



## Assessment of Social Health Security Services Transparency under National Health Insurance Scheme in Federal Polytechnic, Cottage-Hospital Auchi, Edo State, Nigeria

<sup>1</sup>CHIROMA Abdullahi Ahmad, Ph.D., <sup>2</sup>EDEIFO, Sunday  
& <sup>3</sup>AL-HASAN Fatimetu Olohigbe

<sup>1,2&3</sup>Department of Public Administration, Auchi Polytechnic Auchi, Edo State, Nigeria

Email: <sup>1</sup>abdullahiahmadchiroma123@gmail.com., <sup>2</sup>edeifoedeifo@gmail.com &

<sup>3</sup>alhasanfatimah4@gmail.com

GSM: <sup>1</sup>08065533541, <sup>2</sup>08024061417 & <sup>3</sup>09044077512

### Abstract

This study addressed the literatures gap on National Health Insurance Scheme. It examined the Social Health Security services transparency, scope of services, payment procedures and cost variation of services charged by Health Maintenance Organization in Auchi Polytechnic Cottage Hospital, Edo State Nigeria. The study relied on both primary and secondary data sources, a multi-stage focal group discussion was conducted involving seven participants, including NHIS coordinator, health care personnel, service administrators and beneficiaries. Secondary data were sourced from relevant literatures and the operational guidelines of the National Health Insurance Authority. The study found that transparency of Social Health Security Services in Auchi Polytechnic Cottage Hospital is compromised by lack of openness and clarity. Many of staff and beneficiaries are not adequately informed about the scheme and the benefits package, consequently, services that should be free are paid for by the beneficiaries, essential drugs and services that beneficiaries are entitled to are excluded, undermining the objectives of the scheme and increasing the financial burden on Polytechnic staff. The study recommends that Auchi polytechnic and the National Health Insurance Authority should collaborate to organize interactive sessions aimed at educating staff and beneficiaries about services covered under the scheme. It also urges that the currently exempted drugs and services be incorporated into benefits package and the implementation of a uniform price list and formation a monitoring team to ensure compliance at the cottage hospital are recommended.

**Keywords:** Health Security, Services, Transparency, Payment Procedures, Charges.

### Introduction

The healthcare system is a fundamental pillar of national development and a key component of the Millennium Development Goals, particularly as emphasized in the 1978 Alma Ata Declaration (United Nations Organization, 2022). A country's development is often evaluated by the level of attention and commitment it places on healthcare delivery, which ultimately reflects in the well-being and productivity of its human resources. Globally, healthcare has become a right for all citizens, with expectations of affordability and alignment with international best practices (World Health Organization, 2005).

In reaffirming this global priority, the United Nations General Assembly in September 2023 adopted a high-level political declaration emphasizing the importance of universal health coverage. The declaration urged member nations to commit to ensuring that all citizens,

regardless of socio-economic status, have access to quality healthcare without financial hardship (United Nations, 2023). According to the World Health Organization, countries such as the United Kingdom, Germany, France, and Australia have successfully implemented policies that support universal healthcare access since as early as 1875 (WHO, 2005).

In line with international efforts, Nigeria initiated the National Health Insurance Scheme (NHIS) under Decree No. 35 of 1994, later ratified as an Act of the National Assembly. The scheme aimed to make healthcare accessible, affordable, and of high quality for every citizen by reducing financial burdens through a combination of public-private partnerships (NHIS, 2023).

A crucial aspect of NHIS implementation involves transparency between regulatory bodies, Health Maintenance Organizations, and beneficiaries. The scheme mandates contributions of 5% from employees and 10% from employers to the National Health Insurance Authority. From this fund, 2% is allocated to HMOs and 1% to the National Health Insurance Authority. These deductions are intended to ensure collaboration among all stakeholders in the provision of timely and effective healthcare services (NHIS, 2023).

According to Campbell and Kelvin (2014), noted that NHIS is one of the financing mechanisms designed to enhance healthcare access in Nigeria, especially for low-income earners. It was created to resolve the persistent crises in Nigeria's healthcare sector such as inadequate infrastructure, dependence on public facilities, underfunding, and poor integration of private health services.

Unfortunately, healthcare indicators in Nigeria remain poor. Mgbe and Kevin (2014) reported that Nigeria has one of the highest maternal morbidity and infant mortality rates globally. Similarly, Agba. (2010) noted that the provision of quality, accessible, and affordable healthcare in Nigeria remains a significant challenge. This prompted the government to establish NHIS as a social security system that promises healthcare access for contributors through regular payments. Funding sources include contributions from beneficiaries, agency fees, investment returns, National Assembly appropriations, and other sources.

Social Health Security Services under NHIS primarily target public servants and operate on a contributory basis involving both employers and employees. The scheme is designed to finance and manage healthcare, based on risk pooling. It spans three levels: primary, secondary, and tertiary with services provided by HMOs within the enrollees' designated zones (NHIS, 2023).

As a contributory scheme between the government and employees, these services must be transparent. Stakeholders should engage openly regarding service scope, billing/payment procedures, and cost structures. However, in practice, transparency has been a persistent issue, particularly at the Auchu Polytechnic Cottage Hospital, where reports of opaque billing and service denial have surfaced. This study, therefore, investigates the transparency of Social Health Security Services under NHIS in this institution.

### **Research Problem**

1999 Constitution of Nigeria, Section 17 (3) (c & d) mandates the protection of the health, safety, and welfare of all employees and guarantees access to adequate medical facilities. To uphold this mandate, the NHIA was established. Public servants contribute 5% of their salary (3.25% by the employer and 1.75% by the employee) under the Federal Sector Program. At Auchu Polytechnic Cottage Hospital, however, significant challenges persist. Reports indicate inflated charges by Health Maintenance Organization, violations of National Health Insurance Scheme pricing policies, and restricted access to other services. For instance, urinalysis, a procedure meant to be free covered by National Health Insurance Scheme, is reportedly billed to and paid for by beneficiaries. Such discrepancies raise concerns about the transparency and accountability of accessing these services through the Health Maintenance Organization (HMO) at Auchu Polytechnic Cottage Hospital. These challenges in the implementation of the scheme motivated this study.

### **Research Questions**

The study attempts to answer the following research questions:

- i. To what extent are Social Health Security Services transparent in Auchu Polytechnic Cottage Hospital?
- ii. What is the scope of Social Health Security Services offered in Auchu Polytechnic Cottage Hospital?
- iii. What are the payment procedure for Social Health Security Services in Auchu Polytechnic Cottage Hospital?
- iv. What is the Cost of Variations associated with Social Health Security Services in Auchu Polytechnic Cottage Hospital?

### **Objectives of the Study**

The main objective of the study is to examine the Social Health Security Services Transparency under National Health Insurance Scheme in Auchu Polytechnic Cottage Hospital Auchu Edo State Nigeria. The specific objectives are:

- i To examine the extent to which Social Health Security Services are transparent in Auchu Polytechnic Cottage Hospital
- ii To explore the Scope of Social Health Security Services offered in Auchu Polytechnic Cottage Hospital
- iii To examine the Payment Procedure for Social Health Security Services in Auchu Polytechnic Cottage Hospital
- iv To examine the cost of variation for Social Health Security Services in Auchu Polytechnic Cottage Hospital.

### **Literature Review**

This study reviewed related literature on the provision of National Health Insurance services to public servants. It identified knowledge gaps and aimed to provide new insights that contribute meaningfully to the existing body of knowledge.

### **Social Health Security Services Transparency**

Fahmi, Putera, and Nerito (2024) evaluated citizens' rights under Indonesia's National Health Insurance Program, grounded in Article 28H of the country's 1945 Constitution. Their study identified shortcomings such as limited healthcare infrastructure and personnel. They recommended a policy review to enhance participation, particularly for migrants and pilgrims.

Al Dhaheri, Al Shamsi, and Kaur (2024) studied life insurance regulations in Canada, focusing on measures to prevent adverse selection. Their findings, based on governmental reports, revealed that regulatory enforcement and public engagement play key roles in achieving transparency. The study, however, recommended that the risk management strategies should employ public awareness and application of modern technology system to facilitate speedy and improved counter sight approaches.

Eze, Iseolorunkanmi, and Adeloje (2024) analyzed National Health Insurance Scheme implementation in Nigeria. Their findings indicated extremely low enrolment (below 5%) and widespread dissatisfaction due to poor service quality and limited access. Recommendations included monitoring hospital operations, incentivizing healthcare workers, and improving infrastructure.

Ipinnimo, Omotoso, and Ibirongbe (2023) compared Nigeria's National Health Insurance Scheme Act (2004) with the National Health Insurance Authority Act (2022). Using the Delphi method, they concluded that the 2022 Act introduces compulsory insurance and a Vulnerable Group Fund, both of which can improve healthcare equity if implemented effectively. The study, however, found that National Health Insurance Authority Act made health insurance compulsory for all Nigerians through introduction of vulnerable group fund and implementation of basic health care provision fund. The study advised that the journey towards universal health care could be safer and more equitable with health insurance now compulsory for all citizens in Nigeria, and introduction of vulnerable group funds in the new Act that would eliminate the catastrophic effect of expenses on poor Nigerians if the Act is fully and correctly implemented.

A review of these studies reveals that while Fahmi et al. (2024) focused on poor implementation in Indonesia, Al Dhaheri et al. (2024) discussed regulation and awareness in Canada. Eze et al. (2024) emphasized low participation in Nigeria, and Ipinnimo et al. (2023) explored legislative evolution. However, these studies failed to emphasize transparency in service delivery, especially the role of stakeholders in monitoring service provision. This study thus, addresses this gap by focusing on the transparency of Social Health Security Services, an area previously underexplored and under-addressed. This study aims to fill that gap by focusing on the administration of Social Health Security Services in Auchu Polytechnic Cottage Hospital.

### **Social Health Security Services Scope**

According to the NHIA Operational Guidelines, contributions cover a beneficiary, one spouse, and up to four biological children under 18. The benefit package includes drugs and healthcare services at three levels: primary, secondary, and tertiary. Primary services are provided by primary health care facilities, who act as gatekeepers in the program. Access to

other levels such as secondary and tertiary services are based on referral from one lower level to the next. Public servants are expected to access and enjoy benefits of free packages of consumables as in National Health Insurance Scheme standard treatment guidelines (National Health Insurance Scheme, 2023)

The primary levels of free benefit packages for public servants are:

- i. **Out-patient Care:** These services include proper history taking, examination and routine laboratory investigation such as malaria parasite, white blood count (WBC), hemoglobin (Hb), packed cell volume (PCV), urinalysis, stool and urine microscopy, blood film and microfilaria, ESR, WBC, diff, pregnancy test (urine), blood grouping, blood Sugar Widal test-etc (National Health Insurance Scheme, 2023).
- ii. **Immunization:** against childhood killer-diseases, vaccines, bacille calmetel-guerin (BCG), Oral Polio, diphtheria pertussis tenatus (DPT), Measles, Hepatitis B, human papilloma-virus (HPV), Vitamin A and other vaccines, etc (National Health Insurance Scheme, 2023).
- iii. surgical procedures, Drainages of simple abscess, incision and drainage (I&D). Minor wound debridement, surgical repairs of sample lacerations, drainages of Paronychia, circumcision of male infants, passage of Urethral catheter, other services that may be listed from time to time by National Health Insurance Scheme (National Health Insurance Scheme, 2023).
- iv. Internal Medicine, human immunodeficiency virus (HIV) acquired immunodeficiency syndrome (AIDS), sexually transmitted infection, Mental Health, Pediatrics, Obstetrics and Gynaecology, Ophthalmology, Emergency Care, Family Planning, Child Welfare Services and Dental Care, (National Health Insurance Scheme, 2023). (See appendix i).

The services under secondary and tertiary levels are the same, depending on Health Maintenance Organization and where the beneficiaries are enrolled, because in some other hospitals, such services are not accessible. Furthermore, these are also free benefit packages for public servants to access based on referral from their Health Maintenance Organization to any other Health Maintenance Organization within the National Health Insurance Scheme hospital; this include the following: Surgical Procedures, Internal Medicine, HIV/AIDS, Pediatrics, Obstetrics and Gynaecology, Ophthalmology, Ear-Nose and Throat (ENT), Dental Health, Physiotherapy, Radiology/ Ultra- Sonography, and Antenatal Policy (National Health Insurance Scheme, 2023). (See appendix i)

Despite these provisions, this study observed that many essential services such as computer tomography (CT) scans, dialysis, and emergency care are not available, limiting access to all services primary care. This indicates that the full scope of NHIS services is not being provided at this facility. Furthermore, no prior studies have comprehensively examined the delivery of all three service levels for public servants, at Auchi Polytechnic Cottage Hospital, a gap this study aims to fill.

### **Social Health Security Services Payment Procedures**

Kwarteng, Akazili, Welaga, Dalinjong, Asante, Sarpong<sup>3</sup>, Arthur<sup>4</sup>, Bangha<sup>4</sup>, Goudge<sup>5</sup> and Sanko (2020) investigated NHIS enrollment in rural Ghana. Their cross-sectional study of 39,262 people showed that 53.2% enrolled voluntarily, while 46.8% were exempted due to age or pregnancy. Despite exemptions for vulnerable groups, affordability remained a barrier, with 92.6% citing cost as a major challenge. The study found that half of the sampled population of 39,262 were enrolled into National Health Insurance Scheme; 53.2% of these were through voluntary subscription by payment of best the remaining 46.8% comprising of children below the age of 18 years, elderly 70 years and above, pregnant women and informal sector workers were exempted from the payment. The study recommended that government should intensify its efforts and commitment to make an urgent provision of resources so the social welfare department can develop all strategies to identify the poorer people for National Health Insurance Scheme registration

Nungo, Filippon, and Russo (2023) conducted a policy analysis on Kenya's National Health Insurance Fund. Their qualitative study revealed that while the informal sector dominates the labor market, only 27% were covered. They emphasized the need for stakeholder engagement and improved communication. Although both studies explored National Health Insurance Scheme implementation and coverage, they did not address payment or billing procedures. This study fills that gap by focusing on the billing practices at Auchu Polytechnic Cottage Hospital, where payments are manual and reimbursement procedures are slow.

### **Social Health Security Services and Cost Variations**

Sadiq, Bambang, Hakimi, Haryone and Hannafi (2024) examined National Health Insurance Scheme policy implementation in Indonesia. They found that services were far from equitable and recommended reforms using human-centered approaches and better-trained staff.

Shah, Lemma, Tao and Wong (2023) conducted a narrative review of Community-Based Health Insurance (CBHI) schemes in low- and middle-income countries. They found limited government support and emphasized the need to incorporate Community-Based Health Insurance Scheme CBHI into national health policies. However, these studies did not explore cost variations in services, which is critical. National Health Insurance Scheme provides a standard price list for services and drugs, yet discrepancies persist. This study investigates such variations at Auchu Polytechnic Cottage Hospital, revealing non-compliance with standardized costs. The study however, recommended that, Kenya's Social Health Insurance was perceived to increase the coverage and quality of Kenya's health services, the need for stakeholder engagement, and communication with other relevant constituencies to monitor the policy implementation and, by so doing, efficiency and quality of services would be enhanced

### **Existing Gaps intended to be filled**

Most of previous national and international studies on National Health Insurance Scheme are broad and fail in their focused on specific components like Social Health Security Services for public servants. There is limited empirical data on how National Health Security Services under National Health Insurance Scheme function within a specific micro- settings like Auchu Polytechnic, Auchu cottage hospital. None have explored the transparency, service scope, billing procedures, or price variations in detail. Furthermore, most relied solely on secondary data. This study adopts a mixed-method approach, incorporating both primary and secondary data, and includes a focus group discussion for comprehensive insights.

### **Theoretical Framework**

This study adopts Herzberg's Two-Factor Theory of Motivation (1959), which classifies job satisfaction into intrinsic (motivators) and extrinsic (hygiene) factors. The extrinsic factors such as salary, working conditions, and organizational policies are relevant here. National Health Insurance Scheme, as a government policy, is designed to improve these external factors and, in turn, promote job satisfaction among public servants. By ensuring transparency and efficient healthcare services, National Health Insurance Scheme can fulfill its objective of safeguarding workers' welfare.

### **Methodology**

This study assessed the transparency of Social Health Security Services under the National Health Insurance Scheme (NHIS) at Auchu Polytechnic cottage hospital, using a mixed-method approach involving surveys and ex-post facto research design. Primary data were gathered through a multi-stage focus group discussion involving seven participants: a National Health Insurance Scheme headquarters staff, a state coordinator, a desk officer, a medical doctor, and three National Health Insurance Scheme beneficiaries from Auchu Polytechnic Cottage Hospital. Secondary data were obtained from existing National Health Insurance Scheme literatures and operational guidelines. Purposive sampling was used to select key informants based on their expertise, using a qualitative approach and reports as appropriate.

### **Data Presentation and Analysis**

This section presents the data that were gathered through focus group discussions using a qualitative approach, and analyses to address four key areas: transparency, scope of services, payment procedures, and cost variations at from Auchu Polytechnic Cottage Hospital. Responses from the focus group were analyzed and summarize according to the study's four research questions:

**Research Question One: To what extent are Social Health Security Services Transparent in Auchu Polytechnic Cottage Hospital?:** National Health Insurance Authority officials claimed that there is transparency, but beneficiaries cited lack of awareness of the services between both the staff and beneficiaries is a factor that hinders the objective

realization. Other responses cited receipts and drug shortages, indicating a trust deficit and poor service clarity.

**Research Question Two: What is the scope of Social Health Security Services in Auchi Polytechnic Cottage Hospital?:** Respondents were in the same page that, the hospital provides only primary services. Essential secondary and tertiary services like dialysis and CT scans are unavailable, limiting accessibility.

**Research Question Three: What are the Payment Procedures for Social Health Security Services in Auchi Polytechnic Cottage Hospital?:** Respondents attested that billing and payment system is manual, that beneficiaries pay cash and are often referred outside for unavailable drugs. There is no digital platform which undermines transparency and efficiency.

**Research Question Four: What is the Cost Variations associated with Social Health Security Services in Auchi Polytechnic Cottage Hospital?;** In terms of cost variation, the respondent are of the view that standard National Health Insurance Scheme price lists are not adhered to. Drugs are often more expensive within the hospital than outside, whereas the medical. Health personnel and state coordinators disagree with them. .

### **Data Analysis**

Data collected from the focus group discussions were analyzed in relation to the research questions and objectives of the study:

#### **The extent to which Social Health Security Services are Transparent in Auchi Polytechnic Cottage Hospital**

The responses from the NHIS officials, medical personnel, and administrative staff at Auchi Polytechnic Cottage Hospital suggested that the services provided are transparent. However, the views expressed by beneficiaries contradicted these claims. Beneficiaries noted a lack of transparency in billing, as receipts were not issued to them to confirm their medical expenses, and drugs were often unavailable. Also, the analysis indicates that transparency in the delivery of Social Health Security Services at the hospital is questionable. Some services that are supposed to be free such as urinalysis are being charged, suggesting that beneficiaries lack awareness of their entitlements. This confusion may result from the fact that in many hospital staff who handle NHIS registered patients are not adequately informed about the scheme's provisions. The lack of staff and beneficiary education about covered services may further undermine trust in the system.

#### **The extent to which the Social Health Security Services scope is covered in Auchi Polytechnic Cottage Hospital**

Focus group discussions revealed that the hospital lacks adequate facilities to provide comprehensive services across all three NHIS levels (primary, secondary, and tertiary). Participants stated that the hospital only delivers primary services. While other services are not accessible, many essential drugs and advanced procedures are not available. In addition, the scope of Social Health Security Services is limited. High-tech investigations such as CT

scans, dialysis for renal failure, and treatments for injuries resulting from natural disasters are not covered at this facility. As a result, beneficiaries requiring these services are referred to other hospitals. The lack of advanced medical equipment, which should be supplied by the government, restricts access and increases the financial burden on staff.

### **The extent to which Payment Procedures for Social Health Security Services are followed in Auchi Polytechnic Cottage Hospital**

According to the discussion, billing is handled in the pharmacy, and payments are made manually. This means that beneficiaries pay cash directly to the cashier after receiving prescriptions. The study also found that many prescribed drugs were not available in the hospital pharmacy, forcing beneficiaries to buy them externally and seek reimbursement, which involves lengthy processes.

The hospital continues to use outdated payment methods and has not adopted digital payment systems. This manual system lacks accountability and transparency and does not comply with international financial reporting standards, as such efficient financial management and traceability are compromised.

### **The extent to which cost variations associated with Social Health Security Services exists in Auchi Polytechnic Cottage Hospital**

The discussions revealed that NHIS provides a standard price list for services and drugs that should apply to all accredited hospitals nationwide. However, this pricing structure is not adhered to uniformly. Beneficiaries reported that drugs of the same brand and quality were cheaper outside the hospital than within its pharmacy. This variation may be due to differing costs of living across geopolitical zones.

Despite having a standardized list, the failure to comply with it imposes extra costs on beneficiaries. These inconsistencies increase the financial burden on staff and undermine the objectives of the NHIS. In summary, the data analysis highlights discrepancies between policy and practice in the areas of transparency, service scope, payment procedures, and cost regulation at Auchi Polytechnic Cottage Hospital.

### **Discussions of Findings**

The data analysis and discussions of this study revealed that:

- i. The findings of the study revealed that transparency in service delivery is poor, beneficiaries are unaware of their entitlements and services that they ought to enjoy in social health security services under National Health Insurance Scheme, which leads to unnecessary payments in Auchi Polytechnic Cottage Hospital .
- ii. The study's findings established that the scope of services is limited to primary care due to inadequate facilities that government is yet to provide, and it excludes essential services in the that staff are supposed to access and enjoy at Auchi Polytechnic Cottage Hospital.
- iii. The findings of the study further established that billing and payment procedures are outdated and manual, hindering accountability, efficiency and effectiveness of the operation at Auchi Polytechnic Cottage Hospital.

- iv. Also, findings revealed that cost variations contradict National Health Insurance Scheme's standard pricing, placing financial strain on beneficiaries, with the result that non-compliance with standardized pricing undermine the scheme's objectives, potentially leading to increased out-of-pocket expenses and reduced trust among beneficiaries in the hospital.

## Conclusion

This study assessed the transparency of Social Health Security Services under the National Health Insurance Scheme (NHIS) at Auchi Polytechnic Cottage Hospital. The findings highlight discrepancies between policy and practice in the areas of transparency, service scope, payment procedures, and cost regulation at Auchi Polytechnic Cottage Hospital.

This is to conclude that, transparency has been compromised by limited information dissemination, as beneficiaries are often unaware of their entitlements and suffer from lack of accountability in service delivery, inadequate access to the full scope of NHIS covered services, manual and inefficient payment procedures, and significant cost variations, despite standardized pricing guidelines. By implication, if these challenges continues they can hinder the effectiveness of National Health Insurance Scheme and erode trust among beneficiaries at Auchi Polytechnic Cottage Hospital.

## Recommendations

Based on the findings and conclusions, the following recommendations were made:

- i. National Health Insurance Authority and Auchi Polytechnic should jointly conduct training and sensitization sessions for staff and beneficiaries on National Health Insurance Scheme services and entitlements.
- ii. The federal government should expand National Health Insurance Scheme benefit packages to include currently excluded but essential services and invest in the necessary infrastructure.
- iii. Auchi Polytechnic should implement a digital billing and record-keeping system to enhance efficiency, transparency, and traceability of transactions.
- iv. National Health Insurance Authority should enforce strict compliance with standardized price lists and hold defaulters accountable to ensure fairness and financial protection for all beneficiaries.

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