



# Achieving Universal Health Coverage in Nigeria: Challenges and Strategies for a Sustainable Health System

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## ABSTRACT

Universal Health Coverage (UHC) aims to provide essential health services to all individuals without causing financial hardship. The World Health Organization (WHO) defines UHC as encompassing a wide range of services, from preventive care to treatment and palliative services, with an emphasis on equity and quality. UHC is integral to the United Nations' Sustainable Development Goal 3, which seeks to improve health and well-being globally. However, realizing UHC presents significant challenges, particularly in low and middle-income countries (LMICs) like Nigeria, which faces resource limitations and inadequate health systems. This paper explores Nigeria's progress toward achieving UHC by examining demand-side challenges, including high costs, low public awareness, and cultural barriers to healthcare utilization. On the supply side, it highlights issues such as inadequate funding, insufficient healthcare infrastructure, and a shortage of healthcare professionals. Additionally, governance issues such as corruption and political instability hinder effective health reforms. Drawing from the experiences of other LMICs, the paper suggests strategies for Nigeria, including innovative healthcare financing methods, expanding health insurance coverage, and prioritizing primary healthcare services. A holistic and multi-faceted approach is needed to address these barriers, ensuring that UHC in Nigeria is attainable. This paper emphasizes the need for continuous political will, strategic investments, and effective policy implementations to make UHC a reality in Nigeria, ensuring equitable access to healthcare for all its citizens.

**Keywords:** Universal Health Coverage, Nigeria, Healthcare Challenges, Healthcare Financing, Policy Reforms, Sustainable Development Goals

## 1. INTRODUCTION

### 1.1 Background Perspective

The economic prosperity of a nation is intrinsically linked to the health of its citizens. Countries aspiring to achieve economic growth must prioritize improving their citizens' health, as healthier populations contribute more effectively to economic development [1]. Universal Health Coverage (UHC) serves as a central global health goal, advocating for universal access to essential health services without financial hardship [2]. This goal is closely aligned with the Sustainable Development Goals (SDGs), particularly SDG 3, which emphasizes ensuring healthy lives and promoting well-being for all at all ages [3].

However, the path to UHC in lower-middle-income countries (LMICs), such as Nigeria, presents distinct challenges. Achieving UHC in these nations is complicated by limited financial resources, infrastructural deficits, and a high disease burden. As a result, tailored strategies focusing on efficient resource allocation, policy development, and effective implementation are essential [4]. The transitional economic status of LMICs also means that these nations face the dual challenge of expanding access to healthcare services while simultaneously improving the quality and affordability of those services. Despite these challenges, the pursuit of UHC in LMICs is vital for both health policy and socio-economic development. Progress toward UHC enhances health security, reduces poverty, and fosters economic growth, as emphasized by the World Health Organization [5].

Focusing on Nigeria, Africa's largest economy and one of its most populous nations, offers valuable insights into the challenges and opportunities of advancing UHC in an LMIC context. This paper aims to conduct a comprehensive analysis of Nigeria's health system, exploring its historical development, current state, and the challenges and strategies involved in achieving UHC. By combining a literature review and key informant interviews, the study will identify feasible solutions to address Nigeria's UHC barriers. Ultimately, this paper underscores the importance of UHC in LMICs, not just as a health policy objective but as a fundamental driver of socio-economic development, highlighting the intricate relationship between health and economic prosperity.

## ***1.2 Scope and Aim of Research***

This study adopts a mixed-methods approach to comprehensively investigate Universal Health Coverage (UHC) in Nigeria. By combining an extensive literature review with key informant interviews, the research presents a multi-dimensional perspective that merges documented evidence with insights from professionals directly involved in Nigeria's healthcare system.

The literature review involved systematically exploring various published sources, such as peer-reviewed journals, reports from international health organizations, Nigerian governmental health policy documents, and historical records. The primary focus was on literature published within the last two decades to ensure the relevance and timeliness of the findings. Key databases like PubMed, Google Scholar, and the World Health Organization's library were extensively used. The review explored several key themes, including the historical evolution of Nigeria's health system, challenges in UHC implementation, the effects of current health policies, and comparative analyses with other African nations [6]. Additionally, it examined aspects of health financing, infrastructure development, and human resource management within the Nigerian healthcare sector [7].

To complement the literature review, key informant interviews were conducted with selected individuals who possess expertise and experience in Nigeria's healthcare system. These informants included professionals involved in policy formulation, healthcare delivery, public health, and health economics. They represented a broad spectrum of perspectives, including government officials, healthcare practitioners, and members of international health organizations active in Nigeria. Semi-structured interviews were used to allow for both flexibility and structure, ensuring comprehensive coverage of key topics. The interview guide addressed questions on Nigeria's current health system, the challenges it faces, the impact of existing policies, and recommendations for future improvements [8]. Each interview, conducted in English via telecommunication platforms, lasted approximately 30 to 45 minutes. The interviews were recorded and later transcribed for analysis.

The findings from these interviews were integrated with the literature review insights to create a holistic analysis of UHC in Nigeria. This methodology allows for an in-depth exploration of Nigeria's UHC landscape by combining empirical evidence with on-the-ground expertise, providing a comprehensive and informed perspective on the challenges and potential strategies for enhancing healthcare in the country [9].

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## **2.0 LITERATURE REVIEW**

### ***2.1 Nigeria Health System – A Historical Perspective***

Nigeria, located in West Africa, is the most populous country on the continent and the seventh most populous globally, with a population exceeding 200 million. This demographic profile is characterized by a predominantly young population, with a median age of around 18 years, and rapid population growth, marked by approximately 54% urbanization [10]. Unfortunately, Nigeria also faces significant health challenges, as it has the lowest life expectancy in West Africa, averaging around 54.5 years, with only a slight difference between men and women. Contributing factors to this low life expectancy include the AIDS epidemic, high infant mortality rates, and high maternal mortality. Alarmingly, one in every five Nigerian children does not survive past the age of five due to a variety of health risks [11].

Nigeria's healthcare system has evolved through various developmental phases, shaped by a combination of historical, policy, and socio-economic factors. The healthcare system has transitioned from the colonial period, which was marked by limited healthcare infrastructure, to the present day, where it faces a range of complex healthcare challenges.

#### **Pre-colonial and Colonial Era**

Before colonial rule, Nigerian healthcare was largely traditional, relying on indigenous practices and knowledge. The advent of colonialism introduced Western medical practices, which were primarily accessible to the colonial administration and expatriates, leaving the majority of the population with limited access to modern healthcare.

#### **Post-independence and Early Reforms**

After Nigeria gained independence in 1960, efforts were made to establish a more inclusive healthcare system. A significant milestone in this process was the 1988 Bamako Initiative, which marked a shift towards decentralized healthcare. The initiative focused on improving access to healthcare at the grassroots level, a step aimed at addressing health disparities and ensuring that healthcare services reached underserved communities [12].

#### **Recent Developments and Ongoing Challenges**

In the late 1990s and early 2000s, Nigeria took another critical step towards expanding healthcare access with the introduction of the National Health Insurance Scheme (NHIS) in 1999, which was officially launched in 2005. The NHIS aimed to provide affordable healthcare coverage to a broader segment of the population. However, the scheme has struggled to achieve significant coverage, with less than 5% of the population enrolled [13].

Despite these efforts, Nigeria's health expenditure remains a challenge. Between 1998 and 2000, Nigeria's total health expenditure (THE) as a percentage of its gross domestic product (GDP) was below 5%, lagging behind other developing countries such as Kenya (5.3%), Zambia (6.2%), Tanzania (6.8%), Malawi (7.27%), and South Africa (7.5%) [14]. Figure 1 illustrates the trend of Nigeria's health expenditure from 2000 to 2020, demonstrating that Nigeria has consistently allocated the lowest percentage of its GDP to healthcare compared to its regional counterparts.

## Domestic general government health expenditure (% of GDP) - Nigeria, Kenya, Zambia

World Health Organization Global Health Expenditure database ( [apps.who.int/nha/database](https://apps.who.int/nha/database) ). The data was retrieved on April 7, 2023.

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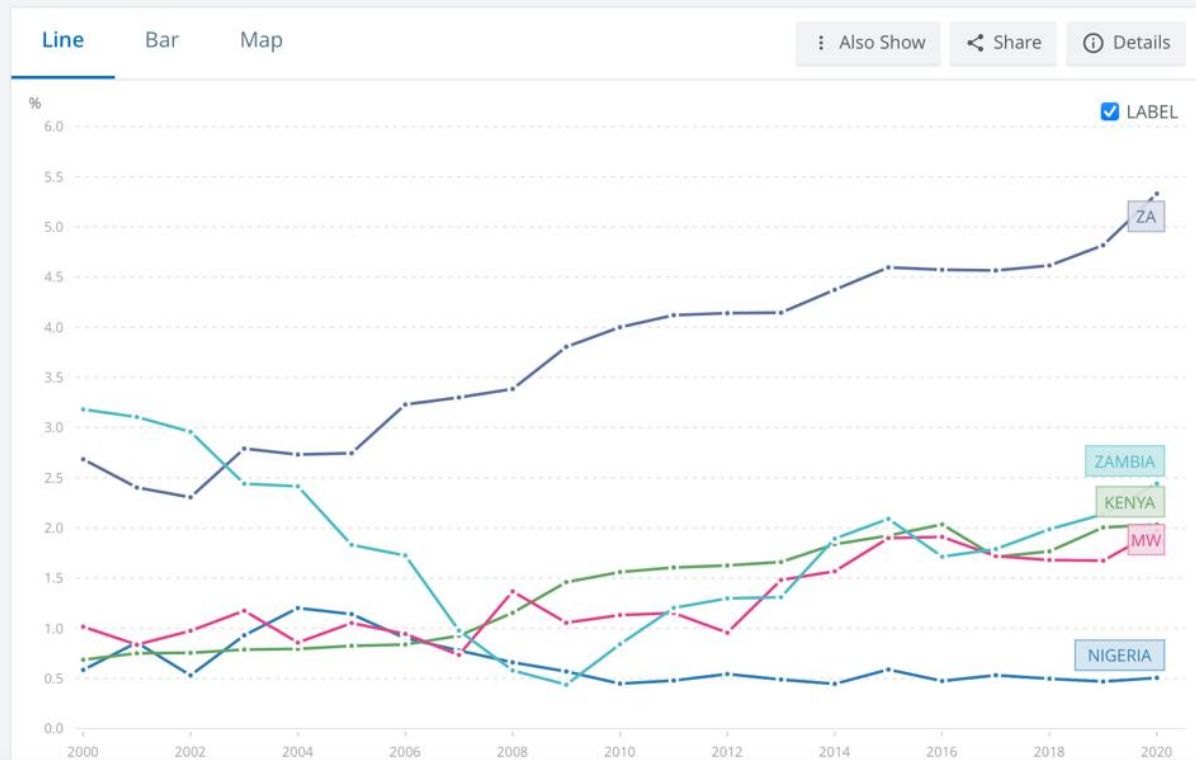


Figure 1: Domestic General Health Expenditure (% of GDP) for Nigeria, Kenya, Zambia, Malawi and South Africa [58]

### 2.2 Current Status

The healthcare system in Nigeria is primarily financed through out-of-pocket expenditure (77%), tax revenue (13%), donor funding (8%), and other sources (2%) [18]. Despite the presence of government-run and private health insurance companies, the system has not significantly improved, with less than 5% of the population enrolled in any form of health insurance [15].

Healthcare service distribution in Nigeria is markedly uneven, especially between urban and rural areas [23,24]. Urban centers typically have better healthcare facilities, a higher concentration of healthcare professionals, and more specialized services. In contrast, rural areas experience significant shortages of healthcare providers and resources. This disparity severely impacts access to healthcare and the quality of services, with rural areas often suffering from inadequately equipped facilities and fewer specialized healthcare providers [16,17].

The Nigerian health system faces a dual burden of communicable and non-communicable diseases, with the COVID-19 pandemic further exposing the gaps in emergency preparedness and response systems [18,19,20]. In response to these challenges, the Basic Healthcare Provision Fund (BHCPF), a key component of the National Health Act, mandates the federal government to allocate 1% of its consolidated revenue funds (CRF) to support healthcare services. Through the BHCPF, Nigeria has enrolled nearly 6 million of its poorest citizens into a basic minimum package of healthcare services, marking a significant step toward achieving Universal Health Coverage (UHC) [18].

However, this progress remains insufficient. With Nigeria being referred to as the "poverty capital of the world," and with millions of people living below the poverty line, covering only 6 million individuals represents just a small fraction of those in need [19]. Despite these efforts, the country faces considerable challenges in reaching its entire population.

A promising development in this regard was the signing of the National Health Insurance Authority (NHIA) Bill into law on May 19, 2022. This law mandates health insurance for all citizens and legal residents, aiming to provide health coverage to all Nigerians by 2030 [18]. The law also strengthens the role of the NHIA as a more effective regulator and integrator of health services. Additionally, the act establishes the Vulnerable Groups Fund (VGF), which is designed to finance healthcare services for the poor and vulnerable populations. Furthermore, it ensures that federal civil servants are covered under the NHIA [19].

This comprehensive approach to healthcare financing and insurance demonstrates Nigeria's ongoing efforts to overcome systemic challenges and move closer to the goal of achieving UHC.

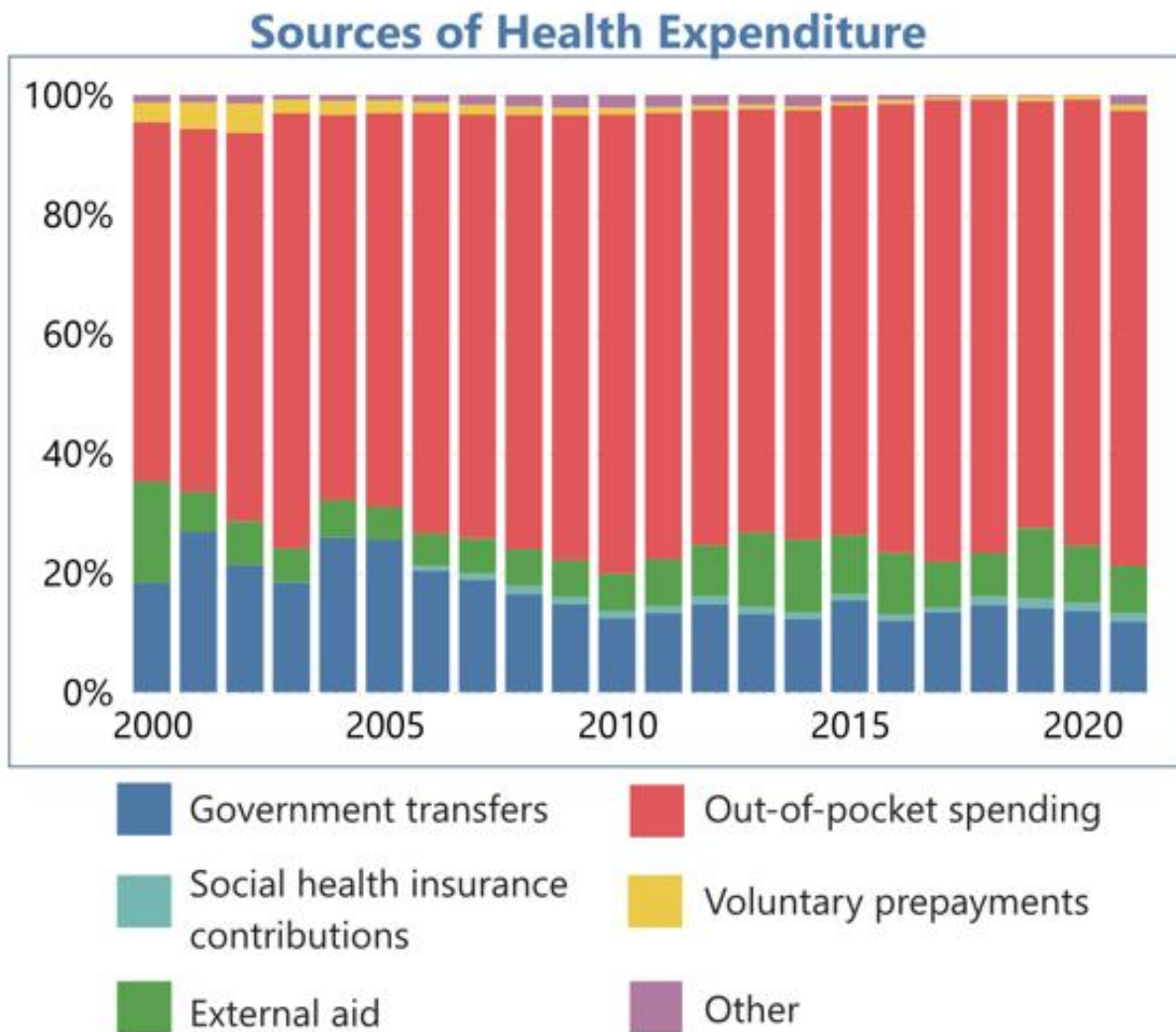


Figure 2: Sources of health expenditure in Nigeria between 2000 and 2020 [59]

### 2.3 Challenges and Demand

Implementing Universal Health Coverage (UHC) in Nigeria is a complex task, facing challenges from multiple fronts: Demand-side, Supply-side, and Governance/Political-side. These challenges are deeply embedded in the socio-economic and cultural fabric of the nation, significantly influencing the population's ability to access and utilize healthcare services.

#### 2.3.1 Demand

A fundamental challenge is **affordability**. A substantial segment of Nigeria's population lacks health insurance, which is evidenced by the limited reach of the National Health Insurance Scheme (NHIS). High out-of-pocket healthcare expenses, accounting for about 77% of total health expenditure, place a significant financial burden on many families, as shown in Figure 3 [22,23,24,25]. This economic strain often prevents individuals from seeking necessary medical care, leading to delayed treatments and adverse health outcomes [22].

**2.3.2 Geographical accessibility** presents another significant barrier [26,27]. Healthcare facilities in Nigeria are predominantly concentrated in urban areas, leaving rural populations facing long travel distances to access healthcare [27,28,29,30]. This discrepancy adds both financial and time costs, deterring people, especially those with chronic conditions, from seeking care. It also impacts the use of preventive and curative services [30,31].

**2.3.3 Health literacy** is also a crucial issue, with many Nigerians struggling to understand basic health information and navigate the healthcare system [32]. In rural and underserved areas, there is a significant knowledge gap regarding health insurance and available services [22]. Strong traditional

medicine practices and stigmas surrounding certain health conditions further complicate healthcare-seeking behaviour [22,32]. This low level of health literacy leads to the underutilization of available services and poor management of health conditions [32].

**2.3.4 Trust** in the healthcare system also significantly influences healthcare demand. Public perceptions of healthcare quality, shaped by past experiences and the quality of infrastructure, impact people's willingness to seek medical care [26,33]. Building trust necessitates improvements in healthcare delivery, effective communication, and community engagement.

To address these demand-side challenges, Nigeria requires a comprehensive strategy that focuses on improving healthcare affordability and accessibility, raising awareness and health literacy, addressing cultural barriers, and enhancing trust in the healthcare system. These measures are critical to ensuring equitable access to healthcare services and realizing the full benefits of UHC for all Nigerians.

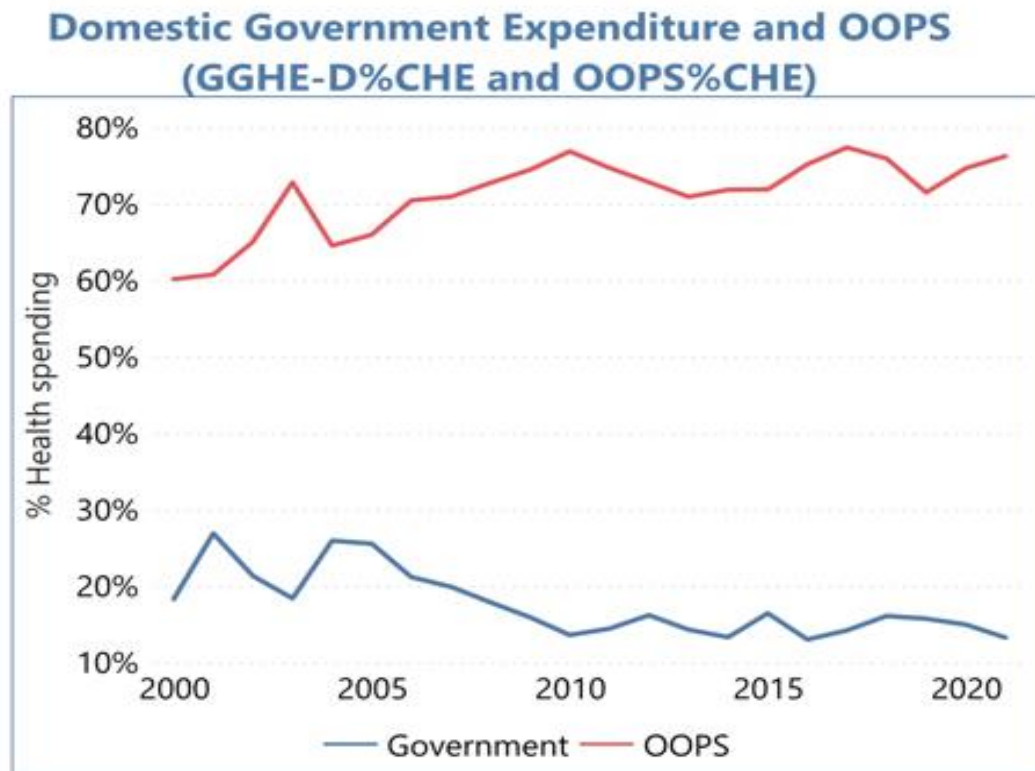


Figure 3: Domestic Government Expenditure and OOPS between 2000 and 2020 [60]

### 3. Research Methods – Supply

Implementing Universal Health Coverage (UHC) in Nigeria from the supply side encounters distinct challenges integral to understanding the barriers within the healthcare system that impact the delivery and quality of health services.

#### 3.1 Healthcare Infrastructure

One of the most critical supply-side challenges is the **inadequacy of healthcare infrastructure** [34, 36]. Across Nigeria, there is a notable shortage of healthcare facilities, particularly in rural and underserved areas. While urban centers have a higher concentration of healthcare facilities, these are often under-equipped and resource-limited [25, 26]. The lack of adequate infrastructure severely limits the capacity to provide essential health services and directly impacts the overall quality of care delivered [34, 26].

#### 3.2 Healthcare Workforce

The **workforce** within the healthcare sector represents another significant challenge. Nigeria is facing a shortage of qualified healthcare professionals, such as doctors and nurses. For instance, the doctor-to-patient ratio in Nigeria stands at 1:5000, far above the World Health Organization's recommended ratio of 1:600. This shortage is especially pronounced in rural areas, contributing to a disparity in the distribution of healthcare services. Contributing factors include inadequate training facilities, migration of healthcare professionals, and unfavourable working conditions [37, 38].

In fact, Nigeria has been the largest source of immigrant physicians for countries like South Africa, accounting for about a quarter of foreign-born and foreign-trained doctors in countries like Trinidad and Tobago [38]. According to Duviver et al., Nigeria appeared eight times among the 27 African medical schools that had more than 100 graduates in the USA physician workforce in 2015, with Nigerian physicians representing 45.02% of all international medical graduates (IMGs) practicing in the United States [39]. Furthermore, Nigerian doctors were significantly represented in other

global registers, with 5.1% of IMGs in the Medical Council of Ireland in 2015 having obtained their basic medical qualification from Nigeria [40]. Between 2010 and 2016, on average, 600 general practitioners emigrated annually from Nigeria, with nearly 50% moving to Europe, followed by North America and Africa. Between 2016 and 2018, over 9,000 medical doctors left Nigeria in search of better opportunities in the United Kingdom (UK), United States (USA), and Canada [41].

### 3.3 Supply of Medicines and Commodities

Nigeria's **supply of essential medicines** and health commodities also faces significant challenges. Issues with the availability and affordability of essential drugs and medical supplies are common. Inefficiencies in the supply chain, inadequate storage facilities, and logistical problems often lead to stock-outs, limiting access to necessary medications, particularly in remote areas [42]. These challenges were exacerbated during the COVID-19 pandemic, which led to widespread shortages. Furthermore, the high cost of medications places a significant financial burden on patients, especially those without health insurance coverage [43, 44].

### 3.4 Healthcare Financing

**Financing** remains another critical issue in the Nigerian healthcare system. Chronic underfunding directly impacts the ability to improve and expand healthcare services. Insufficient financial resources hinder the effective implementation of healthcare initiatives, especially those targeting expanded coverage and quality improvement. Over the past two decades, Nigeria's health expenditure has often been criticized as insufficient, with average health provision barely exceeding 3% of GDP [25, 45]. Between 2000 and 2019, government-funded health expenditure per capita was \$11.2, while private spending stood at \$49.8, far below the \$86 per capita minimum needed to ensure UHC for essential services. Public health expenditure as a share of GDP has been low, at just 0.65%, which is significantly lower than the recommended 4-5% of GDP needed for achieving UHC. Moreover, the percentage of government health expenditure as a share of total government expenditure is only 4.2%, far below the 15% target set in the Abuja Declaration of 2001 [46, 47]. External aid and donor funding play a significant role in Nigeria's healthcare financing, contributing about 8% of funding. While this support is essential, it raises concerns regarding the sustainability of funding and Nigeria's dependency on external donors for critical health services [48].

### 3.2 Government/Political Issues

Governance challenges, particularly corruption, significantly hinder the effectiveness of Nigeria's healthcare system. Transparency International's 2021 report indicates that Nigeria scored only 24 out of 100 on the Corruption Perception Index, the lowest since 2012, highlighting pervasive issues in governance [34, 49, 50]. The mismanagement of healthcare funds and resources, a direct consequence of this corruption, critically impacts the efficiency of health programs and compromises the delivery of services [44]. Corruption within the healthcare sector not only affects service delivery but also undermines efforts to establish a sustainable and equitable healthcare system.

The **transition from policy formulation to implementation** in Nigeria faces numerous hurdles. While various health policies have been established to improve healthcare delivery and access, converting these into effective, practical programs is often impeded by bureaucratic inefficiencies, insufficient funding, and fluctuating focus due to changes in political leadership [51]. This gap between policy design and execution diminishes the impact of health reforms and slows the progress toward achieving UHC.

Furthermore, the **politicization of healthcare** poses additional challenges to the sustainability of health initiatives in Nigeria. Healthcare projects are sometimes exploited for political gains, initiated with significant publicity but lacking enduring commitment and follow-through. Such practices result in health programs prioritizing short-term political benefits over long-term health outcomes and the overarching objectives of UHC [52, 53, 54].

**Political will and commitment** play a vital role in the success of health initiatives. However, Nigeria's health sector reforms often face inconsistent political commitment, competing against other national priorities for government attention and funding [53]. The inconsistency in prioritizing health within government agendas is evident in Nigeria's ongoing struggle to meet the Abuja Declaration's target of allocating a significant portion of the national budget to health [45, 49, 52]. This inconsistency in political support mirrors the broader challenges in persistently advancing toward UHC.

Effective UHC implementation also requires **inter-sectoral collaboration**, another major challenge in Nigeria. The lack of coordinated efforts across different sectors results in fragmented service delivery and inefficiencies [26, 53]. Addressing these governance and political challenges is crucial for Nigeria to successfully navigate the path toward UHC, ensuring the development of a health system that is efficient, equitable, and capable of meeting the health needs of its entire population.

### 3.3 Nigeria's Health Sector Renewal (Sector-wide Approach)

Following Nigeria's 2023 elections, the new government has appointed fresh leadership for the health sector, signalling a renewed focus on revitalizing healthcare delivery through a **sector-wide approach**. This approach is guided by the vision to save lives, alleviate both physical and financial burdens on citizens, and ensure health for all Nigerians. A core element of this strategy is the **improvement of the Basic Health Care Provision Fund (BHC PF)**, which ensures the availability and operational readiness of healthcare facilities nationwide to provide services consistently.

To measure success, the government has outlined key metrics that will guide progress:

1. **Improvement of Disability-Adjusted Life Years (DALY):** Aiming to reduce the burden of disease and disability.
2. **Reduction of out-of-pocket expenditure:** Working towards making healthcare more affordable and accessible.
3. **Digitizing the health system:** Establishing data-driven decision-making processes to enhance service delivery.
4. **Increased effectiveness of healthcare spending:** Ensuring resources are optimally utilized for improved health outcomes.
5. **Strengthened healthcare capabilities and values:** Building a more competent workforce with a focus on accountability and service quality.

A central initiative within this sector-wide approach is the **Decentralized Facility Financing (DFF) program**. This program is designed to enhance the service readiness of approximately **17,000 Primary Health Centers (PHCs)** and **774 secondary healthcare facilities**, thereby ensuring the delivery of **Universal Primary Healthcare** to beneficiaries, at no cost. The DFF package covers essential services, including **antenatal and post-natal care, childbirth assistance, immunization, nutrition, and non-communicable disease (NCD) screening** such as hypertension and diabetes [57].

By reinforcing the capacity of local healthcare facilities and prioritizing key services, Nigeria's health sector renewal aims to make significant strides towards achieving Universal Health Coverage (UHC) and improving overall health outcomes for its population.

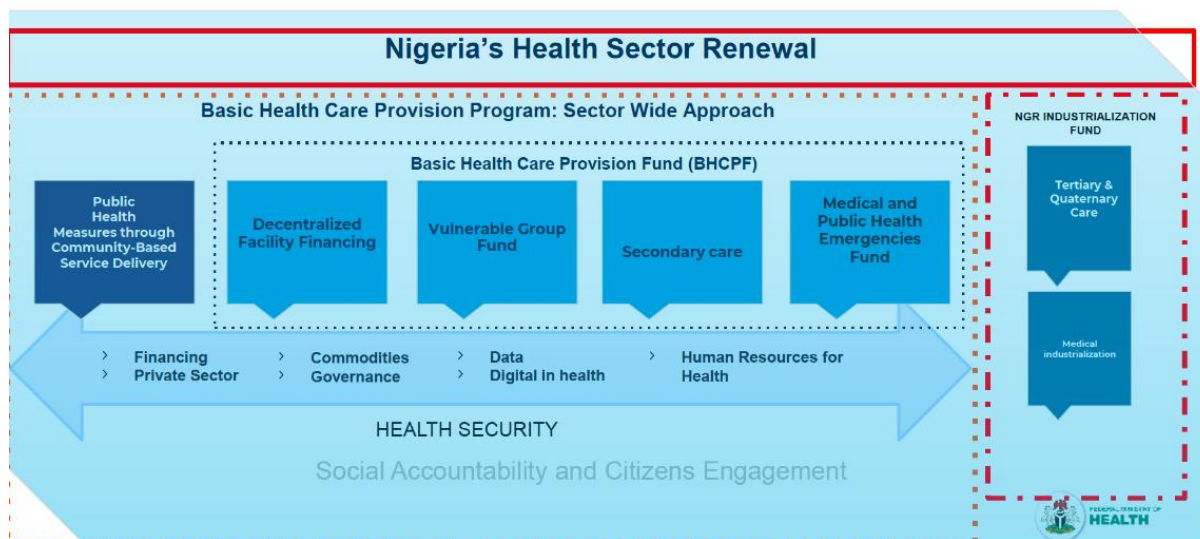


Figure 4: Sector-wide approach overview

#### 4.0 CONCLUSION AND RECOMMENDATION

The pursuit of Universal Health Coverage (UHC) in Nigeria represents a formidable challenge, yet it also offers the potential to transform the healthcare landscape for millions of Nigerians. As the most populous country in Africa, Nigeria's healthcare system faces a unique set of challenges rooted in economic, social, and political factors. Achieving UHC is essential for the country to address its pressing health issues, improve the overall well-being of its population, and reduce health disparities. However, the path to UHC is complex and requires a strategic, multifaceted approach that tackles the demand, supply, and policy barriers that currently impede progress.

From the demand side, the challenges faced by the Nigerian healthcare system are primarily related to affordability, accessibility, and awareness. A significant portion of the population still faces the burden of out-of-pocket healthcare expenditures, which constitute about 77% of the total health spending. This high out-of-pocket expenditure discourages healthcare utilization and results in delayed care, leading to worsened health outcomes. In rural areas, where healthcare facilities and providers are scarce, geographic inaccessibility further compounds these challenges. Additionally, low health literacy, traditional medicine practices, and cultural beliefs influence individuals' healthcare decisions and behaviours, often leading to underutilization of available services.

On the supply side, Nigeria struggles with chronic underfunding, inadequate healthcare infrastructure, and a shortage of healthcare professionals. The country has one of the lowest ratios of healthcare workers to population, and the migration of trained professionals to other countries exacerbates this gap. The healthcare system also suffers from inefficiencies in the supply chain, leading to stockouts of essential medicines and medical supplies, particularly in rural areas. Limited government spending on healthcare is a critical issue, as it undermines the capacity of the system to provide comprehensive services. Despite this, external aid and donor funding play a significant role, but they are not sustainable long-term solutions.

Politically, Nigeria's healthcare system is hindered by weak governance, corruption, and the failure to effectively implement policies. The slow pace of transitioning from health policy formulation to implementation, combined with bureaucratic inefficiencies and political instability, often results in missed opportunities for systemic change. Furthermore, healthcare initiatives are sometimes politicized, leading to fragmented and short-term

interventions that lack sustainability. While political will is essential, it remains inconsistent, with healthcare often competing with other national priorities for funding and attention.

### **Recommendations**

Achieving UHC in Nigeria requires a comprehensive, multi-pronged approach that addresses both the structural and operational challenges facing the healthcare system. The following recommendations outline key areas of focus to move towards UHC:

#### **1. Strengthening Existing Initiatives**

The National Health Insurance Scheme (NHIS) should be expanded to include a larger portion of the population, particularly in rural and informal sectors, where coverage is currently limited. This can be achieved by raising public awareness about the benefits of insurance, simplifying enrolment processes, and enhancing the benefits package to include essential services such as non-communicable disease (NCD) screenings for conditions like hypertension and diabetes. Cost-effectiveness analyses should be conducted regularly to ensure that the services provided under the scheme are aligned with the population's needs. Furthermore, pooling funds across various sectors could reduce out-of-pocket expenses for individuals and create a more equitable financing structure for healthcare services.

#### **2. Enhancing Primary Healthcare**

Investment in healthcare infrastructure, particularly in underserved rural areas, is crucial for improving healthcare access. The government should focus on refurbishing existing Primary Health Centers (PHCs) and constructing new ones in rural areas where they are needed most. Community health programs targeting vulnerable populations, including maternal and child health services, should be prioritized. Furthermore, capacity-building initiatives for healthcare workers—especially in rural areas—should be expanded, including training programs, incentives to retain local staff, and better working conditions to address workforce shortages.

#### **3. Improving Healthcare Financing**

Increasing government spending on healthcare is essential for achieving UHC. The government should aim to meet the Abuja Declaration target of allocating at least 15% of the national budget to healthcare. Innovative financing options, such as sin taxes on tobacco and alcohol, public-private partnerships (PPPs), and the issuance of health bonds, should be explored to generate additional funding. Transparency and accountability in the use of healthcare funds are critical to ensure that financial resources are used efficiently and effectively to improve healthcare delivery.

#### **4. Enhancing Quality of Care**

A focus on standardizing and improving the quality of care across healthcare facilities is vital to ensure that all Nigerians receive care that meets internationally recognized standards. The government should enforce healthcare service standards and regularly monitor healthcare facilities to ensure that they are delivering high-quality care. Continuous quality improvement programs should be implemented to empower healthcare workers and improve service delivery.

#### **5. Addressing Broader Determinants of Health**

A sector-wide approach to health requires addressing the broader determinants of health, including education, sanitation, nutrition, and housing. Collaborative efforts between the health, education, housing, and water sectors are essential to address these social determinants and improve health outcomes. Inter-sectoral collaboration is needed to create comprehensive health policies that go beyond healthcare provision and tackle the root causes of poor health.

#### **6. Responsive and Adaptive Policies**

Health policies should be responsive to the evolving needs of Nigeria's population, which is experiencing rapid demographic changes. Policymakers should focus on building a health system that is adaptable to both emerging diseases and the increasing prevalence of chronic conditions such as diabetes and cardiovascular diseases. In addition, policies should be designed to ensure that healthcare systems can effectively manage both communicable and non-communicable diseases, as well as respond to public health emergencies, as demonstrated by the COVID-19 pandemic.

#### **7. Investing in Health Information Systems**

Strengthening health information systems is crucial for informed decision-making and efficient resource allocation. The Nigerian government should invest in digital health technologies that can capture real-time data on health service delivery, disease outbreaks, and resource utilization. Health information systems will also support policy development and monitoring, ensuring that interventions are data-driven and aligned with the needs of the population.

#### **8. Public Health Emergency Response Systems**

Finally, Nigeria must develop and maintain robust systems for responding to public health emergencies. The COVID-19 pandemic highlighted the country's vulnerabilities in emergency preparedness and response. Establishing national health emergency frameworks,



improving healthcare infrastructure for crisis situations, and ensuring that healthcare workers are trained for emergencies are essential steps to bolster Nigeria's resilience to future health crises.

In conclusion, achieving UHC in Nigeria is an ambitious but achievable goal. By addressing demand-side, supply-side, and governance challenges through a combination of strengthened health insurance initiatives, infrastructure investment, increased healthcare financing, improved quality of care, and inter-sectoral collaboration, Nigeria can move closer to ensuring equitable and quality healthcare for all its citizens. Learning from other LMICs and adapting their successful strategies to Nigeria's context will help chart a sustainable path toward UHC.

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