



ASSESSMENT OF THE FACTORS RESPONSIBLE FOR MANAGERIAL CHALLENGES OF SUSTAINABLE UNIVERSAL HEALTH COVERAGE IN SOKOTO STATE, NIGERIA

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Abstract

This study examined the factors responsible for managerial challenges of sustainable universal Health Coverage (UHC) in Sokoto State, Nigeria. Two objectives and two research questions were raised in the study. Descriptive survey design was adopted for the study. The target population of this study consists of all the staff of Primary Health Care under primary health care management board Sokoto State. There are 1231 staff both clinical and administrative staff. In determining the sample size of the study stratified sampling techniques, purposive sampling technique and Simple random sampling techniques was used in selecting 10 PHCs which comprised a total of 90 Primary Healthcare across the three senatorial zones in the state. A sample size of 281 staff as Krejcie and Mogan table were used to determine the sample size required for the study in respect of in charge (OCs) and other health personals from each primary health care zone. The instrument used for this research is questionnaire which was adopted from Daniel, (2021). The questionnaire is titled, 'Factors Responsible for Managerial Challenge of Sustaining Universal Health Coverage Questionnaire'. (FRMCSUHCQ). Face and content validity of the instrument was done by the supervisory team of the research and other panel of experts. The data collected were analyzed by the use of mean and standard deviation to answer research questions. The study findings revealed that bureaucratic hurdles have not impede the implementation of Universal Health Coverage policies as responded by the respondents. The study further revealed that dedicated funding mechanisms is in place to ensure the long-term financial sustainability of Universal Health Coverage programs, policies or strategies are in place to address the efficiency and cost-effectiveness of healthcare delivery under Universal Health Coverage, mechanisms for regular monitoring and evaluation of the performance and outcomes of Universal Health Coverage initiatives are in existence, measures are in place to promote public awareness and support for Universal Health Based on the result findings it's equally recommended that Government and NGOs should ensure availability and accessibility of health infrastructure and facilities necessary for UHC implementation.

Keywords: Assessment, Factors, Managerial Challenges, Sustainable UHC



Introduction

At a broader level, Nigeria needs to examine the path it will take to achieve universal health coverage and the role health insurance may play in it. Nigeria will need to make crucial decisions if access and financial protection within the context of health are to expand to cover the majority of the population. Given the likelihood of the passage of the National Health Bill (SB 50, drafted in 2008) through the lower house of the National Assembly (Parliament) during 2013, Nigerian policymakers should now also consider the unfinished agenda for health financing. Making contributions to the NHIS compulsory for formal-sector employees is one option being considered, which could be introduced as part of the Health Bill or as a clause in the process of the review and adoption of amendments to the 1999 constitution. Another bill, widely known as the “NHIS reform bill” (tabled in the National Assembly in early 2013), proposes the creation of a “health fund” that would receive the sums from an earmarked “health tax” on the value of luxury goods (at a tax rate of 2 percent) and any other funds appropriate for this purpose. The health fund would be used to fund the health insurance contributions of a defined group of citizens: children under five, senior citizens above 65, physically challenged or disabled individuals, prison inmates, and indigent persons, as well as pregnant women requiring maternity care. If this health fund is successful, it may allow Nigeria to expand NHIS to cover a large proportion of the population. However, actual implementation will depend on the ability to capture the special tax on luxury goods and on the size of the revenue per year. (Adebayo, Uthman, Wiysonge, Stern, Lamont, & Ataguba, 2015).

The possibility of a health fund to finance health insurance coverage for key groups and the likelihood that NHIS contributions will become mandatory are all indications

of a desire to expand health insurance in Nigeria beyond its current minimal state. These reforms have precedents in other countries that have also expanded health insurance in the pursuit of UHC. In this context, there is considerable interest among Nigerian stakeholders in learning from the experience of other countries that have expanded health insurance coverage. A particular interest are the ways in which different countries have avoided the pitfalls of expanding program size while maintaining access and quality of care. To support this endeavor, the Health Policy Project (HPP) conducted case studies of the experience of three countries Colombia, India, and Thailand with expanding health insurance via government-led policies as a step toward achieving universal health coverage. This document focuses only on certain aspects of the choices facing Nigeria, as appropriate for the maturity of the country’s program. The lessons learned should be useful for stakeholders involved in implementing Nigeria’s NHIS (Rispel, Blaauw, Ditlopo & White. 2018).

Universal health coverage (UHC) is a multi-dimensional concept that includes population coverage, services coverage and financial protection as its building blocks, as well as all individuals and communities (equity), quality, and types of health services. UHC is thought to have the ability to improve the population’s health, economic progress, and social justice. UHC work is essential to minimize disparities, promote effective and comprehensive health governance, and build resilient health systems. Many components of primary health care, such as proper nutrition, clean water and sanitation, maternal and child health care, immunization, local disease control, accessible treatment, and drug provision, are intertwined with UHC (WHO, 2022). The United Nation’s (UN) post-2015 goals described UHC as the predominant design for achieving sustainable health goals of



2030 (WHO, 2022). Furthermore, at the UHC 2020 high-level meeting, UHC was declared an urgent priority for addressing global health crises, including the pandemic COVID-19. This could be accomplished by carrying out activities aimed at providing the desired percentage of the population with essential quality healthcare services while keeping healthcare costs to an acceptable minimum. The UN General Assembly declared at its 73rd session that one billion more people would have access to health care by 2023 (WHO, 2023). The UN also agreed to make essential health services available to 80 percent of the population by 2030, with no catastrophic health expenditures.

Enabulele, (2020). Fragmented Service Delivery: Fragmentation and lack of coordination in service delivery can impede the achievement of UHC. Challenges may include: Lack of integration and coordination between different levels of care, resulting in inefficiencies and gaps in service provision, Vertical programs and disease-specific approaches that prioritize certain health conditions over others, Limited referral systems and weak continuity of care and Inadequate collaboration between public and private healthcare providers, leading to inequitable access and quality disparities. Expanding access to health insurance is an important part of an overall strategy to achieve universal health coverage (UHC). UHC implies ensured access to and use of high-quality healthcare services by all citizens and protection for all individuals from any catastrophic financial effect of ill health. UHC can be a major determinant of improved health outcomes for all citizens, especially the poorest (World Health Organization. 2023).

Statement of the Problem

The health sector in any economy forms the backbone of its growth and

development. Factors affecting the overall Nigerian health system performance include: inadequate health facilities and structures, poor management of human resources, poor motivation and remuneration, inequitable and unsustainable health care financing, skewed economic and political relations, corruption, illiteracy, decreased government spending on health, high user fees, absence of integrated system for disease prevention, surveillance and treatment, inadequate access to health care, shortage of essential drugs and supplies and inadequate health care providers. Policy reversals and other inconsistencies over the years tend to undermine some health reforms of the past. Strategies developed for the effective implementation of national health programs in the three tiers of government (federal, state, and local government) are poorly implemented due to the politics of federalism (autonomy and resource control). High disease burden and population explosion have culminated in a vicious cycle of poverty, insecurity and uncertainty (Amedari & Ejidike (2021),

Nigeria is faced with the challenge of ineffective use of past opportunities to develop a vibrant and sustainable health care delivery; so the future of health care seems uncertain. Nigeria likewise performs poorly in the delivery of services for UHC. Only a few states with political commitments have been able to make progress in improving health outcomes because the state government holds significant political power and is primarily responsible for the health services provided there. The local government has little resources and capacity, which makes it difficult for it to improve primary health care (PHC) services. In general, the Nigerian government's inability to improve health care in the nation originates from weak leadership and accountability structures, inadequate



qualified health care workers, and a lack of transparency procedures inside the system. The problem of this study therefore, was set to find out the factors responsible for managerial challenges of sustainable universal Health Coverage (UHC) in Sokoto State, Nigeria

Objectives of the Study

The aim of this study find out the factors responsible for managerial challenges of sustainable universal Health Coverage (UHC) in Sokoto State, Nigeria. The specific objectives are:

1. To determine factors responsible for managerial challenges of Universal Health Coverage (UHC) in Sokoto senatorial zones.
2. To determine factors for Sustainability of Universal Health Coverage (UHC) in some selected in Sokoto senatorial zones.

Research Questions

The following research questions were raised to guide the study:

1. What are the factors responsible for managerial challenges of Universal Health Coverage (UHC) in Sokoto senatorial zones?
2. What are the factors for Sustainability of Universal Health Coverage (UHC) in Sokoto senatorial zones?

Major Managerial Challenges Delaying the Achievement of Universal Health Coverage (UHC) in Nigeria

The achievement of Universal Health Coverage (UHC) can face several managerial challenges that may delay its implementation. Some of the major challenges stated by Alawode and Adewole, (2021). Include:

- a. Insufficient Financial Resources: Adequate and sustainable financing

is crucial for UHC. Many countries struggle with limited financial resources for healthcare, which can hinder progress towards UHC. Insufficient funding can lead to gaps in service delivery, inadequate infrastructure, and a lack of essential medicines and equipment.

- b. Weak Health System Governance and Leadership: Effective governance and leadership are essential for the successful implementation of UHC.
- c. Weak coordination and collaboration between different stakeholders and sectors involved in healthcare.
- d. Inadequate regulatory frameworks and enforcement mechanisms.
- e. Limited capacity for strategic planning, policy development, and implementation.
- f. Lack of accountability and transparency in resource allocation and decision-making processes.
- g. Human Resource Constraints: A well-trained and motivated healthcare workforce is crucial for the delivery of quality healthcare services. However, several challenges can impede the availability and distribution of healthcare professionals:
- h. Shortage of healthcare workers, particularly in rural and underserved areas.
- i. Inequitable distribution of healthcare professionals between urban and rural areas.
- j. Brain drain, where qualified healthcare professionals migrate to other countries in search of better opportunities.
- k. Insufficient training and professional development opportunities for healthcare workers.



Health Information Systems and Data Management: Robust health information systems are essential for monitoring progress, making evidence-based decisions, and ensuring accountability in UHC implementation. However, other challenges that can hinder the effective use of health information systems mentioned by Rispel, Blaauw, Ditlopo, and White, (2018) includes.

- a. Inadequate data collection, quality, and analysis systems.
- b. Limited interoperability and data sharing between different health facilities and systems.
- c. Insufficient capacity for data management, analysis, and utilization.
- d. Data privacy and security concerns.

Agustina, Dartanto, Sitompul, Susiloretni, Achadi, Taher & Khusun (2019). Political Will and Stakeholder Engagement: UHC requires strong political commitment and engagement from various stakeholders. Challenges may include: Shifting political priorities and competing agendas that may divert attention and resources away from UHC, Lack of awareness and understanding of the benefits and importance of UHC among policymakers and the general public and Limited engagement and participation of civil society, communities, and other key stakeholders in the design and implementation of UHC policies and strategies. Addressing these managerial challenges requires a comprehensive and coordinated approach, including adequate financial resources, strong governance and leadership, investment in human resources, robust health information systems, integrated service delivery models, and effective stakeholder engagement. Overcoming these challenges is crucial for the successful implementation and sustainability of UHC. (Agyepong, Abankwah, Abroso, Chun, Dodoo, Lee & Asenso-Boadi, 2016).

Methodology

Descriptive survey design was adopted for the study thus since the study was conducted to assess and appraise the policies and strategies for improving coverage and sustainability of UHC in Nigeria. The target population of this study consists of all the staff of Primary Health Care under primary health care management board Sokoto State. There are 1231 staff both clinical and administrative staff. In determining the sample size of the study stratified sampling techniques, purposive sampling technique and Simple random sampling techniques was used in selecting 10 PHCs which comprised a total of 90 Primary Healthcare across the three senatorial zones in the state. A sample size of 281 staff as Krejcie and Morgan table were used to determine the sample size required for the study in respect of in charge (OCs) and other health personals from each primary health care zone. The instrument used for this research is questionnaire which was adopted from Daniel, (2021). 92 staff out of 134 in Sokoto South Zone were selected 98 staff out of 101 in Sokoto East zone were selected and 91 staff out of 137 in Sokoto North zone were selected proportionately which gave a total of 281 staff as reflected by the Krejcie and Morgan table. The questionnaire is titled, 'Factors Responsible for Managerial Challenge of Sustaining Universal Health Coverage Questionnaire'. (FRMCSUHCQ). Face and content validity of the instrument was done by the supervisory team of the research and other panel of experts. In constructing this instrument, A5 point Likert Scale was used for rating responses to the items on the questionnaire. The scale was ranked 1 for Strongly Agreed, 2 for Agreed, 3 for Strongly Disagree and 4 for disagree. In order to validate the structured questionnaire, questions were submitted to the supervisory team of the research and other panel of experts The data collected were analyzed by the use of mean and standard deviation to answer research



questions while chi-square were used to test hypothesis at 0.05 level of significance. Simple linear Regression model was utilized to determine the association between the outcome and predictor factors.

Data Analysis and Presentation of Results

Research Question One:

What are the factors responsible for managerial challenges of Universal Health Coverage (UHC) in Sokoto senatorial zones?

Table 1: Mean rating of Respondents on the Factors Responsible for Managerial Challenges of Universal Health Coverage (UHC)

S/N	Item Statement	Mean	SD	Decision rule
1	Specific administrative or bureaucratic hurdles that impede managing of Universal Health Coverage policies?	2.34	0.723	Disagree
2	Lack of coordination and collaboration among different healthcare stakeholders involved in UHC?	2.12	0.211	Disagree
3	Financial constraints or budgetary limitations that hinder the effective management of Universal Health Coverage programs?	2.09	0.121	Disagree
4	Difficulties in recruiting and retaining qualified healthcare professionals to support UHC?	2.45	0.891	Disagree
5	Lack of effective monitoring and evaluation systems to track the progress and performance of Universal Health Coverage initiatives?	2.29	0.611	Disagree
6	Challenges in effectively integrating primary healthcare services within the UHC framework?	2.23	0.511	Disagree
7	Lack of availability and accessibility of health infrastructure and facilities necessary for managing UHC?	3.12	1.231	Agree
8	Lack of effective communication and information-sharing mechanisms among different levels of healthcare providers and administrators?	2.41	0.611	Disagree
9	Challenges in ensuring equitable access to healthcare services in different geographic regions or among different population groups under UHC?	3.19	1.512	Agree
10	Insufficient capacity for data management, analysis, and utilization?	3.31	1.652	Agree

Source: Field work, 2024

Table 1: shows that all items 1, 2, 3, 4, 5, 6, and 8 have mean score below 2.50. This indicate the respondent have disagreed with those items. It is only item 7, 9 and 10 that has mean score above 2.50 indicating that the respondents have agreed with the item. The implication of this result means is that some factors

responsible for managerial challenges of Universal Health Coverage were frequent in Sokoto State Nigeria

Research Question Two

What are the factors for Sustainability of Universal Health Coverage (UHC) in some selected local government areas of Sokoto State, Nigeria?



Table 2: Mean Rating of Respondents on the Factors for Sustainability of Universal Health Coverage (UHC) in some Selected Local Government Areas of Sokoto State, Nigeria

S/N	Item Statement	Mean	SD	Decision rule
1	Are there dedicated funding mechanisms in place to ensure the long-term financial sustainability of Universal Health Coverage programs?	3.48	1.112	Agree
2	Are there policies or strategies in place to address the efficiency and cost-effectiveness of healthcare delivery under Universal Health Coverage?	3.65	1.161	Agree
3	Are there mechanisms for regular monitoring and evaluation of the performance and outcomes of Universal Health Coverage initiatives?	3.71	1.173	Agree
4	Are there measures in place to promote public awareness and support for Universal Health Coverage, contributing to its sustainability?	3.75	1.041	Agree
5	Are there policies or regulations that ensure the availability and affordability of essential medicines and technologies within the Universal Health Coverage framework?	3.80	0.991	Agree
6	Are there strategies or initiatives to promote health promotion, disease prevention, and early intervention as part of the sustainability of Universal Health Coverage?	3.99	1.046	Agree
7	Are there mechanisms to ensure the appropriate allocation and utilization of healthcare resources to maximize sustainability under Universal Health Coverage?	3.47	1.396	Agree
8	Are there policies or systems in place to address the shortage and maldistribution of healthcare professionals, ensuring a sustainable healthcare workforce for UHC?	3.17	1.344	Agree
9	Are there strategies to promote collaboration and coordination among different healthcare stakeholders, enhancing the sustainability of Universal Health Coverage?	3.97	1.985	Agree
10	Are there dedicated funding mechanisms in place to ensure the long-term financial sustainability of Universal Health Coverage programs?	3.91	1.060	Agree

Source: Field work, 2024



Table 2: revealed that all the items 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 have mean score above 2.50. This indicate respondents have agreed with all items. The implication of this result indicated that all are factors for sustainability plan in a Universal Health Coverage in Sokoto State.

Discussion of Findings

This section did a summary of the findings as guided by the study objectives. The summary is done according to the specific objectives used by the study. It is also done in accordance with the findings of the study.

In table one, the findings revealed that bureaucratic hurdles have not impede the managing of Universal Health Coverage policies as responded by the respondents, in the same vein, majority of the respondents posits that among different healthcare stakeholders involved in UHC has nothing to do with the implementation, they equally testified that financial constraints or budgetary limitations have not hinder the effective management of Universal Health Coverage programs in Sokoto State, with a mean score below 2.50 indicated difficulties in recruiting and retaining qualified healthcare professionals to support the managing of UHC did not became a burden, respondents disagreed that lack of effective monitoring and evaluation systems to track the progress and performance of Universal Health Coverage initiatives and lastly, Lack of effective communication and information-sharing mechanisms among different levels of healthcare providers and administrators is not part of factors responsible of managerial challenges in Universal Health Coverage initiatives. PHCs did not face challenges in effectively integrating primary healthcare services within the UHC framework as affirmed by the verse majority. The respondents agreed that issues related to the availability and accessibility of health infrastructure and facilities are necessary for UHC

implementation, challenges in ensuring equitable access to healthcare services in different geographic regions or among different population groups under UHC became a herculean task as responded by the respondents, similarly, lack of effective strategies or policies to address the quality assurance and improvement of healthcare services provided under Universal Health Coverage as a challenging factor. This study is supported by Rispel, Blaauw, Ditlopo, and White (2018) who mentioned that lack of effective strategies, insufficient data utilization, accessibility of healthcare service providers as responsible for managerial challenges.

The study further revealed that dedicated funding mechanisms is in place to ensure the long-term financial sustainability of Universal Health Coverage programs, policies or strategies are in place to address the efficiency and cost-effectiveness of healthcare delivery under Universal Health Coverage, mechanisms for regular monitoring and evaluation of the performance and outcomes of Universal Health Coverage initiatives are in existence, measures are in place to promote public awareness and support for Universal Health Coverage, contributing to its sustainability, policies or regulations that ensure the availability and affordability of essential medicines and technologies within the Universal Health Coverage framework are in drastic existence, strategies or initiatives to promote health promotion, disease prevention, and early intervention as part of the sustainability of Universal Health Coverage are the corner stone of the program, as mentioned by Ogundeji, Tinuoye, Bharali, Mao, Ohiri, Ogbuaji, and Yamey (2023) opined its a vision for UHC that prioritizes equitable, high-quality coverage, the verse majority agitate that mechanisms were put in place to ensure the appropriate allocation and utilization of healthcare resources to maximize sustainability under Universal



Health Coverage, similarly, policies or systems are in place to address the shortage and misdistribution of healthcare professionals, ensuring a sustainable healthcare workforce for UHC, strategies to promote collaboration and coordination among different healthcare stakeholders, enhancing the sustainability of Universal Health Coverage, policies or initiatives in place to address the social determinants of health and promote health equity within the context of Universal Health Coverage.

Conclusion

In terms of the effect of Managerial challenges, the research concluded that most of the factors mentioned such as bureaucratic hurdles, lack of coordination and collaboration, financial constraints for managing and lack of effective monitoring and evaluation systems have not hinder the effective management of Universal Health Coverage programs.

The research also concluded that dedicated funding mechanisms are in place to ensure the long-term financial sustainability of Universal Health Coverage programs in the state, policies or strategies are in place to address the efficiency and cost-effectiveness of healthcare delivery under Universal Health Coverage, measures are in place to promote public awareness and support for Universal Health Coverage, contributing to its sustainability, mechanisms for regular monitoring and evaluation of the performance and outcomes of Universal Health Coverage initiatives, policies or regulations that ensure the availability and affordability of essential medicines and technologies within the Universal Health Coverage framework, strategies or initiatives are available to promote health promotion, disease prevention, and early intervention as part of the sustainability of Universal Health Coverage, mechanisms to ensure the appropriate allocation and utilization of healthcare resources to maximize

sustainability under Universal Health Coverage are apparent in nature.

Recommendations

Based on the result findings it was equally recommended that:

1. Government and NGOs should ensure availability and accessibility of health infrastructure and facilities necessary for UHC implementation. They should ensure equitable access to healthcare services in different geographic regions or among different population groups under UHC, and they should employ strategies to address the quality assurance and improvement of healthcare services provided under Universal Health Coverage.
2. It is recommended that dedicated funding mechanisms should be put in place to ensure the long-term financial sustainability of Universal Health Coverage programs throughout the state. In the same direction, measures should be put in place to promote public awareness and support for Universal Health Coverage, contributing to its sustainability in the state.

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