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Evaluation of the Performance and Challenges of the National Health Insurance Scheme (NHIS) in Nigeria (2004 – 2021)

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Abstract

National health Insurance Scheme (NHIS) is a health care policy that was launched by the Federal Government of Nigeria in 2005 for better healthcare delivery to the public. The policy aims at increasing effective healthcare coverage of the Nigerian population. The objective of this study is to evaluate the National Health Insurance Policy in Nigeria from inception to date with a view to determining the effectiveness of the policy. Specifically, the study observes the performance and challenges of the policy. It was observed that, though the implementation of the policy receives appreciable momentum and efforts by the NHIS implementation agency, there is still a wide gap in terms of public participation and effectiveness. Public participation in the scheme since inception in the country to date is below 10% of the Nigeria's population. This implied that the objective of achieving full coverage in the country is still very far from been achieved. The study identified delay in payment to health facilities by Health Maintenance Organizations (HMOs), inadequate public awareness, public apathy, poor management, rural exclusion, lack of standard facilities, Inadequate medical personnel and poor services as some of the banes of the scheme. Recommendations offered for addressing these barriers include public awareness campaign, personnel training and rural inclusion and focus on best practices and quality assurance. The scope of the study covers Nigeria Health Insurance Scheme (NHIS) with specific regards to its performance and challenges between from 2004 to 2021. The study used a descriptive qualitative analysis methodology. Data were obtained from secondary sources including publications, journals, relevant literature and internet sources.

Keywords: *Public, Healthcare, Insurance, Policy, Coverage, Implementation, Performance*

Introduction

The healthcare index in Nigeria paints a very poor picture of public access to effective healthcare as so many cases of inadequate healthcare abound across the length and breadth of the country. Mgbe and Kevin (2014 observed that currently, Nigeria has one of the highest maternal morbidity and infant mortality rates in the world. According to Agba et al, (2010), Provision of quality, accessible and affordable healthcare in Nigeria remains an important issue. This scenario made the government of the Federal Republic of Nigeria to establish the National Health Insurance Scheme (NHIS) as a social security system that promises the delivery of needed health services to enrolled persons on the payment of token contributions at regular intervals. The scheme was established by Cap No 42, LFN 2004 by the Federal Government of Nigeria to improve the health of all Nigerians at an affordable cost. The scheme derives its funding from participants' contributions across various sectors, fees charged by the Agency in carrying out its functions, returns on investments made by the Scheme and appropriations from the National Assembly as well as funds from any other sources. The rationale for establishing the scheme hinges on finding solutions to the poor state of the nation's healthcare services, the excessive dependence and pressure on public health facilities, dwindling funding of

healthcare in the face of rising costs and poor integration of private health facilities in the nation's healthcare delivery system.

According to Campbell et al (2014), the National Health Insurance Scheme (NHIS) is one of the health financing options adopted by Nigeria for improved healthcare access especially to the low-income earners. The National Health Insurance Scheme was conceived as a measure to address the lingering healthcare crises facing the Nigerian public. The question however, is whether the scheme has been able to achieve the laudable objectives identified above. Specifically, has the scheme been able to create mass access to health care in Nigeria? Is healthcare now more affordable to the public in Nigeria? Has the quality of healthcare services improved in Nigeria as contemplated by the scheme? Are there more availability of funds to the heath sector for improved services?

This paper evaluates the National Health Insurance Scheme (NHIS) with specific focus on the scheme's performance and challenges. The paper recommends measures for addressing identified barriers to effective implementation and performance of the scheme. The scope of the study focuses on the National Health Insurance Scheme (NHIS) from 2004 to 2021 and with specific regards to its performance and challenges. Data for the study were collected through secondary sources that include publications, journals, reports, seminar papers and relevant literature.

Overview of the National Health Insurance Scheme (NHIS)

The National Health Insurance Scheme (NHIS) was first introduced in Nigeria in 1962, during the First Republic (Johnson & Stoskopt, 2009 in Agba et al 2010). It was then mandatory for all employees in the Nigeria public service. However, the scheme was affected by the civil war in the country which lasted from 1967 to 1970. According to Agba et al (2010), the Nigerian Health Council revived the National Health Insurance Scheme by setting up a committee to review the scheme. The Nigeria Minister of Health in 1988, Professor Olikoye Ransome-Kuti, also commissioned a committee led by Emma-Eronmi to look at the scheme. The report of the committee was approved by the Nigeria Federal Executive Council (FEC) in 1989. Preparatory to takeoff, a legislative draft, cost analysis and guidelines for the scheme was initiated with technical inputs from International Labour Organization (ILO) and United Nations Development Programme (UNDP). The Federal Ministry of Health received the Federal Government directive to commence the scheme in 1993. The Nigeria Health Insurance Scheme (NHIS) was subjected to modifications to accommodate more people through Decree No.35 of May 10, 1999 which was promulgated by General Abdulsalami Abubakar, who was the Head of State then. (Adesina, 2009 in Agba et al, 2010). The scheme was launched in 2005 with several flag-off events across different parts of the country. Between 2005 and 2009, several states in Nigeria had committed to partnering with the Federal Government on the scheme.

Amoo et al (2017) observed that the efforts to improve healthcare services and reduce health cost in Nigeria led to the establishment of the National Health lnsurance Scheme (NHIS) as launched in 2005 to improve access to healthcare. Nigeria Health Policy is embodied in the National Health Insurance Scheme (NHIS).

Following the launch of the scheme in 2005, the Scheme commenced the provision of social health insurance in Nigeria with health care services of contributors paid from the common pool of funds contributed by the participants of the Scheme. It is a pre-payment plan where participants pay a fixed regular amount. The funds are pooled, allowing the licensed Health Maintenance Organizations (HMOs) to pay for those needing medical services. It is primarily a risk sharing arrangement which

is meant to improve resource mobilization and equity. It is indeed regarded as the most widely used form of healthcare financing worldwide. NHIS also regulate private health Insurance operated by licensed Health Maintenance Organizations (HMOs).

ln 2014, a national health bill was passed which established a basic health care provision fund to be financed from Federal Government Annual Grant of not less than one per cent of its consolidated revenue fund, as well as grants from international donor partners and any other source. To accelerate universal health coverage, Nigeria's National Health Insurance Scheme (NHIS) decentralized the implementation of government health insurance to individual states in 2014. Lagos is one of the earliest states that passed a State Health Insurance Scheme into law, in order to expand the benefits of health insurance across the State (Shobiye et al (2021).

On the 26th of November, 2020, The Minister of Health in Nigeria, Dr. Osagie E. Ehanire, flag- off NHIS' Group, Individual and Family Social Health Insurance Programme (GIFSHIP). The programme is designed to expand the space and provide coverage opportunity to Nigerians currently not covered under any health insurance programme in the country. According to the Scheme, GIFSHIP is an omnibus with room for everyone, including Groups, Individuals, Families, Philanthropists, Religious and Community Leaders, Diasporans, Political Leaders, etc. GIFSHIP, is designed to be an improvement and expansion of the Vital Contributors Social Health Insurance Programme. It brings on board opportunities for wide coverage in line with the mandate of the scheme, especially for individuals, groups and families in the informal sector.

In May, 2022, the National Health Insurance Authority Bill 2022, which repeals the National Health Insurance Scheme Act of 2004 was signed into law by Nigeria President, Muhammadu Buhari. The Federal Government of Nigeria promised full implementation of the new Act, to provide coverage for all Nigerians. The new law is designed to operate in harmony with state governments' health insurance schemes by empowering state governments to accredit primary and secondary healthcare facilities and ensure the enrollment of Nigerians in the scheme. The new bill also made health insurance mandatory for all Nigerians.

Key Highlights of the National Health Insurance Scheme (NHIS) (2004 -2022)

The National Health Insurance Policy contemplates a system of advance funding of healthcare via contributions, premiums or taxes paid into a mutual pool to pay for all or part of health services designated by a policy or plan. Health Insurance can be broadly categorized as social or private health insurance. According to NHIS operational guidelines (2012), the National Health Insurance Scheme (NHIS) as established by Act 35 of 1999 empowers the Scheme to carry out the following responsibilities:

a) Determine the general strategies of the Scheme. This is inclusive of the operational and financial guidelines.
b) Guarantee active operation of the programmes and procedures of the Scheme
c) Evaluate the research, consultancy and training programmes relative to the Scheme
d) Arrange for the financial and medical audit of the Scheme
e) Set guidelines for effective co-operation with other organizations to promote the objectives of the Scheme
f) Ensuring public awareness about the Scheme
g) Coordinating manpower training under the Scheme

h) Carry out such other activities as are necessary and expedient for the purpose of achieving the objectives of the Scheme as set out in the Act.
i) Ensure efficiency in healthcare services
j) Improve and harness private sector participation in the provision of healthcare services
k) Ensure equitable distribution of healthcare costs among different income groups
l) Ensure the availability of funds to the health sector for improved services.

NHIS Vision

The vision of the NHIS is to build a virile, dynamic and responsive National Health Insurance Scheme that is totally committed to securing universal coverage and access to adequate and affordable health care in order to improve the health status of Nigerians, especially for those participating in the various programmes of the scheme (Adefolaju, 2014; Akande, Salaudeen & Babatunde, 2011).

NHIS Mission

The scheme provides regulatory oversight to the Health Maintenance Organizations (HMOs) and participating health providers. It is also driven by the mission of facilitating fair-financing of health care costs through pooling and judicious utilization of financial resources aimed at providing financial risk protection and cost burden- sharing for people against high cost of healthcare, through various prepayment programmes prior to their falling ill (Michael, 2010).

The objectives of the National Health Insurance Scheme (NHIS)

The NHIS Guidelines (2012) identified the following as the objectives of the Scheme.
a) Ensure that every Nigerian has access to good healthcare services
b) Protect families from the financial hardship of huge medical bills
c) Limit the rise in the cost of healthcare services
e) Maintain high standard of healthcare delivery services within the Scheme.
f) Ensure adequate distribution of health facilities within the Federation
g) ensure equitable patronage of all levels of healthcare
h) Issuing appropriate guidelines to maintain the viability of the Scheme
i) Advising on the continuous improvement of quality of services provided under the Scheme through guidelines issued by the Standard Committee
j) Carry out research and statistics of matters relating to the Scheme

Scope of Coverage

The scope of NHIS is principally concerned with the contributions paid to cover health care benefits for the employees, a spouse and four (4) biological children below the age of eighteen (18) years; more dependents or a child above the age of 18 years is covered on the payment of additional contributions by the principal beneficiary as determined by the scheme. Even though principals are entitled to register four (4) biological children each, a spouse or a child cannot be registered twice.

Major Stakeholders in NHIS and their Statutory Functions

a) Government

Government is the custodian of the NHIS enabling laws and handle the responsibility of setting standards and guidelines as well as protecting and enforcing the obligations and privileges of all stakeholders.

b) Employers

Employers are publicly or privately owned organizations that are expected to make contributions to the scheme on behalf of their employees that are enrolled on the scheme.

c) Employees

These are the contributors or enrolees that make contributions regularly in the form of premium for the health care services rendered to them and their qualified dependents.

d) Health Maintenance Organization (HMOs)

These are individual organization empowered by the NHIS Act to Play the rule of a contractor under the scheme by lessoning between the National health insurance scheme council and the health services providers. They directly coordinate and oversee the activities of the HSPs with respect to provision of the service under the scheme. The NHIS Act empowers the HMOs to carry out the following functions under the scheme; Open account for the Health Service Providers registered with (each of) them, Receive the contributions by the government and workers via the National Health Insurance Scheme Council. Make payment to health services providers tor medical services provided for public servants registered with them. Oversee the activities of Health Service Providers.

e) Health Services Providers (HSPs)

These are the healthcare institutions registered by the National Health Insurance Scheme Council to provide health services to the people under the scheme. These institutions are classified into the following; Primary Healthcare Providers: These include community health centers, private clinics, hospital and maternity and Secondary Healthcare Providers: These include state government general hospital and big private hospitals. Tertiary Health Providers: These include specialist and teaching Hospital which serves essentially the scheme. According to the Act, the functions of Health Services providers include;

Healthcare Services of National Health Insurance Scheme

According to the NHIS Act, the healthcare of the scheme to the beneficiaries includes the following; Out - patient care (including consumable), prescribed drugs as contained in the NHIS Diagnostic test as contained in the NHIS diagnostic test list, Antenatal care, Material care for up to four live births for every insured person, post natal care, Routine immunization as contained in national, programme on immunization, Family planning, Consultation with a defined range of specialist, physielaris surgeons, etc.

Excluded Services from the NHIS Scheme

According to the NHIS Act, the following are excluded from the NHIS services list; Occupational/industrial injuries, Epidermis, Injuries from extreme sports, Drug abuse/addition,

Cosmetics surgeries, High-cost surgical procedures e.g. organ, transplants open-heart surgeries, Provision of hearing aids, Infertility management, and Congenital abnormally.

Operations and Programmes

For effective provision of access to good and qualitative health care services, the scheme has developed various procedures and programmes. The Operational Procedures of NHIS is segmented into four units. These include the programmes designed for the achievement of widespread coverage, standards and accreditation which elucidates the criteria for accreditation of healthcare facilities, health maintenance organizations (HMOs), mutual health organization and non-governmental organizations and others. The third segment offers the necessary records expected by the various stakeholders of the Scheme whilst the last section highlights various offences and the penalties as well as the legal proceedings they attract.

Programme

The programme designed for the full coverage of the scheme include the following:

Formal Sector Social Health Insurance Programmes: This covers Public Sector, Organized Private Sector, Students of Tertiary Institution and Social Health Insurance Programmes. The Formal Sector Social Health Insurance Programme is a social health security system in which the health care of employees in the Formal Sector is paid for from funds created by pooling the contributions of employees and employers.

Informal Health Sectors: This is Community-based social health insurance programme and voluntary contributions social health insurance programme.

Vulnerable Group Social Health Insurance Programmes: This covers Physically Challenged Persons, Prison Inmates, Children under five, Refugees, Victims of Human Trafficking, Internally Displaced Persons and Immigrants Social Health Insurance Programme and Pregnant Women.

Standards and Accreditation

In order to ensure that every Nigerian has access to qualitative healthcare services, the National Health Insurance Scheme developed various standards and requirement for accreditation and actual accreditation of Health care Facilities (HCFs) including personnel, Health Maintenance Organizations (HMOs), Mutual Health Associations (MHAs), Civil Society Organizations (CLOs) Community Based Organizations (CBOs), Faith Based Organizations (FBOs) as well as accreditation of Insurance Companies, Insurance Brokers and Banks.

Records and Information

This segment provides the flow of information and records that are meant to aid the proper implementation of the Scheme. This information and records include HMO's Information to be provided to the NHIS for accreditation. Periodic information to be provided to the NHIS on registration of new enrollees and monthly enrollee data update. Financial Returns to NHIS and quality assurance report. Others are Health Care Facilities HCFs) information to be submitted to the

NHIS on application for accreditation and monthly reports from facilities to HMOs. Other reports include records and information, HMO, information to be provided to the NHIS for accreditation including name of HMO, Head office/addresses, telephone, e-mail address, Date of incorporation, Company Registration number (RC No), Chief Executives' Name, Names and addresses of Directors, Bankers and Insurance Companies, Name and Address of Auditors, Three (3) years audited account (if available), Health Plan, Operational Manual, Staff Manual, Administrative Structure, Addresses & telephone no of branch offices

Offences, Penalties and Legal Proceedings

Offences, penalties and legal proceedings are the rules ensuring compliance with all the provisions of the NHIS Operational Guidelines by the relevant stakeholders.

The Limitations of the Operational Scope of the NHIS

The robustness of the scheme notwithstanding, the following limitations according to Onyedibe et al (2012) and Eteng & Utibe (2015) have been noted: some important services not covered include occupational or industrial injuries, Computerized Tomography (CT) scan, Magnetic Resonance Imaging MRI), epidemics, cosmetic surgeries, open heart surgeries, neurosurgeries and family planning services. However, other services that are partially covered are laparoscopic or fluoroscopic examinations, hormonal assays, prostatectomy and myomectomy. (Onyedibe et al, 2012). Some of the population segments that have been systemically excluded are the artisans, farmers, rural dwellers, sole proprietors of businesses, street vendors and the unemployed. On a critical note, it is argued that the NHIS negated its own philosophy of universal coverage and accessibility
by excluding such vital aspects of illnesses like injuries arising from sports, therapies like drug abuse, drug addiction, sexual pervasion, organ transplant, medical repair of congenital abnormalities and procurement of spectacles (Eteng & Utibe, 2015).

Evaluation of the National Health Insurance Scheme (NHIS)

Whilst NHIS remains a laudable health policy initiative, given its objectives, the performance of the scheme is measurable by the extent of the attainment of its goals. One is therefore compelled to ask some important questions. These questions include; how has the scheme improved Nigeria’s healthcare system? Has the scheme been able to reduce government involvement in health sector financing in the country? Is there improvement in health sector funding since the scheme was operationalized? Is there improved private sector involvement in the nation’s healthcare system? What is the quality of healthcare services under the scheme?

NHIS Performance: Healthcare System Improvement in Nigeria

According to Nwosu (2002), the scheme has done fairly high especially for public servants who now benefit from the scheme as they now receive more attention and are given adequate treatment in hospitals**.** Arum (2006) argues that the scheme has limited success since the larger segment of the Nigerian society are not yet benefiting from the scheme. Only federal public servants benefit now as only the public sector programmes has been implemented

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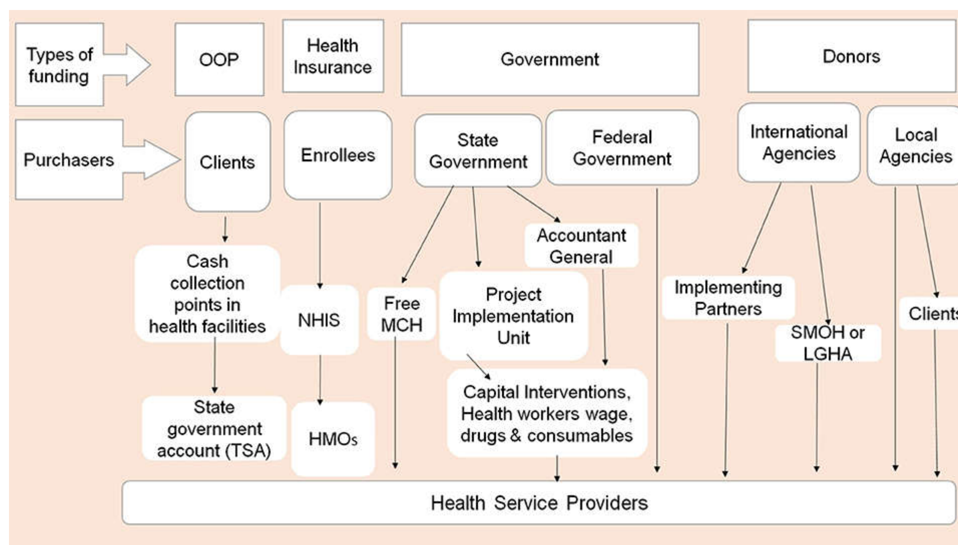
According to Shobiye et al (2021), Nigeria's National Health Insurance Scheme (NHIS), established in 1999 but operational since 2005, has been faced with numerous challenges including the failure to mandate enrollment for the entire population and the consequent lack of adoption at the state government level. Shobiye et al (2021) further observed that only about 5 million Nigerians, representing 3% of the population, have insurance coverage through the NHIS and these are mostly members of the formal sector. In 2014, the NHIS decentralized the implementation of the country's social health insurance program to the states in the quest to accelerate progress towards universal health coverage (UHC). Consequently, Lagos State Government blazed the trail in 2015 with implementation and was followed later by some other states including the FCT. Despite this decentralization, the objective of universal health coverage (UHC) remains a mirage as the impact is yet to take full effect. In the Vanguard News Report of August 26, 2019, the Nigerian Medical Association (NMA) through its President, Dr. Francis Faduyile, at a world press conference to herald the 2nd National Health Summit in Nigeria, decried the enrolment of less than 5% of Nigeria's population into the National Health Insurance Scheme (NHIS) after 15 years of the scheme's flag-off, saying the statistics are not only unfortunate but shameful.

NHIS Performance: Funding of Health Services in Nigeria

Arum (2006) acknowledges that the scheme has reduced the burden on the government and improved the funding of health service through its contributory strategy. The 15 percent deduction form basic salaries of workers, which are remitted to the NHIS and the co-payment system, have all increased healthcare funding. In Nigeria, public funding accounts for about 25% of total health spending while the private sector provides 75% of the funding, with household out-of-pocket expenditure accounting for 95% of the private sector expenditure. However, the sources of funding to healthcare service providers in Nigeria vary at different levels of health facilities and in different states. (Onwujekwe et al, 2020)

Figure 1:



Source: Onwujekwe et al (2020).

The figure above explains the structure of healthcare financing in Nigeria. Based on empirical findings as per Onwujekwe et al (2020), it is evident that healthcare funding is now more private sector driven that what obtains in the past. The NHIS is a key contributor to this development.

NHIS Performance: Health Service Quality Under the Scheme

According to Daramola et al (2019), the overall satisfaction score in a study of patients under NHIS at University of Abuja Teaching Hospital, Gwagwalada, was 68.6%. The study identified the major causes of dissatisfaction as long registration processes, poor card retrieval, long waiting time, short doctor's consultation, long time taken to get laboratory test results and unavailability of prescribed drugs. The study revealed a good satisfaction level with services accessed under NHIS at this tertiary health institution. On the other hand, Teriba (2005) states that only few hospitals provide high standard healthcare services. On the Health Service Providers' (HSPs) side, there have been complaints in the public media suggesting widespread dissatisfaction about the low tariffs, delayed payments by HMOs, increased administrative burden and the losses incurred from participating in government and private insurance plans. Consequently, some have discontinued participation or have not been motivated to participate in any insurance program. For example, a study in 2014, examined the uptake of NHIS among 180 private healthcare providers in Lagos state and found that only 61% of the respondents accepted NHIS patients. In addition, half of the respondents were dissatisfied with the operations of the scheme citing reasons such as inability to reimburse payment for services and subsequent losses that were incurred.

NHIS Performance: Private Sector Involvement

The enrolment status of 5% of Nigeria's population reports gross inadequacy in terms of private sector participation. Whilst it can be seen that there are a lot of activities around NHIS in the country, a careful study reveals inadequate private sector involvement as the gap is far from being closed. The scheme has been rated low in the integration of private sector healthcare delivery system. Teriba (2005) states that most of the objectives of NHIS are far from being achieved as not every Nigerian has access to good healthcare service under the scheme because of poverty, high cost of drugs and lack of healthcare facilities. Many are still facing financial hardship caused by huge medical bills. Furthermore, ensuring equitable distribution of healthcare services throughout the federation under the scheme is still far - fetched.

Challenges of NHIS

Omoruan, Bamidele and Philips (2009) in Eboh et al (2017), Akande, Salaudeen & Babatunde, (2011), Osuchukwu et al, (2013) and Akinwale et al (2014) identified the following as some of the challenges impeding the holistic implementation of the scheme.

1. Delay in the reimbursement of premium to the health facility owners coupled with corruption and fund diversion
2. Obsolete and inadequate health facilities used by healthcare service providers
3. The challenge of large informal sector and the diversity in economic status coupled with the problem of determining equitable premium, how to determine groups to be included in the exemption scheme and the modalities of implementing exemption packages without constraining access to health services. Some HMOs may be reluctant to operate in the rural areas where premium may be

difficult, but may prefer the city centres in order to leverage on both the ease of premium collection and large-scale enrolment into the scheme.
4. Sustainability of the scheme may become problematic if revenue accruing through premium is not adequate to pay for the running expenditure.
5. Dearth of medical personnel to implement the scheme. It was documented that at a time, the country had 19 physicians per 100,000 people between 1990 and 1999. While in 2003, there were 34,923 physicians in Nigeria; giving a doctor-patient ratio of 0.28 per 1000 patients as compared to what is obtainable in the western countries.
6. Inequality in the distribution of health facilities between urban and rural areas coupled with policy inconsistency. This has led to the exclusion of rural dwellers from the scheme.
7. Poverty and inability to pre-pay for healthcare services up-take through the scheme.
8. Lack of health programme synergy between the federal, state and local governments in implementing the scheme.
9. Lack of centralized patient information system for the healthcare centres in Nigeria to facilitate efficient healthcare delivery. In other words, patients' data kept by the NHIS are scattered among various HMOs.
10. Awareness level of the scheme in the country is still relatively low

Conclusion and Recommendations

This paper concludes that the establishment of the National Health insurance Scheme (NHIS) is most laudable, given its potential to engender effective healthcare system in the country. It is capable of aiding rapid access to quality health care services if the scheme is effectively implemented. In the area of job creation, the scheme can potentially engage a large number of unemployed persons in the country. This is achievable via the operations of the HMOs as well as increased patronage to health facilities as the case may be. All tiers of governments should therefore be encouraged to embrace the scheme with a view to bringing quality health care closer to the people.

The following recommendations would serve as measures to strengthening the scheme for effectiveness and more robust impact.
a. The government should collaboratee with relevant partners and stakeholders to embark on intensive awareness campaign. Such efforts will no doubt stimulate more enrolments.
b. More funding should be embarked upon by the government in order to meet the 15 % baseline allocation being suggested globally.
c. More attention should be given to quality assurance by both the government and service providers in the scheme in order to guarantee sustainability and consumers' satisfaction.
d. The current NHIS policy should be restructured to gain a wider coverage and ensures equity in accessing health services especially among the poor, indigent and marginalized populace including rural population.
e. There should be establishment of functional structures of arbitration to engage the scheme management constantly, health care providers and enrolees in order to minimize mistrust and improve uptake and service delivery

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