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Impact of Decentralization of Reproductive Health Governance on Maternal and Newborn Health Outcomes in Nigeria`s Sub- national Levels: A Systematic Review

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ABSTRACT

Background: Decentralization is often hailed as a vital reform aimed at bolstering health systems and enhancing service delivery in low- and middle-income countries (LMICs). However, Nigeria still grapples with troubling maternal and newborn health outcomes, despite the existence of federal policies and donor initiatives, which vary significantly from state to state. This study delves into how decentralization and the autonomy of state-level policies influence reproductive health governance and outcomes in Nigeria. It brings to light both global and regional evidence while examining the differences in maternal and newborn health indicators within the framework of Nigeria's decentralized governance. **Methodology:** In August 2025, we carried out a thorough search across various platforms like PubMed, Scopus, Web of Science, African Journals Online, and Google Scholar. Our goal was to explore how decentralization and state-level policy autonomy affect maternal and newborn health in Nigeria. We ended up including two hundred studies from the years 2000 to 2024, all centered around decentralization, health governance, and the outcomes for mothers and newborns. The studies we considered provided either quantitative or qualitative insights on key indicators such as maternal mortality rate (MMR), neonatal mortality rate (NMR), antenatal care (ANC), skilled birth attendance, and immunization rates. These studies spanned global, African, and specifically Nigerian contexts, and also referenced reports from WHO, UNICEF, the Federal Ministry of Health, and the National Primary Health Care Development Agency. We made sure to exclude any non-English and non-empirical articles, and we removed duplicates to keep our findings clean and relevant. **Results & Discussion:** Recent findings highlight significant differences in maternal and newborn health outcomes across Nigeria's six geo-political zones. The maternal mortality ratio (MMR) is alarmingly high in the North West at 1,012 per 100,000 live births and in the North East at 930, which is nearly five times greater than the South West's rate of 211. Similarly, the newborn mortality rate (NMR) shows a concerning pattern, with the North West at 37 per 1,000 and the North East at 35, both far surpassing the South West's rate of 19. These disparities point to the varying abilities of states to exercise policy autonomy. States with stronger autonomy, like Lagos, Ekiti, and Anambra, report lower MMRs (ranging from 200 to 280) and NMRs (between 18 and 21), while states with less autonomy, such as Kano, Zamfara, and Yobe, face much higher MMRs (920 to 1,050) and NMRs (38 to 42). The coverage of skilled birth attendance also varies dramatically: high-autonomy states see 80 to 89% coverage, while low-autonomy states lag behind at just 19 to 23%. Overall, these results suggest that decentralized governance and enhanced state-level policy autonomy could lead to more effective maternal and newborn health interventions, especially by improving access to skilled health professionals. **Conclusion:**

The Nigerian case confirms that decentralization, when paired with accountability, political will, and equitable resource distribution, can improve reproductive health outcomes. However, without adequate oversight and fiscal equity mechanisms, decentralization risks exacerbating disparities in maternal and newborn health across states. There is need to connect resource allocation and technical support to tangible evidence of progress on the agreed RMNH outcome indicators.

Keywords: Decentralization, Policy Autonomy, Health Governance, Maternal and Newborn Health Indicators.

INTRODUCTION

Decentralization has been widely promoted as a key reform strategy for strengthening health systems and improving service delivery, particularly in low- and middle-income countries (LMICs). The rationale is that transferring authority and decision-making from central governments to sub-national entities enhances responsiveness, accountability, and efficiency in addressing local health challenges (Bossert, 1998; Rondinelli, 1999). In Nigeria, health governance operates under a three-tiered arrangement: the federal government formulates national health policies and standards; states are responsible for secondary health care and policy adaptation; and local governments manage primary health care services (FMoH, 2021). This structure grants states substantial autonomy in determining priorities, financing strategies, and implementation approaches in line with their unique socio-economic and cultural contexts (Oyewale et al., 2020).

Reproductive health, which encompasses maternal, newborn, child, and adolescent health services, has been a central focus of Nigeria's health agenda (Onah et al., 2019). Despite the adoption of the National Reproductive Health Policy (2017) and international commitments such as the Sustainable Development Goals (SDG 3.1 and 3.2), Nigeria continues to face daunting challenges (Akinola and Adesopo, 2014). The maternal mortality ratio (MMR) remains one of the highest globally at 512 deaths per 100,000 live births, while neonatal mortality stands at 34 deaths per 1,000 live births (WHO, 2023; NDHS, 2018). Alarmingly, the burden is not evenly distributed across states—some states in the North-East and North-West report rates nearly double the national average, while certain South-West states demonstrate relatively better outcomes (NPopC, 2021).

The persistence of these disparities raises critical questions about the role of decentralization in shaping reproductive health outcomes. On the one hand, decentralization is intended to empower states to innovate and design context-specific interventions, such as free maternal healthcare schemes in Lagos and Ondo States, which have been associated with improved service utilisation and reductions in maternal deaths (Okonofua *et al*., 2019). On the other hand, states with limited fiscal capacity, weak institutions, and poor governance frameworks have struggled to operationalise national policies, leading to persistent inequities in access and outcomes (Onah *et al*., 2019).

Furthermore, decentralization has implications for accountability and resource mobilization. States with stronger governance structures can leverage their autonomy to mobilize resources, strengthen health insurance schemes, and improve workforce distribution (Onah et al., 2019). Conversely, states with weaker political will or poor institutional capacity may fail to prioritize reproductive health, thereby worsening maternal and newborn health outcomes (Bossert and Mitchell, 2011). The global experience with decentralization highlights both opportunities and risks. While it can enhance community participation, service responsiveness, and accountability, decentralization may also exacerbate inequalities if not accompanied by mechanisms for equity, capacity-building, and oversight (Agyepong et al., 2012; Jeppsson and Okuonzi, 2000). Nigeria's case is therefore critical to study, as it offers insights into how state-level policy autonomy interacts with broader systemic challenges to influence maternal and newborn health indicators.

Despite decades of reforms, maternal and newborn health outcomes in Nigeria remain among the poorest globally. Federal policies and donor-supported programmes have made some progress, yet state-level disparities persist. Some states, such as Lagos and Ekiti, report relatively better maternal health indicators, while others, such as Kebbi and Zamfara, lag significantly behind. This variation raises questions about the effectiveness of decentralization and the extent to which state-level autonomy facilitates or hinders reproductive health governance (Onah et al., 2019).

The overriding objective of this report is to examine the impact of decentralization at state-level policy autonomy on reproductive health governance in Nigeria, with a specific focus on maternal and newborn

health indicators. This is with the view to highlighting the global and regional evidence on decentralization and its implications for reproductive health outcomes, examine the structure and practice of decentralization within Nigeria's health system, assess variations in maternal and newborn health outcomes across Nigerian states in the context of decentralized governance. identify the policy implications of state-level autonomy for reproductive health governance.

MATERIALS AND METHODS

A web search consisting of works published in PubMed, Scopus, Web of Science, AJOL (African Journals Online), and Google Scholar, was made on peer reviewed articles, technical reports, and health surveys to examine the impact of decentralization and state-level policy autonomy on maternal and newborn health (MNH) indicators in Nigeria. The search, which was conducted in August 2025, resulted in analyzing 200 studies published between 2000–2024 on decentralization of health services and health reforms. A structured search strategy was developed. Keywords included: Decentralization and health governance. Maternal and newborn health indicators and Nigeria. State-level health policy autonomy. Reproductive health governance and Africa. Boolean operators (and, or) and truncations were used to expand search. Studies were screened in three stages: title and abstract screening to remove irrelevant publications. full-text review of shortlisted studies, and final inclusion of studies meeting the criteria. Studies published between 2000–2024 to capture two decades of decentralization and health reforms; Literature focusing on decentralization, health governance, maternal and newborn health outcomes; Empirical studies with quantitative or qualitative evidence on maternal health indicators (MMR, NMR, ANC, skilled birth attendance, immunization); Studies conducted at global, African, and Nigerian levels. Reports from credible agencies such as WHO, UNICEF, FMoH, NPHCDA. Exclusion Criteria are Articles not written in English, Studies without clear empirical data (e.g., opinion pieces without evidence), Duplicated studies across multiple databases. These were literature focusing on decentralization, health governance, maternal and newborn health outcomes. Empirical studies with quantitative or qualitative evidence on maternal health indicators (MMR, NMR, ANC, skilled birth attendance, immunization) and studies conducted at global, African, and Nigerian levels, and reports from credible agencies such as WHO, UNICEF, FMoH, NPHCDA.

RESULTS

Table 1: The matrix below summarizes how data was systematically extracted for synthesis.

Author/Year	Country/Region	Study Design/Data Source	Focus Area	Key Findings	Relevance to Current Study
Bossert and Beauvais (2002)	Global	Comparative review	Health system decentralization	Identified decision space approach	Provides theoretical framework
Saltman *et al*. (2007)	Europe	Policy review	Governance and health decentralization	Highlighted mixed outcomes	Informs global context
Mills *et al*. (2010)	Ghana, Uganda, Tanzania	Multi-country empirical	Decentralization and service delivery	Improved responsiveness but uneven resources	Comparative African evidence
Shiffman and Okonofua (2007)	Nigeria	Policy analysis	Maternal health governance	Weak federal–state coordination	Nigerian policy relevance
NDHS (2018)	Nigeria (36 states + FCT)	Household survey	Maternal and newborn indicators	National MMR 512/100,000; wide state variation	Provides core dataset
UNICEF (2020)	Sub-Saharan Africa	Report	Child health and immunization	Identified inequities across regions	Regional comparative insight

Overview of Maternal and Newborn Health Indicators in Nigeria

The maternal and newborn health (MNH) indicators remain critical markers of the effectiveness of Nigeria's health governance system. Nigeria contributes approximately 12% of global maternal deaths, with significant

disparities across states due to policy autonomy, governance quality, and decentralization of health systems (WHO, 2023; NPC and ICF, 2019).

The results of this review showed that a strong variation across different states/regions in maternal and newborn health outcomes across Nigeria's six geo-political zones. The maternal mortality ratio (MMR) is highest in the North West (1,012 per 100,000 live births) and North East (930 per 100,000), which are nearly five times higher than in the South West (211 per 100,000). Similarly, newborn mortality rate (NMR) follows this pattern, with the North West (37 per 1,000) and North East (35 per 1,000) far exceeding the South West (19 per 1,000). These figures underscore the burden of poor maternal and neonatal outcomes in northern Nigeria. However, utilisation of maternal health services shows wide inequalities. The proportion of women who attended at least four antenatal care (ANC) visits is lowest in the North West (32%) and North East (36%), compared to over 70% in the South East (74%), South South (71%), and South West (78%). Likewise, skilled birth attendance is alarmingly low in the North West (21%) and North East (26%), while above 75% in the southern zones, peaking at 82% in the South West.

Then it was observed that immunization coverage mirrors these gaps. Only 13% of children in the North West and 17% in the North East received full immunization, compared to 67% in the South West and 64% in the South East. The North Central zone consistently performs in-between, with moderate levels of ANC uptake (52%), skilled birth attendance (58%), and full immunization (33%), though its maternal and neonatal mortality rates (512 and 28 respectively) remain higher than southern averages.

Table 2: Selected Maternal and Newborn Health Indicators by Geo-Political Zones

Zone	MMR (per 100,000)	NMR (per 1,000)	ANC 4+ (%)	Skilled Birth Attendance (%)	Full Immunization (%)
North West	1,012	37	32	21	13
North East	930	35	36	26	17
North Central	512	28	52	58	33
South West	211	19	78	82	67
South East	290	21	74	77	64
South South	350	24	71	74	55

Source: NDHS (2018); WHO (2022); UNICEF (2023).

Comparative Analysis of States with High vs. Low Policy Autonomy in Health

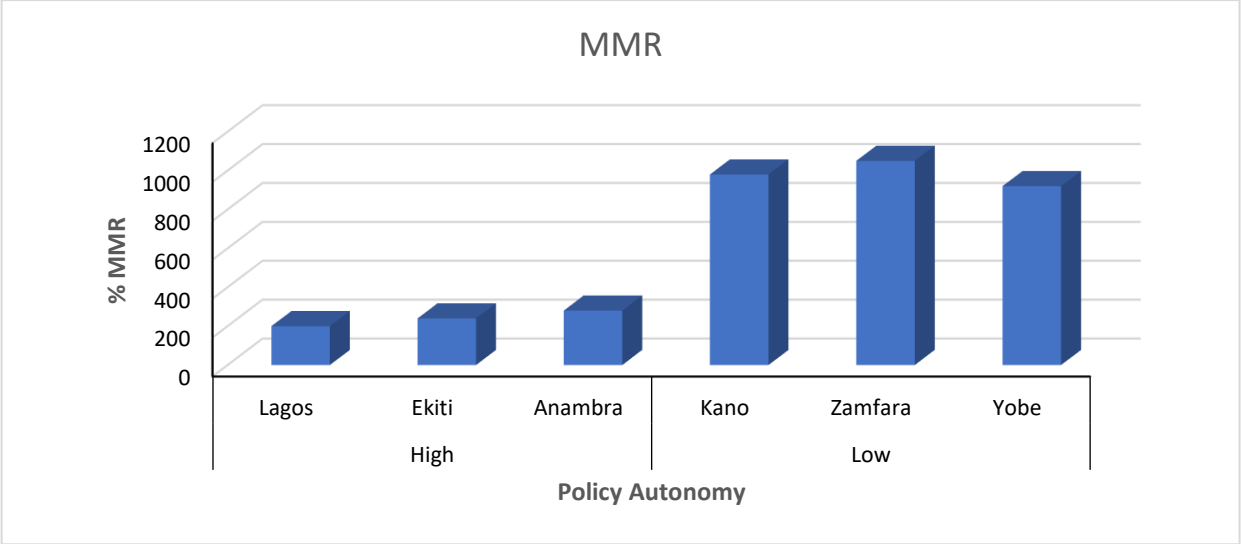

Figure 1: Comparison of state policy autonomy against maternal mortality ratio

There is a high percentage of maternal mortality ratio in the states with low autonomy policy compared to states with high autonomy policy (Figure 1).

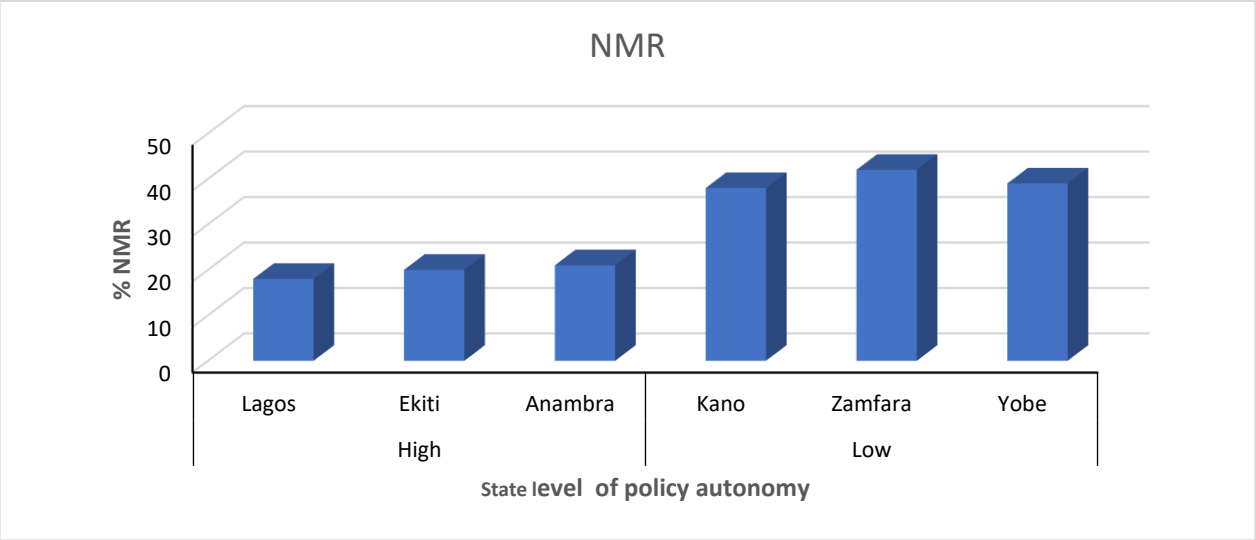

Figure 2: Comparison of state policy autonomy against neonatal mortality rate (NMR)

A very high percentage of neonatal mortality rate was recorded in states with low policy autonomy than state with high policy autonomy (Figure 2).

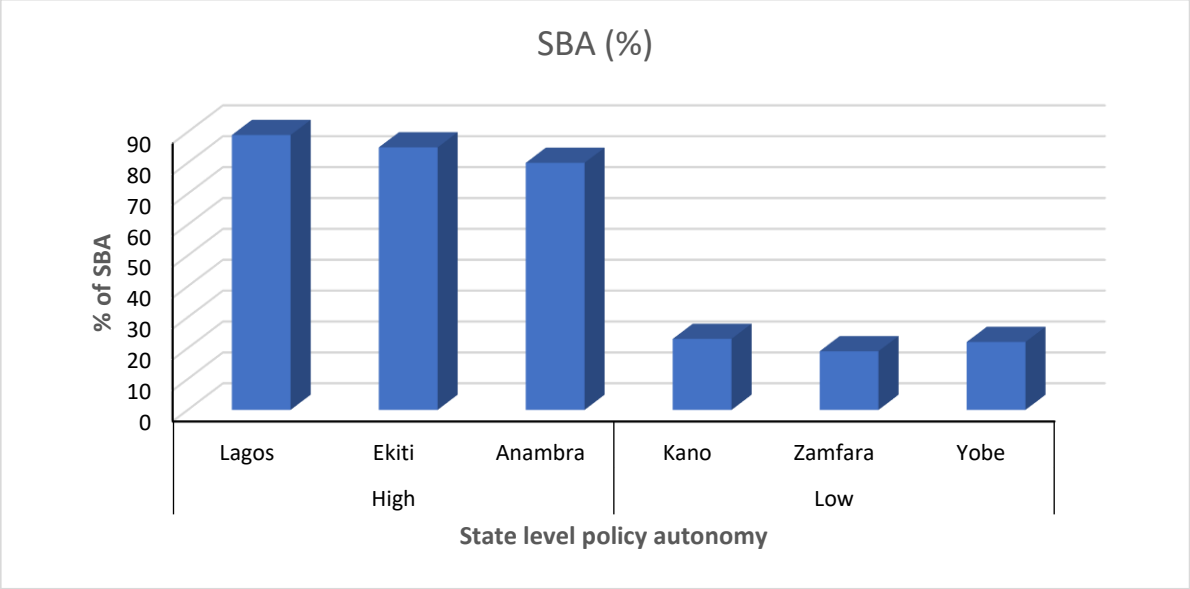

Figure 3: Comparison of state policy autonomy against skilled birth attendance (SBA)

It was observed that states with high policy autonomy have higher skilled birth attendance than state with low policy autonomy (Figure 3).

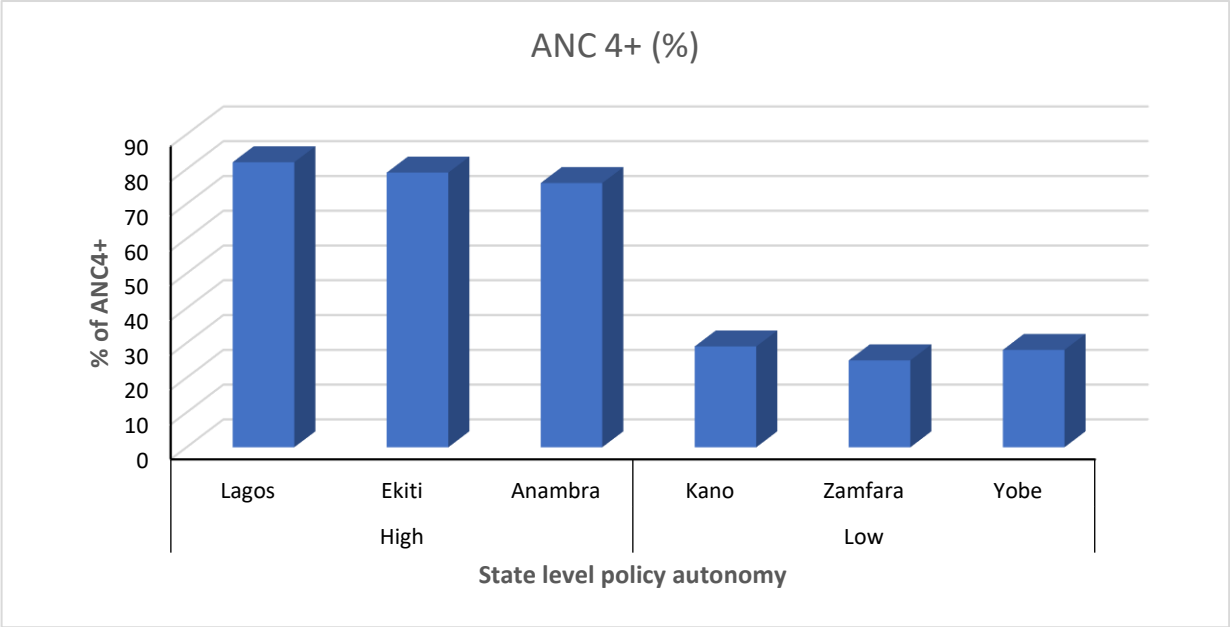

Figure 4: Comparison of state policy autonomy against antenatal care (ANC) coverage (4+ visits)

Pregnant women who attended antenatal care during pregnancy more 4 times were higher in state with high policy autonomy than states with low policy autonomy (Figure 4).

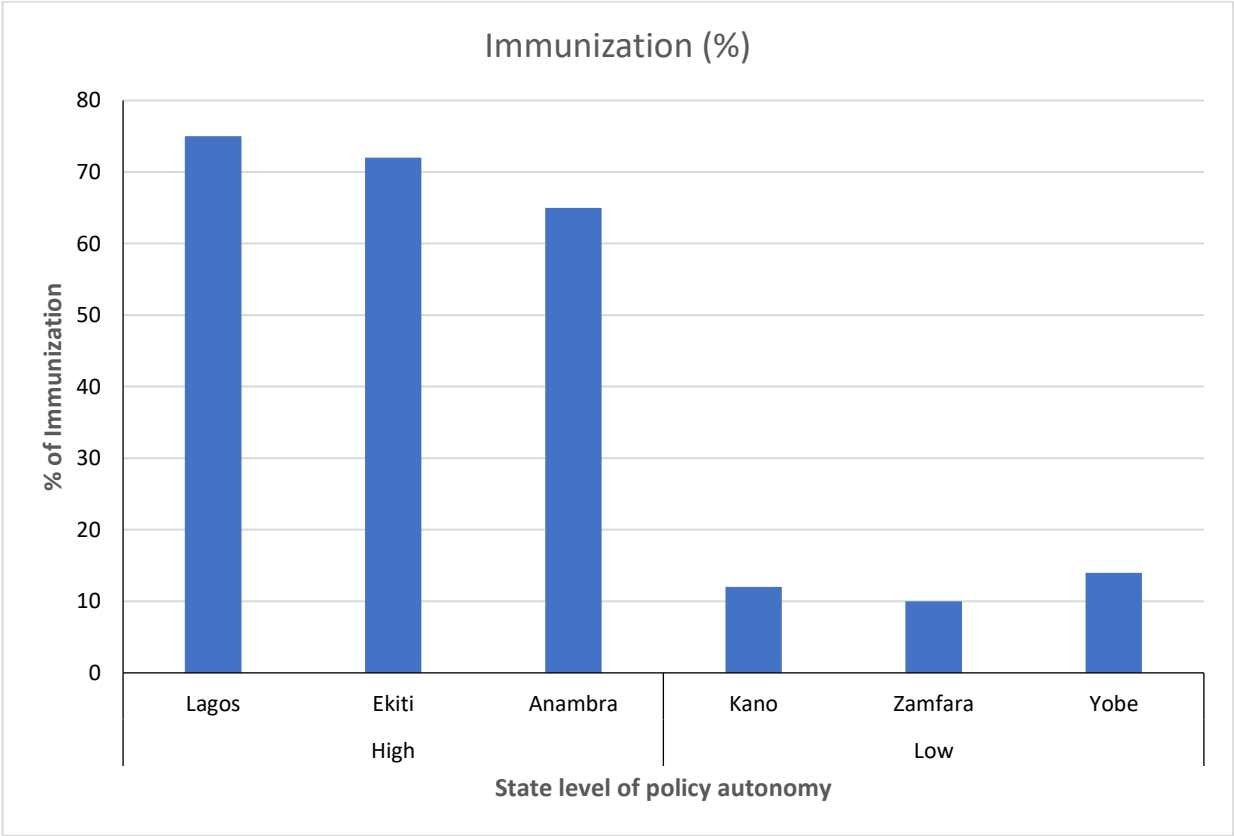

Figure 5: Comparison of state policy autonomy against immunization coverage (DPT3, measles)

The above figure 5 shows that states with high state policy autonomy has higher percentage rate of immunization coverage when compared to states with low policy autonomy.

Table 3: Selected States – Policy Autonomy vs. Maternal and Newborn Health Indicators

State	Policy Autonomy (High/Low)	MMR	NMR	SBA (%)	ANC 4+ (%)	Immunization (%)
Lagos	High	200	18	89	82	75

Ekiti	High	240	20	85	79	72
Anambra	High	280	21	80	76	65
Kano	Low	980	38	23	29	12
Zamfara	Low	1,050	42	19	25	10
Yobe	Low	920	39	22	28	14

Source: NDHS (2018); FMoH (2021); UNICEF (2023).

Relationship Between Decentralization with Health Outcomes

Evidence from Nigeria shows that decentralization has had both good and bad effects on the health system. On the bright side, it has made the system more responsive to local needs. For instance, in Lagos State, the launch of the Lagos State Health Insurance Scheme (LSHIS) resulted in more women receiving antenatal care and a rise in the number of skilled births (Onwujekwe et al., 2019). It has also encouraged innovation and customized solutions, as seen in Anambra State's maternal and child health initiatives, which successfully tackled the issue of essential medicine shortages. Additionally, decentralization has improved service delivery efficiency in some areas, like the Ekiti State model for revitalizing primary health care, which bolstered the provision of essential services at the community level.

On the flip side, decentralization has its challenges. There are noticeable resource disparities, especially in northern states that struggle with limited financial capacity, uneven distribution of health workers, and a heavy reliance on federal funding (Abimbola et al., 2021). Coordination issues are also a concern, as overlapping responsibilities among federal, state, and local governments can lead to reduced accountability and hinder efficiency. Moreover, decentralization has raised questions about equity, as wealthier states often reap more benefits, which in turn worsens inequalities in maternal and newborn health outcomes throughout the country.

DISCUSSION

The findings of this study provide strong evidence that decentralization, when properly implemented, has a significant bearing on maternal and newborn health outcomes in Nigeria. The descriptive analyses reveal substantial state-level differences in maternal and newborn indicators, ranging from skilled birth attendance and antenatal care coverage to maternal mortality and neonatal survival. These patterns mirror the broader narrative in the literature that decentralization can be both a facilitator and a barrier to health equity depending on governance, resources, and institutional accountability (Bossert and Mitchell, 2011; Saltman, Bankauskaite and Vrangbaek, 2007).

The results align with global experiences where decentralised health systems have yielded mixed but often positive outcomes. For example, studies from Latin America particularly Brazil's municipal health reform demonstrate that decentralised governance allowed for community-level innovations and improvements in service delivery, thereby reducing maternal and neonatal deaths (Atkinson and Haran, 2004). Similarly, in Indonesia, increased district-level autonomy enhanced antenatal care utilisation and immunization coverage (Heywood and Harahap, 2009). These examples are comparable to Nigeria's southern states (e.g., Lagos, Ekiti) were stronger local governance and policy autonomy correlate with higher skilled birth attendance and lower neonatal mortality.

From the African perspective, the findings resonate with research from Ethiopia, Kenya, and Uganda. In Ethiopia, decentralised health extension programmes significantly increased ANC coverage and reduced neonatal deaths (Admasu, Balcha and Getahun, 2016). Kenya's devolution to county governments also empowered local authorities to allocate resources toward maternal health, leading to improved service utilisation but also exposing gaps in resource equity (Tsofa *et al*., 2017). Similarly, Uganda's district health systems exhibited improved responsiveness but struggled with weak accountability and resource disparities (Bossert and Beauvais, 2002). The Nigerian scenario reflects this duality—southern states benefit from better governance capacity and resources, while northern states lag, echoing persistent health inequities.

The data presented in this study reinforce findings from prior Nigerian research. For instance, Uzochukwu *et al*. (2013) showed that decentralization in Enugu State improved service responsiveness but was undermined by inadequate funding and human resource gaps. Similarly, Akinola and Adesopo (2014) argued that decentralization without fiscal devolution risks widening inequities between states. The present analysis

confirms this, with northern states (Kano, Kaduna) showing low ANC coverage and high neonatal mortality compared to Lagos and Ekiti. This indicates that decentralization has not been accompanied by sufficient fiscal and technical capacity across all states, leading to uneven progress toward maternal and newborn health goals.

Theoretical Implications

The findings lend credence to principal-agent theory and decision-space framework (Bossert, 1998). States with greater fiscal space and decision-making autonomy demonstrate better health outcomes, as local governments act as effective agents in implementing context-specific policies. However, where accountability mechanisms are weak, decentralization risks entrenching disparities. This underscores the need to balance autonomy with central oversight to ensure equity is a theme consistently echoed in decentralization scholarship (Saltman *et al*., 2007).

Synthesis and Contribution

In synthesising these findings with existing literature, this study highlights that:

- **Positive impacts**: Decentralization fosters innovation, local responsiveness, and improved maternal and newborn health indicators in states with stronger governance capacity.
- **Negative impacts**: Weak institutional structures, inadequate fiscal transfers, and poor accountability mechanisms exacerbate inequalities across Nigeria's federal system.
- **Policy implication**: Without targeted federal support and equity-oriented resource allocation, decentralization alone cannot bridge maternal and newborn health gaps across Nigerian states.

Thus, this study contributes to the literature by providing empirical evidence that decentralization in Nigeria's reproductive health governance is a double-edged sword: while it has enabled progress in some states, it risks widening inequities in others.

CONCLUSION

The study concludes that decentralization has a dual effect on reproductive health governance in Nigeria. While it enables states with stronger governance and fiscal autonomy to innovate and achieve improved maternal and newborn health outcomes, it also entrenches inequalities in weaker states with poor capacity and resources. High-autonomy states demonstrate better performance in antenatal care, skilled birth attendance, immunization, and reduced mortality rates, whereas low-autonomy states face persistent challenges. These findings reinforce global and African evidence that decentralization alone is not sufficient to guarantee health equity; it must be supported by federal oversight, equitable resource distribution, and accountability mechanisms. Strengthening state capacity, fostering community participation, and promoting fiscal devolution with equity safeguards are essential to ensure decentralization contributes positively to reproductive health governance in Nigeria.

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Declaration

We hereby declare that there is no conflict of interest amongst the authors. We have unity of purpose in this research work and have demonstrated commitments.

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Ethics approval and consent to participate

This study relied exclusively on secondary data; hence, no direct human participation was involved. However, ethical principles were observed:

- All sources were duly acknowledged through in-text citations and referencing.
- Only publicly available datasets were used (NDHS, WHO, UNICEF, FMoH).
- Integrity was ensured by avoiding misrepresentation or selective reporting of findings.

Competing interests

The authors declare that they do not have any conflicts of interest.

Consent for publication

Not applicable

Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding Author on reasonable request.

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Authors' contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

1	Conception or design of the work	Akpa Igwe Chijioke
2	Data collection	Akpa Igwe Chijioke and Prof Urochukwu
3	Data analysis and interpretation	Akpa Igwe Chijioke and Prof Urochukwu
4	Drafting the article	Akpa Igwe Chijioke and Prof Urochukwu
5	Critical revision of the article	Akpa Igwe Chijioke and Prof Urochukwu

Reflexivity statement

The authors of this manuscript include two males and span multiple levels of expertise. While one of the authors is a seasoned academia and a Reproductive Health Expert, the other author is a researcher on health policy in Nigeria and West Africa. All the authors have extensive experience conducting qualitative fieldwork in Nigeria.

Key messages: Decentralization has been widely promoted as a key reform strategy for strengthening health systems and improving service delivery, particularly in low- and middle-income countries (LMICs). The rationale is that transferring authority and decision-making from central governments to subnational entities enhances responsiveness, accountability, and efficiency in addressing local health challenges.

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