



# **Challenges of Universal Health Coverage in Nigeria: Urgent Action for Health System that Protects Everyone**

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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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## **ABSTRACT**

The declaration of universal health coverage (UHC) as a sustainable development goal (SDG), in 2015 was a global resolution to building a world free of diseases and disease-related deaths. The goal is in tandem with many other work frames of the United Nations under the chaperone of the World health organization to create a healthier society. Hence, every country under the United Nations agreed to pursue this mission as part of the UN's sustainable development goals, targeting 2030 as the project finish line. Improving health service coverage and health outcomes depends on the availability, accessibility, and capacity of the healthcare system and care providers to deliver quality and people-centred integrated care. In this regard, Nigeria has adopted several approaches to ensure the implementation of the UHC even amidst enormous challenges. This article has critically examined common but prominent factors beclouding the attainment of UHC, SDG in Nigeria. Key factors such as the primary healthcare system and health insurance schemes have been identified as major concerns while few recommendations have also been prescribed to improve the existing structures.

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## 1. INTRODUCTION

In 2015, the United Nations member states agreed to make universal health coverage (UHC), one of the Sustainable Development Goals (SDGs), targeting to meet substantial outcomes by 2030 [1,2]. The body noted that this was imperative because, without satisfactory health coverage for individuals, the well-being of a nation cannot be guaranteed. Also, the socio-economic sustainability of any country is highly dependent on the health status of the general population. UHC means "that all individuals and communities receive the healthcare services they need without suffering financial hardship, and includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course" [1]. UHC strategies enable everyone to access the services that address the most significant causes of disease and death and ensures that the quality of those services is good enough to improve the health of the people who receive them. The federal government of Nigeria has keyed into the global campaign of "health for everyone ". Achieving universal health coverage in a country of more than 200 million individuals could be a herculean challenge and must require deliberate actions. Despite all the supports from international organizations and NGOs towards the healthcare system in Nigeria, Nigeria does not seem to portray readiness in actualizing the SDG by the end of 2030. This is an expository article on the state of UHC in Nigeria.

The UHC emphasizes not only what services are covered, but also how they are funded, managed, and delivered [1]. A fundamental shift in service delivery is needed such that services are integrated and focused on the needs of people and communities. This includes reorienting health services to ensure that care is provided in the most appropriate setting, with the right balance between out- and in-patient care, and strengthening the coordination of care. As we look at the general face of universal health coverage; Nigeria being a member of the United Nations is not left out in the race. Some advanced countries of the world are perhaps setting coordinates to beat the 2030 deadline. The United States, Canada, UK, and some

other nations have attained enviable stages in the attainment of "health for all" in their various countries [1]. The federal government of Nigeria has also not relented in its efforts to ensure equitable access to quality healthcare for all citizens. However, how much results these efforts have yielded would determine the country's level of preparedness to join the league of nations who would eventually celebrate success as we draw close to the 2030 SDG finish line. The Honourable Minister of Health, Dr. Osagie Ehanire, while briefing the press on the commemoration of the 2020 Universal Health Coverage (UHC) Day, said: "UHC may not seem an easy target to attain, considering the dynamics of our health system, but it is quite achievable" [3]. To Dr. Ehanire, if all stakeholders can agree to collaborate in "one unified health system and advance away from the present fragmented state in which various stakeholders work in silos with separate visions", then UHC, where no one is left behind, is achievable in Nigeria.

Indeed, Nigeria's healthcare system is faced with numerous challenges including poor policies, lack of funding and appropriate health care financing, political influences, inadequate social security coverage, cultural and religious beliefs and diversity, poor or absence of collaboration among key players in the health care industry and the negligence of the primary health care system in the country. Our primary concern however, is on the basic technical challenges with direct impact on the attainment of UHC. We seek to provide solutions to the aforementioned challenges inform of recommendations with the hope our information will be adopted and implemented by appropriate authorities at different health leadership quarters. The primary healthcare system and the health insurance schemes are among the most important factors affecting access to quality care in Nigeria. Hence, our target would be to discuss how these factors have affected the actualization of UHC and suggest ways of improving on them.

Investments in quality primary health care have been described as the cornerstone for achieving UHC around the world. The Nigeria healthcare system over the years has regrettably remained in a bad state. While the country has witnessed substantial progress in human

capacity, the physical infrastructures and policy developments continue to shamble. Nigeria would need an overhaul of the healthcare system if it must achieve anything close to universal health protection, sustainable development goals. Achieving UHC requires multiple approaches. But the primary health care system has been identified as the bedrock for a functional health system. Primary healthcare brings health interventions and benefits closer to the people. Hence, remains the best route to bridging the gap of healthcare deficiencies. A primary health care approach focuses on organizing and strengthening health systems so that people can access services for their health and wellbeing, any time and at a minimum cost.

Furthermore, Health care resource allocation in Nigeria has always favored secondary and tertiary care institutions as against primary health care [4,5]. A direct consequence of this is that most people bypass primary healthcare facilities to seek primary care at secondary and tertiary facilities. This situation is both inefficient and promotes inequities: The cost of primary care provision at secondary and tertiary levels is higher and economically inefficient and poor people, especially in rural areas, cannot access care because it is either not available or too expensive for them. The distribution of the health workforce in Nigeria is also been in favour of secondary and tertiary facilities located in urban areas as incentives for health workers to accept rural postings are often non-existent or poorly applied. The government does very little to control the geographic location of health facilities by both private and public sector owners leading to allocative inefficiency: Overprovision in some areas while other areas are not covered.

The absence of social security for vulnerable groups, regressive taxation, poor planning, policies, and targeting of public funding for health, corruption, and lack of coordination across the three tiers of government all contribute to health inequities and are antagonistic to the quest for universal health. Health insurance schemes are one of the potent ways to reduce the cost of care and promotion of general well-being of the benefactors. Indeed, it might be very difficult to achieve universal health protection without efficient and sustainable insurance for the citizens' health, especially in light of the current economic

quagmire in the country. At present, only about 5% of Nigerians have prepaid health care through social and voluntary private insurance [6,2]. Whereas the national health insurance scheme (NHIS) and private insurance have gained sufficient traction in providing coverage to federal public sector workers, their families, and workers of large private organizations; the large majority of Nigerians are without any form of coverage. Those who are lucky to be part of the scheme still do not enjoy the supposed benefits due to the poor and gross corruption surrounding the system. These situations indeed, make the aspiration for UHC difficult and almost impossible in Nigeria.

## 2. CONCLUSION

The United Nations sustainable development goals on universal health coverage is a laudable vision. Countries of the world including Nigeria must step up actions and align with the WHO in this pursuit for better global health. Nigeria's government has put some measures to reposition its healthcare system in line with the UHC. However, a lot still needs to be done in creating a functional system that allows unlimited access to quality healthcare services in the country. We have identified major setbacks to the attainment of UHC including challenges of financing, policy development and implementation, lack of social security and attention to the primary health care system. It has been stated that an investment in the primary health care [7] is a critical step to bridging the gap in the healthcare delivery system in every society. Improving the health care delivery system at the primary level has the potential to move Nigeria ahead toward UHC and the attainment of the health-related Sustainable Development Goals. Our national health agenda should be geared towards bridging the present inequity in the health system, promoting efficiency and minimizing waste without compromising the quality of service.

## 3. RECOMMENDATIONS

For Nigeria to achieve universal health coverage and a sustainable healthcare system in 2030, there's a need to overhaul the entire health care sector in the country. The federal government through the ministry of health must map out strategies and ensure implementation in every facet of the healthcare system across the country.

### **3.1 Improved Institutional Structures**

Our health facilities are generally in obvious dilapidated conditions. Each year, the government makes budgets worth millions or billions to improve the healthcare sector but the results of such huge investments are hardly seen. Urgent and proactive measures must be taken to revamp this situation and special attention accorded to the primary healthcare facilities. Adequate funding and implementation are the first necessary steps to providing quality care.

### **3.2 Strengthened Primary Healthcare System**

Primary Health Care can be seen as the bedrock or fulcrum through which sustainable health equity can be achieved in the society and the need for its urgent attention Nigeria can never be over emphasized [8,9,10] Governments at all levels must take deliberate steps and make concerted efforts towards creating systems that ensure access to high-quality healthcare at the grassroots. The importance of a functional primary healthcare system in attaining wider health coverage is paramount because it covers the health care need of the larger human population especially those who cannot afford tertiary health institutions. Most of the primary health care centres in Nigeria have been abandoned in a pity state and this has resulted in shortage or total lack of access to health care services in the affected community. There is need to prioritize the functionality of this PHC as it remains strategic in the steps to achieving "health for all" in the society.

### **3.3 Incentives to Stakeholders**

Governments should provide incentives for healthcare providers to set up facilities in rural areas to mitigate the inequity of access to care. Lack of financial resources and supports has discouraged many health practitioners in establishing rural care base facilities. The federal government through the instrumentality of the central bank of Nigeria should make available, soft loan packages or grants for individuals who are willing to build health facilities in rural communities as a way of encouraging them. This will reduce the common rural-urban migration among health professionals and promote easy access to quality health care for everyone.

### **3.4 Functional Health Insurance Schemes**

The capacity of the existing health insurance schemes should be increased and the system should be rid of corruption. The federal and state governments and the private organizations must take appropriate measures to reposition the health benefits of their workers and expand access to health care services. Institutionalization of insurance coverage is very critical [11,12] in actualizing the UHC goal, health insurances could mitigate the financial barriers to accessing quality care.

### **3.5 Collaborations**

The realization of UHC can only be possible through collaborative efforts by different relevant stakeholders. The key is to foster effective, continuous communication among stakeholders involved in the administration and implementation of health policies. Only when there's collaboration can implementing partners promote trust and accountable stewardship of health policy. The key players can do this by working alongside national agencies to strengthen and enlarge the capacity of regional and international agencies and by promoting frequent exchanges of technical information and support among different levels of government to help create an environment of continuous improvement and sustainable policy implementation.

### **3.6 Good Health Care Policy**

Proper policy formulations, implementation, monitoring, and evaluation are necessary ingredients in building a system [9] that protects everyone's health needs and remains an integral part of steps to achieving SDG goals on universal health. Leaders and researchers in the health care system must find ways to improve the existing system. Research and innovation in health requires a lot of funding. Hence, governments and relevant none profit organizations should support health research and innovation through fundings in form of loans or grants. Legislations and policies on health must be favourable to attract health investors and reduction in health care purchasing.

### **3.7 Adequate Healthcare Financing**

Nigeria currently lacks adequate health financing systems as evidenced in its pattern of

resource allocation to the sector. Resources allocation to the health by previous and even the current governments is not prioritized. Moreso, there is lack of equitable distribution of the little allocated resources in a manner that facilitates efficiency and accountability. The health financing mechanisms in Nigeria has failed to effectively protect individuals/households from catastrophic health expenditure. Issues with social health insurance cut across legal frameworks and use of Health Management Organisations (HMOs) as purchasers [14]. The concomitant effect is that attainment of universal health coverage is greatly compromised. In order to improve efficiency of health financing, government needs to allocate more funds for purchasing health services; this spending must be based on clear evidence and process of utilization should be appropriately monitored [15]. The legislation that established National Health Insurance Scheme should be amended such that social health insurance becomes mandatory for all citizens. Implementation of the latter should be complemented by revision of benefit package, strict oversight and regulation of HMOs [16].

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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