



Health Ethics & Law
CONSULTING

Improving Emergency Care Access in Nigeria

A Policy Brief





Executive Summary

Critical Healthcare Crisis: Nigeria's Emergency Care System Requires Urgent, Comprehensive Intervention

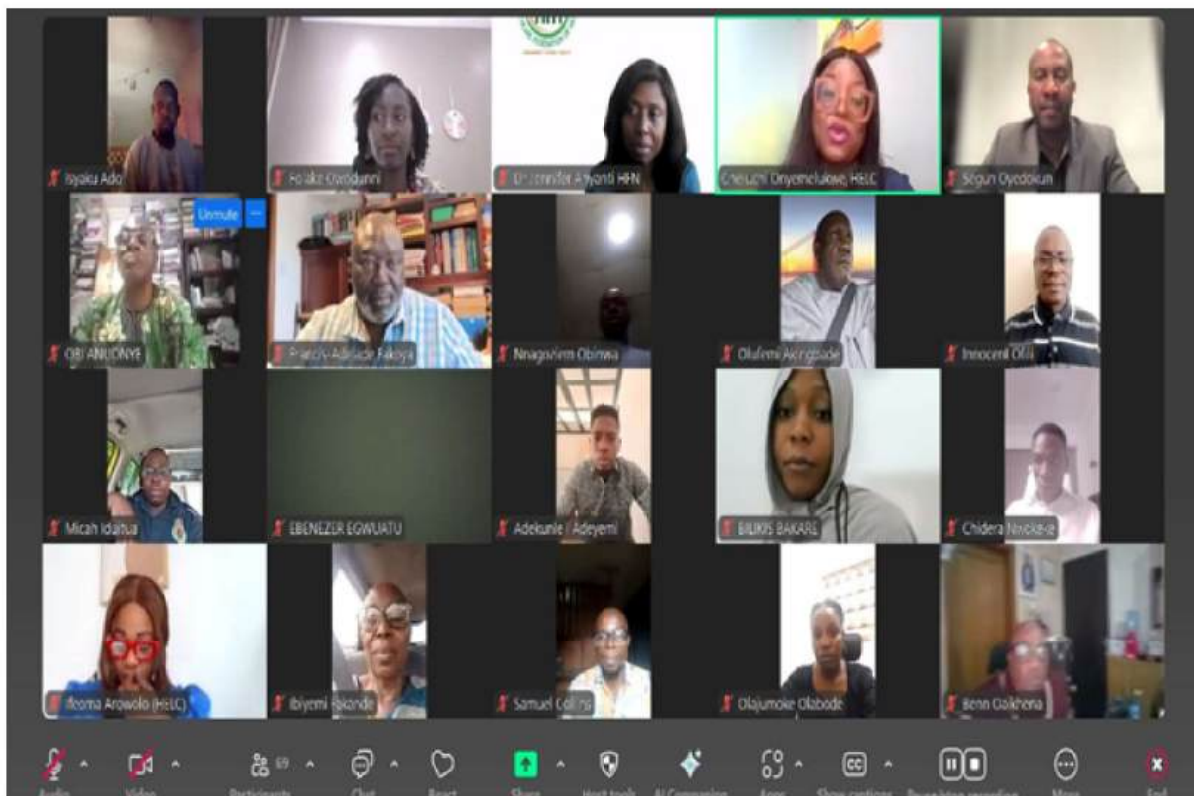
Nigeria's emergency system requires the practical implementation of legal provisions and urgent comprehensive intervention. The provision of emergency healthcare is one of the core obligations of government. Yet, an examination of Nigeria's current level of emergency care system shows a seeming contradiction between its universal health coverage commitments and the stark realities of emergency healthcare delivery.

At Health Ethics and Law Consulting, Nigeria's first health law focused firm, we support the health system through cutting edge legal, regulatory and policy advisory, and provision of evidence-based solutions to the public sector and healthcare businesses.

Recognising an urgent need for intervention, Health Ethics and Law Consulting (HELIC) through its Health Systems Learning practice area brought together experts from government, the private sector, emergency response services, in a webinar, to identify barriers to the implementation of the law on emergency care in Nigeria, and provide practical solutions to the longstanding challenge of access to emergency care.

This policy brief distills the key insights and recommendations from that webinar necessary for the comprehensive transformation of the Nigeria emergency care system in a way that addresses technical and resource constraints, and the fundamental governance architecture that shapes emergency healthcare delivery.

It makes recommendations for actions to improve emergency care in Nigeria.





Introduction

Emergency care serves as the critical first line of defence in Nigeria's healthcare system. However, access to timely and effective emergency medical services remains one of the most pressing challenges facing the nation's health sector.

The National Health Act of 2014 establishes the right to emergency medical treatment, mandating that healthcare providers cannot refuse emergency care for any reason. Yet, the reality on the ground is very different.

Nigeria's emergency care system has been described as "rudimentary, vulnerable, and disconnected", with systemic failures affecting every aspect of emergency medical response. From inadequate infrastructure and equipment shortages to severe workforce shortages and financial barriers, the challenges are multifaceted and interconnected.

The implications extend beyond individual patient outcomes to broader issues of national health security and social stability. Half of maternal deaths and three-quarters of intrapartum stillbirths are preventable with timely access to high-quality emergency obstetric care.

Similarly, limited access to emergency care impact, road accident victims, fire outbreak survivors requiring specialised burn care, and vulnerable populations such as the geriatric populations, amongst others.

Given the multifaceted nature of the emergency care gap, it was necessary to engage diverse stakeholders in search of solutions.

The webinar brought together experts from government, private sector, health insurance, emergency response services, to engage in a discussion which identified practical solutions to this longstanding challenge.

Accordingly, the following were the objectives of the webinar:

- To explore the workability of the provisions of the National Health Act 2014 in relation to emergency care in Nigeria and offer actionable recommendations for their implementation and/or reform.
- To identify and discuss the current barriers to accessing emergency healthcare services in Nigeria, with focus on financial, infrastructural, and systemic barriers.
- To share best practices and successful models of emergency care systems that could be adapted to the Nigerian context.
- Explore collaborative solutions between the government and the private sector in order to prioritise emergency lifesaving care.

The speakers at the webinar consisted of experts from government, health insurance, development organisations, academia, private sector, health insurance, emergency response services, and elder care, as follows:

- Prof Cheluchi Onyemelukwe, Managing Partner, Health Ethics and Law Consulting;
- Dr Emmanuella Zamba - Permanent Secretary, Lagos State Health Management Agency (LASHMA);
- Ms. Njide Ndili - President, Healthcare Federation of Nigeria (HFN); represented by Dr. Jennifer Ayanti – Deputy Managing Director, Strategy, Growth, Society for Family Health;



- Dr. Olumide Okunola – Senior Health Specialist, World Bank Group;
- Dr. Taofiq Olusegun Oyedokun - Clinical Associate Professor of Emergency Medicine, College of Medicine, University of Saskatchewan;
- Mrs. Folake Owodunni – Chief Executive Officer, Emergency Response Africa (ERA);
- Ms. Damilola Grillo – Executive Director, Hold The Age.

State of Emergency Care in Nigeria

Emergency Care Access Gap: 60% of Emergency Cases Go Untreated, Creating Urgent Need for System-Wide Reform

- Less than 40% of emergency cases receive appropriate care, representing a massive 60% unmet need across the healthcare system.
- Nigeria's doctor-to-patient ratio of 1:5,000 exceeds WHO recommendations by 733%, creating severe capacity constraints.
- Only 0.4 ambulances per 100,000 people, representing a 96% deficit compared to WHO standards.
- Over 90% of health facilities lack basic emergency equipment, with only 10.2% having oropharyngeal airways and 9.3% having laryngoscopes.
- Less than 5% of Nigerians have health insurance coverage, creating significant financial barriers to emergency care.

Strategic Imperative: Comprehensive emergency care reform is critical to building a resilient healthcare system that serves Nigeria's 200+ million population. While legal frameworks establish the foundation, the effective implementation of their key provisions is essential to ensure equitable access nationwide.

Legal and Policy Framework

The Constitution of the Federal Republic of Nigeria 1999 (as amended), and International Obligations.

Nigeria's emergency care obligations are anchored on broader constitutional guarantees. The Nigerian Constitution guarantees the right to life, which inherently encompasses access to emergency medical care necessary to preserve life.

Additionally, Nigeria's ratification of international human rights treaties, including the International Covenant on Economic, Social and Cultural Rights, ((ICESCR) creates binding obligations to ensure healthcare availability, accessibility, acceptability, and quality.

National Health Act 2014

The Act serves as Nigeria's primary legislative framework governing emergency healthcare provision. Section 20(1) establishes the fundamental right to emergency medical treatment. It provides that healthcare providers cannot refuse emergency care for any reason.

The Act reinforces this obligation through penalties outlined in Section 20(2), which stipulates fines of N100,000 or imprisonment for up to six months for violations.

Beyond treatment access, the Act establishes financial protection mechanisms through the establishment of the Basic Health Care Provision Fund (BHC PF), which dedicates 5% specifically to emergency medical treatment.

The 5% of the BHCPF allotted to emergency treatment is proposed to be administered by the National Emergency Medical Treatment Committee (NEMTC), in line with Section 11 (3)(e) of the National Health Act 2014.

To operationalise the said section 11, the National Emergency Medical Service and Ambulance System (NEMSAS) was established by the Federal Government to create a structured emergency medical service system across Nigeria. The NEMTC was then inaugurated to oversee and coordinate the activities of NEMSAS.

Specialised Emergency Care Legislation

The Compulsory Treatment and Care for Victims of Gunshot Act 2017 mandates immediate treatment for gunshot victims regardless of police report availability.

The Federal Road Safety Commission Act of 2007 provides additional emergency care provisions, empowering FRSC officials to arrest and prosecute hospitals that reject accident victims.

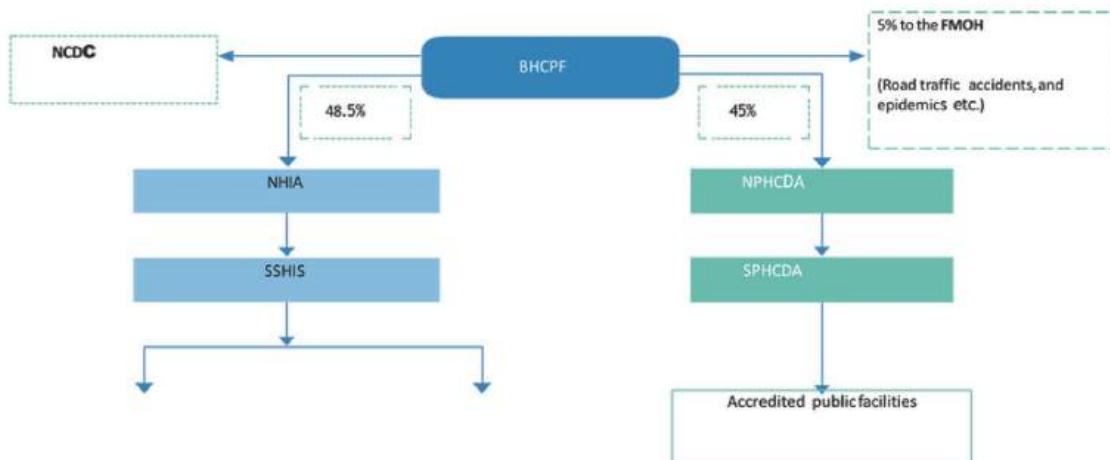


Figure 1: Illustration of the key features of the BHCPF

Source: Adapted from WHO Nigeria Country Health System and Services Profile 2025.

Notes: SPHCDA = state primary health care development agency; SSHIS = state-level social health insurance scheme.



Subsidiary Legislation

The Code of Medical Ethics 2007 requires physicians to render emergency treatment as a form of humanitarian service.

Gaps in Implementation

Despite the availability of some laws supporting emergency care provision, implementation remains a challenge. Healthcare providers often lack awareness of their legal obligations, while the institutional capacity to implement them is limited.

The challenge of implementation is compounded by the absence of supporting structures that would enable healthcare providers to discharge their legal obligations effectively. Without adequate infrastructure, equipment, and trained personnel, enforcing the N100,000 penalty against healthcare providers becomes counterproductive.

Currently the government is implementing specific initiatives in the area of emergency care access for pregnant women. One speaker at the webinar noted that some implementation is under ways with the launch of some government initiatives such as the Sector-Wide Approach (SWAp) and the Maternal Mortality Reduction Innovation Initiative (MAAMI).

Recognising the dire state of the country's health outcomes, the Federal Government launched the Sector-Wide Approach (SWAp) to unlock better health for the people through government-led systems and partnership with health development partners.

A key priority of the Compact signed by the Federal Government and development partners is in the area of maternal health. Signatories to the Compact commit to utilise the SWAp strategy to link primary health care centres to secondary care facility providing Comprehensive Emergency Obstetric and Newborn Care (CEmONC) through the development of a National Emergency and Medical Ambulance System.

Another of such initiatives indicating operationalisation of laws and policies is the Maternal Mortality Reduction Innovation Initiative (MAAMI). The initiative aims to provide transport support to pregnant women requiring emergency medical treatment, ensuring that they arrive at the facility in good time to access such care. Presently, the initiative has been launched in about 170 local government areas in the country.

However, while the prioritisation of maternal health within emergency care systems is critically important, it is equally essential to broaden the focus to encompass the full spectrum of urgent health needs that impact diverse populations.

Achieving equitable and effective emergency care requires a comprehensive approach that addresses not only maternal health, but also the care requirements of older adults, accident victims, individuals with non-communicable diseases, and those affected by public health emergencies or disasters.



With regard to Lagos State, a speaker articulated that, as a means of streamlining the implementation of emergency care services, the Lagos State Health Management Agency (LASHMA) proactively encourages feedback from citizens. This approach is employed as a continuous mechanism to enhance service delivery by identifying and addressing gaps in performance.

Inadequate Infrastructure and Manpower Shortage

Nigeria's emergency care infrastructure faces severe capacity constraints across multiple dimensions. The doctor-to-patient ratio of 1:5,000 significantly exceeds the WHO's recommended 1:600 ratio, creating severe capacity constraints for emergency response.

This shortage is acute in emergency medicine where most emergency departments are staffed by healthcare providers with little to no specialised emergency medicine training.

To address the issue of knowledge gaps within the healthcare workforce, a speaker proposed leveraging Nigeria's abundant pool of healthcare professionals who have demonstrated exceptional expertise globally. These professionals can be engaged to collaborate in capacity-building initiatives aimed at training paramedics, nurses, and the broader community in emergency care, to strengthen the country's emergency response capabilities.

The ambulance infrastructure presents an even more critical challenge. With fewer than 1,000 functional ambulances serving a population exceeding 200 million, Nigeria maintains only 0.4 ambulances per 100,000 people. This figure falls short of the World Health Organization's

recommended benchmark of one ambulance per 10,000 people.

Medical equipment shortage is another big challenge. Assessment data from seven states reveals that only 10.2% of health facilities possess oropharyngeal airways and 9.3% have laryngoscopes, for example. The assessment further shows a lack of defibrillators in over 70% of local government areas in the country. Nigeria's bed capacity stands at 0.9 hospital beds per 1,000 people.

This shortage creates overcrowding in emergency departments and compromises quality of quality, with studies showing that up to 75% of patients arriving at major urban hospital emergency departments are either dead on arrival or die within six hours.

It is critical for appropriate infrastructure to be available, given the importance of 'Chain of Survival' in a medical emergency. As articulated by a speaker at the webinar, the 'Chain of Survival' refers to a series of events that must take place within an emergency health situation to improve an individual's chances of survival. The speaker emphasised that if any link in the chain is broken, the chances of survival are significantly affected.

A key recommendation voiced by a speaker to mitigate the infrastructure challenges entails the development of a centralised coordination framework. This integrated system would unify both private and public healthcare facilities into a cohesive, interoperable network, providing the capacity for streamlined and efficient emergency response. It was further proposed that this initiative should manifest as a singular, comprehensive digital platform encompassing all health service providers across public and private sectors.

Additionally, the strategic extraction and analysis of data from this consolidated system were highlighted as essential mechanisms to optimise emergency response capabilities and inform evidence-based operational improvements.

Financial Barriers

Financial accessibility remains a critical barrier to emergency care access. Despite the National Health Insurance Authority Act of 2022 mandating universal health coverage, less than 5% of Nigerians currently have health insurance coverage. What this mean is that even when emergency services are available, many patients cannot afford the associated costs given the low uptake of health insurance.

In Lagos State, however, a speaker at the webinar confirmed that the Ministry of Health is collaborating with the Lagos State Health Management Agency (LASHMA) to implement reimbursement mechanisms for public facilities that deliver emergency medical services to vulnerable and less-privileged citizens.

Budgetary and Financial Sustainability Challenges

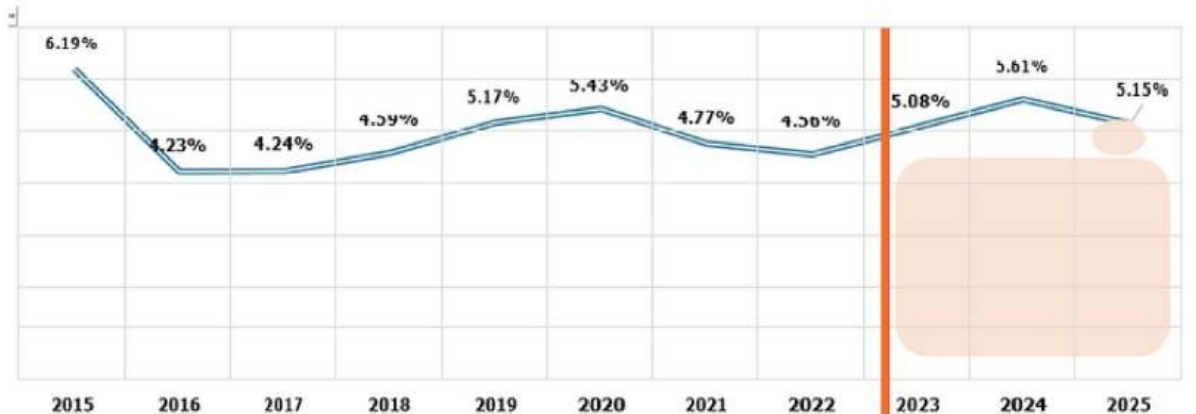


Figure 2: Share of Healthcare Allocation in Budget (2015–2025).
Source: Adapted from dRPC Nigeria health budget analysis report.



Nigeria's healthcare expenditure of roughly 5% of GDP falls significantly below international recommendations. While the BHCPF has demonstrated growth of 126.94%, overall health funding remains inadequate. The emergency care allocation of 5% remains insufficient to address the massive infrastructure, equipment, and human resource gaps that characterise Nigeria's emergency care system.

Given that health is a residual matter, at the subnational level, only five out of the 36 states in the country have allocated up to 15% of their total budget to the health sector.

One of the speakers at the webinar noted that as a federation, Nigeria requires health financing commitments at the federal, state, and local government levels, emphasising that the uneven appropriation of health funds across these tiers significantly undermines the effective delivery of emergency care nationwide.

It was further noted by the speaker that public financing in Nigeria amounts to under 10% of GDP, with health allocations comprising less than 1% of GDP—figures that rank among the lowest globally—thereby severely constraining the capacity to effectively operationalize emergency health services.

While the National Health Act 2014 mandates the allocation of 5% of the BHCPF to emergency medical care, it is unclear at this time how the 5% of the BHCPF is being employed. Whether it is utilised for the provision of ambulance services, or appropriated only toward support for maternal health.

Gaps in Legal Framework

Absence of Good Samaritan Legislation

One of the most significant gaps in Nigeria's emergency care legal framework is the absence of Good Samaritan legislation. Research conducted by Emergency Response Africa (ERA) reveals that the primary barrier which prevents people from helping in emergency medical situations is the fear of legal repercussions and harassment from security agencies. This finding highlights the urgent need for legal protections that encourage emergency intervention.

It was highlighted during the webinar that the Healthcare Federation of Nigeria (HFN) is actively championing the enactment of a Good Samaritan legislation. Such legislation is being pursued with the objective of providing legal protection to individuals from unwarranted legal repercussions, particularly when they intervene to save lives in emergency health situations. These laws are intended to foster and encourage prompt bystander intervention during emergencies by offering legal immunity and safeguarding well-meaning rescuers from potential liability.

Gaps in Protection for Vulnerable Populations

The existing legal framework around emergency care fails to address the unique needs of vulnerable populations, particularly the elderly. The absence of specific provisions for geriatric emergency care creates age-related bias that can become a life-or-death issue during medical emergencies.



Key Recommendations from Expert Speakers at the Webinar

- **Improve Legal and Policy Frameworks:** Enactment of Good Samaritan legislation to foster and encourage prompt bystander intervention during emergencies by offering legal immunity and safeguarding well-meaning rescuers from potential liability.
- **Strengthen Government's role in Operationalisation of Existing Laws and Policies:** Government to prioritise further implementation and operationalisation of existing laws and policies.
- **Prioritise Financial and Budgetary Commitments:** All tiers of government should prioritise their budgetary allocations to the health sectors to improve the health outcomes of the people. Given that Nigeria is a federation, all levels of government must be responsible for adequate budgetary allocation to health.
- **Strengthen Workforce Development and Capacity Building:** Nigeria's diaspora of healthcare professionals who have achieved international recognition could serve as invaluable resources for capacity building initiatives. These globally-experienced practitioners could mentor local paramedics, nurses, and community members, creating a knowledge transfer mechanisms that leverages Nigeria's.
- **Address Human Resource Gaps through Telemedicine:** Given the limited availability of trained emergency care professionals, technology can be utilised to bridge expertise gaps. Frameworks should be developed to support telemedicine and remote guidance models. This will enable trained professionals to support less skilled responders in real time, particularly in underserved areas.
- **Enhance Public-Private Sector Synergy:** Effective emergency care requires active collaboration between the public and private sectors. Structured partnerships should be developed where the strengths of both sectors are leveraged. It is crucial that public and private sectors to collaborate on generating initiatives that leverage public-private sector synergies to expand access to emergency care including the areas of health insurance, telemedicine, development of guidelines, amongst others.
- **Population-Specific Interventions:** Amplify training of first responders who would be crucial to the chain of survival in emergency medical situations involving the elderly. Ensure consideration of older persons and other vulnerable populations in guidelines development, policy implementation and other interventions.
- **Community-Based Emergency Response as a Strategic Priority:** A key submission at the webinar emphasised the indispensable role of community members and bystanders during the early stages of emergency care. It was asserted that priority must be accorded to the development and institutionalisation of community-based emergency response training programmes, to ensure that ordinary citizens are adequately equipped to initiate lifesaving interventions and activate formal emergency response chains.

- **Ensure Strategic Use of Data for Planning and Early Detection:** The value of data in guiding decision-making, resource allocation, and early public health interventions was emphasised. Consequently, the consistent and standardised collection of emergency response data must be prioritised to enable comprehensive service evaluation, accurate trend identification, and evidence-based strategic planning across all tiers of government.
- **Bridge Fragmentation in Emergency Medical Services:** The fragmented nature of Nigeria's emergency response infrastructure, involving disparate hospitals, private providers, and first responders, hinders efficiency. Policy interventions should aim at system-wide integration, ensuring that all emergency care stakeholders are digitally and operationally linked.
- **Incorporate telehealth and mobile health solutions** to extend emergency care reach, especially in underserved or remote areas, allowing for remote triage, consultation, and follow-up.
- **NEMSAS to Prioritise High-Burden Emergencies:** It was recommended that NEMSAS use analytics to identify frequently recurring and high-impact emergencies and prioritise these for targeted disbursement of the 5 percent of the BHCPF.
- **Improve Transparency of the Use of the Gateway of BHCPF.** It is important to have data clarity on the disbursement of the 5% emergency gateway of the BHCPF to support further effective use then technology integration and innovation

- **Technology Integration and Innovation:** Harness technology to optimise the interoperability of data and integrate the disparate components of the healthcare system, including ambulance services, individual firstresponders, healthcare facilities, and all stakeholders involved in the emergency care continuum.

This will enable seamless coordination and real-time information exchange for efficient and effective management of emergency cases. Key steps to improve technology integration and innovation for emergency care may include:

- **Establish a centralised digital coordination platform** that integrates private and public healthcare facilities into one interoperable system. This will facilitate streamlined communication and resource allocation during emergencies.
- **Implement real-time data extraction and analytics** from the integrated system to monitor emergency cases, guide resource deployment, and continuously improve response strategies through evidence-based insights.



Conclusion

Call to Action: Building Healthcare Resilience Through a Robust Access to Emergency Care

The current crisis, with roughly 60% of emergency cases going untreated, demands immediate and sustained intervention across all levels of government and healthcare delivery.

If stakeholders prioritise improved emergency care provision in Nigeria:

- **Emergency care access could improve from 40% to 80% by 2030**, saving hundreds of thousands of lives annually.
- Healthcare workforce capacity could double through strategic deployment and training.
- Universal emergency care coverage could be achieved through integrated insurance and financing mechanisms, eliminating financial barriers to life-saving care.

The window for action is critical: with healthcare demands projected to increase as Nigeria's population reaches 263 million by 2030, and continued emigration of medical professionals, the strain on emergency services will intensify without comprehensive reform.



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Health Ethics & Law
CONSULTING

Authors



Prof Cheluchi Onyemelukwe
Managing Partner



Queen Ukpo
Associate



Health Ethics & Law
CONSULTING

Health Ethics and Law Consulting

Suite 202, Dew International
Complex
58, Omorinre Johnson Street
Lekki, Lagos, Nigeria

www.healthlaw.com.ng

Contact:

info@healthlaw.com.ng

cheluchi@healthlaw.com.ng