

Examining the Impact of Resource Mobilization on the Performance of NHIF in Machakos County Kenya

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Abstract

Health insurance programs are frequently regarded as noteworthy social advances and significant avenues for industrial expansion. Nevertheless, the task of improving NHIF coverage and performance continues to present challenges, despite the existence of several motivating considerations. Presently, the NHIF provides coverage to around 15.8% of the population in Kenya; or almost 80% of individuals who own some type of health insurance. The performance of the NHIF has been a subject of criticism, despite its extensive coverage. The main objective of this paper is to examine the effects of resource mobilization on the functioning of the NHIF in Machakos County. The study used a descriptive design. The target population consisted of 93 staff of the NHIF from two of its branches and three satellite offices located in Machakos County. The researchers employed the random stratified sampling procedure to acquire a sample size of 76 participants. Primary data was gathered through the utilization of questionnaires. A preliminary investigation was undertaken to evaluate the dependability and accuracy of the research tool. This pilot study involved the participation of nine employees from Machakos County. Moreover, the application of descriptive statistics was employed to calculate the mean deviation. The findings of the assessment were systematically arranged, succinctly précised, effectively offered, and comprehensively comprehended through the utilization of tables that distinctly illustrate the percentages and frequency. The study established that financing of NHIF in Kenya was majorly based on premium collection, Government budget allocation, tax financing, employer contributions, public-private partnerships, donor funding, and the development of an efficient administration framework. The study concludes that resource mobilization has a positive significant impact on the performance of the NHIF in Machakos County. NHIF should develop a long-term resource mobilization strategy that aligns with the NHIF's strategic goals and objectives.

Keywords: *Resource mobilization, Universal Health Coverage, Financing, Performance*

1.0 Introduction

The major aim of Sustainable Development Goal 3.8 is to achieve UHC, which entails ensuring that healthcare services are accessible and cheap, while also reducing the monetary strain of healthcare spending. The global pledge for the Sustainable Development Goals and UHC asserts that it is essential for all individuals to afford equitable access to superior healthcare services, without the risk of encountering financial adversity (World Bank, 2021). UHC, as defined by the WHO, pertains to the provision of medical treatment of all individuals and communities, to assure accessibility without incurring financial burdens. The provision of these

services necessitates the involvement of competent and duly qualified healthcare practitioners who possess a well-balanced set of skills at many levels, including facility, outreach, and community. These experts must be adequately distributed, receive adequate support, and are employed in positions that command respect. UHC programs have facilitated widespread accessibility to services addressing primary causes of morbidity and mortality. These programs further emphasize the need to deliver services of superior quality to enhance the health and well-being of the recipients (WHO, 2021).

The National Health Service (NHS) in the United Kingdom was established on a global scale by the enactment of the National Health Service Act of 1946 and subsequent legislation, with the primary objective of ensuring universal health coverage (Gorsky & Millward, 2018). The National Health Service (NHS) is an extensive publicly-funded healthcare system. The accessibility of medical treatments is widely available to a significant portion of the population at no cost, although it is imperative to save for little payments in certain cases. Universal access to primary healthcare is ensured by the National Health Service (NHS), irrespective of an individual's place of residence. The National Health Service (NHS) distinguishes itself from numerous alternative healthcare systems by relying on tax funding rather than insurance in health (Allsop, 2018). The program has effectively maintained elevated standards of medical treatment, while concurrently managing expenditures and guaranteeing comprehensive coverage for all persons. According to Kullberg, Blomqvist, and Winblad (2019), individuals who are typically residents of England possess instant eligibility for NHS care, which is typically provided without charge at the time of utilization.

The Malaysian national administration has demonstrated its dedication to enhancing the public healthcare system to achieve UHC through several measures. The populace is provided with a system for the delivery of healthcare that operates on two levels, characterized by a public sector that is funded and backed by the central government through subsidies and taxes, while the private system is mostly accessed through individual payments (Ng, 2015). The majority of individuals are allowed the opportunity to avail themselves of cost-free or highly affordable healthcare services, encompassing a wide range of offerings such as preventative measures and therapeutic interventions. The expenditures made in the country have resulted in notable improvements in health measures, particularly in the reduction of maternal mortality rate, as evidenced by the findings of Lim et al. (2020). Although other areas of sexual and reproductive health (SRH) interventions have received comparatively less attention, pregnancy, and maternal healthcare have continuously been acknowledged as crucial practices and have been included in the system of public healthcare. Therefore, to prevent the neglect of the rights of marginalized and susceptible communities, it is crucial for endeavors seeking to integrate SRH services into UHC procedures to demonstrate awareness of the broader setting and values; and to be guided by substantial proof and local collaborations (Lim et al., 2020). In contemporary times, Nigeria's public health sector has demonstrated noteworthy advancements at the regional level. In the year 2018, Nigeria joined the UHC Partnership, an initiative that promotes the development and implementation of a sector-specific communication plan for Universal Health Coverage (UHC) that aligns with the country's national UHC objective. One of the benefits of this approach is its contribution to the operationalization of the national health practice, as well as its potential to enhance health security and bolster the capacity of health workers (Porignon, 2019). Despite significant advancements, the country still faces a substantial journey ahead in attaining comprehensive and equitable healthcare coverage that is both economically viable and of exceptional quality for every individual residing within a given jurisdiction. Insufficient coordination, deficient accountability in project management, inappropriate allocation of financial resources, and inadequate data management represent

significant barriers to achieving Universal Health Coverage (UHC). The Nigeria Governors' Forum (NGF) is a crucial stakeholder that plays a significant role in facilitating the advancement of states towards achieving Universal Health Coverage (UHC) (Ogbuabor & Onwujekwe, 2019).

The Ethiopian government has an objective to attain UHC by the year 2030. However, despite implementing several reforms in healthcare financing (HCF), the Ethiopian health system continues to face challenges related to insufficient healthcare budget allocation and the burden of high out-of-pocket (OOP) spending (Debie, Khatri & Assefa, 2022). In 2015, the Ethiopian administration presented a comprehensive 20-year plan to achieve Universal Health Coverage (UHC). Ethiopia's current health policy has identified three fundamental pillars as focal points for achieving UHC. These pillars encompass the establishment of a fair and satisfactory standard of healthcare, guaranteeing accessibility to healthcare services for all individuals, and implementing a payment schedule with supplementary aid mechanisms. The lack of efficacy in achieving UHC was exacerbated by discrepancies in non-health services, poor hiring, moral risk, inadequate levels of admission, insufficient public knowledge, incidences of deception, and malfeasance (Lavers, 2021).

Kenya is widely regarded as possessing the most exemplary healthcare system within the East African region. This recognition is further reinforced by its current ranking as the third highest-performing nation in Africa, as determined by the Global Health Security (GHS) index of 2021. The pilot project of the Kenyan UHC program was introduced in 2018 in four out of the 47 sub-national governments in Kenya (Ministry of Health of Kenya, 2020). The selection of the four regions was based on their elevated prevalence of non-communicable and communicable diseases, maternal and infant mortalities, as well as traffic-related injuries (Barry et al., 2020). The responsibility of administering the UHC trial program lies with the department established by the Kenyan Ministry of Health (MOH), which is accountable for organizing, monitoring, and providing updates on the progress achieved. Based on the report published by the Ministry of Health, Kenya in 2020, it was found that the implementation of UHC in the country resulted in the provision of critical medical services to a total of 3.2 million Kenyan individuals over the period spanning from 2018 to 2019. The primary challenge impeding the implementation of Kenya's UHC initiative is the issue of financial resources. The adequacy of the Kenyan government's tax-based financing of UHC is questionable due to the unpredictable nature of government income projections. The inadequate coverage of the NHIF among the population is a prevailing concern (NHIF, 2020).

1.1 Problem Statement

Health insurance programs are frequently praised as social breakthroughs and a significant area for industry growth. Nevertheless, despite numerous push factors being in place, improving NHIF coverage and performance remains difficult (Smith, 2018). Currently, 15.8% of Kenya's population has access to some type of health insurance, which equates to nearly 80% of the country's total population (NHIF, 2017). Although NHIF has a high coverage rate, its performance has been a source of concern (Barasa et al., 2018). According to a study by Asindua, Kerochi, and Gitau (2021), only 31% of Machakos County inhabitants were knowledgeable of the UHC program, which had an adverse impact on the quality of service offered and extent of coverage. NHIF has been under fire for providing subpar care in accredited hospitals, having an onerous claim procedure, and having offices in metropolitan regions where a minority of the population resides. In 2015, the adoption of the SDGs by nations worldwide included the establishment of a goal to attain UHC. Countries that have effective national health insurance programs will advance toward other goals, including UHC

and other health-related aims. The NHIF is a strong framework that aims to defend the Kenyan populace from health threats (National Health Insurance Fund, 2020). However, NHIF faces numerous obstacles in adopting, achieving, and maintaining UHC goals, including a shortage of funding to support the program's success (KIPPRA, 2018).

The NHIF necessitates robust financial mechanisms to enhance healthcare systems. Individuals with limited financial resources may encounter challenges in accessing essential treatments when they are accountable for shouldering a substantial proportion of the related costs. Moreover, even affluent individuals may experience financial hardships in the instance of a prolonged or severe illness. The distribution of financial risks associated with sickness can be achieved by pooling funds from required funding sources, such as government tax revenues (Ministry of Health, 2020). As per the report by the KIPPRA, the implementation of UHC would potentially help to overcome the persistent challenges that the NHIF faces in providing healthcare and promoting well-being in all segments of society (KIPPRA, 2018). The Kenyan government chose the NHIF as the official instrument for the effective execution of UHC throughout the nation to improve access to healthcare as a step toward UHC in Machakos County (NHIF, 2020). The low population coverage under the NHIF presents a hurdle, necessitating the development of growth plans to improve NHIF's performance.

There is a discrepancy between NHIF performance and UHC growth strategies. Shigute et al. (2020) examined how Ethiopia's community-based medical insurance program affected spending and the standard of service and found a link between the proportion of enrollees and the population's low health indices. A conceptual gap does exist, though, because the study did not investigate UHC expansion practices or NHIF performance, and a contextual gap does exist because the study's main focus wasn't NHIF in Machakos County. Mbogori, Ombui, and Iravo (2015) researched on creative methods influencing NHIF performance in Nairobi County and found that those practices are essential to enhancing NHIF performance. Nevertheless, it is crucial to acknowledge the presence of a theoretical gap within the research, since it fails to include the methodologies used to enhance UHC.

1.2 Research Objective

This study was guided by the following general objective to: examine the impact of growth practices related to UHC on the performance of the NHIF in Machakos County, Kenya. The paper specifically examined the impact of resource mobilization on the performance of the NHIF in Machakos County.

1.3 Research Hypothesis

This study was guided by the following null and alternative hypotheses tested at 0.05 level of significance.

H₀₁: The effect of resource mobilization on the performance of the NHIF in Machakos County is not statistically significant.

H_{A1}: The effect of resource mobilization on the performance of the NHIF in Machakos County is statistically significant.

2.0 Literature Review

In their research on health financing initiatives in Sub-Saharan Africa, Gautier and Ridde (2017) performed a scoping evaluation of the available English and French literature pertaining to government control over decision-making processes on policies targeting UHC in Sub-Saharan Africa. The study encompassed the period from January 2001 to December 2015. The correlation between the increase in advocacy for UHC at the international level and the

promotion of diverse health funding initiatives has been established. The major donors emphasized that policies related to results-oriented finance, user fee exclusion, and health insurance are effective mechanisms for attaining UHC in the Sub-Saharan African region. Moreover, the evidence demonstrated the compatibility of government ownership with donor influence in a harmonious manner. The present study examines the effects of UHC expansion practices on the operational outcomes of the NHIF in Machakos County, Kenya. In contrast, the previous study primarily investigated the deficiencies in health financing policies.

In their study, Baine et al. (2017) undertook a comprehensive analysis of secondary data, specifically examining resource mobilization in the context of Uganda's efforts to attain universal health coverage. It has been determined that a substantial proportion of Uganda's health financing is derived from its development partners. According to the National Health Accounts, funding sources were responsible for 46.5% of the overall health spending. Loans, gifts, and grants serve as examples of external assistance. Development partners or funding sources provide financial assistance to the federal administration's health budget either via on-budget funding or by directly sponsoring particular health-related practices through off-budget aid. Funding for the health sector was given by foreign financial institutions, and philanthropic groups, as well as through multilateral and bilateral agreements. The entities involved in international development cooperation encompass the UNICEF, Global Fund, WHO, GAVI, UNAIDS, and UNFPA. A significant portion of the funding provided by development partners has been allocated towards various areas of focus, including reproductive health; HIV/AIDS measures, malaria prevention and treatment, employment resources for health and the management and development of personnel within the healthcare sector. A vacuum exists in the analysis due to the disproportionate focus on resource mobilization as opposed to growth strategies, inadequate coverage of performance evaluation, and insufficient attention provided to the National Health Insurance Fund (NHIF).

The study conducted by Nzilani (2021) investigated the influence of resource aggregation strategies on the effectiveness of non-profit organizations (NPOs) operating at the neighborhood level in Nairobi, Kenya. This research used a descriptive-analytic approach, with the sample being created by the implementation of a stratified random sampling procedure. It also included the use of Karl Pearson's connection coefficient and numerous regression assessments to ascertain the relationship between the independent and dependent variables. The study revealed that the presence of effective leadership significantly influenced the level of commitment exhibited by employees towards resource mobilization strategies. This was achieved through the cultivation of values such as honesty and a strong drive to harness the complete capabilities of the workforce. The organizations possessed a varied range of external funders as a result of their capacity to establish and sustain productive partnerships with these contributors. Although the non-profit organizations-imposed limitations on their overhead expenses, every unit within the examined NPOs was actively involved in the development of the yearly financial plan. There is a discrepancy present due to the prioritization of resource mobilization over expansion strategies, with a specific focus on non-profit organizations (NPOs) rather than the National Health Insurance Fund (NHIF).

3.0 Methodology

As noted by Kothari (2014), a research design serves as a navigational guide, a comprehensive plan, or an initial approach for the contemplated study, aimed at effectively resolving the research inquiries. The analyst or the investigator of the study chose a descriptive methodology due to its ability to use questionnaires to collect a substantial amount of data from a substantial number of people in a cost-effective and extremely effective manner (Bryman & Bell, 2015).

This methodology is employed due to its capacity to facilitate simultaneous analysis of several components, as well as its ability to provide a comprehensive description of various variables and study settings (Erik & Marko, 2011). The proposed study methodology employed a research approach aimed at generating frequency distributions, tables, and percentages for several variables. Additionally, this technique was utilized to evaluate the magnitude of the links existing between these variables.

The study locale included several locations within Machakos County, namely the Kitengela branch, Kangundo Satellite, Matuu Satellite, Machakos branch, and Masii Satellite (NHIF Human Resource Department, 2022). The demographic under investigation in this research consists of 93 people employed by the NHIF at several locations within Machakos County, namely the Kitengela branch, Kangundo Satellite, Matuu Satellite, Machakos branch, and Masii Satellite (NHIF Human Resource Department, 2022). The composition of the staff consisted of five individuals serving as Branch Managers, Senior Claims officers, Senior Finance officers, Senior Operations officers, Senior ICT officers, policy officers, Research and Senior Quality and assurance officers, and twenty officers who are assigned to both the Claims and Operations departments. Additionally, there were officers selected from various departments within the branches, including customer experience officers, compliance officers, accounting professionals, and others. These officers collectively contributed to the development of NHIF strategies. Considering their understanding of the effects of growth strategies used and the efficacy of the NHIF in Machakos County, they are likely to be subject to specific targeting.

The utilization of a stratified random sampling approach is warranted due to the heterogeneity of the population of interest, which can be divided into several groups or strata to ensure the generation of a representative sample. The aforementioned practices were employed due to their capacity to mitigate the potential influence of bias and provide a fair chance for every item, measures should be taken to minimize the risk of prejudice and assure equal opportunities for selection. The research employed the Yamane (1967) formula to determine the proper sample size.

The collection of primary information was conducted using questionnaires. This research instrument provides a cost-effective and efficient means of gathering the necessary data from a substantial sample size. Data collection is expedited when the researcher promptly collects the completed study instruments from the respondents. According to Kothari (2014), in situations where the population size is substantial and conducting interviews would pose significant challenges, utilizing this technology is the most suitable alternative. To optimize performance, the survey instrument employed for the research consisted primarily of closed-ended questions utilizing Likert scales, as well as inquiries that involved numerical ranges. Cooper and Schindler (2011) assert that these scales are employed as a form of rating scale due to their reliability and ability to yield a substantial amount of data when compared to alternative scales. Additionally, they contribute to the development of an improved standard response curve. Data was analysed using descriptive statistics by calculating means and standard deviation.

4.0 Results and Discussion

4.1 Response rate

The study targeted a sample size of 93 respondents from which 82 filled in and returned the questionnaires making a response rate of 88.2%.

Table 1: Response Rate

	Questionnaires Administered	Questionnaires filled & Returned	Percentage
Respondents	93	82	88.2

Source: Field Data (2023)

The response rate obtained in this study was deemed satisfactory and this made it possible to draw conclusions from the sample.

4.2 Descriptive statistics

Descriptive results revealed that resource mobilization efforts have a positive impact on the financial stability of NHIF in Machakos County (M=4.17 SD=0.58) and that the government or the public sector has made significant contributions to the finance of NHIF in Machakos County that (M=4.15 SD=0.52). Qualitative reports show that effective resource mobilization helped the NHIF build financial reserves to endure unforeseen challenges or crises, ensuring the fund's ability to continue providing healthcare services. These findings concur with the research deductions by Baine et al. (2017) that resource mobilization is essential to secure a stable and sustainable source of funding for the NHIF.

It was also revealed that formal workforce within Machakos County has made significant contributions to the financing of NHIF in Machakos County (M = 4.09 SD=0.61) and that the donors have made significant contributions to the financial efforts in NHIF in Machakos County (M =4.09 SD =0.76). Qualitative data revealed that Donor funding can enable the NHIF to expand its healthcare services, cover a wider range of medical treatments, and provide more comprehensive coverage to its beneficiaries. These findings correspond with the research inferences by Lavers (2021) that seek funding from international donors, non-governmental organizations (NGOs), and development agencies to support specific initiatives or to expand health coverage to underserved populations.

Further, the results revealed that there have been collaborative partnerships with various donors to enhance the performance of NHIF in Machakos County (M = 4.05 SD =0.80) and that the informal workforce in Machakos County has made significant contributions to the financing of NHIF in Machakos County (M =3.91 SD =0.74). Descriptive evidence further revealed that effective partnerships should align with the NHIF's and the country's national healthcare priorities as this can ensure that donor contributions are well-targeted and supportive of broader healthcare goals. Similar research conclusion by Gorsky and Millward, (2018) also confirms that collaborative partnerships with donors, when well-structured and managed, can indeed enhance the performance of organizations like the NHIF and contribute to better healthcare outcomes for the population.

However, it was also revealed that there is a lack of substantial financial resources to support the enhancement of reproductive health services offered by NHIF in Machakos County (M=1.57 SD=0.69). Qualitative data revealed that the lack of substantial financial resources to support health services offered by the NHIF posed a significant challenge to service access by citizens.

The study established a positive correlation between performance of the NHIF in Machakos County and resource mobilization (correlation coefficient =0.331 P- Value 0.002). Descriptive results also revealed that resource mobilization efforts have a positive impact on the financial stability of NHIF in Machakos County (M = 4.17 SD =0.58) and that the government or the public sector has made significant contributions to the finance of NHIF in Machakos

County that ($M = 4.15$ $SD = 0.52$). These findings concur with the research deductions by Baine et al. (2017) that resource mobilization is essential to secure a stable and sustainable source of funding for the NHIF. It was also discovered that, formal workforce within Machakos County has made significant contributions to the financing of NHIF ($M = 4.09$ $SD = 0.61$) and that donors have made significant contributions to the financial efforts in the NHIF scheme ($M = 4.09$ $SD = 0.76$). These findings correspond with the research inferences by Lavers (2021) that seek funding from international donors, non-governmental organizations (NGOs), and development agencies to support specific initiatives or to expand health coverage to underserved populations.

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5.0 Conclusion

The study concludes that there exists a positive significant relationship between resource mobilization and the performance of the NHIF in Machakos County, the government has made significant contributions to the finance of NHIF in Machakos County, and financing of NHIF in Kenya was majorly based on premium collection, Government budget allocation, tax financing, employer contributions, public-private partnerships, donor funding and development of an efficient administration framework.

6.0 Recommendations

Since resource mobilization was found to be crucial for the better performance of the National Health Insurance Fund (NHIF), the entity can enhance the process by implementing a robust premium collection mechanism, including electronic payment options, to minimize default rates and increase revenue. It should also engage with the government, private sector, and civil society organizations to mobilize additional resources and build partnerships

References

- Abdullahi, S. A. (2018). *Factors influencing the sustainability of universal health coverage in vulnerable livelihoods in Kenya: a case of Wajir County* (Doctoral dissertation, University of Nairobi).
- Allsop, J. (2018). *Health policy and the NHS: towards 2000*. Routledge.
- Barry, A., Olsson, S., Minzi, O., Bienvenu, E., Makonnen, E., Kamuhabwa, A., ... & Aklillu, E. (2020). Comparative assessment of the national pharmacovigilance systems in East Africa: Ethiopia, Kenya, Rwanda and Tanzania. *Drug safety*, 43(4), 339-350.
- Bryman, A., & Bell, E. (2015). *Business Research Method*. (2nd ed.) Oxford: Oxford University Press.

- Cooper, R. D., & Shindler, S. P. (2011). *Business Research Methods*, (9th ed.). New York: McGraw-Hill.
- Debie, A., Khatri, R. B., & Assefa, Y. (2022). Contributions and challenges of healthcare financing towards universal health coverage in Ethiopia: a narrative evidence synthesis. *BMC Health Services Research*, 22(1), 1-16.
- Erik, M. & Marko, S. (2011). *A Concise Guide to Market Research: The Process, Data, and Methods Using IBM SPSS Statistics*, New York: Springer Heidelberg Dordrecht.
- Gorsky, M., & Millward, G. (2018). Resource allocation for equity in the British National Health Service, 1948–89: an advocacy coalition analysis of the RAWP. *Journal of health politics, policy and law*, 43(1), 69-108.
- KIPRA Report (2018). Achieving Universal Healthcare Coverage: Lessons to Consider. Retrieved from <https://repository.kippra.or.ke/bitstream/handle/123456789/2658/PB%206-2017.pdf?sequence=1&isAllowed=y>.
- Kiresuk, T. J., Smith, A., & Cardillo, J. E. (Eds.). (2014). *Goal attainment scaling: Applications, theory, and measurement*. Psychology Press.
- Kombo D. K., & Tromp, D. L. (2016). *Proposal and Thesis Writing, An Introduction*. Paulines publication. Nairobi, Kenya.
- Kothari, C. R. (2014). *Business Research Methods*. 6th ed. Boston: Irwin/McGraw Hill.
- Lavers, T. (2021). Aiming for universal health coverage through insurance in Ethiopia: state infrastructural power and the challenge of enrolment. *Social Science & Medicine*, 282, 114174.
- Lim, S. C., Yap, Y. C., Barmania, S., Govender, V., Danhoundo, G., & Remme, M. (2020). Priority-setting to integrate sexual and reproductive health into universal health coverage: the case of Malaysia. *Sexual and reproductive health matters*, 28(2), 1842153
- Ministry of Health (2020). Kenya Universal Health Coverage Policy 2020 – 2030. Retrieved from <https://repository.kippra.or.ke/bitstream/handle/123456789/3566/UHC-POLICY-2020-2030-FINAL.pdf?sequence=1&isAllowed=y>.
- Ng, C. W. (2015). Universal health coverage assessment: Malaysia. *Global Network for Health Equity (GNHE)*.
- NHIF (2020). Strategic Transformation Towards Universal Health Coverage in Kenya Report.
- Ogbuabor, D. C., & Onwujekwe, O. E. (2019). Governance of tuberculosis control programme in Nigeria. *Infectious diseases of poverty*, 8(1), 1-11.
- Porignon, D. (2019). Annual Report 2018-Supporting policy dialogue on national health policies, strategies and plans for universal health coverage.
- UHC Survey Dissemination Report (2020). Retrieved from https://phmovement.org/wp-content/uploads/2020/12/Town-Hall-Dissemination-Report_8_12_2020-1.pdf.
- WHO (2021). Universal health coverage (UHC). Retrieved from [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).
- World Bank (2021). Universal Health Coverage. Retrieved from <https://www.worldbank.org/en/topic/universalhealthcoverage>