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HEALTH



Post-Crash Survival in Nigeria and the Erosion of Trauma Care Governance

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Cover Image: Medical personnel providing emergency healthcare services

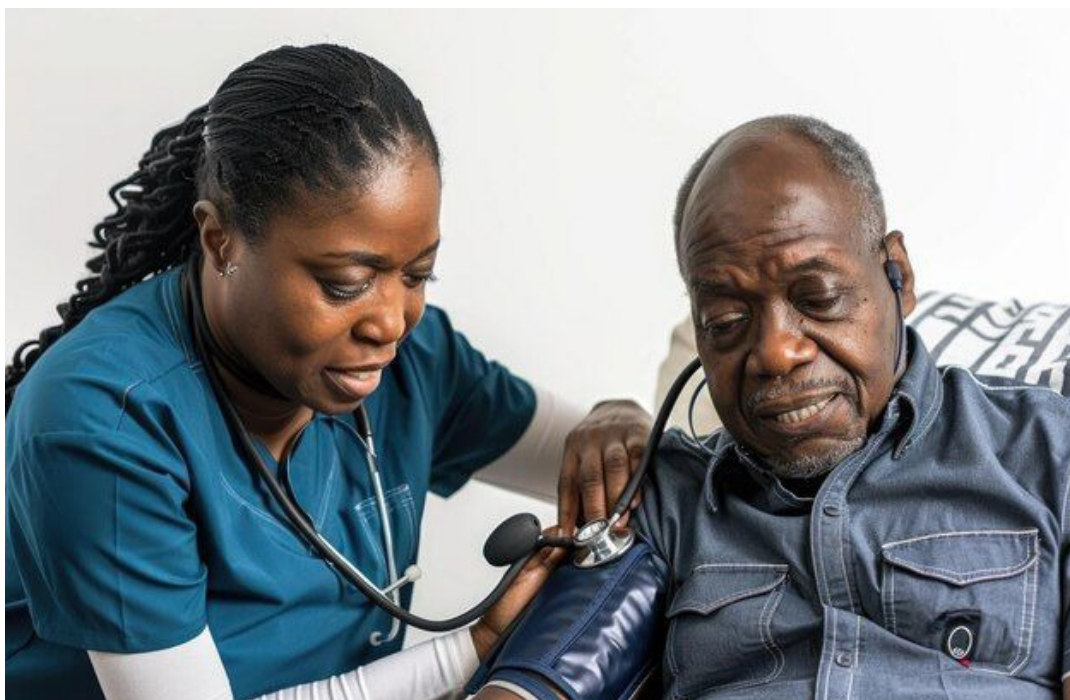
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Road traffic crashes in Nigeria have entered a phase where high incidence is no longer the sole policy concern; survival after injury has become a barometer of systemic coherence. Nigeria recorded over [10,000 road crashes in 2025](#), with more than 33,000 people injured and over 5,200 killed, according to national crash data released by the Federal Road Safety Corps. Even where emergency response exists, outcomes are uneven and frequently depend on proximity to ad hoc aid rather than institutional coordination. The underlying problem is not the absence of policy documents, emergency-care statutes, or road safety agencies; it is a fragmented governance architecture that lacks enforceable oversight, integrated financing, and a system-wide accountability mechanism for post-crash care.

This perspective asserts that the primary institutional failure is the absence of a coherent, enforceable post-crash care governance mechanism that links roadside rescue, pre-hospital stabilisation, emergency department readiness, and financial protection into a single accountable framework. Existing mandates are dispersed across multiple bodies, including road safety, health delivery, insurance administration, and sub-national authorities, without clear sequencing, standards enforcement, or outcome measurement. This gap has predictable effects: delays in care, uncoordinated transport, failure to stabilise injuries promptly, and inconsistent application of emergency-care obligations. Under these conditions, survival becomes a matter of circumstance, not statute.

Nigeria's demographic profile, youthful, mobile, and economically active, amplifies the stakes. Road crash injuries are among the leading causes of death for young people globally, and Nigeria's rate of approximately [21.4 road traffic deaths per 100,000](#) population remains significantly above regional averages. Each preventable death reverberates through families, communities, and economic systems, eroding trust in public institutions. The governance gap in post-crash care is not an accidental oversight; it is an organisational failure with measurable public-health, economic, and legitimacy consequences.

This Athena Perspective diagnoses the institutional blockages that impede effective post-crash trauma care, clarifies the governance dynamics behind them, and offers policy pathways that operate strictly within existing Nigerian legal and institutional structures, without creating new agencies or authorities. The objective is to reframe post-crash survival as a governed system outcome, not an incidental aftermath of mobility.



The Institutional Failure Behind The Issue

Nigeria's legal and institutional frameworks recognise the need for emergency medical attention after a crash. The National Health Act (2014) mandates that health facilities provide emergency [treatment without up-front payment](#), and agencies like the Federal Road Safety Corps (FRSC) are tasked with road safety and [initial rescue operations](#). However, these provisions function with limited enforceability and without an overarching mechanism to ensure continuity of care.

The failure is systemic and manifests in several ways:

1. Fragmented Mandates. The FRSC's authority extends primarily to crash scene rescue and basic first response, while formal health service delivery, including emergency departments, falls under federal and state ministries of health. Insurance and claims reimbursement lie with the National Health Insurance Authority. None of these entities has an explicit mandate to synchronise post-crash pathways, leaving survival increasingly contingent on disjointed actions.

2. Weak Enforcement Mechanisms. Although the law requires emergency treatment without payment, enforcement is inconsistent. Sanctions for non-compliance are seldom applied transparently, and oversight mechanisms are under-resourced. This weak enforcement means statutory obligations often default to best practice rather than binding requirements.

3. Underdeveloped Pre-Hospital Care. Pre-hospital emergency medical services (EMS) remain inconsistent across states. A 2015 survey in Lagos found that fewer than [3% of road-crash victims](#) received formal pre-hospital care, and the majority reached hospitals via bystanders or relatives. A lack of standardised paramedic systems, dispatch integration, and performance metrics further weakens this critical phase of care.

4. Data Fragmentation. Nigeria's crash statistics record incidence and outcomes at a surface level, but there is no integrated trauma registry linking crash events to clinical outcomes or response times. Experts have urged the creation of a national crash database linking FRSC, police, hospitals, mortuaries, and insurers to [support decision making](#). Without integrated data, policymakers cannot distinguish between deaths caused by injury severity and those due to systemic delay.

Together, these failures create a governance vacuum in which the responsibilities for survival outcomes are diffused rather than owned.

What the Evidence Reveals

The governance thesis outlined above is supported by both national trends and empirical studies.

National Crash and Injury Data

Recent FRSC figures indicate the escalating scale of road incidents and injuries in Nigeria. In 2025, approximately 10,446 road crashes were recorded nationwide, representing a 9.2% rise from 2024, with [33,400 people injured](#). Despite a marginal decline in fatalities, the number of serious crashes and injuries points to persistent systemic weaknesses in safety and response. The data suggest that post-crash outcomes remain worrisome even as enforcement activities increase.

Earlier national data reinforce the severity of the problem: in 2024, 5,421 people died and 31,154 were injured in [9,570 road traffic crashes](#). These figures reflect not just high crash incidence but a substantial human toll on individuals, families, and the national economy.

Pre-Hospital Care Evidence

A health systems study in Lagos offers insights into the operational gaps in pre-hospital services. Less than a quarter of crash victims presented to emergency departments within one hour of injury, while only about [2.3% had formal pre-hospital care](#) administered by services such as LASAMBUS. The majority were transported by relatives or bystanders, highlighting the near-absence of organised emergency medical transport.

Comparative Safety Rates

According to the World Health Organization, Nigeria's road traffic death rate of [21.4 per 100,000](#) population is significantly higher than both global and African averages, underscoring the urgency of governance improvements. The WHO has emphasised that integrated trauma response systems dramatically reduce mortality within the first critical hours after injury, particularly when complemented by systematic training, dispatch protocols, and outcome monitoring.

This evidence converges on a central insight: the absence of an integrated trauma governance framework, and not merely the absence of resources or individual services, substantially shapes post-crash outcomes.



Why The System Sustains The Failure

Institutional inertia around post-crash care persists because underlying incentives and political-economic structures favour status-quo operations.

Provider Incentives and Financial Signals

Hospitals and emergency care providers face financial disincentives in treating emergency patients without assured payment. Without clear reimbursement mechanisms under existing insurance frameworks, hesitation becomes economically rational even when legally impermissible. Fragmented financing arrangements under the Basic Healthcare Provision Fund further complicate predictability for providers.

Regulatory Weakness

Regulatory and oversight bodies often lack both the resources and political backing to enforce mandatory emergency care. Penalties for non-compliance are rarely applied or publicised, reducing deterrence. Dispatch and emergency care standards are not consistently audited or enforced across states.

Competing Political Priorities

Investments in crash response infrastructure, such as ambulances, integrated dispatch, and paramedic training, yield dispersed benefits over time rather than immediate, visible political wins. Politicians and budget authorities may thus prioritise more visible capital projects over system integration efforts.

Bureaucratic Equilibrium

Data fragmentation benefits institutional equilibrium. When outcomes cannot be measured precisely, organisational performance cannot be effectively challenged. This lack of measurable accountability reduces the impetus for substantial system reform. These incentive structures do not reflect moral failure but rather rational responses to fragmented governance incentives.

Comparative Insight

Where peer countries have improved trauma outcomes, the shift has been structural rather than purely technical.

In **Ghana**, the establishment of centralised ambulance dispatch and professionalised paramedic corps clarified ownership of pre-hospital care and linked performance targets across agencies.

In **South Africa**, accreditation standards for tiered trauma centres combined with referral pathways reduced delays in critical care and established clear benchmarks for emergency response performance.

Kenya strengthened emergency medical service regulation and licensing, creating enforceable standards and oversight credibility across both public and private providers.

The common thread is institutional clarity: when responsibilities are codified, performance standards enforced, and financing aligned with statutory obligations, survival outcomes improve even in resource-constrained environments.

Policy Pathways for Reform

Reform must operate firmly within existing [institutional structures](#), avoid creating new authorities, and align governance incentives to improve post-crash survival outcomes.

A. Clarify and Formalise Post-Crash Coordination

- i. Action:** Issue an inter-ministerial protocol between the Federal Ministry of Health, FRSC, and state ministries of health to govern post-crash coordination, dispatch protocols, and referral pathways.
- ii. Responsible Institutions:** Federal Ministry of Health; Federal Road Safety Corps; State Ministries of Health.
- iii. Trade-off:** Requires negotiation across federal and state actors but avoids new institutional creation.
- iv. Sequencing:** Short-term (within 12 months).

B. Strengthen Enforcement of Emergency-Care Obligations

- i. Action:** Operationalise inspection, compliance monitoring, and reporting mechanisms under the National Health Act with transparent sanctions for non-compliance.
- ii. Responsible Institutions:** Federal and state ministries of health; regulatory councils.
- iii. Trade-off:** Enforcement actions may face provider resistance and require capacity building.
- iv. Sequencing:** Medium term (12–24 months).

C. Align Emergency-Care Financing Within Existing Schemes

- i. Action:** Clarify emergency-care reimbursement pathways and timelines under current healthcare financing frameworks, including BHCPF allocations for initial stabilisation.
- ii. Responsible Institutions:** National Health Insurance Authority; Federal Ministry of Health.
- iii. Trade-off:** May require budget adjustments but leverages existing financial frameworks.
- iv. Sequencing:** Medium term (12–24 months).

D. Build Trauma Data Integration

- i. Action:** Link crash occurrence data with clinical outcomes through standardised digital reporting across FRSC, hospitals, and mortality registries without new agency creation; prioritise interoperability standards.
- ii. Responsible Institutions:** Federal Road Safety Corps, National Bureau of Statistics, and Ministries of Health.
- iii. Trade-off:** Data privacy and system costs must be managed; it requires capacity enhancements.
- iv. Sequencing:** Medium- to long-term (12–36 months).

Conclusion

Post-crash survival should be treated as a governed outcome rather than a contingent aftermath of mobility. The persistence of fragmented post-crash care in Nigeria is not inevitable; it is the product of unaligned mandates, weak enforcement, perverse financing signals, and data fragmentation. These are governance problems that admit governance solutions, anchored in clarity of responsibility, enforceable standards, aligned incentives, and integrated data.

Addressing these gaps within current institutional structures will not only reduce preventable mortality but also signal that the Nigerian state can orchestrate coherence across agencies, disciplines, and service-delivery phases. A trauma care system governed as a continuum, rather than a series of disconnected actors, reinforces the state's capacity to protect life, uphold statutory obligations, and strengthen public trust.

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FG Seeks Private, Global Funding to Boost Education Reform

The Federal Ministry of Education has intensified efforts to attract private sector and international investment to support education reform across the country.

The ministry disclosed this in a statement published on its official handle on March 24, 2026, following a CEO breakfast roundtable held in Lagos.

According to the statement, the Minister of Education, Dr Maruf Tunji Alausa, said the initiative aligns with the Federal Government's Renewed Hope Agenda aimed at enhancing productivity, innovation and inclusive growth.

He said ongoing efforts were focused on expanding technical and vocational education, improving teachers' capacity, integrating out-of-school children into the education system and scaling digital infrastructure nationwide.

"The engagement is part of ongoing efforts to mobilise investment and strengthen collaboration for sustainable education reform," the statement said.

<https://dailypost.ng/2026/03/25/fg-seeks-private-global-funding-to-boost-education-reform/>

Tinubu Expands PiCNG to Include Electric Vehicles

President Bola Ahmed Tinubu has approved the expansion of the Presidential Initiative on Compressed Natural Gas (PiCNG) to include electric vehicles in a move aimed at strengthening Nigeria's transition to cleaner energy and transport systems.

With the approval, the initiative will now be known as the Presidential Initiative on Compressed Natural Gas and Electric Vehicles (PiCNG & EV).

The president said the expanded programme will serve as the lead coordinating agency for Nigeria's clean mobility agenda, covering both gas-powered vehicles and electric vehicles across the country.

Under the broadened mandate, PiCNG & EV will continue the deployment of compressed natural gas infrastructure, including mother and daughter stations, integrated refuelling units, CNG vehicles, conversion programmes, and related equipment.

<https://dailypost.ng/2026/03/26/tinubu-orders-expansion-of-picng-to-include-electric-vehicles/>

FG Opens Registration for Nationwide Financial Inclusion and Skills Training Programme

The federal government has officially opened registration for its nationwide financial inclusion and literacy training programme aimed at empowering 10 million Nigerians with financial, digital and entrepreneurial skills.

The registration exerci-

se commenced on Friday, March 27, 2026, and is free for all eligible Nigerians.

The programme was earlier flagged off on February 3, 2026, by the federal government through the Presidential Committee on Economic and Financial Inclusion (PreCEFI), led by Vice President Kashim Shettima, as part of efforts to strengthen economic participation and promote wealth creation.

<https://www.vanguardngr.com/2026/03/financial-inclusion-presidency-kicks-off-registration-of-10m-nigerians-for-training/>

FG Launches Lenacapavir Injection for HIV Prevention in Nigeria

The federal government, through the Federal Ministry of Health, has launched Lenacapavir, a long-acting injectable drug for HIV prevention, as part of efforts to reduce new infections in the country.

The Coordinating Minister of Health and Social Welfare, Professor Muhammad Ali Pate, announced the rollout on March 27, 2026, in Abuja, describing the development as a breakthrough in HIV prevention.

Pate said Lenacapavir, which is administered less frequently than daily oral pre-exposure prophylaxis (PrEP), would improve adherence and expand protection for individuals at high risk of HIV infection.

<https://www.alwihdainfo.com/tchad-la-police-nationale-interdit-l-utilisation-des-jouets-en-forme-d-armes-a-feu-ou-d-explosifs-a148658/>

REGIONAL UPDATES



Niger Signs 20 Deals With Algeria Amid Implementation Doubts

About twenty agreements have been signed in Niamey between Algeria and Niger, amid a series of announced projects whose implementation remains uncertain. Algerian Prime Minister Sifi Ghrieb travelled to Niamey to co-chair, alongside his Nigerien counterpart, the joint bilateral commission. The meeting culminated in the signing of 20 agreements and memoranda of understanding spanning sectors, including energy and higher education. The diplomatic engagement is presented as an operational step in bilateral cooperation and follows policy directions set by Presidents Abdelmadjid Tebboune and Abdourahamane Tiani. The announced momentum centres on several flagship projects. Among them is the planned construction of a 40-megawatt power plant at Gorou Banda, to be developed through a partnership between Sonelgaz and Nigelec, presented as a key symbol of cooperation moving into implementation.

<https://fr.apanews.net/diplomacy/algerie-niger-multiplication-daccords-incertitudes-dexecution/>

Cameroon Extends MPs' Mandate By Nine Months

Meeting in plenary session on Monday, March 23, at the "Paul Biya"

Glass Palace in Yaoundé, members of Cameroon's National Assembly adopted a bill extending their mandate.

Originally scheduled to end in March 2025 and already extended once, the parliamentary term was due to expire on 31 March. It has now been extended by a further nine months, until December 20.

Official sources said the exceptional measure is intended to allow the next legislative elections to be organised under more appropriate conditions. Authorities cited organisational, logistical and security constraints as factors preventing the vote from being held within the initially planned timeframe. No new election date has been announced at this stage.

<https://fr.apanews.net/governance/cameroun-le-mandat-des-deputes-prolonge-de-neuf-mois/>

Benin Reaffirms Slavery Stance Despite Abstention

Benin has reaffirmed its commitment to recognising the transatlantic slave trade in enslaved Africans as a crime against humanity, despite its delegation's notable absence during the vote on a resolution at the United Nations General Assembly.

Adopted on March 25, 2026, Resolution A/80/L.48 drew attention after Benin did not participate in the vote. Authorities, through Foreign Minister Olushegun Bakari, said they understood the public reaction to the incident.

According to official clarification, Benin had co-sponsored the text since March 17, a move presented

as evidence of its clear support for the resolution's content. The government attributed the absence to an internal administrative failure during a politically sensitive electoral period, which reportedly prevented instructions from reaching the country's diplomatic mission in time.

<https://dailytrust.com/tinubu-establishes-presidential-petroleum-reform-task-force/>

Chad Issues Identity Cards to Strengthen Rural Women's Autonomy

Chad's Sugar Company (CST) has launched an initiative to improve rural women's access to official identity documents, aimed at strengthening their social and economic inclusion. Under the programme, 375 women living around CST operational areas and working in agriculture received national identity cards financed by the company.

A team from the National Agency for Secure Documents (ANATS) was deployed to the Maison de la Culture in Gongo 2 for six days, reducing barriers related to distance and limited access to administrative services.

CST said the initiative is intended to improve access to basic rights and support women's participation in economic activities.

Beneficiaries expressed gratitude, noting that obtaining national identity cards had long been difficult despite their importance for access to essential services and civic rights.

<https://freedomonline.com.ng/petrol-hike-nlc-demands-fgs-intervention/>

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