

Commentary

ACHIEVING UNIVERSAL HEALTH COVERAGE IN NIGERIA: CURRENT CHALLENGES AND RECOMMENDATIONS

ABSTRACT

Health is a fundamental human right upon which other rights are built. Achieving universal health coverage (UHC) in middle and low-income countries of Africa such as Nigeria has continued to pose a mirage. The Nigerian Government has however made considerable efforts in promoting UHC; a lot still needs to be done.

This article aims at highlighting the current efforts in achieving UHC in Nigeria and the challenges facing its achievement, while proffering recommendations towards solving these challenges.

Adequate healthcare financing has been found to be essential towards achieving universal health coverage in Nigeria; hence it is imperative that the Nigerian government and allied agencies continually create effective, achievable and sustainable policies for financing the healthcare sector, especially at the primary health care level.

Keywords: Universal health coverage, Healthcare financing, Healthcare Insurance, UHC.

INTRODUCTION

Universal health coverage (UHC) is defined as the provision of access to needed healthcare services to all individuals, which is of sufficient quality to be effective while ensuring that users are not exposed to financial hardship¹. These healthcare services may include prevention, promotion, treatment, rehabilitation, and palliative care¹. UHC ensures that all individuals have access to needed standard healthcare services without suffering financial hardship from its access.

The World Health Organization (WHO) declares health as a fundamental human right upon which all other rights are built². The conceptualization of UHC and its adaptation as part of the health-related Sustainable development goal is targeted at promoting physical and mental well-being for all²; however achieving this has remained a cry for help by various developing countries, as a large proportion of these population still pay directly out of pocket for their healthcare services³, leading to a vicious cycle where the poor are further impoverished, and an average Nigerian is a major illness away from becoming poor.

This article aims at reviewing the current state of UHC in Nigeria and the challenges facing its achievement through a systematic review of research articles obtained from scientific database such as PubMed and Google scholar, as well as highlighting recommendations on how it can be achieved.

CURRENT STATE OF THE UHC IMPLEMENTATION

The main program directed towards achieving UHC in Nigeria is the National Health Insurance Scheme (NHIS) now known as the National Health Insurance Authority (NHIA)⁴,⁵, which is a social health insurance program that covers the basic healthcare services of

registered users by pooling the funds contributed by every user. Since the NHIA was launched in 2005 to achieve at least 30 percent health insurance coverage by 2015, it has failed to cater to up to 5 percent of the country's population till date^{4, 5}, despite the WHO setting a 90 percent coverage target for prepayment and risk-pooling schemes³. The implication of this is that about 95 percent of Nigerians must pay for their healthcare services from their pockets. The 5 percent coverage of the NHIA has an even lower impact on the attainment of UHC as a bulk of the current users are mostly federal government employees, and organized private companies, leaving out those who are in dire need of the scheme, mainly people in the informal sector and those living below the poverty threshold⁴.

In 2018, the Federal Ministry of Health (FMoH) in partnership with the WHO launched the Nigeria Health Workforce Registry (NHWR) under the Global Strategy for Human Resources for Health: Workforce 2030, in a bid to attain UHC through equitable access to health workers⁵. This project has since been decentralized to handpicked 11 out of the 36 states in Nigeria, which represents 28 percent of the country's population. The project is still in the pilot stage and has yet to make any notable contribution, but it appears to have great potential despite its challenges, and only time can tell⁵.

While it is true that Nigeria, as a country, is putting some effort into ensuring the attainment of UHC by 2030, it becomes clear, however, that the country is underperforming when its current progress is compared to the prescribed target indicators by the WHO⁴.

CHALLENGES OF THE UHC IMPLEMENTATION

Universal health coverage is a fundamental goal for every country, to provide access to quality and affordable healthcare services to all individuals, regardless of their socio-

economic status or ability to pay¹. However, Nigeria's healthcare system currently faces challenges in achieving its universal health coverage⁴.

One of the significant challenges to achieving universal healthcare in Nigeria is inadequate funding⁶. Nigeria has one of the lowest healthcare budget allocations in the world, accounting for only 3.9% of the country's GDP, which is far below the recommended 15% by the African Union⁶. The 2023 budget allocated to the health sector is 5.3% of the federal government of Nigeria approved 2023 budget of fiscal consolidation and transition, which is still far below the recommended 15%^{6, 7}. This inadequate funding affects the delivery of quality healthcare services, leading to a shortage of healthcare professionals, inadequate healthcare infrastructure, and inadequate access to essential drugs and medical equipment⁶.

The shortage of healthcare professionals is also a significant challenge to achieving universal healthcare in Nigeria. The country has only about 0.38 physicians per 1,000 patients⁶, which is well below the minimum WHO recommended ratio of 1 physician per 600 population⁸.

The inadequate number of healthcare professionals is further compounded by their uneven distribution, with a concentration in urban areas, leaving the rural areas underserved and a worrisome outcome for primary healthcare services⁶.

In addition, the Nigeria's healthcare system faces peculiar challenges such as a lack of coordination between government health agencies, the absence of a robust healthcare information system, and inadequate healthcare policies and regulations⁹. These challenges have resulted in poor healthcare outcomes, especially for rural and underserved communities resulting in great healthcare disparity and health inequality. The lack of coordination between government health agencies has led to duplication of efforts and wastage of resources⁹, while

the lack of central healthcare information system to track healthcare data and monitor healthcare outcomes needed for making healthcare policies and regulations, has invariably resulted in poor quality control of healthcare services.

There is also a slow adoption and implementation of innovative technology such as the use of telemedicine and mobile health, which allows for patients to access medical care from any location, thereby reducing the cost of healthcare, and increasing efficiency and overall patient healthcare delivery⁹.

Furthermore, The Nigerian healthcare system insurance program is currently not effective and efficient enough to attain universal health coverage⁹, as majority of the population still pay out-of-pocket for their healthcare services. The insurance scheme is also not doing enough in promoting preventive care, and supporting medical innovation and research.

PROPOSED SOLUTIONS TO THE CHALLENGES OF ACHIEVING UHC

Healthcare financing has been identified to be a major challenge in the achievement of UHC. Substitution of out-of-pocket expenditures with more sustainable and less burdensome sources of financing would go a long way in promoting UHC. This would involve creating effective and achievable policies for financing healthcare especially the primary healthcare services (PHC).

The 2022 NHIA act mandates every state of the federation to set up a compulsory health insurance scheme for its residents without providing a well-structured plan to implement it. It doesn't consider the fact that the majority of the populace is in the informal sector and it would be difficult to pool funds from their income as it's done for those in the formal sector.

The government needs a well-structured plan to subsidise the NHIA for the informal sector which constitutes a higher percentage of the population. This can be achieved by employing different forms of tax-based funding to subsidise the scheme for the poor majority¹¹.

Increasing the annual budget allocations to the health sector to meet the WHO standard would significantly contribute to health care financing and invariably UHC. The health sector can also be financed via innovative ways of taxation policies, such as increasing the value-added tax on harmful products like alcohol and tobacco (sin-tax). Similarly, the telecommunication industry is a gold mine that can be used to significantly finance healthcare in Nigeria through tax and call tariffs. It is also a significant tool for achieving UHC via information technology (IT), as almost the entire population of the country make use of mobile phone.

The shortage of healthcare professionals can be addressed by increasing the quotas of students to be admitted into the few colleges of medicine available in the country by the Medical and Dental Council of Nigeria. In addition, the government should increase the budget allocated to public institutions to enable them to provide enough state-of-the-art medical facilities for the training of healthcare professionals. The government should as well look into the medical brain drain by increasing the remunerations and welfare of healthcare professionals to discourage the handful number of healthcare professionals available in the country from migrating. It is equally important to identify the healthcare responsibility across the various level of healthcare delivery with emphasis at the primary healthcare level towards achieving universal health coverage as the primary healthcare serves as the first point of contact and the most easily accessible level of health care to the general population.

The inequity of access to care is equally a major challenge in achieving UHC¹², as many individuals in the rural areas are deprived of access to the healthcare facilities and healthcare professionals in comparison to the urban areas. Insufficient financial resources and poor remuneration have discouraged healthcare professionals from establishing health facilities in rural areas. This challenge can be addressed if the government provides attractive incentives to healthcare professionals for them to establish state-of-the-art facilities in rural areas and render adequate healthcare services to their inhabitants. The federal government should provide grants for those interested in building healthcare facilities in rural areas and should also provide attractive allowances to healthcare professionals willing to work in such rural areas.

CONCLUSION

Adequate healthcare financing has been found to be an essential factor towards achieving Universal health coverage, the Nigerian Government should ensure committed, dedicated, and continual efforts towards financing its healthcare sector, especially at the primary health care level, while addressing the challenges of medical brain drain in Nigeria through improved remunerations and welfare of its healthcare workers.

REFERENCES

1. Thomas O, Kumanan R, Mickey C. What does universal health coverage mean? *The Lancet*. 2014;383 (9913):277–9.
2. World Health Organization. What is health financing for universal coverage? 2013. https://www.who.int/health_financing/universal_coverage_definition/en/.
3. World Health Organization. Health systems financing - the path to universal coverage. Geneva: WHO,2010
4. Enabulele, O. Achieving universal health coverage in Nigeria: moving beyond annual celebrations to concrete address of the challenges. *World Medical & Health Policy*. 2020;12(1):47-59
5. Okoroafor, S.C., Oaiya, A.I., Oviaesu, D., Ahmat, A., Osubor, M. & Nyoni, J. Conceptualizing and implementing a health workforce registry in Nigeria. *Human Resources for Health* 20. 2022;8
6. Okoroiwu, H. U., Ikechukwu-Ilomuanya, A. B., Akpuaka, F. C., Agu, K. A., Nnaji, C. C., Nwamuo, C. C., & Ibeneme, G. C. (2021). Universal health coverage in Nigeria: An overview of the health care system, challenges and prospects. *Journal of Public Health in Africa*, 12(1), 1094. doi: 10.4081/jphia.2021.1094
7. Critical Allocations in 2023 Budget. budgetoffice.gov.ng. Updated January 3, 2023. Accessed March 11, 2023. <https://www.budgetoffice.gov.ng>
8. World Health Organization. (2019). Universal health coverage (UHC). Retrieved from [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
9. Iloh, G. U., Ofoedu, J. N., Njoku, P. U., Odu, F. U., & Ifedigbo, C. V. (2020). Challenges of the Nigerian health care system in the 21st century. *Annals of Medical and Health Sciences Research*, 10(3), 487-492. doi: 10.4103/amhsr.amhsr_328_19
10. Uzochukwu BSC, Ughasoro MD, Etiaba E, Okwuosa C, Envuladu E, and Onwujekwe OE. Health care financing in Nigeria: Implications for achieving universal health coverage. *Nig J Clin Practice*. 2015;18:4 437-444
11. Highlights of The NHIA Act 2022. www.mondaq.com Updated August 10, 2022. Accessed March 19, 2023. <https://www.mondaq.com/nigeria/healthcare/1220402/highlights-of-the-nhia-act-2022>
12. Abonyi EA, Olorah PI, Onyemelukwe BC, Ideh KN, Ndenojuo JC and Obanwudeh JO. Challenges of Universal Health Coverage in Nigeria: Urgent Action for Health System that Protects Everyone. *JSRR*, 2022;28(10): 142-147