A Review of Access to Health Justice in Nigeria in the Covid-19 Era

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Abstract

The right to health is a component of the right to life. Such right extends to patients' right to be attended to without discrimination, in compliance with sanitary measures in dealing with all patients, and the right to potable water, among others. The coronavirus pandemic deepened and exposed the health injustice phenomena in Nigeria. There appeared to be gross infringements of these rights, primarily founded on denying access to health facilities to sick persons. With the advent of the COVID-19 pandemic, there were recorded cases of gross refusal to treat sick persons on the assumption that every ill person was COVID-19 positive; patients died daily due to this neglect. Patients were conscripted into poorly attended and *densely* populated quarantine centres of the National Centre for Disease Control (NCDC) without any clinically diagnosed report, thereby exposing them to the virus they never had. The above situation raises the query about the concept of health equity which is linked to health justice. The doctrinal research methodology was employed. Thus, there is a need for close attention to this area of medical jurisprudence — upholding the right of access to quality medical care and overall health justice. This paper calls for a critical re-examination and overhaul of the unjust medical response system and Nigeria's poor shift in health structures.

Keywords - Public Health, Health Equity, Health Justice, Covid-19, Access to Health Justice

1.0. Introduction

Prior to the pronouncement of COVID-19 as a global public health challenge and pandemic, many Nigerians regarded the disease as distant, probably unreal and mainly peculiar to the Western world. Without recourse to expert advice and recommendations, the Nigerian Government downplayed the emergence of COVID-19 in the country, thereby hesitating to adopt initial preventive measures, which would have saved costs while protecting the citizenry from undue exposure to the virus[1]. The spread of misinformation regarding the virus and the promotion of unscientific traditional treatment within the country further jeopardized implementing later devised preventive measures[2]. And as has always been, the neglect of patients, the poor medical facilities

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[1]C Reuben, M Danladi and P Ejembi, 'Knowledge, Attitudes and Practices Towards COVID-19: An Epidemiological Survey in North-Central Nigeria' (2020) *Journal of Community Health*https://www.ncbi.nlm.nih.gov/pmc /articles/PMC7338341/ accessed March 13, 2025.

[2]L Omaka *et al*, 'Coronavirus (COVID-19) Pandemic in Nigeria: Preventive and Control Challenges within the First Two Months of Outbreak' [2020](24)(2) *African Journal of Reproductive Health* https://www.ajol.info/index. php/ajrh/ article/download/199071/187709 accessed March 13, 2025.

and poor medical aid in combating the virus, adversely affected the medical sector, occasioning multiple cases of medical rights breaches and consequently leading to the widespread of the virus.

This leads us to a critical issue of Health Justice in Nigeria. In 2018, there was a Public Health Law Conference on Health Justice: Empowering Public Health and Advancing Health Equity[3]. They linked health justice to health equity which, in their words, is the dismantling of racism and working towards sustainable policies and innovations that will last through generations. Health justice means creating equity in our public health system by working alongside community members to envision an environment that promotes health rather than destroys it. It's about ensuring that all people, regardless of their socio-economic background or where they live, have access to healthy food, recreation, reliable transportation, jobs that pay livable wages and adequate healthcare. So health gives human dignity to everyone regardless of who they are or where they come from.

At the University of Nigeria Teaching Hospital (UNTH) and other public hospitals, there were reported cases of sick people who were refused medical admittance for unfounded fear of the virus. Consequently, they died from other diseases, not COVID-19[4]. The inevitable question became: why medical practitioners trained to combat diseases and save lives became hesitant in doing what they have sworn to do? Where lies the justice in health which we are canvassing? This is a critical challenge in Nigeria's health law and policy.

This paper appraises the extent to which there is neglect in discharging medical duties by doctors, in line with their legal responsibilities to avoid medical negligence and render medical services under the Hippocratic Oath. The Nigerian government's efforts to address Nigeria's health issues are also examined, especially in light of the COVID-19 virus. The paper is divided into seven sections. A comparative analysis will also be made between Nigeria and some African countries whose medical systems and executive policies are worthy of emulation. The methodology employed in this research is doctrinal, analytical, and comparative.

2.0. Medical Jurisprudence in Nigeria

2.1 Enforcement of Medical Rights before the Advent of COVID-19

Nigeria faces numerous health sector challenges. Each year, an average of 20,000 Nigerians travel to India and other countries for medical assistance due to the absence of a solid healthcare system[5]. Also, they want to avoid any unfortunate incidents that would give rise to medical rights litigations which often end nowhere, considering the Nigerian justice system.

On the other hand, medical malpractice lawsuits are becoming a global phenomenon, and Nigeria is slowly catching up with the reality of increasing patients' awareness of their rights and

[3] The Network for Public Health Law, 'Health Justice: Empowering Public Health and Advancing Health Equity.' (2018). https://www.networkforphl.org/news-insights/health-justice-empowering-public-health-and-advancing-health-equity/accessed March 13, 2025.

[4] N Onyedika-Ugoeze, 'COVID-19: Tales of Woe as Hospitals Reject Patients.' The Guardian, https://m.guardian.ng/sunday-magazine/covid-19-tales-of-woe-as-abuja-hospitals-reject-patients/ accessed March 13, 2025.

[5] E I Elvis, A F Akinola, and OA Ikeoluwapo, 'An Overview of Disease Surveillance and Notification System in Nigeria and the Roles of Clinicians in Disease Outbreak Prevention and Control' [2015](56)(3) *Nigeria Medical Journal* 161-8.

expectations in relation to healthcare. This is becoming evident in the rising number of allegations and lawsuits against Nigerian healthcare workers practicing in private and public hospitals. In some instances, successful lawsuits against doctors have led to huge compensatory payments to patients and families of patients; and sometimes with severe sanctions such as suspension from medical practice or, in extreme cases, removal from the register of doctors. However, there have always been fewer cases of enforcement of medical rights in Nigeria compared to the level of breach. Even where these suits are brought, they seldom succeed because of the rigorous proofs required in court, or the claimants become frustrated owing to the long number of years these cases last in court. By nature, medical rights enforcement demands expeditious determination. Because of these challenges, the few who are knowledgeable of their medical rights are hesitant to pursue them in court and, most times, go uncompensated.

2.2. COVID-19 and Challenges of the Nigerian Medical Sector

For a long time, the health sector in Nigeria has been fraught with continuous neglect and protests over basic entitlements, poor institutionalism and infrastructural decays. The COVID-19 pandemic further exposed the crisis in the Nigerian health sector, compelling some medical practitioners to shy away from their responsibilities in curtailing the spread of the virus and treating the infected.

According to the President of the Commonwealth Medical Association—Dr. Osahon Enabulele, the Nigerian Government had never taken the health sector seriously until the COVID-19 pandemic.[6] Health has to be a top priority in terms of government investment decisions at all levels and the decisions of every Nigerian. For him, the health sector was consistently behind several other sectors, evident in health workers' poor remuneration packages. Even in the face of the dangers of contracting the virus, medical practitioners were paid a miserly hazard allowance of #5000 (less than $10 USD) monthly — the same figure since 2009. Hence, the attitude of indifference amongst health workers in attending to patients.

As a matter of fact, at all levels of Government, the health budget in Nigeria does not meet up with the 15 percent as agreed in 2001 by the Africa Heads of Government —an issue attributable to corruption. This attitude could also be attributed to the Government's notion that they regard individuals as the sole proprietors of illness causation and the lack of prevention. However, health justice dictates that this notion is false. The actual outliers that impact one's propensity to chronic illnesses can be attributed to various social determinants beyond any individual's control.

Health justice is a collective concept that should be considered a fundamental human right. Nigeria is bereft of a Public Health Law and Policy that takes into consideration the demands of health equity cum health justice. The recurring question is, does the Nigerian Government see health justice as a fundamental human right? The answer appears to be in the negative. Hence, the medical sector continues to suffer, especially in the face of the virus, with several lives lost daily from the virus and other diseases.

Despite the seeming collaborative efforts of the Nigerian Government, Donor Agencies, and NGOs to provide efficient and effective health care delivery in Nigeria, certain problems render these efforts nearly futile[7]. These are majorly the gaps in public health law and policy and the inability

[6]T Aworinde, COVID-19 nightmares exposes Nigeria's wobbling health care system. PUNCH 10 May 2020.https://punchng.com/covid-19-nightmare-exposes-nigerias-wobbling-healthcare-system/ accessed March 13, 2025.

[7]M Baba and B Omotara, "Nigeria Public Health-Gains and Challenges" (2012) http://www.peah.it/2012/09/nigerias-public-health-gains-and-challenges/ accessed March 13, 2025.

of the Government to advocate for policies that enhances health and defends health equity. There are also emerging and re-emerging health problems. For example, the present COVID-19 pandemic, which ate deep into the health sector budget, or the recurring cases of inadequate payment of health workers' salaries, poor quality of healthcare, inequitable healthcare services, professional brain drain, and irrational appointment of health workers, corruption and unaccountability in dealing with health resources amongst others. Furthermore, the government policies designed to address these numerous health problems in Nigeria are largely unimplemented, leading to no improvement in the health sector. There is continued neglect in openly addressing public health issues, and as a result. poor Nigerians suffer.

3.0. Legal Duties of Medical Practitioners and the Concept of Medical Negligence

Medical negligence is traceable a tortious principle propounded by Lord Atkin in *Donoghue v Stevenson*[8], the neighbor principle. Medical negligence constitutes an act or omission by a medical practitioner which falls below the accepted standard of care, resulting in injury or death of the patient[9]. To establish negligence, it must be shown that a duty of care was owed; there had been a breach of that duty, and that damage or injury was suffered as a direct result of breach of the duty owed. In medical negligence, medical practitioners who undertake the care and treatment of patients owe a duty of care to such patients. The care provided by the medical practitioners ought not to be limited to the patients under their direct management alone, but should be extended to any patient they come across in their professional environment. As such, a medical practitioner owes the duty of care to every patient found within the hospital premises, whether or not he is on the management team of such a patient[10].

Medical practice usually involves different activities that may give rise to liabilities on the part of the medical practitioner if not professionally handled. These liabilities may arise in tortious claims and, in some other cases, go beyond civil liabilities to criminal liabilities. It could also give rise to a successful cause of action in other branches of substantive law, including claims for breach of contract, fundamental human rights, and fiduciary relationship.

3.1 The Contractual Liability of Medical Practitioners

Patients who have suffered any damage or injury in the course of treatment may bring an action for breach of contract. This is a viable option in cases where negligence cannot be established because the doctor-patient relationship is contractual as there is an implied term that the doctor will exercise reasonable skill and care in treating patients[11]. Therefore, the law implies the existence of a contract in cases where a patient submits to treatment by a medical practitioner. However, to recover in action for breach of contract, the claimant must establish the existence of a doctor-patient relationship, breach of an implied or express term of the contract to treat, and injury arising from or in the course of treatment.

[8] [1932] AC 562.

[9]D Bryden, I Storey, "Duty of Care and Medical Negligence (Continuing Education in Anaesthesia Critical Care and Pain)", (2011) (11)(4) *BJA Education* 124. .

[10]Lokulo-Sodipe, "An Examination of the Legal Rights of Surgical Patients under the Nigerian Law", [2009] (4)(1) *Law & Conflict Resolution* 79.

[11]F O, Emiri, *Medical Law and Ethics in Nigeria* (1st ed, Malthouse Press Limited Nig. 2012) p1.

3.2 Fiduciary Relationship between Doctor and Patient

A doctor-patient relationship imposes a fiduciary duty on the medical practitioner to protect the patients' interests. In *Norbery v Wynrib*[12], the court upheld this view in defending the patient's interest. There are also cases where the patient suffers damages or injury but may have no valid claim against the medical practitioner. This will arise where the patient has given informed consent, or the medical practitioner acted based on the compulsion to save the patient's life. An apt example is removing a patient's uterus, which refuses to contract during a caesarean section operation[13]. Where the medical practitioner's action is unlikely to amount to negligence or breach of contract, his actions must be in the patient's best interest. Otherwise, he could be sued for breach of fiduciary duty.

3.3 Fundamental Rights and Implications of Doctor and Patient Relationship

Medical malpractice may easily result in the breach of a patient's right. Hence, the basic fundamental rights of a patient must also be borne in mind in the course of their treatment by medical practitioners. The patient's autonomy should never be disregarded, as is enshrined in the fundamental rights of persons. Hence, the right to personal liberty and self-determination may also be implied in some medical cases to buttress autonomy. The use of a right-based approach to deal with issues in medical practice is not to "play the blame game" or to punish erring individuals but primarily to form a basis for practical accountability on the part of government and health care providers in the provision of health care services[14]. Every patient is entitled to the right to health, which includes the right to immediate medical attention in emergency cases, access to information on health issues, and available treatment options[15]as envisioned under section 23 of the National Health Act 2014. Failure to provide information on all available treatment options may lead to liability for negligence and breach of the patient's right to health. The patient also has the right to privacy which includes the refusal to treatment. In *McGlinchey v UK*[16] , a breach of any of these rights is not just a breach of the Constitution but also a breach of Article 3 of the European Convention on Human Rights, which guarantees the right of every person to be free from cruel, inhuman, and degrading treatment.

In all these cases, there is a need to distinguish between the liability of medical practitioners and the liability of the hospitals in which they practice. While doctors may be liable for their personal acts of breach, the hospitals and their management will be vicariously liable where pieces of equipment expected to be available are not available or are dysfunctional, leading to harm, injury or death of patients[17]. On the other hand, vicarious liability will arise when the hospital is held liable for acts, omissions and failure of its staff in discharging their responsibilities in the hospital. In *Cassidy v Minister of Health*[18], a senior medical practitioner may also be held vicariously liable for the actions or omissions of a junior or any member of the medical team he leads or who is

[12][1992] 92 DLR 449.
[13]F N Chukwuneke, 'Medical Incidents in Developing Countries: A Few Case Studies from Nigeria' [2015] (18)(7) Nigerian *Journal of Clinical Practice* 18(7):20-24.
[14]*Ibid*.
[15]*Newman v Secretary of State for Health* [1997] 54 BMLR 85.
[16] [2003] 37 EHRR 41.
[17]*R v Akerele* [1941] 8 WACA 56.
[18] [1951] 2 KB 343.

under his supervision and control. Similarly, the hospital will be liable when they recruit unskilled medical practitioners[19].

4 Obligations of Health Practitioners under the Medical Oath

In medical practice, the duties and obligations of medical practitioners are contained in the rules of professional ethics for medical practitioners. These rules have their foundation in the Hippocratic oath of medical professionals who have undertaken to serve and heal sick people. These rules are set by the Medical and Dental Council of Nigeria in Nigeria[20]. Other medical bodies, including the Nigerian Medical Association, Medical and Dental Consultants Association of Nigeria, and Association of Resident Doctors; also have principles of ethics guiding their members with disciplinary measures to ensure compliance. Issues in medical negligence (like refusal to treat a patient), medical errors and malpractices, and mistakes in diagnosis, to mention but a few, are enforceable not just under legal action but also by these medical bodies who are responsible for the prosecution of such erring medical practitioners and pronouncing their likely suspension or dismissal[21].

5 Incidences of Breach of Medical Rights in Nigeria

A 2017 survey on medical errors in Nigeria with 145 medical practitioners showed a prevalence of 42.8% increase in such errors from 2016.[22] The three most common errors were the error of medication prescription (95.2%), error of radio-laboratory investigation ordering (83.9%), and error of physician diagnoses (69.4%)[23]. There are other cases relating to laxity and unwillingness to attend to dying patients, demanding that exorbitant consulting/admission fees be paid upfront before attending to emergency cases.

One Mrs Oyin Gucci —a Nigerian woman- narrated how she lost her nine-month-old son due to negligence by a doctor at the General Hospital Ikorodu in Lagos State, Nigeria[24]. She shared a story of how her son suffered from "an attack" at 3 am and was rushed to the hospital. A nurse on duty met them, but the doctor on-call was absent, his phone switched off. After going through the hassle of paying exorbitant admission and consulting fees before being attended to, the nurse said there was little she could do for the ill child besides placing him on oxygen. Two hours later, the doctor strolled in leisurely, unperturbed. He acted as if there was no emergency and did not offer any direct treatment to her son. Instead, he wrote some prescriptions for Mrs Oyin to buy and left. Thirty minutes later, he returned and attended to other patients. Mrs Oyin felt these other cases were not as serious as her son's, whom she could see was struggling to breathe. Ultimately, her son died more than 6 hours after arriving at the hospital.

In 2020, at the University of Nigeria Teaching Hospital (UNTH) and other public hospitals, there were several reported cases of sick people who were refused medical admittance for unfounded

[19]*R v Lawanta* [1961] WNLR 133.
[20]*Medical and Dental Practitioners Disciplinary Tribunal v Dr John Emewulu Nicholas Okonkwo* [2001] 3 SC 76.
[21]*Okonkwo v MDPDT* [1999] 6 NMLR 786; *Bolam v Friern Hospital Management Committee* [1957] 1 WLR 582.
[22]G U Iloh, A Chuku and A N Amadi , "Medical Errors in Nigeria: A Cross-Sectional Study of Medical Practitioners in Abia State", *Arch Med Health Sci*. 2017 5:44-49.
[23]*Ibid*.
[24]A Ade-Rufus, "Twitter User Narrates How Doctor's Incompetence' Led to Son's Deats).' *ed,* (2019) https://lifestyle.thecable.ng/twitter-user-narrates-how-doctors-incompetence-led-to-sons-death/ accessed March 13, 2025.

fear of the Coronavirus and who consequently died from other diseases, not even COVID-19[25]. And these are only a few of the reported cases of medical negligence in Nigeria. The Nigerian Ministry of Health appears not to have fully lived up to its responsibilities concerning COVID-19. The NCDC centres have not been a place of succour for the designated persons. There is poor supervision in those centres, and sick persons are clustered in small spaces, defying social distancing protocols. They are most times not tested or completely neglected. The Government does not facilitate the process of enforcement of medical rights and in public hospitals, victims of medical malpractice are hardly compensated. Also, there is little or no creation of awareness of these rights.

6.0. Brief Comparative Overview of Healthcare Systems in Other Jurisdictions

6.1 The United Kingdom

Healthcare in the United Kingdom is fully funded and delivered by the Government to nearly all her citizens. The country's National Health Service (NHS) records high ratings for many healthcare metrics, including preventive care, equity and access to medicare[26]. The citizens pay for the NHS via taxes, and it provides comprehensive coverage, including preventive care, hospital services, pharmaceuticals, and mental health care. Services are largely free at the point of use; out-of-pocket spending averaged about $630 per person in 2017[27]. About 10 percent of the population has supplemental private insurance, allowing faster access to medical care[28].

With the advent of COVID-19, the NHS freed up tens of thousands of hospital beds by postponing non-emergency procedures and buying space in private hospitals.[29] A London convention centre was also quickly repurposed into a makeshift hospital. Additionally, thousands of former health workers were retrained to assist in the crisis, while specialists in other areas were redeployed. The Government imported some ventilators, loaned some from the armed forces, and urged companies to produce more. The country was testing around four people per one thousand and anyone who had the virus only had to place a call across the NHS and immediate medical care would be delivered to him at home, followed by transportation to a testing centre and commencement of treatment procedures. There have also been no reported cases of neglect or refusal to treat sick people in the UK. And this is somewhat attributable to the handsome remuneration packages and incentives available to medical practitioners in the UK.

6.2 South Africa

There is allegedly an excellent level of care to be found at the private hospitals in the major cities of the Republic of South Africa, so much so that it is not uncommon for patients to be flown in for treatment from other countries. The country spends nearly 9% of its GDP on health care (on par with countries like Spain and Malta), with many research grants and incentives to scientists and doctors to discover cures to diseases and the present Coronavirus[30].

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[25] N Onyedika-Ugoeze, "COVID-19: Tales of Woe as Hospitals Reject Patients" (2020) https://m.guardian.ng/sunday-magazine/covid-19-tales-of-woe-as-abuja-hospitals-reject-patients/ accessed March 13, 2025.

[26] D W Light, "Universal Health Care: Lessons From the British Experience", (2020) *American Journal of Public Health, Available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447686/ accessed March 13, 2025.

[27] *Ibid*.

[28] *Ibid*.

[29] K Hignett, J Serle and A Moore, "NHS to Free Up 30,000 Bed for Coronavirus", Available at https://www.hsj.co.uk/free-for-non-subscribers/nhs-to-free-up-30000-beds-for-coronavirus/7027148.article retrieved on March 30, 2025.

[30] K Kupferschmidt, "Trials of drugs to prevent coronavirus infection begin in health care workers",

6.3 Ghana

With the growing impact of the pandemic on essential health services, Ghana has been reported to be taking steps to avert deeper fallout. She collaborates with WHO and other partner organizations. She provides essential services as a priority in the COVID-19 response, which includes identifying health services most affected by the pandemic and giving them utmost attention. Dr Kimambo points out that in Ghana, WHO has supported the efforts to maintain various essential health services, particularly the reproductive, maternal, newborn and child health services, where guidelines have been issued to ensure safe and quality service delivery with minimal COVID-19 transmission risk[31].

At the Greater Accra Regional Hospital, staff have been reported taking extra precautions to encourage people to seek medical services. Patients are given strict time slots, so they arrive in smaller numbers to allow physical distancing. Both staff and patients wear masks, and each patient takes a temperature check and must sanitize their hands on arrival. Dr Emmanuel Srofenyoh, the hospital's medical director, says the measures have made a huge difference to service delivery, halting routine/elective surgeries and outpatient services for essential medical attention[32].

Along with the Government reassuring people that hospitals are safe, strict infection prevention and control measures separate COVID-19 treatment from other services. In addition, there have been campaigns educating patients on how to protect themselves from COVID-19. And with support from WHO, Ghanaian authorities have devised a plan to ensure the rest of the health system is protected and functioning during the pandemic, meaning that people would continue to access vital services and feel confident attending hospitals and clinics COVID-19 related tests are free[33].

7.0 Conclusion and Recommendations

In the light of all the issues aforementioned, this paper puts forward the following recommendations:

Basically, the Government must overhaul the Public Health Law and Policy with the intention of ensuring practical and reasonable health care delivery that can match with what is obtainable in other jurisdictions and at the same time combat with any plague or disease that may confront the nation now or in the future. The Management of Hospitals and medical centers must be committed to investigating and compensating medical negligence victims without going to court. Also, such cases should always be reported to the Nigerian Medical and Dental Council to enable proper investigations, which may lead to the dismissal of the erring medical practitioners. The result of the investigation must also be made public so that other health workers would be deterred from

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[17 April 2020] https://www.sciencemag.org/news/2020/04/trials-drugs-prevent-coronavirus-infection-begin-health-care-workers accessed March 13, 2025.

[31]The World Health Organisation, 'Ghana: WHO provides support to maintain essential health services' [25 August 2020] https://www.who.int/news-room/feature-stories/detail/ghana-who-provides-support-to-maintain-essential-health-services accessed March 13 2025.

[32]The African News, 'Coronavirus - Ghana: Easing COVID-19 impact on core health services in Ghana' [25 August 2020] https://www.africanews.com/2020/08/25/coronavirus-ghana-easing-covid-19-impact-on-core-health-services- in-ghana// accessed 9 November 2020.

[33] The Guardian, 'Coronavirus – Ghana: Easing COVID-19 impact on core health services in Ghana' [August 2020] Apo Press Release https://guardian.ng/apo-press-releases/coronavirus-ghana-easing-covid-19-impact-on-core-health-services-in-ghana/amp/ accessed 9 November 2020.

abandoning their duty posts to the detriment of patients. Patient-centered care curriculum should be the focus in medical schools and other schools training health professionals. The current training of health workers in Nigeria does not profile the patient (client) as the most important health system member; this must change. Healthcare must meet Picker Institute's eight principles of patient-centered care developed by the Harvard Medical School. These are respect for patient's preferences; coordination of care; information and education, physical comfort; emotional support; involvement of family and friends; continuity and transition; and access to care. Governments, civil society organizations and legal aid associations must keep educating communities about their rights and how to seek redress when the need arises. In such forums, health workers should be present to develop relationships between caregivers and clients even before the need for healthcare. Government must invest in recruiting more doctors and other health workers. A situation where one doctor is on-call is unacceptable and potentially risky.

There should be adequate and timely remuneration for health workers. The nature of their job is sacrosanct —dealing with lives, and also risky because they come across different viruses and diseases daily. The major way to motivate them and never neglect to treat their patients is by paying them sufficiently. Their hazard allowances should be increased. As many doctors are leaving Nigeria in droves[34], there is a need to give the remaining doctors reason to stay back. Their roles should be revered and the Government must not hesitate to recognize diligent health workers from time to time with awards and incentives. Their working environments should be improved, and better medical facilities built. This will make their work easier and encourage them to work in favourable conditions. The Government must eschew corruption from the system and enthrone the principle of accountability. This is the only way the funds released for the health sector can be appropriately utilized and medical workers sufficiently paid. And to ensure this, appropriate watchdogs should be set in motion. The Economic and Financial Crimes Commission (EFCC) and the Independent Corrupt Practices Commission (ICPC) should have whistleblowers in the various institutions.

Nigeria being the most populous African nation and the 7th most populated country in the world with poor medicare, has always been associated with higher risks of increased morbidity and mortality in diseases, and today, the same applies due to COVID-19[35]. Notwithstanding the infection prevention and control protocols, the strategies adopted by the NCDC and the executive orders of the Nigerian Government to curtail the virus, the adherence of the citizenry depends largely on their level of awareness and knowledge regarding the pandemic[36]. Unfortunately, the public opinion in Nigeria is that COVID-19 is largely a 'big man disease'[37]— an immediate conclusion and misinformation about those vulnerable to the virus, which is expected in a country with poor perception and low level of education. With such a low level of awareness, it is expected

[34] A 2017 survey on emigration of Nigerian medical doctors by Nigeria Health Watch and NOI Polls identified reasons why Nigerian doctors choose greener pastures elsewhere. The reasons include, low work satisfaction; poor salaries and emoluments; poor treatment by government; poor quality of practice; poor working environment, insecurity etc. Nigeria Health Watch, 'Greener Pastures: Why Nigerian doctors are taking their expertise out of the Nigerian health sector.' https://nigeriahealthwatch.com/greener-pastures-why-nigerian-doctors-are-taking-their-expertise-out-of-the-nigerian-health-sector/ accessed on March 13, 2025.

[35]W Ajisegiri *et al*, 'COVID-19 Outbreak Situation in Nigeria and the Need for Effective Engagement of Community Health Workers for Epidemic Response' (2020) https://jglobalbiosecurity.com/articles/10.31646/gbio.69/print/ accessed on March 13, 2025.

[36] Ibid.

[37] That is, disease for the highly influential persons.

that most Nigerians would know nothing about their medical rights. And as the COVID-19 cases and other diseases rise, unfounded uncertainties increase, accelerating the number of deaths which ordinarily should not be recorded if the Nigerian medical sector was working. In the face of the pandemic, while some medical practitioners are not responsive to patients, cases of medical malpractice, on the other hand, keep skyrocketing, while the Government does almost nothing. The government is expected to do more in terms of awareness-creating by going down to the grassroots and making use of institutions and persons closest to the grassroots.