subscription only
[13] Project MedCOI, June 2017, subscription only
[14] All Africa, 2 February 2016, url
[15] Pharm Access Foundation, (p10), March 2015, url
[16] Project MedCOI, June 2017
[17] Howard College global health review', undated article, url

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.[18]' 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.'[19] A US 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.' [20]

2.1.7 An article in the Cable noted that the Nigerian healthcare system is divided into a private and public health network.[21] . A USAID Project report noted that 'Regional and urban-rural disparities exist regarding the utilization of private sector services. On average, private health facilities are concentrated in southern Nigeria, while public health facilities dominate service provision in the north.' [22]

2.1.8 A US 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.'[23] 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.' [24]

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3. Numbers of facilities

3.1.1 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.'[25]

3.1.2 A US 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 estimated to have grown since 2009, but at an insufficiently high rate to have a significant impact on the population bed ratio.'[26]

3.1.3 A Pharm Access Foundation report noted that 'In order to improve healthcare infrastructure the federal and state governments are adopting a

[18] International Journal of Applied Information Systems, Vol 5, N10, (p7), August 2013, url
[19] IOM, 'Needs assessment of the Nigerian Health Sector', (p15), May 2014, url
[20] U.S. Department of Commerce, International Trade Administration, (p1), 2016, url
[21] Cable (The), 'Change in Nigeria's healthcare system', 1 January 2016, url
[22] USAID SHOPS Project, 'Nigeria Private Health Sector Assessment', 2012 (p4) url
[23] U.S. Department of Commerce, International Trade Administration, (p1), 2016, url
[24] Project MedCOI, June 2017.
[25] Pharm Access Foundation, 'Nigerian Health Sector, Market Study Report', (p11), March 2015, url
[26] U.S. Dept of Commerce, International Trade Administration, (p1), 2016, url

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.'[27]

3.1.4 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.' [28]

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4. Healthcare human resources

4.1.1 According to a US International Trade Administration's report, the number of doctors in Nigeria was estimated at 66,555 in 2014[29]. 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.' [30] 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[31]. The MedCOI contact stated 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[32].

4.1.2 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 states in Northern Nigeria contribute to the inability to attract medical doctors to their health facilities[33].

4.1.3 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

[27] Pharm Access Foundation, 'Nigerian Health Sector, Market Study Report', (p9), March 2015, url
[28] Project MedCOI, June 2017.
[29] U.S. Department of Commerce, International Trade Administration 2016, p.1 url
[30] IOM, 'Needs assessment of the Nigerian Health Sector', (p38), May 2014, url
[31] IOM, 'Needs assessment of the Nigerian Health Sector', (p38), May 2014, url
[32] Project MedCOI, June 2017
[33] IOM, 'Needs assessment of the Nigerian Health Sector', (p10, 24, 39), May 2014, url

areas. This situation is also explained by less attractive remuneration and inferior work conditions in rural areas[34].

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5. Pharmaceutical sector

5.1.1 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.'[35] 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)[36] 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.' [37]'

5.1.2 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.' [38]

5.1.3 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.' [39] 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%[40]. [There is now a Nigeria Essential Medicines List, 2016]

5.1.4 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 all[41]. 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[42]. However, an article in the African Sociological Review states that between 2002 and 2012, the

[34] IOM, 'Needs assessment of the Nigerian Health Sector', (p10), May 2014, url
[35] EJPMR, 'National drug distribution in Nigeria; Implications…', (p1), 2016, url
[36] FMOH (Federal Ministry of Health), 'Essential Medicines List (EML)', 2010 url
[37] EJPMR, (p1-2), 'National drug distribution in Nigeria; Implications…', 2016, url
[38] Project MedCOI, June 2017
[39] African Sociological Review, (p51), 'Essential Medicines in Nigeria: Vol. 18, N. 2', 2014, url
[40] African Sociological Review, (p51), 'Essential Medicines in Nigeria: Vol. 18, N. 2', 2014, url
[41] Project MedCOI, June 2017
[42] Project MedCOI, June 2017

median availability of selected generic medicines in 'public facilities was 26.2% while that of the private sector was 36.4%.'[43]

5.1.5 The MedCOI country contact noted that people purchase drugs from both public and private medicine stores. In rural areas, 'patent medicine stores', which are usually unregulated/ unsupervised, are the most frequent kind of private drugs store[44]. 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[45].

5.1.6 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.' [46] 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[47]. 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[48].

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6. Treatment for specific conditions

6.1 Cancer

6.1.1 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.' [49]

6.1.2 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.' [50]

6.1.3 The same MedCOI country contact noted that 'there is no institution specializing in the treatment of cancer in Nigeria. The majority of cancer cases are treated in tertiary health institutions, however the capacity to manage cancer cases differs from one hospital to another.' [51] The Federal Government has designated six federal tertiary hospitals as oncology

[43] African Sociological Review'Essential Medicines in Nigeria: Vol. 18, N. 2', (p51), 2014, url
[44] Project MedCOI, June 2017
[45] Project MedCOI, June 2017
[46] EJPMR, , 'National drug distribution in Nigeria; Implications…', (p1), 2016, url
[47] EJPMR, , 'National drug distribution in Nigeria; Implications…', (p1), 2016, url
[48] EJPMR, , 'National drug distribution in Nigeria; Implications…', (p1), 2016, url
[49] Project MedCOI, June 2017
[50] Project MedCOI, June 2017
[51] Project MedCOI, June 2017

centres of excellence[52]. According to the MedCOI contact, 'The University College Hospital Ibadan is one of the tertiary institutions where the majority of cancers could be managed.' [53]

6.1.4 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.' [54]

6.1.5 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[55]. 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.' [56]

6.1.6 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.' [57]

6.1.7 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of in and outpatient treatment by oncologists from public facilities[58].

6.1.8 A MedCOI response from August 2018 indicated:

'There are oncologists…and oncology surgeons in some tertiary centres including: University College, Ibadan, University of Calabar Teaching Hospital, University of Portharcourt Teaching Hospital, Ahmadu Bello University, Zaria, University of Ilorin Teaching Hospital, Ilorin, Nigeria , and University of Nigeria Teaching Hospital, Enugu. CT scan is available in a few of the tertiary centres and some private establishments and diagnostic centres.' [59]

See Annex A for list of available medications.

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6.2 Diabetes

6.2.1 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.' [60]

6.2.2 The same MedCOI country contact noted:

[52] Premium Times, 'NGA designates 6 hospitals as Oncology centres of excellence', 14 Aug 2015 url
[53] Project MedCOI, June 2017
[54] Vanguard, 'Bridging gaps in radiotherapy support for cancer care', 22 February 2018 url.
[55] Project MedCOI, June 2017
[56] Osaro, E., et all., Author House, Bloomington, (p58), 2016, url
[57] Project MedCOI, June 2017
[58] MedCOI reference enquiry: BMA-8375 (20 July 2016)
[59] MedCOI reference enquiry: BMA-11492 (27 August 2018)
[60] Project MedCOI, June 2017

'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.

'… 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.' [61]

6.2.3 MedCOI noted that outpatient treatment by endocrinologists existed in some public facilities[62].

See Annex A for list of available medications.

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6.3 Gastroenterology

6.3.1 Information obtained from MedCOI sources in August 2018 indicated that:

'There are…gastroenterologists, gastro-intestinal…surgeons in some tertiary centres including: University College, Ibadan, University of Calabar Teaching Hospital, University of Portharcourt Teaching Hospital, Ahmadu Bello University, Zaria, University of Ilorin Teaching Hospital, Ilorin, Nigeria and University of Nigeria Teaching Hospital, Enugu. CT scan is available in a few of the tertiary centres and some private establishments and diagnostic centres.' [63]

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6.4 Gynaecology

6.4.1 MedCOI 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).' [64]

See Annex A for list of available medications.

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[61] Project MedCOI, June 2017
[62] MedCOI reference enquiry: BMA-9839 (19 July 2017)
[63] MedCOI reference enquiry: BMA-11492 (27 August 2018)
[64] MedCOI reference enquiry: BMA-9570 (3 May 2017)

6.5 Heart disease

6.5.1 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.' [65]

6.5.2 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.' [66]

6.5.3 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[67].

6.5.4 A MedCOI source indicated in September 2019 that 'pacemaker placement and maintenance is only done in specialist centers.' [68]

See Annex A for list of available medications.

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6.6 Hepatitis

6.6.1 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.' [69]

6.6.2 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).' [70]

6.6.3 The MedCOI country observed that there of haematologists in the country[71].

6.6.4 The MedCOI country contact stated in addition that treatment is mainly available in urban areas and but often not economically accessible[72].

See Annex A for list of available medications.

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[65] Project MedCOI, June 2017
[66] Project MedCOI, June 2017
[67] MedCOI reference enquiry: BMA-10777 (12 March 2018)
[68] MedCOI reference enquiry: BMA-12791 (25 September 2019)
[69] Project MedCOI, June 2017
[70] MedCOI reference enquiry: BMA-9570 (3 May 2017)
[71] Project MedCOI, June 2017
[72] Project MedCOI, June 2017

6.7 HIV/AIDs

6.7.1 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.' [73] [see paragraph 6.7.5 below regarding eligibility.]

6.7.2 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.[74] 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.' [75]

6.7.3 Nigeria has a National AIDS and sexually transmitted infections (STIs) Control Programme (NASCP). The NACA [76] has been mandated to support the NASCP[77]. According to the MedCOI country contact, the programme activity includes both free screening and treatment. The programme also covers treatment of the disease, including the treatment of opportunistic infection[78].

6.7.4 The MedCOI country contact noted that free HIV treatment may be available in all public facilities as well as in designated private facilities[79]. 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 [80].

6.7.5 According to the NASCP integrated 2016 guideline the clinical criteria for initiating anti-retroviral treatment (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;

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[73] Project MedCOI, June 2017
[74] NACA, 'Global Aids response, Country progress report', (section: Foreword), 2015, url
[75] Project MedCOI, June 2017
[76] NACA (National Agency for the Control of AIDS), NACA's mission, undated url
[77] Project MedCOI, June 2017
[78] Project MedCOI, June 2017
[79] Project MedCOI, June 2017
[80] Project MedCOI, June 2017

'-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%.' [81]

6.7.6 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. [82] 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[83].

6.7.7 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 ART in some 1,000 comprehensive HIV treatment centres.' [84]

6.7.8 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of in and outpatient treatment and follow up by HIV specialists from public facilities, and laboratory research services for CD4 count and viral load[85].

See Annex A for list of available medications.

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6.8 Malaria

6.8.1 A 2017 article in the Infectious Diseases of Poverty (IDoP) Journal noted that 'In Nigeria, artemether-lumefantrine and artesunate-amodiaquine, in that order, were adopted as first-line treatments of uncomplicated P. falciparum malaria in 2005.' [86]

6.8.2 The USAid Malaria Initiative 2017 Nigeria Plan noted provision in the country for insecticide treated mosquito nets , quinine, ACT, Artemether-lumefantrine, Artesunate-amodiaquine, Injectable artesunate and Sulfadoxine-pyrimethamine[87].

See Annex A for list of available medications.

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6.9 Mental health

6.9.1 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

[81] NASCP, 'National guidelines for HIV prevention treatment and care', (p4), 2016, url
[82] Project MedCOI, June 2017
[83] NACA, 'Global Aids response, Country progress report', (section: Foreword), 2015, url
[84] Premium Times – 'Nigerian govt. introduces free treatment for all HIV patients', 20 June 2017 url
[85] MedCOI reference enquiry: BMA-10458 (20 December 2017)
[86] IDoP, '…efficacy and effects of artemisinin-based combination treatments…', 7 February 2017 url
[87] USAid, 'Malaria Initiative 2017 Nigeria Plan', 2017 url

also six state-owned mental hospitals financed and managed by various state governments.' [88]

6.9.2 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.'[89] 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.'[90] There is also a training of health care workers at the primary health care level to diagnose common mental illnesses[91].

6.9.3 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.

'…Mental health issues remain highly stigmatised in Nigeria, with many families hiding conditions or blaming family members' mental illness on curses or witchcraft.'[92]

6.9.4 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[93]. A Psychiatry Journal study noted that Nigeria has a significant intracountry disparity in the mental health personnel resources' distribution. The north-eastern 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[94].

6.9.5 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[95].

6.9.6 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,

[88] Project MedCOI, June 2017
[89] Project MedCOI, June 2017
[90] Punch, 'Danger as psychiatrists reveal rising mental illness cases in Nigeria', 25 February 2017 url.
[91] Project MedCOI, June 2017 ; BMC Health Services Research, (p2), 2015, url.
[92] DFAT, 'Country Information Report - Nigeria', 9 March 2018, url
[93] Project MedCOI, June 2017 ; Gureje, O., et al in: BMC Health Services Research, (p2), 2015,url
[94] Psychiatry Journal Vol. 2015, (p2-3), 2015, url.
[95] Project MedCOI, June 2017

medical assistance by psychiatric nurse, care at home by a nurse from private facilities[96].

See Annex A for list of available medications.

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6.10 Neurology

6.10.1 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 [97].

6.10.2 The International League Against Epilepsy (ILAE) estimated at 193 the number of qualified specialists (neurologist, neurosurgeons and psychiatrists). Presently there are more than 25 computerised tomography (CT) 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[98].

6.10.3 MedCOI stated that 'There are…neurologists…neurosurgeons…in some tertiary centres including: University of Calabar Teaching Hospital, University of Portharcourt Teaching Hospital, Ahmadu Bello University, Zaria, University of Ilorin Teaching Hospital, Ilorin, Nigeria and University of Nigeria Teaching Hospital, Enugu.' [99]

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6.11 Ophthalmology

6.11.1 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).' [100]

See Annex A for list of available medications.

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6.12 Paediatrics

6.12.1 The MedCOI country contact noted:

[96] MedCOI reference enquiry: BMA-10770 (1 March 2018); BMA-10555 (19 January 2018)
[97] Project MedCOI, June 2017
[98] ILAE (International League Against Epilepsy), Chapter Spotlight: Nigeria, url
[99] MedCOI reference enquiry: BMA-11506 (31 August 2018)
[100] MedCOI reference enquiry: BMA-10515 (3 January 2018)

'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.'[101]

6.12.2 An Africa Health Nigeria document stated that Nigeria has about 600 paediatricians catering for its 170 million people.[102] The MedCOI country contact stated that 'human resources and infrastructure are not sufficient for the country's needs.'[103]

6.12.3 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[104].

6.12.4 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.' [105]

6.12.5 A MedCOI response noted the availability of the following paediatric specialisms: cardiologist, cardiac surgeon, haematologist, nephrologist, neurologist, oncologist, ophthalmologist, psychiatrist, psychologist, pulmonologist, surgeon and orthopaedic surgeon[106] [107] [108] [109].

See Annex A for list of available medications.

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6.13 Renal disease

6.13.1 A Vanguard article noted that despite the huge number of Nigerians with kidney disorders, the nephrologist ratio is 1 to 1,000,000 patients[110]. 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[111].

[101] Project MedCOI, June 2017
[102] Africa Health Nigeria, Vol. 37, N. 2, (p4), 2015, url
[103] Project MedCOI, June 2017
[104] This Day, 'Reducing Maternal, Child Mortality in Nigeria', 24 March 2017, url
[105] Project MedCOI, June 2017
[106] MedCOI reference enquiry: BMA-12597 (9 August 2019)
[107] MedCOI reference enquiry: BMA-12473 (21 June 2019)
[108] MedCOI reference enquiry: BMA-12456 (7 June 2019)
[109] MedCOI reference enquiry: BMA-11766 (22 November 2019)
[110] Vanguard, '17,000 kidney failure cases diagnosed annually in Nigeria', 15 March 2016 url
[111] HK Society of Nephrology, 'Unaffordability of renal replacement therapy…', (p16), April 2016, url

6.13.2 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.' [112]

6.13.3 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.' [113] However, the MedCOI contact stated that 'CKD [chronic kidney disease] treatment is not economically accessible.' [114]

6.13.4 A Journal of Public Health in Africa report noted:

'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.' [115]

6.13.5 MedCOI noted the availability of in and outpatient treatment by nephrologists at public facilities and the availability of haemodialysis[116].

6.13.6 A MedCOI source indicated the availability of 'acute' and 'chronic' 'hemodialysis', 'surgical placement of a shunt through jugular vein for hemodialysis' 'surgical placement of an arterial shunt for hemodialysis', and 'laboratory research of renal/ kidney function (creatinin, ureum, proteinuria, sodium, potassium levels).' [117]

6.13.7 MedCOI noted that 'Kidney transplant has been carried out at Garki Hospital Abuja (Public/Private venture), St Nicholas Hospital in Lagos (Private) and Obafemi Awolowo University Teaching Hospital Complex, Ife (OAUTHC) and Zenith Medical and Kidney Centre Abuja, in partnership with Fortis Hospital Bangalore, India has conducted some successful Kidney Transplants in Nigeria.' [118]

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6.14 Sickle cell anaemia/disease

6.14.1 According to the MedCOI country contact, 'there is no national programme on sickle cell disease [SCD].' [119] However, the Federal Ministry of Health

[112] Project MedCOI, June 2017
[113] Project MedCOI, June 2017
[114] Project MedCOI, June 2017
[115] Journal of Public Health in Africa, , , Vo. 6:394, (p40), 2015, url
[116] MedCOI reference enquiry: BMA-10515 (3 January 2018)
[117] MedCOI reference enquiry: BMA-12586 (15 July 2019)
[118] MedCOI reference enquiry: BMA-12586 (15 July 2019)
[119] Project MedCOI, June 2017

(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[120].

6.14.2 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.' [121]

6.14.3 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[122].

6.14.4 The MedCOI country contact noted that 'the country has sufficient human resources to take care of SCD patients but the infrastructure is not adequate.' [123]

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6.15 Tuberculosis

6.15.1 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.' [124]

6.15.2 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 [tubercolis] 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.' [125]

6.15.3 The MedCOI country contact noted that '[d]iagnosis, 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

[120] FMoH (Federal Ministry of Health), Sickle Cell Disease, 2014 url
[121] Project MedCOI, June 2017
[122] SCFN (Sickle Cell Foundation Nigeria), Services, url
[123] Project MedCOI, June 2017
[124] Project MedCOI, June 2017
[125] Copenhagen Consensus, Post-2015 Development Agenda, Nigeria Perspectives, 2015, p. 3 url

factor limiting access to treatment for those who live in the far rural areas where there are no healthcare facilities.' [126]

6.15.4 Information obtained from MedCOI sources (based on assessments by MedCOI contacts) indicated the availability of in and outpatient treatment by pulmonologists from public facilities[127].

See Annex A for list of available medications.

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7. Other conditions/specialisms

7.1.1 MedCOI stated the availability of the following: anaesthesiology, craniofacial surgery, dentistry, dental surgery, dermatology, dietitians, ENT (ear, nose and throat) specialist, endocrinology, infectionologist, internist, occupational therapy, plastic surgery, pulmonology, speech therapy, urology and CPAP (continuous positive airway pressure) therapy[128] [129] [130] [131] [132] [133] [134] [135].

7.1.2 MedCOI also noted that 'Sheltered housing over a long period is only available privately e.g. at the Synapse Magnolia [in] Lagos State. There is also one community residential facility available in Lagos and it is run by a religious mission for rehabilitation of patients with drug problems.'[136]

7.1.3 Another MedCOI response noted that 'Assisted living / care at home by psychiatric nurse is only provided by private centres such as Synapse Centres in Lagos and Abuja.' [137]

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8. Palliative care

8.1.1 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.

[126] Project MedCOI, June 2017
[127] MedCOI reference enquiry: BMA-10287 (3 January 2018)
[128] MedCOI reference enquiry: BMA-12597 (9 August 2019)
[129] MedCOI reference enquiry: BMA-12628 (8 August 2019)
[130] MedCOI reference enquiry: BMA-12608 (1 August 2019)
[131] MedCOI reference enquiry: BMA-12499 (27 June 2019)
[132] MedCOI reference enquiry: BMA-12083 (10 April 2019)
[133] MedCOI reference enquiry: BMA-11907 (4 January 2019)
[134] MedCOI reference enquiry: BMA-11766 (22 November 2019)
[135] MedCOI database, BMA-11649 (17 October 2018)
[136] MedCOI database, BMA-12573 (22 July 2019)
[137] MedCOI database, BMA-12363 (15 May 2019)

'…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.' [138]

8.1.2 A MedCOI source indicated the availability of oncological terminal and palliative care from public facilities in Ibadan[139].

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[138] Journal of Emergency and Internal Medicine, 26 December 2017 url
[139] MedCOI reference enquiry: BMA-12083 (10 April 2019)

Annex A: Alphabetical list of available medication according to MedCOI sources accessed in October 2019

The following drugs were reported as available on the MedCOI database as of October 2019:

A Abacavir[140], Acamprosate[141], Acenocoumarol[142], Acetylsalicylic acid[143], Adrenaline[144], Adrenaline injections[145], Adriamycin[146], Alemtuzomab[147], Alendronate sodium (Alendronic acid)[148], Alfacalcidol[149], Alginic acid[150], Allopurinol[151], Alprazolam[152], Amiodarone[153], Amisulpride[154], Amitryptiline[155], Amlodipine[156], Amoxicillin[157], Apixaban[158], Aripiprazole[159], Aripiprazol depot injections[160], Aspart protamine[161], Aspirin[162], Atenolol[163], Atorvastatin[164], Atripla[165], Atropine[166], Azathioprine[167].

[140] MedCOI database, BMA-12129 (6 March 2019)
[141] MedCOI database, BMA-10012 (7 September 2017)
[142] MedCOI database, BMA-12036 (11 February 2019)
[143] MedCOI database, BMA-12592 (23 July 2019)
[144] MedCOI database, BMA-12768 (10 September 2019)
[145] MedCOI database, BMA-12768 (10 September 2019)
[146] MedCOI database, BMA-10243 (31 October 2017)
[147] MedCOI database, BMA-12473 (21 June 2019)
[148] MedCOI database, BMA-12722 (6 September 2019)
[149] MedCOI database, BMA-12796 (27 September 2019)
[150] MedCOI database, BMA-12400 (27 May 2019)
[151] MedCOI database, BMA-11203 (21 June 2018)
[152] MedCOI database, BMA-12363 (16 May 2019)
[153] MedCOI database, BMA-12791 (25 September 2019)
[154] MedCOI database, BMA-12767 (6 September 2019)
[155] MedCOI database, BMA-12230 (3 April 2019)
[156] MedCOI database, BMA-12642 (14 August 2019)
[157] MedCOI database, BMA-12155 (21 March 2019)
[158] MedCOI database, BMA-11859 (24 January 2019)
[159] MedCOI database, BMA-12573 (22 July 2019)
[160] MedCOI database, BMA-12573 (22 July 2019)
[161] MedCOI database, BMA-11472 (24 August 2018)
[162] MedCOI database, BMA-12592 (23 July 2019)
[163] MedCOI database, BMA-12363 (16 May 2019)
[164] MedCOI database, BMA-10777 (12 March 2018)
[165] MedCOI database, BMA-12129 (5 March 2019)
[166] MedCOI database, BMA-10777 (12 March 2018)
[167] MedCOI database, BMA-9709 (15 June 2017)

B Baclofen[168], Barnipidine[169], Benzylpenicillin sodium[170], Betamethasone[171], Bevacizumab[172], Bimatoprost[173], Biperiden[174], Bisoprolol[175], Bleomycin[176], Botulinum toxin type a/b[177], Brinzolamide[178], Bromperidol[179], Budesonide[180], Bumetanide[181], Bupropion[182], Buprenorphine[183], Buprenorphine naloxone[184].

C Calcium acetate[185], Calcium carbonate[186], Calcium polystyrene sulphonate[187], Calcium (plus vitamin D)[188] Candesartan[189], Captopril[190], Carbamazepine[191], Carbasalate calcium[192], Carbomer eye drops[193], Carvedilol[194], Cetirizine[195], Chloramphenicol eye drops[196], Chlorpromazine[197], Chlortalidone[198], Ciclosporin[199], Cimetidine[200], Cinacalcet[201], Cinnarizine[202], Citalopram[203], Clobetasol propionate[204], Clomipramine[205], Clonazepam[206], Clonidine[207], Clopidogrel[208],

[168] MedCOI database, BMA-11885 (14 December 2018)
[169] MedCOI database, BMA-12592 (23 July 2019)
[170] MedCOI database, BMA-12109 (6 March 2019)
[171] MedCOI database, BMA-12083 (10 April 2019)
[172] MedCOI database, BMA-9548 (24 April 2017)
[173] MedCOI database, BMA-10515 (4 January 2018)
[174] MedCOI database, BMA-12767 (6 September 2019)
[175] MedCOI database, BMA-12791 (25 September 2019)
[176] MedCOI database, BMA-10243 (31 October 2017)
[177] MedCOI database, BMA-11885 (14 December 2018)
[178] MedCOI database, BMA-11857 (24 January 2019)
[179] MedCOI database, BMA-9681 (15 June 2017)
[180] MedCOI database, BMA-12036 (11 February 2019)
[181] MedCOI database, BMA-11907 (4 January 2019)
[182] MedCOI database, BMA-10345 (22 November 2017)
[183] MedCOI database, BMA-9792 (6 July 2017)
[184] MedCOI database, BMA-9792 (6 July 2017)
[185] MedCOI database, BMA-11523 (12 September 2018)
[186] MedCOI database, BMA-12400 (27 May 2019)
[187] MedCOI database, BMA-12586 (15 July 2019)
[188] MedCOI database, BMA-12151 (21 March 2019)
[189] MedCOI database, BMA-11859 (24 January 2019)
[190] MedCOI database, BMA-12791 (25 September 2019)
[191] MedCOI database, BMA-12592 (23 July 2019)
[192] MedCOI database, BMA-12592 (23 July 2019)
[193] MedCOI database, BMA-12796 (27 September 2019)
[194] MedCOI database, BMA-12791 (25 September 2019)
[195] MedCOI database, BMA-12336 (10 May 2019)
[196] MedCOI database, BMA-12642 (14 August 2019)
[197] MedCOI database, BMA-9681 (15 June 2017)
[198] MedCOI database, BMA-12791 (25 September 2019)
[199] MedCOI database, BMA-9709 (15 June 2017)
[200] MedCOI database, BMA-12722 (6 September 2019)
[201] MedCOI database, BMA-12400 (27 May 2019)
[202] MedCOI database, BMA-11907 (4 January 2019)
[203] MedCOI database, BMA-12642 (14 August 2019)
[204] MedCOI database, BMA-11907 (4 January 2019)
[205] MedCOI database, BMA-9541 (5 May 2017)
[206] MedCOI database, BMA-12722 (6 September 2019)
[207] MedCOI database, BMA-11724 (9 November 2018)
[208] MedCOI database, BMA-12594 (23 July 2019)

Clorazepate[209], Clotrimazole[210], Clozapine[211], Colchicine[212], Colecalciferol[213], Cortisone[214], Cotrimoxazole[215].

D Dabigatran[216], Daclizumab[217], Dactinomycin[218], Dalteparin[219], Darbepoetin alfa[220], Darunavir[221], Deferoxamine[222], Depakine[223], Descovy[224], Desloratadine[225], Desmopressin[226], Dexamethasone[227], Dexamethasone eye drops[228], Diazepam[229], Diclofenac[230], Dimethyl fumarate[231], Diptheria vaccine[232], Disulfiram[233], Docetaxel[234], Docusate sodium[235], Dolutegravir[236], Domperidone[237], Dorzolamide[238], Doxazosin[239], Doxorubicin[240], Duloxetine[241], Dydrogesterone[242].

[209] MedCOI database, BMA-12095 (12 March 2019)
[210] MedCOI database, BMA-10458 (20 December 2017)
[211] MedCOI database, BMA-11303 (13 July 2018)
[212] MedCOI database, BMA-10161 (13 October 2017)
[213] MedCOI database, BMA-12796 (27 September 2019)
[214] MedCOI database, BMA-11506 (31 August 2018)
[215] MedCOI database, BMA-10458 (20 December 2017)
[216] MedCOI database, BMA-11859 (24 January 2019)
[217] MedCOI database, BMA-11031 (25 April 2018)
[218] MedCOI database, BMA-11103 (9 May 2018)
[219] MedCOI database, BMA-10898 (17 April 2018)
[220] MedCOI database, BMA-12400 (27 May 2019)
[221] MedCOI database, BMA-12628 (8 August 2019)
[222] MedCOI database, BMA-9448 (4 April 2017)
[223] MedCOI database, BDA-6778 (30 March 2018)
[224] MedCOI database, BMA-12336 (10 May 2019)
[225] MedCOI database, BMA-12336 (10 May 2019)
[226] MedCOI database, BMA-11506 (31 August 2018)
[227] MedCOI database, BMA-12083 (10 April 2019)
[228] MedCOI database, BMA-10777 (12 March 2018)
[229] MedCOI database, BMA-10020 (7 September 2017)
[230] MedCOI database, BMA-12109 (6 March 2019)
[231] MedCOI database, BMA-11031 (19 April 2018)
[232] MedCOI database, BMA-12109 (6 March 2019)
[233] MedCOI database, BMA-9792 (6 July 2017)
[234] MedCOI database, BMA-12083 (10 April 2019)
[235] MedCOI database, BMA-10161 (13 October 2017)
[236] MedCOI database, BMA-12594 (23 July 2019)
[237] MedCOI database, BMA-11900 (14 December 2018)
[238] MedCOI database, BMA-11857 (24 January 2019)
[239] MedCOI database, BMA-12642 (14 August 2019)
[240] MedCOI database, BMA-10243 (31 October 2017)
[241] MedCOI database, BMA-12036 (11 February 2019)
[242] MedCOI database, BMA-12722 (6 September 2019)

E Efavirenz[243], Elvitegravir[244], Emtricitabine[245], Enalapril[246], Enoxaparine sodium[247], Entecavir[248], Epinephrine[249], Eplerenone[250], Epoetin alfa[251], Epoetin beta[252], Epoetin theta[253], Epzicom[254], Erythromicine[255], Erythropoietin[256], Escitalopram[257], Esomeprazole[258], Estradiol[259], Etelcalcidide[260], Ethambutol[261], Eviplera[262], Ezetimibe[263].

F Famotidine[264], Felodipine[265], Fentanyl[266], Ferric carboxymaltose[267], Ferrous fumarate[268], Ferrous gluconate[269], Fingolimod[270], Flucloxacillin[271], Fluorometholone[272], Fluorouracil[273], Fluoxetine[274], Flupentixol[275], Flupentixol decanoate depot injections[276], Fluphenazine[277], Fluphenazine decanoate depot injections[278], Flurazepam[279], Fluticasone[280], Fluticasone furoate[281], Fluvoxamide[282], Folic acid[283], Formoterol[284], Furosemide[285].

[243] MedCOI database, BMA-12129 (5 March 2019)
[244] MedCOI database, BMA-12129 (5 March 2019)
[245] MedCOI database, BMA-12628 (8 August 2019)-
[246] MedCOI database, BMA-12796 (27 September 2019)
[247] MedCOI database, BMA-11907 (4 January 2019)
[248] MedCOI database, BMA-11649 (17 October 2018)
[249] MedCOI database, BMA-12768 (10 September 2019)
[250] MedCOI database, BMA-11859 (24 January 2019)
[251] MedCOI database, BMA-12586 (15 July 2019)
[252] MedCOI database, BMA-12586 (15 July 2019)
[253] MedCOI database, BMA-12586 (15 July 2019)
[254] MedCOI database, BMA-12129 (5 March 2019)
[255] MedCOI database, BMA-9322 (3 March 2017)
[256] MedCOI database, BMA-12586 (15 July 2019)
[257] MedCOI database, BMA-12722 (6 September 2019)
[258] MedCOI database, BMA-12083 (10 April 2019)
[259] MedCOI database, BMA-12722 (6 September 2019)
[260] MedCOI database, BMA-12400 (27 May 2019)
[261] MedCOI database, BMA-10059 (14 September 2017)
[262] MedCOI database, BMA-11966 (23 January 2019)
[263] MedCOI database, BMA-11859 (24 January 2019)
[264] MedCOI database, BMA-12722 (6 September 2019)
[265] MedCOI database, BMA-10950 (6 June 2018)
[266] MedCOI database, BMA-12083 (10 April 2019)
[267] MedCOI database, BMA-12586 (15 July 2019)
[268] MedCOI database, BMA-12594 (23 July 2019)
[269] MedCOI database, BMA-12594 (23 July 2019)
[270] MedCOI database, BMA-11031 (19 April 2018)
[271] MedCOI database, BMA-12155 (21 March 2019)
[272] MedCOI database, BMA-11857 (24 January 2019)
[273] MedCOI database, BMA-12083 (10 April 2019)
[274] MedCOI database, BMA-12726 (29 August 2019)
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G Gabapentin[286], Glatiramer acetate[287], Gliclazide[288], Glibenclamide[289], Glucagon[290], Granisetron[291].

H Haloperidol[292], Haloperidol depot injections[293], Heparin[294], Hepatitis b vaccine[295], Hydralazine[296], Hydroclorothiazide[297], Hydrocortisone[298], Hydroxycarbamide[299], Hydroxyurea[300], Hypromellose eyedrops (Dextran)[301].

I Ibuprofen[302], Imatinib mesilate[303], Indapamide[304], Insulin[305], Insulin aspart[306], Insulin detemir[307], Insulin glargine[308], Insulin glulisine[309], Insulin isophane[310], Interferon beta 1b[311], Ipratropium[312], Irbesartan[313], Iron[314], Isoniazid[315], Isosorbide-5-mononitrate[316].

K Ketotifen fumarate eyedrops[317], Kivexa[318].

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L Labetalol[319], Lactulose[320], Lamivudine[321], Lamotrigine[322], Lansoprazole[323], Lanthanum carbonate[324], Latanoprost eye drops[325], Levetiracetam[326], Levocabastine eyedrops[327], Levothyroxine[328], Liothyronine sodium[329], Lisinopril[330], Lithium carbonate[331], Loratadine[332], Lorazepam[333], Lormetazepam[334], Losartan[335].

M Macrogol[336], Magnesium carbonate[337], Magnesium hydroxide[338], Measles vaccine[339], Mebeverine[340], Melatonin[341], Menthol[342], Mercaptopurine[343], Metformin[344], Methadone[345], Methyldopa[346], Methylphenidate hydrochloride[347], Methylprednisolone[348], Metoclopramide[349], Metolazone[350], Metoprolol[351], Minoxidil[352], Mirabegron[353], Mirtazapine[354], Montelukast sodium[355], Morphine[356], Morphine sulfate[357], Moxonidine[358], Multivitamins[359], Mumps vaccine[360].

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N Nalmefene[361], Naloxone[362], Naltrexone hydrochloride[363], Naproxen[364], Natalizumab[365], Nebivolol[366], Nepafenac[367], Nevirapine[368], Nicardipine[369], Nifedipine[370], Nitrazepam[371], Nitroglycerine[372], Nortriptyline[373], Novomix[374], Nystatin[375].

O Ocrelizumab[376], Odansetron[377], Olanzapine[378], Olanzapine pamoate depot injection[379], Olmesartan[380], Omeprazole[381], Oxaliplatin[382], Oxazepam[383], Oxycodone[384].

P Paliperidone[385], Palonosetron hydrochloride[386], Paloperidone palmitate depot injections[387], Pantoprazole[388], Paracetamol[389], Paroxetine[390], Peg interferon beta 1a[391], Penfluridol[392], Penicillamine[393], Pentamidine[394], Perindopril[395], Perphenazine[396], Phenoxymethylpenicillin[397], Phenprocoumon[398], Pimozide[399], Pipamperone[400], Pneumococcal

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vaccine[401], Polyvidone eye drops[402], Povidone eye drops[403], Pravastatin[404], Prednisolone[405], Prednisolone eye drops[406], Prednisone[407], Pregabaline[408], Promethazine[409], Propionate[410], Propranolol[411], Propylthiouracile[412], Psylliumseeds[413], Pyrazinamide[414].

Q Quetiapine[415]

R Rabeprazole sodium[416], Raltegravir[417], Ranitidine[418], Rifampicin[419], Risedronate sodium[420], Risperidone[421], Risperidone depot injections[422], Ritonavir[423], Rivaroxaban[424], Rosuvastatin[425]

S Salbutamol[426], Sertraline[427], Sevelamer[428], Sildenafil[429], Simvastatin[430], Sodium acid phosphate[431], Sotalol[432], Spironolactone[433].

T Tacrolimus[434], Tadalafil[435], Tamsulosin[436], Telmisartan[437], Temazepam[438], Tenofovir alafenamide[439], Tenofovir disoproxil[440], Terazosin[441],

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Teriflunomide[442], Tetanus vaccine[443], Thioridazine[444], Thyroxin[445], Ticagrelor[446], Timolol[447], Timolol eye drops[448], Tizanidine[449], Tolbutamide[450], Topiramate[451], Torasemide[452], Tramadol[453], Tranexamic acid[454], Trazodone[455], Triamcinolone acetonide[456], Triamterene[457], Trihexyphenidyl[458], Triumeq[459], Truvada[460].

U Ulipristal acetate[461].

V Valproate[462], Valproic acid[463], Valsartan[464], Vaseline paraffin[465], Vasopressin[466], Venlafaxine[467], Verapamil[468], Vincristine[469], Vitamin D[470].

W Warfarin[471]

Y Yellow fever vaccine[472].

Z Zafirlukast[473], Zidovudine[474], Zolpidem[475], Zopiclone[476], Zuclopenthixol[477], Zuclopenthixol decanoate depot injections[478].

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Annex B: Hospitals and medical facilities

The British High Commission produces a regularly updated 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 it
    - Availability/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: Ophthalmology
- 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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Version control

Clearance

Below is information on when this note was cleared:

- version **3.0**
- valid from **7 January 2020**

Changes from last version of this note

Updated country information

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