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CHALLENGES AND SOLUTIONS IN IMPLEMENTATION OF HEALTH MANAGEMENT SYSTEM FINANCING IN NIGERIA

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Abstract

Health care management system financing plays a vital role in ensuring the availability and accessibility of quality health care services. However, numerous challenges and constraints exist that can hinder the effective financing and sustainability of health care systems. Understanding and addressing these challenges is essential for improving health care financing mechanisms and achieving better health outcomes (124, 125) Healthcare systems in suffer from neglect and underfunding, leading to severe challenges across the six World Health Organization (WHO) pillars of healthcare delivery. We conducted this study to identify the principal challenges in the health sector in and their solutions for evidence-based decisions, policy development and program prioritization

Insufficient Funding Allocation: One of the primary challenges in health care management system financing is the inadequate allocation of funds. Limited financial resources can restrict the availability of essential health care services, compromise service quality, and undermine the overall functioning of the health care system. Insufficient funding allocation hampers infrastructure development, workforce capacity building, and the procurement of medical supplies and equipment (126).

Keywords Solutions, Management Financing Implementation, Challenges , Health , System , Nigeria.

INTRODUCTION

In Nigeria, the healthcare sector faces significant challenges in terms of financing, implementation, and performance. These challenges have implications for the accessibility, quality, and efficiency of healthcare services .

the challenges of health care management system financing in Nigeria , Healthcare financing is a critical factor in ensuring equitable access to healthcare services and improving health outcomes (Ajayi, 2018). In Nigeria, the healthcare system is predominantly

financed through a mix of government funding, donor support, and out-of-pocket payments by individuals (Effiong & Effiong, 2021). However, inadequate funding and inefficient allocation of resources remain persistent challenges, resulting in limited access to healthcare services, especially for vulnerable populations (Aregbeshola & Khan, 2017; Onwujekwe et al., 2020).

This study aims to investigate the performance, implementation, and challenges of health care management system financing in Nigeria By

assessing the effectiveness of existing financing mechanisms, the allocation and distribution of funds, and their impact on the accessibility and quality of healthcare services, the study seeks to provide valuable insights for policymakers, researchers, and stakeholders involved in healthcare management and funding. Ultimately, the findings of this study will contribute to evidence-based decision-making, leading to improved health care delivery and financing in Nigeria and potentially serving as a model for other countries facing similar challenges.

Understanding the performance, implementation, and challenges of health care management system financing in Nigeria is crucial for identifying gaps and formulating effective strategies for improvement. Research on healthcare financing in Nigeria has predominantly focused on the national level or specific disease conditions (Effiong & Effiong, 2021; Onwujekwe et al., 2020).

faces challenges in healthcare financing and service delivery. The country struggles with inadequate healthcare infrastructure, shortages of healthcare professionals, and limited availability of essential drugs and medical supplies (Atun, Ayakaka, & Marinho, 2017). Additionally, the healthcare system is burdened by a high prevalence of communicable diseases, including malaria and tuberculosis, as well as the emerging challenge of non-communicable diseases (Mukhtar et al., 2020). These challenges underscore the need for a comprehensive assessment of the health care management system financing in Nigeria.

Health Care Management System Financing in Nigeria

Health financing refers to the collection of funds from various sources (e.g; government, households, businesses, and donors) pooling them to share financial risk across larger population groups and using them to pay for services from public and private health care providers. The objectives of health financing are to make funding available, ensure appropriate choice and purchase of cost-effective

interventions, give appropriate financial incentives to providers and ensure that all individuals have access to effective health services (25).

The major sources of finance for the health sector in Nigeria are the three tiers of government (Federal State and Local Government), public general revenue accumulated through various forms of taxation, the health insurance institutions (private and public), the private sector (firm and households), donors and mutual health organizations. Table 2.3.3 shows that private and household expenditure on health between 1998-2002 was the highest with an average of 69.1% and 64.3%, while government expenditure in the same period was a paltry 20.6%. Donor's average expenditure in the period was 10.3%, while firms input were 4.9% respectively (26).

Public health facilities in Nigeria are financed primarily by the public through tax revenue. The federally collected revenue consist of crude oil and gas export proceeds, petroleum profit tax, royalties and the related proceeds of domestic crude oil sales/other oil revenues, companies' income tax, customs and exercise duties, value-added tax (VAT), tax on petroleum products, education tax, and other items of independent revenues to the federal government. On the other hand, as part of the internally generated revenues, states have rights to capital gain tax, personal income tax excluding those on armed forces, (external affairs officers, residents of Federal Capital Territory and Nigerian police), stamp duties, capital transfer tax, pools betting and betting taxes, motor vehicle and driver licenses. Similarly, sources of internal revenue for Local Government Areas are license fee on television set and wireless radio and market and trading fees/licenses. The share of the Federal Government from the federation account has created a lopsided budgeting allocation among three tiers of government and this has equally affected the allocation from lower tiers of government to the health sector. There has been a call for fiscal federalism; a situation that is

believed will improve the situation (25).

Importance of Health Care Management System Financing

Health care management system financing is of utmost importance for the provision of effective and sustainable health care services. It encompasses the allocation and utilization of financial resources to support the various components of the health system, including infrastructure, human resources, medical equipment, pharmaceuticals, and information systems (6). The importance of health care management system financing includes.

Enhancing Access to Health Care: Access to quality health care services is a fundamental right for individuals and communities (7). Adequate financing plays a critical role in expanding access by facilitating the establishment of health facilities in underserved areas, such as rural and remote regions (8). It supports the development of primary health care centers, secondary and tertiary hospitals, and specialized clinics, ensuring that individuals have geographically and financially accessible health care options. Furthermore, financial resources allocated to health care management systems enable the recruitment and retention of skilled health professionals, including doctors, nurses, and allied health personnel (9). Sufficient funding is essential for competitive salaries, training programs, and professional development opportunities, which contribute to a competent and motivated health workforce (10).

Improving Health Outcomes: Adequate health care financing is closely linked to improved health outcomes. It enables the implementation of evidence-based interventions and programs targeting various health challenges, such as maternal and child health, infectious diseases, and non-communicable diseases (11). Funding supports the provision of vaccinations, preventive screenings, diagnostic tests, treatments, and surgeries, which contribute to early detection, effective management, and improved health outcomes for individuals (12). Additionally, health care financing facilitates

investments in health promotion and disease prevention strategies. It supports public health campaigns, community outreach programs, and health education initiatives aimed at raising awareness and promoting healthy behaviors (13). These activities play a crucial role in preventing diseases and reducing the burden on health care systems.

Ensuring Quality of Care: Quality of care is a fundamental aspect of a well-functioning health care system. Adequate financing enables the implementation of quality improvement initiatives to ensure that health services are safe, effective, patient-centered, timely, efficient, and equitable. It supports the establishment of clinical guidelines, protocols, and standards of care, fostering evidence-based practices and ensuring consistency in service delivery (14). Moreover, health care financing facilitates investments in health information systems, electronic medical records, and data management tools. These resources contribute to effective health information exchange, monitoring of patient outcomes, and performance evaluation of health care providers. The availability of timely and accurate information enhances decision-making, improves coordination among health care professionals, and ultimately enhances the overall quality of care (15, 16).

Achieving Universal Health Coverage: Health care management system financing plays a vital role in the pursuit of universal health coverage (UHC), which aims to provide essential health services to all individuals and communities without facing financial hardship (17). Adequate financing mechanisms, such as social health insurance schemes, tax-based funding, and subsidies, contribute to reducing out-of-pocket payments and protecting individuals from catastrophic health expenditures. Through effective health care financing, countries can establish risk-pooling mechanisms that spread financial risks across the entire population. This helps ensure that everyone has access to needed health services, regardless of their ability to pay (18). UHC promotes equity, social solidarity, and financial protection, providing individuals

with peace of mind and reducing the financial barriers that often prevent people from seeking necessary health care (19).

Promoting Health Equity: Health care financing is a powerful tool for promoting health equity and addressing health disparities among different population groups. Equitable distribution of financial resources helps bridge the gaps between urban and rural areas, and among socioeconomically disadvantaged populations (20). By prioritizing funding for under-served areas and vulnerable populations, health care financing can ensure that everyone has equal opportunities to access health services and improve their health outcomes (21). Additionally, financing strategies can be designed to address specific health inequities, such as maternal and child health, communicable diseases prevalent in marginalized communities, or the burden of non-communicable diseases among elderly populations (22). Targeted investments and resource allocation contribute to reducing health inequalities and promoting social justice in the health care system (23).

Health care management system financing plays a pivotal role in shaping the accessibility, quality, and equity of health care services. Governments, policymakers, and stakeholders must prioritize and invest in effective health care financing strategies to strengthen health systems and improve population health outcomes (24).

Health insurance / Resource pooling

Resources pooling mechanism or pooling of resources refers to “the accumulation of health assets on behalf of a population”. By pooling of resources, the financial and health risks are spread and transferred among the population. By pooling, the financial resources are no longer tied to particular contributor. The essence of “health insurance” is the pooling of funds and spreading the risk for illness and financing (35).

The various types of resources pooling mechanism are social insurance (such as the National Health Insurance Scheme (NHIS),

Private insurance and community-based insurance scheme.

a) **National Health Insurance Scheme:** The National health insurance scheme (NHIS) is a corporate body established under act 35 of 1999 by the federal government of Nigeria to improve the health of all Nigerian at an affordable cost. At present, the programme covers only federal government employee. Contributions are earnings related and currently represent 15% basic salary. The employer is to pay 10% while the employee will only contribute 5% of basic salary to enjoy the benefit package. The contributions made by/for an insured person entitled him or herself, a spouse and four children under the age of 18 years to full health benefit. There are health maintenance organizations that ensure that the affiliated providers provide health care services to the contributor who registers with their organizations through their employer or directly as the case may be. Health care providers under this programme are either paid by capitation or fee-for-services (25, 36).

b) **Community health insurance:** Community based health financing or community financing for health is referred to as a mechanism whereby households in a community (the population in a village, district or other geographical area, or a social-economic or ethnic population group) finance or co-finance the current and/or capital costs associated with a given set of health services, thereby also having some involvement in the management of the community financing scheme and organization of health services. There may also be various forms of community financing; a scheme can involve the direct payment of health services or health services inputs such as drugs, the payment of user fees for services organized via the scheme, or community based health insurance. Community health insurance is common denominator for voluntary health insurance schemes that are labeled alternatively as mutual health insurance schemes (mutual health organization, HMO) and medical aid societies or medical aid schemes. The common characteristics however

are that they are run on a non-profit basis and they apply the basic principle of social health insurance (37).

c) Private health insurance: Private health insurance (PHI) is funded through direct and voluntary pre-payments by insured members. Benefit packages depend on insured people's contributions. In Nigeria, approximately one million individuals hold private insurance, that is, around 0.8% of the population. However, the private health sector is expanding across the country (38). Private health insurance in one way might reduce the out-of-pocket (OOP) expenditure and evolve in the long run towards a broader social health insurance system. Unless majority of the people is covered by the social health insurance or tax based financial health systems, there is a need to have appropriate regulation of private health insurance schemes to ensure the basic principles of solidarity, solvency requirements, cross subsidization and control of exclusion (39). Private health insurance financing may also be in the form of servicing of medical retainer-ship. This is an arrangement under which workers and specified dependant obtain medical treatment in designated hospitals at the expense of their employers (40).

Allocation and Distribution of Funds for Healthcare Financing in Nigeria

The allocation and distribution of funds for healthcare management system financing in Nigeria are crucial aspects of ensuring the effective and equitable provision of health services to the population. The allocation of funds refers to the process of determining the number of financial resources allocated to different components of the healthcare system, while distribution refers to the actual disbursement and utilization of these funds across various healthcare facilities and programs (41, 42).

Government Budget Allocation:

The primary source of healthcare financing in Nigeria is the government budget. The federal and state governments allocate funds to the

healthcare sector through their annual budgetary processes. These funds are then distributed to various agencies, departments, and healthcare facilities to support the provision of health services (43).

However, the allocation of funds for healthcare in Nigeria has historically been inadequate, with healthcare expenditure as a percentage of the national budget falling below the recommended threshold set by the World Health Organization. This has resulted in limited resources available for infrastructure development, staffing, medical supplies, and equipment, leading to challenges in healthcare service delivery (44).

Health Insurance Schemes:

Health insurance schemes play a significant role in healthcare financing in Nigeria. The National Health Insurance Scheme (NHIS) was established to provide financial risk protection and ensure access to quality healthcare services for all Nigerians (45). The NHIS operates various programs, including the Formal Sector Social Health Insurance Program, the Voluntary Contributors' Social Health Insurance Program, and the Community-Based Social Health Insurance Program (46).

Contributions from individuals, employers, and the government are pooled in these health insurance programs, and the funds are used to finance healthcare services for enrolled members. The NHIS allocates funds to accredited healthcare providers through capitation, fee-for-service, or diagnosis-related group mechanisms, depending on the program (47). This ensures the distribution of funds to healthcare facilities based on the services provided to enrolled members.

External Funding:

Nigeria also receives external funding from international organizations, donor agencies, and development partners to support healthcare financing. These funds are often earmarked for specific programs, such as the control of infectious diseases, maternal and child health, or healthcare infrastructure development (48).

External funding sources include grants, loans, and technical assistance aimed at improving the healthcare system's capacity and addressing specific health challenges. However, the allocation and distribution of these funds are influenced by various factors, including donor priorities, government policies, and programmatic requirements (49). Effective coordination and transparency in the allocation and distribution of external funding are crucial to ensure that resources are used efficiently and effectively (50).

Challenges in Allocation and Distribution:

The allocation and distribution of funds for healthcare management system financing in Nigeria face several challenges. One major challenge is the inequitable distribution of funds, with a significant concentration of resources in urban areas, leaving rural and underserved communities with limited access to quality healthcare services. This contributes to health disparities and exacerbates the burden of disease in marginalized populations (51, 52).

Additionally, the misallocation of funds and financial mismanagement are common issues that hinder effective healthcare financing. Corruption, inadequate monitoring and evaluation systems, and lack of accountability contribute to the diversion of funds meant for healthcare services, compromising the quality and availability of care (53).

Furthermore, the fragmented nature of the healthcare financing system in Nigeria, with multiple funding sources and programs, poses challenges to coordination and efficiency. Lack of harmonization between different financing mechanisms can result in duplication of efforts, inefficiencies, and gaps in service coverage (54).

The allocation and distribution of funds for healthcare management system financing in Nigeria are critical for ensuring equitable access to quality health services. Adequate funding from the government budget, effective utilization of health insurance schemes, and transparent management of external funding are essential for addressing the challenges and

improving healthcare service delivery. Furthermore, efforts should be made to address the inequitable distribution of funds and enhance coordination among different financing mechanisms to achieve universal health coverage and improve population health outcomes (18).

Implementation of Health Care Management System Financing

The implementation of health care management system financing is a crucial aspect of ensuring the effective utilization and distribution of funds in the healthcare sector. It involves translating policies, strategies, and budgetary allocations into concrete actions and programs that improve health service delivery and access for the population (55). The key components and considerations in the implementation of health care management system financing include.

Policy and Legal Framework: A strong policy and legal framework is essential for guiding the implementation of health care management system financing. This includes the development of policies, laws, and regulations that outline the roles and responsibilities of key stakeholders, define funding mechanisms, and establish accountability structures (56, 57). It is crucial to have clear policies and legal provisions that support the allocation, disbursement, and utilization of funds in an equitable and transparent manner (58).

Health Financing Strategies: Effective implementation requires the development and implementation of health financing strategies aligned with the goals and priorities of the healthcare system. These strategies outline the specific approaches and interventions to be used in mobilizing, pooling, and allocating financial resources (56). Health financing strategies may include mechanisms such as health insurance schemes, public-private partnerships, and community-based financing models.

Financial Management Systems: Sound financial management systems are essential for the

efficient implementation of health care management system financing. This involves establishing robust financial procedures, budgeting mechanisms, and monitoring and evaluation systems to ensure accountability and transparency in the use of funds (59). Effective financial management systems facilitate timely and accurate financial reporting, auditing, and oversight (60).

Capacity Building: Building the capacity of healthcare providers, administrators, and policymakers is critical for successful implementation. This includes training healthcare professionals on financial management, budgeting, and resource allocation, as well as enhancing their understanding of health economics and health financing principles (61). Capacity building initiatives also extend to strengthening the skills of policymakers in designing and implementing effective health financing policies and strategies (62).

Stakeholder Engagement: Implementation efforts should involve active engagement and collaboration with various stakeholders, including government agencies, healthcare providers, community leaders, civil society organizations, and development partners (63). Stakeholder engagement ensures that diverse perspectives are considered in decision-making processes, fosters ownership and accountability, and promotes the alignment of implementation efforts with local contexts and needs (64).

Monitoring and Evaluation: Continuous monitoring and evaluation are crucial to assess the progress and impact of health care management system financing implementation. Monitoring involves regular data collection on financial flows, health service utilization, and health outcomes, while evaluation involves conducting systematic assessments of the effectiveness, efficiency, and equity of the implemented financing mechanisms (65). Monitoring and evaluation findings inform evidence-based decision-making and enable necessary adjustments and improvements in

implementation strategies (66).

Roles and Responsibilities of Stakeholders

The successful implementation of healthcare management system financing requires the active involvement and collaboration of various stakeholders. Each stakeholder has unique roles and responsibilities that contribute to the effective utilization and distribution of funds in the healthcare sector.

Government and Policy Makers: Governments and policy makers play a central role in the implementation of healthcare management system financing. They are responsible for formulating policies, guidelines, and regulations that define the objectives, strategies, and principles of healthcare financing. Governments allocate resources, establish funding mechanisms, and provide overall governance and stewardship of the healthcare system. They also set priorities, monitor progress, and make decisions to ensure equitable and efficient use of funds (76).

Healthcare Providers: Healthcare providers, including hospitals, clinics, and healthcare professionals, have a significant role in implementing healthcare management system financing. They deliver healthcare services to the population and are responsible for ensuring that funds are used effectively and efficiently. Providers should adhere to financial guidelines, manage resources responsibly, and provide quality care within the allocated budgets. They also contribute to monitoring and evaluation efforts, providing data on service utilization, and suggesting improvements in service delivery (77).

Health Insurance Agencies: Health insurance agencies, whether public or private, have a critical role in healthcare management system financing. They collect premiums and pool funds to cover healthcare expenses for individuals and populations. Insurance agencies negotiate payment rates with healthcare providers, manage claims, and ensure the financial sustainability of the system. They also promote risk-sharing, protect individuals from

catastrophic health expenses, and contribute to the overall efficiency and equity of healthcare financing (79).

Civil Society Organizations: Civil society organizations, including advocacy groups, non-governmental organizations, and community-based organizations, play a vital role in holding stakeholders accountable and advocating for equitable and efficient healthcare financing. They monitor the implementation of policies and guidelines, raise awareness about healthcare issues, and mobilize communities for meaningful participation. Civil society organizations also contribute to policy formulation, provide feedback on service delivery, and promote transparency and social accountability in healthcare financing (80).

Donors and Development Partners: Donors and development partners, such as international organizations and bilateral agencies, provide financial and technical assistance to support healthcare management system financing. They contribute funds, expertise, and knowledge to strengthen healthcare systems, improve financial management, and build capacity. Donors and development partners collaborate with governments and other stakeholders to align their support with national health priorities and ensure sustainable financing mechanisms (81, 82).

Patients and Communities: Patients and communities have a crucial role in the implementation of healthcare management system financing. They are the beneficiaries of healthcare services and play an active role in shaping healthcare policies and programs. Patients and communities can provide feedback on the accessibility, affordability, and quality of healthcare services. They can also contribute to health promotion activities, participate in decision-making processes, and hold stakeholders accountable for the efficient use of funds (83, 84).

Infrastructure and Technology Requirements

The successful implementation of healthcare

management system financing relies heavily on appropriate infrastructure and technology. Infrastructure refers to the physical facilities, equipment, and systems necessary to support healthcare service delivery and financial management. Technology plays a crucial role in enhancing efficiency, accuracy, and accessibility in healthcare financing processes. The key considerations and requirements related to infrastructure and technology in the implementation of healthcare management system financing include;

Health Information Systems: An effective health information system is a fundamental requirement for healthcare management system financing. It involves the collection, storage, retrieval, and analysis of health-related data and information. Health information systems support decision-making, resource allocation, monitoring, and evaluation of healthcare services. Electronic health records, health management information systems, and other digital platforms facilitate efficient data management, promote interoperability, and improve information exchange among stakeholders (87).

Financial Management Systems: Robust financial management systems are essential for the effective utilization and tracking of healthcare funds. These systems enable accurate budgeting, financial reporting, and auditing processes. Financial management systems should have features that support revenue collection, fund allocation, expenditure tracking, and cost analysis. Integration with health information systems can enhance financial data analysis and inform evidence-based decision-making (88).

Telecommunications Infrastructure: Reliable and accessible telecommunications infrastructure is crucial for efficient healthcare management system financing. It enables the exchange of information, remote consultations, telemedicine services, and electronic transactions. Telecommunications infrastructure, including broadband connectivity, enables real-time communication

between healthcare facilities, insurance agencies, and other stakeholders. It facilitates the seamless transfer of data, facilitates telehealth initiatives, and enhances the efficiency of healthcare financing processes (89, 90).

Physical Infrastructure: Adequate physical infrastructure is necessary for healthcare service delivery and financial management. This includes healthcare facilities, such as hospitals, clinics, and health centers, as well as administrative offices and storage facilities for financial records. Physical infrastructure should be strategically located, well-equipped, and designed to meet the needs of the population. It should also adhere to quality standards, safety regulations, and infection control measures (91).

Human Resources: Alongside infrastructure and technology, an appropriately trained and skilled workforce is crucial for the implementation of healthcare management system financing. Human resources include healthcare professionals, administrators, IT specialists, and financial management staff. Adequate staffing levels, continuous training, and professional development opportunities ensure efficient utilization of infrastructure and technology. A well-trained workforce can optimize the use of healthcare funds, manage financial systems, and provide high-quality services (92, 93).

Security and Privacy Measures: With the increasing reliance on technology and digital platforms, robust security and privacy measures are essential to safeguard healthcare data and financial information. Implementation of appropriate security protocols, data encryption, access controls, and cybersecurity measures protect against unauthorized access, data breaches, and fraud. Compliance with relevant data protection laws and regulations is crucial to maintaining patient confidentiality and ensuring the integrity of financial transactions (94, 95).

To ensure successful implementation, healthcare management system financing

should consider the infrastructure and technology requirements from the early stages of planning. Close collaboration between policymakers, technology experts, healthcare providers, and other stakeholders is essential to identify the necessary infrastructure investments and leverage appropriate technology solutions (96).

CHALLENGES AND SOLUTIONS IN IMPLEMENTATION OF HEALTH MANAGEMENT FINANCING

The implementation of healthcare management system financing (HMF) is often accompanied by various challenges that can hinder its effectiveness and efficiency. It is crucial to identify and address these challenges to ensure the successful implementation of healthcare financing systems (97). Some common challenges encountered during implementation and potential solutions to overcome them include.

Insufficient Funding: Inadequate funding poses a significant challenge to the implementation of healthcare management system financing. Limited financial resources can lead to a lack of infrastructure, medical supplies, and personnel, affecting the delivery of quality healthcare services. Insufficient funding can also result in underpayment of healthcare providers and a decrease in the availability of essential services. To address this challenge, governments and policymakers should prioritize healthcare financing and explore alternative funding sources such as public-private partnerships, international aid, and innovative financing mechanisms (98, 99).

Weak Governance and Accountability: Weak governance and accountability mechanisms can undermine the implementation of healthcare management system financing. Lack of transparency, corruption, and mismanagement of funds can erode public trust and lead to the mis-allocation of resources. To address this challenge, robust governance frameworks should be established, including clear roles and responsibilities of stakeholders, effective monitoring and evaluation systems, and

mechanisms for stakeholder engagement. Strengthening accountability mechanisms, promoting transparency, and enforcing anti-corruption measures are essential for ensuring the proper use of healthcare funds (100).

Limited Health Workforce Capacity: Inadequate healthcare workforce capacity is a significant challenge in many healthcare systems. Insufficient numbers of healthcare professionals, particularly in rural areas, can impede the effective delivery of healthcare services. To address this challenge, strategies should be implemented to improve healthcare workforce recruitment, training, and retention. This includes expanding medical education programs, providing incentives for healthcare professionals to work in under-served areas, and fostering partnerships with academic institutions to enhance training opportunities (101, 102).

Fragmented Health Information Systems: Fragmented health information systems pose a challenge to the implementation of healthcare management system financing. Disparate and incompatible systems can hinder data sharing, interoperability, and the efficient utilization of information for decision-making. To address this challenge, there is a need for the integration and standardization of health information systems. This includes adopting common data standards, interoperable platforms, and ensuring the secure exchange of health data among different stakeholders (103, 104).

Resistance to Change and Limited Awareness: Resistance to change and limited awareness among stakeholders can impede the implementation of healthcare management system financing. Resistance may arise from healthcare providers, policymakers, or the public due to concerns about the impact on existing practices or lack of understanding of the benefits of the new system. To address this challenge, comprehensive awareness campaigns should be conducted to educate stakeholders about the objectives, benefits, and processes of healthcare financing systems. Engaging stakeholders through consultations,

training programs, and communication channels can help overcome resistance and foster a culture of change (105, 106).

Inequitable Access to Healthcare Services: Inequitable access to healthcare services is a persistent challenge in many healthcare systems. Marginalized populations, including those in remote areas or belonging to lower socio-economic groups, often face barriers to accessing quality healthcare. To address this challenge, targeted interventions should be implemented to improve accessibility, such as the establishment of mobile clinics, telemedicine initiatives, and the provision of financial protection mechanisms for vulnerable populations. Additionally, policies promoting universal health coverage and addressing social determinants of health can contribute to reducing inequities in access to healthcare services (107, 108)..

Challenges and Constraints in Health Care Management System Financing

Inequitable Distribution of Funds: Health care financing systems may face challenges related to the inequitable distribution of funds. Disparities in resource allocation between urban and rural areas, as well as among different population groups, can lead to unequal access to health care services. Inequitable distribution of funds perpetuates health inequalities and undermines the goal of universal health coverage (127, 128).

Weak Financial Management and Accountability: Effective financial management and accountability are crucial for sustainable health care financing. Weak governance structures, inadequate financial management systems, and limited transparency can undermine the efficient utilization of resources. Insufficient financial oversight and accountability mechanisms may lead to misallocation of funds, corruption, and inefficiencies in the health care system (129).

Inadequate Revenue Generation: Health care financing heavily relies on revenue generation from diverse sources, such as government

budgets, health insurance premiums, and external funding. Inadequate revenue generation can limit the availability of funds for health care services. Factors contributing to inadequate revenue generation include low tax base, weak tax collection systems, and limited contributions from the informal sector (130).

Fragmented and Uncoordinated Financing Systems: Fragmentation and lack of coordination among different financing sources can pose challenges to health care management system financing. Multiple funding streams from various sources, including government, private insurers, and donor agencies, may result in inefficiencies, duplication of efforts, and administrative complexities. Coordinating and harmonizing financing mechanisms can enhance efficiency, reduce administrative burden, and improve resource allocation (131).

Rising Health Care Costs: Escalating health care costs can strain health care management system financing. Factors such as technological advancements, increasing demand for specialized services, and population aging contribute to rising health care costs. The challenge lies in balancing cost containment efforts while ensuring the provision of quality and affordable health care services (132).

Political and Socioeconomic Factors: Political instability, economic downturns, and competing priorities can have a significant impact on health care management system financing. Uncertain political environments and economic constraints may result in reduced funding for health care, budget cuts, and shifting priorities. These factors can impede long-term planning, resource allocation, and the sustainability of health care financing mechanisms (133).

Administrative and Governance Challenges

The effective administration and governance of health care management systems are essential for delivering quality health care services. However, numerous administrative and governance challenges can impede the optimal functioning and efficiency of these systems. Key

administrative and governance challenges in health care management systems and their implications for health care delivery include;

Fragmented Governance Structures: Fragmented governance structures can lead to challenges in coordination and decision-making within health care management systems. Multiple governing bodies with overlapping responsibilities and limited communication can result in inefficient resource allocation, duplication of efforts, and lack of accountability. Fragmented governance structures hinder effective planning, policy formulation, and implementation of health care programs.

Lack of Clear Roles and Responsibilities: Unclear roles and responsibilities among different stakeholders within health care management systems can lead to confusion and inefficiency. Inadequate delineation of responsibilities among government agencies, health care providers, insurers, and regulatory bodies can result in gaps or overlaps in service delivery, quality assurance, and financial management. Clarity in roles and responsibilities is crucial for effective governance and accountability.

Limited Capacity and Training: Inadequate administrative and managerial capacity within health care management systems can hamper their overall performance. Insufficient training and skill development opportunities for administrators and managers can result in ineffective resource management, weak financial oversight, and suboptimal decision-making. Strengthening capacity through training and professional development programs is essential for improving administrative and governance practices.

Inadequate Information Systems: The absence of robust information systems poses challenges in data collection, analysis, and decision-making within health care management systems. Incomplete or outdated data can hinder effective resource allocation, monitoring of health care services, and evidence-based decision-making. Investing in comprehensive information systems and data management

infrastructure is crucial for efficient administration and governance.

Corruption and Mismanagement: Corruption and mismanagement within health care management systems undermine transparency, accountability, and trust. Embezzlement of funds, bribery, and nepotism can divert resources away from essential health care services, compromising their quality and accessibility. Strong anti-corruption measures, enhanced financial accountability, and transparent governance structures are necessary to combat corruption and promote effective administration.

Political Interference: Political interference in health care management systems can disrupt administrative processes and compromise the delivery of quality care. Political agendas, favoritism, and frequent changes in leadership can lead to inconsistent policies, budget cuts, and disruptions in service provision. Protecting health care management systems from undue political influence and ensuring stability in governance structures are essential for sustainable and effective administration.

Lack of Stakeholder Engagement: Limited engagement and participation of stakeholders, including health care providers, patients, community representatives, and civil society organizations, can hinder effective governance of health care management systems. Inadequate stakeholder involvement in decision-making processes can lead to policies and programs that do not address the needs and preferences of the population. Ensuring meaningful stakeholder engagement promotes transparency, accountability, and responsiveness in health care administration.

CONCLUSION

Inadequate human resource and healthcare financing and poor leadership and management are the major challenges of healthcare systems in Nigeria. The major solutions outlined by the participants grouped into leadership and governance, healthcare workforce and healthcare financing. It is important for public

health policy makers in Nigeria to adopt national guidelines for healthcare system development, based on the WHO framework with buy-in from healthcare workers and most importantly from governments across the region. Creative solutions are required and lack of resources may mean that public-private partnerships may need to be adopted with companies using corporate social responsibility schemes to provide a portion of profits to offset health insurance schemes for employees, their families and the communities in which they work. Legislation may be required to encourage large multinationals to participate in such schemes as the price for extracting raw resources from the African continent

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