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2035: Nigeria's Journey To Universal Health Coverage, A Roadmap For Advancing Access And Equity.

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Abstract
Universal health coverage (UHC) is a fundamental human right that ensures equitable access to high-quality healthcare services without financial hardship. Nigeria, the most populous country in Africa, has made slow progress towards achieving UHC, with public healthcare spending at only 3.75% of GDP. The country faces a rising burden of communicable and non-communicable diseases, high maternal and child mortality, and low vaccination coverage, compounded by inadequate healthcare infrastructure, insufficient funding, and a shortage of healthcare workers. This analysis addresses the critical issue of achieving UHC in Nigeria by 2035. It emphasizes access and equity in key areas and calls for immediate action from key ministries and stakeholders. By implementing the proposed policy recommendations, Nigeria can bridge the gaps in healthcare access and provide comprehensive coverage to its growing population.

Keywords: *Universal Health Coverage, Health Equity, Access to Healthcare, Health Policy*

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I. Introduction

Universal health coverage (UHC) is a fundamental human right and a cornerstone of social and economic development, ensuring that all individuals and communities have access to quality health services without financial hardship. Nigeria, Africa's most populous nation with over 200 million people, faces tremendous challenges in achieving UHC. Public spending on healthcare remains grossly inadequate, representing only a meager 3.75% of the GDP, far below the Abuja Declaration target of 15%, significantly hindering progress (1). The country grapples with a rising burden of communicable diseases like malaria, HIV/AIDS, and tuberculosis, as well as non-communicable diseases such as diabetes and cardiovascular diseases. Maternal and child mortality rates remain high, and vaccination coverage is inadequate. These challenges are further compounded by significant gaps in healthcare infrastructure, including a shortage of hospitals and clinics, particularly in rural areas, limited access to essential equipment, and poor maintenance of existing facilities. Insufficient funding and a severe shortage of healthcare workers exacerbate these issues.

Recognizing the critical importance of UHC in improving health outcomes, reducing poverty, and driving economic growth, this policy brief outlines a roadmap for achieving UHC in Nigeria by 2035. Our vision emphasizes access and equity for all citizens, and we call for immediate action from key ministries, including Health, Finance, and Budgetary Planning, along with other critical stakeholders. By implementing the proposed policy recommendations, Nigeria can bridge the gaps in healthcare access and provide comprehensive coverage to its growing population.

Problem Statement

Nigeria faces significant challenges in ensuring equitable access to high-quality and affordable healthcare for its citizens [2]. Insufficient public health spending, with federal budget allocations for over a decade being one-third of the agreed 15% Abuja Declaration for African countries, exacerbates this issue[3, 4]. Fragmented financing mechanisms and a high reliance on out-of-pocket payments (over 90% of Nigerians) contribute to limited access and affordability of essential health services. Most of the population is left vulnerable to financial hardship due to healthcare expenses, as less than 5% have any form of health insurance coverage[5, 6].

Nigeria faces significant challenges in maternal, neonatal, and child health. Its burden of maternal, neonatal, and child health conditions is among the highest in the world. At the same time, it battles a high incidence of malaria and tuberculosis (TB), yet the country has an increasingly growing incidence of non-

communicable diseases (NCDs), which accounted for about 29% of deaths in Nigeria in 2019[7,8]. These challenges are compounded by a critical shortage of healthcare workers, with only 2.1 professionals per 1,000 people compared to the recommended 4.45. This severe shortage, inadequate infrastructure, and a lack of inter-sectoral coordination, significantly hinder progress towards universal health coverage[9, 10, 11].

Key Considerations

It is essential to acknowledge the government's efforts to improve healthcare access through policies such as the National Health Insurance Scheme (NHIS), the Basic Healthcare Provision Fund (BHCPF), and the National Strategic Health Development Plan (NSHDP); however, they have remained inadequate in solving the problems.

The government-led NHIS programme is mandated to provide all Nigerians with easy access to healthcare at an affordable cost through various prepayment mechanisms. However, it currently covers less than 5% of the population, and the quality of care is often poor due to inadequate staffing, lack of essential medicines, and poor infrastructure[5].

The BHCPF is a key component of the National Health Act, which was signed into law in 2014, and it aims to provide minimum basic healthcare to the poorest and most vulnerable population across Nigeria through health insurance schemes and decentralized facility financing. The BHCPF is primarily financed by 1% of the national consolidated revenue fund (CRF)[12]. However, despite its potential, the BHCPF faces significant challenges, including insufficient funding, slow implementation, lack of transparency in fund disbursement, and weak primary healthcare infrastructure in many regions[10, 11]. The NSHDP is a comprehensive plan outlining strategies for improving the Nigerian healthcare system. These policies have individually and collectively been praised as laudable but have either not been fully implemented, are poorly implemented, or are poorly funded, while many Nigerians continue to face obstacles to accessing healthcare.

On the international scene, Nigeria is a signatory to key instruments such as the United Nations 2030 agenda for attaining the Sustainable Development Goals (SDG), of which UCH is a key framework of Goal 3 (Good Health and well-being) SDG target 3.8, which focuses on achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all- despite this, progress towards UHC targets in Nigeria has remained slow[13].

II. Policy Recommendations

To improve access to healthcare and achieve UHC in Nigeria, the following policy recommendations are proposed:

The federal government should increase healthcare funding to meet the 15% of the national budget recommended by the Abuja Declaration [13]. This will enable government investment in healthcare infrastructure, recruit and train more healthcare workers, and enhance the quality of care provided. Government health spending and financial protection for citizens should be prioritized by analyzing the impact of healthcare investments on outcomes and improving communication with the Ministry of Finance.

The NHIS should be restructured and driven to provide coverage to a more significant proportion of the population, but mostly the most vulnerable groups such as the poor, elderly, and informal sector workers. The NHIS should also work to improve the quality of care provided under the scheme through transparent accountability mechanisms.

The BHCPF should be fully funded and implemented to improve the quality of primary healthcare services and increase access to essential medicines. The basic package of health services must shift to addressing the current needs of maternal, neonatal, and child health and reducing the burden of communicable and non-communicable diseases through targeted interventions and programs. The government should also invest in community health workers and digital health technologies to improve healthcare delivery at the grassroots level.

By implementing national plans that affirm commitment to international frameworks such as WHO's Global Strategy on Human Resources for Health and Working for Health 2023-2030 action plan targeted towards financing, expanding, training, and retaining the healthcare workforce through ramping up recruitment efforts, providing incentives for working in under-served areas, and improving working conditions [14,15]. Additionally, prioritize professional development opportunities and address the existing gender pay gap while aligning with the WHO's Global Health and Care Worker Compact in ensuring healthy, safe, and decent working environments for the workforce[16].

Establish a robust coordination mechanism among key ministries, agencies, and stakeholders in healthcare delivery and UHC implementation. This includes creating a National UHC Commission or similar body to oversee policy development, monitoring, and evaluation and promote multi-sectoral collaboration.

Explore public-private partnerships to increase investment in the healthcare sector and improve the quality of care provided. This could include partnerships with private hospitals, pharmaceutical companies, and health insurance providers.

Strengthen data collection, monitoring, and evaluation systems to facilitate evidence-based decision-making. Enhance the availability and quality of health data to inform policy formulation, track progress, and identify areas for improvement.

Proposed Policy Timeline

Short-term actions (1-3 years)

Establish the National UHC Commission: This independent body will oversee the implementation of UHC policies, monitor progress, and ensure accountability.

Increase public spending on healthcare: Allocate at least 15% of the national budget to healthcare, as the Abuja Declaration recommends, and explore innovative financing mechanisms to increase domestic resource mobilization.

Strengthen primary healthcare facilities: Upgrade existing primary healthcare centers with essential equipment, improve access to clean water and sanitation, and ensure adequate staffing.

Scale up health insurance coverage: Expand the reach of the National Health Insurance Scheme (NHIS) to cover a more significant proportion of the population, focusing on vulnerable groups.

Medium-term actions (4-7 years)

Strengthen health information systems: Invest in robust data collection, analysis, and reporting systems to monitor health outcomes, track progress toward UHC, and inform policy decisions.

Address the shortage of healthcare professionals: Implement strategies to increase the number of healthcare workers, including expanding training programs, improving working conditions, and addressing the issue of healthcare worker brain drain.

Enhance regulatory frameworks: Strengthen the regulatory frameworks for the healthcare sector to ensure quality of care, improve accountability, and prevent fraud and corruption.

Expand health insurance coverage to underserved areas: Focus on reaching vulnerable populations in rural areas, remote communities, and conflict-affected regions through community-based health insurance schemes and mobile health units.

Long-term actions (8-12 years)

Improve health infrastructure: Invest in constructing and renovating healthcare facilities, ensuring equitable access to quality healthcare across all regions. Enhance community engagement and participation in healthcare decision-making: Empower communities to participate in healthcare planning, implementation, and monitoring through community health forums and participatory budgeting.

Our Vision for 2035

By 2035, we envision a transformed healthcare system that guarantees universal access to high-quality healthcare services for all citizens. Having achieved comprehensive health coverage, reduced health inequalities, strengthened primary healthcare, built a robust health infrastructure, and empowered a well-trained healthcare workforce.

References

[1]. Cnbc. Nigeria's $82 Billion Health Care Gap: Investors Stand By. Cnbc; 2021. Available From: Https://Www.Cnbc.Com/2021/01/04/Nigerias-82-Billion-Health-Care-Gap-Investors-Stand-By.Html

[2]. Awosusi, A., Folaranmi, T., & Yates, R. Nigeria's New Government And Public Financing For Universal Health Coverage. Lancet Glob Health. 2015;3(9):E514-E515. Doi:10.1016/S2214-109x(15)00001-X. Pmid: 25966712.

[3]. Uzochukwu Bs, Ughasoro Md, Etiaba E, Okwuosa C, Envuladu E, Onwujekwe Oe. Health Care Financing In Nigeria: Implications For Achieving Universal Health Coverage. Niger J Clin Pract. 2015;18(4):437-44. Doi:10.4103/1119-3077.154196. Pmid: 25966712.

[4]. Budgit. Budget Analysis And Opportunities. Budgit; 2020.

[5]. Onwujekwe, O., Ezumah, N., Mbachu, C., Obi, F., Ichoku, H., Uzochukwu, B., & Wang, H. Exploring The Effectiveness Of Different Health Financing Mechanisms In Nigeria: What Needs To Change And How Can It Happen? Bmc Health Serv Res. 2019;19:661. Doi:10.1186/S12913-019-4512-4.

[6]. Federal Ministry Of Health. National Health Accounts, 2017. Nigeria Federal Ministry Of Health; 2018.

[7]. Wagstaff, A., Flores, G., Hsu, J., Smitz, M-F., Chepynoga, K., Buisman, L. R., Van Wilgenburg, K., & Eozenou, P. Progress On Catastrophic Health Spending In 133 Countries: A Retrospective Observational Study. Lancet Global Health 2018;6:E169–79. Doi:10.1016/S2214-109x(17)30429-1.

[8]. World Health Organization. Country Disease Outlook - Nigeria. Who; 2023. Available From: Https://Www.Afro.Who.Int/Publications/Country-Disease-Outlook.Pdf.

[9]. Lawal, L., Lawal, A. O., Amosu, O. P., Muhammad-Olodo, A. O., Abdulrasheed, N., Abdullah, K.-U.-R., Kuza, P. B., Aborode, A. T., Adebisi, Y. A., Kareem, A. A., Aliu, A., Elelu, T. M., & Murwira, T. The Covid-19 Pandemic And Health Workforce Brain Drain In Nigeria. International Journal Of Equity Health, 2022;21:174. Doi:10.1186/S12939-022-01789-Z.

[10]. Ogundeji, Y. K., Tinuoye, O., Bharali, I., Mao, W., Ohiri, K., Ogbuoji, O., ... & Yamey, G. Is Nigeria On Course To Achieve Universal Health Coverage In The Context Of Its Epidemiological And Financing Transition? A Knowledge, Capacity, And Policy Gap Analysis (A Qualitative Study). Bmj Open. 2023;13:E064710. Doi:10.1136/Bmjopen-2022-064710.

[11]. Samik A, Michael C, Helen D, Nkechi Le. A Global Skill Partnership In Nursing Between Nigeria And The Uk. Centre For Global Development; 2021. Available From: Https://Www.Cgdev.Org/Publication/Global-Skill-Partnership-Nursing-Between-Nigeria-And-Uk.

[12]. Uzochukwu, B., Onwujekwe, E., Mbachu, C., Okeke, C., Molyneux, S., & Gilson, L. Accountability Mechanisms For Implementing A Health Financing Option: The Case Of The Basic Health Care Provision Fund (Bhcpf) In Nigeria. International Journal Of Equity Health. 2018;17:100. Doi:10.1186/S12939-018-0807-Z.

[13]. Okpani Ai, Abimbola S. Operationalizing Universal Health Coverage In Nigeria Through Social Health Insurance. Nigerian Medical Journal 2015;56:305-10. Doi:10.4103/0300-1652.170382.

[14]. World Health Organization. Global Strategy On Human Resources For Health: Workforce 2030. Who; 2016. Available From: Https://Apps.Who.Int/Iris/Bitstream/Handle/10665/250368/9789241511131-Eng.Pdf.

[15]. World Health Organization. Working For Health 2022-2030 Action Plan. Who; 2022. Available From: Https://Www.Who.Int/Publications/I/Item/9789240063341.

[16]. World Health Organization. Global Health And Care Worker Compact, 2022. Available From: Https://Www.Who.Int/Publications/M/Item/Carecompact.