

Barriers and facilitators of adoption and implementation of a financial navigation program in Nigeria: An analysis of participant data from the COST-FIN trial.

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Background: Financial toxicity is a critical issue in modern healthcare. The impact of financial toxicity is particularly pronounced in low- and middle-income countries (LMICs), where healthcare systems are underfunded, and out-of-pocket costs dominate medical payments. Financial navigation programs (FNPs) help patients manage costs through insurance, resources, and budget support. This study examines the challenges and opportunities of implementing FNPs in an LMIC, using data from the COST-FIN study, a randomized controlled trial investigating the impact of a structured FNP on cancer care in Nigeria. **Methods:** Adult patients (>18 years) diagnosed with breast, prostate, or colon cancer within 6 weeks of presentation at Lakeshore Cancer Center or Obafemi Awolowo University in Nigeria were eligible for trial enrollment. Between July 15 and November 22, 2024, 52 patients were recruited, and 23 were randomized to the financial navigation arm of the study. Financial Navigators assessed each patient's financial literacy and developed individualized financial plans. The extent of navigation required was categorized as high, moderate, low, or no assistance needed. **Results:** Among the 19 patients who completed financial literacy sessions, 17 received financial plans. Of these, 16 required financial navigation (extent of navigation: high, n = 8; moderate, n = 6; low, n = 2; no assistance needed, n = 1), and 15 were successfully directed to resources, including the National Health Insurance Scheme (100%), philanthropic organizations (26.7%), supports from other studies (53.3%), and drug discount programs-Nigerian Cancer Access Partnership, pharma companies and Medicaid PACE (100%). Low financial literacy was a significant barrier, with many patients lacking the knowledge to make informed decisions. Regulatory challenges, characterized by complex and inconsistent frameworks, and communication barriers also hindered FNP implementation. Navigators reported that addressing financial barriers reduced patients' stress and improved their focus on treatment. **Conclusion:** Preliminary findings highlight the potential of structured FNPs to alleviate financial toxicity and improve treatment adherence among cancer patients in Nigeria. Implementing comprehensive FNPs is crucial to address low financial literacy and help patients navigate healthcare costs. Collaborating with government policymakers to improve healthcare affordability and accessibility is also essential. Research Sponsor: None.