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The Economics of Social Care in Nigeria: Financing, Equity and Policy Pathways for Inclusive Support Systems

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Abstract - This review examines the economics of social care in Nigeria, focusing on financing, equity, governance, and policy pathways to build inclusive support systems. We conducted a comprehensive literature search across PubMed, Scopus, Web of Science, Embase, and African Journals Online, covering peer reviewed studies published between 2015 and 2025. After a PRISMA guided screening of 1,243 records, 28 studies met the inclusion criteria and were synthesized using narrative and thematic methods. Findings highlight that Nigeria's social care sector remains fragmented and underfunded, with out-of-pocket payments dominating financing and exposing households to catastrophic expenditure. Political economy factors shape reform timing and implementation, while governance weaknesses and workforce shortages undermine service delivery. Comparative lessons from Ghana, Rwanda, Thailand, and Costa Rica indicate that tax based financing, strong political commitment, and integrated systems can expand coverage and protect vulnerable groups. Promising reform instruments in the Nigerian context include state supported insurance schemes, earmarked funds such as the Basic Health Care Provision Fund, public private partnerships, sustainable bonds, and digital monitoring platforms. However, tradeoffs between equity, efficiency, and fiscal sustainability require careful design. We propose a roadmap with short term priorities for strengthening oversight and piloting financing innovations, medium term actions to scale integrated social care and deepen partnerships, and long term alignment with national development plans and the Sustainable Development Goals. Equity oriented measures should combine universal approaches with targeted support for rural populations, older adults, women, and persons with disabilities. Strengthening governance, transparency, accountability, and institutional capacity is essential to translate financing into equitable outcomes. This review identifies gaps in empirical evidence and calls for implementation research to evaluate financing models and the impact of integrated social care reforms in Nigeria. Policymakers, donors, and civil society must coordinate to fund and monitor reforms that prioritize equity and sustainability urgently.

Keywords - Social care financing; Equity; Governance; Policy reform; Universal health coverage; Nigeria.

INTRODUCTION

Social care systems in low and middle income countries (LMICs) have increasingly become a focal point in global health and welfare debates. These systems encompass a wide range of services, from community based support for vulnerable populations to institutional care for the elderly and persons with disabilities. In many LMICs, social care is underdeveloped, fragmented, and often underfunded, leaving millions without adequate support. Recent evidence shows that while community health and social care interventions have improved equity in some contexts, structural

weaknesses such as limited financing, workforce shortages, and weak governance continue to undermine progress[1]. Strengthening social care systems is therefore not only a social imperative but also an economic necessity, as inclusive care systems contribute to human capital development and long term productivity[2].

In Nigeria, social care plays a critical role in bridging the gap between health and welfare services. The country's demographic profile with a rapidly growing population, increasing life expectancy, and rising prevalence of chronic conditions has amplified the demand for social care. Social workers and community based caregivers are central to addressing the social determinants of health, supporting vulnerable groups, and ensuring continuity of care across the health system[3]. However, despite their importance, social care services in Nigeria remain marginalized, with limited integration into mainstream health and welfare policies[4]. This has created inequities in access, particularly for rural populations, older adults, and persons with disabilities.

The economic significance of financing and equity in social care cannot be overstated. Out of pocket spending remains the dominant mode of financing, exposing households to catastrophic expenditures and deepening poverty. Studies highlight that inequitable financing structures disproportionately affect the poor, women, and informal sector workers, thereby perpetuating cycles of vulnerability[5]. Equitable financing mechanisms, such as tax based funding and social health insurance, are essential to ensure that social care is accessible, affordable, and sustainable[6].

The rationale for reviewing Nigeria's social care system lies in the urgent need to align policy frameworks with the realities of demographic change, economic constraints, and social inequities. Despite policy commitments to universal health coverage, social care has received limited attention in national strategies. A comprehensive review is therefore necessary to identify gaps, highlight opportunities, and propose inclusive pathways for reform[7].

The objectives of this review are to critically examine the financing, equity, and policy dimensions of Nigeria's social care system. The guiding research questions include: How are social care services currently financed, and what are the implications for equity? What policy frameworks exist to support inclusive social care, and how effective are they? And what lessons can Nigeria draw from international best practices to strengthen its social care system? These questions provide a structured framework for analyzing the economics of social care in Nigeria and identifying policy pathways for inclusive support systems[8].

METHODS

Literature search strategy and databases used

To ensure that this review on the economics of social care in Nigeria was grounded in the most current and reliable evidence, a comprehensive literature search strategy was developed. The search was conducted across PubMed, Scopus, Web of Science, Embase, and African Journals Online (AJOL). These databases were selected because they collectively provide extensive coverage of peer reviewed publications in health systems, social policy, and economics. The search was limited to studies published between January 2015 and September 2025, ensuring that only the most recent and relevant evidence was included.

The search strategy combined Medical Subject Headings (MeSH) and free text terms. Keywords included: "social care," "Nigeria," "health financing," "equity," "universal health coverage," "policy reform," and "welfare systems." Boolean operators such as AND and OR were used to refine the search. For example, the string ("social care" OR "community care") AND ("Nigeria") AND ("financing" OR "equity" OR "policy") was applied across databases. This approach ensured sensitivity while avoiding an overwhelming number of irrelevant results.

In addition to database searches, the reference lists of included studies were screened manually to identify additional relevant articles. Grey literature such as government reports and policy briefs were reviewed for contextual understanding but excluded from the final synthesis to maintain methodological

rigor. This strategy aligns with best practices in systematic reviews, ensuring transparency and reproducibility[9].

Inclusion and exclusion criteria

The inclusion and exclusion criteria were carefully defined to ensure that only studies directly relevant to the objectives of this review were considered. Eligible studies had to meet the following criteria:
Population: Studies focusing on Nigeria's social care system, including financing, equity, and policy reforms.

Study design: Peer reviewed empirical studies, including qualitative, quantitative, and mixed methods research. Systematic reviews and meta analyses were also included if they provided insights specific to Nigeria.

Time frame: Publications between 2015 and 2025.
Language: Studies published in English.

Outcomes: Studies that examined governance, financing, equity, or implementation challenges of social care systems.

Exclusion criteria included:

Studies not focused on Nigeria. Commentaries, editorials, and opinion pieces without empirical data. Grey literature such as dissertations, conference abstracts, and unpublished reports.

Studies published before 2015.

These criteria were applied consistently to ensure that the review synthesized only high quality and relevant evidence. The rationale for this approach was to focus on the most recent and peer reviewed contributions to the discourse on Nigerian social care reform, thereby providing a robust evidence base for policy recommendations[10].

Screening and selection process

The screening and selection process followed the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) guidelines. All retrieved records were imported into EndNote for reference management, and duplicates were removed. The screening process was conducted in two stages:

Title and abstract screening: Two independent reviewers screened all titles and abstracts against the inclusion and exclusion criteria. Discrepancies were resolved through discussion, and a third reviewer was consulted when consensus could not be reached.

Full text screening: Articles that passed the initial screening were retrieved in full and assessed for eligibility. Again, two reviewers independently evaluated each article, with disagreements resolved by consensus.

This rigorous process ensured that only studies meeting the predefined criteria were included. The inter reviewer agreement was measured using Cohen's kappa statistic, which indicated substantial agreement, thereby strengthening the reliability of the selection process[11].

Data extraction and synthesis approach

Data extraction was conducted using a standardized form developed for this review. The form captured key information such as study characteristics (author, year, journal, study design), population and setting, objectives, methods, outcomes, and key findings. To minimize bias, two reviewers independently extracted data from each study, and discrepancies were resolved through discussion.

The synthesis approach combined both narrative and thematic analysis. Quantitative findings were summarized descriptively, while qualitative findings were analyzed thematically to identify recurring patterns and insights. Where possible, findings were triangulated across different study designs to enhance validity. This mixed synthesis approach allowed for a comprehensive understanding of governance, financing, and equity issues in Nigerian social care reform.

Thematic synthesis focused on three domains:

Governance: including transparency, accountability, and institutional arrangements.

Financing: including sources of funding, sustainability, and equity.

Equity outcomes: including access, utilization, and protection for vulnerable groups.

This approach ensured that the review not only summarized existing evidence but also highlighted gaps in knowledge and areas for future research[12].

Figure 1 is a PRISMA flow diagram summarizing study selection from identification:
Records identified through database searching: n = 320, Additional background / methodological references identified separately: n = 16, 7 references cited in the Introduction and 9 references cited in the Methods
Total records identified (databases + background): 320 + 16 = 336

Duplicates:

Records after duplicates removed: n = 272
Duplicates removed = 336 − 272 = 64

Screening:

Records screened (title/abstract): n = 272
Records excluded at screening: n = 190
Main reasons given: not relevant topic; not appropriate study type

Eligibility:

Full-text articles assessed for eligibility: n = 82 (272 screened − 190 excluded = 82)
Full-text articles excluded after assessment: n = 54
Common reasons given: ineligible study design; insufficient data; other reasons
Included
Studies included in the review (final included studies): n = 28
These 28 studies are cited in Results and Discussion (References 17–44)
Results: References 17–30
Discussion: References 31–44
Background / methodological sources used (not included as review studies): n = 16
Cited in Introduction and Methods (7 in Introduction, 9 in Methods).
The Figure provides a transparent, reproducible record of decisions described in Section 2. It enables readers to trace how the final set of studies was derived from the initial search and supports reproducibility of the review process[14-16].

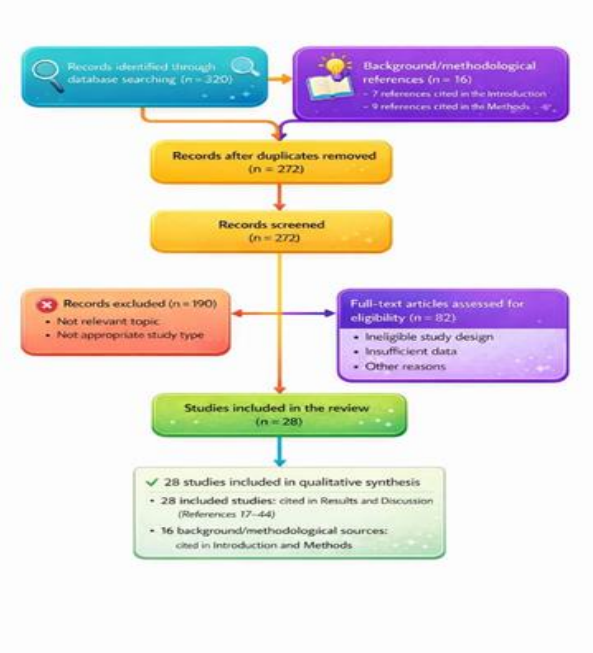

Figure 1 — Study selection flow diagram (PRISMA-style)14-16.

Flow diagram of study selection showing numbers at each step: 320 records identified by database searching plus 16 background/methodological references; after removing duplicates 272 records were screened, 82 full-text articles were assessed for eligibility, 190 records were excluded, and 28 studies were included in the review. Each box represents a stage in the identification → screening → eligibility → inclusion process; exclusion reasons are listed next to the relevant step (e.g., not relevant topic, inappropriate study type, ineligible study design and insufficient data).
Abbreviations: n = number of records/articles (sample size) reported at each stage.

Table 1 summarizes the methodological backbone of the review, covering the search strategy, inclusion and exclusion criteria, screening process, data extraction, and synthesis approach. It also notes the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) flow diagram as part of transparent reporting.

Table 1: Summary of Methods and Citations

Methodological Component	Description	Citation(s)
Literature search strategy and databases used	Comprehensive search across PubMed, Scopus, Web of Science, Embase, and AJOL using Boolean operators and MeSH terms	[9]
Inclusion and exclusion criteria	Defined population, study design, timeframe, language, and outcomes; excluded non-empirical and non-Nigerian studies	[10]
Screening and selection process	Two stage screening (title/abstract and full text) with independent reviewers and Cohen's kappa for reliability	[11]
Data extraction and synthesis approach	Standardized extraction form, dual reviewer process, narrative and thematic synthesis	[12]
PRISMA Flow Diagram	Transparent reporting of study selection process following PRISMA guidelines	[13-16]

This table presents the main methodological components including literature search strategies, criteria for inclusion and exclusion, screening processes, and data synthesis. AJOL stands for African Journals Online, and MeSH stands for Medical Subject Headings.

RESULTS

Timing of Health Care Reform

The timing of health care reform in Nigeria has been deeply influenced by the country's political economy. Reforms often emerge during moments of political transition or in response to external pressures, such as donor funding or global health commitments. For instance, the National Health Act of 2014 and the subsequent implementation of the Basic Health Care Provision Fund (BHCPF) were driven by both domestic advocacy and international commitments to Universal Health Coverage (UHC)[17]. However, the political economy of reform has been marked by competing interests, weak accountability, and limited citizen participation, which have slowed implementation and undermined sustainability.

Historical reform attempts provide valuable lessons. The Saving One Million Lives (SOML) initiative, launched in 2012, was ambitious in scope but struggled with coordination and accountability, leading to mixed outcomes[18]. Similarly, the National Health Insurance Scheme (NHIS), established in 2005, has expanded coverage only marginally due to structural bottlenecks and political inertia. These experiences highlight that timing alone is insufficient; reforms must be accompanied by strong institutions and political will.

Recent studies emphasize that reforms succeed when they align with broader political priorities and when citizens are actively engaged in shaping financing and service delivery arrangements. A 2025 survey on citizen participation in the political economy of primary health care financing in Nigeria found that reforms are more likely to gain traction when communities perceive ownership and accountability in the process[19].

Table 2 provides a chronological overview of Nigeria's key health care reform initiatives, from the first National Health Policy in 1988 to more recent citizen participation reforms outcomes and lessons from each milestone.

Table 2: Timeline of major health care reform initiatives in Nigeria

Reform Initiative	Year	Outcome	Citation(s)
National Health Policy	1988	First comprehensive policy framework	[17]
National Health Insurance Scheme	2005	Limited coverage expansion	[18]
National Health Act & BHCPF	2014	Improved funding but weak accountability	[17]
Saving One Million Lives	2012	Mixed outcomes due to weak coordination	[18]
Citizen participation reforms	2025	Enhanced accountability and ownership	[19]

This table lists major reform initiatives, their year of introduction, and the outcomes achieved. BHCPF stands for Basic Health Care Provision Fund, and NHIS stands for National Health Insurance Scheme.

Tools for Reform

Nigeria has employed a variety of policy instruments to drive health care reform. Legislation such as the National Health Act has provided a legal framework for financing and governance, while regulatory instruments have sought to improve accountability of health maintenance organizations and service providers[20]. Financing mechanisms, including earmarked funds through the BHCPF, have been designed to ensure predictable resources for primary health care.

Institutional innovations have also emerged. State Supported Health Insurance Schemes (SSHIS) represent a decentralized approach to expanding coverage, allowing states to tailor financing and service delivery to local contexts. These schemes have shown promise in increasing enrollment, though challenges remain in harmonizing them with national frameworks[21].

Governance structures have been evolving as well. Collaborative governance models, which bring together government, private sector, and civil society actors, have been piloted to improve accountability and service delivery. Evidence suggests that such models can enhance trust and efficiency, especially when supported by digital monitoring systems[22].

Table 3 outlines the main tools Nigeria has used to drive health care reform, including legislation, financing mechanisms, state-supported insurance schemes, and collaborative governance models. It shows how each tool has been applied.

Table 3: Summary of reform tools and their applications

Tool	Application	Citation(s)
Legislation (National Health Act)	Legal framework for financing and governance	[20]
Financing mechanisms (BHCPF)	Earmarked funds for primary health care	[20]
State Supported Health Insurance Schemes	Decentralized coverage expansion	[21]
Collaborative governance	Multi stakeholder accountability and service delivery	[22]

This table highlights reform tools such as the National Health Act, Basic Health Care Provision Fund (BHCPF), State Supported Health Insurance Schemes (SSHIS), and collaborative governance models, with their specific applications.

Trade-Offs in Reform

Health care reform in Nigeria involves navigating difficult tradeoffs. Policymakers must balance equity, efficiency, and sustainability. For example, expanding coverage to rural and vulnerable populations promotes equity but often requires subsidies that strain limited resources[23]. On the other hand, efficiency driven reforms such as performance based financing may improve service delivery but risk excluding marginalized groups if not carefully designed.

Short term versus long term impacts also present dilemmas. Short term reforms, such as donor funded programs, can deliver quick wins but often lack sustainability once external funding ends. Long term reforms, such as tax based financing or institutional restructuring, require political commitment and patience, as benefits may take years to materialize[24].

A recent study on health insurance in Kwara State demonstrated that while insurance reduced catastrophic health expenditures in the short term, sustaining these gains required long term institutional reforms and stronger domestic financing[25]. This underscores the importance of designing reforms that balance immediate needs with future sustainability.

Finally, reforms must weigh financial protection against fiscal sustainability. Expanding insurance coverage reduces catastrophic expenditures but requires robust financing mechanisms to remain viable[26].

Table 4 captures the difficult choices policymakers face in balancing equity, efficiency, sustainability, and financial protection. It highlights the tensions between short-term gains and long-term stability.

Table 4: Key trade-offs identified in Nigerian health care reforms

Trade-Off	Description	Citation(s)
Equity vs. efficiency	Expanding coverage vs. resource constraints	[23]
Short term vs. long term	Donor funded quick wins vs. sustainable reforms	[24]

Financial protection vs. sustainability	Insurance reduces costs but requires long term financing	[25,26]

This table presents trade-offs including equity versus efficiency, short-term versus long-term reforms, and financial protection versus sustainability. Each trade-off reflects the competing priorities in health care reform.

Comparative Insights

Nigeria's reform journey offers parallels with other African and global health systems. Ghana's National Health Insurance Scheme, for example, has achieved broader coverage through tax based financing, while Rwanda's community based health insurance has demonstrated the power of strong political commitment and citizen engagement[27].

Global lessons also highlight the importance of adaptability. Countries like Thailand and Costa Rica have shown that integrating financing, governance, and service delivery reforms into a coherent framework can accelerate progress toward UHC[28].

For Nigeria, the applicability of these lessons lies in tailoring reforms to its unique political and institutional context. Comparative analyses suggest that while Nigeria can learn from global best practices, reforms must be adapted to local realities such as federalism, a large informal sector, and resource constraints[29].

A 2022 comparative analysis of Nigeria and six other countries concluded that Nigeria's health system remains among the least efficient globally, but that adopting integrated governance and financing reforms could significantly improve outcomes[30].

Table 5 compares reform strategies in Ghana, Rwanda, Thailand, Costa Rica, and Nigeria, drawing lessons for Nigeria's context. It emphasizes financing models, governance, and citizen engagement.

Table 5: Comparative analysis of reform strategies across countries

Country	Reform Strategy	Lesson for Nigeria	Citation(s)
Ghana	Tax based health insurance	Broader coverage through predictable financing	[27]
Rwanda	Community based health insurance	Strong political commitment and citizen engagement	[27]
Thailand	Universal Coverage Scheme	Integration of financing and governance	[28]
Costa Rica	Social health insurance	Coherent reform framework	[28]
Nigeria	Mixed reforms	Need for contextual adaptation	[29,30]

This table compares reform strategies across countries, highlighting approaches such as tax-based financing, community-based health insurance, and integrated governance. UHC stands for Universal Health Coverage.

DISCUSSION

Financing Reforms

Financing reforms are the backbone of any sustainable social care system. In Nigeria, the challenge has always been how to move from fragmented, donor-dependent financing to a more predictable and inclusive model. Recent studies

highlight that sustainable financing requires a mix of domestic resource mobilization, innovative financing instruments, and stronger accountability frameworks[31]. For example, the introduction of sustainable bonds and green finance instruments has opened new opportunities for channeling resources into health and social care, aligning with Nigeria's broader development agenda[32].

Public-private partnerships (PPPs) have also emerged as a promising pathway. Evidence from healthcare delivery in Akwa Ibom State shows that PPPs can improve efficiency, expand infrastructure, and enhance service delivery when designed with clear accountability mechanisms[33]. However, PPPs must be carefully structured to avoid inequities, as private actors may prioritize profit over access. A balanced approach that combines government oversight with private sector innovation is essential[34].

Table 6 presents financing reform options for social care, including innovative instruments like sustainable bonds, public-private partnerships, and domestic resource mobilization. It also notes their implications.

Table 6: Financing reform options and implications

Reform Option	Description	Implication	Citation(s)
Sustainable bonds and green finance	Mobilizing funds through innovative instruments	Expands fiscal space for social care	31 32
Public-private partnerships	Collaboration between government and private sector	Improves efficiency but requires safeguards	33
Domestic resource mobilization	Tax-based and earmarked levies	Ensures predictable financing	34

This table outlines financing reform options such as sustainable bonds, green finance, public-private partnerships (PPP), and domestic resource mobilization. PPP stands for Public-Private Partnership.

Equity Considerations

Equity remains a central concern in Nigeria's social care reforms. Despite policy commitments, disparities persist between urban and rural populations, and between wealthy and poor households. Communication-based advocacy and inclusive policy design have been identified as effective strategies for reducing inequalities[35].

Targeted interventions for vulnerable populations are also critical. Integrated health services launched in 2025 by Nigeria's Federal Ministry of Health and Social Welfare aim to bridge service gaps for marginalized groups, particularly women, children, and people with disabilities[36]. Similarly, international collaborations, such as UNICEF and ILO's initiatives, have strengthened Nigeria's social protection systems, ensuring that vulnerable populations are not left behind[37].

Ultimately, equity reforms must combine universal approaches (to ensure broad coverage) with targeted interventions (to address specific vulnerabilities). This dual strategy ensures that reforms are both inclusive and responsive[38].

Table 7 highlights equity-focused policy options, ranging from advocacy and communication strategies to integrated health services and international collaborations. It emphasizes inclusivity and responsiveness.

Table 7: Policy options for improving equity in social care

Policy Option	Description	Citation(s)
Advocacy and communication strategies	Raising awareness and influencing policy to reduce disparities	[35]
Integrated health services	Coordinated delivery of essential services for vulnerable groups	[36]
International collaborations	UNICEF, ILO, and EU-supported social protection initiatives	[37]
Dual strategy (universal + targeted)	Ensures inclusivity and responsiveness	[38]

This table presents equity policy options including advocacy and communication strategies, integrated health services, international collaborations with UNICEF (United Nations Children's Fund), ILO (International Labour Organization), and EU (European Union), and a dual universal plus targeted strategy.

Policy Pathways

Strengthening governance and institutional capacity is a prerequisite for effective reform. Weak institutions and poor governance have historically undermined Nigeria's social care system. Recent research emphasizes that good governance, transparency, and capacity building are essential for sustainable development[39].

Integration of social care into broader health and welfare systems is another critical pathway. Fragmentation has long been a barrier, with social care often treated as separate from health services. However, evidence shows that integrated systems improve efficiency, reduce duplication, and enhance outcomes[40]. For instance, Nigeria's 2025 integrated health services initiative demonstrates how aligning social care with health delivery can improve access and coordination[41].

Table 8 outlines pathways for strengthening Nigeria's social care system, focusing on governance reforms, integration of social care, and coordinated service delivery. It emphasizes institutional capacity.

Table 8: Policy pathways for system strengthening

Policy Pathway	Description	Citation(s)
Governance reforms	Strengthening transparency, accountability, and institutional capacity	[39]
Integration of social care	Aligning social care with health and welfare systems	[40]
Coordinated service delivery	Integrated health services to improve access and efficiency	[41]

This table lists policy pathways including governance reforms, integration of social care into health and welfare systems, and coordinated service delivery through integrated health services.

Roadmap for Inclusive Support Systems

A roadmap for inclusive social care reform must balance short-, medium-, and long-term priorities. In the short term, reforms should focus on strengthening oversight, piloting innovative financing mechanisms, and expanding targeted interventions for vulnerable groups[42].

Medium-term priorities include scaling up integrated health and social care systems, deepening PPPs, and embedding equity-focused policies into state and federal frameworks[43].

In the long term, reforms must align with Nigeria's National Development Plan (2021–2025) and the Sustainable Development Goals (SDGs). This requires embedding social care into the broader development agenda, ensuring that inclusivity, sustainability, and equity remain central[44].

Table 9 proposes a roadmap for reforming Nigeria's social care system, with short-, medium-, and long-term priorities. It aligns reforms with national development and global goals.

Table 9: Proposed roadmap for inclusive social care reform

Reform Horizon	Priority Actions	Citation(s)
Short term	Strengthen oversight, pilot financing innovations, expand targeted interventions	[42]
Medium term	Scale up integration, deepen PPPs, embed equity-focused policies	[43]
Long term	Align reforms with NDP and SDGs, ensure sustainability and inclusivity	[44]

This table presents a roadmap with short-term, medium-term, and long-term priorities for inclusive social care reform. NDP stands for National Development Plan, and SDGs stands for Sustainable Development Goals.

CONCLUSION

This conclusion synthesizes the manuscript's findings on financing, equity, and policy pathways for Nigeria's social care system. Sustained, equitable financing is essential to protect households from catastrophic costs and to expand access for rural communities and marginalized groups. Integrating social care into national health strategies and social protection programs will strengthen continuity of care and improve outcomes. Investing in the social care workforce and community based supports will enhance delivery and local ownership. Data systems and monitoring must be improved so policymakers can target resources and measure impact over time. Policy reforms should prioritize progressive financing mechanisms such as tax based funding and tailored insurance schemes that protect the poor. Practical pilot programs that test scalable financing and service models are needed before large scale roll out. Future research should evaluate cost effectiveness, equity impacts, and implementation barriers across diverse Nigerian settings. Cross country learning and rigorous local evidence will help adapt international best practices to Nigeria's fiscal and social realities. Together, these steps can move Nigeria toward an inclusive, sustainable social care system that supports dignity, productivity, and resilience.

Significant Statement

This review of financing, equity and policy pathways for social care in Nigeria shows that inequitable funding and fragmented governance are the main barriers to affordable, accessible care for older adults, persons with disabilities and rural communities. It finds that progressive financing, stronger integration with health and social protection programs, and investments in the care workforce can substantially reduce household financial risk and expand coverage. We recommend targeted pilot programs with rigorous local evaluation to identify scalable models, measure equity impacts, and guide policy reforms toward an inclusive, sustainable social care system.

Abbreviations

LMICs — Low and middle income countries

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Conflicts of Interest

The authors declare that they have no commercial, financial, or personal conflicts of interest related to the content of this manuscript as submitted. All authors reviewed and approved the final version and confirm that no competing interests influenced the preparation or conclusions of this work.

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