

ATHENA NOTES

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When Hospitals Kill: The Urgent Need to Reform Nigeria's Health System

By Dr Christiantus Izuchukwu Anyanwu anyanwuizuchukwu@athenacentre.org.

Nigeria's healthcare system carries a heavy and largely avoidable human cost. Too many patients die not because their conditions are incurable, but because routine hospital care fails at critical moments. This shift from disease-driven mortality to deaths linked to clinical errors and systemic negligence reflects deep institutional weaknesses that threaten both public health outcomes and trust in medical institutions.

Although comprehensive national data on avoidable clinical deaths remain limited, available evidence reveals a significant safety gap. A 2025 study in the [African Research Journal of Medical Sciences](#) found medical error prevalence among practitioners ranging between 42.8% and 89.8%, with one-third of patients suffering additional injury due to treatment errors. A national survey showed that 47% of health professionals reported medication errors, underscoring how common unsafe practices have become across Nigerian facilities. Other analyses suggest that a substantial share of hospital fatalities is linked to misdiagnosis, incorrect medication, or procedural lapses. Globally, the [World Health Organization estimates that](#)



A nurse providing care to a patient in a hospital ward.

[one in ten patients is harmed during medical care](#), with low- and middle-income countries bearing a disproportionate burden.

These statistics resonate beyond academic literature. They align with public outcry following highly visible tragedies, such as the [recent death](#) of the 21-month-old child of renowned author Chimamanda Ngozi Adichie, amid allegations of negligent sedation and poor monitoring at a Lagos hospital. Incidents like this have reignited national debate about hospital quality, accountability, and the hidden risks within everyday medical care.

Yet episodic outrage has not translated into systemic reform because the persistence of avoidable deaths is not primarily the result of individual negligence; it is the outcome of a

system that lacks the institutional capacity to detect harm, learn from it, and prevent its recurrence.

At the centre of this failure lies weak medical governance. Regulatory bodies such as the Medical and Dental Council of Nigeria possess formal authority to enforce professional standards, yet enforcement remains inconsistent and under-resourced. Many hospitals, particularly in the private sector, operate with minimal oversight, while complaint mechanisms are slow, opaque, and intimidating for families. This discourages reporting and creates an environ-

ment in which errors are quietly absorbed rather than examined.

Workforce pressures further compound these risks. Chronic staffing shortages, long shifts, limited supervision of junior clinicians, and sustained migration of skilled professionals leave hospitals overstretched and vulnerable to mistakes. At the same time, outdated equipment, fragile emergency response systems, persistent supply shortages, and gaps in practical training undermine safe clinical decision-making. These weaknesses become especially dangerous in a system that lacks structured ways to recognise patterns of failure and intervene early.

Most critically, Nigeria has no coherent national architecture for patient safety. Incident reporting is fragmented, largely voluntary, and poorly protected. Healthcare workers who disclose mistakes often face litigation, professional sanction, or reputational damage, creating powerful incentives for silence. Errors are therefore treated as private failures rather than public signals of system breakdown. Without reliable reporting, policymakers lack the data needed to understand where and why patients are being harmed.

A reformed system would function very differently. Instead of treating medical errors as isolated events to be concealed or punished, it would treat them as governance signals that trigger structured learning and accountability. Hospitals would be required to document adverse events and near misses using standardised reporting tools that feed into a national patient-safety registry. Legal protections would shield healthcare workers who

report errors in good faith, aligning incentives toward transparency rather than concealment.

Serious incidents would not be left solely to internal hospital reviews. Independent clinical review mechanisms, operating separately from facility management, would analyse root causes and determine whether harm arose from staffing gaps, protocol failures, equipment shortages, or training deficits. Their findings would inform regulatory action, with hospital accreditation and licensing tied not only to infrastructure standards but also to measurable safety outcomes such as infection rates, surgical complications, and reporting compliance.

Transparency would complete this governance cycle. Anonymised patient-safety data published at national and state levels would allow the public, regulators, and policymakers to track performance trends without exposing individual practitioners. Over time, this information would feed back into workforce planning, training curricula, funding priorities, and clinical guidelines, ensuring that lessons from harm translate into prevention.

Nigeria's current system fails because these governance functions are disconnected. Reporting is weak, disclosure is risky, review is opaque, enforcement is inconsistent, and learning rarely shapes policy. Workforce shortages and infrastructure deficits matter, but they become deadly primarily because the system lacks the institutional capacity to learn from failure.

Conclusion

Avoidable deaths in Nigerian hospitals are therefore not acts of fate. They are the predictable result of policy choices and neglected governance structures. Countries that have reduced preventable medical harm did not eliminate human error; they built systems that detect it early, analyse it honestly, and respond collectively. Until Nigeria does the same, avoidable deaths will remain not anomalies, but expected outcomes of a system that has yet to make patient safety a core function of health governance.

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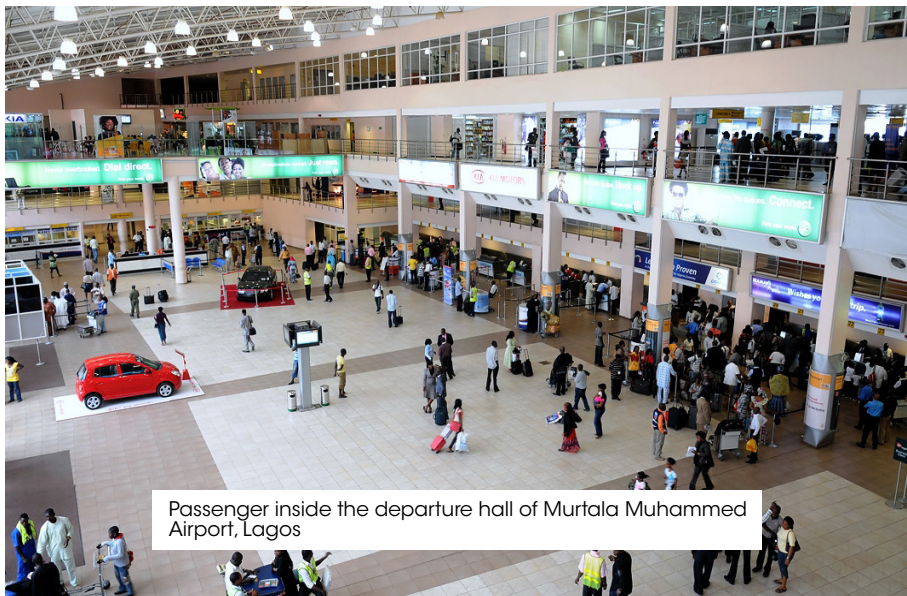
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Dr Christianus Izuchukwu Anyanwu is a Senior Research Fellow at Athena Centre.

Ending Festive Travel Exploitation

By Chinaza Igwe chinazaigwe@athenacentre.org



Passenger inside the departure hall of Murtala Muhammed Airport, Lagos

Festive periods in Nigeria are characterised by heightened travel activity as citizens journey home to celebrate holidays and cultural events. Lagos, Abuja, Port Harcourt and other major urban centres experience unprecedented mobility, with highways and terminals often stretched to full capacity. For passengers, however, these periods are frequently marked by sudden and significant fare increases. Long-distance bus operators, taxi services and motorcycle taxis routinely implement fare hikes ranging from 25 to 50%, with some Lagos–Abuja routes increasing by 70% within a matter of days. Public discourse often frames these surges as “price exploitation,” portraying operators as opportunistic. Yet a closer, analytical look suggests that these increases are less a moral failing and more a predictable outcome of structural market dynamics and regulatory gaps.

Data from the National Bureau of Statistics indicates that passenger demand during peak festive periods can rise by 35 to 50% over normal traffic levels. The surge is particularly pronounced on major intercity routes and during December holidays, Eid, and national festivals. Despite this recurring pattern, passengers frequently face limited alternatives. Information asymmetry, whereby travellers are unaware of fare structures or operational costs, leaves them with little bargaining power.

Additionally, transport operators face capacity constraints. Fleet sizes cannot expand overnight, maintenance cycles are stretched, and labour costs increase with seasonal demand. The result is a classic market failure: high demand coincides with limited supply, inadequate information, and insufficient pre-commitment regulations, producing unpredictable and often sharp fare increases.

The economic pressures faced by operators are real and deserve attention. Beyond the apparent surge, transport businesses must cover fuel costs, overtime for drivers, vehicle maintenance, and temporary staff engagement. Seasonal demand

increases labour costs as drivers and attendants are compensated for longer hours and holiday schedules. Operators also face the opportunity cost of unmet demand, passengers turned away because vehicles are at full capacity. In this context, fare surges are a rational response to structural pressures rather than evidence of greed. Understanding these pressures is essential for policymakers, who must balance consumer protection with sustaining operator viability.

To frame the issue effectively for policy intervention, it is helpful to conceptualise festive fare surges as a market failure problem, rather than a moral one.

First, demand inelasticity during festive periods means passengers have few alternatives and are compelled to pay higher fares, giving operators disproportionate pricing power.

Second, information asymmetry prevents travellers from making fully informed decisions, as fares are often unknown until arrival or booking.

Third, capacity rigidity limits operators’ ability to expand services in response to sudden demand spikes, creating bottlenecks that amplify price volatility.

Finally, weak pre-commitment regulation leaves fares entirely at the discretion of operators, without advance disclosure or oversight, increasing unpredictability for passengers.

Addressing these structural issues requires interventions that are both practical and enforceable. One promising option is the introduction of pre-declared festive fare bands, in which operators submit fare ranges for review at least 60 days before

able. One promising option is the introduction of pre-declared festive fare bands, in which operators submit fare ranges for review at least 60 days before peak periods. This would provide passengers with advance visibility of expected costs and give regulators a basis to monitor pricing behaviour.

Another approach is the creation of a temporary price-smoothing fund, managed either by government or industry associations. This fund would compensate operators for increased seasonal costs, reducing the incentive for extreme fare hikes while maintaining financial viability.

A third measure is mandatory disclosure of cost versus surge components, enabling passengers to understand how fare increases relate to actual operational pressures rather than arbitrary pricing.

These measures collectively balance transparency, efficiency, and fairness, ensuring that both operators and passengers are treated equitably.

Evidence from comparable markets suggests that such interventions can be effective. In [Kenya](#), for example, regulated pre-declared fare schedules for long-distance buses during holidays have reduced sudden spikes and improved passenger confidence.

Similarly, transport associations in [South Africa](#) implement seasonal pricing bands with publicly disclosed cost breakdowns, providing predictability for both operators and consumers.

While Nigeria’s context presents unique logistical and regulatory challenges, these international examples demonstrate that structured pricing frameworks are feasible and can mitigate recurring frustrations for citizens.

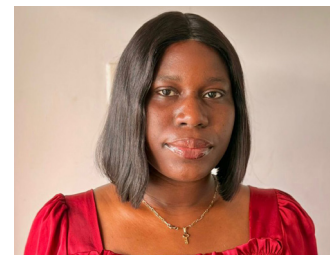
In addition to regulatory measures, strengthening public information systems is critical. Digital platforms or mobile applications that provide real-time fare information, vehicle availability, and cost breakdowns can empower passengers, reduce information asymmetry, and allow operators to manage demand more efficiently. Incentives for operators to participate—such as access to microcredit or subsidies tied to compliance, can further ensure adherence to declared fares.

Conclusion

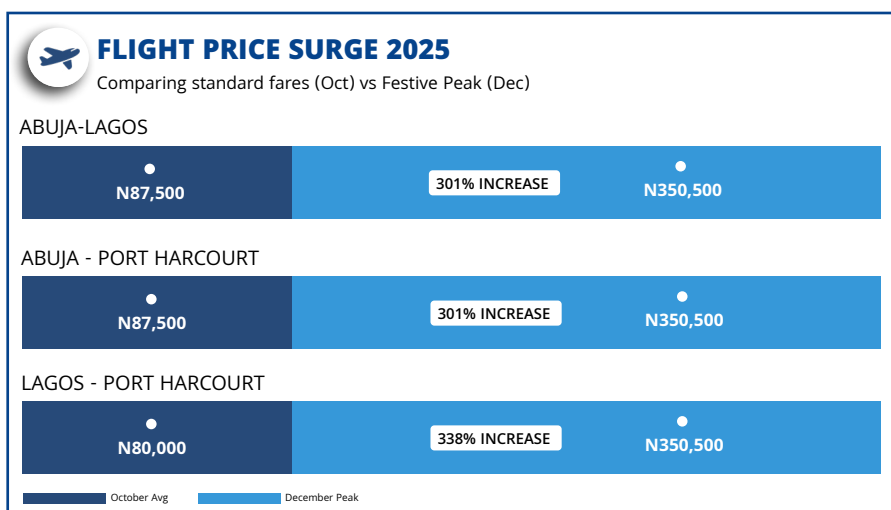
Festive fare surges in Nigeria are a predictable consequence of structural market failures, including demand inelasticity, information gaps, capacity rigidity, and weak regulatory pre-commitment. Recognising these dynamics shifts the policy focus from blame to evidence-based solutions. By addressing the root causes of price volatility rather than the symptoms, policymakers can transform a perennial source of public frustration into an opportunity for systemic improvement, enhancing both consumer confidence and industry sustainability.

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Chinaza Igwe is a research assistant at the Athena Centre.



ASUU–FG Deal: Signed, But Will It Deliver?

By Dr Emmanuel Ejimonu emmanuelejimonu@gmail.com

Nigeria's public university system has, for decades, been shaped by recurrent industrial disputes between the Academic Staff Union of Universities (ASUU) and the Federal Government (FG). These disputes, often culminating in prolonged strikes, have disrupted academic calendars, weakened institutional performance, and eroded public trust in higher education governance. The recently signed ASUU–FG agreement marks an important policy moment, offering an opportunity to recalibrate labour relations and reposition public universities as engines of national development. Its significance, however, lies less in its signing than in its ability to deliver measurable and sustainable outcomes.

From a policy perspective, the agreement represents a partial response to structural challenges long identified by ASUU and other stakeholders. Provisions relating to improved remuneration and restructured allowances acknowledge the persistent decline in academic staff welfare and its

implications for brain drain, productivity, and research output. In recognising these concerns, the agreement aligns with broader development arguments that place human capital investment at the centre of national growth. Yet welfare-focused interventions alone are insufficient to resolve deeper systemic weaknesses within Nigeria's higher education sector. Implementation remains the most critical policy challenge. Historically, agreements between ASUU and the FG have suffered from weak enforcement, delayed funding releases, and inconsistent political commitment. These failures have turned collective bargaining outcomes into short-term conflict management tools rather than instruments of reform. Without clearly defined timelines, transparent funding frameworks, and credible monitoring mechanisms, the current agreement risks repeating this pattern.

For policymakers, the implication is clear: commitments must be embedded within enforceable governance structures. This includes linking obligations to medium-term expenditure frameworks, publishing implementation scorecards, and empowering oversight bodies to track compliance. Such steps would move the agreement from political symbolism to-

ward accountable public policy. University autonomy constitutes another crucial dimension. Although frequently referenced in negotiations, autonomy remains weakly institutionalised in practice. Excessive central control over finances, staffing, and leadership appointments continues to constrain innovation and responsiveness within public universities. From a policy standpoint, autonomy is not merely a labour demand but a governance reform essential for competitiveness, accountability, and academic freedom. The agreement therefore requires complementary legislative and regulatory reforms to translate rhetorical commitments into operational independence.

Sustainable funding is equally central to success. While improved salaries may temporarily ease labour tensions, they do not address chronic underinvestment in infrastructure, research capacity, and student support systems. International evidence consistently shows that stable and predictable funding is a prerequisite for quality higher education systems, particularly in developing contexts. Nigeria's reliance on ad hoc budgetary interventions tied to industrial disputes undermines long-term planning and institutional resilience. The agreement should therefore sit within a comprehensive higher education financing strategy that recognises universities as long-term public investments rather than recurrent fiscal burdens.



Hon. Minister of Education, Dr. Maruf Olatunji Alausa (centre), flanked by the Minister of State for Education, Prof. Suwaiba Sa'id Ahmed and other officials, unveiling agreements between the Federal Government of Nigeria and the Academic Staff Union of Universities (ASUU) on Wednesday, January 14, 2026

Conclusion

The ASUU-FG agreement presents a rare opportunity to move beyond cyclical disputes toward structural reform in Nigeria's university system. Its success will depend not on the promises it contains, but on the institutions, financing frameworks, and accountability mechanisms that support implementation. If governance reforms are enforced, autonomy becomes meaningful, and funding grows more predictable, the agreement could mark a turning point for public higher education. Without these shifts, it risks joining a long list of well-intentioned accords that delivered temporary calm but little lasting change.

What Success Looks Like in 36 Months

1. Predictable Funding, Not Crisis Budgets

Public universities receive funding through a clear, multi-year framework aligned with the Medium-Term Expenditure Framework, ending the cycle of ad hoc releases triggered by strikes.

2. Strikes Become the Exception, Not the Rule

Nationwide, prolonged ASUU strikes are replaced by institutionalised dispute resolution mechanisms, with disagreements resolved within weeks rather than months.

3. Stable Capital Investment

Capital expenditure on infrastructure, research facilities, and digital systems is sustained annually, independent of wage negotiations, enabling long-term planning and quality assurance.

Learning from Ghana

Ghana's university labour governance relies on standing negotiation structures and predictable funding, resulting in fewer and shorter strikes. Nigeria need not copy this model wholesale—but can adapt its emphasis on continuity, enforcement, and trust.

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Dr Emmanuel Ejimonu is a Senior Visiting Fellow at the Athena Centre.

NB: *The opinions expressed are those of the authors and do not reflect the position of Athena Centre on the issues canvassed.*

Athena Centre for Policy and Leadership



Block A10, Phase 2, Sani Zangon
Daura Estates, Kado, FCT.



info.centre@athenacentre.org



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