

Exploring The Barriers and Facilitators to Health Care Access in Rural Communities

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Abstract:

Gaining access to health care in rural areas of Nigeria still present a multifaceted problem of barriers and enablers. The purpose of this paper is to examine various determinants of health service accessibility in such regions, giving details on the economic, geographical, cultural, infrastructural, as well as policy constraints that hinder the utilization of health services. Some of the challenges include the following factors: poverty and lack of health insurance, long distance to the health facility, poor road network. Other factors include: cultural and religion; gender; and low health literacy as barriers to delayed or inadequate health seeking behaviour. On the other hand, we have various intermediary agents which are instrumental in the analysed barriers including community health workers, mobile clinics, telemedicine, and popular government action known as Basic Health Care Provision Fund. The paper discusses the features of combining conventional and advanced treatment approaches, consolidating the ideas of raising the community's awareness, and enhancing the participation of NGOs and international organisations in the improvements of rural health conditions. Finally, it advocates for a multi-sectoral approach for the improvement of the health care for the Rural people of Nigeria.

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Introduction

Healthcare is recognized as a critical barometer of public health and also a key component of socio-Economic development; however, the present day Nigeria has not been able to adequately provide this most basic of human needs especially to inhabitants of rural areas. Nigeria with over 200 million populations is experiencing a complex health challenge; poor distribution of health facilities and human resource for health, poorly developed health systems and social determinants of health (World Bank, 2021). Nevertheless, efforts to enhance delivery of healthcare has been strived due to elevated and dilapidated health systems barriers that have effectively hindered prompt and qualified health care services. They become even more relevant when comprehending the situation in rural areas which enshrine the largest part of the population while the access to healthcare is still a question of system, geographical, cultural, and economical issues (Aregbeshola & Khan, 2018).

Africare identified structural challenges that the rural Nigerian health care has such as inadequate human resource component that is personnel's and inadequate health care infrastructure. According to the WHO data (2022), Nigeria has one of the worst doctor/population ratios and many rural districts have no access to primary care services, let alone specialized ones. In addition, poverty still poses a big factor whereby many people in the rural set up earns below the poverty level and hence cannot afford health care services or even transport to the urban areas where such services may be found (Akpan et al., 2020). Another contributory factor is geographic distribution of health facility where instance; in many developing countries most health care facilities are situated in the rural areas which is usually has poor road network and long distance to the health care facilities. These factors combine to explain why rural Nigerian women and children have disproportionately poor health outcomes that are evidenced by high maternal and child mortality, higher prevalence of communicable diseases, and low use of preventive health care services (Abimbola et al., 2019).

Analyzing rural communities to assess access to healthcare is important because the largely affects Nigeria's most vulnerable population. The health status of rural dwellers is indeed worse than the urban dwellers even though over 50% of the Nations population resides in the rural areas (National Bureau of Statistics [NBS], 2022). Cultural and social factors also impact on their access to healthcare in that rural populace continue to rely on traditional medicine, and decision making by male heads of households deprive women of Safe Maternity Care. To overcome these challenges calls of more research about the unique factors that influence healthcare utilization among such groups. Through researching rural communities, researchers can produce studies that offer the essential contextual data to design and promote policy and intervention approaches relevant to rural populations. This focus is particularly important in attaining the concept of UHC, which is a goal of Nigerian government and the SDGs (United Nations, 2023).

The purpose of this study is to identify the factors that do and do not enable healthcare access and utilization in rural Nigeria, with policy implications in mind. In particular, the study aims at determining predominantly socio-economic, geographical, cultural and systemic barriers to health care access as well as success factors and interventions that can enhance health care utilization especially in rural communities. The research uses the multiple perspectives from health systems research, community health, and public policy to offer an analysis of the topic.



With relation to these aspects, this research desires to come up with recommendations that could be implemented to enhance the access to healthcare in rural Nigeria in order to eradicate health disparities as well as enhance sustainable development.

Overview of Healthcare Systems in Nigeria

The health care service delivery system in Nigeria can be organized into a three tier system which include the primary, secondary and tertiary systems each engaged in the discharge of enhancing health care services to the population of the nation. In first level of healthcare, the services provided include prophylactic, health promotion /education, immunization and cure of simple ailments. This level is the largest part of the health system in any country and is mostly delivered through primary health centres which are present in Nigeria. However, the Organization of the Patriotic Highly Committed Health-contained Country (OPHCHC) remains an arching goal as most of the PHCs across Nigeria experience severe challenges such as poor infrastructural facilities, inadequate qualified personnel, and lack of both functional drugs and equipment (Eke et al., 2022). Using the Kamitsesai model second healthcare aims at reaching higher level than the first one, as secondary healthcare includes the general hospitals and clinics, which are specialized in such services as surgeries, births and Pediatrics. These centres are normally run by state governments and normally offer a better standard of care. Last, there is tertiary healthcare provided by teaching hospitals and specialist centres for the treatment of complicated diseases and also for research and training. These are normally found in African cities and are operated by the federalayers (Abimbola et al., 2022). This paper identifies one of the most worrisome challenges in Nigerian healthcare system; unequal distribution of healthcare facilities between rural and urban areas. Lagos, Abuja, and Port Harcourt, for example have a better health infrastructure, equipment, and the health personnel than the rural regions. Conversely, the rural areas in which half of the populations of Nigeria resides are grossly underserved. HHS in rural areas is measured by the number of health facilities available and in most of the rural settings the roads and transport channels are poorly developed or nonexistent compelling any sick RH to travel minimal distances to even the nearby first-line health facility. Also, rural healthcare facility often lacks adequate workforce because the human resource in health prefer the urban area because of better accommodation, better remuneration and promotion opportunities (Olukotun et al., 2021). This sharp rural-urban difference has created an urban-rural inequality in terms of health standards; rural people have high maternal and child mortality, low immunization and high preventable diseases prevalence (Adepoju et al., 2020).

Whilst the Nigerian government interacts greatly with the provision of healthcare and its financing, its work is hampered by structural issues as well as insufficient funding. The Nigeria World Bank (2023) reported that Nigeria is one of the countries with a health care budget of less than 5% of its GDP, contrary to the Abuja declaration of 15%. Such underfunding affects the government's capacity to enhance Rural healthcare facilities and human capital in terms of staffing and incentives as well as guarantee stock of relevant drugs and equipment. Moreover, after the formulation of healthcare policies, the policies take time to be implemented, and the healthcare system is not strengthened in the process (Eke et al., 2022).

Evidently, the role of the private sector in healthcare delivery has gradually assumed important roles in the country and particularly in the urban areas. Out of the facilities given



below, private hospitals and clinic account for a large portion of healthcare services since the government-owned health care facilities are deemed slow. But private health care is still too expensive for many individuals and especially the rural populations that rarely access quality health care because most are still supported by the government. Sometimes, private organisations may also take services to the rural folks via mobile clinics and outreach programs, but such initiatives are usually rare and are not sustainable (Abimbola et al., 2022). He further stated that non governmental organizations (NGOs) and international development partners also have the role to play in reducing health care access gap prevalent in rural Nigeria. These organisations support Governments by offering cash funding for healthcare initiatives, medical equipment, and/ or developing human resource components among the staff within the health sector. For instance, organizations like medically, MSF (Doctors without border), UNICEF/WHO have been of great importance in general immunization, preventive/eradication of diseases including Malaria, HIV/AIDS; and enhancement of maternal/child health in rural areas. The sources of funding for such interventions also become a concern as many such rural communities remain weak and unable to sustain such interventions when funding from outside sources is cut off (Adepoju et al., 2020).

To mitigate these challenges, there is need to embrace more of integrated sectoral approach within these various interest groups that include, government, private sectors, non-governmental organizations and the populace. Future interventions to close that urban rural divide in the delivery of healthcare services should focus on; adequate resource allocation to the rural health facilities, provision of conducive working environment to attract and retain talented health workforce in the rural areas, and an effective cooperation between the public and private sector. Further, the use of telemedicine and mobile health to increase access to health care in rural areas make a good contribution. To enhance health and progress towards the realization of UHC in Nigeria; the health system has to be strengthened, at all capacities, and the imbalances between urban and rural areas have to be bridged.

Barriers to Healthcare Access in Rural Communities

Access to healthcare in rural communities in Nigeria remains a persistent challenge due to a combination of economic, geographical, cultural, infrastructural, policy-related, and educational barriers. These barriers significantly limit the utilisation of healthcare services, contributing to poor health outcomes among rural populations. Below, these barriers are discussed in detail.

Economic Barriers

Lack of economic resources is one of the greatest challenges to healthcare in rural Nigeria. Poor people have limited sources of cash to spend on their health hence cannot afford Personal genetic health check fees Doctors fees and prescriptions which are some of the key health services. About 33.15% of the country's population is below the poverty line and the rural populace appears to be the most affected. This has become an economic reality that make many people especially in the rural areas not to seek medical treatment at all or do so after developing critical stages of their diseases. For instance, the PHCs, which are intended to offer more affordable solutions for the population, would also charge for some of the services, due to the lack of sufficient government funding; and this also reduces the possibility of using those solutions for the lowest-income households (Onah et al., 2022).



What makes matters worse is the lack of health insurance policies which adds to economic challenge in the countryside. Currently, the NHIS in Nigeria has had imperfect representation and integration in most of the country's rural areas hence a good number of the entire populace regarding themselves to out of pocket payment technique. Available literature reveals the fact that only about 5% of the populace in Nigeria have access to health insurance and even those in rural areas are excluded (Adeloye et al., 2021). Lack of FSRRP leads to use of traditional medicine or informal care that do not impact on condition of a family member and can be deleterious.

Geographical Barriers

Geographical isolation is a critical factor limiting healthcare access in rural communities. Many villages are located far from health centres, requiring residents to travel long distances to access basic services. According to Aregbeshola and Khan (2018), nearly 60% of rural Nigerians live more than 5 kilometres away from the nearest health facility. This distance not only discourages routine health visits but also creates delays in seeking care during emergencies, leading to avoidable complications and deaths.

The challenge of distance is compounded by poor transportation infrastructure. Rural areas in Nigeria are often characterised by unpaved roads and unreliable public transport systems, especially during the rainy season. For instance, a study by Ajibade et al. (2022) highlighted that the lack of functional roads increases travel costs and delays access to emergency care, particularly for pregnant women and critically ill patients. Consequently, poor transportation contributes to the under-utilisation of available healthcare services in rural communities.

Cultural and Social Barriers

Cultural beliefs significantly influence healthcare-seeking behaviours in rural Nigeria. Many communities have deep-rooted trust in traditional medicine, which is often seen as more accessible and aligned with cultural values. According to Ezeh et al. (2023), traditional healers are frequently the first point of contact for rural dwellers experiencing illness, especially in cases involving spiritual or supernatural interpretations of diseases. This reliance on traditional medicine delays access to formal healthcare and can worsen health outcomes.

Gender dynamics also play a significant role in healthcare access in rural communities. Women, in particular, face barriers to seeking care due to cultural norms that prioritise male decision-making in households. Studies indicate that women in rural areas often require their husbands' permission to visit healthcare facilities, even for maternal health services (Adewumi et al., 2022). This dependence on male consent can lead to delayed or denied access to necessary care, particularly during emergencies.

Infrastructure and Resource Barriers

The deficiency of relevant structures specially in the Nigeria rural areas is still a huge issue. Currently, most community health facilities are dysfunctional and people are compelled to walk long distances to seek treatment. Also, a quite serious deficit of qualified healthcare staff continues to be an issue, especially in rural regions. Nigeria has a doctor-to-patient ratio of 1:4,000 ratios which is quite below the World Health Organization recommendation of 1:600; and as reported, the rural areas are the most affected (Abimbola et al., 2021). This leads to long waiting lists, use of poorly qualified personnel, and general burn out in health facilities. Sometimes there is access to health care provision and at others the provisions are



under equipped. Many rural health centres are poorly stocked for basic supplies including vaccines, drugs and other diagnostic equipment. For instance, Olukoya et al. (2023) reported that 75% of primary health centre in rural Nigeria do not possess adequate diagnostic tools and facilities for effective diagnosis.

Currently, many rural health facility lacks power and water supplies hence limiting their functionality. This challenge brought difficulties to the storage of medicines, for example vaccines, and the ability to maintain cleanliness during the course of a procedure. Akinola et al. (2022) also noted that the irregular supply of power in rural health centres puts pressure health works and limits their ability to provide quality care and outcomes.

Policy and Governance Barriers

Weak governance and poor implementation of healthcare policies are significant barriers to healthcare access in rural Nigeria. Although the Nigerian government has introduced initiatives like the Basic Health Care Provision Fund (BHCPF) to improve rural healthcare, these programmes often face implementation challenges due to corruption, bureaucracy, and lack of accountability (Ogunleye et al., 2023). As a result, the intended benefits rarely reach the most vulnerable populations. Resource allocation in Nigeria's healthcare system disproportionately favours urban areas, leaving rural communities underserved. For instance, rural health facilities receive less funding and fewer healthcare professionals than urban centres, despite serving larger populations in need. According to Adeniran et al. (2023), this inequity perpetuates the rural-urban health disparity and undermines efforts to achieve universal health coverage in Nigeria.

Education and Awareness Barriers

Low health literacy is a major form of impediment towards the reception of adequate health care in rural places. Most of the rural population is poorly informed on how to identify signs, prevent illnesses, or manage their health care. For instance, Olatunji et al. (2022) show that low health literacy leads to delays in receiving a proper diagnosis and timely treatment of simple diseases because the people do not realize just how sick they are. This how a lack of awareness about existing healthcare services can also leads to a restricted access to these services in rural areas. Some residents are hardly informed of the government sponsored programmes or of community oriented health activities. As Nwafor et al. (2023) opined, this lack of awareness is always attributed to poor communication plans and the lack of health promotion messages that could reach out to rural communities. Consequently, the available services are still poorly utilized and people's health does not improve.

Healthcare in rural Nigeria therefore can be characterized by a myriad of economic, geographical, cultural, infrastructural, policy and educations factors. This paper shows that elimination of these barriers requires a comprehensive approach that comprise of specific investment in rural health services, health policies, health promotion interventions, and health promotion messages. Through addressing these issues, Nigeria will be able to take a leap forward in providing equality in the delivery of health care services especially to the peasants in the rural areas.

Facilitators to Healthcare Access in Rural Communities

Improving healthcare access in rural communities requires addressing systemic challenges through innovative and practical approaches. This section examines key facilitators, including



community-based interventions, technological solutions, policy initiatives, cultural competence, education and awareness campaigns, and partnerships.

Community-Based Interventions

Community Health Workers (CHWs) play a vital role in bridging the gap between rural populations and healthcare services. They are often local residents trained to deliver basic healthcare services, provide health education, and act as liaisons between communities and formal healthcare providers. CHWs improve healthcare access by addressing health literacy gaps, delivering culturally appropriate care, and providing preventive services. Studies show that CHWs have been instrumental in improving maternal and child health outcomes in Nigeria, particularly in rural areas. For example, a study in Northern Nigeria demonstrated that CHWs reduced neonatal mortality by promoting essential newborn care practices (Adedini et al., 2022). Additionally, they enhance trust in healthcare systems by offering services within the community, eliminating geographical and cultural barriers.

Mobile clinics and outreach programmes bring healthcare services directly to rural and remote areas, eliminating the need for long-distance travel to healthcare facilities. These services typically offer vaccinations, antenatal care, and treatment for common diseases. Mobile clinics have been successful in delivering health services during emergencies and in hard-to-reach communities. For instance, during the COVID-19 pandemic, mobile clinics in Nigeria provided vaccines and essential health services to underserved populations (Omoleke et al., 2023). Outreach programmes also facilitate periodic medical missions, enabling healthcare professionals to address pressing health needs in isolated communities.

Technological Solutions

Telemedicine, which uses digital platforms to deliver healthcare services, has emerged as a significant facilitator for healthcare access in rural areas. It helps overcome geographical barriers by enabling patients to consult healthcare professionals remotely. In Nigeria, initiatives such as the National eHealth Strategy have promoted telemedicine adoption in rural settings, particularly for chronic disease management and follow-up care (Olokoba et al., 2021). This approach reduces costs, improves access to specialised care, and ensures continuity of care for individuals with limited mobility or access to transportation.

Mobile health (mHealth) platforms leverage mobile phones to deliver health education, reminders, and remote consultations. In Nigeria, mHealth programmes have been successfully used to address maternal and child health challenges. For instance, the m4Change initiative provided text-message reminders to pregnant women, improving antenatal care attendance and institutional delivery rates (Fapohunda & Orobato, 2020). Such platforms are particularly effective in rural communities where mobile phone penetration is high but healthcare infrastructure is inadequate.

Policy Initiatives

The Nigerian government introduced the Basic Health Care Provision Fund (BHCPF) to improve healthcare financing and ensure universal health coverage, particularly for rural populations. This initiative allocates funds to primary healthcare centres (PHCs), enabling them to provide essential health services free of charge or at subsidised rates. According to the Federal Ministry of Health, BHCPF has increased access to maternal and child health services in underserved areas, improving immunisation rates and reducing maternal mortality (Federal Ministry of Health, 2021). Subsidised healthcare initiatives, such as free



maternal and child health programmes, have been instrumental in improving healthcare access in rural Nigeria. For example, the Midwives Service Scheme (MSS) deployed midwives to rural areas, providing free antenatal care and skilled birth attendance (Adeyanju et al., 2022). Subsidising healthcare services reduces financial barriers, enabling low-income populations to access critical healthcare.

Cultural Competence

Integrating traditional medicine with modern healthcare practices improves healthcare access by addressing cultural barriers. In many rural Nigerian communities, traditional healers are trusted healthcare providers. Collaborating with these healers can encourage the use of formal healthcare services. For instance, partnerships between PHCs and traditional birth attendants (TBAs) have improved maternal health outcomes in rural areas (Okonofua et al., 2020). Community leaders, including chiefs, religious leaders, and local influencers, play a crucial role in promoting healthcare access. By leveraging their influence, healthcare initiatives can gain community trust and encourage participation. For example, engaging community leaders during immunisation campaigns in Northern Nigeria significantly increased vaccination coverage (Adepoju et al., 2022).

Education and Awareness Campaigns

Health promotion campaigns increase awareness of preventable diseases and the importance of seeking timely medical care. These campaigns, often led by government agencies and NGOs, utilise culturally relevant messaging to educate rural populations. For instance, Nigeria's National Health Promotion Policy has supported community-based advocacy efforts to improve hygiene, family planning, and malaria prevention (Federal Ministry of Health, 2020). Training local health educators ensures the sustainability of health promotion efforts. These educators are equipped to deliver accurate health information and address misconceptions about healthcare. Local educators can also foster peer-to-peer learning, making health education more relatable and accessible. For instance, training community-based volunteers under the Saving One Million Lives Initiative improved knowledge of child nutrition in rural Nigeria (Nwaneri et al., 2021).

International and Local Partnerships

Non-Governmental Organisations (NGOs) and international agencies such as UNICEF and WHO play an essential role in improving healthcare access in rural Nigeria. These organisations provide funding, technical expertise, and resources to support health programmes. For instance, UNICEF's Health Systems Strengthening project in Nigeria has improved maternal and child health indicators in rural communities (UNICEF, 2023). Collaborating with local communities ensures that healthcare interventions are culturally appropriate and community-driven. Partnerships that involve community members in programme design and implementation are more likely to succeed. For example, participatory approaches used by NGOs like Doctors Without Borders have improved the acceptance of healthcare initiatives in remote areas of Nigeria (MSF, 2022).

Facilitators such as community-based interventions, technological solutions, policy initiatives, cultural competence, education campaigns, and partnerships are critical to addressing healthcare access challenges in rural Nigerian communities. These strategies provide sustainable and scalable solutions to bridge the gap between underserved populations and essential healthcare services.



Impact of Barriers and Facilitators on Health Outcomes

The availability and accessibility of health care services affect population health especially those from rural settings is due to the barriers and enablers to healthcare. These factors determine maternal and child health status, prevalence of communicable and non-communicable diseases and health service utilisation in Nigeria. It is important to understand these effects in light of reducing health disparities and boosting the health of vulnerable groups of people.

Access barriers comprise cost, distance and availability of healthcare facilities, and these are determinants of maternal and child health outcomes in rural Nigeria. Low access to quality and trained birth assistants and failure to stock hospitals with necessary medical items and equipment in rural parts have made maternal death rate to remain high, particularly in Nigeria that is responsible for 20 % of maternal deaths globally as projected by WHO, 2023. Likewise, Neonatal and under five mortality rates are still unacceptably high in the rural areas where facility based Antenatal and Postnatal care services are still hard to come by. According to Fapohunda & Orobato (2020), lack of money and poor roads also limited the use of maternal care, including during emergency times. Whereas, there is a strong evidence that community based health workers and mobile health outreach programmes positively impacted the utilization of maternal services. For example, the use of mHealth platforms to remind pregnant females and educate them on the importance of attending ANC has helped reduce number of pregnant females attending early ANC and pregnant females deaths in the rural regions Adepoju et al., 2022.

The incidence of infectious diseases including malaria, tuberculosis, HIV/AIDS, and others are compounded by poor access to health care by rural residents. Lack of access to diagnosis amenities and treatment hospitals results in delayed diagnosis and poor condition treatment hence a poor health status. Such as malaria is still a major factor responsible for morbidity and mortality in rural area of Nigeria most of which are not able to afford the insecticide-treated nets or antimalarial drugs even today (National Malaria Elimination Programme, 2022). However, enablers inclusive of the use of distribution of antimalarials within communities and the usage of rapid diagnostic tests have played part in reduction of malaria incidences in areas of such facilitators' proper implementation. Again, HIV testing and ART are restricted by stigma, poor knowledge, and long distances to health centres, nonetheless, special appeals and operation decentralisation has pushed HIV treatment coverage in few rural areas (UNAIDS, 2023).

Hypertension, diabetes, and cancers as other NCDs are emerging major health challenges in rural Nigeria. Inadequate ND needed for diagnosis and treating NCDs, especially in rural areas, leads to presentations in very advanced stages or poor outcomes. Challenges including; high out-of-pocket spending and few health care personnel make the management of NCDs even more challenging (Adeniyi et al., 2021). Such strategies as extending the NCD management into primary health care departments and providing (Chen and colleagues) the education of community health workers have yielded promising results in increasing chances of early diagnosis of the diseases. For instance, a pilot program done in Ekiti State rural area showed that incorporating hypertension check up during home visits enhance early identification and follow up compliance (Oyebode et al., 2023).



Again, similar to the use of preventive and curative services the barriers and facilitators also affects the utilisation in rural areas. Essential services for instance immunisation and health promotion therefore lack clientele because the communities do not have enough information on this and some cultural practices may also bar people from coming forward for these immunisation services. According to UNICEF (2022), immunisation in the rural communities is still suboptimal compared to the national rate and children may be at risk of acquiring VPD. However, there are some sources like community led immunisation overdue and financial motives with the caregivers that have helped in the increase of immunisation overdue in some regions of the rural areas. Curative services, on the other hand, are limited by, restricted facility base and high costs of treatment thus resorting to traditional healers and self medication. A comprehensive provision of health insurance and increasing the possibility of leveraging basic drugs at primary levels of healthcare have been useful in meeting these issues.

Concisely, the examination of how barriers and facilitators have affected health this region of the world is significant. This issue highlights the need to overcome these barriers and build on the attractions for enhancing MCH, lowering the incidence of communicable and NCDs, and optimising the delivery of preventive and curative services. Engagement of sustainable and inclusive healthcare policies, accompaniment of the community oriented interventions and rural healthcare investment play significant role in accomplishing these objectives.

Conclusions

This paper on healthcare participation in rural communities in Nigeria identifies the diversity of the determinants and enablers to health care services usage in the chosen underprivileged regions. Enumerated results of the research indicate that there is more need to address financial issues, including low income levels and low health insurance cover. Other physical barriers other than distance include; Inadequate transport systems and difficult terrains which hinder timely access to health facilities. Also, cultural and social factors including biases, gender roles and perceptions, education levels, and poor understanding of health at large delay the seeking of health care. These challenges are made worse by institutional challenges such as human resource, electricity and limited stocks of health facilities. Inadequate and ineffective policies and implementing authorities, unequal distribution of resources, all also intensify the gap between rural and urban health care access.

On the other, hand, the study puts a lot of emphasis on the need for existing facilitators that help improve the chances of accessing healthcare in rural areas. In the case of health disparities, the ongoing use of community health workers and mobile clinics has been identified as efficient in a number of ways. Of equal or higher promise is the use of technology such as telemedicine and other mobile health technologies. Further, utilizing an amalgam of conventional healthcare systems with the existing means of an advanced medical system, effective collaboration with the international bodies, as well as developing specific polices including subsidized health check, have shown the possibility of a tangible intervention in the systematic unfairness.

The challenge, therefore, comes in trying to remove the barriers while at the same time enhancing the facilitators for better rural health. Making health care available to all eliminates unnecessary sickness and death as well as supports the growth of society's economy. From the effectiveness gained through policy reforms and increased support for infrastructure



apart from involving communities in the design of healthcare, stakeholders can master and offer sustainable development of these barriers. All these interventions will not only improve the lives of rural inhabitants but also will help Nigeria to achieve the sustainable development goal of UHC.

Recommendations

To expand access for healthcare delivery in countries such as Nigeria, there shall be need to consider the following strategies which have potentials of overcoming the established barriers whilst enhancing the facilitators of healthcare access in the rural areas of Nigeria. One of the activities is the improvement of health facility systems, which include financial-structural development. This includes expansion of the density of healthcare facilities in rural areas and raising the competency of services in existing centers. Moreover, the physical accessibility of health care should be enhanced by improving the transport system especially the roads that link health care units to hard to reach communities. Mobile services such as mobile clinics and telemedicine can be of great importance because construction of new clinics is not always possible. Such services can easily overcome geographical barriers and bring the healthcare services to unreachable populations.

The other integrated strategy involves embrace of community based health care models. This has to do with teaching CHWs who are well versed with the local language, culture and are more likely to gain the community's confidence as opposed to outsider. Since CHWs can offer basic prevention, health promotion, and treatment services, they relieve primary health centers. Moreover, incorporating traditional healers into health promotion and referral networks could bridge the gap between the professional diseases of the constructed world and the holistic worldview of rural people more acceptably.

From the public policies point of view, the government requires putting on its agenda and policy agenda rural health care through policies targeting and serving those populations. This could involve guaranteeing that appropriate quantity and quality of health finance resources, for example, Basic Health Care Provision Fund gets to the right rural health facility. In addition, policy interventions need to increase healthcare system accountability of governance, distribution of resources in fair manner, and rational staffing of human resources for health in rural settings.

The local government, NGOs and the private sector should come together and form partnerships that shall enlist - and share- more resources. Local governments should have the durable responsibility for the enforcement of health policies and NGO's can assist in provision of services and mobilization of communities on matters of health. It can support through PPP particularly in supplying medical equipment and in funding health related interventions in the rural areas.

As a result, research studies for the next decade should aim to measure the impact of current healthcare interventions in rural contexts. Research should also focus on financing models of rural health care facilities and the effectiveness of the mobile health in increasing health care access. Moreover, the research on cultural factors on the experience of health care services and many works on the relationship between cultural beliefs and health care utilization will be beneficial in developing the improved interventions.



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