**Including the Excluded: Stakeholders Strategies to Improve Access to Health For The Socially Excluded In Nigeria**

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**Background**

Public sectors in any country has the responsibility of providing equal access and include all groups. Nigeria has numerous development-oriented public policies, but little has been achieved in the area of social inclusion which seeks to provide a conducive environment to all.

Social exclusion is one of the social determinants of health. Actions to alleviate this state are seen as crucial in addressing the health needs of all, and the health needs of marginalised groups in particular. It is closely linked with the ethos of the United Nations Sustainable Development Goals which suggests that improving the health status of such socially excluded groups may improve the health of the population as a whole. Thus several strategies to improve access to health have been developed.

**Aims and objectives of the research**

To identify strategies that exist and to highlight key influences on implementation of strategies to improve access to health for the socially excluded.

**Methods**

Co-production method was used. We conducted a systematic scoping review of 37 published evidence selected from 257 identified abstracts. We also obtained feedback on strategies from over 60 expert participants who took part in 3 national workshops. In-depth interviews with structured interview guides were conducted on policy makers and implementers and heads of civil society activist while focused group discussion was conducted amongst groups at the rural areas and members of Internally Displaced People camps. Data was analysed manually using themes from the study contextual framework.

**Findings**

Strategies identified at the macro level include: "Saving One Million Lives Programme for Results" (SOML-PforR), conceived by the Federal Ministry of Health to save the lives of mothers and children by increasing access and utilisation of evidence-based, cost-effective and high impact maternal, child and nutrition interventions in Nigeria. Free MCH program established to provide free health care services for the pregnant women and children under five years.

Meso level: Principles for “Bringing PHC under One Roof” and the establishment of Health Management Committee.

Key influences on implementation of strategies include implementation challenges; corruption and lack of accountability of public funds mapped for various projects as well as intricacies of policy making at the national Assembly. Multisectorial collaboration opportunities exist.

**Conclusion**

Social exclusion is underpinned by combination of different drivers, and in-depth understanding of effective strategies for social inclusion is required. Future policies and practices should take account of the reported effective strategies and improve on them.