

National Health Insurance Scheme (NHIS)

The Problem

In Nigeria, many people are daily exposed to avoidable deaths because they do not have medical insurance that can cater for them in a period of emergency. In addition, most individuals have to pay for health care services and/or drugs that they cannot afford, and the inability to do so could lead to avoidable deaths. The need therefore to provide a platform that would guarantee accessible and affordable universal health care coverage for every Nigerian citizen (through the pooling of funds from different sectors of the economy) necessitated the conception of the National Health Insurance Scheme (NHIS).

Reform Actions

The first attempt at adopting a national health insurance scheme in Nigeria was in 1962 during the First Republic. The government then conceived of a Nigerian social security system that guaranteed the provision of health services to persons on the payment of token contributions at regular intervals. This effort did not see the light of day. However, in 1984 the National Council on Health commissioned a study on NHIS. The Report of the study was submitted to government in 1989 and in 1993, the Federal Executive Council (FEC) mandated the Federal Ministry of Health to start the implementation of the scheme. The legal backing for the implementation of the NHIS was promulgated on 10 May 1999, which formally established the structures for the implementation of the Scheme. Although it was established in 1999, the NHIS became operational only in 2005.

The NHIS is a social health insurance scheme whereby the health care services of the contributors are paid for from the pool of fund contributed by participants in the scheme. The primary goal of the scheme is to improve the health status of Nigerian citizens as a significant co-factor in the national poverty eradication efforts. Its mission is to undertake a government-led comprehensive health sector reform aimed at strengthening the national public and private health systems to enable the delivery of effective, efficient, qualitative, and affordable health services to citizens. The specific objectives of the scheme are to:

1. Ensure that every Nigerian citizen has access to good health care services
2. Protect families from the financial hardship of huge medical bills
3. Limit the rise in the cost of health care services
4. Improve and harness private sector participation in the provision of health care services
5. Ensure equitable distribution of health care costs among different income groups
6. Ensure high standard and efficiency of healthcare delivery to Nigerians
7. Ensure equitable distribution of health facilities within the country
8. Ensure appropriate patronage levels of healthcare

In order to guarantee that every citizen has access to good health care services, the NHIS developed various programmes to cover different segments of the society. These are:

1. Formal Sector Social Health Insurance Programme

2. Urban Self-Employed Social Health Insurance Programme
3. Rural Community Social Health Insurance Programme
4. Children Under-Five Social Health Insurance Programme
5. Permanently Disabled Persons Social Health Insurance Programme
6. Prison Inmates Social Health Insurance Programme
7. Tertiary Institutions and Voluntary Participants Social Health Insurance Programme
8. Armed Forces, Police and other Uniformed Services
9. The Diaspora family and friend
10. International Travel Health Insurance
11. Pregnant women and Orphans and Retirees and Unemployed Social Health Insurance Programme

Main Achievements

The scheme has recorded some appreciable level of success since inception including the following:

1. Coverage of 98% of federal government employees
2. Active collaboration with the organised private sector to provide insurance cover for their employees
3. Advanced level of Amendment process of the National Health Insurance Act (1999)
4. Implementation of CBHI projects in various communities across the nation – 3 Local Governments per state
5. TSHIP is being implemented in some Tertiary Institutions – TISHIP restricted and reviewed for greater impact among students of tertiary institutions
6. Plans have been completed for the take off of PPPSHIP by October 2014
7. Expansion of MDG project from 12 states to all the 36 states of the Federation inclusive of FCT subject to payment of counterpart funding by the state
8. Development of unified MCH programme to replace MDG/MCH by the end of the 2015
9. Introduction of Mobile Health Insurance Programme, first ever in the world
10. Establishment of NHIS offices in the 36 states of the Federation including FCT for UHC
11. Tertiary Diseases Invention programme introduced to cater for tertiary care services to curtail Medical tourism – 6 successful surgeries
12. Broader collaboration with agencies widened to achieve Universal health Coverage

Key Challenges

As laudable as the NHIS is, it is still faced with challenges, some of which are:

1. NHIS benefit package contain exclusions.
2. Low coverage across the country due to low health seeking behaviour of Nigerians
3. Lack of special tax-funded health protection programmes for the poor and most vulnerable groups

4. Low uptake by state and local government employees
5. Limit of free health protection programmes for the poor and vulnerable
6. Weak stakeholders responsibility

Assessment of Reform Initiative

Against the criteria for assessing the reforms, it is evident that the scheme has achieved some measure of success. However, a lot needs to be done. For example, nine years down the line, the scheme has only been able to cover just about 5.5 million or 3% of the country's population. Again 75% of those covered are public servants, whose policies are funded by the government, while the remaining 25% of people covered are from the private sector.

S/No.	Assessment Criteria	Result of Assessment
1.	Has the NHIS scheme improved the quality and quantity of public services?	The NHIS scheme has improved the quality and quantity of health care services.
2.	Do more people now have access to services, including disadvantaged groups such as women, young persons, and people with disabilities?	More people, including the disadvantaged groups, now have access to the NHIS scheme.
3.	Has the NHIS scheme reduced the cost of governance?	The NHIS scheme has significantly reduced the cost of governance because of the reduction in government-sponsored health services for public servants. However, senior government officials still find ways through which to patronise foreign hospitals.
4.	Has the NHIS scheme made services more affordable for citizens?	The scheme has made it possible for citizens to get insurance for affordable health care services.
5.	Has the NHIS scheme reduced corruption?	Yes through the activities of NHIS enforcement mechanism
6.	Has the NHIS scheme reduced unnecessary bureaucracy and red tape?	Reduced to a minimal level
7.	Has the NHIS scheme led to improved development outcomes?	Overall, more Nigerians now have access to quality healthcare through the scheme. However, 75% of those on the NHIS scheme are public servants and the uptake by the private sector has been a low 25% of the total number insured.
8.	Are things improving, staying	Things are improving.

S/No.	Assessment Criteria	Result of Assessment
	the same, or getting worse?	
9.	Where things are improving, will those improvements endure?	Improvements are likely to endure, particularly as a result of new programmes of the NHIS scheme to cover all the segments of Nigerian population.
10.	Where things are not improving, what should be done?	Not Applicable

Proposed Next Steps

1. Government should consider amending the NHIS Act to make compliance compulsory.
2. There is an urgent need to expand the scope of coverage of beneficiaries under the scheme.
3. More private sector employers and employees should be encouraged to join the scheme.
4. There is a need for an aggressive awareness programme to market the NHIS scheme in order to reveal its benefits to majority of citizens.
5. There is a need for special tax-funded health protection programmes for the poor and the most vulnerable groups.