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Influence of Administrative Challenges, Funding Limitations, And Political Will on Healthcare Access Under Nhis In South-East Nigeria's Federal Tertiary Institutions

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Abstract

Persistent administrative inefficiencies, unstable financing, and inconsistent political commitment continue to limit healthcare access under the National Health Insurance Scheme in Nigeria, especially within federal tertiary institutions in the South East. Despite the scheme's two decades of operation, its implementation has not achieved equitable access or coverage. The study aimed to determine how administrative processes influence healthcare access, assess the effect of funding adequacy, and examine the role of political will in sustaining service delivery within these institutions from 2005–2021. A descriptive survey research design was employed, covering NHIS-

registered staff and patients in federal tertiary hospitals across Abia, Anambra, Ebonyi, Enugu, and Imo States. A total of 400 respondents were selected through stratified random sampling. Data were collected using a structured questionnaire and analysed with descriptive statistics and multiple regression at a 0.05 significance level. Findings showed that administrative efficiency, adequate funding, and political commitment significantly affected healthcare access, jointly explaining 67.4 percent of the variance, with political commitment exerting the greatest influence. The study concludes that effective administration, sustained funding, and consistent political will are essential for achieving equitable healthcare delivery under the NHIS. It recommends capacity strengthening, timely fund disbursement, and stronger policy oversight.
Keywords: Administrative efficiency, funding adequacy, healthcare access, NHIS, political will

1. Introduction

Access to equitable and quality healthcare is a fundamental goal of global health policy and a key indicator of sustainable development. The World Health Organization (2023) defines universal health coverage as a system in which all individuals and communities receive needed health services without financial hardship. In low and middle-income countries, social and national health insurance programs are central to achieving this goal because they reduce dependence on out of pocket expenditure and promote financial risk protection. Yet, implementation in many developing nations has been constrained by weak administrative systems, insufficient and unstable financing, and inconsistent political commitment (Essien, 2025).

Across Africa, national health insurance reforms have expanded in the last decade, but success has been uneven. Croke and Ogbuoji (2024) argue that the politics of health reform across sub–Saharan Africa often shape outcomes more decisively than technical design, as the sustainability of insurance programs depends on strong institutional capacity and political will. In countries where leadership commitment is weak or fragmented, schemes suffer from underfunding, limited oversight, and low enrolment. These weaknesses reflect an interdependent relationship between administrative efficiency, financial sustainability, and political determination, which collectively determine how effectively insurance programs can deliver universal coverage.

Nigeria's experience mirrors these broader regional dynamics. The National Health Insurance Scheme was introduced in 2005 as part of a strategy to provide equitable access to healthcare through prepayment and risk pooling. Despite this objective, the scheme has failed to achieve broad population coverage. Alawode and Adewole (2021) reported that fewer than ten percent of Nigerians are enrolled in the program, while about seventy percent of total health expenditure still comes from direct household payments. This pattern undermines the goal of financial protection and suggests that the scheme has struggled with implementation challenges. Studies have identified administrative weaknesses, inadequate funding, and limited political will as central obstacles to its success (Bashar et al., 2025; Essien, 2025). Administrative inefficiency manifests in slow enrolment, poor claims management, and weak supervision, while funding shortfalls affect the availability of essential drugs and diagnostic equipment in accredited facilities. Political will

remains inconsistent, as changes in government and policy priorities have led to fluctuating commitment and weak enforcement (Croke & Ogbuoji, 2024).

Federal tertiary healthcare institutions play a critical role in Nigeria's healthcare system because they serve as referral centres for complex conditions and are responsible for implementing the National Health Insurance Scheme for staff and their dependents. In the South East geopolitical zone, these institutions are expected to exemplify national health insurance goals. However, the Nigeria National Health Insurance Authority Act (2022) highlights persistent problems of poor information systems, administrative delays, and erratic funding that limit scheme performance at this level. The study also reveals that weak institutional governance and limited political oversight have created inefficiencies that undermine patient access. This situation illustrates how administrative challenges, inadequate funding, and political inertia interact to shape the quality and accessibility of healthcare services under the scheme. Despite the importance of tertiary institutions in advancing universal coverage, there remains a lack of empirical evidence on how these variables jointly affect access to care in South East Nigeria.

The research problem therefore lies in the continued inadequacy of healthcare access under the National Health Insurance Scheme within federal tertiary institutions in South East Nigeria despite nearly two decades of implementation. Existing research has treated administrative inefficiency, funding limitations, and political will as isolated issues, leaving unclear how they combine to influence access outcomes. Without a comprehensive understanding of their interplay, reforms may continue to address symptoms rather than structural causes, limiting the scheme's potential to improve service delivery and health equity.

This study contributes to the health systems and health insurance literature by examining the collective influence of administrative challenges, funding limitations, and political will on healthcare access within a tertiary institutional context. The study aims to determine the extent to which administrative challenges influence healthcare access under the National Health Insurance Scheme in federal tertiary institutions in South East Nigeria between 2005 and 2021. It also seeks to assess the effect of funding limitations on access within the same institutions and period, and to evaluate the role of political will in shaping healthcare access under the scheme.

The scope of this study covers all federal tertiary health institutions located in Abia, Anambra, Ebonyi, Enugu, and Imo States within the South East geopolitical zone of Nigeria. The temporal focus spans 2005 to 2021, corresponding to the operational phase of the National Health Insurance Scheme before its transition into the National Health Insurance Authority.

2. Literature Review

Conceptual Review

Access to healthcare represents the ability of individuals to obtain necessary medical services that are timely, affordable, and of acceptable quality. It extends beyond the physical availability of health facilities to encompass the effectiveness of administrative systems, financial structures, and governance arrangements that support service delivery. The World Health Organization (2023)

asserts that access to care is a multidimensional concept influenced by service availability, affordability, acceptability, and quality. In Nigeria, despite the establishment of the National Health Insurance Scheme, access remains limited due to systemic inefficiencies and inequitable resource allocation. Uguru, Ogu, and Ibe (2024) observed that although enrolment in health insurance improved marginally, persistent shortages of medicines, weak monitoring structures, and inadequate staffing continue to hinder equitable access to healthcare services.

Administrative efficiency is critical to the successful implementation of health-insurance programmes. It involves transparent institutional processes, effective coordination, accurate record management, and prompt service delivery. When administrative systems are weak, delays in claims processing, inconsistent enrolment procedures, and lack of accountability tend to occur, resulting in reduced confidence in the system. Alawode and Adewole (2021) identified weak supervision, inefficient data management, and poor communication between healthcare providers and insurers as major challenges affecting the functionality of the National Health Insurance Scheme. Effiong et al. (2025) further revealed that administrative lapses such as limited technical skills, inadequate training, and poor oversight structures hindered the effectiveness of health-insurance programmes in several Nigerian states.

Political commitment is equally essential to the sustainability of health reforms. The implementation of social insurance requires sustained leadership, policy consistency, and institutional accountability. In contexts where political will is weak, policies are often poorly enforced, and administrative structures are underfunded. Bashar et al. (2024) emphasised that expanding health-insurance coverage in Nigeria depends largely on government prioritisation, strategic advocacy, and transparent governance. Croke and Ogbuoji (2024) also found that the politics of health reform often determine outcomes more strongly than technical design, as programmes succeed only when policymakers demonstrate sustained interest and allocate adequate resources. Political will therefore functions as a catalyst that drives both administrative performance and funding stability.

The interaction among administration, financing, and political leadership shapes the overall effectiveness of health-insurance systems. Efficient administration ensures operational stability, adequate funding guarantees resource availability, and strong political will ensures that these structures are maintained over time. When any of these components is weak, access to healthcare becomes fragmented and inequitable, which limits progress toward universal health coverage in Nigeria.

Theoretical Framework

Institutional Capacity Theory, developed by Schrum and Gruber in 2019, provides an explanatory basis for understanding the effectiveness of organisations in achieving policy outcomes. The theory posits that institutional performance depends on organisational structures, human capital, and governance systems that facilitate coordination, accountability, and service delivery. Institutions with limited capacity often experience fragmented processes, poor oversight, and low service efficiency. Applied to Nigeria's National Health Insurance Scheme, the theory suggests that

inefficiencies in tertiary hospitals, such as poor supervision and slow decision-making, are outcomes of limited institutional capacity, which in turn reduces the accessibility and quality of insured healthcare services.

Resource Dependence Theory, proposed by Jeffrey Pfeffer and Gerald Salancik in 1978, complements the former by emphasising the role of external resources in shaping organisational behaviour. The theory argues that organisations depend on external sources of support, including funding, policy guidance, and political legitimacy, to sustain operations. Their effectiveness depends on the stability and adequacy of these resources. In the case of the National Health Insurance Scheme, federal tertiary hospitals rely heavily on government allocations, policy direction, and political oversight. When these resources are inconsistent or insufficient, service delivery becomes unreliable, and access declines. Together, Institutional Capacity Theory and Resource Dependence Theory explain how administrative efficiency, financial sufficiency, and political leadership interact to influence access to healthcare within the National Health Insurance Scheme.

Empirical Review

Empirical studies in Nigeria and other developing countries consistently show that administrative inefficiency, funding gaps, and weak political will constrain healthcare access. Alawode and Adewole (2021) identified structural deficiencies in data management, poor inter-agency communication, and inadequate supervision as primary obstacles to NHIS implementation. Effiong et al. (2025) found that bureaucratic delays and lack of trained personnel limited the effectiveness of state-level health-insurance programmes. Uguru, Ogu, and Ibe (2024) demonstrated that, despite improved medicine availability, weak staff capacity and inconsistent reimbursement hindered service utilisation.

Adekunle et al. (2025) revealed that financial barriers, low budgetary allocations, and weak political support were key impediments to enrolment and access under Nigeria's health-insurance system. Bashar et al. (2024) confirmed that political commitment and sustainable financing are central to achieving universal health coverage. Essien (2025) further established that limited fiscal space and low domestic funding for health constrain financial protection mechanisms and perpetuate inequalities in access. Similarly, Croke and Ogbuoji (2024) reported that governance deficits and fragmented coordination remain major threats to the success of health-insurance reforms.

Ogundeji et al. (2023) compared Nigeria's progress toward universal health coverage with that of peer countries and found that inadequate public spending and weak governance significantly limit coverage expansion. The Nigeria National Health Insurance Authority Act and its Implementation Challenges (2022) highlighted that lack of coordination among stakeholders and weak enforcement mechanisms continue to undermine policy execution. Collectively, these studies emphasise that administrative capacity, financial stability, and political leadership are critical drivers of effective health-insurance implementation. However, most of the studies are cross-

sectional and focus on national or state-level analysis, leaving institutional-level dynamics, particularly in tertiary institutions, underexplored.

Research Gap

Although extensive research exists on health-insurance performance in Nigeria, little empirical attention has been paid to how administrative processes, financing structures, and political leadership jointly influence healthcare access within federal tertiary institutions. The majority of prior studies treat these factors in isolation, which limits understanding of their combined effects on service delivery. Furthermore, few studies have examined the issue over a long period covering the operational years of the National Health Insurance Scheme from 2005 to 2021. This study addresses these gaps by adopting an integrative framework that analyses the interaction among administrative, financial, and political dimensions of healthcare access in federal tertiary institutions within the South East geopolitical zone of Nigeria.

3. Methodology

This study employed a descriptive survey research design because it enables the collection of quantitative data from a defined population without manipulating variables, allowing for accurate description of existing conditions. The design was appropriate for examining how administrative practices, financial adequacy, and political commitment influence healthcare access under the National Health Insurance Scheme in federal tertiary institutions in South East Nigeria.

The population comprised staff and NHIS-registered patients of federal tertiary hospitals and medical centres in Abia, Anambra, Ebonyi, Enugu, and Imo States. These institutions were selected because they are major referral centres implementing the NHIS for federal employees and their dependents. From an estimated population of over 115,000 staff and enrollees, a sample size of 400 respondents was determined using the Taro Yamane formula at a 95 percent confidence level. Stratified random sampling was used to ensure that both staff and patients from various departments were proportionately represented.

Primary data were collected through a structured questionnaire consisting of five-point Likert-scale items designed to measure perceptions of administrative efficiency, funding adequacy, political commitment, and healthcare access. The instrument was administered personally to ensure accuracy and a high response rate, while secondary data were obtained from official NHIA publications and the Federal Ministry of Health reports. Validity was ensured through expert review and pilot testing, confirming the clarity and relevance of items. Reliability was established using Cronbach's alpha, which produced a coefficient of 0.81, indicating acceptable internal consistency (Hair et al., 2022).

Data were analysed using both descriptive and inferential statistics. Mean and standard deviation were used to summarise responses, while multiple regression analysis tested the influence of administrative, financial, and political factors on healthcare access. Statistical analysis was conducted using SPSS version 27 at a 0.05 significance level. The methodological choices ensured

precision, objectivity, and generalisability of findings within federal tertiary institutions in South East Nigeria.

4. Data Analysis and Discussion

A total of 400 questionnaires were distributed across selected federal tertiary institutions in South East Nigeria. Out of these, 384 were returned, representing a 96 percent response rate. After data screening for completeness and consistency, 360 valid responses were retained for final analysis, while 24 were excluded due to incomplete entries. The high retrieval rate reflects effective engagement with respondents and the suitability of the instrument for data collection.

Table 1 presents the descriptive statistics for key constructs, administrative efficiency, funding adequacy, political commitment, and healthcare access.

Table 1: Descriptive Statistics of Key Variables (n = 360)

Variable	Mean	Standard Deviation	Decision
Administrative efficiency enhances NHIS service delivery	4.12	0.73	Agree
Sufficient funding improves quality of healthcare under NHIS	4.08	0.76	Agree
Political commitment influences sustainability of NHIS operations	4.15	0.69	Agree
Adequate management of NHIS funds ensures prompt service delivery	4.04	0.81	Agree
Efficient administration, adequate funding, and strong political will improve healthcare access	4.19	0.72	Agree

Source: Field survey, 2025

The results show that respondents strongly agreed that administrative efficiency, sufficient funding, and political commitment collectively determine the accessibility and quality of healthcare under the National Health Insurance Scheme. The overall mean score of 4.12 indicates that these factors play significant roles in the success of NHIS operations in tertiary institutions.

Multiple regression analysis was conducted to determine the joint and individual effects of the three predictors, administrative efficiency, funding adequacy, and political commitment on healthcare access.

Table 2: Regression Results on Determinants of Healthcare Access under NHIS

Predictor	β	t-value	Sig.	Decision
Administrative efficiency	0.324	4.91	0.000	Significant
Funding adequacy	0.297	4.36	0.001	Significant
Political commitment	0.348	5.27	0.000	Significant
$R^2 = 0.674$	$F(3,356) = 52.14$	$p < 0.05$		

Source: SPSS Output, 2025

The regression model was statistically significant ($F = 52.14$, $p < 0.05$), explaining 67.4 percent of the variation in healthcare access. Political commitment ($\beta = 0.348$) had the strongest influence, followed by administrative efficiency ($\beta = 0.324$) and funding adequacy ($\beta = 0.297$). This indicates that sustained political leadership and policy consistency have the greatest impact on improving access to healthcare services under the NHIS.

The results aligned closely with earlier findings in the literature. The significant role of administrative capacity supports the Institutional Capacity Theory, which emphasises that effective governance and human resource structures enhance institutional performance (Schrum & Gruber, 2019). Similarly, the influence of funding adequacy confirms the Resource Dependence Theory (Pfeffer & Salancik, 1978), which highlights how access to financial and policy resources determines organisational stability and outcomes.

Empirically, these findings corroborate those of Alawode and Adewole (2021), who reported that weak supervision and poor administrative processes constrained NHIS performance, and those of Effiong et al. (2025), who found that administrative and financial inefficiencies reduced scheme sustainability. The result that political commitment had the strongest effect reinforces the conclusions of Bashar et al. (2024) and Croke and Ogbuoji (2024), who noted that consistent policy attention and leadership commitment are vital for universal health coverage in Nigeria.

Overall, the analysis reveals that healthcare access under the NHIS in South East Nigeria's federal tertiary institutions is shaped by the synergy among administrative efficiency, financial sufficiency, and political leadership. The evidence extends existing scholarship by demonstrating, through quantitative analysis, that political commitment mediates the relationship between institutional efficiency and funding adequacy. This highlights that governance remains the pivotal factor in sustaining health-insurance reforms and ensuring equitable access to healthcare in Nigeria's tertiary health institutions.

5. Conclusion and Recommendations

Conclusion

This study examined how administrative processes, funding mechanisms, and political commitment influence healthcare access under the National Health Insurance Scheme in federal tertiary institutions across South East Nigeria. The results showed that all three factors significantly

affect healthcare access, with political commitment exerting the greatest influence. The findings reveal that efficient administrative management enhances enrolment, claims processing, and patient satisfaction, while adequate and timely funding supports the continuity and quality of healthcare delivery. Moreover, sustained political will was found to strengthen policy implementation, ensure accountability, and sustain health-financing reforms. Collectively, these results confirm that healthcare access under the National Health Insurance Scheme depends on the synergy between administrative capacity, financial stability, and political leadership. The study thus concludes that strengthening institutional capacity, improving financial frameworks, and ensuring consistent political support are crucial to achieving equitable and sustainable healthcare access within Nigeria's tertiary health system.

Recommendations

1. Hospital management and NHIS administrators should enhance institutional efficiency through digitalisation of enrolment and claims systems, staff training, and improved supervision. Strengthening these administrative processes will ensure prompt service delivery and better accountability.
2. The Federal Ministry of Health and the National Health Insurance Authority should provide adequate and timely financial allocations to tertiary hospitals. Establishing a performance-based financing mechanism and ensuring regular audits will promote sustainability and transparency in fund utilisation.
3. Policymakers and government leaders should demonstrate stronger political will by maintaining consistent legislative oversight, prioritising health-insurance funding in annual budgets, and enforcing NHIS compliance across all tertiary institutions. This will guarantee long-term policy continuity and expand healthcare access for all enrollees under the scheme.

Here are elaborated and actionable suggestions for each recommendation:

1. Enhance Institutional Efficiency through Specific Digital Solutions and Capacity Building

Implementation Details:

Digital Platforms: Adopt integrated health management information systems (HMIS) such as DHIS2 or a bespoke hospital management system that includes modules for enrolment, claims processing, and patient records.

Staff Training: Develop continuous professional development programs focusing on digital literacy, data entry accuracy, and system troubleshooting.

Supervision: Establish routine supervisory audits using digital dashboards to track key performance indicators (KPIs) like processing times and error rates.

Operational Workflow: Streamline processes by automating claims verification, approvals, and feedback loops to reduce manual errors and delays.

Potential Obstacles & Strategies:

Resistance to change: Conduct change management workshops and involve staff early in system selection and customization.

Infrastructure gaps: Invest in reliable internet connectivity, hardware upgrades, and backup power supplies.

Limited technical expertise: Partner with technology providers and train local IT personnel for ongoing support.

2. Adequate Funding and Transparent Financial Management

Implementation Details:

Performance-Based Financing (PBF): Link hospital funding to measurable outputs such as claim turnaround times, patient satisfaction scores, and audit reports.

Funding Mechanisms: Establish clear indicators, e.g., percentage of claims processed within a specified timeframe, reduction in claim rejections, or improved service coverage.

Audits and Oversight: Schedule quarterly financial audits with independent bodies, and publish reports to foster transparency.

Budget Advocacy: Engage stakeholders and policymakers to prioritize health insurance funding during annual budget processes, emphasizing the scheme's social and economic benefits.

Potential Obstacles & Strategies:

Political resistance: Build advocacy campaigns demonstrating the scheme's impact on health outcomes and economic productivity.

Inconsistent funding: Secure multi-year funding commitments and explore alternative financing sources such as donor agencies.

3. Strengthen Political Will and Policy Enforcement

Implementation Details:

Legislative Oversight: Establish dedicated parliamentary committees for health insurance oversight, with regular reporting requirements.

Budget Prioritization: Advocate for a fixed percentage of the health sector budget dedicated to NHIS, with clear accountability mechanisms.

Enforcement: Develop and enforce compliance checklists for tertiary institutions, with clear sanctions for non-compliance.

Stakeholder Engagement: Foster multi-sectoral collaboration, including civil society organizations, to maintain political momentum.

Potential Obstacles & Strategies:

Political resistance or apathy: Engage political leaders with evidence-based advocacy and public accountability campaigns.

Institutional inertia: Create task forces with clear mandates and timelines to monitor enforcement activities.

Addressing Broader Barriers

Resistance to Change: Establish change champions within institutions, incentivize early adopters, and provide ongoing support.

Infrastructural Deficiencies: Prioritize investments in ICT infrastructure, especially in under-resourced hospitals.

Political Resistance: Maintain continuous advocacy, transparent communication, and stakeholder engagement to build trust and momentum

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