



Achieving Universal Health Coverage in Nigeria: Current Challenges and Recommendations

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Commentary

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ABSTRACT

Health is a fundamental human right upon which all other rights are built. Easy access to needed and affordable healthcare service is essential towards achieving Universal Health Coverage (UHC). The achievement of UHC in middle and low-income countries of Africa such as Nigeria has however continued to pose a mirage, hence the need for a thorough re-evaluation and provision of sustainable solutions.

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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. The Nigerian Government has made considerable efforts in promoting UHC; however a lot still needs to be done. 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 and actions towards financing the healthcare sector, especially at the level of primary healthcare.

Keywords: Universal health coverage; healthcare financing; healthcare Insurance; UHC.

1. 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 hardship [1]. These healthcare services may include prevention, promotion, treatment, rehabilitation, and palliative care [1]. UHC ensures that all individuals have access to needed standard healthcare services without suffering financial hardship from its access.

The World Health Organization (WHO) declared health as a fundamental human right upon which all other rights are built [2]. 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 all [2]; 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 services [3], leading to a vicious circle where an average Nigerian is a major illness away from becoming poor, and the poor are further impoverished.

Access to good healthcare is a fundamental human right and a responsibility of every government, as the provision of UHC is essential to unlocking qualitative, accessible, affordable healthcare for all without suffering financial hardship [4]. The WHO has emphasized that primary health care is the most efficient and cost-effective method of achieving universal health coverage around the world, it is the first care point at communal level which would ultimately facilitate the realization of health care for all [4].

According to Alliance for Health Policy and Systems Research, Nigeria is still lagging behind in allocating sufficient funding for primary health services and is one of the major reasons for the deplorable state of the health facilities seen nationwide. The budget allocation has been on

the decrease despite several attempts towards universal health coverage [5]. Unfortunately, more than six decades post-independence, with a growing population of more than 180million and estimated 23,640 health facilities operating via the three-tiered government structure, it is ranked by WHO at 187th position in its health system among 191-member states [6].

Nigeria is ranked second after India in the global maternal incident rate which is the worst in Africa. Nigeria's maternal mortality is reported to be 545 per 100,000 births, there is at least a case of maternal mortality in every 20 live births, and under-five mortality rates are 132 per 1000 live births [7]. These unacceptable health outcomes are due to the penurious health service delivery system impeding the achievement of universal health coverage.

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 and current literatures obtained from scientific database including PubMed and Google scholar, while highlighting recommendations on how it can be achieved.

2. 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) [8,9], 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 [8,9], despite the WHO setting a 90 percent coverage target for prepayment and risk-pooling schemes [3]. 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 threshold [8].

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 workers [9]. 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 a great potential, and only time can tell [9].

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 WHO [8].

3. 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 pay [1]. However, Nigeria's healthcare system currently faces challenges in achieving its universal health coverage [8].

One of the significant challenges to achieving universal healthcare in Nigeria has been found to be inadequate funding [10]. Nigeria has one of the lowest healthcare budget allocations in the world, accounting for only 3.9% of the country's Gross Domestic Product (GDP), which is far below the recommended 15% by the African Union [10]. 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% [10,11]. 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 equipment [10].

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 patients [10], which is well below the minimum WHO recommended ratio of 1 physician per 600 population [12].

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 services [10].

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 regulations [13]. 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 resources [13], 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 delivery [13].

Furthermore, The Nigerian healthcare system insurance program is currently not effective and efficient enough to attain universal health coverage [13], 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.

4. 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 especially for people living below the poverty line would go a long way in promoting UHC. This would involve creating effective and achievable policies for financing healthcare especially at 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 subsidize 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 subsidize the scheme for the poor majority [14].

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) [15]. 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 UHC [16], 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.

5. CONCLUSION

Achieving Universal Health coverage in Nigeria has continued to pose a mirrage. Adequate healthcare financing has been found to be an essential factor towards achieving Universal health coverage in Nigeria; hence the Nigerian Government should ensure a dedicated and continual effort towards financing its healthcare sector, especially at the level of its primary health care.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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