



# The System We Deserve



**₦2.48BN**

Federal Health Budget



**₦58,47BN**

Total Budget Allocated



**₦6TN**

Gap Between Promise and Reality

## Introduction

I have seen the bodies of dead children stacked under a staircase because there was no space in the morgue. That image has never left me. It is one of the images I return to every time someone asks me why I am passionate about healthcare in Nigeria.

Those children had families. Families who loved them, families who would have done everything, and I mean everything, to give them decent care, and in death, a decent place to rest. What they did not have was a system that could hold them.

That is the reality I want you to sit with: a system that could not hold them, because that is what is missing. It is not the doctors, not the desire, not even, entirely, the money. What is missing is the architecture of accountability, management, and institutional seriousness that turns good intentions into reliable care. The

infrastructure of a society that has decided its people matter. Nigeria's 2026 federal budget allocates ₦2.48trillion to health, 4.2% of a ₦58.47 trillion total budget.<sup>1</sup>

Twenty-five years ago, African leaders signed the Abuja Declaration committing to 15% of national budgets for health. We have never met it. Not once, not even during COVID. The funding gap between what was promised and what was delivered in this year's budget alone stands at over ₦6trillion.<sup>2</sup>

Let that number settle.

*The problem is not that Nigerians don't value their health. The problem is that we have not yet built a system worthy of that value.*

Meanwhile, Nigerians spent an estimated \$2.39 billion on medical tourism in 2024 alone.<sup>3</sup> The same families who cannot access reliable care at home are boarding flights to India, the UK, and the UAE for treatment that should be available here. Over 16,000 doctors left Nigeria in the last five years.<sup>4</sup> Currently, the country has roughly 3.8 doctors per 10,000 people. The World Health Organization recommends at least 10.<sup>5</sup> These are not abstract statistics, they are the arithmetic of a system in distress, and they are felt, every day, by ordinary people in extraordinary pain.

1 Nigeria 2026 Federal Budget — Premium Times, January 2026

2 African Union Abuja Declaration, April 2001

3 Travel and Tour World, 'Nigeria Reclaims Leadership in Africa's Medical Tourism Sector,' August 2025

4 Minister of Health Ali Pate, cited in GAVI/VaccinesWork, December 2024

5 Umar, Salihu & Azuine, 'Crisis of Brain Drain in Nigeria's Health Sector,' Int. Journal of Maternal and Child Health and AIDS, May 2025

## I run hospitals. I know what is broken.

When I served as CEO of a public specialist hospital in South-South Nigeria, I learned something that no policy paper had indicated: the problem was rarely the doctors or the nurses. The problem was the system around them.

In the public sector, procurement processes would usually take months, supply chains can sometimes not guarantee the basics, and administrative cultures are neither built for compliance nor outcomes.

In 2025, the Federal Ministry of Health disclosed that the government released just ₦36 million out of ₦218 billion in capital health budget for that year.<sup>6</sup> That is not a funding problem, it is a governance failure of staggering proportions.

Rwanda, with a fraction of Nigeria's oil wealth and a recent history that would have broken most nations, consistently meets the Abuja Declaration target. The IMF's January 2026 World Economic Outlook cites Rwanda's institutional reform momentum as among the factors driving Sub-Saharan Africa's projected 4.6% growth in 2026.<sup>7</sup> The lesson is not that Rwanda is richer, it is that Rwanda is more intentional.

South Korea in the 1970s had a per capita GDP roughly comparable to many African economies today.<sup>8</sup> They chose to invest in health infrastructure with the same urgency they brought to manufacturing. Five decades later, the outcomes are visible to anyone who has been treated in a Korean hospital. The path from where they were to where they are was not miraculous. It was deliberately designed to arrive at their current state.

## What the private sector must do — and why it cannot wait

I do not believe that the government alone can fix this in the timeframe that over 200 million Nigerians need. I am being realistic about the pace of institutional reform and the urgency of the need.

The IMF and World Bank are aligned on Nigeria's GDP growth forecast for 2026: 4.4%, the highest projection in recent years, driven by exchange rate stabilization and improving investor confidence.<sup>9</sup> That is genuine movement, but economic growth and healthcare access are not the same thing. A rising GDP does not, by itself, stock a hospital pharmacy or retain a specialist surgeon.

The private sector must step in as a professional force for systemic change. That means building hospitals that operate to international standards and creating environments so compelling that the most talented Nigerian doctors find a reason to stay, and that diaspora physicians find a reason to return.

In March 2026, the Bank of Industry and the European Investment Bank signed a €50 million agreement to strengthen Nigeria's pharmaceutical and diagnostic manufacturing capacity.<sup>10</sup> That is a meaningful beginning, however, beginnings need management infrastructure behind them to become results. Capital without execution systems and accountability lead to expensive disappointment.

## A word about our young people

I think about the young Nigerian doctor who graduated near the top of her class, worked unpaid overtime for years, and then received a job offer from the NHS that was five times her current salary, with a fraction of the workload. I do not blame her for leaving. I blame the system that made leaving the most viable option.

Nigeria will add more young people to its population over the next two decades than almost any nation on earth. That is either an extraordinary asset or an extraordinary liability, depending entirely on what we build now. A young person who cannot access quality healthcare, who watches parents suffer through preventable conditions, who grows up watching doctors "japa" has already decided that their best life cannot be in Nigeria.

That lesson is one we cannot afford to keep teaching.

*We owe our young people a healthcare system that tells them they matter, that their lives have value, and this country is serious about protecting them.*

## The building has started

I have spent the better part of almost ten years building in Nigerian healthcare ecosystem. Many times, against the odds, sometimes in the face of extraordinary institutional resistance, but always with the belief that a better standard of care is possible here if people are serious about the work.

I am still that person. I am more convinced now than I have ever been that quality healthcare can be accessible, affordable and sustainable.

The solution is not one hospital, one policy, one administration. It is a thousand acts of institutional seriousness by the government, private sector, clinicians, and communities compounding over time into a system that can hold the children under the staircase. That can hold all of us. That movement is already beginning.

We have the talent, we have always had the talent. What we are still building is the system worthy of it.

That work starts here. And it starts now.

6 Punch Newspaper, 'Why Investing in Nigeria's Health Sector Is Long Overdue,' March 2026

7 IMF January 2026 World Economic Outlook Update

8 World Bank historical GDP per capita data, South Korea

9 IMF and World Bank aligned 2026 Nigeria GDP forecast: 4.4%

10 Punch Newspaper, March 2026



## Conclusion

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