**Politicking with Health Care and Its Implication for The Attainment of Universal Health Coverage**

**By**

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**Background**

A high priority health policy goal in Nigeria is the achievement of the health-related Sustainable Development Goals (SDGs), especially Universal Health Coverage (UHC) that would ensure citizens access health services without experiencing financial difficulties by 2030. In Nigeria, the Primary Healthcare system is recognised as the epi-centre of the efforts to achieve UHC. However, the nature of politics that reportedly exists at the PHC, especially within health centres may constrain the achievement of UHC. However, there is paucity of knowledge of the effects of politics at the PHC level on the achievement of UHC.

**Objectives**

The study examined the effects of how playing politics with the health centre creates structural and institutional barriers that prevents PHCs from contributing to the achievement of health goals such as UHC.

**Methodology**

The study was carried out in eight PHC facilities that were purposively selected from four local governments in Enugu State, southeast Nigeria. Data was collected using in-depth interviews (IDIs) from twenty participants that included frontline health workers, services users, head of department of health, supervisors for health and the chairmen of the community health committees. Four (4) Focus group discussions (FGD) were held with male and female consumers.

**Findings**

It was found that politics (because the interest of powerful members of the community are considered) influences the siting of PHC facilities and some are sited in geographic locations that constrain optimal access to health services. Also, the recruitment of health workers is in most cases not based on merit but on the principle of *who-you-know* and in such cases, incompetent hands could be employed leading to poor health care delivery. Moreover, some health workers can afford to be absent from duty without sanctions because most times, they are protected by influential persons.

**Conclusions/Recommendations**

Politicking with health care leads to poor running of PHCs and it makes users access health services in far and costly places thereby making the goal of realizing UHC doubtful. To achieve UHC, governments at all levels should develop mechanisms that will lead to decrease in the corruptive and disruptive influences of politics at the PHC level. There should be a deliberate emphasis on meritocracy in the recruitment and siting of PHCs. In addition, the government should develop reporting platforms that allows community health committees go above health workers and their managers that are corrupt and disrupting the PHC system.

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