THE INTERNATIONAL JOURNAL OF
HUMANITIES & SOCIAL STUDIES

Assessment of the Implementation of National Health Insurance Policy in Nigeria

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Abstract:
Affordable and inclusive system of health care delivery for the citizens is a requirement for any nation that desires rapid socio-economic development. It is in realization of this that the 1999 constitution of Nigeria (as amended) under the chapter on Fundamental Objectives and Directive Principles of State Policy, Section 17, Sub-Section 3(d) declared that; "the state shall direct its policy towards ensuring that there are adequate medical and health facilities for all persons". Pursuant to this constitutional provision coupled with the quest to extend the range of healthcare delivery, the National Health Insurance Scheme (NHIS) was established. NHIS is a social security system established by Decree 35, of 1999 (now Act 35) and became operational after it was officially launched by the Federal Government in 2005. The objective of the scheme is to ensure Universal Healthcare Coverage (UHC) for all Nigerians by the year 2015; especially poor and vulnerable Nigerians. To this end, the paper seeks to examine the implementation of the scheme in Nigeria. The methodology adopted is the content analysis and the studies are anchored on the elite theory as framework of analysis. The paper observed that there are challenges that stand between the scheme and the realization of its objective among which are, inadequate funding and inadequate awareness. It recommends among others that, the need to diversify sources of funding the scheme by creating a Special Tax Fund. This will ensure sustainability in the funding of the scheme; while public awareness of the existence of the scheme especially among rural people is intensified

Keywords: *Health, policy, insurance, coverage, universal*

1. Introduction

The popular saying that a "healthy nation is a wealthy nation" is valid in all ramifications and it is for this reason that governments the world over have made effective and efficient healthcare delivery system for the citizens one of the fundamental objectives of state policy. For a strong and vibrant work-force, the healthcare delivery system must be adequately functional for all citizens to access. What this implies is that, the healthcare system should be within the reach of all members of the society especially the vulnerable.

The indispensability of good health care system to national development informed the various health programmes by successive Nigerian governments including the establishment of Primary Healthcare Scheme, the Guinea Worm Eradication Programme, the Kick out Polio Programme, malaria eradication programme (Roll Back Malaria) etc. and of recent, the National Health Insurance Scheme (NHIS). The National Health Insurance Scheme (NHIS) which became operational in the year 2005 has as its objective, the achievement of Universal Health Coverage (UHC) for all Nigerians by the year 2015. This implies that between the year 2005 when the scheme was established and the year 2015, all Nigerians within the formal and the informal sectors would be able to access the benefits of the scheme. After a period of ten (10) years, it is necessary to assess its implementation.

Nigeria is continually ranked low in healthcare delivery by international organizations. WHO (2000) report, for instance ranked Nigeria 187 out of 191 countries; eight years later, Human Development Report (2007/2008) ranked the country 158 out of 177. In 2005 only 48 and 35 percent of the children within the ages of zero-to-one year old were fully immunized against tuberculosis and measles respectively. Between 1998 and 2005, 28 percent of the children within the ages of 5 years who suffered from diarrhea received adequate treatment. Between 1997 and 2005 only 35 percent of births in Nigeria were attended to by skilled health personnel. Furthermore, between 2000 and 2004, only 28 percent of Nigerians in every 100,000 persons had access to physicians (UNICEF, 2006; World Bank, 2007; UNDP, 2008). According to the World Bank (2007), Nigeria's health indicators have either stagnated or worsened during the past decade despite the Federal Government's efforts to improve healthcare delivery. Nigeria's life expectancy of 52.3 years is below the African average of 56.05 years, while child and maternal mortality rates are astounding. Annually, one million children die before the age of five due mostly to neonatal causes-malaria and pneumonia. Maternal mortality is 630 per 100,000 live births which is comparable to low-income countries such as Lesotho and Cameroon. An estimated 3.3 million Nigerians are infected with HIV and access to prevention, care and treatment is minimal (WHO, 2007).

The paper, therefore, seeks to examine the overall implementation of NHIS in Nigeria and to identify the challenges of implementation process with a view to reflect on the prospects of NHIS in Nigeria

1.1. Concept Analysis

1.1.1. Health Insurance

Scholars have viewed health insurance from different perspectives. Health insurance in the opinion of Chikeleze (2004), is the ability to get health services when required without having to pay fully at a time of need because payment has been made by a fixed regular contribution by the insured or his/her employers or both (prepayment plan). In the same vein, Ogechukwu (2004), view health insurance as the pooling of resources by group of individuals to take care of health needs. The NHIS Operational Guidelines (2012), defined health insurance as a system of advance financing of health expenditure through contributions, premiums or taxes paid into a common pool to pay for all or part of health services specified by a policy or plan. Also, Toyin (2014) opined that health insurance is a social security mechanism that guarantees the provision of needed health services to persons on the payment of some amount at regular intervals. It is designed to protect people against high cost of healthcare by making payment in advance of falling ill. The scheme therefore protects people from financial hardship occasioned by large or unexpected medical bills. It saves money on the short run and protects the poor from medical conditions that can lead to greater loss of money on the long run.

There are many advantages accruable from participation in health insurance which according to Toyin (2014), include;

- Broadening the sources of healthcare financing
- Reducing the dependence and pressure on government budget.
- Increasing the financial resources and ensuring stable source of revenue for healthcare.
- Ensuring visible flow of funds to the sector.
- Assisting in establishing patients' rights as customers.
- Combines risk pooling with actual support by allocating services according to need and distributing financial burden according to ability to pay.
- Solves equity and affordability problem in providing and financing health sector.
- Improves and harness private sector participation in the provision of health services

In general terms, health insurance is the ability of an individual or members of his family to access health needs freely or by paying a token amount because payment has been made in advance through contribution by the individual alone or both the individual and his employer.

1.1.2. National Health Insurance Scheme (NHIS)

The National Health Insurance Scheme (NHIS) is a social health insurance programme introduced by the federal government in Nigeria to cover both the formal and the informal sectors.Adekola (2015) defined the NHIS as a social security arrangement with a comprehensive benefit package that covers mainly Federal Public Sector workers, and their families. Jutting (cited in Felix and Uno, 2016) opined that:

The Nigerian NHIS is a Social Health Insurance Progrmame (SHIP) which combines the principle of socialism (being one's brother's keeper, common good of all) with that of insurance (pooling of risks and resources).

According to Hafsah and Saidu (2016), NHIS is a social security scheme meant essentially to provide financial backbone to Nigerian needing health services. NHIS is a government agency saddled with the responsibility of providing Universal Health Coverage (NHC) for all Nigerians through a contribution made by the individual alone or both the individual and his employer. The NHIS was established by decree 35, of 1999 (now Act 35) and became operational after it was officially launched by the Federal Government in 2005 (Kannegiesser, 2009). The scheme is an attempt to address the precarious and dismal situation in the health sector and to provide universal access to quality healthcare services in the country. For the formal sector employee, the schemeis designed to cover the major beneficiary, his spouse and four (4) children who are not more than 18 years of age (NHIS Report, 2009). The beneficiary or enrollee (employee) is expected to contribute 5percent of his basic salary and another 10percent paid by the employer which is then pooled together and used for al enrollees (Onyedibe,Goyit and Nnadi (2012).

According to NHIS Operational Guidelines (2012), the specificobjectives of the scheme include to:

- Ensure that every Nigerian has access to good healthcare services.
- Protect families from the financial hardship of huge medical bills.
- limit the rise in the cost of healthcare services
- Ensure equitable distribution of healthcare costs among different income groups
- Ensure efficiency in healthcare services
- maintain high standard of healthcare delivery services within the scheme
- Improve and harness private sector participation in the provision of healthcare services
- Ensure adequate distribution of health facilities within the Federation.
- Ensure equitable patronage of all levels of healthcare.
- Ensure the availability of funds to the health sector for improved services.

In order to achieve these objectives, the National Health Insurance Scheme administers a number of social health insurance programmes covering the formal sector (Public Sector – Federal, State and Local Government, organized private sector, Armed Forces, Police and other uniformed service and students of tertiary institutions social health insurance

programmes and the informal sector (Community Based Social Health Insurance Programme, Voluntary contributors social health insurance Programmes) and Vulnerable Group Social Health Insurance Programme (these includes: physically challenged persons, prison inmates, refugees, victims of human trafficking, internally displaced person etc.)(NHIS Report, 2013). In terms of structuralization, the various Health Maintenance Organisations (HMOs), on behalf of NHIS supervises what is happening in the healthcare facilities such as hospitals, clinics and healthcare centers. The HMOs also make payments to health facilities (Felix and Uno, 2016).

The benefits of the scheme include outpatient care, pharmaceutical care as contained in NHIS essential drug list (Note that the beneficiary is expected to make a co-payment of 10percent of the total cost of drugs),diagnostic test as contained in NHIS diagnostic test list, maternal care for up to four (4) life birth; preventive care (immunization, health education, antenatal and postnatal care), hospital care (limited to 15 days in a year and admission in the general ward), eye care and preventive dental care (Obadofin, 2006; NHIS Report, 2013). The NHIS package has certain health care services that are not covered in the scheme. There exclusion is either total or partial. Total exclusions include healthcare services such as occupational or industrial injuries, natural disasters e.g. earthquakes, landslides, conflicts, social unrest, riots, wars etc., similarly, injuries arising from extreme sports such as car racing, polo, boxing and wrestling are also not covered by the NHIS. Epidemics and therapies accruing from drug abuse and addiction, transplant and congenital abnormalities and purchase of spectacles are also excluded. Hearing aids and associated appliances, management of cerebra vascular accident (stokes) beyond the initial treatment and infertility management. Partial exclusions include pap smears and mammogram. Terms of the partial coverage are such that the HMO pays 25percent while the employee or employer pays 75percent of the cost of the healthcare service (Obadofin, 2006; NHIS Report, 2013).

A critical look at the entire system of NHIS reveals a holistic plan by government to reposition the healthcare system in Nigeria for better service delivery. Theoretically, the ideals of the scheme seem to be well thought-out; however, like other policies, programmes and schemes in Nigeria, implementation is usually the major concern.

2. Methodology

This paper is an evaluative one that made critical contextual analysis of reports on the activities of NHIS in Nigeria over a period of time. The coverage of services made and the interventions in the health care delivery were evaluated / analysed against the policy intention/ expectations in Nigeria. This is to determine the extent of success and possible challenges hindering wider coverage and /or effective implementation of the policy. Reports of world health organization (WHO), UNICEF, the NHIS periodicals and other relevant literature on the activities of NHIS are sufficiently evaluated for an instructive analysis.

3. Analysis of the Implementation of NHIS in Nigeria

Public policy is considered effective when its outcome impacts positively on the public through effective and efficient implementation. The NHIS has existed for more than ten (10) years and opinion is polarized among Nigerians on whether the scheme has the capacity to cover all Nigerians. This aspect of the paper examines the implementation of the scheme in terms of coverage of national population.

The table below which is an outcome of the study conducted by Hafsah and Saidu (2016) gives an insight of NHIS coverage of national population between 2005 and 2015.

Year	Population	percent of Beneficiaries	Equivalent	Unemp-loyed	Employed	Private Sector employ-ees	Public Sector employees
2015	182,201,962	5.05percent	11,515,164	0percent	5.5percent	1.01percent	4.4percent
2014	178,521,333	5.03percent	10,175,716	0percent	5.03percent	0.1percent	4.03percent
2013	173,600,033	5.02percent	8,714,721.66	0percent	5.02percent	0.04percent	4.98percent
2012	166,211,344	2.3percent	3,822,860.91	0percent	2.3percent	0.03percent	2.27percent
2011	164,397,110	1.93percent	3,172,864.22	0percent	1.93percent	0.01percent	1.92percent
2010	159,424,742	1.72percent	2,742,105.56	0percent	1.72percent	0percent	1.72percent
2009	151,222,999	1.7percent	2,570,790.98	0percent	1.7percent	0percent	1.7percent
2008	150,661,290	1.4percent	2,109,258.06	0percent	1.4percent	0percent	1.4percent
2007	146,953,119	1.3percent	1,910,390.55	0percent	1.3percent	0percent	1.3percent
2006	143,331,222	1.02percent	1,461,978.46	0percent	1.02percent	0percent	1.02percent
2005	139,611,303	0.3percent	418,833.91	0percent	0.3percent	0percent	0.3percent

Table 1: NHIS Coverage of National Population (2005-2015)
Source: Worldometers, (Cited In Hafsah and Saidu, 2016

The table above gives a comprehensive picture of the national coverage of NHIS in Nigeria between 2005 and 2015. As a national healthcare policy which aims at benefiting all Nigerians, it is indeed disappointing that only 5.05percent Nigerians have been captured in 10 years. It can also be deduced from the table that the percentage of private sector employees covered within this period is an insignificant 1.01percent. It is also instructive to note that the unemployed Nigerians which constitute the larger percentage (percent) of the country's population were ignored completely. The implication is that the implementation of the scheme between 2005 and 2015 have been very unimpressive and the reason may be because the attention of the implementers is more on the public sector employees while the informal sector comprising the unemployed, artisans, farmers, street vendors, traders and the vulnerable were

completely ignored. This suggests that the implementation of the scheme is elitist in nature; because in comparative terms with the unemployed and informal sector employee's counterparts, public sector employees can be regarded as elites.

4. Challenges of NHIS in Nigeria

The NHIS is bedeviled with many challenges that could possibly be responsible for its lack-lustre implementation. These challenges are examined below:

- Inadequate funding: Funding remains a critical problem to the scheme (Agba, Ushie and Osuchukwu, 2010; Eteng and Utibe, 2013; NHIS Report, 2012 and Toyin, 2014). The percentage of government allocation to the health sector has always been between 2percent to 3.5percent of the national budget. In 1996, 2.55percent of the total national budget was spent on health, 2.99percent in 1998, 1.95percent in 1999, 2.5percent in 2000 and a marginal increase to 3.5percent in 2004 (WHO, 2007); of recent, in 2014 and 2016, 3.7percent and 6percentrespectively were allocated to the health sector and in the present budget of 2017, 3.7percent was allocated to the health sector. Observed closely, it is pertinent that successive governments have not given the health sector the desired attention in the area of funding. The implication is that NHIS which is a critical aspect of the Nigerian health sector may not have the required fund to be able to implement many of its programmes aimed at achieving universal healthcare coverage.
- Obsolete and Inadequate Medical Equipment: NHIS is impeded by obsolete and inadequate medical equipment used by health service providers (Agba, Ushie and Osuchukwu, 2010; Uteng and Utibe, 2013 and NHIS Report, 2013). The country suffers from perennial shortage of modern medical equipment such as x-rays, computerized testing equipment and sophisticated scanners (Johnson and Stoskopt, 2009). And where this equipment are available, repairs/services are always a problem. According to Oba (2009), this situation is not unconnected with corruption. Money meant to boost the health sector ends up in private pockets. The consequences are that NHIS enrollees may not receive quality healthcare services from the health service providers.
- Lack of Adequate Personnel: There is the shortage of health personnel who are supposed to be responsible in bringing the scheme to fruition (Gupta, Gauri and Khemani, 2004; Manuwa-Olumide, 2009; and Etang and Utibe, 2013). The country for instance had 19 physicians per 100,000 people between 1990 and 1999. In 2003, there were 34,923 physicians in Nigeria, giving a doctor-patient ratio of 0.28 physicians per 1000 patients (WHO, 2007). Migration of health personnel to the US, UK, Europe and other Western countries is significantly responsible for the personnel situation in the health sector in Nigeria. Attributing factors include poor remuneration and poor conditions of service (WHO, 2007). The activities of the scheme are meant to be co-piloted by health personnel and whereby most hospitals (public and private) are malnourished in terms of personnel, it becomes a difficult task to successfully implement the various programmes of the scheme.
- Inequality in the distribution of healthcare facilities between urban and rural areas: In Nigeria, there exists great inequality in the distribution of healthcare facilities between urban and rural areas (Omoruan, Bamidele and Philips, 2009). Healthcare facilities are concentrated more in the urban areas whereas over 70percent of Nigerians reside in the rural areas. It is difficult for health insurance scheme to work in the rural areas as a result of lack of health facilities. Given this situation where over 70percent of Nigerians cannot access the scheme, one cannot conclude that the scheme is actually addressing its intended consequences.
- Poverty and the inability to prepay for healthcare in Nigeria: According to Asoka (2012), because of the level of poverty in Nigeria, "people are not willing to pre-pay; and because people do not pre-pay, there is no risk pool, and because there is no risk pool, there is no supply side". What this means is that many Nigerians especially the unemployed and informal sector employees cannot afford their own part of financial commitment necessary to participate in the scheme.
- Reluctant of State Government to Key into the Scheme: In addition to the above challenges, many state governments in Nigeria are reluctant to key into the scheme (Asoka, 2012, NHIS Report, 2013). This has greatly limited the scheme from expanding and attaining its goal of universal coverage.
- Inadequate Awareness: Another issue is the problem of inadequate awareness of the existence of the scheme (Oba, 2009; Toyin, 2004). Many Nigerian, especially those that reside in the rural and semi urban areas do not have enough understanding on the existence of the scheme; as such, they are not able to participate in it.
- Delay or Default in payment by HMOs: Finally, there have been complaints of delay or refusal to make payments to healthcare providers by the Health Maintenance Organisations (HMOs). Infact, there are occasions where the services of some HMOs have been withdrawn because of their inability to keep to required standard (NHIS Report, 2009, 2012 and 2013). Such behaviour by some HMOs have affected the confidence level of some healthcare providers on NHIS and consequently they lack of interest to participate in the scheme.

5. Prospects of NHIS in Nigeria

In spite of these obvious challenges, NHIS has been acknowledged by a growing numbers of public affair commentators as one of the social security initiatives of the government that would stand the taste of time. In order to ensure its future prospects, the management of the scheme has designed several programme to reach out to majority of Nigerians especially those within the informal sector (NHIS Report, 2013). Such programme includes: The Community Based Social Health Insurance Programme (CBSHIP). These programme exist within the informal sector social health insurance programme. It is a non-profit health insurance programme for a cohesive group of households/individuals or occupation-based groups, formed on the basis of the ethics of mutual aid and the collective pooling of health risk.

Membership comprises of individuals in the community (NHIS Operational Guidelines, 2013; NHIS Report, 2013). Since majority of Nigerians reside in the rural community, the Community Based Social Health Insurance programme if well administered has the capacity to reach out too many Nigerian in the rural areas and thereby brightening the prospect of universal healthcare coverage.

There is also the Vulnerable Group Social Health Insurance Programme (VGSHIP). According to NHIS Operational Guidelines (2012), the Vulnerable Group Social Health Insurance Programmes are programmes designed to provide healthcare services to persons who due to their status (including age) cannot engage in any meaningful economic activity. These include the physically challenged, prison inmates, pregnant women and orphans, refugees, victims of Human Trafficking, internally displaced persons, immigrants and children under five. Reaching out to the vulnerable members of the Nigerian society is one of the key mandates of NHIS and a diligent implementation of the VGSHIP would certainly increase the future prospect of the scheme.

Another programme which is aimed at ensuring the future of the scheme is the Voluntary Contributors Social Health Insurance Programme (VCSHIP). This programme is designed for willing individuals and/or organisations with less than 10 employees who are not already covered by any of the existing NHIS programmes. As at the year 2013, VCSHIP has a membership of 624 participants (NHIS Report, 2013). Retirees Social Health Insurance Programme (RSHIP) is another social health insurance package designed by NHIS for those that have retired from active service in order to widen its coverage (NHIS Report, 2012). Finally, is the Tertiary Institution Social Health Insurance Programme (TISHI). This is a social security system whereby the healthcare of students in tertiary institution is paid for from funds pooled through the contributions of students. The programme is committed to ensuring access to qualitative healthcare service for students of tertiary institutions (NHIS Operational Guideline, 2012). Given the population of Nigerian students scattered all over the various institutions of learning, the TISHIP if well applied by the implementers of the programme, can turn around the fortune of the scheme and enhance its coverage. The analysis above indicates that NHIS has different programmes designed to cover various segments of the Nigerian population. These programmes if carefully administered have the capacity to guarantee future prospects for the scheme and the attainment of Universal Healthcare Coverage (UHC) for all Nigerians in no distant time.

6. Conclusion and Recommendations

The NHIS is a social security system established by the Nigerian government to bring about Universal Healthcare Coverage for Nigerians. The scheme aims at addressing the health challenges among the Nigerian people; so, it is designed to benefit both the formal and the informal sector of Nigeria. Ten (10) years of the existence of the scheme reveals unimpressive implementation with emphasis more on the formal sector to the complete neglect of the informal sector where most Nigerians belong. The reasons for the poor implementation of the scheme so far may not be unconnected with its elitist focus and other challenges bedeviling its success. The prospect of the scheme however, is bright considering several programmes designed by the NHISto capture different segments of the Nigerian society.

In the light of the issues discussed, observations made and findings established, the following recommendations are made:

- The issue of funding is very critical to the realization of the objective of NHIS. Government should diversify source of funding the scheme. It should be noted that contributions by employers and employees are not the only way possible to fund the provision of healthcare for the people. Government should create a Special Tax Fund to ensure sustainability in the funding of the scheme. If this is done, the needed fund will be available to stuff our hospitals with adequate and modern medical equipments and drugs.
- Adequate and well-trained medical personnel should be employed in the various hospitals, clinics, lab and healthcare centres where NHIS is providing health services to its beneficiaries. Private hospitals/clinics participating in the scheme should be mandated by government to ensure that proper and adequate personnel are recruited and trained. To be able to achieve this, the government must be able to provide conducive working environment and adequately remunerate medical personnel.
- There is the need to intensify public awareness of the existence of the scheme especially among rural people. Over 70percent of the Nigeria populations are rural dwellers and over 90percent of the rural dwellers are not public servants, as such they are not aware of the scheme. Intensive public awareness programme should be embarked on to enlighten the people on the positive values of the scheme. The attributes of the scheme should be well publicized by translating it into the major Nigerian languages to enable the people to understand and appreciate its values and objectives.
- Inequality that exists in the distribution of healthcare facilities between urban and rural area should be bridged. Because of the large population in the rural areas, more health facilities should be provided to enhance the activities of NHIS. Because of paucity of funds to provide these facilities, government can partner with the private sector orgnisations that is Public Private Partnership (PPP), Non-Governmental Organisations (NGOs) and other International Donor Agencies to provide the needed health facilities in the rural areas.
- Government should make participation in the scheme mandatory. Part of the challenge of poor participation in the scheme is the voluntary nature of the programme. The Act establishing the NHIS provides that participation in the scheme is optional. This provision makes it extremely difficult for the scheme to attract wider participation. An Act to make the scheme compulsory for at least all public servants from the Federal, State and local government will brighten the prospects of wider coverage and adequate participation.
- Finally, regular periodic monitoring, evaluation and re-planning of activities of HMOs and healthcare providers by NHIS should be encouraged. NHIS should establish a body that will be saddled with the responsibility of

periodically monitor and evaluate the activities of HMOs and healthcare providers to ensure that their actions are within acceptable standard.

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