



## National Health Insurance Scheme in Nigeria; Progress towards Universal Coverage

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### Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

### Article Information

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### Letter to the Editor

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The National Health Insurance Scheme (NHIS) was established under Act 35 of 1999 [1]. The scheme is a social health insurance scheme aimed at providing universal coverage for all Nigerians. This model ensured the introduction of Health Maintenance Organisations (HMOs) as financial managers of the Scheme [1]; it however did not take off until 2005. There are several different programmes under the scheme aimed broadly at the formal and informal sectors. However, present coverage under the scheme is very low at just 7.9 million [2]. In Nigeria, the WHO reported that private spending on health as a percentage of total health expenditure was 63.3% [3]. Of this 95.4% was from out-of-pocket payment, indicating that a majority of Nigerians especially the poor have to pay for their health care, as they have no insurance coverage [3]

and up to 70.2% were reported to be living on less than USD 1.00 per day [4].

Concerted efforts in recent times have been made to improve coverage under the scheme. At the onset, the act establishing the NHIS made it optional, since it was a contributory scheme, people simply opted out [5]. Critics in the earlier years have linked the poor coverage of the scheme to this and have repeatedly called for an amendment to the act to make it mandatory [6]. Also the scheme started with enrollment of federal government employees while State employees and the informal sector were practically left out. Nine years after the scheme was launched, it had only commenced in 2 States [7].

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Recently this was also corrected with a mandate for all States of the federation to commence their own mandatory schemes. To address the funding challenges a National Basic Health Care Provision Fund was established under the National Health Act. Half (50%) of this fund is meant for the provision of basic minimum package of care at primary and secondary levels of care for the citizens under the NHIS [7]. Provision for the poor and vulnerable was also included, however one must bear in mind that the NHIS is a contributory scheme and method of accessing the scheme are not clearly spelt out for the unemployed and the poor.

The poor do not automatically benefit because they tend to have inadequate health information, financial barriers to receiving care such as user fees, and lack of access to transport, all of which are key determinants of health interventions. Other challenges they face include poor education and gender inequality in accessing health care [8]. In addition, rural-urban disparities in health facilities location and attitudes of health workers may serve also as barriers [9]. Likewise social class inequalities and illness behaviour are also barriers; the rich and middle class tend to use health facilities more than the poor [8]. On the other hand, the poor tend to resort to alternate therapies before seeking care at the health facilities largely due to cost of health care as well as a culture of poverty [8].

While the government is trying to improve the universal coverage under the NHIS, the country is passing through a recession and the number of the unemployed in the population are rising, the scheme has to make adequate provision and provide information about how to access care for this group who are at an increased risk of being impoverished by their lack of financial protection.

## CONSENT

It is not applicable.

## ETHICAL APPROVAL

It is not applicable.

## COMPETING INTERESTS

Author has declared that no competing interests exist.

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