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Health Justice: The African Perspective

A comparative analysis of the health system across Nigeria, Ghana, and South Africa.



Presented at The Midlands African Studies Hub (MASH) 2025 conference at Coventry University

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INTRODUCTION

The UN and WHO define health as a basic human right (SDG 3), yet many Africans remain excluded from quality care. Barriers tied to poverty, geography, and stigma persist. This study examines how Nigeria, Ghana, and South Africa's health systems address or perpetuate structural injustice.

Health justice, marginalisation, and universal health coverage frame our analysis of African health systems.

Key Concepts

Health justice confronts structural inequities in healthcare access and outcomes.

Comparative Approach

Nigeria, Ghana, and South Africa represent diverse socio-political contexts.

Rationale

African health systems require justice-centred analysis beyond efficiency metrics.

PROBLEM STATEMENT

Despite global and continental commitments to Universal Health Coverage (UHC), access to quality health services in Africa remains unequal, especially for marginalized populations, due to persistent colonial legacies, structural violence, policy apathy, and health systems that often reinforce injustice through urban bias, under-resourced services, and exclusionary governance.

SIGNIFICANCE OF STUDY

This study is justified by its normative aim to reframe access to health care in Africa as a right rather than a privilege, its focus on overlooked policy gaps such as mental health, social stigma, and community participation, and its use of comparative policy analysis to enable cross-context learning while recognizing the limitations of universal solutions.

OBJECTIVES OF THE STUDY

- **Compare** health justice challenges in Nigeria, Ghana, and South Africa
- **assess** how structural, political, and social factors shape health inequities
- **identify** pathways for justice-centered health system reforms
- **draw lessons** to inform equitable and inclusive universal health coverage development in Africa.

RESEARCH QUESTIONS

- What are the main health justice challenges in Nigeria, Ghana, and South Africa?
- How do structural, political, and social factors drive health inequities?
- What pathways exist for justice-focused health system reforms?
- What lessons can inform inclusive universal health coverage in Africa?

METHODOLOGY

- **3-I Framework:** Examines how institutions, interests, and ideas influence health reform.
- **Punctuated Equilibrium Theory:** Highlights how health policy changes occur non-linearly, often triggered by crises or political shifts.
- **Case Study Approach:** Utilizes qualitative comparative analysis of public data, policy documents, and literature.
- **Epistemic Framing:** Applies African ethical perspectives to critique and contextualize health injustices.

LIMITATIONS

- **Data Gaps:** Relies on secondary sources that may lack detail or recent updates.
- **Context Boundaries:** Findings may not fully apply to other African countries.
- **Missing Community Voices:** No primary data from affected populations.
- **National Focus:** May overlook local-level disparities and innovations.
- **Comparative risks:** Oversimplifying complex, country-specific dynamics.

FINDINGS

Nigeria

- **Reforms:** Midwives Scheme failed due to poor execution; reforms lack consistency, funding, and community input.
- **Workforce:** Major rural-urban gap; poor incentives; ongoing brain drain.
- **Financing:** Health spend below 15% Abuja target; 70% out-of-pocket; poor excluded.

Ghana

- **Reforms:** NHIS and planning effective but need scaling; a model with flaws.
- **Financing:** Out-of-pocket down to 28.7%; NHIS covers ~50%; informal sector a challenge.
- **Workforce:** Brain drain and rural staffing issues persist despite progress.

South Africa

- **Reforms:** NHI and DHS aim for equity and rural access; still evolving.
- **Workforce:** Urban-rich, rural-poor distribution; inequality limits access.
- **Financing:** Dual system; public underfunded; NHI in progress; race/income gaps remain.

RECOMMENDATIONS

- **Enhanced financing:** Meet Abuja 15% benchmark (AU countries pledged in 2001 to allocate 15% of national budgets to health), reduce out-of-pocket expenses, and implement progressive taxation.
- **Workforce Solutions:** Competitive remuneration packages for health care workers, Rural employment incentives for health case workers and Diaspora engagement strategies.
- **Mental Health Reforms:** Anti-stigma public education, infrastructure investments in human rights protection systems.
- **Implementation Strengthening:** Transparency mechanisms, inclusive governance structures and community accountability frameworks.

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