

Review on the Reflection of National Health Financing Policy and Strategy on Nigerians towards Achieving Universal Health Coverage by 2030

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ABSTRACT: *Universal health coverage (UHC) connotes access to the full range of quality health services, when and where they are needed, without financial hardship, accessible by all citizens. Achieving UHC is one of the targets the nations of the world set when they adopted the 2030 timeline. A key determinant to achieving this is the way a country finances its health care system. Through a desk review, the study reviewed a segment of a Baseline line Study (BS) conducted in Plateau State, focusing on the reflection of National Health Financing Policy and strategy since its inception in 2006 on Nigerians in accessing quality and affordable healthcare. To achieve this, we narrowed and categorized aspects of the policy provisions into 3 thematic areas. Reviews of relevant literatures were also consulted. Findings showed that the reflection of the policy and strategy has not achieved much after over 16 years of its inception. Major challenges associated with the policy include lack of political will on the part of the government, weak institutions in the aspect of implementation, limited knowledge and literacy on the policy programmes. The paper recommended that there is the need to have independent institutions and a government with the political will to effectively manage the many challenges in the Nigerian health sector.*

KEYWORDS: Health financing, health policy, health strategy, Universal Health Coverage

INTRODUCTION

Consistent with the core messages of the World Health Report 2010, many countries have committed to universal health coverage (UHC) as a result reviewing, analyzing, and modifying health financing arrangements in their countries. To attain progress in (UHC), the pattern a country finances its health care system is a critical aspect of the process because it determines whether the health services that are available are affordable to those that need them. The health financing policies of a country can significantly influence equity in service use, service quality and financial protection, each of which is fundamental to making progress towards universal health coverage (UHC). While no country in the world can fully achieve all of these three “UHC goals”, each seeks to make progress on them; hence, “moving towards UHC” is relevant to all and can be used to orient the direction in which reforms are intended to move the system (McIntyre and Kutzin, 2016). According to a WHO report (2023), the world is off track to make significant progress towards universal health coverage (Sustainable Development Goals (SDGs) target 3.8) by 2030. Improvements to health services coverage have stagnated since 2015, and the proportion of the population that faced catastrophic levels of out-of-pocket health spending increased continuously since 2000. This global pattern is consistent across all regions and the majority of countries. About 2 billion people are facing financial hardship including 1 billion experiencing catastrophic out-of-pocket health spending (SDG indicator 3.8.2) or 344 million people going deeper into extreme poverty due to health costs (WHO, 2023).

Universal health coverage (UHC) is defined as the entire spectrum of health services, ranging from health promotion, disease prevention, acute care and treatment, rehabilitation, to palliative care, and it should be financially affordable and geographically accessible to everyone in need (Awojumobi, Remilekun and Okpara, 2017). The definition embraces two key concepts, inclusiveness of the coverage and the sustainable development of the services provided. The former being, how the coverage is representative of the people and how far-reaching are its policies as well as sustaining consistency in effectiveness in accomplishing aims, while the latter portends the how plans, policies are integrated into local and international programmes and what strategies to adopt in other accomplish long and short-term objectives (Awojumobi et al., 2017).

The role government plays in the health sector of a country, especially in the aspect of the resources needed to achieve specified health goals has to be streamlined in policies and strategies. These actualization policies, using specified strategies, have to be imbedded in the health budget government for the health sector. With a common understanding in place between health sector leaders and central budget authorities (typically the ministries of health and finance), implementation of specified goals according to policies and strategies designed by the government

have better chances of activeness. This means that the place of policies and strategies are pertinent for efficient and effective journey towards the attainment of UHC. According to Cashin (2016) Health financing policy dialogue should start by clearly articulating objectives and strategies for the health sector and by supporting operational plans to achieve them with realistic estimates of resources required. On the objectives, there are two key questions which are:

- What are the strategies and supporting operational plans for the health sector, and what resources are required to implement them?
- To what extent do current government health spending patterns cover the resource requirements of the health sector, and what are the gaps?

Estimates of resources required achieving health sector priorities through policies and strategies are important to support health financing policy dialogue and priority-setting in the budget. Many countries develop detailed health sector plans and strategies with estimates of resource and requirements, but these estimates are often far removed from realistic spending scenarios and generate projected gaps that cannot feasibly be closed over the short to medium term timeline for each specified goal. Experience shows that progress towards UHC needs not only strong political commitment but also a coherent strategy which ensures that the different aspects of the health system are aligned and coordinated with each other in order to address core performance challenges effectively. A coherent and well aligned strategy for health financing reform can play a key role in this process (Kutzin, Witter, Jowett, and Bayarsaikhan, 2017).

In the views of Kutzin et al (2017), health financing strategy (HFS) is based on a diagnosis of how a country's health system currently performs relatively to stated goals and objectives, which are usually framed in terms of UHC; this diagnosis identifies both the specific ways that problems manifest themselves and their underlying causes, both internal and external to the health system. This implies that the underlying causes of performance problems differ in each country, therefore, Health financing strategies cannot simply be imported from one country to another given the unique context of each country and its starting point in terms of health financing arrangement which the health financing strategy must address. With the full understanding of this, WHO's health financing team works with countries to design and implement health financing policies which respond to specific country needs and priorities and is also based on global evidence and lessons learnt. WHO provides specialized technical assistance to countries based on these guiding principles while taking a practical approach (WHO, 2023). Furthermore, HFS focuses on the entire population of a country, and the national health system, not just a single component or a single scheme within it. It takes a comprehensive view of all functions, policies, linkages and alignments across the health system. It also identifies a set of detailed country-specific objectives, together

with a prioritized set of actions which address the problems identified, within a specified time period (e.g. 5 to 10 years); it also considers how stipulated reforms need to be sequence and it includes an evaluation strategy to ensure both public accountability and mid-course corrections (Kutzin et'al, 2017). This means that HFS is defined, formulated and carried out in terms of its key functions performed by all health systems in a country, the perceived challenges the strategy is to eradicate or reduce, the resources to achieve it, the implementation and evaluation of the policy strategies.

Many health systems around the world, especially in low and middle-income countries (LMICs) such as Nigeria, grapple with perennial challenges such as chronic underfunding, wastefulness, and lack of accountability rendering these systems inefficient. The health sector is funded/financed through different sources and mechanisms. The difference in the proportionate contribution from these stated sources determine the extent to which such health sector will go in achieving successful health care financing system. Unfortunately, Nigeria's health system faces additional extraneous challenges such as a huge and rapidly growing population, a stagnant economy, and worsening insecurity of lives and property in achieving the correct blend of these sources of funding. This prompted the quest to review the reflection of National Health Financing Policy and Strategy on Nigerians towards achieving UHC in Nigeria by 2030.

Statement of the Problem

The World Health Organization has been advocating UHC over the past few decades to ensure all human beings are able to seek health services and are not deprived of services because of financial hardship (Willmann, 2012), advocating for extra effort in low and middle-income countries (LMICs) to achieve UHC. Despite the federal government's efforts to improve healthcare delivery, Nigeria's health indicators have either stagnated or worsened during the past decade. Based on the African average on life expectancy, Nigeria is below at 52 years and because of the country's size, the numbers on child mortality are astounding. Annually, one million Nigerian children die before the age of five due mostly to neonatal causes followed by malaria and pneumonia (Smith and Sulzbach, 2018).

As obtained in LMICs, demands for health and social care have increased by many folds due to the trending rise in the poverty. Thus, the inability to access quality and affordable healthcare may face unprecedented levels of threat of which Nigeria is no exception. The need to avert this impending unprecedented threat prompted the review on the policies and strategies in place to understudy its level of effectiveness and proffer recommendations to augment its capacity of reachability on the people.

METHODOLOGY

A desk review was carried out on data already generated. Data sources was mainly secondary sources form the Baseline survey (BS) on the disease burden, universal health coverage, health-seeking behavior, knowledge attitude and perception of Plateau Residents on Social Health Insurance Submitted to Plateau State Contributory Healthcare Management Agency PLASHEMA, November 2021. The baseline survey was carried out on the 17 local governments of Plateau State, Nigeria. It adopted an admixture of quantitative and qualitative research approaches. Data collected comprised of 3981 households' interviews, 325 health facilities, 119 key informant interviews, 6 Focused Group Discussions. Other data for this publication were generated from relevant literatures to provide an overview and the state of health care financing, especially in Nigeria. Other publications were identified from references cited in relevant articles and reports consulted.

The review was to evaluate the true Reflection of National Health Financing Policy and Strategy on Nigerians towards Achieving Universal Health Coverage by 2030. To achieve this, we narrowed and categorized the policy provisions into 3 (three) thematic areas: Health financing, Health Insurance and Harmonization of external aids and partnerships for health financing and promotion of domestic philanthropy in the results section of this paper for each of the area.

The Nigerian Health care financing system

The frontline wealth of any nation is imbedded in its health. It has been proven over the years, with empirical evidence that health and economic developments are intertwined; the health of a nation significantly enhances its economic development, and vice versa. Therefore, the way a country finances its health care system is a key determinant of the health and wealth of its citizenry. Developing of an adequate and efficient method(s) of financing added to organizational delivery structure for health services are essential for any country that intends to achieve its national health objective of providing health for all. A health care financing system involves the means in which funds are generated, allocated, and utilized for health care (Olakunde, 2012)

The organization of health services in Nigeria is complex, it is financed by a combination of tax revenue, out-of-pocket payments, donor funding, and health insurance (social and community), that is, wide range of providers in both the public and private sectors (private for profit providers, non-governmental organizations, community based organizations, religious, and traditional care providers) (Olakunde, 2012). In the public sectors, Nigeria operates a decentralized health system run by the Federal Ministry of Health (FMOH), State Ministry of Health (SMOH), and Local Government Health Department (LGHD). The FMOH is the overall health policy formulating

body; it coordinates and supervises the activities of the other levels. In addition, it provides tertiary care through teaching hospitals and federal medical centers. The SMOHs provide secondary care through the state hospitals and comprehensive health centers while LGHDs provide primary health care (PHC) services through the primary health centres. Although the local governments have the main responsibility of managing the PHC, all the three tiers of government and various agencies participate in the management of the PHC. This at times results in duplication, overlap, and confusion of roles and responsibilities. With the above health financial system, Nigeria's health expenditure is still relatively low, when compared with other African countries (Olakunde, 2012).

National Health Financing Policy and Strategy

The key elements of the National Health Policy in relation to health financing are to expand financial options for health care and strengthen the contribution of the private sector and prepayment based approaches for financing. It also seeks to engage communities and households in community-based schemes for the financing of primary care services. Public-private partnerships are also presented as strategic approaches for the expansion of health financing options at all operational level (Uzochukwu.Ughasoro, Etiaba, Okwuosa, Envuladu, and Onwujekwe, 2015).

The Federal Ministry of Health enunciated a National Health Financing Policy in 2006. The development of this Policy was premised on summon sat the 56th session of the World Health Organisation regional committee for Africa in 2006 for countries to institutionalize national health accounts to facilitate planning, monitoring, and evaluating health financing (WHO, 2006). The summon was due to the strive to attain the Millenium Development Goals (MDGs) targets and other country-specific health related development objectives alongside national health systems (UN, 2000).

The Policy, seeks to establish mechanisms to guarantee the continuous availability of funds (ensure that adequate and sustainable funds) needed to provide cost-effective health services; accessible, affordable, efficient, and equitable health care provision and consumption. The available funds would aid the removal of financial barriers to accessing healthcare and ensure that all citizens (especially vulnerable groups) have timely access to quality health services. In addition, the policy sought to promote equity and access to quality and affordable health care, and to ensure a high level of efficiency and accountability in the system through developing a fair and sustainable financing system.

The National Health Financing Policy and Strategy provides evidence-based guidance to the Federal, state government, local governments and other actors in the health system on how to

provide an equitable and efficient health financing system that can help the country to significantly strengthen health system financing to achieve UHC in Nigeria by 2030. It describes the goals, the structure and policy directions of health financing in Nigeria. Its long-term goal is to ensure that adequate and sustainable funds are available and allocated for accessible, affordable, efficient, and equitable health provision and consumption. It also provides policy directions for revenue generation, pooling and purchasing as well as the governance system for health financing and broader UHC in the country. It also establishes the appropriate regulatory framework for health financing as part of the stewardship role of government.

The policy document elaborates the roles and responsibilities of the Federal, state and Local Government Areas (LGAs) as well as other stake stakeholders for achieving Universal Financial Risk Protection (UFRP) and UHC. The document also explains the policy directions for improving efficiency and equity in the health system. Because improvements in health financing do not depend solely on getting more money into the system, but it also depends on making efficient use of available resources, and being able to deploy resources equitably amongst different population groups in the country.

Strengthening the national health financing system to build a strong foundation to strengthen the broader health system and achieve all health-related Sustainable Development Goals (SDGs) targets, especially UHC is now the major driver of global health reform policies and strategies. This is because once Nigeria is on the track to achieve UHC and by doing so the health system will be able to deliver all needed services to citizens with significant improvements in health indices. It is envisaged that this policy and strategy document will provide an evidence-based framework for the mobilization, pooling and management of funds as well as strategic purchase of health services that will lead to Nigeria achieving UHC and maximizing societal health indices.

REVIEW RESULTS

Based on the National Health Financing Policy document, it has five core strategic objectives. The ability to: guarantee universal access to an essential care package, increase access to health care services, improve the quality of health care delivery, increase the demand for health care services, and provide financial access for the vulnerable groups. The major goals of the Policy include: revenue generation and collection, revenue pooling and risk management, resource allocation and purchasing; a regulatory framework for health financing; and health financing management. The policy provisions tried to cover the key principles of UHC, including equity in access to health services, provision of high-quality health services, and protection from financial risks dimensions of UHC.

A. Thematic areas

Based on our review of the National Health Financing Policy provisions, we categorized and narrowed the several provisions. From these provisions, we developed three thematic areas to review the Reflection of National Health Financing Policy and Strategy on Nigerians towards Achieving Universal Health Coverage by 2030. These thematic areas include: Health financing, Health Insurance and Harmonization of external aids and partnerships for health financing and promotion of domestic philanthropy.

Health Financing

Financing the health sector in Nigeria is majorly generated from pooled and unpooled sources. The pooled sources include budgetary allocation, direct and indirect taxation, and donor funding. In contrast, the unpooled sources consist mainly of out-of-pocket payments to fund fees paid to healthcare providers at the time of service and charges for medical goods or products (FMOH, 2018). Presently, the federal government allocates less than five per cent of the national budget to healthcare instead of the 15% stipulated by the Abuja Declaration (Arikpo, Ubi, Antai, 2021). Furthermore, domestic resource mobilization via increasing the number of private sector players in health, as suggested in the Policy, has not yielded the desired results. Over twenty years after the Abuja Declaration, the government's healthcare financing in Nigeria remains poor, with just only 5.75 per cent of the 2023 total budget is allocated to health (highest since 2021), sustaining the country's refusal to meet the commitment made by African leaders under the Abuja Declaration to allocate at least 15 per cent of their annual spending to the sector. The highest allocation to health since the declaration was in 2014, where 7.23% of the total budget. While countries like Rwanda and South Africa have met the commitment by allocating at least 15 per cent of their total budgets to health, Nigeria has not found the way or the will to do so (Adebowale, 2022). Although the HFP committed to ensuring revenue generation and risk pooling, recent reports reveal that the government has not lived up to its health financing commitments. Out-of-pocket payments to fund fees paid to healthcare providers at the time of service and charges for medical goods or products still account for over 70% of total expenditure on healthcare (Adebisi, 2020). Oburota (2020) reports that public funding for health care constitutes only 24% of Nigeria's total health care funding.

Based on the reviewed Baseline survey (BS) study, Table 1 below shows the pattern of Health Financing. The figure reveals the means of financing for healthcare among the respondents. The most predominant means of payment for healthcare services amongst the respondents was Out-Of-Pocket (OOP) payment. Only a few of the respondents (3%) had a prepaid plan for healthcare. Amongst those with a prepaid health plan, a majority were enrolled under the NHIS (now NHIA).

Only a few were beneficiaries of the State Social Health Insurance Scheme (SSHIS). An infinitesimal proportion of the respondents own private health plans.

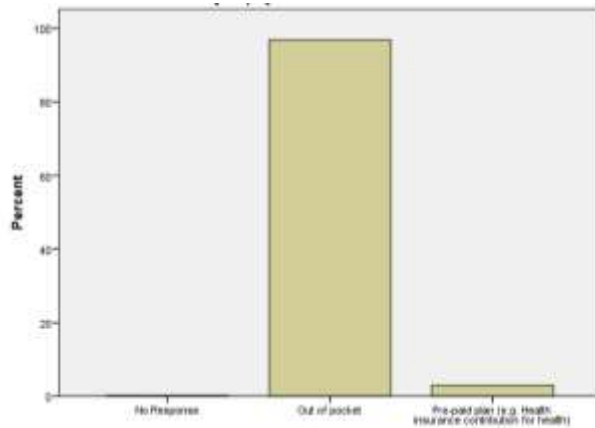


Table 1: Predominant Mechanism of Health Financing

Health Insurance

One mechanism for providing financial protection from the costs of using healthcare services is Health Insurance; it is key pillar of universal healthcare. Because the protection social health insurance offers individuals is essential for well-being. In Nigeria, where 133 million people live in poverty, health insurance is not just needed but crucial to ensuring that individuals and families who are part of the stipulated figure can access healthcare services without experiencing financial hardship (Yildam, Fabong and Igboechesi, 2023). The National Health Insurance Scheme (NHIS) was formally established in 1999 as a public-private partnership to offer affordable healthcare to everyone, particularly those working in the informal sector. However, it only became operational in 2005. In the years it lasted, the scheme faced numerous challenges and criticisms largely because it was only a scheme. Also, only those employed in the formal sector, which constitutes less than five per cent of Nigeria’s working population, were enrolled on the scheme (Onyeji, 2019). In addition, uptake of health insurance remains low, with the enrollee population in the NHIS primarily consisting of Federal Government employees and their dependents. To bridge these gaps in uptake and enrolment, the NHIS proposed that state governments adopt the program for their employees to expand the coverage of the insurance scheme through State Social Health Insurance Programmes (SSHIP) and Community-based Health Insurance Programmes (CBHI) (Arikpo, Ubi, Antai, 2021). To ensure that everyone in Nigeria has access to healthcare, on the 19th of May, 2022, the government enacted the Nigerian Health Insurance Authority (NHIA) Act, replacing the National Health Insurance Scheme (NHIS), making health insurance mandatory for all Nigerians and legal residents of Nigeria with the introduction of the vulnerable group fund and

implementation of the Basic Health Care Provision Fund through the established State Health Insurance Schemes (Yildam, Fabong and Igboechesi, 2023). However, progress towards adopting this Policy has been slow, and 13 years after this Policy, just about 19 states out of 36 have commenced establishing SSHIPs and are at various stages of implementation. Presently, the NHIA covers only 5% of the Nigerian population of 200 million people. Other NHIS programmes targeted at the informal sector programmes are the Community-Based Social Health Insurance Programme, tertiary social health insurance programme, Public Primary Pupils Social Health Insurance Programme, Urban-Self Employed Social Health Insurance Programme, Children Under-Five Social Health Insurance Programme, Permanently Disabled Persons Social Health Insurance Programme, as well as the Prison Inmates Social Health Insurance Programme. However, the government is yet to implement the majority of these programmes (Arikpo, Ubi, Antai, 2021).

Based on the reviewed Baseline survey (BS) study, Table 2 below shows the pattern of knowledge on Health Insurance. The figure below shows respondents' understanding of Health Insurance. Most of the participants in the survey don't know about health insurance.

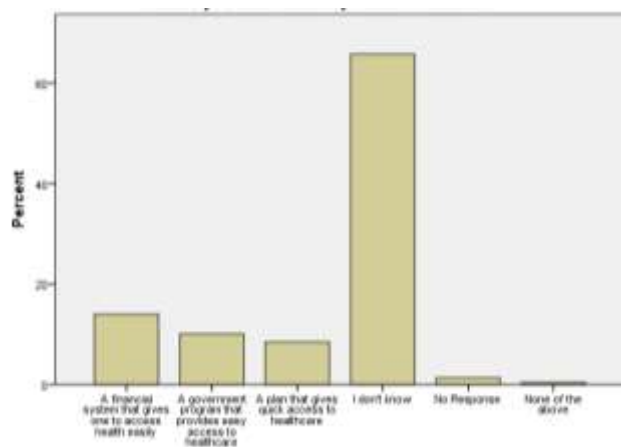


Table 2: respondents' perception of health insurance

On the respondents' willingness to participate for Health Insurance, table 3 below shows willingness of respondents to pay and participate in health insurance. Over 80% of the respondents indicated willingness to pay for health insurance. Only a few respondents were unwilling to participate.

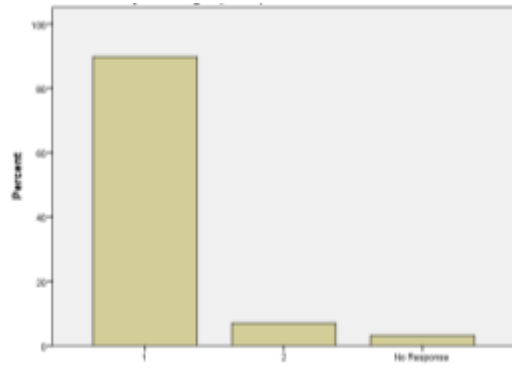


Table 3: Willingness to participate

For the respondents that are already part of Health Insurance (HI), table 4 below shows their types of pre-paid plans.

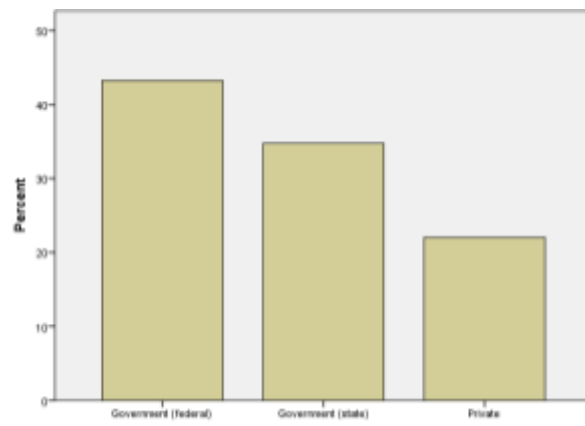


Table 4: types of pre-paid plans by respondents

Partnerships for Health Financing and Promotion of Domestic Philanthropy

In Nigeria there are various national platforms for coordinating and implementing partners' activities. These platforms include the Health Partners Coordinating Committee, the Development Partners Group for Health, and different thematic technical Groups and Task Teams. However, there is little or no information provided about how the Policy has fared in this regard (Arikpo, Ubi, Antai, 2021). In 2016, the Federal Ministry of Health reported that poor coordination

and harmonization of these groups has led to duplication of functions and waste of scarce resources (FMOH, 2016). In addition, as a result of poor health funding, the federal and state governments' funds to the health information system are inadequate and unable to meet the needs of developing a functional health information system as a database for partner and donor activities to work with (FMOH, 2016). Unfortunately, these cases still persists till date, with little or no improvements since the Health Insurance field still experience similar issues. Thus, the problem of inadequate government funding has made the Federal Government unable to direct partners on the landscape, causing more fragmentation.

Based on the reviewed Baseline survey (BS) study, Table 5 below shows the pattern of households Capacity to pay for health care with Domestic Philanthropy, less of Health Partners or related organizations. It shows households who were able to settle their hospital bills in the past 12 months. A majority of the households reported that the person who is responsible for sponsoring their healthcare bills was always able to do so. A considerable proportion of the respondents volunteered that it was not always possible to offset healthcare bills. In which case, they seek support mostly form others in the community. A few others receive financial support from places of worship such as the mosque or outright contributions by well-meaning community members. No mention of Health Partners or related aspects.

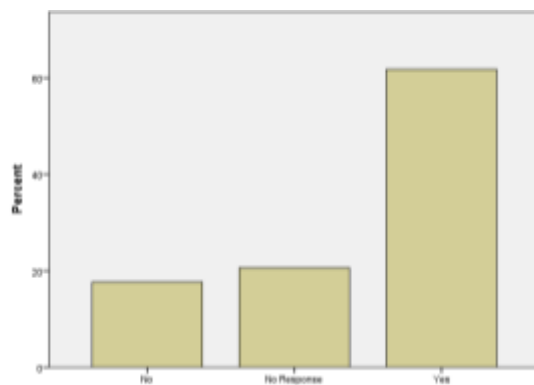


Table 5: Capacity to pay for health care in the household

DISCUSSION

To Achieve Universal Health Coverage in Nigeria, it requires the commitment to mobilize and sustain good amounts of resources for its funding. In the unique nature of the Nigerian state, UHC relies hugely on the capacity of governments at different levels to mobilize resources for health and redistribute them for better health and economic outcomes. Based on the above results from

the Baseline Survey (BS), on health financing, the findings suggests the need to accelerate enrollment into prepaid plans particularly the State Social Health Insurance Scheme to ameliorate the burden of out of pocket payment (OOP). On the aspect of HI, a significant proportion of respondents agreed that it is a financial system that gives easy access to health; a government program that provides easy access to health and a plan that gives quick access to healthcare. A few others believed it is a financial system that allows getting health services at an affordable rate; or a system that allows one to pay less for healthcare; while others perceive it as a system that subsidizes medical bills in order to improve their health. This shows that the people are willing to be part of HI with the ideal information literacy, programme and platform in place. On Partnerships for Health Financing and Promotion of Domestic Philanthropy, the review has shown that a very few among the respondents have benefitted from social safety nets such as Charity from volunteers, Government Palliatives and initiatives from Non-governmental Organizations. A large proportion of the respondents stated they have never benefitted from any kind of support from anyone except community/individual cooperation and help, meaning that Social Safety Benefits are limited.

Challenges of Health Financing Policy and Strategy in Nigeria

Over sixteen years after the National Health Financing Policy was put in place, health financing challenges in Nigeria remain grossly underfunded. Inadequate public health funding still persists, low external funding, misalignment of the external financing as a result of incomplete and unreliable data on health financing, limited qualified health personnel (inadequate skilled manpower in the hospitals), long waiting hours, high cost of health services, lack of drugs and inadequate space, lack of training and re-training of health personnel, quality infrastructural deficit, professional interpersonal relationship skills on the part of health workers and poor private sector investments in health. These and many other challenges continue to propagate the catastrophic out-of-pocket (OOP) payments, poor health outcomes and general under development of the Nigerian health system.

As opined by Arikpo, Ndem and Ogbuagu (2020), the policymakers did not consider the impact of population growth on health care provision. Because of the large population in Nigeria, there is a huge count in each age group, necessitating the need for healthcare amongst these groups. If the Health Insurance (HI) is the vehicle to drive access to healthcare, then benefit packages have to cater to the needs of these age groups. Presently, the HIs at both federal and state levels excludes the provision of certain drugs and do not cover for diseases such as diabetes, cardiovascular conditions, sickle cell anaemia, HIV, cancer, and other chronic health conditions, which often have the capacity to lead to catastrophic OOPs for individuals or patients involved. The limited

provisions of the HI means that even those insured will/may eventually seek alternative means to meet some of their health challenges. The indication here is that the Nigerian health insurance system has failed to balance the provision of care with the present burden and prevalence of health conditions which are on the rise in Nigeria like diabetes and cancer. HI should be able to protect the insured from financial hardships in threatening or severe health conditions that have the capacity to impoverish them.

CONCLUSION AND RECOMMENDATION

The review shows that the National Health Financing Policy has not met its strategic objectives since it was enacted in 2006. Nigerian health system Health financing challenges is still characterize by inequities and inefficiencies in health care delivery. These challenges leave the poor and vulnerable which are majority of Nigerians living mostly in rural areas, without any form of protection against impending catastrophic financial burden at the point of care. The need to review the Health Financing Policy and strategy to address the numerous challenges faced in the policy implementation is apt and crucial and also strengthen the health system in which any health financing policy will thrive.

Providing access to healthcare goes beyond the formulation of a health policy. Policies cannot work independently, they work systematically; they function via enabling systems that support their full deployment and operationalization. If Nigeria must attain the goals and targets of the sustainable development goals, the most critical aspect that must be gotten right is effective governance and political will. They are imperative for the implementation and sustainability of funding strategies and policies. Systems and structures for successful implementation of a Health Financing Policy will have to be characterized by effective governance, an effective and sustainable funding mechanism, effective monitoring and evaluation system, and a plan for optimizing operational processes.

Another important aspect is the need for merging development plans with health, demographic, financing objectives and targets. Also, there is the need for an up-to-date health financing policy dedicated to funding healthcare and which should ideally take into account current economic, political, demographic and health realities. As recommended by WHO (2023), there is also the need to reorient health systems using a primary health care (PHC) approach which Nigeria is part of, on the vast potentials of the approach. Most (90%) of essential UHC interventions can be delivered through a PHC approach, potentially saving 60 million lives and increasing average global life expectancy by 3.7 years by 2030.

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