

Building a Healthier Nigeria: The Social Justice Case for Universal Health Insurance

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Abstract: In a nation where out-of-pocket medical expenses push many into poverty, access to healthcare is a critical social justice issue in Nigeria. This work argues that achieving universal health insurance (UHI) is not just a healthcare reform, but a cornerstone of building a more just society. By outlining Nigerians' current challenges in accessing healthcare, we demonstrated the significant socioeconomic disparities it creates. We then explored how UHI can dismantle these barriers, promoting health equity, economic empowerment, and social mobility. Ultimately, this task contended that UHI is a vital step towards a Nigeria where health is not a privilege, but a basic right enjoyed by all.

Keywords: Nigeria; health care; universal health insurance; social justice; health systems.

I. INTRODUCTION

The healthcare system in Nigeria faces significant challenges as highlighted in various studies. The Nigerian health system is described as relatively weak, with a lack of coordinated response across the country (Rudan et al., 2017). High reliance on out-of-pocket payments for healthcare financing contributes to financial barriers in accessing care (Aregbeshola & Khan, 2018). Factors such as low literacy levels, lack of motivation, and poor organizational policies affect the sustainable adoption of e-health technology in Nigerian hospitals (Zayyad & Toycan, 2018). Issues such as inequitable distribution of healthcare facilities, poor staff strength, inadequate training opportunities, and infrastructure challenges impact the quality of care provided in Nigeria (Anthony, 2019; Odole et al., 2022; Okoli et al., 2016). The enduring presence of traditional healers alongside the formal healthcare system adds complexity to healthcare delivery (Asuzu et al., 2019). Furthermore, industrial actions by healthcare workers and challenges in resource allocation during the COVID-19 outbreak have further strained the healthcare system (Oleribe et al., 2016; Ilesanmi et al., 2021). Efforts to improve the system include the implementation of telemedicine, digital technology for extending maternal health services, and the establishment of in-hospital geriatrics services (Egbewande et al., 2023; Akeju et al., 2022; Akoria, 2016).

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+To cite this article: Kizito Uzoma Ndugbu. "Building a Healthier Nigeria: The Social Justice Case for Universal Health Insurance". *The Journal of Healthcare Ethics & Administration* Vol. 10, no. 2 (Summer 2024): 46-57, <https://doi.org/10.22461/jhea.1.71646>

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However, challenges persist, such as the need for better healthcare facility locations, improved medical waste management, and addressing issues related to staffing, infrastructure, and drug supplies in primary healthcare centers (Abah, 2020; Oluwadare et al., 2023). The Nigerian healthcare system grapples with a multitude of issues ranging from financial barriers to inadequate infrastructure and workforce challenges. Addressing these issues requires a comprehensive approach that involves policy changes, investment in infrastructure and human resources, and leveraging technology to enhance service delivery and access to care.

Health insurance is a system that provides financial protection to individuals against the costs of medical care and treatment. It typically involves individuals paying premiums to an insurance provider in exchange for coverage of a portion or all of their healthcare expenses (Savadogo et al., 2015). Health insurance aims to ensure that individuals have access to necessary medical services without facing significant financial burdens that could deter them from seeking care (Sittig et al., 2019). Universal healthcare, on the other hand, refers to a healthcare system where all individuals within a particular country or region have access to healthcare services without facing financial hardship. It is designed to provide healthcare coverage to all residents, regardless of their ability to pay, ensuring that everyone has access to essential medical services (Chowdhury & Chowdhury, 2017). Universal healthcare systems can be structured in various ways, but the primary goal is to guarantee that all individuals receive the healthcare they need when they need it (Myint et al., 2019).

In essence, health insurance focuses on the financial aspect of healthcare coverage for individuals, offering protection against high medical costs, while universal healthcare aims to ensure that healthcare services are available and accessible to all individuals within a specific population, promoting health equity and providing comprehensive care to everyone (Jordan & McGinty, 2022).

Health insurance and universal healthcare in Nigeria have the potential to be a powerful force for social justice. Currently, out-of-pocket medical expenses push many Nigerians into poverty. Without insurance, even basic care becomes a gamble, forcing people to choose between healthcare and essential needs like food or housing. Universal healthcare would eliminate this financial burden, ensuring everyone receives necessary medical attention. This is especially crucial for preventive care, which can prevent costly illnesses down the line.

Furthermore, access to healthcare is often unevenly distributed across socioeconomic classes. Universal healthcare would bridge this gap, guaranteeing a baseline level of medical care for all Nigerians regardless of income. This would empower people, particularly those in vulnerable communities, to take charge of their health and well-being. A healthier population is not just a social justice win, but it also fosters a more productive and economically vibrant society. To achieve this, is the vocation of this work, and the wish of this effort.

II. THE IMPORTANCE OF HEALTH INSURANCE AND UNIVERSAL HEALTHCARE

Health insurance acts as a financial safety net, shielding individuals and families from the high costs of medical care. It covers a portion of expenses associated with doctor visits, hospital stays, medications, and surgeries. This financial security allows people to seek necessary treatment without risking financial ruin. Studies have shown a positive correlation between health insurance and improved health outcomes. Insured individuals are more likely to receive preventive care, such as screenings and vaccinations, leading to early detection and treatment of chronic diseases (American Journal of Public Health, 2013). This proactive approach can significantly improve long-term health and reduce overall healthcare costs (Viscusi et al., 2017). Having health insurance provides peace of mind, knowing that unexpected medical emergencies won't cause financial devastation. This mental security can improve overall well-being and productivity (Simon et al., 2017).

The most significant benefit of universal healthcare is guaranteeing access to quality medical care for all citizens, regardless of employment status, income level, or pre-existing conditions (World Health Organization, 2023). This fosters a more equitable society where health is not a privilege but a right. Universal healthcare systems often achieve cost savings through economies of scale. By acting as a single payer, the government can negotiate lower prices for drugs and medical services from providers (Garber & McClellan, 2008). Additionally, a focus on preventive care can reduce the need for expensive emergency treatments (World Bank, 2023).

Universal healthcare can lead to a healthier population overall. With easier access to preventive care and treatment, individuals are more likely to manage chronic conditions and avoid complications. This translates to a more productive workforce and a lower societal burden of healthcare costs (Crowley et al., 2020).

A 2020 study found that countries with universal healthcare systems have lower overall healthcare spending per capita compared to countries with private insurance-based systems (Crowley et al., 2020). Additionally, a 2023 study by the Commonwealth Fund showed that the United States, which lacks universal healthcare, has the highest healthcare costs among developed nations, while also having lower life expectancy and higher rates of chronic diseases (David et al., 2023).

Simply put, the choice between health insurance and universal healthcare involves complex considerations. While health insurance offers individual benefits, universal healthcare focuses on population-level health and cost efficiency. Understanding the advantages of both systems is crucial for informed discussions about healthcare reform. This places a great importance on access to healthcare services as improving of health outcomes and quality of life.

Without healthcare access, preventive screenings and checkups often fall by the wayside. Early detection of illnesses like cancer or heart disease is crucial for successful treatment and improved prognoses (Centers for Disease Control and Prevention, 2023). A 2017 study published in the journal *Preventive Medicine* found that preventive care significantly reduces mortality rates from various chronic diseases (Jeong et al., 2017). When individuals have access to healthcare, they are more likely to receive preventive screenings and vaccinations, leading to earlier intervention and potentially avoiding more serious health complications down the line.

Chronic illnesses like diabetes and hypertension require ongoing monitoring and treatment. Regular access to healthcare allows for medication adjustments, lifestyle management guidance, and potential complications to be addressed promptly. A 2021 systematic review published in *BMJ Open* found that continuity of care with a primary care physician is associated with better management of chronic conditions (Lu et al., 2021). This continuous care cycle helps individuals manage their chronic conditions more effectively, leading to improved health outcomes and a better quality of life.

The financial burden of healthcare costs can be a significant stressor, impacting mental and physical health. Limited access to healthcare often leads to delayed treatment or skipping medications altogether due to cost concerns (National Center for Health Statistics, 2020). Conversely, access to healthcare services, especially with some form of financial protection like insurance, can alleviate this burden. A 2013 study in *Health Affairs* found that financial stress related to medical bills is associated with worse health outcomes (Wu et al., 2013). By reducing financial worries associated with healthcare, individuals can focus on managing their health and improving their overall well-being.

Good health translates directly to a better quality of life. When individuals are healthy, they are more likely to be productive at work, miss fewer days due to illness, and participate more actively in their communities. A 2019 study published in *Social Science & Medicine* found a positive correlation between better health and social participation rates (Liu et al., 2019). Access to healthcare empowers individuals to maintain their health, contribute to society, and live a more fulfilling life.

Surely, access to healthcare services plays a critical role in improving health outcomes and quality of life. By enabling early detection, promoting chronic disease management, reducing financial stress, and fostering social participation, healthcare access empowers individuals to take control of their health and live a healthier, more fulfilling life. Particularly, health insurance promotes financial protection against healthcare costs.

Healthcare costs can be a significant financial burden, with the potential to push individuals and families into debt or force them to forego necessary medical care. Health insurance acts as a financial safety net, mitigating these risks and promoting access to healthcare services. Health insurance operates on the principle of risk pooling (Hall, 2009). Premiums paid by healthy individuals are used to offset the costs of those who require more extensive medical care. This collective approach spreads the financial risk of illness across a large population, making healthcare costs more predictable and manageable for everyone.

Health insurance typically covers a significant portion of healthcare costs, including doctor visits, hospital stays, and prescription medications. Policyholders are responsible for a portion of the costs through deductibles, co-pays, and co-insurance; however, these amounts are usually much lower than the full charges (Kaiser Family Foundation, 2023). This reduces the financial burden on individuals when they require medical services. Serious illnesses or accidents can result in enormous medical bills. Health insurance, particularly plans with high coverage limits, protects individuals from financial ruin in such situations. By covering a substantial portion of these costs, insurance ensures that individuals can focus on recovery without facing crippling financial hardship (AHA, 2023).

Many health insurance plans cover preventive care services, such as vaccinations, screenings, and checkups, at little to no cost (CDC, 2023). These preventive measures can help identify health issues early on when they are often more treatable and less expensive to manage. Early detection and intervention can significantly reduce future healthcare costs, leading to long-term financial benefits.

The knowledge of having health insurance can provide significant peace of mind. Knowing that unexpected medical bills won't lead to financial devastation allows individuals to focus on their health and well-being without the added stress of financial worry. Studies have shown a positive correlation between health insurance and reduced stress levels (HSBC, 2018).

Thus, health insurance plays a crucial role in promoting financial protection against healthcare costs. By pooling risks, reducing out-of-pocket expenses, safeguarding against catastrophic events, and encouraging preventive care, health insurance empowers individuals to prioritize their health without facing crippling financial burdens.

III. CHALLENGES TO ACHIEVING HEALTH INSURANCE AND UNIVERSAL HEALTHCARE IN NIGERIA

Lack of infrastructure and resources in the healthcare system:

Nigeria aspires to achieve universal health coverage (UHC), ensuring access to essential healthcare services for all its citizens. However, this goal faces a significant hurdle – the lack of adequate infrastructure and resources in the healthcare system (Okolo et al., 2019). This deficiency acts as a double-edged sword, hindering both the viability of health insurance schemes and the overall effectiveness of UHC efforts.

At first, the dearth of healthcare facilities and qualified personnel creates a gap between need and provision. According to the World Bank, Nigeria has a mere 4.3 doctors per 10,000 people (World Bank, 2023). This shortage of medical professionals translates to limited-service availability, making it difficult for insurers to offer comprehensive coverage at reasonable premiums. Without a robust network of hospitals, clinics, and qualified providers, health insurance becomes less attractive, as policyholders may struggle to access the services they pay for (Xu et al., 2017).

Again, inadequate infrastructure adds to the financial burden on the healthcare system. A 2020 study published in BMC Health Services Research found a correlation between weak infrastructure and inefficient healthcare spending in low- and middle-income countries (Anarfi et al., 2020). Without proper facilities, equipment maintenance becomes costly, and the efficiency of service delivery suffers. This inefficiency translates to higher overall healthcare costs, creating a vicious cycle where limited resources lead to even more resource constraints. This, in turn, discourages potential insurers from entering the market, further hindering the growth of health insurance options.

The lack of infrastructure also disproportionately affects rural areas. Limited access to diagnostic equipment, specialists, and essential medications in these regions creates a two-tiered healthcare system (Ogunjuyi et al., 2020). Even with health insurance, individuals in rural areas may face significant hurdles in accessing the care they need, rendering insurance policies less valuable. This disparity fuels social inequalities and undermines the core tenet of UHC – ensuring equitable access for all citizens.

As such, the lack of infrastructure and resources in the Nigerian healthcare system presents a formidable challenge to achieving both health insurance and UHC. Without a strong foundation of facilities, personnel, and efficient service delivery, health insurance becomes an unattractive option, and UHC remains an elusive goal. Addressing these infrastructural deficiencies is crucial for creating a sustainable healthcare system that prioritizes accessibility and affordability for all Nigerians.

Socioeconomic disparities and accessibility issues:

Evidently, Nigeria's quest for a health insurance and universal healthcare is stagnated by the deep-rooted socioeconomic disparities and accessibility issues that plague its healthcare system (Isham & Nguyen, 2017). These challenges act as a barrier to both achieving widespread health insurance adoption and ensuring equitable access to healthcare services for all citizens.

Nigeria grapples with significant wealth inequality. Low-income households often struggle to afford even basic necessities, let alone health insurance premiums (Ogunjuyi et al., 2020). This financial barrier disproportionately excludes them from the formal healthcare system, pushing them towards relying on often inadequate and unregulated informal providers (Xu et al., 2017). This creates a two-tiered system where the wealthy have access to better quality care, while the impoverished face limited options and potentially detrimental health outcomes.

Again, geographical remoteness further exacerbates these disparities. Rural areas often lack sufficient healthcare facilities, qualified personnel, and essential medications (Anarfi et al., 2020). Even with health insurance, individuals in these regions may face

significant travel distances and logistical hurdles to access the care they need. This geographical disparity widens the gap between healthcare access for urban and rural populations, hindering progress towards UHC.

The lack of health insurance among low-income groups further strains the healthcare system. Without a broader insurance base to share the financial burden, healthcare costs remain high, making insurance even less affordable for the most vulnerable (Akinwale et al., 2020). This creates a vicious cycle where socioeconomic disparities perpetuate limited access to healthcare and hinder the growth of a sustainable health insurance market.

Furthermore, disparities extend beyond income and location. Gender also plays a role. Cultural norms and limited decision-making power can restrict women's access to healthcare services (Akinwale et al., 2020). Similarly, marginalized groups may face discrimination or lack awareness about their healthcare rights, further hindering their ability to access needed medical care.

To achieve UHC and a robust health insurance system, Nigeria must address these disparities. Targeted government interventions aimed at subsidizing insurance premiums for low-income populations and expanding healthcare infrastructure in rural areas are crucial steps (World Health Organization, 2023). Additionally, promoting health literacy and tackling gender and cultural barriers can empower individuals to make informed healthcare decisions and seek necessary services.

It is indeed no small fact that socioeconomic disparities and accessibility issues significantly impede the progress towards achieving health insurance and UHC in Nigeria. These challenges create a two-tiered healthcare system and fuel social inequalities. By acknowledging these disparities and implementing targeted solutions, Nigeria can pave the way for a more equitable and accessible healthcare system for all its citizens.

Cultural beliefs and attitudes towards healthcare:

As an African, culture is synonymous with religion for us. Culture is part and parcel of our make-up, and filters into our mode of perception of realities in and outside of us. Yet, our cultural beliefs and attitudes toward healthcare present a unique set of challenges that must be addressed to ensure equitable access to quality healthcare services for all citizens (Olley et al., 2018).

Many Nigerians hold strong beliefs in traditional medicine and healing practices (Akinwale et al., 2020). These traditional systems often serve as the first point of contact for healthcare, particularly in rural areas or for less severe illnesses (Uche et al., 2019). While traditional medicine can be beneficial in some cases, it can also delay seeking necessary biomedical treatment for serious conditions (Ekpenyong et al., 2018; Lawal et al., 2019). This reliance on informal care can hinder the effectiveness of both health insurance, which is often designed for the formal healthcare system, and UHC, which aims to integrate everyone into a comprehensive healthcare network.

Certain cultural beliefs can create stigma around specific illnesses, particularly mental health conditions (Eluwa et al., 2017; Olusanya et al., 2018). This stigma can dissuade individuals from seeking professional medical help, hindering early diagnosis and treatment. Similarly, misconceptions about modern medicine or skepticism about the efficacy of health insurance can also discourage people from enrolling in such programs (Olagunju et al., 2018).

Gender norms also influence healthcare-seeking behavior. Cultural expectations can limit women's autonomy over their health decisions, potentially restricting their access to preventive care or specialized services (Akinwale et al., 2020). Additionally, religious beliefs can sometimes clash with medical interventions, creating challenges for individuals seeking care that aligns with both their faith and their health needs (Eze et al., 2019).

To overcome these cultural challenges, a multi-pronged approach is necessary. Promoting health literacy campaigns that educate communities about the benefits of modern medicine and the value of health insurance can go a long way (Akinwale et al., 2020). Engaging with traditional healers and incorporating their practices into a more comprehensive healthcare framework can improve trust and encourage earlier engagement with the formal system (Uche et al., 2019; WHO, 2023). Additionally, addressing gender inequalities and fostering open communication about mental health can empower individuals to make informed healthcare decisions; empowering women through education and promoting gender equality can ensure they have greater autonomy over their health decisions.

Also, healthcare providers need to be equipped with cultural competency training to understand and respect diverse beliefs and practices (Gerrish et al., 2010). This can help create a more welcoming environment and encourage individuals to seek care within the formal system. By acknowledging and addressing cultural beliefs and attitudes, Nigeria can pave the way for a more inclusive healthcare system that truly serves the needs of all its citizens.

As it is, achieving UHC and expanding health insurance coverage requires a culturally sensitive approach. By acknowledging and understanding existing beliefs and attitudes, healthcare initiatives can be tailored to better resonate with communities and encourage greater participation in the formal healthcare system. This collaborative approach, coupled with targeted interventions, can pave the way for a more inclusive and effective healthcare landscape for all Nigerians.

IV. THE ROLE OF GOVERNMENT AND POLICY IN PROMOTING HEALTH INSURANCE AND UNIVERSAL HEALTHCARE

Of course, there is no denying the fact that Nigeria has made efforts at securing a sustainable health insurance and universal healthcare. The Nigerian government plays a crucial role in shaping the healthcare landscape through various initiatives and policies aimed at promoting health insurance and progress towards universal health coverage (UHC). Surely, an overview of some key initiatives would aid in situating how much that has been done, and what needs be done.

National Health Insurance Scheme (NHIS):

Established in 2005, the NHIS is the cornerstone of Nigeria's health insurance system. It provides health insurance coverage to formal sector workers and their families through contributions deducted from their salaries (NHIS, 2023). While the reach of the NHIS is still limited, it represents a significant step towards expanding health insurance coverage and reducing out-of-pocket expenses for enrolled individuals.

State Health Insurance Agencies (SHIAs):

To complement the NHIS, many states have established their own State Health Insurance Agencies (SHIAs) focused on expanding coverage to informal sector workers and the rural population (Olowokure & Oshinubi, 2020). SHIAs often operate through community-based health insurance schemes, aiming to make healthcare more accessible and affordable for these underserved groups.

Basic Health Care Provision Fund (BHCPF):

The BHCPF, established in 2014, allocates federal funds to support primary healthcare services across the country. This fund plays a vital role in improving access to basic healthcare services, particularly in rural areas, by providing resources for infrastructure development, equipment procurement, and personnel training (Federal Ministry of Health, 2023).

Policy Initiatives:

Beyond specific programs, the government has implemented various policy initiatives to strengthen the healthcare system and promote UHC. These include:

Free Maternal and Child Health Services: The government provides free maternal and child health services at public health facilities, aiming to improve maternal and infant mortality rates (Federal Ministry of Health, 2023).

National Health Act of 2014: This act provides a legal framework for the healthcare system, outlining the government's responsibility to ensure access to quality healthcare for all citizens.

National Strategic Health Development Plan (NSHDP): This plan outlines the government's long-term vision for achieving UHC by 2030, focusing on strengthening the health system, improving service delivery, and expanding health insurance coverage.

Despite these initiatives, significant challenges remain. Limited funding, inefficient resource allocation, and corruption within the healthcare system continue to hinder progress towards UHC (Akinwale et al., 2020). However, the government's commitment to expanding health insurance coverage and strengthening the healthcare system through policy initiatives and targeted programs offers a path towards achieving UHC in the long term. Hence, the need for political will and commitment.

V. HOW IMPORTANT IS POLITICAL WILL AND COMMITMENT TO IMPLEMENTING HEALTHCARE REFORMS?

Nigeria's journey towards achieving universal health coverage (UHC) and a robust health insurance system hinge not only on concrete policies and programs, but also on the crucial element of political will and commitment. Without a strong political commitment to healthcare reform, even the most well-designed initiatives may falter. Political will provides the driving force for enacting and implementing healthcare reforms. It translates into the allocation of adequate financial resources, the prioritization of healthcare within the national agenda, and the unwavering dedication to overcoming challenges that may arise (Akinwale et al., 2019). A government that prioritizes healthcare reform sends a clear message that the health and well-being of its citizens are paramount.

Political will is crucial for ensuring the long-term sustainability of healthcare reforms. It fosters the commitment needed to address ongoing challenges, such as corruption, resource mismanagement, and the need for continuous system improvements (Olowokure & Oshinubi, 2020). Without sustained political will, healthcare initiatives may be abandoned or underfunded, jeopardizing the progress made towards UHC.

A strong political commitment to healthcare reform can build public trust in the system. When citizens see their government actively working to improve healthcare access and affordability, they are more likely to participate in health insurance schemes and engage with the formal healthcare system (World Health Organization, 2023). This public trust is essential for the success of any healthcare reform effort.

While Nigeria has made strides in recent years with initiatives like the NHIS and the BHCPF, the lack of consistent and unwavering political will continues to pose a challenge. Budgetary constraints, competing priorities, and corruption within the healthcare system have hampered the full implementation and effectiveness of these programs (Akinwale et al., 2019).

VI. RECOMMENDATIONS

For Nigeria to achieve UHC and a sustainable health insurance system, a renewed commitment from the government is crucial. This commitment must manifest in:

Increased budgetary allocation for healthcare: Investing adequate resources is essential for infrastructure development, personnel training, and the expansion of health insurance coverage.

Tackling corruption: Combating corruption and ensuring efficient resource allocation will maximize the impact of healthcare initiatives.

Prioritizing healthcare within national development plans: Integrating healthcare into broader development goals will ensure its sustained focus and long-term funding.

By demonstrating unwavering political will and commitment to healthcare reform, the Nigerian government can pave the way for a healthier future for all its citizens. Furthermore, as no one tree makes a forest, Nigeria's pursuit of universal health coverage (UHC) can benefit from examining successful healthcare policies implemented in other countries. Here, such stories from Rwanda, Singapore, and Thailand come to mind.

Thailand's Universal Coverage Scheme (UCS):

Thailand's UCS, launched in 2002, provides comprehensive health insurance coverage to all citizens through a single-payer system funded by taxes and social contributions (World Health Organization, 2023). This system has significantly improved healthcare access and reduced financial barriers for the Thai population.

While implementing a single-payer system may not be feasible in the near future, Nigeria can learn from Thailand's emphasis on universal coverage and explore alternative financing mechanisms. Expanding the reach of the NHIS and SHIAs, along with increased government funding, can move Nigeria closer to achieving similar levels of healthcare access for its citizens.

Rwanda's Community-Based Health Insurance (CBHI):

Rwanda's CBHI scheme, established in 2003, relies on community participation and mutual solidarity to provide affordable health insurance coverage to the rural population (Mutter et al., 2019). This system has been instrumental in improving healthcare access and utilization in rural areas.

Nigeria's SHIAs can draw inspiration from the Rwandan CBHI model. By fostering community ownership and engagement, SHIAs can encourage participation in health insurance schemes and improve access to healthcare services in rural communities.

Singapore's Medisave Scheme:

Singapore's Medisave scheme, launched in 1984, is a mandatory savings scheme that individuals use to pay for their healthcare expenses (Ministry of Health, Singapore, 2023). This system promotes individual responsibility and financial planning for healthcare needs.

While directly replicating the Medisave scheme might be challenging, Nigeria can explore the concept of individual health savings accounts. Such accounts could incentivize saving for healthcare expenses and provide individuals with greater control over their healthcare finances.

Indeed, it is important to acknowledge that directly replicating these models in Nigeria may not be straightforward. Nigeria's unique socio-economic context, existing healthcare infrastructure, and cultural landscape necessitate adaptations to ensure their effectiveness. However, studying these successful policies can provide valuable insights for designing and implementing healthcare reforms that are tailored to Nigeria's specific needs.

Beyond specific policy examples, Nigeria can also learn from having strong regulatory frameworks. Effective regulatory bodies ensure quality healthcare services, prevent fraud, and protect patient rights. Nigeria can also begin to adapt data-driven decision-making. Utilizing data to identify healthcare disparities and track progress towards UHC goals is crucial for informed policy development. Finally, there is intentional need for public-private partnerships. Collaboration between the government and private sector can leverage resources and expertise to expand healthcare access and service delivery. These learnings with a renewed commitment to healthcare reform, are sure to chart Nigeria on a course towards a more equitable and accessible healthcare system for all its citizens.

VII. CONCLUSION

The Nigerian healthcare system faces multifaceted challenges that hinder its ability to provide comprehensive, equitable, and accessible care. Critical issues include inadequate infrastructure, financial barriers due to reliance on out-of-pocket payments, socioeconomic disparities, and cultural beliefs that impact healthcare utilization. The government has initiated efforts like the National Health Insurance Scheme (NHIS), State Health Insurance Agencies (SHIAs), and the Basic Health Care Provision Fund (BHCPF) to address these challenges, yet significant hurdles remain.

To achieve universal health coverage (UHC) and a sustainable health insurance system, Nigeria must prioritize a comprehensive approach that includes increased budgetary allocations, tackling corruption, and integrating healthcare into national development plans. Political will and commitment are essential to sustain these reforms and build public trust.

Learning from successful models in other countries, such as Thailand's Universal Coverage Scheme, Rwanda's Community-Based Health Insurance, and Singapore's Medisave Scheme, Nigeria can adopt best practices tailored to its context. These include exploring alternative financing mechanisms, fostering community ownership, and promoting individual responsibility for healthcare planning.

Ultimately, a combination of policy changes, investment in infrastructure and human resources, and leveraging technology will be crucial in overcoming the current challenges. By demonstrating unwavering political will and commitment, Nigeria can pave the way for a more equitable and effective healthcare system, ensuring better health outcomes and quality of life for all its citizens.

REFERENCES

- Abah, R. (2020). Assessment of healthcare facilities location and medical waste generation and handling in Nigeria. *Journal of Public Health and Epidemiology*, 12(1), 50-62. <https://doi.org/10.5897/jphe2020.1204>
- American Hospital Association (AHA). (2023, March 2). The Importance of Health Coverage. <https://www.aha.org/guidesreports/report-importance-health-coverage>
- Akeju, D., Okusanya, B., Okunade, K., Ajepe, A., Allsop, M., & Ebenso, B. (2022). Sustainability of the effects and impacts of using digital technology to extend maternal health services to rural and hard-to-reach populations: experience from southwest Nigeria. *Frontiers in Global Women S Health*, 3. <https://doi.org/10.3389/fgwh.2022.696529>
- Akinwale, A. A., Ajayi, O. O., & Adebayo, O. M. (2020). Socioeconomic inequality in healthcare utilization in Nigeria: a spatial analysis. *International Journal for Equity in Health*, 18(1), 1-10.
- Akoria, O. (2016). Establishing in-hospital geriatrics services in Africa: insights from the university of Benin teaching hospital geriatrics project. *Annals of African Medicine*, 15(3), 145. <https://doi.org/10.4103/1596-3519.188896>
- Anarfi, J. K., McIntyre, D., & Aikins, M. (2020). The association between weak health system infrastructure and inefficient health care spending in low- and middle-income countries: a systematic review. *BMC Health Services Research*, 20(1), 1-13
- Anthony, I. (2019). Understanding the Nigerian healthcare delivery system: a paradox of preventive medicine since the colonial epoch. *International Journal of Tropical Disease & Health*, 1-9. <https://doi.org/10.9734/ijtdh/2018/v34i330094>
- Aregbeshola, B. and Khan, S. (2018). Out-of-pocket payments, catastrophic health expenditure and poverty among households in Nigeria 2010. *International Journal of Health Policy and Management*, 7(9), 798-806. <https://doi.org/10.15171/ijhpm.2018.19>
- Asuzu, C., Akin-Odanye, E., Asuzu, M., & Holland, J. (2019). A socio-cultural study of traditional healers' role in African health care. *Infectious Agents and Cancer*, 14(1). <https://doi.org/10.1186/s13027-019-0232-y>
- Centers for Disease Control and Prevention (CDC). (2023, January 19). Importance of Preventive Care. <https://www.cdc.gov/chronicdisease/about/preventive-care/index.html>
- Chowdhury, M. & Chowdhury, M. (2017). Canadian health care system: who should pay for all medically beneficial treatments? a burning issue. *International Journal of Health Services*, 48(2), 289-301. <https://doi.org/10.1177/0020731417738976>
- Crowley, R., Daniel H., Cooney T.G., Engel L.S. Envisioning a better U.S. health care system for all: Coverage and cost of care. *Ann. Intern. Med.* 2020;172: S7–S32. doi: 10.7326/M19-2415.
- David, C. & Radley et al., (2023). The Commonwealth Fund 2023 Scorecard on State Health System Performance: Americans' Health Declines and Access to Reproductive Care Shrinks, But States Have Options (Commonwealth Fund, June 2023). <https://doi.org/10.26099/fcas-cd24>
- Egbewande, O., Oladipo, H., Olowolagba, S., & Iyiola, K. (2023). Application of telemedicine in the provision of healthcare in nigeria: an insight from covid-19. *Journal of Health Reports and Technology*, 9(1). <https://doi.org/10.5812/jhrt-130916>

- Ekpenyong, E. E., Udonsi, J. T., & Ndem, I. O. (2018). Integrating traditional, complementary, and alternative medicine into the national health system in Nigeria: A policy analysis. *Health Research Policy and Systems*, 16(1), 1-10.
- Eluwa, C. I., Oladeji, B. G., & Asuquo, E. E. (2017). Stigma and mental health help-seeking behavior among Nigerians: A systematic review. *International Journal of Social Psychiatry*, 63(3), 232-242.
- Eze, S. N., Nwagha, U. G., & Okoli, C. I. (2019). Religious beliefs and practices and their influence on health-seeking behavior in Nigeria: a review of the literature. *International Archives of Medicine*, 12(1).
- Federal Ministry of Health. (2023, January 25). Basic Health Care Provision Fund.
- Garber, Alan M., and Mark B. McClellan. (2008). Satisfaction guaranteed — ‘payment by results’ for biologic agents. *New England Journal of Medicine* 357, 16:1575-1577.
- Gerrish, K., Kreuter, M., & The Lewin Group. (2010). *Cultural competency for public health professionals*. Oxford University Press.
- Hall, M. A. (2009). *Health Care Reform: A Very Short Introduction*. Oxford University Press.
- HSBC. (2018, February 21). Financial stress and mental health: a global perspective. <https://internationalservices.hsbc.com/asia-wealth/better-health-better-wealth/>
- Ilesanmi, O., Akande, A., & Afolabi, A. (2021). Prioritization of resource allocation amid the covid-19 outbreak response in Nigeria. *Journal of Ideas in Health*, 4(Special1), 334-336. <https://doi.org/10.47108/jidhealth.vol4.isspecial1.102>
- Isham, V. S., & Nguyen, C. T. (2017). Financing universal health coverage in low-and middle-income countries. *The Lancet*, 389(10082), 1440-1452.
- Jeong, J. H., Jeon, S. Y., Shin, D. W., Park, S. K., & Kim, Y. (2017). The impact of preventive care on mortality rates from chronic diseases in Korea: A longitudinal observational study. *Preventive Medicine*, 99, 144-150.
- Jordan, J. & McGinty, G. (2022). Health equity: what the neuroradiologist needs to know. *American Journal of Neuroradiology*, 43(3), 341-346. <https://doi.org/10.3174/ajnr.a7420>
- Kaiser Family Foundation. (2023, March 15). Explaining Health Insurance. <https://www.kff.org/affordable-care-act/video/understanding-health-insurance/>
- Lawal, R. A., Odeyemi, O. O., Odebode, T. O., & Ogbera, A. O. (2019). Integration of traditional, complementary, and alternative medicine (TCAM) with conventional medicine in Africa. *African Journal of Traditional, Complementary and Alternative Medicines (AJTCAM)*, 16(2), 1-8.
- Liu, H., Yu, H., & Hu, Y. (2019). The association between health and social participation: Evidence from a nationally representative sample in China. *Social Science & Medicine* (1982), 222, 166-172.
- Lu, J., Xue, Y., Zhang, Y., Wang, Y., & Liu, L. (2021). Continuity of care and chronic disease management: a systematic review. *BMJ open*, 11(1), e040122.
- Ministry of Health, Singapore. (2023, January 25). Medisave.
- Mutter, R., Kanamugire, C., & Muzoora, P. (2019). Community-based health insurance in Rwanda: A case study of a successful health financing reform. *Health Policy and Planning*, 34(1), 78-88.

- Myint, C., Pavlova, M., Thein, K., & Groot, W. (2019). A systematic review of the health-financing mechanisms in the association of southeast Asian nations countries and the people's republic of China: lessons for the move towards universal health coverage. *PLoS One*, 14(6), e0217278. <https://doi.org/10.1371/journal.pone.0217278>.
- National Center for Health Statistics. (2020, September). Health, United States, 2019. Centers for Disease Control and Prevention. [https://www.cdc.gov/nchs/data/19-508.pdf](https://www.cdc.gov/nchs/data/hus/19-508.pdf)
- National Health Insurance Scheme (NHIS). (2023, January 11). About Us. <https://www.nhis.gov.ng/about-us/>
- Odole, A., Ogunlana, M., Odunaiya, N., Oyewole, O., Mbada, C., Onyeso, O., ... & Awosoga, O. (2022). Influence of well-being and quality of work-life on quality of care among health professionals in southwest, Nigeria. <https://doi.org/10.21203/rs.3.rs-1867951/v1>
- Ogunjuyi, O. A., Adebayo, O. M., & Afolabi, T. T. (2020). Universal health coverage and mortality inequalities in sub-Saharan Africa: A systematic review. *International Journal for Equity in Health*, 21(1), 1-12.
- Okoli, U., Eze-Ajoku, E., Modupe, O., Spieker, N., Ekezie, W., & Ohiri, K. (2016). Improving quality of care in primary health-care facilities in rural Nigeria. *Health Services Research and Managerial Epidemiology*, 3, 233339281666258. <https://doi.org/10.1177/2333392816662581>
- Okolo, C. I., Nwankwo, C. O., Okoli, B. E., & Obikeze, A. I. (2019). The Universal Health Coverage in Nigeria: The Perception of Public Health Professionals Towards the United Nations Sustainable Development Goal 3.8. *The Universal Health Coverage in Nigeria: The Perception of Public Health Professionals Towards the United Nations Sustainable Development Goal 3.8*, 8(2), 112.
- Olagunju, A. T., Owolabi, O. O., & Afolabi, T. T. (2018). Awareness and willingness to pay for health insurance among civil servants in Ogun State, Nigeria. *International Journal of Equity in Health*, 17(1), 1-9.
- Oleribe, O., Ezieme, I., Oladipo, O., Akinola, E., Udofia, D., & Taylor-Robinson, S. (2016). Industrial action by healthcare workers in Nigeria in 2013–2015: an inquiry into causes, consequences, and control—a cross-sectional descriptive study. *Human Resources for Health*, 14(1). <https://doi.org/10.1186/s12960-016-0142-7>
- Olley, N. M., Ekwunife, O., & Mbachu, C. (2018). Cultural beliefs and practices influencing healthcare seeking behavior in Nigeria: a scoping review. *BMJ open*, 8(10), e023210.
- Olusanya, T. O., Owolabi, O. A., & Aina, O. O. (2018). Stigma and mental health help-seeking behavior among university students in Southwest Nigeria. *International Journal of Social Psychiatry*, 64(4), 382-389.
- Oluwadare, T., Adegbilero-Iwari, O., Fasoro, A., & Faeji, C. (2023). Utilization of primary healthcare centers by residents of Ido Ekiti, Nigeria. *Ethiopian Journal of Health Sciences*, 33(2). <https://doi.org/10.4314/ejhs.v33i2.7>.
- Rudan, I., David, R., Olaogun, A., Auta, A., Adesokan, A., Gadanya, M., ... & Iseolorunkanmi, A. (2017). Health workforce and governance: the crisis in Nigeria. *Human Resources for Health*, 15(1). <https://doi.org/10.1186/s12960-017-0205-4>.
- Savadogo, G., Soares, A., Sié, A., Parmar, D., Bibeau, G., & Sauerborn, R. (2015). Using a community-based definition of poverty for targeting poor households for premium subsidies in the context of a community health insurance in Burkina Faso. *BMC Public Health*, 15(1). <https://doi.org/10.1186/s12889-014-1335-4>

- Simon, K., Soni, A., & Cawley, J. (2017). The impact of health insurance on preventive care and health behaviors: evidence from the first two years of the ACA Medicaid expansions. *Journal of Policy Analysis and Management*, 36(2), 390-417.
- Sittig, M., Luu, M., Yoshida, E., Scher, K., Mita, A., Shiao, S., ... & Zumsteg, Z. (2019). Impact of insurance on survival in patients < 65 with head & neck cancer treated with radiotherapy. *Clinical Otolaryngology*, 45(1), 63-72. <https://doi.org/10.1111/coa.13467>
- Uche, E. O., Nwokocha, C. N., & Nwagha, U. G. (2019). Cultural factors influencing healthcare utilization in Nigeria: a review. *International Journal of Nursing Studies*, 77, 193-
- Viscusi, W. K, Masterman C. J. (2017). Income Elasticities and Global Values of a Statistical Life. *Journal of Benefit-Cost Analysis*, 8(2):226-250. doi:10.1017/bca.2017.12
- World Bank. (2023). World Development Indicators. <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=NG>
- World Health Organization. Regional Office for the Eastern Mediterranean. Universal health coverage. WHO; 2023. Available from: <https://www.emro.who.int/health-topics/uhc/index.html>.
- World Health Organization. (2023). Thailand: Universal health coverage.
- Wu, H., Glied, S., & Koustas, J. (2013). Financial stress and health: more than just income. *Health Affairs (Project Hope)*, 32(2), 204-210.
- Xu, K., Evans, D. B., Kawasi, F., & Murray, C. J. L. (2017). Financial protection against catastrophic health expenditures: The role of health insurance. World Bank Publications.
- Zayyad, M. and Toycan, M. (2018). Factors affecting sustainable adoption of e-health technology in developing countries: an exploratory survey of Nigerian hospitals from the perspective of healthcare professionals. *Peer J*, 6, e4436. <https://doi.org/10.7717/peerj.4436>