

**I**MPPLICATIONS OF NATIONAL HEALTH INSURANCE IN NIGERIA: A SYSTEMATIC REVIEW

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**T**o assess the implications of the Social Health Insurance /National Health Insurance (SHI/NHI), the research carried out an organized/systematic review of several peer-reviewed literatures. A search was conducted using both Google scholar as well as Google search engine for relevant literatures spanning five (5) years – 2013 to 2018. Thirteen (13) studies consisting of thirteen (12) qualitative studies and one (1) quantitative research were used in the study. A qualitative approach was adopted for the review of the literatures. Most of the studies reported on several variables; such as high financial protection and improved healthcare access, while others showed mixed results and that of low quality access. The implications observed in the review shows that workforce of the formal sector benefit from the programme to the exclusion of the informal sector workforce. Government must ensure that the poor are captured into the SHI if Nigeria is to promote universal healthcare coverage.

**Keywords:** Consumers, Implications, NHI, Nigeria

**Introduction:**

Otto Von Bismarck in December of 1884 being the then German Chancellor organized the first broad based compulsory health insurance for its workforce (Bauernschuster, Driva, Hornung, 2017). That set the stage for the growth and popularity of health insurance all over the globe. Third world countries (TWCs) have embraced SHI as a means of promoting health care as well as securing people from impoverishment due to Out of Pocket (OOP) expenses (Chubike, 2013; Spaan, Mathijssen, Tromp, McBain, Tenhave, Baltussen, 2012). Various kinds of health insurance are available for people to access (Spaan, Mathijssen, Tromp, McBain, Tenhave, Baltussen, 2012). The National Health Insurance Scheme (NHIS)

became operational in 2005, introduced by the federal government with the target of ensuring access to and affordability of healthcare for Nigerians (Adewole, Bolarinwa, Dairo, 2016; Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, 2013). This was subsequent to the findings that healthcare was at a deteriorating state, the rising cost of healthcare services and low capacity for OOP sustainability in terms of healthcare service delivery. Also, the lack of adequate capacity of federal and state hospitals to meet healthcare needs as well as over reliance on OOP spending by Nigerians towards healthcare informed the government's move for NHIS (Chubike, 2013; Onyedibe, Goyit, Nnadi, 2012).

An individual male worker registered with the NHIS is not only covered but has cover for his spouse and his 4 children (biological) not over the age of 18 years. The worker is to remit 5% of his/her basic pay to be able to access healthcare services while his/her employer is to contribute 10%. Where a biological child is above 18 years of age the parent enrolled in the scheme will contribute in addition to the initial contributions to enable the child benefit as well. But if the biological child (above 18 years) is in a higher institution, then he/she will be covered by the scheme (NHIS, 2012).

NHIS features entail activities such as prescription of drugs, pharmacy services, medical diagnostics, and maternity services for maximum of 4 live deliveries. Some other service includes family planning, hospital admissions and care, immunization services, specialist consultations, antenatal with post natal services. NHIS is designed to ensure basic healthcare services for workers in the formal and informal sectors, vulnerable as well as rural people at affordable costs (Chubike, 2013; NHIS,2012). However, those covered for now are not up to 10% of Nigerians (Adewole, Bolarinwa, Dairo, 2016).

Evidence shows the implications of NHI on enrollees (Bauernschuster, Driva, Hornung, 2017; Spaan, Mathijssen, Tromp, McBain, Tenhave, Baltussen, 2012). These implications informed the carrying out of the study; to determine the various implications on the people registered, and is also the specific objective of the research. The study has not seen any systematic review of the implications of NHIS in Nigeria for the period under review. Hence, the

need for a systematic review of the implications on enrollees. This approach opens the gates to establishing, analyzing as well as synthesizing large number of studies (Porter, Dessai, Tompkins, 2014).

### Methodology

A systematic review was adopted for the study by evaluating the implications of NHIS on consumers. Such systematic reviews, reviews literature that has been defined; with aim(s) or research question(s) using systematic techniques for identifying, screening, and evaluating related published works relevant to the issue at hand (Ham-Baloyi, Jordan, 2016). An electronic online browsing was carried out using Google and Google scholar with the following search words: "National Health Insurance Scheme (NHIS) in Nigeria", "Assessing/Evaluating NHIS in Nigeria", and "Impact/Implication of NHIS". Literature must be not only relevant but also be published within 2013 to 2018.

Only studies that focused on the key search words were chosen. This study utilized peer reviewed studies published in various academic journals only. Literature mapping format was adopted in extracting data, which included the: study year, author(s), methodology, study location, and findings. A qualitative review was done and thus, qualitative synthesis employed to highlight the findings of each study.

The sampled data from the chosen studies were from the South-East, South-West, South-South, and North- Central geopolitical areas of Nigeria. The Google and Google scholar searches provided over 120 publications (including related articles). However, as a result of the screening criteria, 13 articles were in the end found to be cogent for the study. 12 out of 13 utilized the mixed mode/method (qualitative and quantitative methods), while 1 adopted the quantitative method.

### Empirical Review

Several implications were reported by the articles under review. There are implication of NHIS on the financial protection or out of pocket expenses (7 studies), the quality of care (7 studies), and satisfaction with the NHIS (6 studies). With less on the coverage, and treatment (4 studies each).

### Financial Protection

A NHIS affordable premium is one of the benefits consumers are enjoying. 7 studies show the impact (implication) of national health insurance on OOP/Financial Protection (Adewole, Bolarinwa, Dairo, 2016; Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, 2013; Eyong, Agada, Asukwo, Irene, 2016; Apeloko, 2017; Adewole, Osungbade, 2016; Ele, Ochu, Odili, Okechukwu, Ogonna, 2016; Owumi, Omorogbe, Raphael, 2013). In the Southern part of

Nigeria (Calabar), people registered with the NHIS due to lower premium charges (Apeloko, 2017).

In Osun state (Obafemi Awolowo University) consumers assert that services provided under national health insurance are indeed affordable and that pressure from private healthcare service providers has eased (Apeloko, 2017). This is however, not in agreement with the study of (Eyong, Agada, Asukwo, Irene, 2016) which showed substantial number of consumers still feel NHIS healthcare premiums were high.

The study by (Owumi, Omorogbe, Raphael, 2013) showed a significant majority of consumers like the national insurance services as it reduces their out of pocket expenses (financial protection). Furthermore, due to access to health services with less emphasis on paying charges on the spot. Some other studies (Jos, Nnewi, and Ilorin) revealed national health insurance scheme eases financial burden at periods of ill health (Adewole, Bolarinwa, Dairo, 2016; Onyedibe, Goyit, Nnadi, 2012; Adewole, Osungbade, 2016; Ele, Ochu, Odili, Okechukwu, Ogbonna, 2016).

### Quality of Care

7 studies revealed consumer approval with quality of care (Eyong, Agada, Asukwo, Irene, 2016; Apeloko, 2017; Adewole, Osungbade, 2016; Ele, Ochu, Odili, Okechukwu,

Ogbonna, 2016; Owumi, Omorogbe, Raphael, 2013; Ele, Brian, Uche, Valentine, 2017; Mgbe, Kevin, 2014;). Consumers in Cross Rivers affirmed that quality of care is better because of national health insurance scheme, but also feel there is no real difference from past health services (Eyong, Agada, Asukwo, Irene, 2016). Large number of consumers said national health insurance ensured they recovered early enough post treatment, better their health conditions, and with easy access to drugs (Apeloko, 2017; Adewole, Osungbade, 2016; Ele, Ochu, Odili, Okechukwu, Ogbonna, 2016; Owumi, Omorogbe, Raphael, 2013; Owumi, Adeoti, Taiwo, 2013). Contrary to this is the studies of (Ele, Brian, Uche, Valentine, 2017; Mgbe, & Kevin, 2014), showed regardless of national health insurance, availability of drugs remains very low while, OOP patients have access to better treatment.

### Satisfaction with the NHIS

13 studies were reviewed, 6 had findings on satisfaction with the national health insurance schemes services (Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, 2013; Apeloko, 2017; Ele, Ochu, Odili, Okechukwu, Ogbonna, 2016; Ele,

Brian, Uche, Valentine, 2017; Mgbe, & Kevin, 2014; Owumi, Adeoti, Taiwo, 2013). In a study conducted in Plateau state (Jos), consumers revealed their satisfaction with the NHIS (Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, 2013). Similarly, consumers in Ife, Nnewi as well as Calabar expressed satisfaction with the NHIS services. Saying it (NHIS) was superior to past healthcare projects (Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, 2013; Apeloko, 2017; Ele, Ochu, Odili, Okechukwu, Ogbonna, 2016; Ele, Brian, Uche, Valentine, 2017). At the State Teaching Hospital, Enugu; consumers said they are satisfied with the scheme due to its accessibility and affordability (Mgbe, & Kevin, 2014). On the other hand, consumers from study said NHIS is satisfactory because their expectations have been met (Owumi, Adeoti, Taiwo, 2013).

### Coverage and Treatment

Coverage remains very much pertinent to any meaningful SHI, regardless of the part of the globe or country. 4 studies stated the level of coverage in terms of NHIS consumers (Adewole, Bolarinwa, Dairo, 2016; Onyedibe, Goyit, Nnadi, 2012; Adewole, Osungbade, 2016; Adewole, Dairo, Bolarinwa, 2016). 2 of the studies showed very low coverage regarding segment of Nigerian society (Adewole, Dairo, Bolarinwa, 2016; Adewole, Osungbade, 2016). A good example is the South-West of the country with not up to 2% of the populace registered as consumers. Coverage for formal sector workers was poor compared to total number of workers (formal sector) in the geopolitical zone.

Even with the poor healthcare indices and alarming poverty levels in Nigeria, the NHIS covers workers from the formal sector only (Chubike, 2013; Onyedibe, Goyit, Nnadi, 2012; Adewole, Dairo, Bolarinwa, 2016). This has made it hard for the majority (the poor) to access quality and or affordable health services.

4 studies reported several kinds of treatments (Apeloko, 2017; Owumi, Omorogbe, Raphael, 2013; Akande, Salaudeen, Babatunde, 2011). With Malaria fever having the highest number of cases (Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, 2013; Akande, Salaudeen, Babatunde, 2011). Some other treatments apart from Malaria were; surgery, prenatal service, typhoid, and delivery (Apeloko, 2017).

Consumers in Ibadan said they enjoyed free medical services since registering with NHIS (Owumi, Omorogbe, Raphael, 2013). Most of consumers in Ilorin said they have an adequate healthcare service which cuts across preventive, consultative as well as curative services (Apeloko, 2017).

### Findings and Conclusion

From the systematic review, it is evident that NHIS ensured access and financial protection for consumers. This is in relation to studies that have shown correlation between OOP and SHI (Chubike, 2013; Spaan, Mathijssen, Tromp, McBain, Tenhave, Baltussen, 2012).

A large number of consumers are enjoying with respect to quality of care, treatment, financial protection and others are pleased with the NHIS services. Having said that, some consumers are not pleased with the NHIS because of its operational challenges (Eyong, Agada, Asukwo, Irene, 2016).

A key problem from this study finding was that of poor coverage. NHIS covers formal sector employees only, most especially the staff from the public sector. A huge number of the poor segment of society is under the informal sector. Most of such people find it difficult to access quality health services while ill. Their little salaries/wages cannot support their individual healthcare needs and that of their families. This situation makes it very difficult if not impossible for them to rise above their state of poverty (Onyedibe, Goyit, Nnadi, 2012).

Even though, a number of people have quality and affordable health services. Data shows no widespread improvement in consumer treatment and quality of care under NHIS (Osuchukwu, Osonwa, Eko, Uwanede, Abeshi, Offiong, 2013; Eyong, Agada, Asukwo, Irene, 2016; Apeloko, 2017; Owumi, Omorogbe, Raphael, 2013; Owumi, Adeoti, Taiwo, 2013). Consumers also reported treatment of common ailments and diseases only, with no data from consumers in the reviewed study of any treatment of critical ailment under NHIS. This could be connected to the realities that lower premiums results in limited health coverage. It is apparent that there exists a limited number of high quality or high impact literature on the implications of NHIS. SHI has a predetermined agenda of ensuring access to healthcare as well as easing financial burden on consumers. The reviewed studies showed that accesses to healthcare and financial protection are prominent benefits enjoyed by consumers which are restricted to the formal sector. Thus, millions of poor people from the informal sector are without affordable access to quality health care. Government is endowed with the capacity and funds to ensure cover for the majority poor Nigerians, which is also the right part towards universal healthcare coverage.

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