

## ASSESSMENT OF THE NATIONAL HEALTH INSURANCE SCHEME ON HEALTHCARE DELIVERY AMONG WORKERS OF NATIONAL ASSEMBLY IN ABUJA, NIGERIA

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### **Abstract**

*The challenge of accessing quality and affordable healthcare in Nigeria is eating deep into the state of health. Quite a number of rich people travel out to seek quality health care in overseas leaving the poor to scramble for the obsolete and inadequate health facilities in the country. This alarming situation has culminated into ill health, diseases and eventual death. Worried by this perplexing situation, the paper assesses the National Health Insurance Scheme on health care delivery among workers of National Assembly in Abuja. In addition, the study examines the level of funding and contribution to the scheme, through government fiscal policy. This study also investigates the level of workers' awareness of health services under the scheme. The paper utilized mainly secondary sources through the review of relevant literatures. The study found that the impact of NHIS in health care delivery is fair due to inadequate funding. Though, workers in National Assembly are awareness of health services under the scheme. This paper concludes by calling for the attention of stakeholders for a review of health policy to address the inadequacies if Nigeria intends to keep pace with Universal Health Coverage (UHC) of the world Health Organization (WHO) on sustainable healthcare delivery to workers and other low income earners or less privileged in Abuja. Hence, the paper recommended that proper funding is needed to enhance essential and quality health care delivery that will help mitigate health challenges of workers in Abuja.*

**Keywords:** National Health Insurance Scheme, Delivery and National Assembly

### **Introduction**

There is no doubt in the fact that health care delivery constitutes a priority in the life of every individual because it determines to a great extent, the level at which man functions in the society. Hence health is that quality of life that enables an individual live most and serves his society best. It remains a fact that health is a major determinant of success in man's life. It guarantees hope and progress for individuals in any society (David, 2008). It is used in relation with wealth, through the saying "health is wealth", thus stressing the importance of health to mankind. A healthy nation is a wealthy nation; any country that will achieve a successful national development must take care of its nation's health. This accounts for the reasons behind allocation of huge resources to the health sector in every country. The establishment of World Health Organisation (WHO) by the United Nations on 7th April, 1948 underscores the value of having a healthy environment.

During the ancient time, a lot of casualties were recorded because little was done in the area of providing health care since it was seen as divine. However, with the advancement of time and wider knowledge, many discovered that being in good health was not totally divine but also a function of how well one takes care of the body. The discovery gave rise to different definitions of health by different scholars. Health can be defined as a state of being free of physical or psychological disease, illness or malfunction. Health is a condition or quality of human organism which is expressed by adequate functioning under genetic and environmental conditions (Hassan, 2016). Health according to the WHO (1948) is a state of complete physical mental and social well-being and not merely the absence of disease or infirmity. However, this definition has generated arguments because of the word “complete” in the definition. It is presumed that man cannot have a perfect health based on the definition, thus, the definition by WHO is considered unrealistic. Nonetheless, all definitions emphasises the importance of health to man (Hassan, 2016).

In the Nigerian society, just like any other place in the world, workers constitute a significant portion of the country’s population. The role and contributions of these workers to national growth and development cannot be overemphasized. The workers serve as the bedrock for economic, political, technological and social developments in the nation. The healthier the workers, the more accurate they can think and act, and the more productive they become. This is the more reason why quality attention should be focussed on the health of the Nigerian workers who constitute an important segment of the Nigerian society.

To protect, preserve, maintain and promote the health of workers, it is absolutely necessary to provide them with comprehensive health care delivery. This paper acknowledges the fact that, in Nigerian workers go to work with varied health problems since they come from different backgrounds with different health needs. Many of the workers have health challenges which may be unnoticed by their employers. These health problems can constitute obstacles to organization’s productivity except if they are detected and corrected early enough. The only measure which the organization can adopt to detect such hidden health challenges in workers is through an effective and well implemented health care delivery.

However, in order for nations to have decent, healthy and developing societies, governments all over the world have embarked on health care delivery system as well as social welfare programmes that are designated to cater for specified groups of people in the defined areas. Unfortunately, the poor economic situation experienced has made health facilities difficult to assess due to the high charges meet on seekers of medical assistance. The health insurance scheme was established again under the military regime with National Health Insurance Scheme Decree No. 35 of 1999 under laws of the Federal Republic of Nigeria to facilitate fair financing of health care costs through pooling and judicious utilization of financial resources to provide financial risk protection and cost burden-sharing for people, against high cost of health care, through various prepayment programmes prior to their falling ill (NHIS, 1999). The step was necessitated due to the poor state of health condition of the citizens in Nigeria as confirmed by WHO (2015) cited in Omoraun, Bamidele and Philip (2009), where Nigeria was ranked a distant 197 out of 200 countries. This statistics is frightening. In view of the foregoing, this paper assesses the National Health Insurance Scheme on health care delivery in Abuja.

Lack of adequate funding, like some of the national programmes in Nigeria that have failed in the past, implementation of NHIS has also suffered the same fate. About less than 2% of the country’s Growth Domestic product (GDP) is reinvested in healthcare delivery in Nigeria notwithstanding (Agba, 2010). Again, lack of awareness of the health services under NHIS is yet another factor among workers. Most civil servants are not aware of health services under the scheme; they are completely ignorant of the benefits.

## **2.0 Literature Review**

### **Concepts of Health and National Health Insurance Scheme**

Several definitions on health were given by scholars and organisations such as the World Health Organisation (WHO). The WHO Constitution of 1948 defined health as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Agba, Ushie and

Osuchukwu (2010) delineated health as a state of being hale, sound, or whole, in body, mind, or soul most especially being free from physical disease or pain. It avers that freedom from ailment is the essence of being healthy, most importantly when the physical state of the body is not being affected by sickness. It is against this backdrop that nations and international organisations all over the world attempt to ensure relatively affordable health care services by introducing health care programmes such as NHIS.

It is the responsibility of government to provide a system that ensures a healthy nation where all the citizens enjoy the facility put by it for a healthy living. This issue will be seen in line with the objectives of the world health organization. A healthy nation is a wealthy nation and this conforms to the saying that “Health is wealth” (Popoola, 2014). The world health organization encourages countries around the world to provide health facilities for their citizens and in doing so provides certain drugs and vaccines free for certain categories of people for example children, Owumi, Omorogbe and Raphael (2013). Nigeria is one country that is very responsive to health for all. Nigeria began a long journey into health programmes decades ago until in 1999 when the National Health Insurance Scheme was enacted into law but became operational in June 2005 (Sanusi and Awe, 2009).

According UNICEF (2001) to social security that provided financial security to citizens in the event of unforeseen ill-health which covers the formal and informal sectors as well as the vulnerable groups particularly the poor (UNICEF, 2001). All countries face challenges in expanding health care coverage. Many countries have committed themselves to achieving equity in health care coverage by including health care goals in human rights declarations, constitutions, and health policy documents (Okotoni, 2010).

Basically healthcare delivery implies the provision of condition for normal mental and physical development, functioning of the individual or group. It includes health protection measures, health promotion and disease prevention measures, thus encompassing curative and preventive medicine in its entire ramification (Olusola & Eniola, 2018). Expanding Health Insurance in Nigeria is a strategy that countries use to alleviate the adverse health effect or outcomes of its citizens especially the poorest citizens, Sanusi (2009). It is one of the methods that low income countries like Nigeria may consider to achieve Universal Health Coverage. In Nigeria Health care is seen as a right and not privilege, its provision should be based on needs and not on ability to pay for. A major setback to providing health-care for all is the cost. The cost of financing health-care is an investment without direct investment returns in economic terms (Appolos, 2016).

Health Insurance in Nigeria has undergone a prolonged incubation process over the past decades with a steady development in the few past years. Social health insurance in Nigeria went through a tortuous planning process from 1962 until enacting into law the National Health Insurance Scheme (NHIS) created by NHIS Act 35 of 1999 (Agba, Ushie and Osuchukwu, 2005).

NHIS is a social welfare programme designed to help the poor and average individuals have access to quality and affordable healthcare services. It is more of a social security founded in the formal sector where the cost of health delivery is subsidised for the sick and needy (Onyedibe, Goyit, & Nnadi, 2012). The provision of NHIS is meant for universal coverage for all citizens based on equity and easy accessibility (Popoola, 2014). He further emphasised, citing Callaway (2008) that NHIS will help to prevent impoverishment in the lives of the less privileged or civil servants in the search of having a good health. Federal Government of Nigeria buttressed that NHIS is totally committed to securing universal health coverage and access to adequate and affordable health care, in order to improve the health status of Nigerians especially civil servants who participate in the programme of the Scheme. The objectives of NHIS include:

- i. To ensure that every Nigerian has access to good health care services.
- ii. To protect families from the financial hardship of huge medical bills.
- iii. To limit the rise in the cost of health care services.
- iv. To ensure equitable distribution of health care costs among different income groups.
- v. To maintain high standards of health care delivery services within the Scheme.
- vi. To ensure efficiency in health care services.
- vii. To improve and harness private sector participation in the provision of health care services.
- viii. To ensure equitable distribution of health facilities within the Federation.

- ix. To ensure appropriate patronage of all levels of health care.
- x. To ensure the availability of funds to the health sector for improved services (NHIS Decree No. 35 of 1999).

These objectives are designed to facilitate fair financing of health care costs through pooling and judicious utilization of financial resources to provide financial risk protection and cost burden-sharing for people, against high cost of health care, through various prepayment programmes/products prior to their falling ill. This is in addition to providing regulatory oversight to Health Maintenance Organizations (HMOs) and participating Health Care Providers (HCPs). However, even with so much effort health care services has been relatively low. Nigeria will need to make crucial decisions if access and financial protection in the context of health care are to be expended to cover majority of the population

From the above intentions and objectives, one can see that the goal of the NHIS is to provide universal Healthcare access to all Nigerians.

However, the larger percentages of the population of Nigeria are without access to credible healthcare coverage. Sadly less than 10% of Nigerians have access to healthcare services (David, 2008). According to researchers, part of the problems has to do with the wording of NHIS Act itself, which requires only Federal employees and private sector businesses with 10 or more employees to register with NHIS. Unfortunately, however, the majority of Government workers work for state agencies not federal agencies. Since the law does not apply to them, most people in this category are not qualified to join NHIS. Another problem is the fact that many Nigerian firms and companies do not register their employees with the government to avoid payment of taxes. Therefore, employees who “work under the table” are not qualified and so do not benefit from health insurance.

## **2.1 Functions of the Scheme**

The scheme shall be responsible for diverse functions among which are:

- i. Registration of health maintenance organization and health care providers under the scheme. All health organs and units like the HMOs, HCPs and other critical stakeholders are register by the scheme before commencing any operation.
- ii. Approving format of contracts proposed by health maintenance organizations for all health care providers. This means that no health organization under NHIS will embark on any policy or programme without the approval of the scheme.
- iii. Determining the relevant bodies on inter-relationship of the scheme with other social security services. All relevant stakeholders must partner with NHIS for health security.
- iv. Advising the relevant bodies on interrelationship of the scheme with other social security services.
- v. Doing such other things as are necessary or expedient for the purpose of achieving the objectives of the scheme under this Act.
- vi. Issuing appropriate guidelines to maintain the viability of the scheme.
- vii. Determining the remuneration and allowances of all stakeholders and staff of the scheme.

## **2.2 Legal Framework of the National Health Insurance Scheme in Nigeria**

Planning and implementation of health care system in Nigeria cannot be done without legislation. Legislation involves a legal framework to address a number of problems plaguing the health sector system in Nigeria (Hassan, 2016). Therefore the function of legislation is to empower government, the stakeholders and the operators to act within the framework of the law. However, the law enables government to seek legal method of providing funds to finance the NHIS for the benefits of the citizens particularly the poor, the vulnerable, the indigent and those with disease vulnerability in the society (Sanusi, 2013).

Therefore in order to address health issue in the system and to improve service access and coverage areas. The NHIS Act 35 of 1999 was promulgated then as Decree 35 of 1999 by the military government of General Abdulsalam Abubakar and was later and formally launched by the regime of

President Olusegun Obasanjo on 17th May 2005. The Nigeria government is of the opinion that a NHIS which is a health care risk spreading mechanism is probably what is required to solve the problem of inequality in the provision of health care services (Ibiwoye & Adeleke, 2007). This scheme was proposed to help spread the risk and minimize the cost of health care.

Even though the goal of NHIS is to provide universal health care access at affordable cost, sadly the large percentage of Nigerians are without health care coverage and remain stuck about less than 10%. Part of the problem arises from the wording of the NHIS Act itself, which requires only federal government employees and private sector businesses with 10 or more employees to register and participate in NHIS (e-insurance, 2015).

### **2.3 Financing National Health Insurance Scheme in Nigeria**

In general, the source of financing NHIS in the sub-Saharan Africa is usually through Tax revenue (Onyedibe et al, 2012) and under fees cost-sharing/cost recovery medical saving income or accounts as well as donor funds (Elvis, 2014).

However, the mechanism is usually based on pre-paid funding source, contributions made by employers and employees. The initial sources are from individual, employers and corporate organizations. However, the biggest sources are through direct and indirect taxes as well as compulsory contributions, grants and loans. The collecting organizations or agencies are the central and Local Governments, Social Security Agencies, commercial and other Insurance Funds and Health Care Provider (Collins, White and Kriss, 2007).

According to the WHO Statistics 2010, out of pocket expenditure of private persons for health care in Nigeria was 95.9 percent. This report reveals that government at all levels in Nigeria are making enough effort to alleviate financial burden of the health of the citizens. It also shows that the Government Investment on health of her people does not receive a national priority. The over reliance on the users fees as a major source of financing health care in Nigeria is inequitable as the majority of those who pay out of pocket for health services are themselves taxed to provide health care services. The risk which can be covered by Government without individual's health care cost at their own inconvenience (Hassan, 2008).

Also a situation exists where government advertised free health in the media and yet prescription are marked "Not Available" National Bureau of Statistics (2015). The NHIS, which is a public Health Insurance Scheme, it operates on 15% basic salary as premium, 5% contribution from patient, 10% by Government. The contribution level for all employees registered in the scheme is 50% of basic salary for the health care of the employee, a spouse and four (4) biological children below the age of 18 years old. But where an over age person is included the employee will contribute higher sum to that effect (NHIS Act, 1999).

### **2.4 Factors affecting National Health Insurance Scheme**

The success of the health sector of a nation depends on adequate planning. If government does not make policies for health, it will lead to poor development of health care. Governments all over the world formulate policies that are aimed at promoting a healthy environment in the society. Several policies like Universal Health Coverage (UHC), Community Health Care Development (CHCD), among other policies were formulated to resolve problems in the health sector; the policies identified the issue of finance as a major factor in achieving a sustainable health delivery. This prompted the idea of provision of affordable health care which led to the commencement of National Health Insurance Scheme in various countries of the world including Nigeria (Makinde, 2005).

Makinde (2005) further reported that availability of data to aid adequate planning is not available while the ones available are not correct. When government ought to plan for twenty people but have planned for ten because that is the information available to them. This has resulted to the poor state of health services Abuja-Nigeria especially in the area of lack and over utilisation of available health facilities.

The importance of money in promoting health care cannot be over emphasised (UNICEF, 2001). Therefore, it is evident that the health sector can only thrive when money is made available for the sector. This is where most developing countries are lagging behind. It is evident in the poor handling of outbreak of diseases in such countries and the medical facilities in the developing countries are either poor in quality or obsolete because governments ascribe little percentage of their annual budget to the health sector.

Ogye (2018) citing the World Bank (2001) noted that corruption has bedevilled government administrations in the areas of economic and social development. Some funds that are released by government do not get to the appropriate quarters it is either stolen or diverted to other uses. There is also corruption on the part of the stakeholders where some funds meant for Health Maintenance Organisations (HMO) are either delayed or do not get to appropriate quarters. Policies are well formulated in Nigeria to resolve existing or anticipated problems faced in the course of national development. However, Nigeria and other developing countries are known for poor implementation of these policies (Makinde, 2005). The situation has caused quite a number of policies to either fail or perform below expectation. The phenomenon took its turn on the implementation of NHIS because not all parts of the scheme are operational now in Federal Capital Territory, Abuja.

## **2.5 Challenges of Service Delivery under the scheme**

There are a number of challenges facing the actualization of NHIS in Nigeria. Funding remains a critical issue to the scheme. The percentage of government allocation to the health sector has always been abysmally low, about 2% to 3.5% of the national budget. For example, in 1996, only 2.55% of the total national budget was spent on health; 2.99% in 1998; 1.95% in 1999; 2.5% in 2000 and a marginal increase to 3.5% in 2004 (Hassan, 2008). Consequently, per capita public spending for health in the country is less than US\$5; which is far below the US\$34 recommended by WHO for low-income nations (Hassan, 2008).

NHIS is also impeded by obsolete and inadequate medical equipment used by health services providers. The country suffers from perennial shortage of modern medical equipment such as radiologic and radiographic testing equipment and diagnostic scanners (Ibiwoye & Adeleke, 2009). And where these equipments are available, their repairs/servicing are always a problem. According to Olayemi (2018), this situation is not unconnected with corruption. Money meant to boost the health sector ends up in private pockets. An example is the 300 million naira scam involving the Minister of health and his assistants in 2008.

Again, lack of adequate personnel in the healthcare sector is another impediment to the scheme. The country for instance had 19 physicians per 100,000 people between 1990 and 1999 (Ibiwoye and Adeleke, 2007). In 2003, there were 34,923 physicians in Nigeria, giving a doctor-patient ratio of 0.28 physician per 1000 patients and 127,580 nurses or 1.03 nurses per 1000 patients as compared to 730,801 physicians or 2.5 per 1000 population in 2000 in the United States of America; and 2,669,603 nurses or 9.37 per 1000 patients. Out-migration of health personnel to the US, UK, Europe and other western/eastern countries is significantly responsible for the personnel situation in the health sector in Nigeria. For instance, in 2005 alone, there were 2,393 Nigerian doctors practicing in the US and 1,529 in the UK. Attributing factors include poor remunerations, limited postgraduate medical programmes and poor conditions of service in Nigeria (David, 2008).

Also, cultural and religious practices impact on the effectiveness of NHIS in Nigeria. Gender inequality still exists and is encouraged by some religious/cultural sects in the country. Because of lack of awareness, women are being discriminated against and have limited access to social services such as education and healthcare (Ibiwoye and Adeleke, 2009). Other challenges include inequality in the distribution of healthcare facilities between urban and rural areas and policies inconsistency (Owumi, Omorogbe & Raphael, 2013). Furthermore, poverty and the inability to pre-pay for healthcare in Nigeria are significant challenges to the success of NHIS. According to Sanusi and Awe (2009) "people are not willing to pre-pay; and because people do not pre-pay there is no risk pool. And because there is no risk pool, there is no supply side." The NHIS's role in Nigeria is somewhat diluted. It manages subsidy programmes for certain population groups (not the elderly population), who pay 100 percent of their

premiums, and negotiates with HMOs for their service provisioning, while it delivers oversight and regulation functions for the system. Another striking challenge to the success of NHIS is the epileptic and sometimes lack of electricity in most parts of Nigeria which hampers the smooth operation of NHIS. Take for instance, a physician is carrying out a major operation on a patient and there is power disruption. This will threaten the success of that surgical procedure and endanger the life of the patient.

In addition to the above challenges, state governments in Nigeria have still not played a significant role in expanding health insurance (Asoka, 2012). The division of roles between the central government ministries, state governments, local government agencies, and the actual insurers is lacking the lustre for the effective and efficient service delivery by NHIS. Finally, the commodification of health services could mar the objectives of NHIS. This is because healthcare providers see their services as economic commodity which they sell at a bargained and exorbitant cost to those who could afford it. This negates one of the objectives of NHIS aimed at giving UHC to all Nigerians.

In 2005, the NHIS published guidelines for standard treatment of patients by healthcare providers. This was as a result of the concerns the management of the scheme had on the effects of unwarranted overuse of the system and on the solvency and sustainability of the scheme. Overuse would arise from improper provider behaviours through overprescribing, over treatment, undue generation of patients' visitation and unnecessary use in technology in order to attract more income. Under these guidelines, monitoring and evaluation is carried out jointly by the NHIS and the HMO's (NHIS, 2005).

Despite the published protocol, most of these practices are common place in our health institutions. In addition, long queues are still usual sites while the issue of unavailability of required services has started rearing its ugly head in NHIS approved hospitals. In addition, there is still weak and ineffective referral systems' resulting in over burdened secondary and tertiary health facilities.

Furthermore, education of the teeming populace on the pros and cons and the need to participate in the NHIS is also a challenge yet to be surmounted. Moreover, available financing risk protection under the NHIS is very limited in coverage and scope. Several very important and hitherto expensive healthcare services are excluded from the scheme, while common ailments that can be treated easily and very affordable are financed by the scheme.

## **2.6 Theoretical framework**

The study adopted structural functionalism theory. Structural functionalism is one of the theories of sociology that explains the functions of a part of a social system in the development of the system as a whole (Cockerham, 2012). The structural functionalism sees society as an organic whole, with each of its parts working to maintain the other. This is akin to the way of human body work to maintain each other and the body as a whole. The most important features of functionalism are the concepts of structure and function (Haralambos, Holborn and Heald, 2008). To the functionalist therefore, behaviour in society is structured. In other words, relationships between members of society are organized in terms of roles (Hassan, 2016). The structure is seen as the sum total of normative behaviour, consisting of the sum total of social relationships which are governed by norms; thus, the aspects of the social structure.

The perspective conceptualizes society as a system or any organ in the body. An understanding of the liver, for instance requires an understanding of its relationships to other organs and in particular, of its contribution towards the maintenance of the organism. In a similar vein, an understanding of any part of society should also involve an analysis of its relationships to other parts especially its contribution to the maintenance of society. Thus, just as the survival of an organism depends on the satisfaction of certain basic needs, society requires that some basic needs must be met if it is to continue to exist. That a structure exists presupposes it continues to function and therefore relevance to the existence and survival of the whole system.

Considering the study, therefore, the relevance of structural functionalism theory to the study cannot be underestimated. The health insurance scheme of the government is a strategy towards improving the health status of workers through effective health care delivery so as to improve worker's performance and reduce absenteeism in the workplace. An adage says: "health is wealth" so therefore, since health is very important to human, the government effort to ensure a healthy work force is

paramount in its agenda. Hence, providing quality health care delivery to workers in agency like National Assembly will go a long way in sustaining productivity of the agency.

## **2.7 Assessment of Healthcare Delivery Services in FCT , Abuja-Nigeria**

The health situation in FCT, Abuja is in a state of acrimony due to the rise in poor health conditions experienced both in outskirt and urban centres. Popoola (2014) described the health delivery system in Nigerian's cities as ineffective and inefficient, rendering it a vast challenge to Nigerian Government. The malaria cases increased as year progresses, thereby showing the depreciating state of healthcare delivery system in FCT, Abuja. The prevailing undesired state of healthcare delivery is adduced to difficulty in getting needed resources to foster a healthy environment (Callaway, 2008). Agba, Ushie and Osuchukwu (2010) in their National Health Insurance Scheme and Employees: Access to Healthcare Services in Cross River State, Nigeria. They opined that problems of quality healthcare includes healthcare policies, roles played by medical professionals and accepted standards of medical practice, while problems of accessibility to healthcare facilities includes proper distribution of these facilities, and affordability of healthcare by citizens. However, the challenge of providing adequate, accessible and affordable healthcare services in Nigeria has been a prolonged problem because of poor health facilities (Owumi, Omorogbe & Raphael, 2013). Poor remuneration and the economic recession being experienced in Nigeria are having a boomerang effect on the affordability and essence of National Health Insurance Scheme in Nigeria. This has further taken a toll on the inadequate funding of NHIS because the national budget normally allocates 2-3.5% to the health sector (Agba, Ushie, and Osuchukwu, 2010). The resultant effect is complaints from Health Maintenance Organisations (HMO) as regards delay in payment by government which depletes the available facilities in the health centres. According to Hassan (2016), Treasury Single Account (TSA) is crippling NHIS activities due to the process involved in accessing the needed funds for smooth operation of the scheme. Therefore, what can be done to strengthen NHIS in FCT, Abuja and Nigeria generally?

## **Conclusion**

The NHIS which was established in Nigeria in 1999 by act 35 of the Federal Government of Nigeria for the overall goal of enhancing access to quality and affordable health care delivery to all Nigerians citizens. Though, the scheme became operational in the year 2005. The importance of the scheme to the populace especially Nigerian workers prompted the study. From the findings of the study, the NHIS was seen to contribute fairly to health care delivery in Nigeria specifically civil servants, although a lot need to be done to further equip and strengthen the scheme. There was also the need to increase funding of the scheme and also to include other economically significant illnesses that had hitherto not been included in the scheme, as this would help to increase the health delivery services for which the scheme was created.

## **Recommendations**

On the basis of the findings from this study, it was imperative to make the following recommendations:

- i. Health care delivery in Nigeria should be given more attention and more funds allocated to the health sector considering the implication of health on the workforce and the economy.
- ii. Each Centre under the NHIS services should create a publicity department to educate the beneficiaries on health services and the activities of the NHIS.
- iii. The NHIS act was made by the military and may have omitted some important aspects, thus the act should be reviewed to make it more inclusive, and effective to be in line with the current realities.
- iv. The NHIS should be made mandatory for all tiers of government employees/employers i.e. federal, states and local governments.
- v. The act should be reviewed to allow the informal employment and private sectors' workers to benefit.



- vi. Government should strive to promote the development of industries and reliant manpower to enhance local capabilities in the production of drugs, and other health enhancing equipment's so as to reduce cost and improve efficiency.
- vii. The stakeholders should seek to provide essential drugs and make them available at NHIS service centers.

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