

# Leveraging the Capacity Building of Healthcare Workforce and National Health Insurance Authority: Pathways to the Achievement of Universal Health Coverage in Nigeria

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## ABSTRACT

It is a global objective to ensure that all individuals have fair access to quality healthcare services without facing financial difficulties by setting Universal Health Coverage (UHC). The strength and capacity of the healthcare workers and the national health insurance are essential elements in achieving this goal. This study utilizes documentary research method and qualitative content analytical approach to provide evidence of the crucial role of leveraging the capacity building of health workers and the National Health Insurance Authority (NHIA) in achieving Universal Health Coverage (UHC) in Nigeria. The study revealed that improving the capacity of health workforce through effective training, collaboration between different healthcare professionals, incorporation of technology, and involvement of the community can enhance patient care, decrease health inequalities, and improve healthcare results. The study also discovered that NHIA Act 2022 addressed some of the limitations of the previous NHIS and has the potential to enhance the life expectancy of Nigerians, significantly reduce the catastrophic and impoverishing health expenses for vulnerable individuals, enabling them have fair access to quality healthcare services without enduring financial hardship. The study noted some anticipated challenges and concluded that it is essential to address the problems identified in the study and for all stakeholders to collaborate in order to ensure the capacity building of health workers and the NHIA are tailored towards achieving Universal Health Coverage (UHC) in Nigeria. The study made recommendations for improving the capacity of the healthcare workforce and bolstering NHIA towards achieving UHC in Nigeria.

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**KEYWORDS:** Capacity Building of Health Workers, Health Insurance, National Health Insurance Authority, National Health Insurance Scheme, Universal Health Coverage

## INTRODUCTION

Universal Health Coverage (UHC) aims to ensure everyone has access to quality health services, encompassing promotion, prevention, diagnosis, treatment and rehabilitation needed without suffering any financial hardship. Achieving Universal Health Coverage is a pivotal target set by all nations for the Sustainable Development Goal 3 (SDG3) and key in achieving some other SDGs by 2030. Achieving Universal Health Coverage (UHC) implies that every individual can obtain necessary health services without facing financial difficulties, in a timely and appropriate manner, regardless of location. Achieving

this milestone requires the strengthening of health system through provision of equitable access to basic health-care services, availability of essential medicines, sustainable health financing, adequate qualified health workers and basic infrastructure (Babatunde et al, 2021). In addition, leveraging capacity building of health workers and National Health Insurance Authority (NHIA) has the potential of increasing healthcare services coverage and impacts.

The healthcare sector relies on capacity building to improve the effectiveness of healthcare providers and

the overall health system. Therefore, it is crucial for medical professionals and frontline workers (FLWs) to stay informed about new procedures and processes. Additionally, information technology and emerging technologies such as Artificial Intelligence (AI) and Machine Learning (ML) are rapidly reshaping the healthcare industry. These technologies have permeated every aspect of healthcare, from management to disease detection, diagnosis, and treatment. As a result, capacity building is now essential for medical professionals, frontline workers (FLWs), and non-profit organizations involved in public healthcare (Metty, Leandros, Mohamed & Iman, 2023).. Thus, leveraging capacity building of healthcare workforce has the tendency of transforming the healthcare landscape at an unprecedented rate.

In a bid to promote the accessibility to healthcare system, the Federal Government of Nigeria, by Decree No.35 of 1999, established the National Health Insurance Scheme (NHIS) which became CAP N42 (LFN) 2004 and has been repealed by the National Health Insurance Authority Act 2022. The advantage of the health insurance approach is that the fee required for treatment would have been prepaid long before an illness sets in, so there is no question of rejection by health care providers on account of inability to pay the fee for the service. The National Health Insurance Authority (NHIA) represents a very promising sustainable healthcare financing strategy. The agency has a mandate to work progressively towards achieving Universal Health Coverage, and the broad objectives of ensuring that every Nigerian has access to good health care service at affordable cost (Ipinnimo, Durowade, Afolayan, Ajayi & Akande, 2022).

In Nigeria, a country with a complex healthcare landscape characterized by diverse cultural, geographical, and socioeconomic factors, the importance of a strong healthcare workforce becomes even more pronounced. As the nation strives to provide universal access to quality healthcare services, it is essential to examine and optimize the capacity of the healthcare workforce to deliver effective and equitable care to all population segments. Also, over a decade of NHIA existence in Nigeria, opinion is divided among Nigerians on the efficacy of the scheme in addressing the health problem in the country, because of disheartening reports in the continual health situation. Against this background, Capacity Building of Health Workers (CBHW) and National Health Insurance Authority (NHIA) as Pathways to Achieving Universal Health Coverage in Nigeria becomes the focus of this study.

### Statement of the Problem

The Nigerian Health Sector is no doubt one of the cardinal sectors whose successful reformation will definitely shape the direction and pace of national economic growth and development. However, the sector has witnessed several years of neglect, decay of infrastructure, poor funding and inappropriate human resources management coupled with colossal depletion of trained personnel.

Equal access to healthcare, financial risk protection and quality of services for all are the major pillars of Universal Health Coverage (UHC). UHC can only be achieved in Nigeria when every citizen has access to quality healthcare when needed without the problem of inadequate health facilities or shortage of medical professionals and financial status stops being a reason for denial as it is currently. Pivotal strategies in this endeavour are strengthening the capacity of the health workers and leveraging the National Health Insurance Authority (NHIA).

There is a notable lack of structured, continuous professional capacity building programmes, and it results in a workforce that is not updated on the latest medical procedures, technologies, and best practices, thus affecting the quality of healthcare services. The National Health Insurance Authority (NHIA) also represents a very promising sustainable healthcare financing strategy. The agency has a mandate to work progressively towards achieving universal health coverage for all Nigerians. However, lots of questions, misconceptions, doubts, criticisms and cynicism have been trailing its implementation after two decades of its existence. The fact remain that many Nigerians still suffer ill-health as a result of insufficient finance for treatment. Yet others believe that the National Health Insurance Authority (NHIA) has done so well despite the challenges facing its implementation. Through an exploration of global best practices, Nigeria could use Capacity Building of Health Workers (CBHW) and the National Health Insurance Authority (NHIA) to achieve Universal Health Coverage (UHC). Previous researches on this topic have not focused on the potential of these methods to achieve UHC in Nigeria. Therefore this study aims to address this gap in literature and knowledge.

### Objectives of the Study

The specific objectives are to;

1. Determine how capacity building of healthcare workforce can enhance the quality of healthcare services towards attaining Universal Health Coverage in Nigeria.

2. Examine the role of National Health Insurance Authority (NHIA) towards Achieving Universal Health Coverage in Nigeria.

### Conceptual Clarification

#### Universal Health Coverage (UHC)

Universal health coverage (UHC) means ensuring that everyone can access high-quality health services without facing financial difficulties, precisely when and where they require them. This encompasses all vital healthcare services, from promoting health to preventing illnesses, providing treatment, aiding recovery, and offering palliative care throughout their lives (WHO, 2023). UHC has been a major pursuit of all the countries of the world over the years, more so as achieving UHC is one of the targets the nations of the world set when they adopted the 2030 Sustainable Development Goals (SDGs) in 2015, specifically goal 3, which is to ensure healthy lives and promote wellbeing for all at all ages. The developing countries, of which Nigeria is one, have not been left out in this pursuit (Ipinnimo, Durowade, Afolayan, Ajayi & Akande, 2022).

The UHC target of the SDGs measures countries' capacity to provide necessary healthcare to all individuals without causing financial hardship, ensuring it is accessible when and where needed. It encompasses a comprehensive range of essential services, including health promotion, prevention, protection, treatment, rehabilitation, and palliative care. Two indicators are used to monitor progress on UHC.

- coverage of essential health services (SDG 3.8.1); and
- Catastrophic health spending (and related indicators) (SDG 3.8.2).

Catastrophic health spending occurs when individuals face significant out-of-pocket health expenses compared to their overall income or consumption. Specifically, SDG 3.8.2 defines people as experiencing catastrophic health spending if their household's out-of-pocket health costs exceed 10% or 25% of the household's income or consumption. This means that catastrophic spending can impact households across all income or consumption brackets. Catastrophic out-of-pocket health spending reduces households' capacity to afford other essential necessities such as food, housing, clothing, or education. Those who live in or near poverty are especially at risk of having to cut back on essential expenses due to out-of-pocket health costs, which can create a harmful cycle of poor health and poverty. For further details, please refer to the SDG 3.8.2 metadata (WHO, 2023).

#### Capacity Building of Healthcare Workforce (CBHW)

The process of capacity-building involves improving and developing the necessary skills, instincts, abilities, processes, and resources that organizations and communities need to thrive and adapt in a rapidly changing environment. It focuses on creating sustainable skills, organizational structures, resources, and dedication to improving health in various sectors, with the goal of significantly increasing health benefits (United Nation, 2022).

The United Nations Development Programme (UNDP) took the lead in developing the concept of capacity building. It started by providing guidance to its staff and governments on institution building in various areas such as civil aviation, meteorology, agriculture, health, and nutrition. The goal was to enhance their effectiveness and efficiency in accomplishing tasks and reaching goals. Consequently, all UN specialized agencies actively supported capacity building in their respective areas of expertise. For example, FAO focused on the rural sector and agriculture, while WHO concentrated on health. UNDP defined capacity building as the establishment of a supportive environment with appropriate policy and legal frameworks, institutional development, including community involvement (especially of women), human resources development, and improvement of managerial systems. Furthermore, UNDP acknowledges that capacity building is a continuous, long-term process involving all stakeholders, such as ministries, local authorities, non-governmental organizations, water user groups, professional associations, academics, and others (Medani, 2022).

Capacity Building of Healthcare Workforce (CBHW) encourages healthcare staff to think creatively and develop new ideas and solutions for various health challenges. This allows them to broaden their scope of duties to reach more people or effectively serve the individuals they are already helping. Capacity building is crucial in the healthcare sector as it enhances the efficiency and performance of healthcare providers and the entire healthcare system. Therefore, it is essential for medical professionals and frontline workers (FLWs) to stay updated on new procedures and protocols. Furthermore, Information Technology and emerging technologies such as Artificial Intelligence (AI) and Machine Learning (ML) are rapidly transforming the healthcare industry. In every aspect of healthcare, from healthcare administration to the identification, diagnosis, and treatment of diseases, these technologies and tech-driven advancements have



become prevalent. Therefore, the development of skills has become crucial and essential for healthcare professionals, Frontline Workers (FLWs), and non-profit organizations operating in the public healthcare sector.

### **National Health Insurance Authority (NHIA)**

Health insurance involves a contract between an individual or their sponsor and an insurance provider, where the provider agrees to cover some or all of the insured person's healthcare costs in exchange for a monthly premium. It is a type of group insurance where individuals make payments to protect themselves from unexpected or high healthcare expenses. Health insurance operates by assessing the overall risk of healthcare expenses and establishing a financial structure, such as a monthly premium or annual tax, to ensure that funds are available to cover the specified healthcare benefits. These benefits are typically managed by a central organization, which can be a government agency or a private or not-for-profit entity operating a health plan (United Nations, 2023).

In 1999, the Nigerian Government established the National Health Insurance Scheme (NHIS) to promote fairness in health care delivery. The NHIS, created by Decree 35 of 1999 and later the NHIS Act 35 (2004), functions as a Public Private Partnership. Its primary goal is to offer accessible, affordable, and high-quality healthcare to all Nigerians (Uguru, Ogu, Uguru & Ibe, 2024). On May 24th, 2022, the Federal Government of Nigeria officially gazettes it as the National Health Insurance Authority (NHIA). The NHIA's role is to promote, regulate, and integrate health insurance schemes in Nigeria and address related matters. The NHIA is mandated to progressively strive for universal health insurance coverage for all Nigerians and to ensure that every Nigerian can access quality healthcare at a reasonable cost (Ahmad & Lucero-Prisno, 2024).

### **Theoretical Framework**

This study adopted the Human Capital Theory by Gary Becker and Jacob Mincer which states that capital does not just consist of machines, money and real estate, but also of the acquired and useful abilities of all the inhabitants or members of the society. This notion of human abilities and education as constituting a store of capital which can be invested to produce value was originally applied to analysis of nations as a whole but gradually became a key part of the understanding of how organizations and societies succeed in an age where innovation and intellectual property are as important as factories and land for creating value. Human capital theory posits that individuals possess skills, knowledge and abilities

which confer on them the status of human capital with which is expressed in their work. These individuals own and control the attributes and may decide to or not manifest them in the work place. If the employer desires to benefit from the utilization of such human capital in his organisation, negotiation and eventual settlement must be reached with the individual concerned. Indeed, the service delivery or productivity of employees is closely tied to their skills, education, qualifications and motivation even in the health sector. Furthermore, to acquire the skills, habits and personality traits demanded by the human capital theory requires capacity building of healthcare workers. Also for efficient and quality healthcare services demanded by the Universal Health Coverage (UHC), these skills, habits and personality traits are important. According to the human capital theory, for individual employees, habits and personality traits can be a source of value.

This study also adopted Conventional Theory of Health Insurance by John A. Nyman which holds that people purchase insurance because they prefer the certainty of paying a small premium to the risk of getting sick and paying a large medical bill. Conventional theory also holds that any additional healthcare that consumers purchase because they have insurance is not worth the cost of producing it. For the purpose of studying the relationship between health insurance and fair access to quality healthcare services without enduring financial hardship, the important point is that insurance is like a subsidy to purchase medical care; that is, it lowers the per-unit price of healthcare. Although there is an income effect caused by premiums or taxes paid to finance the insurance benefits, these income effects can be shown to be empirically negligible in their effect on the demand for healthcare. According to this theory then, the mechanism by which insurance is financed can be ignored because the effect of premiums on the access to quality healthcare services; financial effect is empirically negligible.

### **Research Method**

The research employed a documentary research method to gather data. The study collected information from the researchers' observations and various reliable secondary sources. These sources consisted of indexed journals, textbooks, government publications, bulletins, newspapers, and online materials. Each document was carefully reviewed for relevance and thoroughly examined after being identified as potentially significant. In addition to these documentary materials, the study also included observations of healthcare services in Nigeria's health sector. Consequently, all sources were analyzed to

determine their alignment with the study's objectives and the extent to which they supported or diverged from them.

### Results and Discussion of Findings

This section embodies two sub-themes based on our objectives. The emphasis of our results and discussion of findings is on the two objectives posed for the study and is based on qualitative content analysis of the documents related to the subject matter of the study.

#### How Capacity Building of Healthcare Workforce can enhance the Quality of Healthcare Services towards Attaining Universal Health Coverage in Nigeria

The Universal Health Coverage (UHC) target of the SDGs measures the ability of countries to ensure that everyone receives the health care they need, when and where they need it, without facing financial hardship. It covers the full continuum of key services from health promotion to prevention, protection, treatment, rehabilitation and palliative care. Progress on UHC is tracked using two indicators:

- coverage of essential health services (SDG 3.8.1); and
- Catastrophic health spending (and related indicators) (SDG 3.8.2).

A key component in this pursuit is the development of a strong and well-equipped healthcare workforce, which includes a diverse array of professionals such as doctors, nurses, pharmacists, and community health workers. These professionals play an indispensable role in providing high-quality care and realizing the goals of UHC. In Nigeria, a country with a complex healthcare landscape characterized by diverse cultural, geographical, and socioeconomic factors, the importance of a strong healthcare workforce becomes even more pronounced. As the nation strives to provide universal access to healthcare services, it is essential to examine and optimize the capacity of the healthcare workforce to deliver effective and equitable care to all population segments.

Capacity building is integral to the healthcare sector, as it enhances the efficiency and efficacy of healthcare providers, and the health system. Therefore, it is imperative for medical professionals and frontline workers (FLWs) to keep themselves updated on new procedures and processes. Moreover, Information Technology, and future technologies, like Artificial Intelligence (AI), and Machine Learning (ML) are transforming the healthcare landscape at an unprecedented rate.

The existing landscape of healthcare professionals in Nigeria is crucial for the effective implementation of Universal Health Coverage (UHC). The Strengths of the Nigerian healthcare workforce can be seen in areas like diversity of medical specializations and growing interest in healthcare fields. Nigeria has a health workforce that includes a wide range of healthcare professionals' doctors, nurses, pharmacists, public health experts, and more. This diversity allows for a multi-disciplinary approach to healthcare, enabling more comprehensive patient care and encouraging task sharing and shifting between different healthcare workers, encouraging efficiency (Ruth, Umama, Nankam, Magaji, Abigail & Sumayya, 2023).

The healthcare workforce in Nigeria has uneven geographic distribution and experiences skill misalignment and underutilization. The statistics from the World Health Organization (WHO) indicate that almost half of Nigeria's population resides in rural areas, where only 19% of doctors and 35% of nurses are available to provide medical care. This situation leads to the emergence of healthcare deserts, where access to timely and high-quality medical treatment is nearly non-existent. Again, a significant proportion of healthcare workers in Nigeria are not being effectively utilized due to a mismatch in their skills. Some may find themselves overqualified for positions that do not fully utilize their abilities, while others may lack the necessary competencies for their roles. This mismatch results in inefficiency and underperformance (Adebisi, Umah, Olaoye, Alaran & Sina-Odunsi, 2020).

Assessing the healthcare landscape in Nigeria involves considering certain Key Performance Indicators (KPIs) such as the doctor-to-patient ratio and nurse-to-patient ratio. As of 2020, Nigeria had a doctor-to-patient ratio of 1:5,000, which is significantly lower than the WHO-recommended ratio of 1:1,000. This imbalance places strain on healthcare providers and compromises the quality of care. Additionally, Nigeria's nurse-to-patient ratio is 1:2,000, leading to delayed treatment and insufficient attention to patients (Olanrewaju, Olalekan, Babatunde, Olasupo, Alabi & Bakare, 2021). The Nigerian healthcare sector is encountering difficulties related to healthcare workforce. Several significant obstacles have been identified and examined, including:

1. Inadequate funding and resources: Inadequate financial support and resources are major challenges in the Nigerian healthcare sector, leading to outdated equipment, insufficient medical supplies, and run-down healthcare

facilities. This places significant strain on healthcare workers and compromises patient care.

2. **Brain Drain:** Skilled healthcare professionals are leaving Nigeria for better opportunities abroad due to poor pay and limited career growth prospects, worsening the existing staff shortages and adding pressure on the remaining workforce.
3. **Insufficient training and development initiative:** The absence of structured and ongoing professional development programmes has resulted in a healthcare workforce that lacks updated knowledge on the latest medical procedures, technologies, and best practices, ultimately impacting the quality of healthcare services..

The healthcare landscape in Nigeria is being impacted by various factors leading to shortages, imbalances, and burnout. The average salary for healthcare professionals in Nigeria is often not commensurate with the workload and the risk involved, leading to job dissatisfaction and, eventually, burnout. Despite the growing interest in healthcare professions, there are not enough educational institutions to accommodate this demand. Furthermore, the existing institutions are often not equipped with the necessary resources to provide quality training. Also the current regulations and policies do not reflect Nigeria's healthcare provision's complexities and nuances. Policies often lack implementation strategies and do not align with ground realities. Many healthcare professionals face excessive workloads, long working hours, and emotionally draining conditions. Lack of support systems to manage stress contributes to burnout, affecting their well-being and patient care quality.

Universal health coverage (UHC) strives to guarantee that every person has access to high-quality healthcare services regardless of their financial capabilities. A strong and adequately trained healthcare workforce is crucial for realizing UHC. This workforce encompasses physicians, nurses, midwives, pharmacists, and other healthcare professionals who have significant impact on delivering exceptional care to communities in Nigeria. Enhancing the capacity of workers in the healthcare sector is essential as it enhances the effectiveness and efficiency of healthcare providers and the overall health system (Ruth, Umaima, Nankam, Magaji, Abigail & Sumayya, 2023).

One of the key strategies for leveraging the capacity of the healthcare workforce is to fund programmes for professional education and training in the field. Healthcare personnel must have thorough and up-to-

date education to deliver high-quality care. Organizations like medical schools, nursing colleges, and allied health programmes are essential to the success of this process. In sub-Saharan Africa, for instance, the Medical Education Partnership Initiative (MEPI) has greatly enhanced medical education and research capacity, addressing the region's shortage of healthcare workers.

Innovative methods in training and education for healthcare workers are essential to achieving the goals of UHC and preparing them to meet the changing needs of a complete and accessible healthcare system. Inter-professional Education (IPE), as defined by WHO in 2010, places a strong emphasis on collaboration and communication between healthcare professionals from different disciplines. IPE fosters a patient-centered approach and raises the standard of care delivered by facilitating interdisciplinary collaboration among students in the same training programme (Gilbert, Yan, Hoffman, 2010).

Scalable and customized learning experiences are made possible by integrating technology-enhanced learning into healthcare education. Healthcare practitioners can access education remotely thanks to virtual simulations, telemedicine training, and online modules, which effectively bridge geographic distances and reach underprivileged areas. Healthcare personnel can better grasp socioeconomic determinants of health and cultural subtleties by being trained in community settings. This strategy improves their capacity to deliver care pertinent to the situation, particularly in underserved and distant locations. Finally, because healthcare systems worldwide are interconnected, it is critical to grasp global health challenges. Including global health concepts in healthcare education broadens professionals' perspectives and prepares them to support global health initiatives (WHO, 2016).

For the healthcare workforce to be more effective towards achieving Universal Health Coverage (UHC) in Nigeria, it is essential to promote motivation and wellness. Delivering high-quality care, enhancing health outcomes, and accomplishing the objectives of UHC all depend on a motivated and well-supported healthcare workforce. Providing opportunities for regular education, skill development, and career promotion can boost the motivation and wellness of the workforce.

### **The Role of National Health Insurance Authority (NHIA) towards Achieving Universal Health Coverage in Nigeria**

Protecting people from the financial consequences of paying for health services out of their own pockets



reduces the risk that people will be pushed into poverty because the cost of needed services and treatments requires them to use up their life savings, sell assets, or borrow, destroying their futures and often those of their children.

UHC usually refers to health systems providing both access to health services and financial protection which includes avoiding out-of-pocket payments that reduce the affordability of services, and ideally some compensation for productivity loss due to illness. A key feature of UHC is that it includes prepayment and that it supports risk pooling, which ensures the spread of risk across time and across individuals. The concept of UHC does not imply a particular health system organization and can include both national health systems (and a National Health Insurance model) which are state funded and government managed, and systems of Social Health Insurance (SHI) which are generally designed for the working population and financed by payroll taxes collected from employers and employees (Giedion, Alfonso & Díaz, 2013). In most countries now, there are diverse special arrangements to cover the non-working population in the informal sector of the economy.

The National Health Insurance Scheme (NHIS) was established by Decree 35 of 1999 and later the NHIS Act 35 of 2004 to ensure that every Nigerian has equal access to good quality healthcare services. The Formal Sector Social Health Insurance Program (FSSHIP) for employees in the formal sector, the Urban Health Self-employed Social Health Insurance Program (USSHIP), and the Rural Community Social Health Insurance Program (RCSHIP) are all components of the NHIS (Uguru, Ogu, Uguru & Ibe, 2024). In an attempt to improve on the health insurance scheme, the NHIA bill was signed on 19 May 2022 which repeals the existing NHIS Act 35 of 2004. The NHIA has 10 parts which is divided into 60 sessions and several sub-sessions with the aim of promoting, regulating, and integrating Health Insurance Schemes, improving and harnessing private sector participation in healthcare service provision, and achieving UHC for all Nigerians (Ajala-Damisa & Agbaoye, 2022).

As good as this sounds, will it be able to accomplish its objectives? Foremost, unlike the previous law that was referred to as a 'scheme', this present Act is called an 'Authority' meaning that it exerts authority and regulates health insurance schemes in Nigeria. There is so much power vested in the NHIA ranging from the regulatory to supervisory as well as managerial (Ajala-Damisa & Agbaoye, 2022). The Authority has the capacity to invest funds not in immediate use without tax on such investments. It also can insure

private health insurance schemes using security deposits. Moreover, the Authority mandates participation in health insurance for every legal resident of Nigeria irrespective of employment status thereby mending one of the loopholes observed in the former NHIS law which was voluntary and beneficiaries were basically those employed in public and organized private institutions, especially the Federal Government civil servants and their dependents. Making health insurance compulsory for all Nigerians will bridge inequality and further improve the extent of healthcare coverage in Nigeria (Ipinnimo, Durowade, Afolayan, Ajayi & Akande, 2022).

Furthermore, a minimum package of health services that meet national health regulatory standards for all Nigerians across all health insurance schemes is enforced by the NHIA Act thereby ensuring equity in healthcare delivery for individuals enrolled in the scheme. Possible disparities in access to quality healthcare are further addressed in the Act by ensuring the integration of all the health insurance schemes that operate in Nigeria. Also, the Act has broadened its horizon of functionality by making itself available for research, statistics generation, and the use of information and communication technology infrastructures which will enable an up-to-date healthcare delivery to all enrollees targeted at achieving UHC (Ahmad & Lucero-Priso, 2022).

Worthy of note also are the measures that have been put in place by the NHIA Act to monitor the activities and different operations under it. This includes the 5 yearly reviews of its guidelines and the 3 yearly evaluations of the tariffs to be remitted to healthcare facilities. In addition, the Act has a provision that has been made to receive feedback from enrollees as regards their experiences with healthcare providers, to report dissatisfaction with services and other suggestions to enable an effective and efficient healthcare delivery. This will help reduce and tackle abuse that enrollees may encounter from healthcare providers, HMOs and other third-party administrators as well as boost their sense of importance and belonging in the scheme (Nwokolo & Akintunde, 2022).

The management of funds has been placed in the jurisdiction of the state health insurance schemes and withdrawn from the HMOs thereby facilitating the prevention of funds misuse and embezzlement while improving accountability and enabling the delivery of quality healthcare through the appropriate use of funds. Another notable part of the act is the increase in the health care packages offered to enrollees such as treatment for cancers and previously undiagnosed

medical conditions, thereby further reducing the financial burdens that come with them, especially the unforeseen occurrences like road traffic accidents (Ipinnimo, Durowade, Afolayan, Ajayi & Akande, 2022).

Another leap made in the NHIA Act is the establishment of the Vulnerable Group Fund (VGF) as well as the implementation of the Basic Health Care Provision Fund (BHCPF). The Authority, in collaboration with the state health schemes, will be responsible for the implementation of the BHCPF. In the 17 States including the Federal Capital Territory without a state health insurance scheme, implementation will be through a third-party administrator (PricewaterhouseCoopers (PWC), 2019). Additionally, the Act made available revenue

mobilization sources for the VGF which include: the BHCPF, health insurance levy, special funds allocated from the government, NHIA council investment, grants, donations as well as gifts. Lastly, ensuring a wide range of awareness of health insurance is addressed by the NHIA Act, which addresses one of the shortfalls of the NHIS (Adewole, Adebayo, Udeh, Shaahu, Dairo, 2015). This will further increase the uptake and participation in health insurance scheme and offers a ray of hope as regards the healthcare system in Nigeria and that the country might be a step closer to achieving UHC.

Analysis of the strengths and weaknesses, problems and prospects of the National Health Insurance Authority (NHIA) in achieving universal health coverage are outlined in table 1 below.

**Table 1: Pros and Cons, Problems and Prospects of the NHIA in achieving UHC**

UHC Objectives	Strengths	Weaknesses	Problems	Prospects
1. Healthcare Financial Risk Protection	Place financial management in the hand of state health insurance Schemes	Difficulty in retrieving payment from those in the informal sector	A large proportion of the population living below the poverty line	Provide insurance cover for other health insurance schemes
	Mandatory participation in health insurance for all legal resident of Nigeria	The discarded telecommunication tax	Poor government priority to healthcare funding in Nigeria	The implementation of the BHCPF and establishment of the VGF
	Ensure equality in the distribution of health care service cost across income groups	Lack of provision for counterpart funding to private clinics and labs involved in the scheme	Lac of capacity to invest funds not in the immediate use and financial corruption	The capacity to invest funds not in the immediate use and corruption agencies peruse of the activities of NHIA
2. Equity in Access to Healthcare Services	Mandatory participation in health insurance for all legal resident of Nigeria	Poor enforcement of laws in Nigeria (demand related issues)	Existing supply challenges of poor healthcare coverage and insecurity	Create awareness of health insurance especially in the informal sector
	Integration of all the health insurance schemes in Nigeria	Difficulty in enrolling and retrieving premium from those in the informal sector	Poor government priority to healthcare funding in Nigeria	The implementation of the BHCPF and establishment of the VGF
	Minimum package of health services that meet the national health regulatory standards across all health insurance schemes	Poor private healthcare provider participation	High fertility and population growth rate. Inequitable patronage and low level coverage	Increase awareness of family planning. Policy makers and stakeholders need to give adequate attention to ensure a scale up of the scheme



3. Quality Healthcare Services	It stipulates a minimum package of health services that meet the national health regulatory standards across all health insurance schemes	Inadequate enforcement of the NHIA laws in Nigeria	Weak and unreliable ICT system	Leveraging mobile health technology through effective information and communication technology
	It has provision for feedback from the enrollees as regards their experiences	Poor attention to capacity building of health workers and perennial shortage of modern medical equipment in Nigeria hospitals	Existing supply challenges of poor healthcare coverage and insecurity	Increase healthcare packages offered to enrollees and give adequate attention to capacity building of health workers
	Integration of all the health insurance schemes in Nigeria	Weak provider network comprised of mainly uncoordinated healthcare providers	High fertility and population growth rate	Increase awareness of family planning among enrollees and Nigerians in general

Keys are: - UHC: Universal Health Coverage, BHCPF: Basic Health Care Provision Fund, VGF: Vulnerable Group Fund, NHIA: National Health Insurance Authority

In Table 1, the strengths, weaknesses, problems and prospects analysis of the NHIA in achieving UHC lists three dimensions crucial for achieving UHC: quality healthcare services, healthcare financial risk protection, and equity in access to healthcare services. A country's success in achieving UHC depends on how well it performs in these three areas.

Consequently, the combined positive linear effect of these factors will significantly influence the attainment of Universal Health Coverage in Nigeria. NHIA Act 2022 place financial management in the hand of state health insurance schemes, ensure equality in the distribution of health care service cost across income groups, provide insurance cover for other health insurance schemes, the implementation of the BHCPF and establishment of the VGF, the capacity to invest funds not in the immediate use as well as corruption agencies peruse of the activities of NHIA would aid healthcare financial risk protection. Likewise mandatory participation, minimum package of health services that meet the national health regulatory standards across all health insurance schemes, creating awareness on health insurance and family planning, as well as policy makers and stakeholders to give adequate attention to ensure a scale up of the scheme would aid equity in access to healthcare services, hence, positively impacting UHC. Nonetheless, the low priority given by the government to healthcare funding, challenges in the supply of adequate healthcare coverage, a weak provider network, difficulties in receiving payment from individuals in the informal sector, the

elimination of the telecommunication tax, and the lack of provision for counterpart funding to private clinics and labs participating in the scheme, as well as demand-related issues and high population growth, would all impede healthcare financial risk protection and equitable access, thus adversely impacting the achievement of Universal Health Coverage (UHC). Therefore, addressing these negative factors is essential for advancing progress towards UHC achievement. This also applies to the provision of quality healthcare services.

### Conclusion

In Nigeria's quest for Universal Health Coverage (UHC), the strength of the healthcare workforce and the pivotal role of the National Health Insurance Authority (NHIA) emerge as crucial factors in ensuring equitable and accessible high-quality healthcare services. This research has thoroughly examined the complex dynamics of the Nigerian healthcare sector, focusing on the development of health workers and analyzing the strengths, weaknesses, and significant challenges that influence the capacity of the healthcare workforce to provide quality healthcare services and support UHC. The study also investigated the NHIA's contribution to achieving Universal Health Coverage (UHC) in Nigeria, analyzing the organization's strengths, weaknesses, as well as the obstacles and opportunities in its efforts to achieve UHC.

The importance of enhancing the skills of healthcare workers in achieving Universal Health Coverage (UHC) should not be underestimated. Improving the

workforce's abilities through effective training, collaboration between different healthcare professionals, incorporation of technology, and involvement of the community can enhance patient care, decrease health inequalities, and improve healthcare results. Overcoming obstacles such as uneven distribution, underutilization, and the loss of skilled workers to other countries can help drive the advancement of UHC through harnessing the potential of the healthcare workforce. The study also emphasizes the need to promote motivation and well-being to make the healthcare workforce more effective in achieving UHC in Nigeria.

The NHIA Act 2022 addressed some of the limitations of the previous NHIS by mandating all Nigerians to participate and creating provisions for VGF to support the indigent and vulnerable individuals. While the Act shows promise in achieving UHC, there are anticipated challenges. Nevertheless, this study asserts that the NHIA undeniably has the potential to enhance the life expectancy of Nigerians, significantly reduce the catastrophic and impoverishing health expenses for vulnerable individuals, enabling them to access quality healthcare services without enduring financial hardship. It is anticipated that this will encourage seeking healthcare, reduce self-medication, prevent severe illnesses, and decrease mortality from preventable deaths that were previously common, thus positively impacting UHC progress.

In conclusion, it is essential to address the problems identified in this study and for all stakeholders to collaborate in order to ensure the capacity building of health workers and the NHIA accomplished their objectives towards achieving Universal Health Coverage (UHC) in Nigeria.

### Recommendations

This study has demonstrated that achieving NHIA goals and advancing toward Universal Health Coverage in Nigeria depends on a strong and empowered healthcare workforce and system. Therefore, the study proposes the following policy suggestions.

1. The government and its partners need to enhance their healthcare workforce and equipment capabilities, expand healthcare infrastructure, and enhance the standard of healthcare services.
2. Strategic investment in education and training, interdisciplinary cooperation, incorporation of technology, and involvement of the community can enhance the effectiveness of the healthcare workforce, resulting in better patient care, decreased health inequalities, and improved health results.

3. Through ensuring fair compensation and incentives, comprehensive health workforce planning based on holistic requirements and considering population needs, the workforce can be harnessed to addressing barriers such as inadequate distribution, underutilization, and external brain drain to drive UHC forward.
4. The government should ensure sustainable funding for NHIA. Timely release of funds to the NHIA is essential to ensure the smooth operation of the scheme and timely payment to providers to ensure high-quality services to members and reduce the practice of demanding unauthorized payments from members. This will also build trust in the NHIA among the population and increase people's willingness to enroll or re-enroll.
5. Moreover, it is crucial for the NHIA Governing Council and all state health insurance schemes to establish a feasible, transparent, and responsible strategy for generating sufficient revenue to guarantee adequate funding and continuous operation of the system.
6. Alongside ensuring that the private sector enrolls their employees, there needs to be an ongoing public awareness drive for the Act, particularly regarding the incorporation of vulnerable people.
7. Policies aimed at decreasing the current population growth should be adopted and put into effect by the federal government. Measures for controlling population, such as expanding access to family planning and promoting female education and empowerment should be incorporated. Additionally, integrating population growth and family planning into secondary school and university curriculum is necessary.
8. The NHIA Director General and Governing Council of the Authority should be answerable to all stakeholders (enrollees, private and public healthcare providers, HMOs, and other third-party administrators) to instill trust in the scheme. Regular performance evaluations should be carried out, and immediate corrective actions should be taken for any problematic areas. Additionally, they should ensure the effectiveness of the feedback pathway and gather input from participants regarding their satisfaction and perception of the system and its operations at every level.
9. Finally, as Nigeria progresses towards the UHC vision, leveraging the capacity building of health workers and the full implementation of NHIA remain crucial.

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