**The challenges of achieving universal financial risk protection in Enugu State, South East Nigeria**

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**ABSTRACT**

**Background**:

Out-of-pocket health spending continues to impoverish families amidst deteriorating health indices in Nigeria. In Enugu, southeast Nigeria, the worst affected are the rural dwellers and the poorest, thus creating both socioeconomic and geographic inequity in access and use of services. This scenario raises questions as to what political and economic capital are required to ensure the transition to universal health coverage (UHC).

**Objective**:

The study’s main objective was to determine political, economic and other facilitators and/or constraints to achieving universal financial risk protection (UFRP) in Enugu state, southeast Nigeria.

Methods:

Study was conducted in two purposively chosen urban (Enugu-North) and rural (Enugu East) local government areas, utilizing a cross-sectional study design and qualitative approach using in-depth interviews (IDIs). Purposely selected key informants were healthcare administrators spread across all levels and tiers of government (Ministry of Health, State Health Board, State Primary Health Development Agency, cottage hospitals, PHC, House of Assembly Committee on Health and a National Health Insurance Scheme (NHIS) desk officer in a tertiary institution). 12 out of 17 key informants returned data that was analysed on enablers/constraints to achieving universal financial risk protection in the state.

Results

This report exhumes the challenges to achieving UHC in Enugu state. Major political constraining factors included lack of commitment and insincerity of purpose from government and political handlers, poor health prioritization in government agenda, distrust between government and labour unions, political instability, lack of constitutional and legal frameworks for citizens’ enlistment in health insurance, non-clamour from the electorate for the entrenchment of their basic rights, top-down approach to advocacy and structuring of insurance programmes for states by the NHIS, and public corruption. Economic challenges adduced included thin fiscal space to expand healthcare programmes, and lack of demonstrable accountability mechanisms in the design and structuring of insurance programmes for states. Other challenges proposed included poor education of the masses on ways to access NHIS available routes to pre-payment programmes, and lack of human resources and manpower development for health systems.

Discussion & Conclusions:

State governments including Enugu is yet to commit to providing UFRP for its residents because of identified political and economic hurdles. These portend a great obstacle to achieving UHC for inclusive and sustainable development in the state. This study suggests the encouragement of conscious policy dialogues among stakeholders, especially among government and citizen’s representatives to entrench UHC in the shortest possible time.