

Integrating Social Accountability into Health Professions Education in Nigeria

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Abstract

Nigeria's health professions education system can better serve its population by integrating social accountability (SA) standards; the obligation of institutions to focus education, research, and service on society's priority health needs into the curricula of health professions schools (HPS). Aligning Health Professions Education (HPE) with SA principles; quality, equity, relevance, and cost-effectiveness, as defined by WHO, will produce competent, community-responsive health professionals who can help meet the nation's health needs. The strategy to achieve this is multi-factorial and includes the establishment of a national center of excellence, which should be grounded in local country-led partnerships, curricula reforms at the training institutions, and service delivery at the primary health care facilities and community levels. To achieve stakeholder buy-in of the policy brief, there will be advocacy visits, community engagements, and workshops on the implementation of SA in curricula and service provision across the health professions training institutions and Primary Health Care services in Nigeria. The target health professions training in the first phase includes Public Health, Medicine, Nursing, Radiography, and Medical Laboratory Sciences. Integrating the SA standards for health professions in Nigeria is a holistic, sustainable, cost-effective model to address future and current health needs of the population, improve educational quality, and align research and services to the health needs of the population. It will also help to improve the accessibility and quality of healthcare services, with the overall goal of improving the health outcomes in the community.

Introduction and Problem Statement

Social accountability is a major driver of community engagement and patient-centered care. A socially accountable health profession identifies and responds to current and future needs and challenges in society, transforming and ensuring the impact of the transformations. It reorients education, research, and service priorities according to social accountability principles.ⁱ WHO defines SA principles as institutions directing their education, research, and service toward the priority health concerns jointly identified by the public, health professionals, healthcare organizations, HPS, accrediting bodies, and governments.ⁱⁱ

SA rests on humanistic principles (quality, equity, relevance, and effectiveness) and systemic principles (partnerships, resource alignment, and accountability) across stakeholders. Some countries like Canada, Sudan, Pakistan, and Egypt have pioneered curricula centered on community needs and social responsiveness.ⁱⁱⁱ Nigeria's regulatory bodies, the National Universities Commission, the Medical and Dental Council of Nigeria (MDCN), and the Nursing & Midwifery Council of Nigeria (NMCN), control and set standards for HPE institutions.^{iv, v} However, existing standards are largely clinical and technical; sustained SA integration would strengthen the alignment of training with national health priorities. Current programs focus heavily on theoretical knowledge and clinical skills in tertiary hospital settings in Nigeria, with insufficient emphasis on community needs, public health, and social determinants.

The needs of the underserved communities in Nigeria are not taken into consideration when developing curricula for most health professions training. In 2019, 25% of children born with HIV were born in Nigeria.^{vi} As of 2023, the maternal mortality ratio was 993 per 100,000 live births. Although this is a decline from previous years, Nigeria still accounts for over 20% of global maternal mortality.^{vii} Chronic conditions such as diabetes, hypertension, mental health, etc., are on the rise. With the prevalence of diabetes mellitus of 3.0%,^{viii} Nigeria has the highest number of people aged 20-79 (about three million people) suffering from diabetes mellitus^{ix}, and it is projected to increase to over six million people by 2050.^x Therefore, there is an urgent need to restructure our training curricula and healthcare service delivery to include social accountability principles if the current growing poor health indices in Nigeria are to be curbed.

Curriculum development often lacks formal consultation with local communities, health authorities, and patient groups. Additionally, SA principles are not deeply embedded in accreditation criteria or institutional evaluation. At the educators' level, they lack training in community-based pedagogy, SA frameworks, and participatory teaching methods, and there is limited tracking of graduate outcomes in underserved areas or impact on population health. Embedding SA Principles in Regulatory Standards by the NUC, MDCN, NMCN, and other regulatory bodies is an important component to consider.^v Explicitly include SA benchmarks such as community-based learning, service integration, equity, and responsiveness (in accreditation standards and institutional evaluations). These standards should align with WHO-defined values of quality, equity, relevance, and cost-effectiveness.^{xi}

Methods/Strategy

The effective way to reform curricula and pedagogies in health professions training is to;

- Introduce the co-creation of community-based modules, service-learning, and field rotations targeting and working collaboratively with underserved and rural populations.
- Infuse case studies addressing local health issues, public health emergencies, and social determinants across clinical and basic science courses.
- Adapt the Association for Medical Education in Europe (AMEE) framework to structure curriculum development, implementation, and evaluation using participatory action research methods.

Current Policy/Law

Nigeria’s legal and regulatory infrastructure for health professions training includes strong foundational laws like the NHA 2014, and multiple regulatory bodies ensuring training standards. However, challenges persist, especially regarding overlap in regulatory authority (e.g., NUC vs MLSCN), and ensuring genuine social accountability through community mechanisms rather than informal, ad-hoc participation. The table below summarizes the role of key frameworks and regulatory bodies in current health professions training in Nigeria.

Domain	Key frameworks / bodies	Accountability features
Fundamental law	National Health Act 2014 (NHA)	Sets system-wide responsibilities, establishes BHCPF with accountability mechanisms. ^{xii}
Training & regulation	MDCN, NUC, NMCN, MLSCN etc.	Accreditation, curriculum oversight, licensing, quality assurance. Coordination challenges exist especially between NUC and the individual professional councils. ^{xiii}
Community engagement	Community Health Committees	Local-level feedback, outreach, but variable independence and effectiveness. ^{xiv, xv}

Policy Solution

To Strengthen Institutional Governance and Partnerships, we must encourage HPE institutions to establish community advisory boards. These boards should comprise local health authorities (the State Ministry of Health and Primary Healthcare Development Agency [PHCDA]), community-based organizations, and patient representatives. These will guide curriculum relevance. With the PHCDA as a key player, it will incentivize partnerships with Primary Health Care (PHC) centers and community health committees to foster responsive and collaborative training.

At the academic institutions’ level, the major aspect is to invest in Faculty Development by launching capacity-building workshops on SA concepts, participatory teaching, and interprofessional community health education. We can also encourage and promote faculty exchange with institutions experienced in SA-driven curricula, such as in other Sub-Saharan contexts.

As part of a robust implementation, it is pertinent to establish Monitoring, Evaluation & Feedback Systems by developing SA-specific indicators such as graduate deployment to underserved areas, community health outcomes, and satisfaction among stakeholders, and utilizing tools such as the student-designed SA evaluation tool kit by Training for Health Equity Network (THEnet) to assess institutional SA performance.

Action Steps/Summary

Implementation Strategy

A multi-stage approach could begin with pilot integration at selected primary health care facilities or HPE institutions that have dedicated support from Federal and State Ministries of Health and Education, as well as regulatory councils. Regular monitoring, stakeholder engagement, and iterative adjustments are key to scaling up effectively.

Policy Impact

- Enhanced graduate competency in responding to community health needs beyond merely clinical skills.
- Improved rural health access through service-oriented training.
- Greater equity and relevance across Nigeria's diverse regions.
- Strengthened public trust and institutional legitimacy as higher education fulfils its social mission.

Conclusion

To realize its national health goals and uphold its moral obligation, Nigeria needs to shift its health professions education toward deeper social accountability. With regulatory reform, curricula restructuring, stakeholder collaborations, and robust evaluation systems, HPE institutions can better produce graduates who serve and transform communities across the country. Continue education and engagement of health workers at the primary level of care and community members on social accountability standards will ensure participation, acceptability, and uptake of services for improved health outcomes.

References

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- ⁱ Buchman S, Woollard R, Meili R, and Goel R. 2016. Practising social accountability: From theory to action. *Can Fam Physician*. 62(1):15-8. PMID: 26796826; PMCID: PMC4721832
- ⁱⁱ Boelen, C., J. E. Heck, and World Health Organization, Division of Development of Human Resources for Health. 1995. *Defining and Measuring the Social Accountability of Medical Schools*. Geneva: World Health Organization. <https://iris.who.int/handle/10665/59441>.
- ⁱⁱⁱ Saniee, N., S. Motamed, M. Barati, et al. 2025. "Components of Social Accountability in Medical Education: A Scoping Review." *BMC Medical Education* 25: 349. <https://doi.org/10.1186/s12909-025-06873-w>.
- ^{iv} Pedro. 2024. "The Role of the Medical and Dental Council of Nigeria | Smile 360." *Smile 360 Dental Clinic*. Retrieved August 14, 2025. <https://smile360ng.com/the-role-of-the-medical-and-dental-council-of-nigeria/>.
- ^v MDCN "Medical and Dental Council of Nigeria." n.d. *Medical and Dental Council of Nigeria*. Retrieved August 14, 2025. <https://portal.mdcn.gov.ng>
- ^{vi} Imohi, P., F. Eyam, A. O. Ndep, K. Obase, C. Obi, P. Agada, N. Igwe, A. Idemudia, A. Udo, J. N. Pam, and O. Ngim. 2020. "Effect of the Partner Lounge Initiative on Male Partner Involvement in HIV/AIDS Services Uptake among HIV-Positive Pregnant Women in Cross River State, Nigeria: A Pilot." *Scientific Research Journal (Scirj)* 8 (4): 29–33. <http://dx.doi.org/10.31364/SCIRJ/v8.i4.2020.P0420760>.
- ^{vii} WHO. 2023. Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. <https://www.who.int/publications/i/item/9789240068759>
- ^{viii} IDF. 2025. International Diabetes Federation. *IDF Diabetes Atlas*. 11th ed. Brussels: International Diabetes Federation, 2025. https://diabetesatlas.org/media/uploads/sites/3/2025/04/IDF_Atlas_11th_Edition_2025.pdf.
- ^{ix} Kyari, F., A. Tafida, S. Sivasubramaniam, G. V. Murthy, T. Peto, C. E. Gilbert, and Nigeria National Blindness and Visual Impairment Study Group. 2014. "Prevalence and Risk Factors for Diabetes and Diabetic Retinopathy: Results from the Nigeria National Blindness and Visual Impairment Survey." *BMC Public Health* 14: 1299. <https://doi.org/10.1186/1471-2458-14-1299>.
- ^x IDF. 2022. International Diabetes Federation. *IDF Diabetes Atlas*. 10th ed. Brussels: International Diabetes Federation, 2021. https://fmdiabetes.org/wp-content/uploads/2022/01/IDF_Atlas_10th_Edition_2021-comprimido.pdf.

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- ^{xi} Boelen, C., D. Blouin, T. Gibbs, and R. Woollard. 2019. "Accrediting Excellence for a Medical School's Impact on Population Health." *Education for Health* 32 (1): 41–48. https://doi.org/10.4103/efh.EfH_204_19.
- ^{xii} Mashor, M. I., O. O. Akinyemi, S. I. Ijoma, and A. S. Longwap. 2024. "Perception of Health Professionals on the National Health Act, 2014, in University College Hospital, Ibadan." *Nigerian Journal of Medicine* 33 (1): 39–47. https://doi.org/10.4103/NJM.NJM_34_24.
- ^{xiii} Ilawagbon, O. 2025. "The Role of Regulatory Bodies in Sustaining Educational Development in Nigeria: An Assessment of The National Universities Commission." *International Journal of Research and Innovation in Social Science (IJRISS)* 9 (4): 2664–81. <https://doi.org/10.47772/IJRISS.2025.90400198>.
- ^{xiv} Garba, A. M. 2019. "Social Accountability Leading to the Enactment and the Implementation of the National Health Act in Nigeria: The Role of Civil Society Coalitions." Africa Health Budget Network (AHBN), Nigeria. <https://community-of-practitioners-on-accountability-and-social-action.weebly.com/country-case-study--nigeria.html>.
- ^{xv} Abimbola, S., D. Drabarek, and S. K. Molemodile. 2022. "Self-Reliance or Social Accountability? The Raison d'Être of Community Health Committees in Nigeria." *International Journal of Health Planning and Management*, 1–14. <https://doi.org/10.1002/hpm.3438>.