**Examining existing economic and political dynamics towards achieving universal financial risk protection in Enugu State southeast Nigeria.**

**Ifeyinwa Arize1,, Chikezie Nwankwor1, and Obinna Onwujekwe1**

1. **Department of Health Administration and Management, Faculty of Health Sciences and Technology, College of Medicine, University of Nigeria Nsukka, Enugu Campus.**

**Corresponding author: Ifeyinwa Arize**

**Email: ifeyinwa.arize@unn.edu.ng**

**ABSTRACT**

**Background:** Moving towards universal health coverage (UHC) requires political and economic inputs. The general consensus on health system financing is that it should not only seek to raise sufficient funds for health, but should do so in a way that allows people to use needed services without incurring financial risk. Despite substantial increases in external assistance for health in most low and middle income countries (LMIC) like Nigeria, out-of-pocket expenditure remains incredibly high (95.3% in 2013) in Nigeria.

**Objective**: The objective of this study is to examine political and economic factors that enable or constrain achievement of universal financial risk protection through the opinions of Key stakeholders.

**Methods**: The study was conducted in Enugu State, South eastern Nigeria. Enugu State in 2004 adopted and implements the District Health System Approach to health care delivery. We employed a cross sectional study design and qualitative method (In-depth-Interviews) in collecting data for this study. Purposive sampling of one urban (Enugu North) and one rural (Enugu East) local government areas was adopted. Data were collected through in-depth interviews (n=17), and document reviews (policy and regulatory documents). We purposively sampled respondents from the Ministry of Health, State Health Board, State Primary Health Development Agency, cottage hospitals, PHC, House of Assembly Committee on Health and NHIS desk officer.

**Findings:** Political factors that enable achievement of universal financial risk protection included political will, commitment and political stability. On the citizen’s side, their voice is usually not considered in the affairs of running the polity, which inevitably leads to their rights been sidetracked. Findings also showed that poor prioritization of health on government agenda, was inimical to achieving UFRP. The major economic factor that constrained achieving UFRP was poor fiscal space for health.

**Conclusion:** Poor prioritization of health in government agenda and poor fiscal space remain major obstacles in achieving universal financial risk protection. Continuous and objective engagement of citizens and other stakeholders in the policy dialogue should be increased and encouraged to bring UFRP on top of government's agenda. It is also necessary to involve community stakeholders as voice of the people to participate in the policy debate to force government to give health its due priority in the wide agenda of catering for the citizens.

Acknowledgement: TETFUND University of Nigeria Nsukka