# IMPLEMENTING SUSTAINABLE HEALTH REFORM IN NIGERIA*

**Abstract**

*Universal Health Coverage (UHC) has been recognized by policy makers as an important objective of health systems and has recently received greater attention from international organizations. Slow progress in achieving universal access to essential health services has been observed in a range of developing countries. Various developing countries in Asia and Europe have employed UHC as both a means and an end. Objectives of the UHC policy are to ensure universal access to effective health services regardless of a person's income or social status, and to protect household income and assets from medical care costs. In low- and middle-income countries, key constraints in achieving UHC include limited government health resources, inadequate health service infrastructure, lack of political will and poor administrative and technical capacity of governments. To achieve UHC in developing countries, there is going to be a need for a substantial increase in the public share of financing for health, through either general revenue or social health insurance contributions, replacing the current dominant role of out-of-pocket payments. The law plays a key role in a country's realization of UHC. The quality of a country's health laws and legal practices significantly contributes to the efficient, effective and equitable use of the available health resources and, consequently, the attainment of a country's health system goals. Therefore, creating an enabling legal environment for UHC is a critical investment to ensure implementation of UHC policies and programs. Governments are not only required to use the law to implement UHC, but also to achieve other related commitments: reduced inequalities, good governance, and access to justice. Law as it relates to public health encompasses any legal framework existing and applicable within a country: formal written laws such as statutory laws, regulatory and administrative laws, contracts, case law, and customary laws.*

**Keywords:** Sustainable, Health, Reform, Nigeria

## 1. Introduction

Advancing and sustaining a well-functioning health system for all people is essential[1] both for human well-being and continuous economic development.[2] For nations looking to ensure that its citizens are able to access quality health care without financial risk being thrust upon them, universal health coverage[3] is a crucial step in achieving that. However, the primary challenge for policymakers is not merely how to improve health services but, how to ensure health coverage is equitable, and how to establish reliable means to monitor and evaluate progress. The approach to UHC is far from complete, but with proper attention to law and regulation, even the poorest nations can make progress toward achieving health care for all.[4] There are many ways to promote and sustain health, but this cannot be achieved without (1) a well-functioning health financing system; (2) availability of resources; and (3) efficient and equitable use of resources.[5] This determines whether people can afford to use health services when they need them. It also determines that these health resources are not being wasted as reducing waste significantly improves the ability of health systems to provide quality health services and improve health. Advancing access to quality health care can also be inspired by the advantages that an individual could derive from being healthy. Health is an important measure of sustainable development. It represents the collective effect of social, economic, and physical life conditions. A person's health can affect overall well-being directly and indirectly through income and wealth. Being healthy can be seen as of great importance due to its impact on people's scope of opportunities, such as their ability to work, pursue an education, or the range of life plans open to them.[6] A healthy population enables increased output, productivity, and economic returns to households from labor market participation which then then creates more opportunity for economic growth.[7] In order to fulfil their obligations to ensure that individuals live a healthier life, states must invest in the components or building blocks of an effective health system.[8] This includes public policies directed at the social determinants of health,[9]

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[1]In the context of this thesis, 'essential' is used to describe the services that a country decides should be available immediately to all people who need them.

[2] WHO. The World Health Report: Health systems financing: The path to universal coverage. 2010, Geneva: World Health Organization, http://www.who.int.go.libproxy.wakehealth.edu/whr/2010/en/index.html

[3]Instead of 'universal health coverage,' the terms 'universal coverage,' 'universal health care,' and 'universal access' are sometimes used.

[4]Rahman MM, Karan A, Rahman MS, et al. Progress Toward Universal Health Coverage: A Comparative Analysis in 5 South Asian Countries. *JAMA Intern Med*. 2017;177(9):1297–1305. doi:10.1001/jamainternmed.2017.3133

[5] Supra note 4

[6] Daniels N. *Just health: meeting health needs fairly*. Cambridge: Cambridge University Press; 2008.

[7] D E Bloom, D Canning. Policy forum: public health. The health and wealth of nations. *Science*, 287 (2000), pp. 1207-1209.

[8] WHO. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva: World Health Organization; 2007:2 (http://www.who.int/healthsystems/strategy/en).

[9]Solar O, Irwin A. A conceptual framework for action on the social determinants of health: social determinants of health discussion paper 2 (policy and practice) Geneva: World Health Organization; 2010.

regulatory frameworks, health legislation and intersectoral efforts by government ministries to support the determinants of better health. Having a legal framework on ground ensures that the services being provided is equitable, safe and offers financial protection for health system consumers. It lays out how the health system should function, establishes a legal mandate for access to health services and provides the means by which states can execute UHC for its community. Several governments have already successfully used their health laws in service of their universal health coverage goals.[10]

This paper seeks to encourage a better understanding of how legal frameworks for health and good governance can be used to improve the health of the population. The next section explores the extent of the legal mechanism that exists for the regulation of the Nigerian health system and the various health organizations that influence public health policies. The third section identifies the circumstances and challenges that hinders the universal access to healthcare for all Nigerians. The final section proposes recommendations for relevant health authorities in Nigeria looking to strengthen the structure of the health system and provide a foundation for advancing health reforms with justice. Although the context in which health reform occurs, and the specific role of the law during this process will vary significantly between countries, nevertheless, there are included a number of lessons health leaders in Nigeria can adopt when reviewing and updating public health laws, and many of the most important risks and obstacles resonates with what obtains under the Nigerian governance.

**2. Background to the Nigerian Health System**

The current structure of healthcare delivery system in Nigeria is governed by the National Health Policy in 2016.[11] The aim of the revised national health policy is to improve access to primary, secondary, and tertiary healthcare services to reduce mortality under age five, maternal mortality, the spread of HIV, and the burden of malaria and other major diseases.[12] The 2016 National Health Policy is the most important instrument in the realm of health care efforts in the country. Other legal instruments, such as the National Health Insurance Scheme (NHIS) Act 1999, the National Health Act 2014,[13] as well as other subsidiary legislation on different health issues in the country, are anchored to it. The preface to the revised National Health Policy aimed at providing the direction necessary to support the achievement of significant progress in improving the performance of the Nigerian health system. It also lays emphasis on strengthening primary health care as the bedrock of our national health system, in addition to the provision of financial risk protection to all Nigerians, particularly the poor and most vulnerable groups.[14] The kind of PHC system proposed is one that fulfils the thrust of the third goal of the Sustainable Development Goals (SDGs) which is to ensure healthy lives and promote well-being for all at all ages.[15] This also aligns with the Nigerian Vision 20:2020 goal.[16]

In addition to specifying the overall policy goal, structure, vision, and guiding principles of the nation's healthcare delivery system, the National Health Policy recognizes that the availability of health facilities does not translate into the availability of quality healthcare services. Certain services are not generally available to a large percentage of the population. There is consistent disruption of health care services due to incessant industrial and many health facilities are situated far away from the people, especially in rural and hard-to-reach areas.[17] In harmony with the international obligations of the country, the aim is to reform the provision, financing and management of health care services throughout the country. Under the existing framework, health services are delivered through a three-tier system - Primary Health Care (PHC), Secondary Health Care (SHC), and Tertiary Health Care (THC).[18] The PHC system is however, the central part of Nigerian health system. It provides general services of a preventive and rehabilitative nature.[19] At a slightly higher level is the SHC. Here, healthcare consists of specialized services provided to patients who have been referred from the PHC level, including out-patient and inpatient services of hospitals for general medical, surgical, pediatrics, obstetrics and gynecology patients and community health services.[20] Also included are specialized supportive services, such as laboratory, diagnostic, blood bank,

[10] For example, the governments of the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Cuba, Mexico, Peru and Uruguay have all legislated a right to health, which entitles their citizens to expanded access to health services.

[11] Federal Ministry of Health. National Health Policy 2016. https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/nigeria/draft_nigeria_national_health_policy_final_december_fmoh_edited.pdf

[12] National Popoulation Commision. Nigeria's 2004 National Policy on Population for Sustainable Development. https://www.healthpolicyproject.com/pubs/821_FINALNPPReport.pdf

[13] National Assembly. National Health Act, 2014: Explanatory Memorandum. Available from: http://www.nassnig.org/document/download/7990

[14] Id.

[15] United Nations Development Goals. https://sdgs.un.org/goals/goal3

[16] Bitrus Nakah Bature. The G20 and the Nigerian Vision 20:2020. IOSR Journal of Humanities and Social Science (IOSR-JHSS) Volume 15, Issue 4 (Sep. - Oct. 2013), PP 53-60 e-ISSN: 2279-0837, p-ISSN: 2279-0845

[17] Ibid.

[18] Ibid at chapter 4, § 4.6.

[19] Ibid at chapter 4, §4.6(1)(i)

[20] Ibid at chapter 4, § 4.6(2)

rehabilitation, and physiotherapy.[21] At the apex of the healthcare delivery in Nigeria is the THC. It encompasses highly specialized services obtainable at teaching hospitals and other hospitals with highly developed expertise in providing care for specific disease conditions or specific groups of patients.[22]

The Federal Ministry of Health (FMOH) is primarily responsible for overseeing the healthcare and services of all Nigerians. It is concerned with the widespread dissemination and implementation of policies related to health. It mobilizes additional resources from external and domestic sources in order to achieve the goals and objectives of the health system. The State Ministry of Health (SMOH) mirror the roles and responsibilities of the FMOH at the state level. It provides health care services through secondary level health facilities as well as technical assistance to the Local Government Area Health Departments. At the local government level, the authorities own and fund Primary Health Care (PHC) facilities and have responsibility over the health posts and clinics, health centers providing basic primary care services. The private sector contributes to health service delivery within the national health system in compliance with national standards and guidelines offering up an opportunity to fill part of the gap left by a weak PHC system. However, health equity is not very high at this level, thus this consists an issue of affordability and accessibility among the poor and the less advantaged groups.

## 3. The Current State of the Nigerian Health System

### The Primary Health Care System

It has now been over three decades since the PHC system was introduced in Nigeria and the need to strengthen the PHC system is relevant as ever before. Both the United Nations Children's Education Fund (UNICEF) and the Federal Government of Nigeria unanimously agreed recently that weak Primary Health Care Centers have largely contributed to the high level of the disease burden in the country.[23] According to the Master Plan of Operations for 2002-2007, jointly published by the two bodies, weak PHCs have exacerbated the problem of childhood morbidity, caused largely by malaria, measles, and, in recent years, HIV/AIDS.[24] It has been estimated that Nigeria now has the unenviable record of contributing approximately ten percent of the world's maternal death and eight percent of the world's child death, and this is a trend that has been on the increase over the years. Many such deaths could have been prevented with well-known cost-effective interventions if they had been available to women and children who needed them.[25] The prevalence of these common diseases and accidents points to one basic fact: that primary health care delivery has failed in the local government. The impact of the organic link, which is supposed to exist between local health official and the local communities, is yet to be felt. Consequently, the inability of PHC centers to provide basic medical services to the Nigerian population have made both secondary and tertiary health-care facilities experience an influx of patients.[26] Another reason for the failure of the PHC program is the lack of transparency and accountability in program implementation and governance. Financial estimates are hardly made public and are treated as secret documents and financial reports on disbursements are hardly made available to the communities, who as stakeholders have the right to know. Reports of financial spending are treated as documents only for the consumption of the personnel. Even the junior nurses and community health workers have only a skeletal knowledge of how the department operates its annual budget. Effective delivery of primary health care at the local level is almost non-existent. The current state of PHC system in Nigeria is appalling with only about 20% of the 30,000 PHC facilities across Nigeria working.[27] Presently, most of the PHC facilities in Nigeria lack the capacity to provide essential health-care services, in addition to having issues such as poor staffing, inadequate equipment, poor distribution of health workers, poor quality of health-care services, poor condition of infrastructure, and lack of essential drug supply.[28]

[21] Ibid.
[22] Ibid chapter 4, §4.6(3)
[23] UNICEF. Abuja, Nigeria: UNICEF; 2008. Master Plan of Operations Amendment: Country program of cooperation for Nigerian children and women, 2002-2007.
[24] Ibid
[25]Sawyer W, Ordinioha B, Abuwa P. Nutrition intervention program and childhood malnutrition: a comparative study of two rural riverine communities in bayelsa state, Nigeria. *Ann Med Health Sci Res*. 2013;3(3):422-426. doi:10.4103/2141-9248.117949
[26] Oyedeji R, Abimbola S. How tertiary hospitals can strengthen primary health care in Nigeria. *Niger Med J.* 2014 Nov; 55(6):519-20.
[27] Adewole I. Thirty-Six States and the FCT are to Share $1.5m FG Fund for Primary Health Care. (2016). Available from: https://www.informationng.com/2016/07/36-states-and-the-fct-to-share-1-5m-fg-fund-for-primary-healthcare.html
[28] Chinawa JM. Factors militating against effective implementation of primary health care (PHC) system in Nigeria. Ann Trop Med Public Health (2015) 8:5–9.10.4103/1755-6783.156701

**Health System Governance**

Good governance is a crucial element in any health system.[29] Therefore, good leadership in health would involve the responsible planning and management of resources and a well thought out policy that recognizes and assigns roles to all key actors. However, the lack of effective leadership and governance in Nigeria's health sector is still a major challenge and this has contributed in no small way to the failure of the current health system. One of the reasons for Nigerian weak health system is lack of clarity of roles and responsibilities among key stakeholders at the different levels of government.[30] Clarity in the roles of stakeholders and implementers, and the nature of relationships between key actors, are recognized as critical to policy implementation.[31] A health system designed on the basis of a three-tier allocation of responsibilities can only succeed where there is a coordination of the activities of the responsible levels of government. In Nigeria, the Federal, State, and Local governments all have a share in providing health services. Unfortunately, the Nigerian Constitution does not lay emphasis on health and fails to clearly indicate the roles and responsibilities of the three tiers of Government in health systems management and delivery.[32] Another resultant effect of bad leadership is reflected in the health workforce crises facing the nation in recent years. Health workers are the principal players and drivers of health systems of any country. If the SDGs are to be achieved, there needs to be an adequate structural change in the health workforce and service delivery[33]. According to the WHO, a strong health system has a robust finance structure, well-remunerated and trained workforce, sufficient and highly maintained facilities, logistics for medicines, vaccines and technologies and a reliable and regularly updated health information system.[34] Having all this alongside good leadership would provide the general public with accessible and timely health service delivery. As demonstrated by the repeated workers' protests, relatively poor state of health facilities, sub-optimal management of common diseases and high rates of medical tourism, among many others, the Nigerian health system is seemingly not fulfilling her obligations.[35]

**Health Financing Structure**

Some of the continuous challenges facing the country's health system is as a result of poor activities of the financial structure, which is characterized by low public spending, high levels of out-of-pocket spending,[36] and impoverishment due to spending on healthcare.[37] Over the years, the budget allocated to health has been decreasing with 8.4% of total spending in the health sector in 2012 and now down to 3.2% of the total federal spending.[38] There also exist drastic financial constraints and uneven distribution of resources among the urban and rural areas with the rural areas mostly affected by inequitable budgetary health expenditure allocation which has eventually led to further impoverishment of the poor.[39] Nigeria's health financial arrangement has shifted from health provision by government as a norm towards a competitive market where greater proportion of health services is provided by ability to pay through out-of-pocket expenses.[40] One of the objectives of health systems globally is to provide universal access to quality health care without exposing patients to the risk of financial

[29] Vriesendorp S., Peza L., Perry C.P., Seltzer J.B., O'Neil M., Reimann S., Gaul N.M., Clark M., Barraclough A., LeMay N., Buxbaum A. 2010. *Health Systems in Action: An e-Handbook for Leaders and Managers*. Cambridge, MA: Management Sciences for Health.

[30] Federal Ministry of Health. Primary Health Care in Nigeria: 30 Years After 'Alma Ata,' Nigerian National Health Conference. Akwa Ibom: Communiqué; 2009.

[31] Bossert T. Analyzing the decentralization of health systems in developing countries: decision space, innovation and performance. *Soc Sci Med.* 1998 Nov; 47(10):1513-27; Conyers D. Decentralization and service delivery: lessons from sub-Saharan Africa. IDS Bull. 2007; 38:18–32. doi: 10.1111/j.1759-5436. 2007.tb00334. x.

[32] Welcome MO. The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems. *J Pharm Bioallied Sci*. 2011;3(4):470-478. doi:10.4103/0975-7406.90100

[33] Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century. The Future of the Public's Health in the 21st Century. Washington (DC): National Academies Press (US); 2002. 5, The Health Care Delivery System. Available from: https://www.ncbi.nlm.nih.gov/books/NBK221227

[34] World Health Organization. World Health Report 2010—health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010.

[35] Adeloye D, David RA, Olaogun AA, et al. Health workforce and governance: the crisis in Nigeria. *Hum Resour Health.* 2017;15(1):32. Published 2017 May 12. doi:10.1186/s12960-017-0205-4

[36] Chang Angela Y., Cowling Krycia, Micah Angela E., et al. Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050. The Lancet. 2019;393(10187):2233–2260. doi: 10.1016/S0140-6736(19)30841-4.

[37] Onwujekwe OE, Onoka CA, Nwakoby IC, Ichoku HE, Uzochukwu BC, Wang H. Examining the financial feasibility of using a new special health fund to provide universal coverage for a basic Maternal and Child Health benefit package in Nigeria. *Front Public Health.* 2018; 6:200. doi: 10.3389/fpubh.2018.00200.

[38] Obansa SA, Orimisan A. Health care financing in Nigeria: Prospects and challenges. *Mediterr J Soc Sci* 2013; 4:221-36.

[39] Olaniyan, O and A. Lawanson (2010) Health Expenditure and Health Status in Northern and Southern Nigeria: A Comparative Analysis Using NHA Framework. Paper presented at the 2010 CSAE conference held at St Catherine College, University of Oxford, Oxford, UK. Available online at www.csae.ox.ac.uk/conferences/2010-EDiA/.../451-Lawanson

[40] Ichoku, H.E and Fonta, W.M (2006) The Distributional Impact of Healthcare Financing in Nigeria: A Case Study of Enugu State. PMMA Working Paper No. 17: 3-22

hardship.[41] However, all health financing mechanisms in Nigeria are performing at suboptimal levels. Resources are not equitably allocated or efficiently used to minimize wastage.[42] The result is that individuals relying on direct out-of-pocket payments, incur substantial health care costs prior to the appropriate patient–provider transaction.[43] These costs constitute a potential barrier to accessing health care and typically arise when there is an asymmetry of health care information, poor coordination and weak regulation of health care markets,[44] factors that tend to be prevalent in low- and middle-income countries.[45] With respect to the various insurance schemes being offered, coverage is still very low[46] and the National Health Insurance Scheme (NHIS) is not playing its regulatory and quality assurance roles effectively. Sustainability is challenged by the fact that enrollees are currently not making their own share of contribution and the pool is fragmented.

**4. Recommendations for an Effective Health System**

Advancing and sustaining a well-functioning health system for all people is essential[47] both for human well-being and continuous economic development.[48] Universal Health Coverage (UHC) has been acknowledged as a priority goal of every health system.[49] This is reflected in the consistent calls by the WHO for its member states to develop their health financing systems so that everyone has access to services without having to suffer financial hardship.[50] Governments are encouraged to carry out pooled prepaid health care financing systems that improve access to excellent healthcare and provide everyone with the needed protection from the consequences of out-of-pocket health related payments.[51] For nations looking to ensure that its citizens can access quality health care without financial risk being thrust upon them, universal health coverage[52] is a crucial step in achieving that. However, the primary challenge for policymakers is not merely how to improve health services but how to ensure health coverage is equitable, and how to establish reliable means to monitor and evaluate progress. The approach to UHC is far from complete, but with proper attention to law and regulation, even the poorest nations can make progress toward achieving health care for all.[53] At the 2015 UN General Assembly, a newly Sustainable Development Goals (SDG)[54] was adopted. UHC was promoted as an essential precondition for health and human security, particularly in low- and lower middle-income countries, of which Nigeria is one.[55] A progress toward UHC is seeing to it that everyone who needs health services is able to get them, without incurring undue financial hardship.[56] The 2010 World Health Report describes UHC as 'access to good quality health services without people experiencing financial hardship because they must pay for care.'[57] There are many ways to promote and sustain health, but this cannot be achieved without (1) a well-functioning health financing system; (2) availability

[41] World Health Organization (WHO) Health systems financing: The path to universal coverage. 2010 world health report. Geneva: Author; 2010.

[42] Stuckler D, Feigl AB, Basu S, Mckee M. The political economy of universal health coverage. Background paper for the First Global Symposium on Health Systems Research, Montreux, Switzerland. 2010.

[43] Ukwaja KN, Alobu I, Lgwenyi C, Hopewell PC. The high cost of free tuberculosis services: patient and household costs associated with tuberculosis care in Ebonyi State, Nigeria. PLoS One. 2013; 8(8): e73134.

[44] Jan S, Pronyk P, Kim J. Accounting for institutional change in health economic evaluation: a program to tackle HIV/AIDS and gender violence in Southern Africa. *Soc Sci Med*. 2008 Feb; 66(4):922-32; Williamson O. E. Transaction cost economics: The governance of contractual relations. *Journal of Law and Economics*. 1979:233–261. doi: 10.2307/725118.

[45] Bloom G, Standing H, Lloyd R. Markets, information asymmetry and health care: towards new social contracts. *Soc Sci Med*. 2008 May; 66(10):2076-87.

[46] Uzochukwu BSC, 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. https://doi.org/10.4103/1119-3077.154196.

[47] In the context of this paper, 'essential' is used to describe the services that a country decides should be available immediately to all people who need them.

[48] WHO. The World Health Report: Health systems financing: The path to universal coverage. 2010, Geneva: World Health Organization, http://www.who.int.go.libproxy.wakehealth.edu/whr/2010/en/index.html

[49] Ibid.

[50] WHA. Sustainable health financing, universal coverage, and social health insurance. In: Fifty-eight World Health Assembly, Resolution WHA58.33, Geneva, 16-25 May 2005. Geneva, World Health Organization, 2005.

[51] WHO. The World Health Report 2008 – Primary health care – now more than ever. Geneva: World Health Organization; 2008.

[52] Instead of 'universal health coverage,' the terms 'universal coverage,' 'universal health care,' and 'universal access' are sometimes used.

[53] Rahman MM, Karan A, Rahman MS, et al. Progress Toward Universal Health Coverage: A Comparative Analysis in 5 South Asian Countries. JAMA Intern Med. 2017;177(9):1297–1305. doi:10.1001/jamainternmed.2017.3133

[54] UNGA. Transforming Our World: The 2030 Agenda for Sustainable Development, 21 October 2015, A/RES/70/1, available at: https://www.refworld.org/docid/57b6e3e44.html [accessed 4 August 2020]

[55] United Nations. Sustainable Development knowledge platform. Sustainable Development goal. https://sdgs.un.org

[56] WHO. Monitoring Progress Towards Universal Health Coverage at Country and Global Levels: Framework, Measures and Targets. Geneva, Switzerland: World Health Organization and International Bank for Reconstruction and Development, World Bank; 2014.

[57] Supra note 2.

of resources; and (3) efficient and equitable use of resources.[58] This determines whether people can afford to use health services when they need them. It also determines that these health resources are not being wasted as reducing waste significantly improves the ability of health systems to provide quality health services and improve health. It is with this difficulty in mind that the WHO member states resolved in 2005 to grow their health financing systems so that each person can have access to services and not experience financial hardships as a result.[59] UHC is at the center of current efforts to strengthen health systems and improve the level and distribution of health services. The report[60] outlined how countries can modify their financing systems to move more quickly towards UHC and to sustain those achievements. Access to basic health services like the primary health care system, with no financial limit should be one of the most important goals of the government.[61] The provision for adequate medical and health facilities for all persons as found in the Nigerian constitution[62] and in various WHO reports requires that health leaders should place emphasis on utilizing health services at the highest possible level.[63] There are several factors that must be in place for this to happen.

**Political Commitment**

At the core of universal health coverage is equal and universal access to health care and justice.[64] Law provides a good way in which government can translate health reform into reality through the setting of standards and requirements and the use of sanctions and incentives to exert leverage over the health system and its participants.[65] The strength of law and regulation comes from its power to create and recognize rights, impose obligations and penalties, and establish permanent institutions. It is however imperative that we address the importance of political commitment in the health reform process. This is because any other work would be futile. Governance influences all health system goals, and if done right leads to an improved performance of health system services[66]. Reports show that the biggest barriers to health reform are usually political rather than technical. Health reform is generally controversial, and the organizations involved in implementing these reforms may have less influence that those with access to political and economic resources. Opponents of specific public health programs who perceive threats to their personal benefits would be against the reforms even when the overall societal benefits are obvious.[67] Strong national and local political leadership and long-term commitment are required to achieve and sustain universal health coverage.[68] This is important, because you cannot address abuses of the system without making difficult choices and risking the wrath of powerful politicians. The presence of good governance intensifies the efforts of the relevant authorities to create provisions for the public's benefit, to manage resources in a prudent manner, and to provide services efficiently and effectively.[69] Health reform will not happen if the relevant authorities are not committed to changing the state of the health system. Among many of the issues facing public health, corruption is considered the most insidious threat to good governance. The harmful effects of corruption especially in low-income nations are seen in the inability of government to provide basic health services, such as immunization and maternal care.[70] It also contributes to the lack of available resources for, and accessibility to, health care, which mostly affects the poor and marginalized thus reinforcing the need for good governance for better health outcomes. Like any other policy process, the progression towards public health law reform may be unseemly influenced by selfish economic or political interests. This may take the form of lobbying efforts and other attempts to sway the subject matter of the law or to hinder its implementation and enforcement. When governments encourage transparency, and provide suitable occasion for community participation, they can enhance the quality of the information available to the legislators while also protecting the reform process from

[58] Supra note 4
[59] Ibid.
[60] Ibid.
[61] Bump JB. The long road to universal health coverage: a century of lessons for development strategy. New York: Rockefeller Foundation; 2010.
[62] Section 17(3)(d) of The Constitution of the Federal Republic of Nigeria [Nigeria], Act No. 24, 5 May 1999.
[63] Boerma T, Eozenou P, Evans D, Evans T, Kieny M-P, Wagstaff A. Monitoring progress towards universal health coverage at country and global levels. *PLoS Med.* 2014;11(9): e1001731.
[64] Backman G, Frisancho A, Tarco D, Motlagh M, Farcasanu D, Vladescu C, Hunt P, Khosla R, Jaramillo-Strouss C, Fikre BM, Rumble C, Pevalin D, Páez DA, Pineda MA: Health systems and the right to health: an assessment of 194 countries. Lancet. 2008, 372: 2047-2085. 10.1016/S0140-6736(08)61781-X.
[65]UN. Sustainable development goal 3—ensure healthy lives and promote well-being for all at all ages. 2015. https://sustainabledevelopment.un.org/sdg16
[66] Hammonds, R., Ooms, G., Mulumba, M., & Maleche, A. (2019). UHC2030's Contributions to Global Health Governance that Advance the Right to Health Care: A Preliminary Assessment. Health and human rights, 21(2), 235–249; in Global Health: Rights Based Governance for a Globalizing World. (Oxford University Press, 2018).
[67] Tobacco Industry Interference with Tobacco Control. Geneva, Switzerland: World Health Organization; 2008.
[68] Frieden, Thomas R. 'Six components necessary for effective public health program implementation.' *American Journal of Public Health* vol. 104,1 (2014): 17-22. doi:10.2105/AJPH.2013.301608
[69] Secretary-General of the United Nations. The rule of law and transitional justice in conflict and post-conflict societies. Geneva: United Nations, 2004: 4
[70] Lewis M. Governance and Corruption in Public Health Care Systems. Cent Glob Dev Work Pap [Internet]. 2006; (78):57.

attempts to compromise the public good.[71] Thailand's experience with its health system reform provides us a great example of the importance of political commitment. When Thailand first started implementing health reform policies back in 2002, they too were experiencing periods of political instability[72] and an under-performing economy.[73] But still its policy on universal health coverage made good progress and now every Thai citizen is entitled to essential health services at all life stages. What role did political commitment play out in Thailand? The idea for healthcare for all was largely the brainchild of a group of student doctors committed to improving the health system.[74] This group of doctors quietly rose to the top ranks of the civil service, putting them in position to capture the interest of the leaders of the state and direct the ministry's agenda toward the needs of Thailand's marginalized population.[75] This helped reduced the incidence of political interference and bureaucracy and provided greater opportunities to mobilize expertise from within their society. Even more important was the role played by the rural doctors in getting an innovative new political party to win the head of state election. Using their political party's parliamentary strength to control ministerial appointments, they placed health reform supporters in key positions at the Ministry of Public Health, which further facilitated the program's realization.[76] The proposed reforms unsurprisingly challenged the interests of powerful stakeholders. There was a lot of opposition amongst health officials in Thailand surrounding the passing of the health reform bill.[77] Despite all this, the bill for universal coverage was passed at the parliament in 2002.[78] This was because the opposition lacked access to some of the same unique state resources these groups of doctors enjoyed. They had the legislative power through most of the group being members of the parliament and had the executive power to mobilize the bill. They also had the backing of constitutional legitimacy because Article 52 of the 1997 Thai Constitution provides for the right to health for Thai citizens.[79] The combination of power and legitimacy gave the policy resilience against opposers and as a result, the new universal health coverage scheme was rapidly expanded to cover the entire country within one year.

**Equity in health financing and financial risk protection**

In order to achieve UHC, a country has to have in place an equitable health financing system with effective social protection strategies that will facilitate shifting from out-of-pocket payments to risk-pooling and pre-payment mechanisms. This will ensure financial protection for everyone and eliminate the possibility of poor people being unable to pay for their health care or becoming impoverished because of paying for it.[80] It has been proven that the lower the out-of-pocket spending, the lesser the prevalence of households facing catastrophic health expenditure.[81] Out-of-pocket payment has been proven to be the least efficient and most inequitable means of financing health care.[82] A comprehensive health system financing and services that are free at the point of use for everyone will inevitably reduce household out-of-pocket payments. A study about a counter-factual scenario without the UHC in Thailand proved that thousands of Thai households nationwide would have been impoverished by out-of-pocket payments for health services in.[83] Before the implementation of the UC policy, a disproportionately high financial burden of out-of-pocket payments for health care rested on the poor.[84] However, the decreasing trend of out-of-pocket payments for health care among the poor against the backdrop of an

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increasing trend of health care utilizations, especially utilizing public facilities demonstrates the effectiveness of the UC policy implementation.[85]

**Citizen's Voice and Accountability**

A successful implementation of health reforms will depend on legislations that prescribe standards, mandate required actions and processes to be followed, and require government agencies to play a central role in monitoring and enforcement. A comprehensive approach to encouraging communal participation will also include community-based programs, health promotion, and a greater focus on prevention within primary health care. Investing in health care systems through infrastructure and the health workforce, together with monitoring, reporting and accountability mechanisms, and political leadership at the highest level, are critical elements for successful national policies.[86] An essential requirement to sustaining the performance of the UHC is to engage the public in health policy decisions which in turn enhances health systems' responsiveness to people's need.[87] The strength of public participation in Thailand's universal coverage scheme is in the legislative provisions of the National Health Act 2007 which authorizes the convening of annual national health public hearings for providers, beneficiaries and other stakeholders in order to improve the performance of the Universal Health Coverage Scheme (UCS).[88]

## 5. Conclusion

Access to basic health services like the primary health care system, with no financial limit, should be one of the most important goals of the government. The provision for adequate medical and health facilities for all persons as found in the Nigerian constitution, and in various WHO reports, requires that health leaders should place emphasis on utilizing health services at the highest possible level. There are several factors that must be in place for this to happen. Instituting a health law reform is only the first step towards formalizing a commitment to the goal of UHC. The whole aspect of the public health laws must be supported by effective processes that would involve setting priorities for particular action areas, improving processes in the development, implementation and evaluation of the laws, and enhancing the capacity of stakeholders. Ongoing evaluation and continuous quality improvement should lead to a legal framework that evidently improves the public's health and safety.

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