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Healthcare Policy Reforms in Northeastern Nigeria: A Critical Evaluation of their Impacts on Healthcare Delivery

Hassan Ruth Audu¹, Oluwatosin Omoniyi Omodara², Hassan Haggai Audu³, Mercy Agudu Aji⁴

¹Management Sciences, Faculty of Management Sciences, Abubakar Tafawa Balewa University, Bauchi, Nigeria

²Abubakar Tafawa Balewa University, Bauchi, Nigeria

³Federal university Wukari Taraba State, Nigeria

⁴Taraba state College of nursing and midwifery

ruthhassan200@gmail.com

ABSTRACT

Healthcare policy reforms have been introduced in Nigeria to improve service delivery, equity, and access to care; however, their effective implementation remains a major challenge in conflict-affected regions such as Northeastern Nigeria. This study examines the level of awareness, perceived impact, and implementation challenges of selected healthcare policy reforms, namely the National Health Insurance Scheme (NHIS), Health Workforce Migration (HWM), Primary Healthcare Under One Roof (PHCUOR), and the Basic Healthcare Provision Fund (BHC PF) in Adamawa, Bauchi, and Borno States. Using a survey-based approach, data were collected from healthcare stakeholders across the three states. The findings indicate that although general awareness of healthcare reforms is relatively high, detailed understanding of specific initiatives particularly the BHC PF remains limited. Respondents reported moderate improvements in healthcare delivery and access to services, especially for vulnerable populations. Nonetheless, persistent challenges such as insecurity, weak coordination across levels of government, and inadequate community engagement continue to hinder effective implementation. The study concludes that while healthcare reforms have shown some positive outcomes, their overall impact in Northeastern Nigeria is constrained by socio-political and institutional barriers. Strengthening intergovernmental collaboration, improving public awareness, integrating security considerations into health planning, and promoting community participation are recommended to enhance healthcare delivery in the region.

Keywords: Healthcare policy reforms, Northeastern Nigeria, NHIS, BHC PF, PHCUOR, insecurity, SPSS, implementation challenges

1. INTRODUCTION

Northeastern Nigeria has a population of over 20 million people, with a significant proportion living in rural areas. The region has some of the poorest health indicators in the country, including high maternal and child mortality rates, and a high prevalence of infectious diseases such as tuberculosis, HIV, and malaria. (National Population Commission, 2020). (World Health Organization, 2020). Healthcare policy reforms are pivotal to addressing the healthcare challenges faced by countries, especially in regions where health systems are underfunded, inefficient, and challenged by both socio-political and economic factors. In Nigeria, healthcare delivery has consistently faced challenges including inadequate infrastructure, poor funding, limited human resources, and insufficient health coverage, especially in the Northeastern region. (Onyeneho *et al.*, 2021). The Nigerian healthcare system is structured at three levels: primary, secondary, and tertiary. Despite efforts to provide equitable healthcare access, the system remains plagued by weak governance, poor health financing, inadequate distribution of resources, and poor healthcare workforce management. Northeastern Nigeria has faced additional hurdles, including regional insecurity due to insurgencies and inter-ethnic conflicts, which further limit access to health services. Recent healthcare policy reforms have sought to address these systemic issues. (Dahiru *et al.*, 2019). The Nigerian government has introduced several initiatives such as the National Health Insurance Scheme (NHIS), the Basic Healthcare Provision Fund (BHC PF), the Primary Healthcare Under One Roof (PHCUOR) policy and Health Workforce Migration (HWM), which aim to increase access to essential health services and improve quality of care. (Aliyu *et al.*, 2020). These reforms, however, have not been without challenges, particularly in the Northeastern region. A critical evaluation of the impact of healthcare policy reforms in Northeastern Nigeria is essential due to the unique socio-political and health context of the region. Previous studies have highlighted that healthcare reforms often fail to achieve their intended objectives due to factors such as inadequate funding, poor implementation strategies, corruption, and the lack of political will.

1.1 STATEMENT OF THE PROBLEM

In recent years, Nigeria has undertaken various healthcare policy reforms aimed at improving the quality and accessibility of healthcare services for its population. These reforms, particularly in the Northeastern region, have been largely driven by the need to address healthcare disparities exacerbated by

insurgency, poverty, inadequate infrastructure, and insufficient human resources for health. Despite these efforts, the Northeastern region continues to face major challenges in healthcare delivery, including poor healthcare infrastructure, inadequate healthcare personnel, and widespread healthcare inequity (Ilesanmi *et al.*, 2020). The Northeastern region of Nigeria has been severely affected by insurgency, which has further complicated the delivery of healthcare services. Healthcare facilities in the region have been destroyed or are operating under inadequate conditions, and the displacement of populations has led to a rise in preventable diseases. The region therefore faces a dual burden: the national policy framework may be inadequate in meeting unique regional needs, while local challenges exacerbate the ineffectiveness of health interventions. Previous studies have examined healthcare delivery challenges and policy reforms in Nigeria, with emphasis on health financing, workforce shortages, governance, and access to services. Other research has highlighted the adverse effects of conflict and insecurity on health systems. However, empirical studies that specifically assess the outcomes of healthcare policy reforms within the unique context of Northeastern Nigeria remain limited. World Health Organization [WHO], 2018). (Kruk *et al.*, 2017).

1.2 RESEARCH QUESTIONS

- i. How have healthcare policy reforms impacted the delivery of healthcare services in Northeastern Nigeria?
- ii. What are the major challenges faced in the implementation of healthcare reforms in Northeastern Nigeria?
- iii. To what extent have healthcare policy reforms improved access, quality, and affordability of healthcare in the region?
- iv. How do socio-political and economic factors influence the effectiveness of healthcare policy reforms in Northeastern Nigeria?

1.3 OBJECTIVES OF THE STUDY

- i. Evaluate the impact of healthcare policy reforms on healthcare delivery in Northeastern Nigeria.
- ii. Identify the factors influencing the successful implementation of these reforms in the region.
- iii. Assess the extent to which healthcare reforms have addressed key challenges such as access, affordability, and quality of healthcare services in Northeastern Nigeria.
- iv. Provide recommendations for improving healthcare policy design and implementation in the region.

2. LITERATURE REVIEW

2.1 HEALTHCARE POLICY REFORMS IN NIGERIA: AN OVERVIEW

Healthcare policy reforms in Nigeria have been shaped by the need to address both structural and operational inefficiencies in the health sector. In the early post-independence years, Nigeria's healthcare system was largely shaped by a mixture of public and private sector involvement, with limited focus on equitable access to healthcare, particularly for marginalized regions like the northeastern states (Ogunlesi *et al.*, 2017). However, the introduction of the National Health Policy in 1988 marked a shift toward a more structured approach to healthcare delivery, with an emphasis on primary healthcare, accessibility, and affordability (Okojie, 2006).

2.2 CHALLENGES AND IMPACT OF HEALTHCARE POLICY REFORMS IN NORTHEASTERN NIGERIA

The unique socio-political environment of Northeastern Nigeria complicates the successful implementation of healthcare policy reforms. Conflict and insecurity, notably the insurgency led by Boko Haram, have resulted in a large-scale displacement of people and destruction of healthcare infrastructure, leaving millions without access to healthcare services (Berman, 2017). This situation exacerbates the already precarious healthcare system, which faces significant resource constraints, including insufficient healthcare workers, inadequate health facilities, and limited access to essential medicines (Ilesanmi *et al.*, 2020).

2.3 HEALTHCARE DELIVERY

Healthcare delivery refers to the provision of healthcare services to populations in need. The effectiveness of healthcare delivery is often measured by access to services, quality of care, patient outcomes, and the efficiency of service provision (Tsegai *et al.*, 2018). In the context of healthcare policy reforms, healthcare delivery encompasses the extent to which reforms improve these outcomes, particularly among vulnerable populations. For Northeastern Nigeria, healthcare delivery has been historically hindered by factors such as geographical barriers, a shortage of healthcare professionals, and inadequate health infrastructure (Ogunlesi *et al.*, 2017).

2.4 GOVERNANCE AND POLICY IMPLEMENTATION

The concept of governance in healthcare refers to the processes by which health systems are steered, managed, and controlled at various levels of government (e.g., national, regional, local). Governance includes policy formulation, strategic decision-making, resource allocation, and oversight of healthcare systems. The effectiveness of healthcare reforms in Nigeria is heavily influenced by the quality of governance at all levels (Ilesanmi *et al.*, 2020). In the Northeast, weak governance and political instability have hindered the smooth implementation of healthcare policies, as local governments often lack the capacity to manage resources and deliver healthcare services efficiently (Fayehun, 2020).

2.5 POLICY IMPLEMENTATION THEORIES

The Top-Down Model suggests that reforms are effectively implemented when central governments or policymakers impose policies directly onto local systems. The Bottom-Up Model focuses on local actors, including healthcare providers, communities, and regional governments, in influencing the policy process. Hybrid models combine top-down and bottom-up processes. (Sabatier & Mazmanian, 1980).

2.6 HEALTH SYSTEMS FRAMEWORK

The World Health Organization health systems framework emphasizes six building blocks: service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership/governance. This framework provides a structure for analysing healthcare reforms.

2.7 POLITICAL ECONOMY OF HEALTHCARE

The political economy perspective examines how political and economic forces shape healthcare delivery. Reforms are influenced by power relations, institutional capacities, and economic resources. Economic conditions such as poverty, inequality, and low government revenue create barriers to implementing effective healthcare reforms. (Hancock, 2011).

2.8 GOVERNANCE AND ACCOUNTABILITY

Governance theories are pivotal in understanding how the quality and efficiency of healthcare reforms are influenced by the structure and processes of governance. Effective governance is a key determinant of the success of healthcare reforms in regions like Northeastern Nigeria, which face challenges in governance due to factors such as corruption, weak institutions, and inadequate accountability mechanisms.

2.9 SOCIAL DETERMINANTS OF HEALTH

Social determinants of health refer to social and economic factors that influence health outcomes, such as income, education, employment, and housing. In Northeastern Nigeria, factors such as poverty, conflict, and gender inequality affect healthcare access and outcomes. (Marmot, 2005).

3. RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

This study adopts a descriptive research design, appropriate for examining the current state of healthcare policy reforms and their impacts within a specific geographical context. The descriptive design allows the study to systematically describe levels of awareness, implementation processes, perceived outcomes, and challenges associated with healthcare policy reforms. The study employs both quantitative and qualitative research methods, making it a mixed-methods study.

3.2 POPULATION OF THE STUDY

The population comprises key stakeholders involved in healthcare delivery and policy implementation in Northeastern Nigeria, including healthcare providers, healthcare policymakers, patients who have accessed healthcare services in the region, and local government officials responsible for healthcare delivery and policy execution.

3.3 SAMPLING TECHNIQUES AND SAMPLE SIZE

A stratified random sampling technique was used to ensure inclusion of various groups. Healthcare providers, patients and local government officials were selected using the Yamane formula. The project reports that 120 respondents from Bauchi, Adamawa, Borno and Yobe State were contacted for the purposes of the study; the analysed results subsequently report 120 responses from Borno, Adamawa and Bauchi States.

3.4 SOURCE AND INSTRUMENT OF DATA COLLECTION

Data were obtained from primary sources through surveys, interviews, and focus group discussions. Structured questionnaires were designed for healthcare providers and patients, while semi-structured interview guides were developed for policymakers and local government officials. Focus group discussions were conducted with patient groups.

3.5 METHOD OF DATA COLLECTION

Questionnaires were distributed to healthcare providers and patients at selected healthcare facilities in Northeastern Nigeria. Interviews with policymakers and local government officials were conducted face-to-face. Focus group discussions were organised with patient groups at selected healthcare facilities.

3.6 METHOD OF DATA ANALYSIS

The study adopted a mixed-methods approach. Quantitative data were analysed using descriptive statistics (frequencies, percentages, and means) and inferential statistics (chi-square tests and regression analysis) with SPSS. Qualitative data were analysed using thematic analysis.

3.7 RELIABILITY OF THE INSTRUMENT

The reliability of the survey instrument was assessed using Cronbach's alpha. The reported values for all three constructs exceeded 0.7.

Survey element/construct	Questions	Responses	Cronbach's α
Knowledge and Awareness of Healthcare Policy Reforms	4	120	0.711
Impact of Healthcare Reforms on Healthcare Delivery	6	120	0.822
Challenges in the Implementation of Healthcare Reforms	3	120	0.790

4. RESULTS AND DISCUSSION

4.1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Item	Category	F	%
Gender	Male	42	35.0
	Female	78	65.0
Age	18–25	19	15.8
	26–35	41	34.2
	36–45	33	27.5
	46–55	26	21.7
	56+	1	0.8
Occupation	Healthcare Provider	92	76.7
	Policymaker/Official	2	1.7
	Patient/Community Member	10	8.3
	Pharmacist	16	13.3
Education	Tertiary education	70	58.3
	Postgraduate education	50	41.7
State	Borno	36	30.0
	Adamawa	36	30.0
	Bauchi	48	40.0

F - represents the number of respondents.

Gender Distribution of Respondents

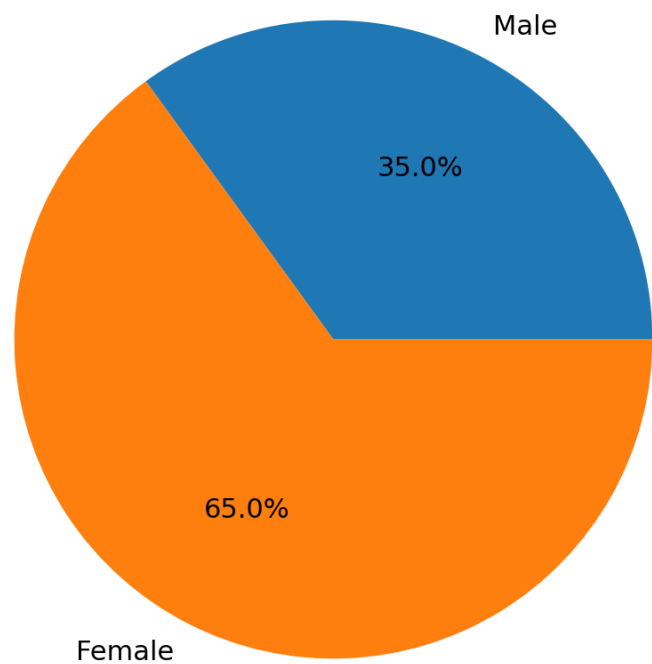


Fig. 1. Gender distribution of respondents.

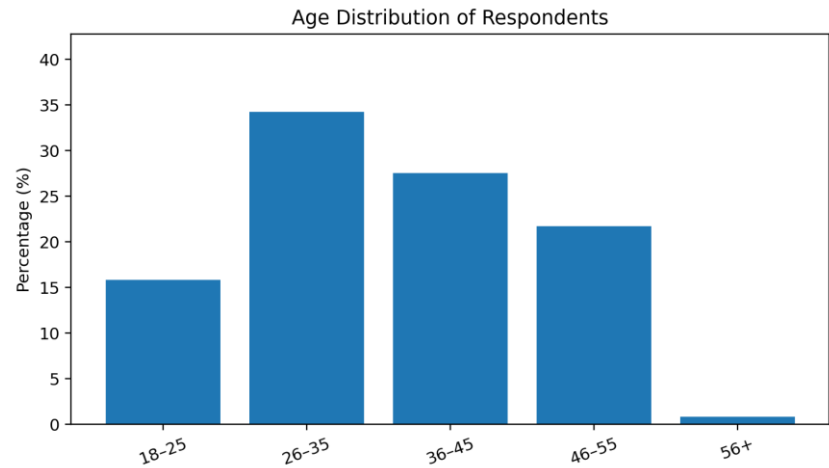


Fig. 2. Age distribution of respondents.

4.1 DEMOGRAPHIC RESULTS (CONTINUED)

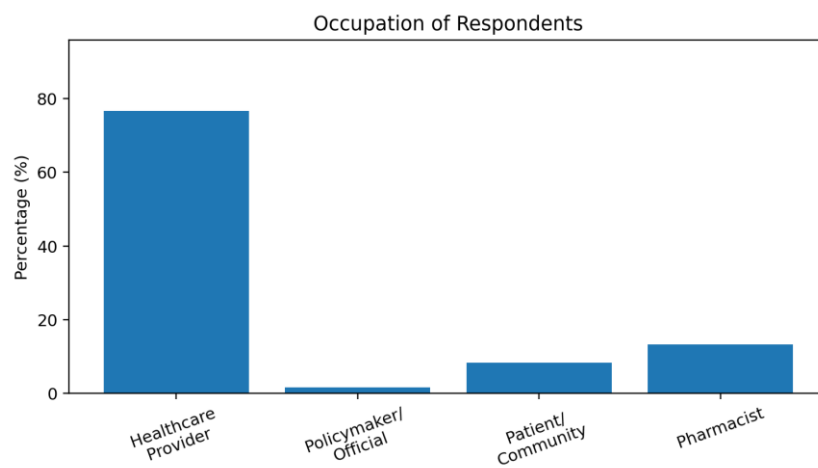


Fig. 3. Occupation of respondents.

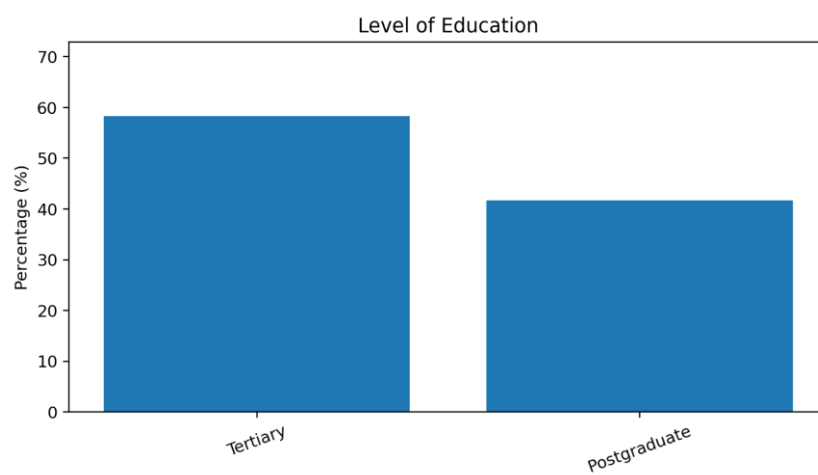


Fig. 4. Level of education.

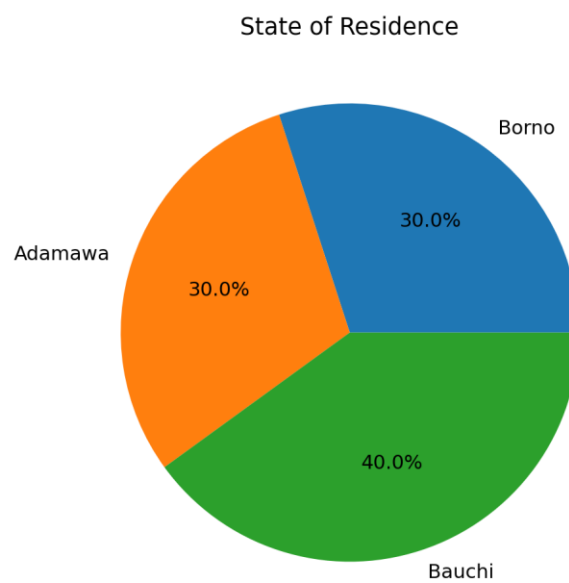


Fig. 5. State of residence of respondents.

The demographic results show that the majority of respondents were female (65%), the largest age group was 26–35 years (34.2%), healthcare providers constituted 76.7% of respondents, 58.3% had tertiary education and 41.7% had postgraduate education. The state distribution was 40% Bauchi and 30% each from Borno and Adamawa.

4.2 KNOWLEDGE AND AWARENESS OF HEALTHCARE POLICY REFORMS

Question/response	F	%
Not familiar at all	7	5.8
Somewhat familiar	20	16.7
Very familiar	93	77.5
Heard of BHC PF – Yes	35	29.4
Heard of BHC PF – No	68	57.1
Heard of BHC PF – Not sure	16	13.4
Reforms not implemented at all	8	6.7
Reforms partially implemented	93	77.5
Reforms fully implemented	19	15.8
Reforms adequately addressing needs – Yes	32	26.7
Reforms adequately addressing needs – No	46	38.3
Reforms adequately addressing needs – Not sure	42	35.0

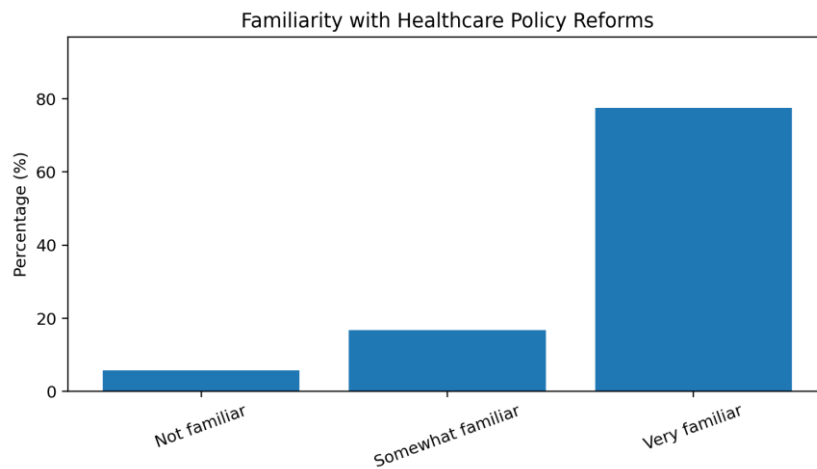


Fig. 6. Familiarity with healthcare policy reforms.

The majority of respondents (77.5%) reported being very familiar with key reforms such as NHIS, HWM, PHCUOR and BHC PF. However, only 29.4% had heard of the BHC PF. When asked about implementation in Northeastern Nigeria, 77.5% believed the reforms were partially implemented, while 15.8% said fully implemented and 6.7% said not implemented at all. Only 26.7% believed the reforms were adequately addressing the healthcare needs of the Northeast, while 38.3% said no and 35.0% were not sure.

4.3 IMPACT OF HEALTHCARE REFORMS ON HEALTHCARE DELIVERY

Indicator	Response	F	%
Service delivery	No improvements	10	8.3
Service delivery	Moderate improvements	76	63.3
Service delivery	Significant improvements	34	28.3

Indicator	Response	F	%
Essential services	Yes	70	58.3
Essential services	No	48	40.0
Essential services	Not sure	2	1.7
Access for vulnerable populations	Yes	82	68.3
Access for vulnerable populations	No	25	20.8
Access for vulnerable populations	Not sure	13	10.8

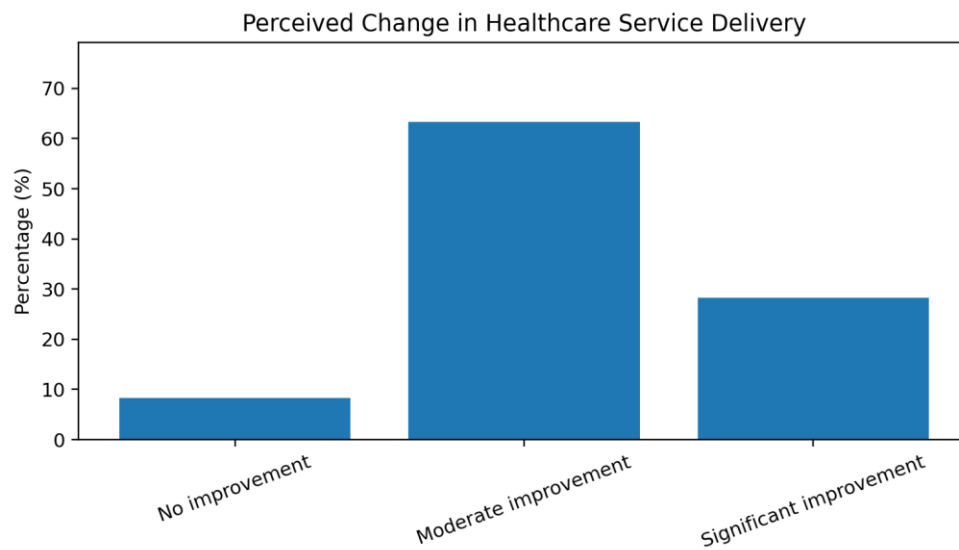


Fig. 7. Perceived change in healthcare service delivery.

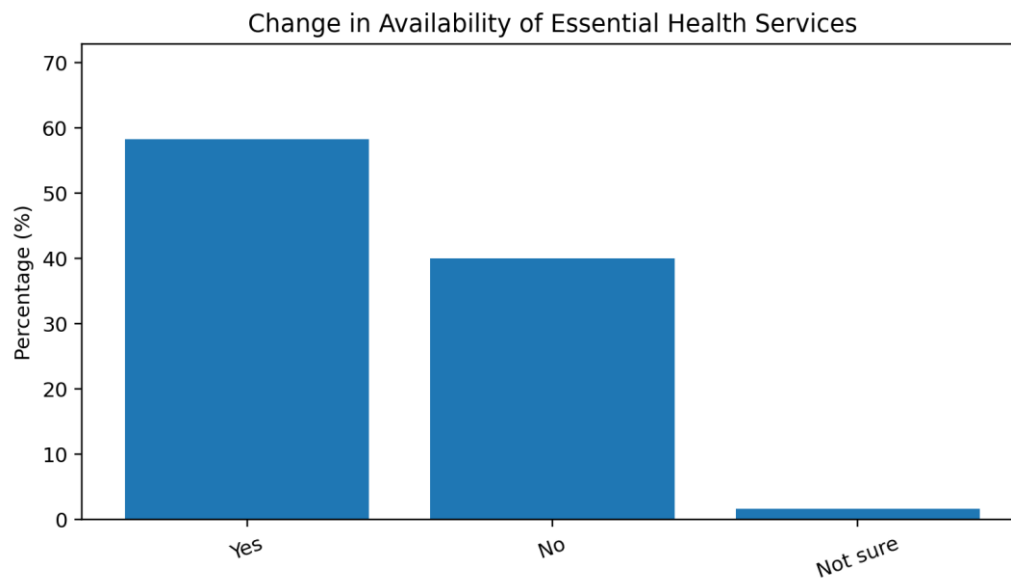


Fig. 8. Change in availability of essential health services.

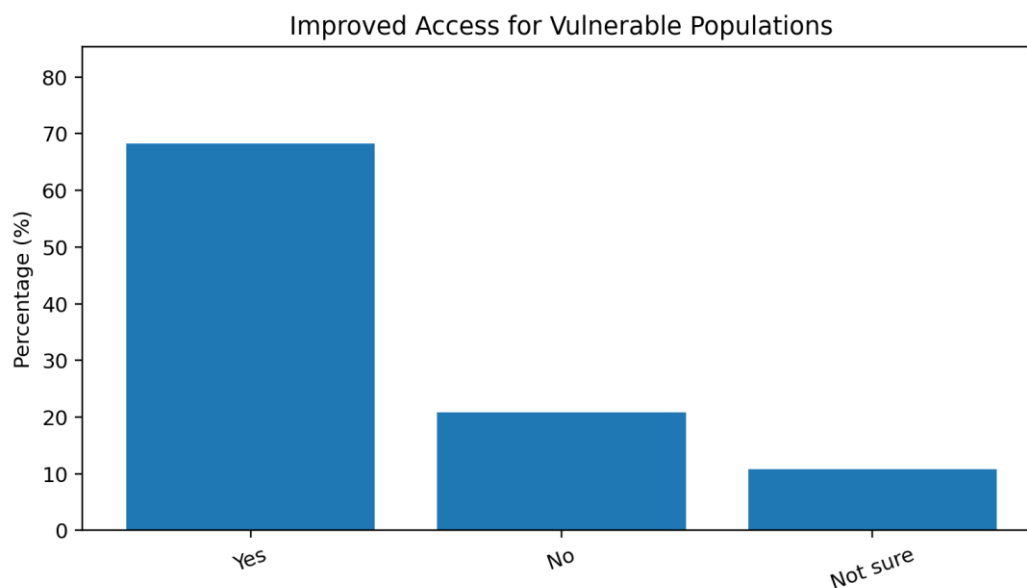


Fig. 9. Improved access for vulnerable populations.

Most respondents perceived positive outcomes following the introduction of reforms. Specifically, 63.3% reported moderate improvements in healthcare service delivery, while 28.3% observed significant improvements. No respondent indicated that service delivery had worsened. In terms of essential health services, 58.3% acknowledged increased availability. Furthermore, 68.3% agreed that reforms had improved access to healthcare for vulnerable populations.

4.4 CHALLENGES IN THE IMPLEMENTATION OF HEALTHCARE REFORMS

Indicator	Response	F	%
Effect of insecurity	Not affected	9	3.8
Effect of insecurity	Somewhat affected	64	44.4
Effect of insecurity	Severely affected	47	30.8
Government coordination	Very poor	17	8.8
Government coordination	Poor	5	1.6
Government coordination	Fair	80	57.9
Government coordination	Good	0	0.0
Government coordination	Very good	18	9.5
Community role	Not important	0	0.0
Community role	Somewhat important	48	31.6
Community role	Very important	72	51.1

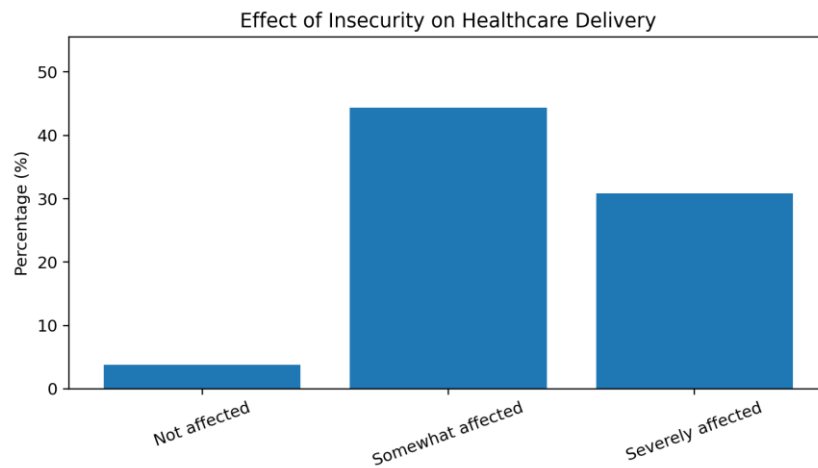


Fig. 10. Effect of insecurity on healthcare delivery.

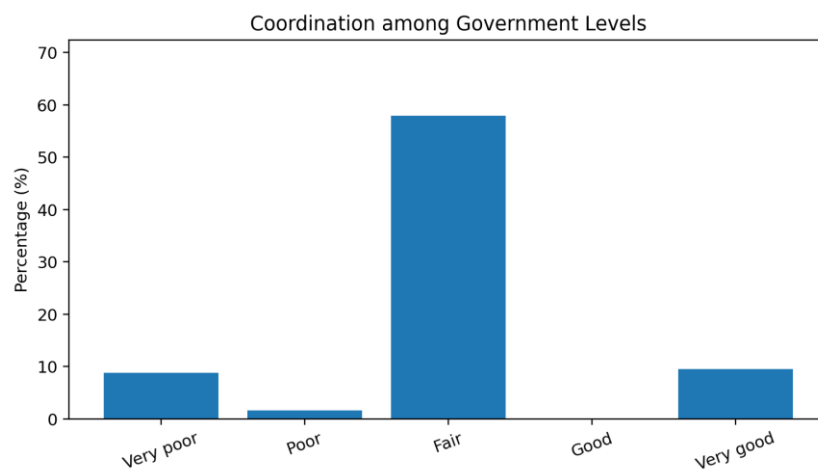


Fig. 11. Coordination among government levels.

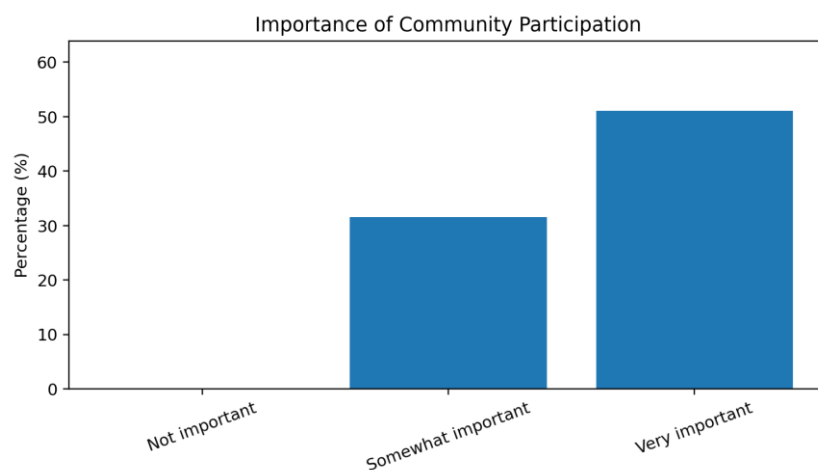


Fig. 12. Importance of community participation.

Insecurity was reported as a major challenge. 44.4% said healthcare delivery was somewhat affected and 30.8% said it was severely affected, while 3.8% reported no effect. Coordination among federal, state and local government bodies was rated fair by 57.9%, very poor by 8.8%, poor by 1.6%, and very good by 9.5%, with no respondent selecting good. Community engagement was viewed as important, with 51.1% considering it very important and 31.6% somewhat important.

4.5 HYPOTHESIS TESTING

Hypothesis 1

Healthcare policy reforms have had a positive but limited impact on improving healthcare delivery in Northeastern Nigeria.

Evidence: 63.3% observed moderate improvements; 28.3% observed significant improvements; 8.3% observed no improvements; 68.3% reported improved access for vulnerable groups; and 58.3% saw increased availability of essential services.

Conclusion: Hypothesis 1 is supported by the data.

Hypothesis 2

Socio-political instability and inadequate resources have significantly hindered the successful implementation of healthcare reforms in the region.

Evidence: 44.4% said healthcare delivery was somewhat affected by insecurity and 30.8% said it was severely affected. Government coordination was rated fair by 57.9%, with 8.8% very poor and 1.6% poor.

Conclusion: Hypothesis 2 is strongly supported by the data.

Hypothesis 3

The implementation of healthcare reforms has led to improvements in access and affordability of healthcare, particularly in urban areas.

Evidence: 68.3% acknowledged improvements in access for vulnerable groups such as women, children, the elderly, and people with disabilities.

Conclusion: The findings provide moderate support for the hypothesis that healthcare reforms have improved access and affordability of healthcare, particularly in urban areas.

4.6 SUMMARY OF FINDINGS

The findings provide an understanding of awareness, perceived impact, and challenges associated with healthcare reforms in Northeastern Nigeria. The reliability scores for knowledge and awareness ($\alpha = 0.711$), impact on healthcare delivery ($\alpha = 0.822$), and implementation challenges ($\alpha = 0.790$) indicate internal consistency. Most respondents were female (65%), within the 26–35 age group (34.2%), and healthcare providers (76.7%).

General familiarity with healthcare reforms was high, but specific awareness of BHCPF was limited. Most respondents believed reforms were only partially implemented. The perceived impact was largely positive, with moderate improvements in service delivery, increased availability of essential services, and improved access for vulnerable groups. Insecurity, weak government coordination, and the need for community participation were identified as important implementation issues.

5. CONCLUSION AND RECOMMENDATIONS

5.1 CONCLUSION

The findings of this study affirm that healthcare policy reforms have yielded moderate yet positive changes in healthcare delivery within Northeastern Nigeria. Although improvements in service availability and access, particularly for vulnerable populations, are evident, their full potential remains unrealized due to socio-political instability, inadequate resource allocation, and fragmented coordination across governance levels.

The gap between high awareness of reforms and their perceived limited implementation indicates systemic weaknesses in translating policy into action. Furthermore, community-level involvement, while widely acknowledged as vital, appears underutilized. Without strategic efforts to address insecurity, governance inefficiencies, and communication gaps, the long-term sustainability and equity of healthcare reforms in the region may remain constrained.

5.2 RECOMMENDATIONS

- **Strengthening Intergovernmental Coordination:** Establish clearer communication and accountability frameworks between federal, state, and local government actors to ensure cohesive reform implementation.
- **Address Insecurity through Integrated Planning:** Integrate healthcare planning with regional security strategies to protect health workers and maintain service delivery in conflict-affected areas.
- **Expand Awareness Campaigns:** Intensify sensitization efforts, especially about the BHCPF and related initiatives, through both traditional and digital media targeting rural and underserved populations.
- **Enhance Community Participation:** Institutionalize mechanisms for regular consultation with local communities to ensure reforms are responsive to local needs and contexts.

- Invest in Human and Material Resources: Increase funding for healthcare infrastructure, staffing, and training, particularly in rural and hard-to-reach areas.
- Monitor and Evaluate Reform Outcomes Regularly: Develop robust monitoring and evaluation systems to track reform implementation and adapt strategies based on emerging challenges.

5.3 LIMITATIONS OF THE STUDY

Access to reliable and comprehensive data may be constrained due to weak health information systems and disruption caused by ongoing conflict. Security concerns may restrict physical access for fieldwork, limiting coverage in highly insecure locations and potentially affecting representativeness. Time constraints may also limit the scope of data collection and the number of stakeholders engaged.

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