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Perception Regarding Health Care Financing System and Its Advancement towards Universal Health Coverage in Nigeria among Residents of Awka, Anambra State

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Abstract

The purpose of this study was to explore the perception regarding the health care financing system and its advancement towards health coverage in Nigeria among residents of Awka, Anambra state. An exploratory survey approach was used; and entailed the collection of both qualitative and quantitative data from 360 participants using one set of structured questionnaires, which was also used as an interview guide to collect data from the non-literate respondents. The findings reveal that majority of the respondents do not have knowledge of what the health care financing system involves, whether, on generation, allocation, or utilization of funds for health care, and thus do not agree with whatever the objectives of health care financing system is in Nigeria. Out-of-pocket expenditure has been reported as the mechanism commonly used for implementing a health financing system in Nigeria. There is little or no knowledge regarding the objective of pooling resources for health and no knowledge of how the government secures health services for the populace. Nigeria should develop and implement health financing policies that ensure contributions from relevant stakeholders aimed at investing in individuals, families, and communities, ensuring capacity development that will enable their active and meaningful engagement in health issues. This will thus optimize their knowledge as advocates for healthy policies, active co-developers of health and social services, and implementers of these services.

Keywords*: Health care financing, Health financing system, Pooling of funds, Universal health coverage.*

Introduction

Universal Health Coverage (UHC) is a target under Goal 3 of the United Nations' 2030 Sustainable Development Goals (SDGs). This Goal 3 of the SDGs thrives to "Ensure healthy lives and promote wellbeing for all at all ages," with Target 3.8 aiming at achieving UHC, including financial risk protection, accessible and quality essential health care services, with access to safe, effective, quality, affordable and essential vaccines, and medicines for all. The vision of UHC as an object of health policy has grown widely in acceptance at country and global levels. This has led to a sharp and sudden rise in the demand for expertise, evidence and measures of advancement and a push to make UHC become one of the goals targeted as the post-2015 development agenda [1]. Considerations of politics and the multiplicity of stakeholders shape the decision of a country's leadership to commit to UHC [2, 3]. The aim of monitoring of UHC by countries is to ensure that progress toward UHC reflects the country's unique demographic and epidemiological profile, the population's demands and expectations, the status of the health system and the level of economic development [4]. These country-specific dimensions are critical for deciding what should

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be monitored; for example, emerging economies might focus on how best to increase the scope of essential services to remote areas, whereas high-income countries might focus on modifying the range of available health services to allow for a growing elderly population, while the country context determines the measures used, the domains to be monitored (coverage with good-quality essential services and with financial protection) are relevant to all countries, regardless of the level of income, demographic profile or health needs [4].

Data suggest that of the 2019 global population of 7.674 billion people, many suffer financial catastrophe every year due to out-of-pocket (OOP) health expenditures [5]. About 925 million people expend more than 10% of their household income on health care, and over 200 million expend more than 25% (so-called 'catastrophic' expenditures) [6]. The incidence of catastrophic expenditures has increased over the last 15 years, as a consequence of inadequate coverage of the health sector in the annual budgets of Nations, with further reduced emphasis on provisions and strategies for the financial protection of people with health needs in the health budget, especially at the primary, promotive and preventive levels [6]. Nigeria has been shown to have among the highest out-of-pocket health spending and poorest health indicators in the world [7].

Since the acceptance of the concept of UHC by the World Health Assembly in the year 2005, followed by its implementation as one of the 2030 Sustainable Development Goal (SDG) Agenda, the successes recorded so far vary in different countries and continents, and the case of Nigeria remains very pathetic. It should be borne in mind that the policy context of each country is unique, as such, while some policy options have worked successfully in some countries and settings, it is noteworthy that lessons from elsewhere should be applied cautiously. Nigeria's main strategic approach for achieving UHC is the National Health Insurance Scheme (NHIS) [8], which is a contributory social health insurance scheme. Ever since the formal launch of the NHIS on June 6, 2005, not more than 4 percent of Nigeria's population has been covered by the scheme [8]. The importance of effective leadership where stakeholders are engaged in decisions on the best fit approach for achieving universal health coverage to ensure adequate public spending cannot be over-emphasized.

This study is an exploratory survey with the following specific objectives:

1. To ascertain the perception of the stakeholders regarding the objectives of implementing the health financing system.
2. To determine their perception regarding mechanisms commonly used for implementing health financing systems in Nigeria.
3. To ascertain the perception of the stakeholders regarding pooling of funds for health.
4. To determine the perception of the stakeholders regarding purchasing of health services.
5. To ascertain the perception of the stakeholders the benefits of implementing health care financing.

Studies of perception act as reviews of the position of things and thus are valuable in the development and/or revision of evidence-based policies and strategies. Thus, the findings from this study of the perception of the people will contribute to available lessons that will inform and support overall health sector planning, especially the health financing policies and planning. As Nigeria commits to strive towards the attainment of universal health coverage, the findings from the study can help policy makers to consider engaging the stakeholders in prioritizing challenging demands, and making coherent and appropriate choices, adapting their approaches to local conditions. The knowledge of the perception of the people and possibly engaging them at all levels of decision making will in turn facilitate making better policy decisions by the governments. The findings

from the study will contribute to the development of the advocacy packages for relevant stakeholder groups, which might be needed to reinforce efforts toward the attainment of UHC. The study involved the general public and not just civil servants since it was intended to explore the current status.

Literature has it that a health financing system comprises the means by which funds are generated, allocated, and used for health care provision. Health financing comprises of three interconnected functions: mobilization and collection of funds, pooling of prepaid funds, and allocation of resources, including purchasing and paying for services [9]. The commonly used mechanisms to ensure the implementation of these functions of health financing are tax-based financing, out-of-pocket payments, donor funding, and health insurance (Whether social, community-based, or private). These methods are not mutually exclusive, explaining that most health systems adopt a mixture of various methods [10]. The success of the various health financing methods can be assessed by the overall effects on equity of access and health outcomes; revenue generation and efficiency, and the effects on the user and provider behavior [10].

Equity in the utilization of health services and resources should be distributed according to need, not according to other factors such as people's ability to pay for services [11]. Whereas the financing objectives have to do predominantly with how money is generated to pay for the health care and system, the utilization objective has to do (in terms of the contribution of health financing policy) more with how money is expended by the health system [11]. Improvement in transparency and accountability of the health system to the population is that the entitlements and obligations of the population should be well understood by all, reflecting the promise by the specific authority to the people. The key message is that in addition to the periodic reporting by the relevant authorities to the people on the extent to which progress is being made, there should be active and meaningful involvement of all relevant stakeholder representatives. Dimensions of accountability range from (relatively simple) tracking and reporting on financial resources (e.g., audit), to (more complex) reporting on performance relative to some agreed measures, to (most complex) enhancing the legitimacy of the government in the eyes of the people [11].

The framework in Figure 1 on health system functions, health financing policies and objectives is used to assess the extent to which a nation strives towards the attainment of the health systems goals as captured within the UHC. Similarly, the framework can be used to examine the level of government responsiveness through contributions of the health policies and objectives towards attaining the health systems goals.

The framework postulates that a responsive government anticipates and adjusts to existing and future health needs of the people, thus contributing to better health systems and health outcomes. The government's responsiveness to health is measured by the actual experience of people's interaction with their health system through their perception, which confirms or disconfirms their initial expectations of the system. An important element of health systems responsiveness relates to people's reflections on their experiences of using services, which remain a widely recognized proxy for measuring systems responsiveness, and are shaped by the characteristics of both health services (e.g., availability, accessibility, and quality) and people (e.g., their expectations and relationships within the communities) [12]. The degree of provider accountability to other actors shapes their discretion to address people's expectations or their receptivity to people's concerns, thus highlighting the importance of going beyond the health service-focused interpretation of responsiveness and underlines the significance of interactions among

providers, managers, and policy makers in shaping the system's responsiveness [12].

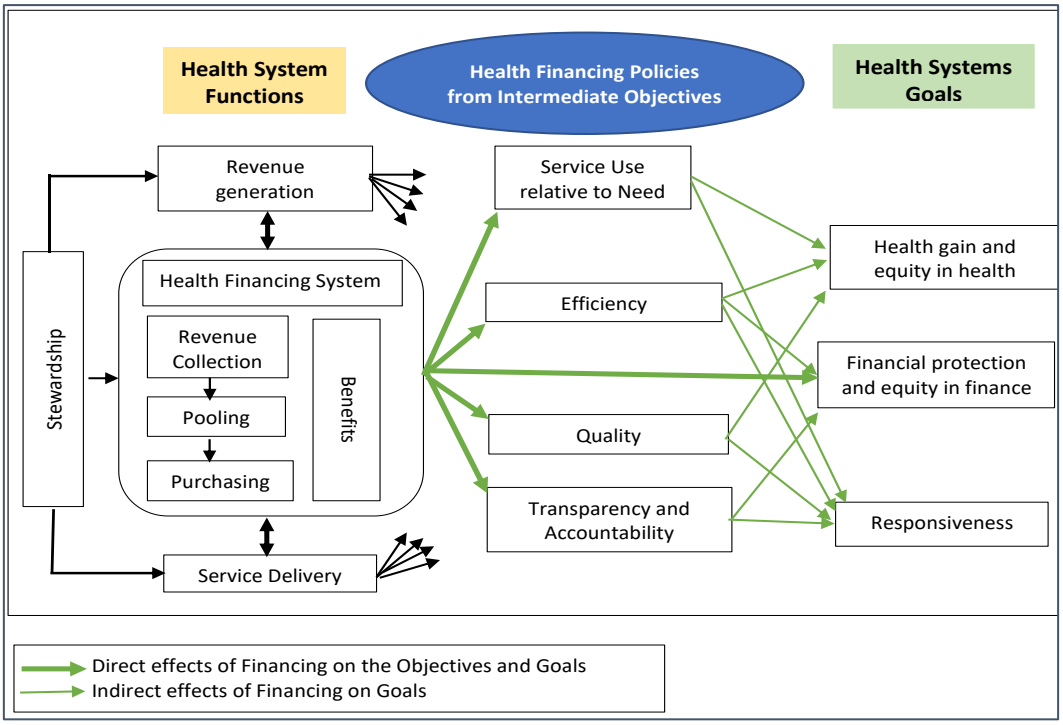

Figure. 1. Health System Structure, Health Policy Objectives and Health System Goals

On perception regarding health care financing towards the attainment of UHC, Nigeria has shown commitment to achieving universal health coverage (UHC), but progress has been slow. The 2014 Presidential Summit Declaration affirmed that UHC is key to ensuring equitable access to high-quality, affordable health care for all Nigerians [13]. Although the summit was built on a highly participatory stakeholder engagement process, its concomitant momentum has waned [13]. In Nigeria, several attempts to evaluate health financing mechanisms point to the fact that there has not been anyone mechanism that suits all situations.

Health is financed by public and private funds [14]. A major reliance on public, compulsory, prepaid funds is necessary to make progress toward universal health coverage (UHC). No country could have made significant progress towards attaining universal health coverage (UHC) without depending on a main share of public funds to finance health [15]. The way budgets are formed, allocated and used in the health sector is at the core of the UHC agenda [14]. A necessary condition to enable the effective implementation of health financing reforms toward the attainment of universal health coverage is robust public participation in budgeting in the health sector. Proactive engagement of health ministries in the budgeting process can facilitate alignment of budget allocations with sector priorities, as laid out in national health strategies and plans; and in so doing, allocative efficiency within the sector's resource envelope can be improved [16].

Methods and Materials

An exploratory survey approach was used, and entailed the collection of both qualitative and quantitative data using one set of questionnaires. This structured questionnaire was used to gather information from the literate community members who could read and write and as an interview, guide to collect data from the non-literate groups.

360 persons between the ages of 15 and 64 years from the general public were involved. Other inclusion criteria were that the persons

must be resident in Awka for at least 15 years, be willing to participate in the survey, and must be willing or able to understand and sign informed consent. A three-stage multi-stage sampling technique was employed to select study villages, study households and individual participants. With this technique, adequate representation of the population of every resident of the metropolis was assured.

Direct questionnaire administration was adopted. Perception of the respondents was measured with different questions which had both open-ended and close-ended statements. The closed-ended questions sought for their perception along the line of how deeply they feel about the various statements. The open-ended questions provided suggestions on how to improve the situation. The necessary approvals were sought and obtained. Data collected were analyzed using frequency distribution tables and percentages. The entire study lasted for twelve weeks, from September to November 2021.

Results

Three hundred and sixty questionnaires were distributed, with a complete return rate (100%). Of the 360 participants that responded to the questionnaire, 190 (52.8%) were males, and 170 (47.2%) were females. The socio-demographic characteristics of the respondents are shown in Table 1 below.

Table 1. Socio-demographic Characteristic of Respondents n = 360

	Male	**Female**	**Total**
	n =190 (52.8%)	n = 170 (47.2%)	n = 360
Age of Respondents			
15 – 24 yrs	15 (65.2%)	8 (34.8%)	23 (6.4%)
25 - 34 yrs	65 (55.6%)	52 (44.4%)	117 (32.5%)
35 – 44 yrs	69 (52.3%)	63 (47.7%)	132 (36.7%)
45 – 54 yrs	38 (48.7%)	40 (51.3%)	78 (21.6%)
55 – 64 yrs	3 (30%)	7 (70%)	10 (2.8%)
Educational Attainment			
Primary education	4 (33.3%)	8 (66.7%)	12 (3.3%)
Secondary education	96 (50.5%)	94 (49.5%)	190 (52.8%)
Tertiary education	90 (57.0%)	68 (43.0%)	158 (43.9%)
Marital Status			
Never married	59 (60.2%)	39 (39.8%)	98 (27.2%)
Married	113 (55.9%)	89 (44.1%)	202 (56.1%)
Widowed	11 (31.4%)	24 (68.6%)	35 (9.7%)
Separated	5 (33.3%)	10 (66.7%)	15 (4.2%)
Divorced	2 (20%)	8 (80%)	10 (2.8%)
Occupation			
Student	16 (57.1%)	12 (42.9%)	28 (7.8%)
Employee	105 (50.5%)	103 (49.5%)	208 (57.8%)
Business	48 (63.2%)	28 (36.8%)	76 (21.1%)
Retired	20 (46.5%)	23 (53.5%)	43 (11.9%)
Farmer	1 (20%)	4 (80%)	5 (1.4%)

Table 1 shows that male respondents were slightly more in number 190 (52.8%) than female respondents (170 (47%). The majority, 132 (36.7%) of the respondents are in the age range of 35 – 44 years, closely followed by the age range of 25 -34 years (117 [32.5%]), ages

45 – 54 were 78 (21.6%) respondents. On educational attainment, majority 190 (52.8%) of the respondents had secondary school education, with 158 (43.9%) respondents attaining tertiary education. Few 12 (3.3%) participants had primary education. Most 202 (56.1%) respondents are married, with 98 (27.2%) never married and 35 (9.7%) widowed respondents. Respondents who are either separated or divorced were 15 (4.2%) and 10 (2.8%), respectively.

Occupation status showed that the majority, 208 (57.8%) of the respondents are employees, while 76 (21.1%) are in business and 43 (11.9%) retired. Students and farmers were 28 (7.8%) and 5 (1.4%), respectively.

Perception on What the Health Care Financing System Involves

Perception regarding the health financing system was measured with their opinions on what health care financing system involves, the objectives of implementing the health financing system, the mechanisms commonly used for implementing the health financing systems in Nigeria. Other dimensions measured were their perception concerning the objective of pooling resources for health and purchasing health services; and the benefits of implementing these health financing systems.

Table 2. The Health Care Financing System involves the Means in which Funds (Mostly Money) are n = 360

Description	**Responses**				
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly agree**
Generated for health care	37	89	155	60	19
	(10.3%)	(24.7%)	(43.0%)	(16.7%)	(5.3%)
Allocated for health care	32	67	148	80	33
	(8.9%)	(18.6%)	(41.1%)	(22.2%)	(9.2%)
Utilized for health care	18	53	163	115	11
	(5.0%)	(14.7%)	(45.3%)	(31.9%)	(3.1%)

On what health care financing system involves, Table 2 above reveals that a great majority, 155(43.0%) out of 360 respondents indicated no opinion towards the issue of health care financing system generating funds for healthcare, 89 (24.7%) and 37 (10.3%) disagreed and strongly disagreed respectively. However, 60 (16.7%) and 19 (5.3%) respondents agreed and strongly agreed, respectively that the system is for generation of health care funds. Similarly, on health care financing system involving the means in which funds are allocated for health care, the majority 148 (41.1%) respondents indicated no opinion on the issue, closely followed by the respondents that agree with the issue 113 (31.4%); and those the disagreed 99 (27.5%). On health care financing system involving the means in which funds are utilized for health care, 163 (45.3%) out of 360 respondents still maintained they had no opinion on the issue, followed by 125 (35.0%) respondents who agreed; then 71 (19.7%) respondents disagreed.

The implication of the above findings is that majority of the respondents do not have knowledge of what the health care financing system involves, whether on generation, allocation or utilization of funds for health care.

Perception on the Objectives of Implementing the Health Financing System

Responses to what the objectives of implementing the health financing system includes revealed that the majority of the respondents are in disagreement with all issues raised in the questionnaire, as in Table 3 below:

Table 3. The Objectives of Implementing the Health Financing System Include to n = 360

Study Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Raise enough funds to provide a basic package of essential services to individuals in order to protect them from catastrophic medical expenses.	10 (2.8%)	37 (10.3%)	53 (14.7%)	212 (58.9%)	48 (13.3%)
Manage these funds to pool health risks equitably and efficiently, while ensuring sustainability	10 (2.8%)	37 (10.3%)	58 (16.1)	212 (58.9%)	43 (11.9%)
Ensure the payment for health services (Purchase of health services) in ways that are allocatively and technically efficient.	5 (1.4%)	23 (6.4%)	58 (16.1)	256 (71.1%)	18 (5.0%)

On raising enough funds to provide a basic package of essential services to individuals in order to protect citizens from catastrophic medical expenses, 260 (72.2%) respondents disagreed, 53 (14.7%) remained undecided, and 47 (13.1%) agreed as shown in Table 3 above. Perception on managing these funds to pool health risks equitably and efficiently while ensuring sustainability showed a similar trend. The majority 255 (70.8%) of the respondents disagreed, followed by 58 (16.1%) who said that they do have an opinion, then 47 (13.1%) that agreed with the issue. In the same vein, a greater proportion of the respondents (274 [76.1%]) disagreed with the issue of the objective of health care financing being to **e**nsure the payment for health services (Purchase of health services) in ways that are allocative and technically efficient. 58 (16.1%) respondents no opinion on the issue, while 28 (7.8%) agreed.

The implication here is that people are not in agreement with whatever the objectives of the health care financing system is in Nigeria.

Perception on the Mechanisms Commonly used for Implementing the Health Financing Systems in Nigeria

Table 4. In Nigeria, the Mechanisms Commonly used for Implementing the Health Financing Systems Include n = 360

Study Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Tax-based financing	0	4 (1.1%)	217 (60.3%)	109 (30.3%)	30 (8.3%)
Out-of-pocket payments	297 (82.5%)	53 (14.7%)	10 (2.8%)	0	0
Donor funding and support	0	4 (1.1%)	217 (60.3%)	109 (30.3%)	30 (8.3%)
Health insurance (social and private)	0	4 (1.1%)	217 (60.3%)	109 (30.3%)	30 (8.3%)
A combination of them	0	4 (1.1%)	217 (60.3%)	109 (30.3%)	30 (8.3%)

On tax-based financing being the mechanism commonly used for implementing health financing systems in Nigeria, Table 4 above reveals that 217 (60.3%) of the respondents are undecided, with 139 (38.6%) disagreeing while only 4 respondents agreed. In contrast, out of pocket payment as a mechanism got the majority of 350 (97.2%) out of 360 respondents in agreement, with 10 (2.8%) being undecided. No respondent disagreed. Donor funding got most respondents, health insurance (Social and private), and a combination of them, had a similar response from the respondents, with a majority 217 (60.3%) of the respondents agreeing, 139 (38.6%) disagreeing while only 4 (1.1%) respondents agreed.

The findings in Table 4 above imply that respondents perceive out-of-pocket expenditure as the mechanism commonly used for implementing a health financing system in Nigeria.

Perception Concerning the Objective of Pooling Resources for Health

Table 5. The Objective of Pooling Resources for Health is to n = 360

Study Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Make expenses on health more predictable	0	4 (1.1%)	217 (60.3%)	109 (30.3%)	30 (8.3%)
Protect households from paying the full cost of healthcare at the point of service delivery.	0	4 (1.1%)	217 (60.3%)	109 (30.3%)	30 (8.3%)
Ensure that people get the health services they need as the need arises	0	4 (1.1%)	217 (60.3%)	109 (30.3%)	30 (8.3%)
Promote equity, as those with greater ability to pay and those with less risk of getting sick subsidize poorer and higher risk individuals	0	4 (1.1%)	217 (60.3%)	109 (30.3%)	30 (8.3%)

The findings in Table 5 above on perception concerning what the objective of pooling resources for health reveal that the opinions of the respondents remained the same on all dimensions measured. Majority 217 (60.3%) of the respondents, indicated undecided, followed by those (139 [38.6%]) that disagreed with all statements. Only 4 respondents showed agreement on all statements.

This implies that the respondents do not perceive the objective of pooling resources for health as making expenses on health more predictable or protecting households from paying, nor do they perceive it as ensuring that people get the health services they need or promoting equity in health care provision.

Perception Concerning the Objective of Purchasing Health Services

On the objective of purchasing health services, the responses show the same pattern for all statements as in Table 6 below.

Table 6. The Objective of Purchasing Health Services (Payment for Health Service Rendered) Include n = 360

Study Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Efficiency in service provision (Technically and in allocation of health services	0	2 (0.6%)	210 (58.3%)	111 (30.8%)	37 (10.3%)
Appropriate purchasing (payment) arrangements assures quality of services and thus provide better value for money	0	2 (0.6%)	210 (58.3%)	111 (30.8%)	37 (10.3%)
Means of ensuring sustainability of services by obtaining additional "funding" for the health system	0	2 (0.6%)	210 (58.3%)	111 (30.8%)	37 (10.3%)
Promotes consumer satisfaction	0	2 (0.6%)	210 (58.3%)	111 (30.8%)	37 (10.3%)

On all dimensions measured, the majority 210 (58.3%) of the respondents were undecided, followed by those 148 (41.1%) respondents that disagreed with 2 (0.6%) respondents agreeing. The findings could be interpreted to mean that either there is no knowledge of how the government secures health services for the populace or there is total lack of interest in what the government does and how it is done.

Perception Concerning the Benefits of Implementing these Health Financing Systems

On the benefits of implementing these health financing systems, the same pattern of response as in their perception towards the objective of purchasing health services in Table 6 was found. The majority 210 (58.3%) of the respondents, were undecided, followed by 148 (41.1%) respondents that disagreed with 2 (0.6%) respondents agreeing.

It can be deduced that knowledge of the benefits may not be adequate considering the fact that most of the respondents were not knowledgeable about the mechanisms commonly used for implementing health care financing in Nigeria, nor the objectives of pooling resources for health and objective of purchasing of health services.

On what could be done to pursue the course of efficient health care financing in Nigeria regarding the pooling of funds, purchasing of health services and health service delivery, the clear and cross cutting suggestions that came across were:

1. Public awareness creation concerning the happening around health care financing at all levels especially, the communities, and with various media of communication.
2. Involvement and meaningful engagement of stakeholders in health care financing issues so as to keep them informed and committed.

Discussion

Perception on What the Health Care Financing System Involves

Majority of the respondents do not have knowledge of the what health care financing system involves, whether on generation, allocation or utilization of funds for health care. This finding goes to buttress the people's expectation from government. Government's responsiveness to health is measured by the actual experience of people's interaction with their health system through their perception,

which confirms or disconfirms their initial expectations of the system.

An important element of health systems responsiveness relates to people's reflections on their experiences of using services, which remain a widely recognized proxy for measuring systems responsiveness, and are shaped by the characteristics of both health services (e.g., availability, accessibility, and quality) and people (e.g., their expectations and relationships within the communities) [12]. The degree of provider accountability to other actors shapes their discretion to address people's expectations or their receptivity to people's concerns, thus highlighting the importance of going beyond the health service-focused interpretation of responsiveness and underlines the significance of interactions among providers, managers and policy-makers in shaping the system's responsiveness [12].

Perception on the Objectives of Implementing the Health Financing System

The findings here reveal that people are not in agreement with whatever the objectives of health care financing system is in Nigeria. This speaks to the exertion that the people need to be carried along in everything that concerns them. Improvement in transparency and accountability of the health system to the population is that the entitlements and obligations of the population should be well understood by all, reflecting the promise by the specific authority to the people. The key message is that in addition to the periodic reporting by the relevant authorities to the people on the extent to which progress is being made, there should be active and meaningful involvement of all relevant stakeholder representatives.

Dimensions of accountability range from (relatively simple) tracking and reporting on financial resources (e.g., audit), to (more complex) reporting on performance relative to some agreed measures, to (most complex) enhancing the legitimacy of the government in the eyes of the people [11].

Perception on the Mechanisms Commonly used for Implementing the Health Financing Systems in Nigeria

Out-of-pocket expenditure has been reported as the mechanism commonly used for implementing a health financing system in Nigeria. This is in line with the report of the World Bank that data suggest that of the 2019 global population of 7.674 billion people, many suffer financial catastrophe every year due to out-of-pocket (OOP) health expenditures [5]. It is also reported that about 925 million people expend more than 10% of their household income on health care, and over 200 million expend more than 25% (so-called 'catastrophic' expenditures) [6]. Nigeria has been shown to have among the highest out-of-pocket health spending and poorest health indicators in the world [7]. This however also contradicts the assertion that in Nigeria, several attempts to evaluate health financing mechanisms points to the fact that there has not been anyone mechanism that suits all situations.

Health is financed by public and private funds [14]. A major reliance on public, compulsory, prepaid funds is necessary to make progress toward universal health coverage (UHC). No country could have made significant progress towards attaining universal health coverage (UHC) without depending on a main share of public funds to finance health [15]. Equity in the utilization of health services and resources should be distributed according to need, not according to other factors such as people's ability to pay for services [11].

Perception Concerning the Objective of Pooling Resources for Health, the Objective of Purchasing Health Services and the Benefits of Implementing these Health Financing Systems

There is little or no knowledge regarding the objective of pooling resources for health as

making expenses on health more predictable or protecting households from paying nor do they perceive it as ensuring that people get health services they need or promoting equity in health care provision. Similarly, there is no knowledge of how the government secures health services for the populace or there is total lack of interest in what the government does and how it is done. In addition, knowledge of the benefits of implementing these health financing systems is shown not to be adequate. It has been reported that the 2014 Presidential Summit Declaration affirmed that UHC is key to ensuring equitable access to high-quality, affordable health care for all Nigerians [13]. Although the summit was built on a highly participatory stakeholder engagement process, its concomitant momentum has waned [13].

The way budgets are formed, allocated and used in the health sector is at the core of the UHC agenda [14]. A necessary condition to enable the effective implementation of health financing reforms towards the attainment of universal health coverage is said to be robust public participation in budgeting in the health sector. Considerations of politics and multiplicity of stakeholders shape the decision of a country's leadership to commit to UHC [2, 3]. The aim of monitoring of UHC by countries is to ensure that progress towards UHC reflects the country's unique demographic and epidemiological profile, the population's demands and expectations, status of the health system and level of economic development [4].

Conclusion

If Nigeria as a country is to sustain efforts towards economic growth while ensuring the attainment of the UHC as stipulated by WHO, Nigeria should develop and implement health financing policies that ensure contributions from relevant stakeholders aimed at:

1. Investing in individuals, families, and communities, ensuring capacity development that will enable their active and meaningful engagement in health issues thus optimizing their knowledge and health, as advocates for healthy policies, active co-developers of health and social services, and implementers of these services.
2. Evidence-based health policies and strategic actions across all sectors, involving all stakeholder groups.

Conflict of Interest

There is no conflict of interest to declare. The submission is original work and is not under review at any other publication.

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