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Understanding the challenges and prospects of administering the national health insurance scheme in Nigeria

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Abstract

Providing healthcare services to public service workers in Nigeria has not been an easy task. With fixed and low income, majority of the public service workers cannot boast of meeting their basic medical needs. They are daily confronted with the condition of high cost of drugs and medical services which are not easily affordable. Besides, there is the general lamentation on the inability of public servants to access adequate and effective healthcare arising mainly from poverty occasioned by meager monthly emolument, the dearth of trained medical personnel, infrastructural decay, and poor funding of the medical system. This appalling condition prompted the federal government in Nigeria to introduce the National Health Insurance Scheme (NHIS) in order to address this situation. Unfortunately, NHIS seems unable to provide the expected healthcare services due to a number of challenges. This paper identified these challenges ranging from poor public conception of the scheme, corruption, cultural dementia to excessive bureaucratization among others. As a pathway to its success, the paper suggests among others an act for a special trust fund and mandatory participation.

Keywords: Public service workers, Administration, National Health Insurance Scheme, Challenges

Introduction

The public service is one of the colonial legacies bequeathed to Nigeria by the British. The 1999 Constitution in Nigeria describes the public service as the "service of the federal, states, and local governments". Public service consists of the following core services: (i) civil service, (ii) National and State Assemblies (iii) the Judiciary (iv) Armed Forces (v) the Police and other Allied or Security Services (vi) Paramilitary services like the Customs, Prisons, and Immigration (vii) Parastatals like Educational Institutions, Research Institutions and Regulatory Agencies, etc. It is a formal sector that is assigned the responsibility of carrying out the business of government. This business involves the implementation of government programmes and policies.

Those who carry out the responsibility of the government in the public service are described as public service workers, and are often classified as staff. They occupy career positions of responsibility, and are entitled to official benefits which if not guaranteed can affect productivity and output. One of these benefits is the healthcare services that are expected to be utilized at inexpensive cost. Regrettably, these expectations of the workers have changed over time. The public service workers are continually faced with the challenges of high cost of medical bills and services, shortage of qualified medical personnel, decaying standard of infrastructure, and shortage of funds. This unpleasant situation confronting the workers prompted the government to establish the National Health Insurance Scheme (NHIS) with the aim to achieve the following objectives:

- To ensure a fair distribution of healthcare services among workers in Nigeria
- To ensure that healthcare services are provided at reduced cost to workers.
- To increase the confidence and morals of the private sector in order to promote effective participation in healthcare delivery service.
- To ensure excellent standards and requirements for the healthcare services in Nigeria.
- To boost primary, secondary, and tertiary healthcare in Nigeria.
- To create awareness and voluntarily mobilize workers for healthcare services
- To promote health education among workers in Nigeria.

These laudable objectives of the scheme were not however, implemented as expected due to some challenges. Indeed, since its establishment, many low income workers seem not able to benefit from the scheme perhaps because of increase in the cost of healthcare services. This situation could explain why many still patronize Traditional Medical Practice which is extremely cheap and easily affordable. Therefore, in view of government intention to handle the healthcare needs of the public service workers in the country, it introduced a health insurance scheme which seems wobbling and uncertain. This study examines the possible challenges facing the survival of the scheme and suggests the way forward. Data from the study were mainly secondary and were qualitatively discussed.

Conceptual clarification

The National Health Insurance Scheme (NHIS) is a formal sector social health insurance programme introduced by the federal government in Nigeria. NHIS Operational Guidelines (2005) described the scheme as "a social health security system in which the healthcare of employees in the formal sector is paid for from funds created by pooling the contributions of employees and employers". Membership of the scheme is at present voluntary, and covers enrollees from the following formal sectors: (i) public sector, (ii) Armed Forces (iii) Organized Private Sector (iv) Voluntary

Organizations (v) Students from the tertiary institutions. The state is viewed in this scheme as an institution that can be likened to a wide umbrella covering its productive workers.
Adekola (2015) [1] defined the NHIS as "a social security arrangement with a comprehensive benefit package" that "covers mainly federal public sector workers, and their families". Jutting (2004) opined that:

> The Nigerian NHIS is a Social Health Insurance Programme (SHIP) which combines the principles of socialism (being one's brother's keeper, common good of all) with that of insurance (pooling of risks and resources) (cited in Yusuf & Akinmola, 2015) [18].

Therefore, NHIS is a corporate organization that is established by law with the aim to provide healthcare services delivery to its participants through the contributory funding by government and employees of the public sector and organized private sector.
The phenomenon of NHIS was established by Act 35 of 1999 and is in line with the 1978 Alma-Ata declaration by World Health Organization (WHO) to bring changes in the healthcare of all people in the universe. The scheme is receiving international recognition, and acceptance particularly in countries like the USA, Ghana, India where social health security programmes are introduced to the citizens at affordable costs. The success of a public scheme of this nature depends on how it is administered. The concept of administration widely covers every spectrum of human activities within an environment. In its frequent common use, administration means controlling people or situation in a successful way. Sharma (1966) defined administration as "a way of conceptual thinking for attaining predetermined goals through group effort". As a universal concept, he further asserted that administration "emerged with the human race and will continue to be employed as long as mankind survives". Anam (2014) [5] maintained that "administration is a rational human activity, which is inherent in any organized social life, public or private". Gladden (1958) [9] opined that "administration is a long and slightly pompous word, but is has a humble meaning, for it means to care for or to look after people, to manage affairs'. Therefore, administration involves the business of carrying out the functions of planning and coordination with the aim to accomplish the objectives of an organization or government.

Theoretical assumptions to the study

It is experientially required that this study should make use of an appropriate theoretical framework particularly when the prevailing conditions that prompted the federal government to introduce NHIS are considered. Thematically, this will help the study to situate the problem within an acceptable context in order to find solution to the numerous challenges besetting NHIS operations over the years. Accordingly, the contingency theory was utilized for this study.
The theory assumes that there is no "one best way" (Obikeze and Anthony, 2004) [14] of solving an organizational problem. The situation dictates the choice and direction of action. This is because situations and time differ, and therefore what may be applicable in solving a particular problem may change over time, and may not be applicable in another situation. The theory assumes that under such circumstances, programme managers should be prepared to identify several strategies, and adopt only the one that is best suitable to resolve the organizational problems in order to promote efficiency, and increase productivity. This will encourage flexibility, and remove all forms of rigidity in the operational procedures of an organization. The theory also assumes that the functions of planning, controlling, and especially directing, should be predicated upon the application of the contingency approach.
This study adopts the assumptions of the contingency theory because of its emphasis on flexibility, and adaptability to situational strategies that can meet the needs of an organization. Over the years, NHIS was not able to meet the expectations of its stakeholders, and that of the target group (public service workers in Nigeria) due to many challenges. It is therefore appropriate to utilize this theory since it is focused on adopting one best way under different circumstances and strategies in order to promote productivity, and stimulate organizational efficiency.

Background to National Health Insurance Scheme in Nigeria

Since independence in 1960, the federal government has adopted a systemic approach towards the healthcare needs of public service workers in Nigeria. This has been the concern of all political leaders due to the recognition and importance attached to healthcare services in the country. The form of healthcare services that can reduce the healthcare challenges of the productive workers, boost equity, and patronize the primary, secondary, and tertiary healthcare needs dominated the thinking of the leaders. The launching of the First National Development Plain in 1962 was seen as a laudable and useful tool to achieve this goal. One of the cardinal principles of the plan was to introduce critical reforms in Nigerian healthcare policy. Under this plan (Obikeze & Anthony, 2004) [14] observed that the social overhead cost of health was estimated as follows:

- Planned expenditure (N million) = 34.2
- % of total planned expenditure = 2.5
- Actual expenditure (N million) = 14.9
- % of total actual expenditure = 1.4

This low estimate and expenditure observed in the First National Development Plan suggests that there is need for a pragmatic approach towards health policy reforms. Although, the public war in Nigeria (1967-70) disrupted the implementation of this plan, nevertheless, significant healthcare reforms were carried out leading to the establishment of the National Health Insurance Scheme (NHIS).
The Second and Third National Development Plans merely emphasized manpower development, efficient management, and utilization of public health institutions with fewer emphases on NHIS (Egwu, 1996). The Fourth National Development Plan was introduced in 1981, and the plan carefully resuscitated, and brought to live the National Health Insurance Scheme. This plan created a linkage between curative and preventive healthcare services and provided the opportunity for the reduction, and control of arbitrary increase in the cost of medical bills and services. Following the activities of the National Health Council (NHC) in Nigeria, the federal government in 1993 directed that NHIS should be revived and commence throughout the federation (Adesina, 2009) [2]. In 2004, the publician government of President

Olusegun Obasanjo officially flagged off the scheme, and in that same year, the programme came into full operation throughout the country.

Administration of National Health Insurance Scheme in Nigeria

The National Health Insurance Scheme (NHIS) has the Federal government as the major stakeholder. Other stakeholders include: State Governments, Local Governments, Public and Private sector employers of labour, healthcare providers at the primary, secondary, and tertiary levels, various health maintenance organizations, commercial banks, community leaders, etc. The scheme is funded by the contributory payments of employees, and government. The government contributes 10 percent of the employees' basic salary, while employees contribute 5 percent of their annual basic income.

The scheme is administered through the operational guidelines provided by the federal government. The various Health Maintenance Organizations (HMOs) supervise what is happening in the healthcare facilities such as hospitals, clinics, and healthcare centers. On behalf of NHIS, the health maintenance organizations make payments to health facilities through the following mechanism:

- Funds flow between MHOs and primary facilities
- Transfer of funds from MHOs to the secondary facility, and the tertiary facility.

The health maintenance organizations oversee the disbursement of benefits to enrollees, and ensure that they are registered, and issued ID cards to them in order to recognize NHIS enrollers in the programme.

NHIS administers a number of social health insurance programmes covering the following areas: Formal and informal sectors, voluntary contributors, prison inmates, armed forces, police and other uniform services, refugees, victims of human trafficking, internally displaced persons, immigrants, public and organized private sectors, physically challenged, students of tertiary institutions, children under 5 years, as well as community based social health insurance programme.

In order to achieve a qualitative healthcare service, NHIS established several standards and accreditation requirements for the following healthcare providers: (i) Mutual Health Associations (ii) Civil Society Organizations (iii) Insurance Companies (iv) Insurance Brokers (v) Healthcare Facilities (vi) Commercial Banks (vii) Board of Trustees (viii) Health Maintenance Organizations. The NHIS operation guidelines of October, 2005, outlined the role of the various Healthcare providers as follows:

Mutual Health Associations

- To provide increase opportunity of enrollees in the healthcare programme through reduction of "out-of-pocket" expenses incurred by members of a household.
- Promote the right of freedom to select those that require financial aid for healthcare services.
- To assist in controlling, planning, and establishing the type of healthcare services that may be covered by the enrollees.
- To reach an agreement with the public or private Health Facility on the kind of healthcare package that should be given to the enrollee.

Civil Society Organizations

- Supervise the management of Community Health Insurance Safety Net Fund (CHISNEF)
- As Technical Facilitators, provide the initial, and current technical support to those who manage the Community Based Social Health Insurance Programmes (CBSHIPs).

Insurance Companies

- Provide protection to the Health Facility against the incidence of damages, negligence, omission, errors or professional misconduct.

Insurance Brokers

- Offer advice to the scheme operators on the insurance needs of the persons involved in NHIS.
- Reach an agreement on the fixed amount of money that is to be charged as insurance premium, expected to be paid by all stakeholders as well as claims settlement.
- Ensure that relevant and current insurance policies are rightly possessed by the stakeholders.

Healthcare Facilities

- Compile the names of all the people who provide professional services and their qualifications (example, medical doctors, nurses, technologists, pharmacists, etc).
- Provide report on the specific hours of duty coverage.
- Provide adequate information on the type of medical equipments available for healthcare services.
- To ensure that beneficiaries are given the required attention, and promptly.
- To provide the needed services to the enrollees
- To oversee that primary healthcare facilities have adequate facilities to cater for antenatal delivery, and post-natal healthcare.

Commercial Banks

- Keep the money that accumulates to HMO and health facilities connected to it.
- Keep in safety funds meant for the programme to come into force.
- On request by the NHIS, give information on the accounting system of an HMO, and other healthcare facilities.
- At the authorization of the HMO, provide account statements on monthly basis to the NHIS.
- Take responsibility for the signing of "contractual agreement(s)" with NHIS and the Health Maintenance Organizations.

Board of Trustees

- Create awareness, and effective mobilization of community members.
- Periodically, ensuring that information pertaining to members are updated, and also encourage members to register.
- Collect contribution from members and pay same to the Technical Facilitators (TF) in TF – management programme.
- Ensure that members are screened in order to benefit from the Community Health Insurance Safety Net Fund.
- Provide protection against any misuse.

- Promote healthy living, and preventive methods in healthcare delivery

Health Maintenance Organizations

- Provide detail facts to the NHIS for purposes of credible accreditation.
- Provide regular information to the NHIS on the registration of enrollees
- Updating of enrollees' information on monthly basis.
- Oversee financial earnings or returns to the NHIS
- Annually provide "qualitative assurance report" to the NHIS

Challenges of national health insurance scheme in Nigeria

The NHIS is bedeviled with many challenges that could possibly account for its operational sluggishness in Nigeria. Some of these challenges ranges from administrative lapses to contextual issues. They are clearly explained below:

1. The Public Poor Conception of the Scheme

There is shallow understanding of the programme by the teaming Nigerian public arising mainly from in-exposure to how the scheme works in other climes, as well as limited education. Again since insurance generally in Nigeria seem to be a fluke and as a state supported means of extortion from members of the public, health insurance is also conceived along such lines.

2. Cultural Dementia

Culture possesses the tendency of making people not to think clearly or decipher between what is real and what is not real. It possesses a hypnotizing flare that turns men to irrationally consider events and issues. In the Nigerian context, planning or preparing for an unforeseen danger or possible danger in future is highly sacrilegious. It is considered a conscious invitation to ills. Preparing for the evil days is not tolerated by most cultures and individuals, hence the lack luster attitude to embracing health insurance schemes.

3. The problem of the federal system reserve powers associated with the federal system

The diverse authority structure, the federal system of government practiced in Nigeria comes with diverse authority structure. It is not in all cases where directives from the centre (National Government) are imposed on the federating units (the states). While the centre may flag off health insurance schemes for federal workers, the states may not be ready or interested to get involved in the scheme. We have a scenario in Nigeria where only federal public servants are involved in the scheme while little or nothing is reported of state public servants. The disparity is extremely high and reduces the effort of the scheme to an insignificant level.

4. The challenge of infrastructure

Instituting a health insurance scheme in terms of policy formulation is one thing and translating the articulation to concrete reality (implementation) is another. The latter is conditioned by the nature of infrastructure that serves as a conveyance belt of the scheme. Health infrastructure is either generally inadequate or grossly dilapidated and substandard. Under this condition, the scheme dies the very day it is commissioned for implementation.

5. Rural backwardness

Over 80% of Nigerians reside in the rural areas where access to health facilities is poor. Health insurance schemes do not work in these areas as a result of lack of health facilities and adequate health personnel. Where this number does not access health insurance, one cannot conclude that the scheme is actually addressing its intended consequences.

6. Delay in reimbursing service providers

Effectiveness of service providers is largely dependent on prompt payment for their services by the operators of the scheme. The general complain in Nigeria is that service providers are excessively owed and payment delayed for period of 6 months to one year. Such practice constitutes a demotivator and a major challenge to the success of the scheme in Nigeria. Delay in the reimbursement of service providers is not peculiar to Nigeria. It seems largely to be a condition faced by most African countries operating health insurance. In Ghana for instance, Agyemang, Adu-gyamfi and Afrakoma (2013) [4] noted that the relationship between the scheme operators and service providers has not been encouraging. Repayment of services rendered to subscribers of the scheme has not been prompt and timely. Service providers seem to be frustrated by late payment of bills and this could lead to total withdrawal of service or provision of substandard services. It must be understood clearly that the sustainability of the skill is largely dependent on the commitment of service providers; therefore, prompt payment of their bills is likely to raise their morale and guarantee some level of commitment.

7. Dearth of medical personnel to address urban and rural health needs

One big challenge lies in the shortage of medical personnel to handle the quantum of health needs of the people especially in the rural communities. Even in the urban centres where medical facilities is relatively better the number of patients to one doctor stands at over seven hundred to one. There are cases where patients wait for over 15 hours to consult a doctor. Others can stay for about two days without assessing a doctor owing to the crowd and pressure on available medical personnel. When eventually they do, diagnosis has been very shabby and hurriedly done in order to attend to others. Faulty diagnosis arises and leads to severe damage and loss of lives. The situation is precarious in the rural areas where some do not see medical doctors visiting health centres for upward of five years while some have never seen any in their life time. Health insurance scheme cannot succeed under this frustrating condition.

8. Excessive bureaucratization of the administrative process

The delay in processing the transaction of the scheme has been a discouraging factor in embracing the scheme. Those who have dared to register with the scheme complain of delay in having their documentations regularized to enable them begin to get the full benefit of the scheme. Therefore, many who are yet to register get discouraged by the experiences of those who have started the process of documentation. The implication is that the number embracing the scheme tends to be reducing or not encouraging. Service provider's complaint of excessive

delay in processing their claims leading to delay in payments of their bills. In other words, operational issues, particularly as it affects the processing of claim for repayment has been very cumbersome. The vetting system is excessively manual and is likely not to speedily address the volume of claim submitted for verification.

9. Corruption

As a recurrent decimal in Nigeria's administrative equation, corruption plays significant role in diminishing the fortune of the schemes. Operators of the scheme often engage the services of operators who are not sufficiently qualified because of either personal relationships or pecuniary attractions. Resources voted for the operation of the scheme is likely to find vent in the private custody of scheme operators.

10. Limited popular participation

Public opinion is hardly taken into consideration when determining issues concerning the scheme. The top–down model of public programme implementation guides the operational mechanics of the scheme. Where complaint request are provided by the scheme at service points, the views of subscribers are not taken into consideration at all. There is therefore, limited consumer opinion in its operation. The danger with this approach is that the public sees the programme as that of a select few in government and will not show any form of commitment to the sustainability of the scheme. As a social protection policy the voices of the people should be taken into consideration for it is through this that they see themselves as partners in the success of the insurance scheme.

Prospects

The possibility that the NHIS in Nigeria will achieve greater feat is high. Given its intervention mission, committed implementation will guarantee robust participation, public acceptability and success. Areas of intervention that will guarantee brighter prospect of the scheme are highlighted below.

- Expansion of the scheme to cover more health challenges. Health seeking populace complains that some medical challenges presented are not accommodated. This shows that some sicknesses are not covered by the scheme. Beyond its implication of popular dissatisfaction and participation, it is discriminatory in nature. In evaluating the National Health Insurance Scheme in Jos, Nigeria, Onyedibe, Goyit and Nnadi (2012) [16] discovered the level of dissatisfaction with the scheme among the respondents sampled owing to unavailability of the required services. This gap is a policy problem. An exercise in policy adjustment to close this gap will restore hope and confidence in the system and eventual chances of achieving its objectives.
- Extension of the scheme to accommodate nonpublic servants. A great percentage of the Nigerian populations are non-public servants. Only public servants have sufficient access to the scheme including their dependants. Therefore, the scheme has not sufficiently covered the teaming population of the country, this is not only limiting in scope but still leaves greater number of persons to face the traumatic burden of financing their health challenges alone. The objective of the scheme among others was to reduce this burden but this seems not to be so by this factor. This is the case in almost all African countries operating health insurance schemes. Dalinjong and Lear (2012) had in their survey of NHIS in Ghana mentioned the discriminatory practice of healthcare providers between the insured and uninsured. The implementation of urban self-employed social Health insurance programme will strengthen the prospect of this scheme in Nigeria.
- Greater rural participation. Over 70% of the Nigerian populations are rural dwellers and over 90% of the rural dwellers are not public servants. This shows that they are not involved in the scheme. If greater portion of the population are not covered by the scheme we cannot conclude that the scheme is adequately successful. Part of why the scheme seems obscure in Nigeria is as a result of non-participation of greater rural public and non-public servants in the scheme. Ogundimu quoted by Ogundipe (2009) had recommended that government and all other agencies involved in the National Health Insurance Scheme should propagate the scheme more in the rural and semi urban areas. Taking the scheme to the rural area will not only reduce the poor indices emanating from the rural areas but will increase participation and spread of the scheme across the country. A committed facilitation of the programme on rural community social health insurance will to a large extent address this shortcoming and boost the prospect of the scheme in Nigeria.
- Dismantling communication barriers- Many uneducated and semi-formal educated persons in Nigeria do not understand the narratives of the scheme. Therefore it makes no sense to them. What does not make sense to you is not worth participating. What the scheme stands for should be translated into local languages for proper and easy understanding of the scheme. By this exercise, the values and objectives of the scheme will make meaning to greater proportion of the population. Special programmes along this line should be created to enlighten this proportion of the population towards the values of the NHIS and the need to get involved.
- Special funding can brighten the prospect of the scheme. Given the fact that even the Nigerian Labour Congress (NLC) is against the 5% contribution and participants are highly skeptical of the sustainability of the scheme, funding will certainly be a problem. An exercise in special tax contribution can guarantee the prospect of sustainability. Establishment of National Health Trust Fund (NHTF) where about 2% of profits of major oil companies and other beneficiary of the Nigerian economic space will be deducted to fund the scheme.
- An act for mandatory participation is imminent. Part of the challenge of poor participation in the scheme is the voluntary nature of the programme. The act establishing the national health insurance provides that participation in the scheme is optional. This provision makes it extremely difficult for the scheme to attract wider participation. Because of the skepticism associated with beneficiaries, financial contribution, very many eligible citizens chose to stay off the programme. Very worrisome also is the fact that many states of the federation are yet to embrace the scheme, thereby keeping their public servants from getting involved in the schemes. An act to make the

scheme compulsory for at least all public servants from both the federal, states and local governments will brighten the prospect of wider coverage and adequate participation.

Conclusion

Financing the health system of Nigeria from a contributory perspective has become very imperative given the rising health challenges facing the people and the limited personal resources available to address them. A healthy nation is a wealthy nation because without good health one cannot create wealth. For the Nigerian state to be wealthy it must have a healthy population that is physically and mentally fit to compete favourably to sustain itself.

Individual fee paying health system is a challenge to national health progress especially in a condition where the level of poverty among its citizens is high. The Nigerian state has recognized this and has put in place a health system that guarantees the citizens of accessibility to and affordability of healthcare.

This programme is however bedeviled with many challenges that threaten its survival and sustainability. Challenges of funding, infrastructure, diverse authority and adequate manpower have been identified as serious threat to the success of the scheme.

However, the prospect of the scheme to achieve its objectives is high if the encumbrances identified are dealt with. Very important is the creation of special tax fund to address the issue of fear expressed by citizens about sustainability in funding. The state needs to establish an act that makes participation in the scheme very compulsory. Exercises in this direction will increase the chances of the scheme to achieve its objectives.

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