

4 Leadership Insecurity and Contemporary Public Health Issues in Nigeria

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Introduction

Leadership insecurity, characterized by hesitancy, lack of confidence, and instability in decision-making, affects multiple sectors, including public health. In Nigeria, a nation with vast human and material resources, leadership insecurity has contributed significantly to the deterioration of the public health system. The chapter examines the relationship between leadership insecurity and contemporary public health challenges in Nigeria, proposing actionable recommendations based on leadership principles and ethical frameworks.

Nigeria, Africa's most populous nation, faces a confluence of challenges that threaten the health and well-being of its citizens. Among these challenges, the interplay between leadership inefficiencies, widespread insecurity, and pressing public health issues stands out as a critical area for scholarly and policy-driven inquiry. This book chapter explores how governance lapses and security challenges have exacerbated Nigeria's public health crisis, emphasizing the urgent need for integrated solutions. Leadership in any society plays a pivotal role in shaping public policies, ensuring stability, and fostering development. In Nigeria, however, decades of political instability, corruption, and ineffective governance have created systemic weaknesses in critical sectors, including healthcare. The result has been a failure to prioritize and adequately fund public health initiatives, leaving millions vulnerable to preventable diseases, inadequate medical infrastructure, and limited access to essential healthcare services.

Insecurity further compounds these challenges. With the rise of insurgent groups such as Boko Haram, armed banditry, and communal clashes, many regions have been plunged into chaos. Insecure environments disrupt healthcare delivery, force the displacement of healthcare workers, and hinder access to health facilities for affected populations. Moreover, insecurity often triggers humanitarian crises that exacerbate malnutrition, the spread of communicable diseases, and mental health issues.

The relationship between leadership insecurity and public health in Nigeria extends beyond immediate disruptions. It reflects broader structural problems, including unequal resource allocation, weak institutional frameworks, and the erosion of

public trust in government institutions. This chapter examines these dynamics, shedding light on how leadership lapses and insecurity have perpetuated cycles of health inequities and hindered progress toward achieving global health targets such as the Sustainable Development Goals (SDGs).

The chapter aims to highlight the need for innovative governance strategies, strengthened public health systems, and sustainable security measures. By addressing the root causes of leadership insecurity and their impact on public health, Nigeria can forge a path toward a healthier, more resilient future for its citizens. This analysis is not only a critique of past failures but also a call to

The objectives include:

- Analyzing the causes and manifestations of leadership insecurity.
- Exploring its impact on Nigeria's public health policies and outcomes.
- Proposing solutions rooted in biblical leadership principles and ethical frameworks.

Understanding Leadership Insecurity

Leadership insecurity refers to the internal and external factors that undermine a leader's confidence in their abilities, authority, or decisions. This insecurity often results in governance failures, especially in critical sectors like public health. This section defines the concept, provides a conceptual framework, and categorizes the types of leadership insecurity with contextual examples and references.

Definition and Conceptual Framework

Leadership insecurity can be defined as a psychological and situational state where leaders lack confidence in their decision-making abilities, authority, or the support structures necessary to execute their mandates effectively. According to Katz & Kahn (1978), insecurity arises when leaders are unable to balance organizational expectations with the complexities of their roles, often leading to hesitation, indecisiveness, and poor governance outcomes.

In Nigeria, leadership insecurity in public health is influenced by a range of systemic and contextual factors that undermine the effectiveness of health governance. Key contributors include political instability, corruption, and systemic inefficiencies. These factors exacerbate leaders' challenges, hampering the implementation of sustainable health reforms and undermining public trust in the system.

Definitions and Concept of Leadership Insecurity

Leadership: Leadership is the process by which an individual or a group influences others to achieve a common goal. It involves guiding, inspiring, and directing people to align with organizational or societal objectives. In the context of governance, leadership entails the ability of political or administrative leaders to make strategic decisions that promote stability, development, and the well-being of citizens

Insecurity: Insecurity refers to a state of instability characterized by threats to life, property, and societal order. It encompasses physical, economic, and social vulnerabilities resulting from factors such as violence, poverty, unemployment, and systemic governance failures. Insecurity disrupts communities, undermines development, and diminishes quality of life.

Leadership Insecurity: Leadership insecurity is a situation where those in leadership positions lack the authority, competence, or trust necessary to provide effective governance and ensure societal stability. It can arise from internal factors, such as corruption, weak decision-making, and lack of vision, or external factors, such as political instability, public distrust, and systemic challenges. Leadership insecurity often manifests in poor governance, policy inconsistencies, and an inability to address critical societal challenges, including public health and security.

Concept of Leadership Insecurity

Leadership insecurity is rooted in the dynamics between leadership capacity, governance structures, and societal challenges. It highlights the fragility of governance systems when leaders fail to exhibit the qualities necessary for effective management, accountability, and problem-solving. This concept can be explored through the following dimensions:

1. **Authority Deficiency:** Leadership insecurity arises when leaders lack the necessary authority or control over their jurisdictions. This deficiency often stems from weak institutions, political interference, or insufficient capacity to enforce laws and policies.
2. **Competence Gap:** Leaders may face insecurity due to their inability to adequately address complex societal issues. This gap can manifest in poor policy formulation, inadequate crisis management, and a lack of long-term planning.
3. **Public Distrust:** Leadership insecurity is amplified when citizens lose confidence in their leaders due to corruption, broken promises, or perceived self-serving behaviors. This erosion of trust undermines leaders' legitimacy and their ability to mobilize support for critical initiatives.
4. **External Pressures:** External threats, such as insurgencies, terrorism, economic crises, or global pandemics, can exacerbate leadership insecurity. These pressures test a leader's resilience, adaptability, and ability to foster national unity and stability.
5. **Interdependence with Insecurity:** Leadership insecurity and societal insecurity are interlinked. Ineffective leadership can fail to address underlying causes of insecurity, such as unemployment and social inequality, while insecurity undermines leaders' capacity to govern effectively.

Leadership Insecurity Political Instability

Frequent changes in leadership roles disrupt continuity in public health policies and programs. Leadership transitions often result in the abrupt termination or alteration of existing health initiatives, which can undermine progress and waste resources. For example, the discontinuity of health policies following changes in government has affected immunization programs and the implementation of the National Health Insurance Scheme (NHIS). Political instability also discourages long-term strategic planning, as incoming leaders often prioritize short-term gains over sustainable public health investments (Abubakar et al., 2020). Furthermore, instability at both national and subnational levels limits the ability of public health leaders to build institutional frameworks that can withstand leadership transitions, creating a fragile health system vulnerable to emergencies and crises.

Political instability refers to a situation where a government, political system, or society experiences significant uncertainty, conflict, or upheaval, often leading to disruptions in governance, social order, and economic progress. It encompasses various manifestations such as frequent changes in government, weak institutions, widespread corruption, civil unrest, or violent conflicts.

Corruption

Corruption is a major obstacle to effective public health leadership in Nigeria, diverting resources meant for healthcare delivery and eroding public trust. Misappropriation of funds, nepotism, and inflated contracts are common challenges that reduce the availability of resources for implementing critical health interventions. Correction refers to the act of rectifying or improving something that is erroneous, faulty, or suboptimal. It involves identifying and addressing mistakes, inconsistencies, or misjudgments to ensure accuracy, functionality, or appropriateness. Corruption significantly affects the provision of healthcare services in Nigeria by diverting public resources intended for healthcare delivery, undermining the quality and accessibility of services, and eroding public trust in the healthcare system. Several ways in which corruption impacts healthcare provision in Nigeria include:

Corruption often leads to the misallocation or embezzlement of funds meant for healthcare infrastructure, equipment, and medicines. This results in a lack of essential medical supplies, poorly maintained facilities, and insufficient staffing, which ultimately hampers the ability of healthcare institutions to deliver quality services. Corruption in the procurement process can lead to inflated contracts for healthcare supplies and infrastructure. This means that hospitals and clinics may end up paying much more than necessary for equipment or services, leading to wasted resources and subpar healthcare provisions. Such inefficiencies limit the amount of money available for other critical health needs. In some cases, corrupt practices can result in the mismanagement of healthcare programs that are intended to improve access to services, such as vaccination campaigns, maternal and child health

initiatives, or treatment programs for diseases like malaria or tuberculosis. This mismanagement can prevent funds from reaching the communities that need them most, thereby exacerbating health inequities. As corruption diverts vital resources, the quality of healthcare services deteriorates, leading to poor health outcomes for the population. For example, hospitals may lack essential medicines, equipment, or trained staff, leading to misdiagnoses, treatment delays, and ultimately, preventable deaths.

Widespread corruption erodes public trust in the healthcare system. When patients feel that healthcare services are corrupt or that they are being forced to pay bribes for care, they may avoid seeking treatment altogether, contributing to worse health outcomes, particularly in rural areas where healthcare access is already limited. Corruption within the healthcare system can demoralize healthcare workers, leading to job dissatisfaction, low morale, and eventually, the migration of skilled professionals to other countries in search of better working conditions and compensation. This "brain drain" further depletes the country's healthcare workforce, exacerbating shortages and reducing the quality of care available to the population. Corruption has a detrimental impact on healthcare provision in Nigeria, contributing to inefficiencies, inequality, and poor health outcomes. Tackling corruption requires a comprehensive approach involving stronger governance, accountability mechanisms, transparency in the allocation of resources, and the promotion of ethical standards within the healthcare system.

For instance, the Global Fund to Fight AIDS, Tuberculosis, and Malaria suspended funding to Nigeria in 2011 due to corruption concerns. Allegations of mismanagement within the health sector not only delayed program delivery but also strained relationships with international donors, reducing Nigeria's access to critical external funding (Global Fund, 2011). Corruption also contributes to leadership insecurity as leaders face public scrutiny and mistrust, making it difficult to garner the support needed for health reforms. This mistrust was evident during the COVID-19 pandemic, where skepticism about the proper use of funds undermined compliance with public health measures (Akinwotu, 2020).

Systemic Inefficiencies

Weak health systems and bureaucratic delays further compound the challenges faced by public health leaders. Systemic inefficiencies include inadequate infrastructure, insufficient workforce capacity, and a lack of reliable data systems. These inefficiencies make it difficult for leaders to design and implement effective health programs. For example, the Nigerian healthcare system struggles with resource allocation inefficiencies, such as medical equipment lying idle due to procurement mismatches or the absence of trained personnel. Bureaucratic bottlenecks also delay decision-making, preventing timely responses to health crises like the Ebola outbreak in 2014, where lapses in coordination initially hindered containment efforts (WHO, 2014).

Systemic inefficiencies not only frustrate leaders' ability to achieve health objectives but also heighten their insecurity, as the outcomes of their efforts are constrained by factors beyond their control. The failure to address these inefficiencies perpetuates a cycle of poor leadership performance and public dissatisfaction.

Conclusion

Leadership insecurity in Nigeria's public health sector is deeply rooted in political instability, corruption, and systemic inefficiencies. Addressing these challenges requires a multi-pronged approach, including strengthening governance structures, promoting accountability, and investing in resilient health systems. Without these reforms, leadership insecurity will continue to hinder the progress of public health initiatives, ultimately impacting the health and well-being of Nigerian communities.

Types of Leadership Insecurity

Fear-Based Insecurity: Fear-based insecurity arises when leaders are overly concerned about losing authority or facing public criticism. Such leaders often avoid delegating tasks, making bold decisions, or taking risks, which hinders effective governance (Kotter, 1990). Fear-based insecurity refers to a psychological state in which individuals experience heightened anxiety and unease due to perceived or actual threats. This insecurity is deeply rooted in fear, often leading to a loss of emotional stability and proactive decision-making. It manifests in both personal and societal contexts, influencing behaviors, relationships, and governance. In personal scenarios, fear-based insecurity may arise from experiences such as crime, social rejection, or economic uncertainty. For instance, worry about crime has been shown to produce both functional and dysfunctional outcomes. Functional responses involve adaptive behaviors, like precautionary measures that enhance safety without reducing quality of life. Dysfunctional responses, however, can lead to diminished well-being, anxiety, and pessimism, impacting individuals' mental and emotional health negatively (Jackson & Gray, 2010)

In broader societal contexts, fear-based insecurity influences governance and public health. Leaders may exploit or respond to collective insecurities, such as threats to national security or public health crises, to shape public behavior. Persistent fear can undermine societal trust and cooperation, exacerbating existing challenges. During the COVID-19 pandemic, fear of public backlash led some state health officials in Nigeria to delay implementing unpopular but necessary measures, such as movement restrictions and quarantine protocols (Global Health Security Index, 2021).

Resource-Based Insecurity

This form of insecurity occurs when leaders lack the resources financial, infrastructural, or human - needed to execute public health initiatives. Resource constraints often limit leaders' ability to deliver on their mandates, fueling doubt and reducing morale. Resource-Based Insecurity refers to a state of conflict, instability, or vulnerability that arises from unequal access to, competition for, or depletion of critical resources such as water, land, energy, or food. It is often driven by scarcity,

mismanagement, or inequitable distribution and can exacerbate social tensions, economic hardships, and environmental degradation. For example, disputes over water rights in regions facing drought or conflicts over oil-rich territories are manifestations of resource-based insecurity. The limited availability of vaccines during the cholera outbreak in 2021 highlighted resource-based insecurity. Public health officials struggled to respond effectively due to insufficient funding and logistical challenges (Osayande et al., 2021).

Competence-Based Insecurity

Competence-based insecurity stems from leaders' lack of technical expertise or knowledge required to manage complex systems like public health. Leaders facing this form of insecurity often fail to inspire confidence or implement evidence-based solutions. Competence-based insecurity refers to the fear or lack of confidence in one's ability to effectively perform tasks or fulfill responsibilities due to perceived or actual inadequacies in skills, knowledge, and experience. In a professional or organizational context, this form of insecurity arises when individuals or leaders feel they do not possess the necessary competencies to perform their roles effectively. This type of insecurity can have significant implications for both personal and organizational performance, especially when it affects leadership, decision-making, and organizational growth.

Key Aspects of Competence-Based Insecurity

1. **Lack of Self-Efficacy:** Individuals with competence-based insecurity often struggle with self-efficacy, which is the belief in their ability to succeed in specific tasks. This lack of confidence can lead to hesitation, decision paralysis, and a reluctance to take on challenging tasks. In leadership, it can result in avoiding responsibility or deferring decisions, potentially leading to inefficiency or missed opportunities.
2. **Fear of Failure:** Competence-based insecurity is often fueled by a fear of failure. People may avoid tasks or responsibilities that seem beyond their current skill set, leading to a cycle of underperformance. In leadership positions, this fear can result in poor decision-making, lack of innovation, or an unwillingness to take risks, all of which can stifle organizational growth and hinder problem-solving.
3. **Imposter Syndrome:** A common manifestation of competence-based insecurity is imposter syndrome, where individuals feel like frauds despite evidence of their success. They may believe that their achievements are due to luck or external factors rather than their actual abilities. This feeling can undermine their confidence, leading to overcompensation or a constant fear of being exposed as incompetent.
4. **Impact on Leadership:** Insecure leaders, lacking confidence in their own abilities, often struggle to make effective decisions, communicate their vision, and inspire their teams. This can result in a lack of direction for the organization and a failure to address emerging challenges. In extreme cases, leaders may become overly reliant on others for decision-making, reducing

- organizational autonomy and creating dependency within the team.
5. **Organizational Impact:** Competence-based insecurity can have a significant negative impact on an organization. When key individuals or leaders feel insecure about their skills, they may avoid making decisions, delay critical actions, or fail to engage in necessary planning or innovation. This can lead to poor organizational performance, reduced morale, and even high turnover rates as employees may become frustrated with the lack of leadership or direction.
 6. **Strain on Team Dynamics:** When competence-based insecurity is present within a team, it can affect communication, collaboration, and overall team dynamics. Insecure team members may hesitate to share ideas, express concerns, or contribute fully to projects, fearing judgment or criticism. This can lead to a lack of creativity and collaboration, ultimately reducing the team's ability to solve problems effectively.
 7. **Development of Coping Mechanisms:** Individuals experiencing competence-based insecurity may develop various coping mechanisms, some of which can be counterproductive. These may include excessive reliance on others, overcompensating by taking on too many responsibilities, or engaging in behaviors such as micromanagement. While these actions may temporarily alleviate insecurity, they often exacerbate stress and prevent effective problem-solving.

Addressing Competence-Based Insecurity:

1. **Continuous Professional Development:** Providing opportunities for ongoing training and development is critical for building competence and reducing insecurity. This can help individuals acquire the skills and knowledge they need to feel more confident in their roles and responsibilities. In organizational settings, offering mentorship programs, workshops, and skill-building initiatives can be particularly effective in fostering a sense of competence among employees.
2. **Creating a Supportive Environment:** Encouraging a culture of support, open communication, and constructive feedback is essential in helping individuals overcome competence-based insecurity. Insecure individuals need to feel that they are not alone in their challenges and that help is available when needed. A supportive work environment promotes psychological safety, allowing employees to take risks, learn from mistakes, and grow.
3. **Leadership Development Programs:** For leaders facing competence-based insecurity, leadership development programs that focus on self-awareness, decision-making skills, and confidence-building can be immensely beneficial. By empowering leaders to build their strengths and address areas of weakness, these programs can improve both their personal efficacy and their ability to lead effectively.
4. **Encouraging Self-Reflection and Mindset Shifts:** Encouraging

individuals to engage in self-reflection can help them recognize their strengths and achievements, which can counter feelings of inadequacy. Additionally, shifting from a fixed mindset (believing abilities are innate) to a growth mindset (believing abilities can be developed) can empower individuals to embrace challenges, seek opportunities for improvement, and build confidence in their competence.

5. **Recognizing and Rewarding Contributions:** Regular recognition and positive reinforcement can help individuals feel valued and appreciated, which in turn boosts their self-confidence and reduces insecurity. Public acknowledgment of accomplishments, constructive feedback, and encouragement can motivate individuals to continue developing their skills and take on more significant challenges.

Conclusion

Competence-based insecurity is a pervasive issue that can impact individuals' performance, team dynamics, and organizational effectiveness. Addressing this insecurity requires a comprehensive approach, including professional development, supportive leadership, and organizational initiatives aimed at fostering self-confidence, skill-building, and positive feedback. By mitigating competence-based insecurity, individuals and organizations can create an environment that encourages growth, enhances productivity, and builds resilience in the face of challenges. Many local government health authorities in Nigeria lack leaders with formal training in public health management. This gap in competence contributes to poor policy implementation and inadequate crisis responses, as observed in the mismanagement of Lassa fever outbreaks in rural areas (Heifetz & Linsky, 2002).

Leadership insecurity, shaped by psychological and systemic factors, is a critical barrier to effective governance in Nigeria's public health sector. Understanding its types—fear-based, resource-based, and competence-based provides a framework for identifying the root causes of leadership challenges and developing targeted solutions. Addressing leadership insecurity requires enhancing leaders' confidence, providing resources, and equipping them with the technical skills needed for effective health governance.

Indicators of Leadership Insecurity

Leadership insecurity often manifests in various forms that hinder effective governance, particularly in the public health sector. Leaders who lack confidence in their decisions often change policies erratically, undermining consistency and public trust. Leadership insecurity can manifest in authoritarian tendencies, where leaders rely excessively on coercion or control to maintain power, reflecting a lack of legitimacy. Indicators include widespread public dissatisfaction, loss of faith in governance, and declining approval ratings due to perceived inefficiency or corruption. Leaders may struggle to resolve significant societal issues like unemployment, poverty, or insecurity, showcasing a gap in capability or vision.

High turnover in leadership roles or cabinets, frequent protests, or civil unrest are signs of leadership struggling to maintain stability. Insecure leaders often prioritize their political survival over societal needs, diverting resources toward personal or political gain rather than development. Limited engagement with the public, lack of clarity in policy communication, or avoidance of accountability are strong indicators. Insecure leaders may seek approval or legitimacy from foreign powers or external entities rather than fostering domestic consensus. These indicators can significantly hinder progress, leading to weakened institutions, poor policy implementation, and societal unrest. Addressing leadership insecurity requires fostering accountability, transparency, and inclusive governance.

Frequent Policy Reversals

Leaders experiencing insecurity often display inconsistency in their decision-making. Policies are reversed, modified, or abandoned, creating instability in the health sector and undermining public trust. Frequent policy reversals refer to the constant changing or altering of policies by government or organizational leadership, often in response to shifting priorities, political pressures, or leadership changes. This phenomenon undermines long-term strategic planning, creates uncertainty, and disrupts the implementation of important initiatives, particularly in sectors like healthcare, education, and infrastructure. Frequent policy reversals result in a lack of continuity in governance, as each new leadership or administration may abandon or drastically alter policies set by their predecessors. This leads to inefficiencies, as programs that were started may be abandoned midway, wasting resources and efforts that could have been invested in more sustainable long-term solutions.

The impact of such reversals is most evident in public sectors where consistency is crucial for progress. In healthcare, for example, shifting policies on healthcare funding, disease management, and public health campaigns can confuse both service providers and the general population, leading to poor health outcomes and public distrust in government efforts. Repeated policy changes can also demoralize public servants and healthcare professionals, who may feel disillusioned by the lack of stable direction, ultimately affecting their performance and commitment to the system. Frequent policy reversals also hinder economic growth by creating an unstable business environment. Investors, both domestic and international, rely on predictable and stable policy frameworks to make informed decisions. When policies are constantly changing, businesses are less likely to invest in long-term projects or expansions, as they cannot anticipate future regulatory environments. This affects job creation and economic development, exacerbating poverty and inequality.

Additionally, the general public often becomes disengaged or frustrated by the inconsistency of policy actions, which erodes trust in government institutions. Public participation in policy formulation or adherence to regulations diminishes when citizens perceive that their efforts may be in vain if policies are altered or reversed. This lack of trust can lead to social unrest and dissatisfaction with leadership.

Frequent policy reversals create an environment of instability and unpredictability, weakening governance and public trust, disrupting essential services, and hindering overall societal progress. Addressing this challenge requires fostering a commitment to long-term policy planning, enhancing institutional memory, and ensuring that policy changes are made with careful consideration of their potential impact on public welfare and economic stability.

In 2016, Nigeria witnessed a reversal in its commitment to the "Basic Healthcare Provision Fund" (BHCPF), a key initiative to improve primary healthcare funding. Initially, the government showed intent to implement the fund as mandated by the National Health Act of 2014. However, inconsistent disbursement of allocated funds stalled the program's progress, causing public outcry and skepticism about the leadership's priorities (National Primary Healthcare Development Agency, 2021). Policy reversals discourage investments in long-term healthcare projects and demoralize stakeholders, including donors and private partners. For instance, Nigeria's failure to sustain the implementation of universal health coverage has left a significant portion of its population without access to basic health services (World Bank, 2022).

A Reactive Rather Than Proactive Approach to Public Health Issues

Leadership insecurity often leads to crisis-driven responses instead of proactive planning and prevention. Insecure leaders may delay interventions until problems escalate, making them more difficult and costly to resolve. A Reactive Rather Than Proactive Approach to Public Health Issues refers to a strategy where actions are taken only after a public health crisis occurs, rather than implementing measures to prevent such crises in the first place. This approach often involves emergency responses to outbreaks, such as deploying resources during epidemics, instead of focusing on preventative initiatives like vaccination programs, health education, and infrastructure development to mitigate risks before they escalate. For example, responding to cholera outbreaks with treatment efforts instead of improving access to clean water and sanitation reflects a reactive stance.

The delayed response to cholera outbreaks in Nigeria exemplifies this reactive tendency. Despite early warning signs from public health experts about poor sanitation and water contamination in affected areas, actions were taken only after significant loss of life. According to a UNICEF report (2021), over 2,800 deaths were recorded from cholera outbreaks in Nigeria in 2021, a preventable tragedy had proactive measures like public awareness campaigns and water purification initiatives been implemented earlier. Reactive approaches not only increase mortality and morbidity but also strain the healthcare system. They divert resources from long-term development projects, leaving the health sector unprepared for future emergencies.

Resistance to Collaboration and Stakeholder Engagement

Insecure leaders often resist working collaboratively, fearing that sharing decision-making authority may undermine their position or reveal their inadequacies. This resistance hampers the integration of expertise and resources from diverse stakeholders. Resistance to Collaboration and Stakeholder Engagement occurs when individuals, organizations, or leadership entities are unwilling or hesitant to work collectively or involve key stakeholders in decision-making processes. This resistance can stem from factors such as mistrust, power dynamics, lack of communication, or fear of losing autonomy. It undermines the effectiveness of initiatives by preventing the pooling of diverse expertise, perspectives, and resources.

For example, in public health, resistance to collaboration may occur when government agencies exclude community leaders or private sector stakeholders from designing health interventions, resulting in poorly implemented programs that fail to address local needs. Overcoming such resistance requires fostering trust, ensuring transparency, and creating platforms for inclusive dialogue and shared responsibilities.

During the COVID-19 pandemic, leadership in certain states in Nigeria exhibited reluctance to partner with private healthcare providers and non-governmental organizations for testing and vaccine distribution. This delayed vaccine access in underserved areas, as state resources alone were insufficient to meet demand. A report by the Global Health Security Index (2021) highlighted that while countries like Rwanda relied on multi-stakeholder engagement for effective vaccine rollout, Nigeria lagged due to leadership bottlenecks and mistrust among partners. Resistance to collaboration leads to inefficiency and duplication of efforts. For example, Nigeria's resistance to fully integrate its health information systems with international partners has hindered data-driven interventions in disease control (WHO, 2022).

Conclusion

Frequent policy reversals, reactive decision-making, and resistance to collaboration are hallmark indicators of leadership insecurity. These behaviors not only stifle progress in Nigeria's public health sector but also erode public trust and institutional efficiency. Addressing these indicators requires bold, transparent, and collaborative leadership to drive sustainable health outcomes.

Overview of Public Health in Nigeria

The public health landscape in Nigeria is characterized by persistent challenges spanning infectious and non-communicable diseases, maternal and child health crises, mental health neglect, and infrastructure deficits. These issues are deeply rooted in systemic inefficiencies and governance gaps, which have hindered Nigeria's ability to achieve its health-related Sustainable Development Goals (SDGs). Public health in Nigeria faces a range of challenges, including inadequate

healthcare infrastructure, limited access to quality services, and a high burden of infectious diseases. Despite significant strides in improving healthcare delivery, Nigeria continues to grapple with issues such as poor funding, corruption, and unequal distribution of resources, which have hindered the development of an efficient public health system. The country's health sector is characterized by a dual system of public and private healthcare providers, but the public sector remains overwhelmed, with the majority of the population relying on it for healthcare services.

The healthcare system in Nigeria is largely decentralized, with primary healthcare services managed by state and local governments, while the federal government oversees tertiary and specialized healthcare services. However, this decentralized structure has led to disparities in service delivery across different regions, with rural areas often facing severe shortages of healthcare professionals, medical supplies, and facilities. This has contributed to high maternal and child mortality rates, with limited access to essential services such as vaccination programs, antenatal care, and family planning.

Infectious diseases such as malaria, tuberculosis, cholera, and HIV/AIDS remain major public health concerns, placing a heavy strain on the country's resources and healthcare system. Additionally, non-communicable diseases, including cardiovascular diseases, diabetes, and cancer, are on the rise, contributing to a growing burden on the public health system. The Nigerian government, alongside international organizations, has implemented various public health initiatives aimed at addressing these issues, but challenges such as inadequate funding, lack of political will, and insufficient healthcare personnel continue to undermine their effectiveness.

The COVID-19 pandemic further exposed the weaknesses in Nigeria's public health infrastructure, with the healthcare system struggling to cope with the surge in cases, especially in urban areas. While the government and non-governmental organizations have made efforts to improve health outcomes, the lack of sufficient investment in the health sector, poor governance, and leadership insecurity have hindered long-term progress. Despite these challenges, there are positive developments in Nigeria's public health landscape, including improved vaccination rates, progress in combating polio, and the growth of community-based healthcare initiatives. The Nigerian government, in collaboration with international partners, continues to make efforts to strengthen its healthcare system through reforms, increased funding, and the promotion of preventive health measures. While Nigeria faces significant public health challenges, there is potential for improvement through sustainable investments in healthcare infrastructure, effective governance, and greater collaboration between the public and private sectors. Addressing the underlying factors of health inequity, resource allocation, and healthcare delivery will be essential in achieving better health outcomes for all Nigerians.

State of Public Health

The state of public health in Nigeria is marked by a mixture of progress and persistent challenges that impact the overall well-being of the population. While there have been notable improvements in certain health indicators, such as increased immunization coverage and the reduction in cases of certain infectious diseases, the country continues to face significant public health issues, including a high burden of both communicable and non-communicable diseases, inadequate healthcare infrastructure, and insufficient access to quality health services, particularly in rural areas.

Nigeria's healthcare system is heavily underfunded, with the allocation for healthcare often falling short of the necessary levels to address the country's needs. The public health system is characterized by poor infrastructure, outdated medical equipment, and a shortage of healthcare professionals, which leads to disparities in healthcare delivery across different regions. Rural areas, in particular, suffer from a lack of access to essential services, with many communities relying on unqualified practitioners or traditional medicine due to the absence of proper healthcare facilities.

Infectious diseases such as malaria, tuberculosis, HIV/AIDS, and cholera remain major public health concerns, contributing to high morbidity and mortality rates. Malaria, for instance, continues to be one of the leading causes of death in Nigeria, despite ongoing efforts to distribute bed nets and implement treatment programs. Additionally, the emergence of new infectious diseases and outbreaks, like the recent Ebola and Lassa fever cases, further strain an already fragile health system.

Non-communicable diseases (NCDs), including heart disease, diabetes, cancer, and hypertension, are increasingly becoming prevalent, partly due to changing lifestyles, urbanization, and inadequate healthcare responses to these growing threats. NCDs are now responsible for a significant portion of the disease burden in Nigeria, creating additional challenges for a healthcare system already burdened by infectious diseases. The Nigerian government has made efforts to address some of these issues through initiatives such as the National Health Insurance Scheme (NHIS) and the National Primary Health Care Development Agency (NPHCDA), which aim to provide affordable healthcare to more Nigerians. However, the effectiveness of these programs has been limited by issues such as inadequate funding, poor implementation, and a lack of political commitment to healthcare reforms.

The outbreak of the COVID-19 pandemic exposed further weaknesses in Nigeria's public health system, with the country struggling to manage the surge in cases and inadequate resources for testing, treatment, and prevention. The pandemic highlighted gaps in public health surveillance, the preparedness of healthcare facilities, and the country's ability to respond to public health emergencies in a timely manner. While there have been efforts to improve public health through international

collaborations, health education, and local initiatives, these challenges remain deeply rooted. The healthcare system's limited capacity to address both current and emerging health threats calls for more substantial reforms, including increased investment in healthcare infrastructure, the training and retention of health professionals, and the strengthening of healthcare delivery systems at all levels.

While Nigeria has made strides in addressing certain public health concerns, the state of public health remains precarious due to systemic challenges, including inadequate healthcare resources, poor governance, and the growing burden of both communicable and non-communicable diseases. Comprehensive reforms, investment in healthcare, and improved governance are critical to improving the health outcomes and overall quality of life for Nigerians.

Infectious Diseases

Nigeria continues to grapple with a high burden of infectious diseases such as malaria, cholera, tuberculosis, and HIV/AIDS. Malaria, for instance, accounts for 25% of global cases, with approximately 200,000 deaths annually, most of which involve children under five years (WHO, 2022). Cholera outbreaks remain recurrent, fueled by poor sanitation, limited access to potable water, and inadequate public health interventions. In 2021, Nigeria recorded over 100,000 cholera cases and 3,600 deaths. This preventable disease thrived due to poor hygiene practices, delayed government response, and underfunding of water and sanitation projects (UNICEF, 2021).

Non-Communicable Diseases (NCDs)

The increasing urbanization and adoption of sedentary lifestyles have led to a surge in NCDs, including hypertension, diabetes, and cancer. According to the Global Burden of Disease Study (2020), NCDs now account for 29% of all deaths in Nigeria, with cardiovascular diseases being the leading cause. Non-Communicable Diseases (NCDs) are chronic diseases that are not transmitted from person to person and typically develop over a long period due to a combination of genetic, behavioral, and environmental factors. In Nigeria, NCDs have become a significant public health concern, contributing substantially to the overall disease burden and mortality rates. These diseases include cardiovascular diseases (such as heart disease and stroke), diabetes, chronic respiratory diseases, and cancers.

One of the major contributors to the rise of NCDs in Nigeria is the shift in lifestyle factors, particularly due to urbanization, poor dietary habits, lack of physical activity, and increased tobacco and alcohol consumption. As more Nigerians adopt sedentary lifestyles, the prevalence of obesity, high blood pressure, and high cholesterol has increased, all of which are major risk factors for cardiovascular diseases and diabetes. The rapid urbanization and changing food environments have led to diets that are high in processed foods, salt, and sugars, contributing to a growing incidence of conditions like hypertension, diabetes, and other metabolic disorders.

Cardiovascular diseases (CVDs) are among the leading causes of death from NCDs in Nigeria. Conditions such as heart attacks, strokes, and heart failure are rising, especially among the adult population. High blood pressure, or hypertension, is particularly prevalent in Nigeria, and it significantly contributes to the development of heart disease and stroke. The prevalence of diabetes is also increasing, with type 2 diabetes being particularly common among older adults and those with a sedentary lifestyle and poor dietary habits.

Cancer is another major category of NCDs in Nigeria, with cancers of the breast, prostate, and cervix being among the most common. The increasing rates of cancer are partially due to lifestyle factors such as smoking, alcohol use, poor diet, and limited physical activity, but also to insufficient access to screening, early detection, and treatment. Many Nigerians with cancer seek treatment at advanced stages, resulting in poor outcomes and high mortality rates.

Chronic respiratory diseases, including asthma, chronic obstructive pulmonary disease (COPD), and emphysema, are also on the rise in Nigeria, often exacerbated by air pollution, tobacco use, and exposure to environmental hazards such as biomass smoke from cooking. These conditions are often underdiagnosed and untreated, especially in rural areas, due to a lack of healthcare resources and awareness.

The increasing prevalence of NCDs in Nigeria places significant pressure on the country's healthcare system, which is already struggling with inadequate resources, limited access to quality healthcare, and a high burden of infectious diseases. The rising costs of treating chronic diseases like diabetes, cardiovascular diseases, and cancer are straining the healthcare system, as these conditions require long-term care and management. Additionally, the limited availability of diagnostic equipment, trained healthcare professionals, and specialized treatment facilities in many areas of Nigeria exacerbates the challenges in managing NCDs effectively.

Public health campaigns and interventions to address NCDs in Nigeria have been limited and often fragmented. There is a need for comprehensive national strategies to raise awareness about the risks of NCDs, promote healthier lifestyles, improve early detection through screening programs, and ensure access to affordable treatment. Improving public health infrastructure, increasing healthcare funding, and strengthening primary healthcare systems are essential steps in tackling the growing burden of NCDs in Nigeria.

Non-Communicable Diseases have emerged as a major health challenge in Nigeria, driven by lifestyle changes, urbanization, and insufficient healthcare infrastructure. While there is increasing awareness about the impact of NCDs, more needs to be done to prevent, diagnose, and manage these diseases effectively. Addressing NCDs requires a multi-faceted approach, including health education, policy reforms, improved healthcare access, and stronger investment in public health initiatives to

reduce the burden of these diseases on individuals and the healthcare system. Hypertension affects nearly 30% of adults in Nigeria, yet screening and treatment remain inadequate, particularly in rural areas. The lack of public awareness and access to affordable medications exacerbates these challenges (Ogah et al., 2021).

Maternal and Child Health

Nigeria accounts for 23% of global maternal deaths, with a maternal mortality ratio of 512 per 100,000 live births, one of the highest globally (UNICEF, 2021). This grim statistic is linked to a lack of skilled birth attendants, poor antenatal care, and limited access to emergency obstetric services. Child mortality rates are equally concerning, with preventable causes such as pneumonia, diarrhea, and malnutrition claiming thousands of lives annually. Maternal and Child Health refers to the health and well-being of women during pregnancy, childbirth, and the postpartum period, as well as the health and development of their children from infancy through adolescence. It encompasses a range of services, including prenatal care, safe delivery practices, immunizations, nutrition, and access to healthcare facilities, aimed at reducing maternal and child morbidity and mortality and promoting overall family health.

For instance, ensuring regular antenatal visits for expectant mothers is a key aspect of maternal and child health. The failure of the Midwives Service Scheme (MSS), which aimed to deploy skilled birth attendants to underserved communities, highlights systemic inefficiencies. Poor funding and irregular payment of midwives led to the scheme's eventual collapse (National Population Commission, 2022).

Mental Health

Mental health remains a neglected area, receiving only 3% of the national health budget (WHO AIMS Report, 2017). Mental health facilities are grossly inadequate, with only eight neuropsychiatric hospitals serving the entire country. Stigma, lack of awareness, and insufficient personnel further impede access to care. Mental Health refers to an individual's emotional, psychological, and social well-being, influencing how they think, feel, and act. It encompasses the ability to cope with stress, relate to others, and make decisions. Mental health is crucial at every stage of life, from childhood and adolescence through adulthood. Poor mental health can lead to mental disorders such as depression, anxiety, or bipolar disorder, while good mental health promotes resilience and better overall functioning in daily life (World Health Organization, 2018)

The status of mental health in Nigeria reflects a combination of growing awareness, widespread stigma, and significant challenges in accessing care and treatment. Mental health issues are increasingly recognized as a critical public health concern, but the sector still faces numerous obstacles, including inadequate resources, limited mental health professionals, and a lack of comprehensive policies to address the mental health needs of the population.

Mental health disorders, such as depression, anxiety, schizophrenia, bipolar disorder, and substance abuse, are common in Nigeria. However, mental health is often not prioritized in the broader healthcare system, which is already burdened by infectious diseases and other health issues. The lack of mental health awareness, coupled with deep-rooted social stigma, means that many individuals suffering from mental health conditions either do not seek help or are reluctant to acknowledge their symptoms.

One of the main challenges in Nigeria's mental health sector is the severe shortage of trained mental health professionals, including psychiatrists, psychologists, psychiatric nurses, and social workers. The country has only a small number of mental health professionals relative to its population, which leaves many people without access to proper diagnosis, treatment, and care. In rural areas, mental health services are even more limited, as many local communities lack basic healthcare facilities, let alone those equipped to deal with mental health issues.

There is also a scarcity of mental health facilities and resources in Nigeria, with most mental health services concentrated in urban centers, and even then, often in overstretched public hospitals. The lack of specialized mental health facilities means that many people with mental health issues are treated in general hospitals, where the focus is on other types of medical care. This often results in inadequate treatment for mental health patients.

Furthermore, mental health conditions in Nigeria are often misunderstood, with many individuals still viewing them through the lens of cultural beliefs, superstition, and religious interpretations. This leads to the marginalization of those affected by mental health conditions and sometimes drives people to seek alternative treatments, such as traditional or religious cures, instead of professional psychiatric care. The stigma surrounding mental illness makes it difficult for individuals to openly discuss their conditions, exacerbating feelings of isolation and despair.

In recent years, however, there has been a growing movement to raise awareness about mental health issues and reduce the stigma associated with mental illness. The Nigerian government has also started to pay more attention to mental health by developing policies like the National Mental Health Policy and the Mental Health Bill. These policies aim to improve mental health care, promote public education, and address the challenges faced by people with mental health conditions. Despite these steps, implementation has been slow, and there remains a significant gap between policy development and practical, widespread action.

The COVID-19 pandemic exacerbated mental health challenges in Nigeria, as it did globally, with rising levels of anxiety, depression, and other psychological distress among the population. The pandemic brought attention to the need for more mental health services and resources, highlighting the role of mental health in overall public health. A survey by Gureje et al. (2019) revealed that over 80% of Nigerians with

mental health conditions do not receive any form of treatment, leading to worsening conditions and social exclusion.

Mental health in Nigeria is a critical issue that continues to require urgent attention. Although there has been some progress in raising awareness and developing policies, the country still faces substantial challenges in terms of access to care, mental health infrastructure, and combating stigma. Improving the status of mental health in Nigeria will require increased investment in mental health services, better integration of mental health into general healthcare, comprehensive public health education, and efforts to reduce social stigma around mental illness.

Critical Health Infrastructure Gaps

Limited Functionality of Primary Healthcare Facilities

According to the National Primary Healthcare Development Agency (NPHCDA, 2023), only 20% of Nigeria's primary healthcare facilities are fully functional. Many operate without basic amenities like electricity, clean water, and essential medications. **Limited Functionality of Primary Healthcare Facilities** refers to the inability of healthcare centers, especially in rural or underserved areas, to provide comprehensive and effective medical services. This limitation can stem from a variety of factors, including inadequate infrastructure, insufficient medical staff, lack of essential equipment and medicines, and poor financial resources. As a result, primary healthcare facilities may struggle to deliver basic services such as maternal and child health care, immunizations, emergency treatment, and preventive health services, leading to gaps in healthcare access and outcomes (Murray et al., 2020).

In many low-income countries, these challenges are compounded by inadequate training of healthcare workers and poor management practices, which further hinder the efficiency of primary care delivery (World Health Organization, 2019). Consequently, patients may be referred to secondary or tertiary care facilities, overburdening the healthcare system and reducing the accessibility of timely care. Addressing the limited functionality of these facilities requires investment in infrastructure, workforce training, and consistent supply chains to ensure comprehensive and equitable healthcare services for all (Nguyen et al., 2021). A 2023 report by BudgIT revealed that over 40% of health centers in northern Nigeria lacked electricity, making them ill-equipped to handle emergencies or provide maternal care.

Rural-Urban Disparities

Healthcare access is significantly skewed in favor of urban areas, leaving rural communities underserved. Approximately 60% of rural dwellers lack access to quality healthcare services, contributing to higher morbidity and mortality rates in these regions. Rural-urban disparities refer to the significant differences or

inequalities in resources, opportunities, and living conditions between rural and urban areas, often seen in aspects such as education, healthcare, infrastructure, and economic development. Rural areas in states like Zamfara and Borno have less than one doctor per 10,000 residents, compared to Lagos, which boasts better doctor-to-patient ratios due to urban concentration (National Bureau of Statistics, 2022).

Brain Drain of Medical Personnel

Nigeria's healthcare system suffers from a severe shortage of qualified personnel, exacerbated by the migration of doctors and nurses to countries with better working conditions. Between 2017 and 2022, over 10,000 Nigerian doctors migrated to the United Kingdom, the United States, and Canada (Oyibocho et al., 2022). Brain drain of medical personnel refers to the migration of skilled healthcare professionals from their home country to other nations in search of better career opportunities, higher salaries, improved working conditions, and advanced training, often leaving the originating country with a shortage of qualified medical staff and strained healthcare systems. In the Nigerian context, brain drain of medical personnel refers to the emigration of highly skilled doctors, nurses, and other healthcare professionals to countries with better pay, working conditions, and career opportunities, leading to a critical shortage of medical staff and significant challenges for the already overstretched healthcare system in Nigeria. The Nigerian Medical Association (NMA) reported that in 2023, one in four Nigerian doctors had plans to leave the country due to poor remuneration, lack of job satisfaction, and inadequate facilities.

Conclusion

The public health challenges in Nigeria are multifaceted, with infectious diseases, NCDs, maternal and child health crises, mental health neglect, and infrastructure deficits creating a fragile health system. Addressing these issues requires sustained investments, leadership accountability, and equitable policies aimed at strengthening healthcare delivery across the nation.

The Nexus Between Leadership Insecurity and Public Health Challenges

Leadership insecurity undermines effective health governance and exacerbates public health challenges. This section explores how leadership insecurity impacts public health policies, examines case studies in Nigeria, and discusses the cultural and political dynamics that shape health outcomes. The nexus between leadership insecurity and public health challenges highlights how unstable or ineffective leadership can exacerbate public health issues by hindering the formulation, implementation, and sustainability of policies and programs necessary for addressing health crises and ensuring equitable healthcare delivery. The nexus between leadership insecurity and public health challenges refers to the complex relationship where unstable, weak, or ineffective leadership significantly impacts the ability to address and mitigate public health issues. Leadership insecurity often manifests in a lack of clear vision, poor governance, corruption, inadequate policy

implementation, and insufficient allocation of resources, all of which directly or indirectly contribute to worsening health outcomes.

Impact of Leadership Insecurity on Public Health Policies

Leadership insecurity fosters hesitancy in decision-making, often delaying the rollout of critical health interventions. Leaders may fear political backlash, failure, or public criticism, which can result in inaction during crises. The impact of leadership insecurity on public health policies is profound, as it undermines the effective development, implementation, and sustainability of health initiatives aimed at improving population well-being. Leadership insecurity, characterized by unstable governance, frequent changes in administration, and a lack of political will, creates several challenges that hinder the formulation and execution of robust public health policies.

Firstly, leadership insecurity often leads to policy discontinuity, where successive administrations abandon or alter health policies initiated by their predecessors, resulting in incomplete or fragmented health programs. This disrupts long-term projects, such as immunization campaigns, health infrastructure development, and disease eradication efforts. Secondly, leadership instability can result in inadequate funding for public health policies, as resources may be diverted to address political crises or safeguard leadership positions. This reduces the financial capacity to support critical healthcare initiatives, such as maternal and child health programs, infectious disease control, and health workforce training. Thirdly, insecure leadership fosters corruption and mismanagement, which can divert funds and resources meant for public health policies into private interests. This weakens healthcare delivery systems and diminishes the effectiveness of implemented policies.

Moreover, leadership insecurity erodes public trust in government institutions, including healthcare systems. This lack of trust can lead to low public compliance with health directives, such as vaccination programs, thereby undermining the intended outcomes of public health policies. In emergency situations, such as disease outbreaks or pandemics, leadership insecurity delays prompt decision-making and action, exacerbating the severity of the crisis. The inability to respond effectively to public health emergencies reflects poorly on the leadership, further destabilizing the system. In summary, leadership insecurity creates an environment where public health policies are inadequately planned, poorly implemented, and unsustainably funded. This negatively affects the quality and accessibility of healthcare services, ultimately compromising the health and well-being of the population.

During cholera outbreaks in 2021, leaders in several Nigerian states delayed declaring states of emergency and implementing control measures such as mass vaccinations and public awareness campaigns. This delay led to the preventable spread of the disease, with over 100,000 cases and 3,600 deaths recorded (Osayande

et al., 2021). Timely actions could have mitigated the outbreak's severity. In 2022, Nigeria allocated only 5.7% of its national budget to healthcare, far below the 15% target set by the Abuja Declaration of 2001. This inconsistency reflects leadership's prioritization of political projects over health initiatives (BudgIT Nigeria, 2022). Programs like immunization campaigns and maternal health interventions suffer from unpredictable funding, limiting their effectiveness.

Case Studies in Nigeria

COVID-19 Management Lapses: The Nigerian government initially demonstrated effective leadership in containing COVID-19 through early lockdowns and the establishment of the Presidential Task Force on COVID-19. However, the vaccine rollout highlighted leadership insecurity, as misinformation about vaccine safety and political considerations delayed widespread immunization. Fear of public criticism and inadequate stakeholder engagement further complicated the rollout. By mid-2021, less than 2% of Nigeria's population had been vaccinated, compared to over 20% in countries like South Africa, which adopted proactive public health campaigns and transparent leadership (Global Health Security Index, 2021).

Maternal Mortality and the National Health Insurance Scheme (NHIS)

The NHIS was designed to improve healthcare access, particularly for vulnerable populations, including pregnant women. However, leadership inconsistencies have prevented the scheme from significantly reducing maternal mortality. Frequent changes in leadership at the NHIS and poor accountability have stalled the program's impact. A 2020 audit by the Nigerian Senate revealed that only 4% of the population was enrolled in the NHIS, far below the intended coverage. Consequently, maternal mortality remains high, with inadequate access to emergency obstetric care being a key factor (National Population Commission, 2020).

Cultural and Political Dynamics

Political Interference and Patronage Networks

Health leadership in Nigeria is often subject to political interference, where decisions are made based on patronage rather than merit or public interest. Leaders appointed through political connections may lack the technical expertise or autonomy to make evidence-based decisions, further weakening the health sector. The appointment of state commissioners for health is often influenced by political affiliations rather than qualifications. This practice undermines the development and implementation of coherent health policies (Eme et al., 2020).

Societal Norms and Marginalized Leadership

Cultural barriers often limit leadership opportunities for women and marginalized groups in Nigeria. Societal norms that discourage women from assuming leadership roles in health governance contribute to underrepresentation in decision-making

processes. Despite making up over 50% of Nigeria's population, women occupy less than 10% of senior leadership positions in health ministries and agencies. This imbalance limits diverse perspectives in public health policy formulation and hinders efforts to address gender-specific health issues, such as maternal mortality (UN Women, 2021).

Conclusion

Leadership insecurity directly impacts public health policies, undermining the health system's ability to respond effectively to crises. Delayed actions, inconsistent funding, and political interference exacerbate existing challenges, while cultural dynamics further limit the representation of diverse leadership voices. Addressing these issues requires committed, accountable, and inclusive leadership to drive sustainable improvements in Nigeria's public health outcomes.

Leadership in Public Health

Introduction

Definition of Leadership in Public Health Leadership in public health refers to the ability to guide and influence systems, policies, and initiatives aimed at improving health outcomes for populations. Public health leadership involves directing healthcare organizations, formulating health policies, making decisions on resource allocation, and overseeing responses to health challenges, both in normal and emergency situations (Molyneux et al., 2012).

Importance of Effective Leadership in Improving Health Outcomes Effective leadership in public health is crucial for the formulation of sound policies, mobilization of resources, and ensuring the efficient delivery of health services. Strong leadership leads to improved healthcare access, prevention of diseases, and the promotion of health equity. For instance, leadership during the 2014 Ebola outbreak in West Africa resulted in an organized response, minimizing deaths and preventing further spread (Gostin, 2014).

Challenges Faced by Health Leaders in the Modern Healthcare Landscape Public health leaders face numerous challenges, including political instability, inadequate healthcare infrastructure, insufficient funding, and the complex nature of managing diverse health issues such as infectious diseases, chronic illnesses, and mental health. The COVID-19 pandemic highlighted how leaders must quickly adapt to new health threats, manage public health emergencies, and balance political, economic, and social considerations (WHO, 2020).

The Role of Leadership in Public Health

Visionary Leadership in Setting Health Goals and Policy Direction: Public health leaders need to be visionary in setting long-term health goals and policies. Visionary leadership allows for the identification of priorities, setting agendas, and creating action plans that address pressing health challenges. For example, the introduction of the Global Health Initiatives (GHI) aimed to address issues such as malaria, HIV/AIDS, and maternal health through coordinated leadership (WHO, 2013).

Decision-Making and Its Impact on Healthcare Systems: Effective leadership requires informed decision-making, especially when allocating limited resources or responding to health crises. During the Ebola outbreak, decisive leadership in Sierra Leone, Liberia, and Guinea was critical for containing the virus and preventing further devastation (Sachs et al., 2015).

Building and Maintaining Public Trust in Health Systems: Trust in the healthcare system is essential for the successful implementation of public health interventions. Leaders must ensure transparency, accountability, and communication. For example, during the COVID-19 pandemic, leaders who provided clear, consistent messaging and collaborated with healthcare experts were able to maintain public trust and promote compliance with health directives (Smith et al., 2021).

Crisis Management and Leadership During Health Emergencies (e.g., Epidemics, Pandemics) Public health leaders must be prepared to manage health crises. Leadership during the COVID-19 pandemic: involved quick decision-making, the coordination of resources, and the implementation of containment measures, such as lockdowns, social distancing, and mass vaccination campaigns (Baker et al., 2020).

Types of Leadership in Public Health

Transformational Leadership: Transformational leadership involves motivating and inspiring others to achieve common goals. Public health leaders who exhibit transformational leadership focus on improving healthcare systems by empowering others. Dr. Gro Harlem Brundtland, former Director-General of WHO, displayed transformational leadership by championing sustainable development in public health and environmental health (Caldwell & Dixon, 2010).

Servant Leadership; Servant leadership focuses on serving others and emphasizes the well-being and development of subordinates. This approach is critical in public health where leaders prioritize the health needs of the community over personal gain. Dr. Paul Farmer, co-founder of Partners. In Health, exemplified servant leadership by focusing on healthcare for the world's most impoverished populations (Farmer, 2003).

Collaborative Leadership: Collaborative leadership involves working with various stakeholders such as government agencies, private sectors, and non-governmental organizations (NGOs) to address health challenges. The Global Fund to Fight AIDS, Tuberculosis, and Malaria is a great example of collaborative leadership in action, with multiple organizations and governments working together to fight global health crises (The Global Fund, 2021).

Ethical Leadership: Ethical leadership in public health involves adhering to principles of justice, beneficence, and fairness in decision-making. For instance, leadership during the HIV/AIDS crisis involved difficult decisions on access to antiretroviral treatment, balancing cost, ethics, and public health needs (Lurie et al., 2004).

Characteristics of Effective Public Health Leaders

Communication Skills: Public health leaders must communicate effectively with diverse audiences, including the public, government officials, and healthcare providers. For instance, Dr. Anthony Fauci in the U.S. effectively communicated science-based information during the COVID-19 pandemic (Hoffman, 2020).

Emotional Intelligence: Leaders with high emotional intelligence can manage their emotions and respond empathically during crises. This is particularly important in health emergencies, where emotions run high. Effective leadership during the Ebola outbreak in West Africa showcased the need for empathy and emotional resilience (Sachs et al., 2015).

Cultural Competency Public health leaders must understand and respect the cultural backgrounds and health beliefs of diverse populations. This was especially important in HIV/AIDS prevention campaigns in sub-Saharan Africa, where cultural beliefs about sex and marriage impacted health interventions (Mann, 1999).

Decision-Making Capacity Public health leaders must make timely, informed decisions, particularly during health emergencies. The decisions made by health leaders during the COVID-19 pandemic were often the difference between saving lives and exacerbating the crisis (Baker et al., 2020).

Resilience and Adaptability Resilience and adaptability are essential in dealing with the uncertainty and complexity inherent in public health leadership. Leaders must navigate unforeseen challenges, such as the global health impact of climate change and its effects on food security and health (Lebel et al., 2016).

Leadership Challenges in Public Health

Political Interference: Public health leaders often face political interference that can undermine health policies and programs. For example, political pressures during

the **COVID-19 pandemic** sometimes resulted in mixed messaging about public health guidelines (Fletcher et al., 2020).

Resource Constraints Limited funding, healthcare infrastructure, and human resources often hinder the implementation of public health initiatives. The lack of resources during the **Ebola outbreak** was a significant challenge to containing the virus in affected countries (Gostin, 2014).

Leadership Insecurity Leadership insecurity can lead to indecision and inaction, especially when leaders are uncertain about their ability to manage complex health issues. Public health leaders may hesitate to make bold decisions if they fear political repercussions or criticism from the public (Katz & Kahn, 1978).

Health Inequities Addressing health inequities is one of the major challenges for public health leaders. In many regions, disparities in access to healthcare services remain a persistent issue, particularly for marginalized communities (Bambra et al., 2010).

Leadership and Policy Development in Public Health

Role of Health Leaders in Shaping Policy: Public health leaders play a central role in shaping health policies. Their leadership influences the design and implementation of programs such as **universal health coverage** and disease control strategies (Buse et al., 2005).

Developing Evidence-Based Health Policies: Public health policies must be grounded in scientific evidence. The implementation of policies such as vaccination campaigns is often based on data from epidemiological studies (WHO, 2020).

Relationship Between Leadership and Health System Reforms: Leadership is integral to the success of health system reforms. Leaders are required to oversee the restructuring of healthcare delivery systems, as seen in countries that have adopted universal health insurance (Buse et al., 2005). COVID-19 pandemic required swift policy adaptation, with leaders making critical decisions about lockdowns, healthcare capacity, and **vaccination strategies**. For example, New Zealand's leadership response led by Prime Minister Jacinda Ardern was lauded for effectively controlling the virus (Baker et al., 2020).

Leadership and Public Health Ethics

Ethical Principles Guiding Leadership Decisions: Leadership in public health must align with ethical principles such as justice (fair distribution of health resources), beneficence (doing good), and autonomy (respect for individual choices) (Beauchamp & Childress, 2001).

Balancing Public Health Measures with Respect for Individual Rights: Balancing public health measures such as quarantine and mandatory vaccination with individual rights presents ethical challenges, as evidenced in debates over **COVID-19 vaccine mandates** (Gostin et al., 2020).

Case Study: Ethical Dilemmas in the Ebola Outbreak and HIV/AIDS Treatment: In the Ebola outbreak, ethical challenges arose when leaders had to balance the urgency of containment with the need to respect local customs and human rights (Sachs et al., 2015). Similarly, in the early years of **HIV/AIDS**, issues of stigma and discrimination hindered effective policy implementation (Mann, 1999).

Strategies for Addressing Leadership Insecurity in Public Health

Leadership insecurity in public health can have serious consequences on the efficiency, effectiveness, and equity of healthcare systems. To mitigate this insecurity, it is crucial to implement strategies that focus on leadership development, institutional reforms, stakeholder engagement, and the establishment of accountability mechanisms. Each of these recommendations plays a critical role in strengthening the leadership and governance framework of public health.

Leadership Development: Invest in Training Programs to Enhance Leaders' Confidence and Competence

Leadership insecurity often stems from a lack of self-confidence or technical competence, especially in complex, high-pressure environments such as public health. One way to address this issue is through targeted leadership development programs aimed at enhancing both the technical skills and emotional intelligence of healthcare leaders.

- **Training in Emotional Intelligence and Decision-Making:** Emotional intelligence (EQ) plays a key role in effective leadership. Leaders who are self-aware, empathetic, and capable of managing their emotions are more likely to make sound decisions under stress. Training programs should incorporate elements of emotional intelligence, crisis management, and conflict resolution. Such training can help leaders overcome self-doubt and foster a more proactive approach to public health issues. In Nigeria, the **National Primary Health Care Development Agency** (NPHCDA) has introduced leadership development programs that focus on improving the skills of local health officials. These programs aim to build confidence in decision-making, particularly in the delivery of primary healthcare services.
- **Capacity-Building and Mentorship:** Mentorship programs can offer emerging leaders' guidance from more experienced health executives, fostering a culture of learning and knowledge sharing. Pairing new leaders

with experienced mentors can increase their confidence and competence by allowing them to learn from real-life examples and best practices.

Institutional Reforms: Strengthen Health Institutions to Reduce Reliance on Individual Leadership

While strong leadership is necessary for effective governance, excessive dependence on individual leaders can lead to instability when those leaders are insecure or unable to act decisively. Strengthening institutions and systems can reduce reliance on individual leadership and ensure continuity in public health policy. Institutional reforms aimed at strengthening health institutions are crucial to reducing reliance on individual leadership, as robust institutions can ensure the continuity and effectiveness of healthcare policies, programs, and services, regardless of changes or challenges in leadership.

Decentralization of Leadership: A decentralized leadership structure can distribute decision-making authority and reduce the risk of leadership insecurity affecting public health outcomes. By empowering regional and local leaders, the responsibility for public health management is shared, thus fostering collaboration and ensuring continuity of services even during leadership transitions. The implementation of the **Primary Healthcare Under One Roof (PHCUOR)** policy in Nigeria, which aims to integrate primary healthcare governance at the local level, has led to more local autonomy and better responsiveness to regional public health needs.

Strengthening Public Health Institutions: Effective public health systems require strong institutions with well-defined roles and responsibilities. This includes improving the capacity of **health ministries, regulatory bodies, and healthcare facilities** to perform their duties efficiently, independently of any single individual.

Stakeholder Engagement: Foster Collaboration Between Government, Private Sector, and Civil Society

Leadership insecurity in public health often arises from a lack of collaboration among various stakeholders. To improve public health outcomes, it is essential to foster cooperation and engagement among government entities, the private sector, and civil society organizations. Stakeholder engagement involves fostering collaboration between the government, private sector, and civil society to address complex health challenges by pooling resources, expertise, and networks, ensuring more comprehensive and sustainable solutions. Such partnerships enhance policy formulation, implementation, and monitoring by incorporating diverse perspectives and fostering shared responsibility in achieving public health goals.

Public-Private Partnerships (PPPs): Governments can collaborate with private companies to improve healthcare delivery, particularly in areas such as healthcare

infrastructure, pharmaceutical production, and medical supplies. By forging **public-private partnerships**, leaders can reduce the pressure of relying solely on government resources, improving service delivery.

During the **COVID-19 pandemic**, many governments globally entered into partnerships with private pharmaceutical companies and research institutions to develop and distribute vaccines quickly. The successful vaccine rollout was a result of collaboration between public health authorities, private pharmaceutical companies, and international organizations like the WHO.

Engagement with Civil Society: Civil society organizations (CSOs) can play a key role in advocating for better healthcare policies, raising public awareness about health issues, and holding governments accountable for their actions. Engaging with CSOs ensures that public health leaders remain responsive to the needs of communities and can identify gaps in service delivery. In Nigeria, organizations such as the **Society for Family Health (SFH)** collaborate with the government to improve health outcomes, particularly in family planning and maternal health.

Accountability Mechanisms: Implement Transparent Systems to Track Health Investments and Outcomes

Establishing robust accountability mechanisms is critical to overcoming leadership insecurity in public health. Without transparency, public health leaders may lack the motivation or ability to act decisively, while the public may lose trust in the system. Accountability mechanisms involve implementing transparent systems to track health investments and outcomes, ensuring that resources are allocated and utilized effectively. These mechanisms promote integrity by monitoring expenditures, evaluating program performance, and providing stakeholders with clear, accessible reports. Transparency fosters trust, reduces corruption, and enhances the impact of health initiatives by enabling evidence-based decision-making and ensuring that funds contribute directly to improved health outcomes.

Tracking Health Investments: Governments must allocate sufficient resources to healthcare, but effective monitoring systems are needed to ensure that funds are used efficiently. Accountability mechanisms should be designed to track how health investments are spent and measure the outcomes of health interventions. In **Kenya**, the **Kenya Health Sector Monitoring and Evaluation (M&E) System** was introduced to track health program funding and outcomes, ensuring transparency and accountability in the management of health sector resources.

Independent Audits: Regular audits conducted by independent bodies help ensure that public health programs are being executed according to established guidelines and budgets. Independent evaluations of public health programs also ensure that leadership is accountable for outcomes, such as improving maternal and child health

or reducing the incidence of diseases.

The Public Expenditure and Financial Accountability (PEFA) framework is used by many African countries to audit public health expenditures and evaluate the impact of healthcare initiatives, ensuring that funds are used effectively and that the leadership is accountable for public health outcomes.

Conclusion

Addressing leadership insecurity in public health requires a multifaceted approach. By investing in leadership development, strengthening institutions, fostering stakeholder collaboration, and implementing robust accountability systems, public health leaders can reduce insecurity and improve health governance. These strategies ensure that healthcare systems are resilient, adaptive, and able to effectively respond to the complex challenges they face.

Policy Recommendations

Addressing leadership insecurity and improving public health outcomes in Nigeria requires strategic policy interventions. These recommendations focus on improving public health governance, encouraging proactive leadership, and reducing political interference. Policy recommendations are strategic proposals aimed at addressing identified challenges and improving outcomes in specific areas. These recommendations provide actionable steps for decision-makers to develop, implement, or revise policies to achieve desired objectives. Effective policy recommendations are evidence-based, feasible, and aligned with stakeholders' needs, ensuring they address root causes, prioritize sustainability, and foster positive, measurable impacts on the targeted population or system.

Improving Public Health Governance

Developing Clear, Evidence-Based Health Policies: Evidence-based health policies grounded in reliable data ensure that interventions are effective, equitable, and sustainable. Clear policy frameworks reduce ambiguity and promote consistent implementation.

The successful implementation of Nigeria's National Health Act (2014), which mandates the Basic Healthcare Provision Fund (BHCPF), has improved funding for primary healthcare delivery. However, inconsistent application due to political instability undermines its full potential. Strengthening adherence to such policies can enhance health outcomes (Federal Ministry of Health, 2019).

Increasing Health Sector Budget Allocation: Nigeria's health sector currently receives only 5% of the national budget, far below the 15% recommended in the *Abuja Declaration (2001)*. Increasing this allocation can address critical gaps in

infrastructure, personnel, and service delivery. Rwanda, which allocates 18% of its national budget to health, has achieved significant reductions in maternal and child mortality rates, demonstrating the impact of prioritizing health funding (WHO, 2022). Nigeria can replicate this model by progressively increasing its health budget to align with Abuja Declaration targets.

Encouraging Proactive Leadership

Establishing Leadership Appraisal Systems

Leadership appraisal systems can help assess decision-making effectiveness, accountability, and the impact of leadership actions. These systems foster a culture of proactive decision-making and continuous improvement. Establishing leadership appraisal systems involves creating structured processes to assess the performance, effectiveness, and accountability of leaders within an organization or sector. These systems are designed to provide regular, objective evaluations of leadership skills, decision-making, and the ability to meet goals and objectives. By incorporating feedback from various stakeholders, such as employees, peers, and the community, leadership appraisal systems help identify strengths, areas for improvement, and potential gaps in leadership practices. This fosters transparency, encourages leadership development, and ensures that leaders remain accountable for their roles in driving organizational success and achieving public goals. In South Africa, the *Public Health Leadership Competency Framework* evaluates health leaders' performance in crisis management, resource allocation, and stakeholder engagement. Such frameworks ensure that leaders remain accountable and responsive to public health needs (South African Medical Journal, 2020).

1. **Leadership Capacity Development:** Regular training in areas like strategic planning, crisis management, and public health ethics can empower leaders to act decisively during emergencies.

8.3. Reducing Political Interference

1. **Creating Legal Frameworks for Health Sector Autonomy:** Legal safeguards that protect the health sector from political interference allow professionals to lead based on expertise rather than political patronage. Independent health governance enhances policy stability and implementation continuity. The establishment of the *Kenya Health Policy Framework (2014-2030)* has provided autonomy to local health authorities, reducing political influence and improving healthcare delivery outcomes. Nigeria could adopt similar frameworks to empower professional bodies like the Nigerian Medical Association (NMA) (Kenya Ministry of Health, 2019).
2. **Strengthening Oversight Mechanisms:** Transparent oversight mechanisms, such as independent regulatory bodies, can ensure accountability and minimize political interference in health governance. The

National Health Insurance Authority (NHIA) Act of Ghana, which ensures transparency in health financing and governance, serves as a model for insulating the health sector from undue political influence.

Conclusion

In conclusion, leadership insecurity remains a significant barrier to effectively addressing contemporary public health issues in Nigeria. The challenges posed by unstable, weak, and inconsistent leadership have far-reaching consequences on the country's healthcare system, hindering the development and implementation of sound public health policies. Leadership insecurity exacerbates the fragmentation of healthcare initiatives, leading to policy discontinuity, resource mismanagement, and a general decline in the public's trust in healthcare institutions.

The impact of this insecurity is particularly evident during public health crises, where delayed responses and lack of coordinated action often result in worsened outcomes. The erosion of institutional strength further limits the capacity of health systems to respond to emerging diseases, maintain essential healthcare services, or ensure equitable healthcare access for all Nigerians. To address these issues, it is critical that Nigeria adopts a more institutionalized approach to healthcare leadership, reducing dependency on individual leaders and fostering strong, transparent systems that can sustain health policies over time. Stakeholder engagement, particularly between government, the private sector, and civil society, is also essential to ensure the effective allocation of resources and the development of comprehensive health strategies. Additionally, implementing accountability mechanisms and leadership appraisal systems will help promote transparency and improve the effectiveness of health policies and programs.

Ultimately, overcoming the challenges of leadership insecurity in Nigeria's public health sector requires a concerted effort toward institutional reforms, strengthening governance structures, and ensuring that leadership is held accountable for its role in improving the health and well-being of the population. By addressing the root causes of leadership insecurity and fostering a more collaborative, transparent, and sustainable approach to healthcare management, Nigeria can make meaningful progress in addressing its public health challenges.

To address leadership insecurity and improve Nigeria's public health outcomes, these policy recommendations emphasize the need for stronger governance structures, investment in leadership capacity, and the creation of autonomous, transparent health systems. Adopting and implementing these strategies can position Nigeria for sustainable progress in health outcomes and leadership stability.

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