



## Challenges of Nigerian Healthcare Services: A Call for System Reform Towards Effective Health Promotion

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### Abstract

Healthcare system in Nigeria has suffered numerous challenges since inception. Successive governments in Nigeria have made concerted efforts, at various stages of development, to strengthen and achieve quality healthcare system that would ensure effective health promotion for the citizens. These include policies, national health conferences, national health insurance schemes and reforms. These notwithstanding, the health sector are still currently trailed by a lot of challenges, which have made healthcare delivery inadequate, unavailable, inaccessible and unaffordable to many Nigerian citizens. This paper discussed the challenges of Nigerian healthcare services and suggested a call for a system reform for effective health promotion. The paper identified and discussed some key challenges such as problems of policy implementation, financing, workforce, limited institutional capacity, lack of political will, workers' industrial actions and corruption. The paper equally discussed the various interventions made by successive government of Nigeria, at various stages of development, to strengthen healthcare system. It also highlights the gaps that still exist, which hinder the provision of quality healthcare services in the country, in spite of all the interventions made so far by the Nigerian government. Furthermore, the paper reviewed and interrogated different initiatives and strategies adopted by other countries, with the view to drawing strength from these strategies to make further reforms to address the current myriad of challenges besetting Nigerian healthcare system. Some objectives and strategies were suggested for a further reform.

**Keywords:** Healthcare services; Health Promotion; Challenges; Interventions, Health System reform.

### Introduction

Healthcare service is an integral part of life. It is an important aspect of national security that is crucial to the achievement of timely patient care; individual safety, keeping of surveillance, as well as, controlling disease outbreak (World Health Organization [WHO], 2023). Healthcare service is important for tracking, monitoring and controlling disease outbreak and it is an aspect of life that brings about safety of live, good health and decent environment.

According to Schram (1971), the foundation of medical care in Nigeria and in other African countries was laid by the European Navy surgeons and the army medical officers. Thereafter, the missionaries with the colonial imperialists, in 19<sup>th</sup> century, introduced a different approach to healthcare. They started with the introduction of education and modern hospitals in different African countries, including Nigeria (Landman, 2013). Desai (2012) remarked that their approach to healthcare services was context specific and culturally constructed. This Agbiji (2013) adduced, was because before they came to Africa, people from different parts of Africa had their peculiar or unique ways of addressing their health-related issues and they maintained and promoted their health based on their understanding of wholeness (being perfect amid pains and sufferings), health, sickness and healing. These missionaries and



imperialists leveraged on the uniqueness of people from the different parts of Africa to provide relatively, quality healthcare for individuals, communities, and States in these countries in Africa. It is from this point that Nigerian healthcare system was created to tackle with the problems of several infectious diseases outbreaks that occurred and reoccurred, year after year in various parts of the country at the time (Agbiji, 2013).

Healthcare system in Nigeria belongs to legislative list that empowers the Federal, State and Local government to legislate on health matters. Thus, health system in Nigeria is made to operate within three tiers of government. The three tiers of government (Federal, State and Local government) share responsibilities for providing healthcare services in Nigeria (Gyuse et al., 2018). The federal government according to the authors, is responsible for providing policy; planning and technical assistance; co-ordinating State-level implementation of National Health Policy; establishing Health Management Information (HMI) system; in charge of disease surveillance; drug regulation and vaccine management; training health professionals and takes responsibility of teaching, psychiatric and orthopedic hospitals and some medical centres. The State takes care of secondary health facilities (general hospitals) and in some cases, tertiary hospitals and also some primary health care (PHC) facilities; the State is responsible for training of nurses, midwives and health technicians; provision of technical assistance and facilities. The Local government council, oversees; the operation of PHC facilities within their geographic areas. These include the provision of Basic Health Services, Community Health Hygiene and Sanitation.

The essence of the three tiers of government getting involved in the running of health care system in Nigeria, is to ensure that healthcare services provide quality care for individuals, communities, States and entire citizens of Nigeria (Welcome, 2024). Also, it is to ensure that health care services increase the likelihood of desired health outcome across the country (Sowell, 2024). Sowell noted that healthcare services review patient and medical data and analyze processes used to provide care. Thus, healthcare services provide and use information to identify areas of improvement and highlight areas of excellence. According to Omoleke and Taleat (2017), healthcare delivery services in Nigeria is made to address the provision of intensive, effective and efficient healthcare services to the people of Nigeria in order to give the people the opportunity to achieve desirable goals of health standard. This helps all Nigerian citizens to enjoy good health that is affordable and accessible irrespective of territorial locations or jurisdiction (United Nations Office on Drugs and Crime [UNODC], 2019). It becomes so crucial that individuals enjoy good health because no matter what one's social and financial status may be, and the person has health challenge, the person's health and social outfit, will be jeopardized. This gives credence to the popular adage which states that "Health is Wealth". This adage buttresses the significance of the healthcare sector in any given nation.

The activities of healthcare service in Nigeria involve individuals and groups, in addition to government and non-governmental institutions in a multi sectorial approach. This is made so, for effective planning and implementation of health care delivery services in the country (Omoleke & Taleat, 2017). Hence, quality healthcare delivery system is crucial to effective health promotion in the country.

World Health Organization Ottawa Charter for Health Promotion in 1986 described health promotion as the process of enabling people to increase control over, and to improve their health (WHO, 2012). The WHO indicated that health promotion moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. It aims at supporting governments, communities and individuals to cope with and address health challenges. It empowers individuals to engage and to take proactive actions in improving



their health and in reducing diseases. It helps in the promotion of health status of individuals, families, communities, States and the nation and also enhances quality life and wellbeing for all citizens in the country and reduces premature deaths.

The basic principles of health promotion include community participation, partnership, empowerment and equity. The above aims and principles of health promotion, can unarguably, only be achieved amid properly, functional healthcare system and amid quality, functional health care delivery system that is adequately available, accessible and affordable to the people. Welcome (2024) reported that health services in Nigeria are of poor quality and are faced with challenges which affects availability, accessibility and affordability of the services to people who need them. Nigerian healthcare system, having been faced with a lot of challenges, cannot boast of effective health promotion that has the potential to enhance quality lives and well-being of its citizens.

### **Challenges of Health Care System in Nigeria**

Nigerian health care system has suffered challenges and these have made the system to function sub-optimally. According to the Health Reform Foundation of Nigeria (HERFON, 2010), Nigeria, which is a great nation, as compared to other African countries, has been faced with a lot of health care system challenges since the inception of health care system in the country. The HERFON reported that these challenges have affected delivery of accessible and affordable health care services and attainment of effective health promotion in the country. The WHO (2019) reported that African countries, including Nigeria, have over the years, suffered from man-made issues, which pose challenges to their health sectors. According to the WHO, this has made majority of African countries unable to meet the basic requirement for quality healthcare system and effective health promotion.

The WHO (2019) identified some of the challenges to include policy (persistent lack of ability to implement policies); work-force (slow expansion of the labour force); financing (underfunding and misappropriation of funds); limited institutional capacity; lack of political will; inadequate infrastructure; worker's frequent industrial actions and corruption. Numerous researchers e.g., Adebisi et al. (2020); Muanya (2020); Oluniyi (2022); Ajala and Agbaoye (2022); Ogbodo (2023); Olatunji (2023) and Oguntola (2024) affirmed from their various studies, that the major challenges facing Nigerian health sector are in areas of policy, work-force, financing and other aspects as pointed out by the WHO (2019).

### **Policy**

Good health policy and proper implementation helps in shaping the structure and function of healthcare system. It influences the allocation of resources and impacts the delivery of healthcare services to individuals and communities. Unfortunately, Nigerian health policy is challenged by patients' lack of information and knowledge; poor implementation (WHO, 2019) caused by lack of transparency, and accountability (this is clearly seen as in case of NHIS). The inability to implement health policies in Nigeria is also implicated to political rascality, ethnicity, lack of need assessment, lack of continuity, corruption among other factors. When policies are made and they are not well implemented, it affects the function and structure of the entire system.

### **Financing**

Over the years, Nigerian health care financing has been described as inadequate. The expenditure on health has been very low and the domestic resources mobilization for health care has been weak. The budgetary allocation to health has barely exceeded 7% of the nation's total budget (Adebisi et al., 2020). This allocation according to Adebisi et al., clearly



falls below the April 2001 Abuja declaration of minimum of 15% allocation of the National budgets to health care (Ogbodo, 2023). According to Ogbodo, successive Nigeria governments, since 2001 have consistently allocated under 10% (3.5% and 8.24%) of their total budgets to health care. The State government is meant to provide 8% of health care financing, while the local government provides 4% and donor partners/agencies provide 3%. Up to 70% of the health care financing in Nigeria is from out-of-pocket payments made by the patient to provide health care (Olatunji, 2023).

This has led to challenges of insufficient health care delivery in the country. The low funding does not also recognize the key for achieving universal health coverage (UHC), which recommended adequate allocation of fund to the health sector (Adebisi et al., 2020). Oguntola (2024) indicated that Nigerian government has been making efforts to improve funding allocation in the health sector. The author pointed out that in 2018, the total money released to health sector was ₦86.49 billion and in 2022, it increased to ₦207.40 billion. However, the author stated that ministry of finance and ministry of budget and economic planning have continued to argue that despite the increase in the financial allocation, significant obstacles still trail funding for health sector in Nigeria. These include restricted fiscal space for additional expenditure; delay in accessing fund released by the ministry of finance; delay in procurement planning as stipulated by the procurement Act; over-dependency on donor/partner funds for programme activities, and misappropriation of funds. Oguntola (2024) reported that sometimes, the allocated funding is underutilized due to the fact that plans do not align with the budget and it resulted to appropriated funds being returned to the federation account. Currently, health care resources allocated in Nigeria are skewed, with a high proportion, going toward secondary and tertiary care facilities (WHO, 2024). All these gave rise to insufficient resources, limited institutional capacity, inadequate supplies, and insufficient healthcare delivery system, which invariably, affects effective health promotion among the populace.

### **Work-Force:**

The health work-force is an essential block of any functioning health system in any given country. Without effective work force, clinical and public health services cannot be delivered to the population. Health work-force is made up of health workers, which include all people engaged in the promotion, protection or improvement of health of the population (Adebayo et al., 2016). The WHO (2021) reported direct links between effective health system governance and promising health workers outputs, which ultimately have positive effects on overall health outcomes in all countries across the globe. The WHO estimated that there would be a deficit of 18 million health providers globally by 2030, and this will be primarily in the developing countries. Specifically, the WHO estimated that African Region would have the highest shortage of health workers and that 36 out of 47 African countries, which include Nigeria, would have critical shortage of doctors, nurses, midwives by 2030. Adeloye et al. (2017) had earlier observed that the migration of doctors especially, early career doctors (ESDs) from Nigeria to countries like the US, UK, Canada, Arabian Gulf countries was enormous due to economic and professional factors, with wide range of consequences on both the economic and social system of the country. Abisola (2024) reported that the problem of Nigerian health system is exacerbated by the alarming rate of brain drain among its highly skilled medical professionals who depart the country for greener pasture abroad, leaving the countries health system in a precarious state. The WHO (2024) report on health workers' migration, indicated that Nigerian medical practitioners would not stop migrating to other countries in the nearest future if the associated problems are not addressed.



Consequently, Nigeria has continued to experience a rapidly progressive health work-force shortage and has not been able to meet with WHO set standard for doctor-to-patient ratio and nurses-to-patient ratio. The global standard of doctor-to-patient ratio as recommended by WHO is 1:600, while in Nigeria, doctor to patient ratio is 4:10,000, which is lower than the recommended ratio (Abisola, 2024). The recommended ratio for nurses is 1:5, while in Nigeria, the ratio is 1:1,160 for nurses, which goes far below the recommended ratio.

Irrespective of the calls for concerted efforts to strengthening health system in Nigeria, human resource crises have continued to constitute a major challenge to Nigerian health system. For instance, distribution of the health work-force in Nigerian health sector is also skewed in favour of secondary and tertiary health facilities located in urban areas. Abimibola et al. (2015) reported that the reason is because the incentives for health workers to accept rural postings are often non-existence.

### **Limited Institutional Capacity:**

This refers to the ability of an institution to achieve its stated goals. It encompasses three things which include: task function, which the institution must have to do; resources (human, technical and financial), and structures owned by the institution. To improve institutional capacity, it requires capacity building of the institution, which is achieved by training and retraining of staff, study hours and live design exercises (deliberate and motivating approaches to build life and make one happy and fulfilled e.g., standard structures/building, electricity, pipe born water, structured activities or methods used to encourage and facilitate collaboration).

In Nigeria, many efforts have not been put in for improving institutional capacity and as such, most of the primary, secondary and tertiary health facilities, lack capacity to provide the essential health services (WHO, 2024). This according the WHO is in addition to issues such as inadequate equipment, poor quality of health care services, poor staffing, poor condition of infrastructure, poor distribution of health workers, brain drain and so on.

### **Lack of Political Will**

Political will and commitment are keys to the proper adoption of new health laws and regulations. It is crucial for the smooth running of the health care delivery system. However, studies (Areggheshola, 2017; Olatunji, 2023) have reported that over the years, the successive governments in Nigeria have not been able to selectively resolve and solve a number of problems that have trailed the health sector, and this has led to progressive deterioration experienced in the health care system today. This is much felt at the primary level where the political leaders, are continually neglecting the importance of addressing public health issues for poor Nigerians. Olatunji (2023) added that Nigerian political leaders are known for misappropriating health funds, corruption, large scale tax evasion, inadequate and unreliable statistics and so on. The goal of the UHC remains elusive in Nigeria and this is as a result of lack of political will and commitment among political actors (WHO, 2022).

### **Inadequate Infrastructure**

This is the basic physical and organizational structures and facilities (buildings, roads, power supplies, equipment) required for the operation of the health care system. Okpani and Abimibola (2015) stated that Nigerian government does very little to control the allocation of health facilities and distribution of equipment, and this has resulted to inefficiency in allocation such that provision are made in some areas, while some areas were not covered. Supporting this assertion, Gyuse et al. (2015) stated that there is inequality in infrastructural distribution, which favours urban areas more than rural areas in Nigeria. Report from the



Country Commercial Guide (2023) indicated that healthcare infrastructure in Nigeria is underdeveloped and lacks modern medical facilities. The report further indicated that the health care system in Nigeria is faced with deteriorating medical infrastructure; low government budget allocation; poor compensation and subsequent emigration of skilled healthcare workers. Welcome (2024) lamented that Nigeria healthcare system is poorly developed with the adequate and functional surveillance system and other basic infrastructure. Yet, the country is the fastest growing population globally. Nigerian population according to the author is estimated to reach 400 million people by 2050, which will make the country the world's third most populace country. It then implies that Nigeria needs to seat up in their efforts to improving healthcare infrastructure.

### **Workers' Industrial Actions/Strike**

Nigerian health system has been plagued with numerous healthcare workers' strikes (industrial actions) at all levels of the government. Essian (2018) reported that these industrial actions have been frequent among Nigerian health care workers and that it has complicated most aspects of the health care service delivery. Oleribe et al. (2018) added that it has resulted in multiple avoidable mortalities and morbidities in Nigeria. Oleribe et al. revealed statistically that between 2016 and 2017, there were 17 different industrial actions in Nigeria, out of which, six were for health workers. The authors reported that 92% of the causes include health care leadership and management problems; 82% was as a result of demands for high salaries and wages; 63.3% was due to infrastructural issues, while 61.3% was as a result of personal issues. Abubaka et al. (2018) adduced that non-implementation of relevant policies, programmes and agreements between government and various health care workers have frequently led to workers' industrial actions and periodic refusal to provide healthcare services to the sick. Also, Essian (2018) revealed that poor means of communicating grievances to top managers, unfavourable economic and industrial policies, poor employee compensation and welfare are issues that lead to industrial actions among healthcare workers in Nigeria. The major effect of these frequent industrial actions is the closure of public healthcare institutions, which prevents Nigerian's access to quality healthcare services and this basically, affects health promotion among the populace.

### **Corruption**

Corruption is an anti-social attitude that is contrary to legal and moral norms. It has the capacity to impair institutional and authorities' growth and progress and it affects citizens of any affected nation (Belola, 2018). Okoye (2012) had earlier indicated that corruption in Nigeria is a constant phenomenon that has existed since independence. The author gave instance that it was through connections that our political leaders first gained their positions. Corruption runs through every level of the Nigerian government; from considerable contract fraud at the top, through petty bribery at the lower levels.

Corruption in the health sector include all forms of bribery, money laundry schemes, embezzlement, seizing salaries, fake workers, misappropriation of funds and delivery services, inadequate supplies and wrong distribution of drugs and other infrastructural facilities (WHO, 2013). Corruption can be sporadically or institutionalized (UNODC, 2024). In any case, the UNODC remarks that it affects patients care (poorer treatment by health care workers); threats to supply chains; higher fees for services that should be free of charge, and general misuse of funds. Corruption hinders the fight against diseases due to drug shortage (often because of drug thefts); absenteeism that cause interruptions in individual patient's treatment regimes. Also, it limits countries capacities to manage national and global health risks (Buowari, 2017). According to Buower, corruption has affected Nigerian health care delivery by damaging the use of available healthcare facilities; lowering the immunization



rate; thwarting the delivery of essential treatment especially for the poor and has cast the country billions of dollars annually. Nigeria ranked 145 out of 180 countries in the world corruption index, where the country that ranked first is perceived to have the most honest public sector (Transparency International Ranking, 2025). Nigeria scored 25 on a scale from 0 (a high corruption) to 100 (very clean) - implying that Nigerians are very corrupt.

### **Government Interventions**

Nigerian government has not rested. The government has been on her thoughts making various efforts to address the wide-ranging issues in the health care system. According to the Health Care (2024) report, successive government in Nigeria at different stages of development, have made concerted efforts geared towards providing optimum health services to the populace. The government has intervened by evolving a lot of strategies ranging from a number of health care reforms meant to deal with equity, efficiency, quality, financing and sustainability in the provision of health care services in Nigeria, to adoption of communiqué of the national health conferences (Nigerian National Health Conference, 2009). The government has also put forward some key health initiatives over the years, to mitigate the problems of healthcare system in Nigeria, such as the National Health Acts, Primary Health care programme and the National Health Insurance Authority (Federal Ministry of Health [FMOH], 2022). According to the FMOH, the government has equally, implemented policies to achieve Universal Health Coverage (UHC) in the country.

### **Primary Health Care (PHC)**

Primary health care (PHC) is the world health system that was established as the most suitable strategy for addressing the challenges of attainment of the Millennium Development Goals. The concept of PHC was first proposed in a paper submitted to the Executive Board of WHO in January 1975. Following from that, health system development was initiated between 1975 and 1980, with PHC as corner stone. The National Basic Health Services Scheme (NBHSS) was developed based on PHC approach to provide adequate and effective PHC for the entire population and to achieve 100% healthcare coverage (United Nations Department, 2020). In 1985, Prof. Ransome-Kuti adopted PHC in 52 Local Government Areas in Nigeria based on Alma Ata Declaration of 1978 (Ahmed & Lucero-Prison, 2022). The PHC was lunched with its eight objectives, which centered on improving health care delivery system and health promotion in the country. The aim of PHC is to provide a whole-of-society approach to health by ensuring the highest possible level of health and well-being and equitable distribution by focusing on people's needs and making health services accessible to people at their door-step (FMOH, 2022).

This was the initial effort made by the government through Prof. Ramson-Kuti to strengthen health care system in Nigeria. Within 1986-1990, PHC was expanded to all local government areas (LGAs) in Nigeria by Ramson-Kuti (Ahmed & Lucero-Prisno, 2022). The authors remarked that this resulted to improved health in the country. For example, the authors reported that government achieved 80% universal child immunization at the time. However, Ahmed and Lucero-Prisno noted that the National Basic Health Service Scheme failed in Nigeria because of implementation problems. Hence, it affected the delivery of PHC in the country. Secondly, in 1990, the responsibility of PHC was devolved to the LGAs. This according to Aregbeshola and Khan (2017), was the beginning of PHC problems in Nigeria. The local government (LG) administrations were not able to manage PHC. To ensure that PHC agenda is continued and sustained in Nigeria, the National PHC Development Agency (NPHCDA) was established (Chinawa, 2015) in 1992 and in 2011, PHC. Under one Roof (PHCUOR) was formulated to address the problems of fragmentation in PHC and to ensure



integration of PHC services under one authority. Hence, the WHO has reported that the impact of these developments have not been felt in Nigerian PHC system (WHO, 2024). The current state of PHC in Nigeria is appalling, with only 20% of the earlier established 30,000 PHC facilities remaining across the country and most of the PHC facilities, lack capacity to provide essential health services due to poor staffing and lack of infrastructure, among other reasons (Health Care, 2024). Nwakamma (2024) affirmed that presently, most of the PHC facilities in Nigeria lack the capacity to provide the essential health care services; have problem of adequate equipment; poor condition of infrastructure; poor distribution of health workers, and misappropriations. This has created influx of Nigerian population in secondary and tertiary health care facilities. Thereby, undermining the aim of PHC which boards on accessibility and equity in health care delivery system. It creates inequalities and inefficiency in health service delivery because it leads to high cost of health services, to the less privileged, who could not afford high cost of secondary and tertiary care services.

### **National Health Insurance Scheme**

In 2005, the federal government saw lapses in the effectiveness of PHC and overall health care system and made effort to revitalize the state of the healthcare system in Nigeria, by establishing the National Health Insurance Scheme (NHIS). This was under the Decree 35 of 1999 National Health Act (National Health Insurance Scheme Decree, 2010). The objectives of the scheme are to protect Nigerians from financial burden of medical bills and to ensure that every Nigerian has access to good or quality health care services and limit out-of-pocket expenses on medical services among Nigerians.

On 15<sup>th</sup> October 1997, the National Health Insurance Scheme (NHIS) was inaugurated in Nigeria and approved into law in May, 1999 (FMOH, 2022). The National Health Insurance Acts (NHIA) of 1999, 2014 and 2016 were implemented by the government to ensure access to health care for all Nigerian citizens. The 2016 NHIA was made to integrate health insurance programmes in Nigeria and to increase individual engagement and harness private sector engagement in healthcare delivery. Each of the NHIA established was to clear the gaps discovered in earlier established one.

Following from the gaps created in 2016 NHIA, the president of the Federal Republic of Nigeria, president Mohammadi Buhari, in 19<sup>th</sup> May, 2022 passed the National Health Insurance bill. The bill was signed into law and makes health insurance mandatory for all citizens and legal residents in Nigeria and empowers the NHIS to be a more effective regulator and integrator in the country (Olaniyi, 2022). The bill also creates mechanism to finance health-services delivery for the poor and vulnerable (Awosusu, 2022). It established a fund for the vulnerable groups, which will provide subsidy for the health insurance coverage for vulnerable persons and payment of health insurance premiums for the indigents (Ajala-Damusa & Agbaoye, 2022). The FMOH (2022) reported that the bill for the NHIS of 2022 replaced the 2016 NHIA and it has meant to ensure the provision of health insurance coverage to all Nigerians by 2030 and to help solve the problem of out-of-pocket medical expenses. According to the FMOH, the federal government is equally encouraging individuals to engage in State Health Insurance Agencies for all legal residents of every state in the 2022 NHIA.

Olaniyi (2022) speculated that the 2022 NHIS would increase health seeking behaviour of Nigerians and their access to quality health care since the scheme is meant to bring health insurance to States where there is none and since, the scheme has consideration for the poor and vulnerable citizens of Nigeria. As part of efforts to reduce cost of medical services, the





government also improved prepaid health care scheme through social and voluntary private insurance scheme. This is to help families and private sectors to engage in the scheme and to remedy the lack of financial risk protection mechanisms for Nigerians.

However, these efforts have not solved the problem. This is because studies have revealed that many Nigerians still suffer out-of-pocket expenditure and to worsen the matter, the 2022 NHIS has not been able to capture the interest of the poor and the vulnerable (Uzochukwu et al., 2015). The WHO (2023) reported that Nigeria had the lowest health insurance coverage in the world in 2023, with less than 10% of the population covered by health insurance. The Guardian Newspaper reported that in 2024, over 170 million Nigerians were uninsured and that Nigerian Health Insurance is operated on the basis of the willingness of individuals. Onoka et al. (2024) argued that even where the NHIS and private insurance have gained a level of traction in providing coverage to federal public sector, workers and their families in most States and local government and those in large private organizations, and the large majority of Nigerians are without any form of coverage. Shobiye et al. (2021) attributed the lapses in the NHIS to inadequate knowledge, lack of awareness and capacity regarding the insurance scheme. The authors also attributed it to corruption and lack of transparency and accountability among the stake holders.

### **Universal Health Coverage (UHC)**

In trying to assuage the problems of PHC and the problems of the entire healthcare system, the Nigerian government implemented policies to achieve UHC. The UHC was established based on the 1948 WHO constitution. This constitution declares health a fundamental human right and commits to ensuring the highest attainable level of health for all (Onoka et al., 2024). According to the authors, the WHO established UHC for the reorienting of health system towards PHC across the world. Also, the UHC aims at delivery of essential medicines, accessibility, affordability and quality health care. Accessibility in both distance and time and affordability in terms of cost restraint. In other words, the UHC is meant to help people have free access to the full range of quality health services they need, when and where they need the services and without financial stress.

In 2014, Nigeria government, aligned itself with the global push for UHC when the presidential summit of UHC was held in Nigeria. The summit reorganized that health is a fundamental right and that it is the responsibility of the government in assuring good health for its people (Oguntola, 2021). Oguntola noted that the summit recommended adequate allocation of fund to the health sector as one of the keys for achieving UHC. Ogbodo (2023) reported that budgetary allocation to health sector in Nigeria does not recognize the key for achieving UHC in the country and that the pre-payment for health care cost constitute a major factor in the attainment of UHC. These situations have made the aspirations of UHC very difficult to attain in Nigeria.

### **Policies**

The first comprehensive National Health Policy in Nigeria, which was based on PHC, was launched in 1988. The policy was made to expand PHC in the country. From then, successive Nigerian governments have continued to develop health policies and these are in attempt to bridge the gaps observed in earlier developed policies. For instance, the National Health Promotion Policies (NHPP) was developed in 2006 and the policy had some problems in addressing some key issues such as intersectoral collaboration; clarity of management structure; clarity in understanding of the concept of health promotion and the consumer rights at all levels of the government. In order to bridge the gaps, the National Health Promotion Policy (NHPP) of 2009 was developed and the policy had similar problems (Health Policy



Plus, 2022). After the NHPP 2006 and 2009 failed, the National Health Act of 2014 was developed to strengthen the NHPP of 2009. This also failed and another NHPP was developed in 2016 to strengthen the health promotion capacity of the Nigerian health system. The goal is to make the health care system to deliver health care that is promotive, protective, preventive, restorative and rehabilitative (PPPRR) to every citizen of the country. In 2019, the 2016 NHPP was revised to achieve commitment to deliver health care that is PPPRR to Nigerians.

Unfortunately, the policy still failed to achieve the desired goal and government further developed the NHPP of 2020 (Office of the Secretary to the Government of the Federation (OSGF), 2024). Uzochukwu (2015) had earlier identified some problems that affected implementation of Nigerian policies and reforms to include inability to properly identify problems, inadequate resources, lack of political will, too many points agenda and lack of continuity. The OSGF (2024) added corruption, conflicts, weak institutions and global environmental threats as some of the challenges facing implementation of policies in Nigeria. Hence, health care system in Nigeria continue to dwindle, following from problems of implementation of health policies.

### **Gaps**

The above discussions imply that in spite of all the efforts being made by the successive government at various stages of development to provide PPPRR health care services to the citizens, much is still needed to be done in the health sector, to achieve optimum health delivery services and effective health promotion for Nigerians. The challenges trailing the health care system in Nigeria have made health care delivery system a mirage. The system cannot meet the needs of the majority of Nigerians. This has resulted to rising cost of health services in the country, lack of essential drugs, endemic diseases, and low life expectancy (WHO, 2024). This is also evident in the health indicators in Nigeria, as reported by the UNICEF (2024). The UNICEF reported that vaccine preventable and infectious diseases are still rampant in Nigeria; Nigeria has the fourth highest tuberculosis burden in the world; non-communicable diseases and neglected tropical diseases are on the increase; under-five mortality is still 117 deaths per 1,000 live births and only 25% of children born in Nigeria are fully immunized (as at 1 year of age); only 36% of mothers deliver in a health facility and maternal mortality is still high in Nigeria. Abubakar, Basinu and Oluyemi (2018) lamented that dilapidated healthcare system in Nigeria has facilitated medical tourism and that up to 5000 Nigerians leave Nigeria every month for various forms of treatment abroad. The authors reported also that Nigeria lose 1-2 billion US dollars to medical tourism yearly.

### **Foreign Review**

Evidence from the discussions so far, reveals the need for the call for further reforms in healthcare sector, to address the myriads of challenges currently besetting the system. This paper interrogated different initiatives and strategies adopted by other countries, which placed them at the forefront in healthcare service delivery in the world, with the view to finding appropriate strategies for further reforms in Nigerian healthcare sector.

### **United State of America (USA)**

The success of quality healthcare system in USA today is attributed to the “Affordable Care Act” of 2010, which is a medical programme; an insurance scheme that lowers healthcare expenses for all low-income earners in the USA. The medical programme ensures accessibility, affordability and quality healthcare for all citizens (Health Human Service, 2022). This insurance scheme reduced the uninsured rate in the USA to 9.1% in 2015, with



great sign recorded on financial security and health status improvement (Mabi, 2022). Also, the USA gives great attention to health system infrastructure and work structure. For instance, the ratio of doctor-to-patient in the USA is 1:362 while the ratio of nurse-to-patient is 1:4 patients.

### **United Kingdom (UK)**

In the UK, national health care system is free for all citizen both for high- and low-income earners (Change et al., 2022). The authors reported that according to the WHO, an estimate of 85% of government funding goes to health care costs, with the private sector funding the remaining 15%. The UK National Health System synergizes with other organizations in the States and the effect is the provision of quality health care delivery and effective health promotion for the citizens. The UK, in addition to paying attention to health infrastructure and other funding, operates doctor-to-patient ratio of 1:313 and nurse-to -patient of 1:8.

### **Singapore**

Singapore has the most efficient healthcare system in the world. According to the latest Bloomberg Health Systems ranking that ranks the efficiency of healthcare system in the world, Singapore is the best and ranked first in overall quality health care system in the world (Viachynsky & Birta, 2023). The quality and sustainability of their health care system are attributed to their financial structure. Singapore health care system is funded by the government and their insurance scheme is made to cover all legal citizens of the country. They have three levels of insurance scheme which are the Medi-Save, Medi shield Life, and Medi fund. The Medi Save is a mandatory savings plan that consume between 8-10.5% of individual's monthly salary (depending on age). It is for routine health care for individuals and their immediate family members. Part of the money is reserved for retirement savings. The Medi Shield Life cares for large health bills; for severe health problems such as chemotherapy and dialysis costs. In this case, individuals pay a given percentage amount from salary and the government subsidizes according to one's income and age (it is a deductible payment). The Medi Fund is meant for the poor and vulnerable citizens who are not captured in the Medi Save and Medi Shield Life.

In addition to these their insurance schemes, the Singapore government makes health care more affordable by subsidy they provide to sick patients. They give 80% subsidy of the cost of hospitalization and also visit to general hospitals and clinics are subsidized by 75% of the cost. Viachynsky and Birta (2023) reported that as at 2023, Singapore had up to 25 different health subsidy schemes. This motivates and encourages the citizens to take care of their health and to value health more than any other thing. Singapore doctor-to-patient is 1:357, while their nurse-to-patient is 1:357.

### **China:**

China is a country that was also struggling to revitalize their health care system like Nigeria. The essence of looking at Chinese health care system is to draw inference from the efforts they have made so far to put their health care system in place. In order to achieve Universal Health Coverage (UHC), China called for a reform in the health care system, and they made a number of interventions, out of which the most important was the extensive examination of the various dimensions of its changing health system. They did this to discover and understand the complexities of their health care system and they used WHO framework for UHC as a template. From the template, they looked at (1) leadership (2) finance (3) provisions (4) work-force (Lee et al., 2021). China today operates two main insurance scheme that covers both old, young, retirees, employees and non-employees in urban and rural areas of the country (Bradsher, 2023). According to Bradsher, less than 45 of the total



population in China as at 2023, is uninsured and their doctor-to-patient is 1:200, while nurse-to-patient is 1:8 in the day time and 1:23 at night.

### **South Africa:**

South Africa was ranked first among the top African countries with the best healthcare system, and Nigeria was ranked 18<sup>th</sup> (Healthcare Index Ranking, 2023). Also, South Africa ranked first in health care delivery system (competency of medical staff; equipment for modern diagnosis and reports, convenience of location of health care facilities to people, and satisfaction with work) while Nigeria ranked 6<sup>th</sup> (Chukwunedu, 2023). Some of the practices that put South Africa in the lead include:

- Infrastructure (power supply, communication system, sewage, water supply, and transportation system). Though they ranked 4<sup>th</sup> in Africa infrastructural development index 2021 and Nigeria ranked 8<sup>th</sup>, they are of the view that infrastructure is the key to better life and they are making frenetic effort to improve on infrastructure.
- Work-force – Their doctor-to-patient ratio is 1:1, 315 and their nurse-to-patient is 1:224.
- The experience minimized industrial actions.
- Only 5.6% reported experiencing forms of petty corruption, yet the government has prioritized corruption as the second leading crime in the country (African Development Index, 2021).

This paper therefore, calls for further reform(s) that will address the problem of policy implementation to achieve National Health Insurance Coverage.

### **Call for Healthcare System Reform**

Drawing from what obtains in other countries reviewed and looking at the present condition of the health care system in Nigeria, it becomes unarguably reasonable that further reform should be made to address the current myriads of challenges besetting the system. Healthcare reform refers to the process of designing and implementing changes in the healthcare system to improve efficiency, quality and access to services, while also incorporating strategies to reduce corruption and increase transparency (WHO, 2023). Following from this definition, Nigeria need further reforms that will address the issue of equity, efficiency, quality, financing and sustainability in the provision of healthcare service delivery in the country. The reform should be made to base on a vision of the healthcare system in Nigeria as a whole and it should be made to address the problem of policy implementation. The reform should adopt the WHO template for UHC and the key objectives should be to:

- Strengthen collaborations within health sector and other sectors in Nigeria.
- Improve services rendered by government institutions (Service Compact with all Nigerians [SERVICOM]) on health matters.
- Improve public health education on health matters (helps in preventing diseases and promoting health).
- Improve timely and accurate medical information from a wide range of sources.
- Improve funding/sustainable funding by injecting more funds into the health sector.
- Promote sustainable workforce planning by developing strategies to ensure a steady supply of health workers in healthcare sector that will meet the stipulated ratio by WHO.
- Address root causes of health worker migration by identifying the causes and mapping out strategies to mitigate the causes.
- Invest in training and capacity building for health leaders and managers.
- Upgrade and maintenance of infrastructure (equipment, technology) to support service delivery.



- Introduce quality monitoring and evaluation systems to check performance and inform decision-making.
- Improve and implement incentives scheme to motivate and boost staff morale and productivity.
- Improve data collecting, analysis, and use for informed decision-making.
- Establish long-term sustainability of institutional capacity improvements.
- Implement transparency and open processes for procurement, budgeting and service delivery to control corruption.
- Appoint leaders with high integrity and ensure effective oversight mechanisms to check corruption.
- Establish and enforce strict policies and regulations against corruption.
- Encourage community participation in health matters.

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