

Effects of Compulsory Participation in the National Health Insurance Scheme: A Study of the Federal Polytechnic Oko, Anambra State, Nigeria.

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Abstract: *The study gave an insight into the management of the Nigerian type of health insurance coverage known as the National Health Insurance Scheme. The application of NHIS in Federal Polytechnic Oko, Anambra State, Nigeria, took a mandatory stance, and as such, the paper examined the effects of compulsory participation in which case, its positive and negative undertones were expressively outlined. The paper revealed that compulsory participation in NHIS is not a welcomed phenomenon in the academic institution under review, which is evidence-based in the staff intermittent outcry, despite some of the seemingly promising positive effects embedded in the compulsory participation. The paper further revealed that non-accessibility of healthcare services, unavailability of essential drugs for the treatment of identified health challenges, as well as poor quality of healthcare service delivery are the major menace stagnating the smooth operation of the health policy in the Federal Polytechnic Oko in particular and Nigeria at large. However, the study beckoned on the Nigerian Government to answer the clarion call of these staff, by ensuring that their grievances are positively settled in accordance with their desires.*

Keywords: NHIS, NHIS Subscribers, Compulsory Participation, Enrolment.

1. Introduction

National Health Insurance Scheme is a type of health insurance coverage which has been operational in Nigeria over the decades and has undergone various reviews within the past years. On inception, the health policy was backed up by the NHIS Act, NO. 35 as entrenched in the 1999 republican constitution of Nigeria. Awosusi (2022), expressed that National Health Insurance Authority Bill was signed into law on May 19th, 2022. Before then, the health programme became operational in 2005 till date. It is a statutory body, charged with numerous responsibilities pertaining to the provision of healthcare services to the citizenry at affordable rates. Its major aim is to ensure overall improvement in the wellbeing of the populace, regardless of one's ethnicity, political disposition and religious inclination which has always formed the bedrock of conflicts cum crises in the history of the country.

In the words of Phipps (2018), Health policy is a very broad term encompassing ways in which care is planned in a single setting to national or international guidelines, to improve population health. He argued that Policy guidance may relate to prevention or treatment of a single illness or to environmental changes, which have multiple impacts on various different aspects of health. Health insurance scheme originated in Germany in 1887 as a way of funding healthcare, followed by Austria 1897, Norway 1902 and United Kingdom 1910. In Africa, Nigeria was among the few countries which promulgated a National Health Insurance (NHI) law. Olubunmi (2017) contended that before the advent of the National Health Insurance Scheme (NHIS), health service to government officials, their dependents and students were supposed to be free, while the general populace was expected to Pay Out of Pocket (POP) for health service, received at all level of the healthcare system.

Although NHIS is designed and programmed for wide coverage, inaccessibility is still one of the major canker-worms, eating deep into the policy. Despite its affordable cost, majority of the Nigerians still encounter challenges in taking part in the scheme. It is one thing to subscribe to the scheme, it is yet another thing to become beneficial of it and that is precisely where the real hiccup lies. In the words of Awosusi (2022), the scheme makes health insurance mandatory for all citizens and legal residents. He stressed further that the policy empowers the NHIA to be a more effective, regulator and integrator. In practice, NHIS is applicable only to a limited proportion of the entire Nigerian population owing to poor funding, lack of awareness, poor attitudes of the healthcare service providers, insincerity of purpose by some healthcare service providers, impatience on the part of the healthcare subscribers/clients, among others (Rekha, Wajid, Radhakrishnan and Mathew, 2017). The poor applicability and accessibility raise an eye brow as to what the government at every level, ought to, or intends to do, in order to ensure Universal Healthcare Coverage (UHC) which was and still remains one of the fulcrums for which NHIS was promulgated in 1999, under the Act no 35 which established it. In improving access to quality healthcare services, the World Health Assembly in 2005 has increasingly called for countries to prioritize Universal Health Coverage (UHC). This remains a viable means of providing appropriate promotive, preventive, curative, and rehabilitative services at an affordable cost for all. Thus, globally, stakeholders have laid much emphasis on funding mechanisms of health systems. Aside the tax-based (Beveridge model) method of health financing, the Social Health Insurance (SHI) (Bismark

model) which has its root in Germany in the nineteenth century is one of many approaches used to address the challenges related to providing access to healthcare services for the poor segments of the population (Alawode G., and Adewole D. 2021)

However, the application of NHIS in Federal Polytechnic, Oko, Anambra State, Nigeria, took a compulsory stance among the entire staff of the academic institution. Their perceptions of the health policy have over the years, degenerated to remorseful grief rather than admirable ecstasy. It is against this milieu that the need to examine effects of compulsory participation in NHIS becomes of paramount relevance.

2. The Management of National Health Insurance Scheme

The National Health Insurance Scheme (NHIS) under the management of the Act establishing it, is controlled and managed by some number of key persons and medical professionals as provided for, in the scheme. This control is in line with the laws of the federation backing up the Act which established the scheme. The Council which is subject to the Act no 35 of 1999, is created to have full control of the health scheme. These medical professionals will in themselves, have a person or persons as the case may be, who will constitute part of the representatives in the council. Given the provisions of the Act:

A. There is an establishment of a scheme known as the National Health Insurance Scheme (in the Act referred to as "the Scheme") with the aim of providing health Insurance which shall entitle insured persons and their dependents the benefit of prescribed good quality and cost-effective health services as set out in the Act. The Scheme is a body corporate with perpetual succession and a common seal; and may sue and be sued in its corporate name.

B. There is also an establishment for the management of the Scheme, a Governing Council (in the Act referred to as "the Council") which shall, subject to the Act, have general control of the Scheme.

C. The Council consists of the following members:

- i. The Chairman, who shall be appointed by the Head of State, Commander-in-Chief of the Armed Forces, on the recommendation of the Minister of Health.
- ii. One person to represent the Federal Ministry of Health.
- iii. One person to represent the Federal Ministry of Finance
- iv. One person to represent the Office of Establishment and Management Services in the Office of the Secretary to the Government of the Federation.
- v. One person to represent the Nigerian Employers Consultative Association.
- vi. One person to represent the Nigeria Labour Congress.
- vii. One person to represent the registered health maintenance organisations.
- viii. One person to represent the private healthcare providers.
- ix. Two persons to represent public interest.
- x. The Executive Secretary of the Scheme who shall also be the Secretary to the Council.

D. The Chairman shall be appointed from the private sector and as such, a person of relevant high education, knowledge and integrity.

E. Other members of the Council shall: be persons of proven integrity, as well as be appointed by the Head of State (now President) Commander-in-Chief of the Armed Forces, on the recommendation of the Minister.

F. The supplementary provisions set out in the Schedule to the Decree (Act) shall have effect with respect to the proceedings of the Council and the other matters contained therein.

G. A member of the Council, other than an ex-officio member, shall hold office for a term of four (4) years in the first instance and may be reappointed for a further term of four (4) years, which is consecutive period of eight (8) years.

H. The members of the Council shall be paid such remunerations and allowances, as the Federal Government may from time to time, determine for the Chairmen and members of statutory boards generally.

I. A member of the Council, other than an ex-officio member, may resign his appointment by notice, in writing, addressed through the Minister, to the Head of State (President), Commander-in-Chief of the Armed Forces, in which the resignation shall take effect only on acknowledgement by the Head of State, (President) Commander-in-Chief of the Armed Forces.

J. A member of the Council shall cease to hold office on the ground of the following reasons:

- i. If he becomes of unsound mind
- ii. If he becomes bankrupt or makes a compromise with his creditors
- iii. If he is convicted of a felony or of any offence involving dishonesty

iv. If he is guilty of serious misconduct in relation to his duties.

K. A member of the Council may be removed from office by the Head of State Commander-in Chief of the Armed Forces, on the recommendation of the Minister if he is satisfied that it is not in the interest of the Scheme or the interest of the public that the member should continue in office.

L. In the case of filling in a vacancy, if any occurs in the membership of the Council, it shall be filled by the appointment of a successor to hold office for the remainder of the term of office of his predecessor, however, that the successor shall represent the same interest and shall be appointed by the Head of State, Commander-in-Chief of the Armed Forces.

3. Compulsory Participation in the National Health Insurance Scheme

Compulsory participation simply denotes that enrolment into the NHIS is not optional in the academic institution under review. Accordingly, these staff who are subscribers receive monthly deductions from their salaries. Such deductions constitute the major part of the fund which the federal government use in financing the health programme. Subscribers to NHIS package comprised both teaching and non-teaching staff of the Polytechnic, in which the female staff are higher in number than their male counterpart. It is pertinent to state that the quality of healthcare service delivery by NHIS healthcare service providers is poor and has been very discouraging to many of the NHIS subscribers in the school.

The application of the health policy in Federal Polytechnic Oko, is not only confronted with accessibility problem, other predicaments automatically pose as discouraging factors to some of the staff who are NHIS subscribers. Research has shown that majority of the staff live in Awka, the state capital and have easy access to NHIS hospitals, unlike their counterparts who reside within the terrain of the polytechnic (Oko). The policy seems beneficial to majority of the staff who are within the range of childbearing and majority others who have families residing off the polytechnic terrain but availability of drugs in various NHIS pharmaceutical outlets is likely to be an impossible mission, as most of the prescribed drugs by NHIS healthcare service providers, are always not within reach.

Apparently, majority of the staff of Federal Polytechnic Oko have expressively grieved over the non-inclusion of some essential healthcare packages in the policy. In spite of its superficial benefits, not much is recorded on its treatment of identified health challenges among these staff as the treatments of some medical conditions such as kidney disease, Cancer, Eye, e.t.c., are not practically covered like it is covered theoretically. Subscribers to NHIS package comprises both teaching and non-teaching staff of the Polytechnic, in which the female staff are higher in number than their male counterpart. It is pertinent to state that the quality of healthcare service delivery by NHIS healthcare service providers is poor and has been very discouraging to many of the NHIS subscribers in the school. Hence, majority of the NHIS subscribers in Federal Polytechnic Oko are affirmative that the policy is not satisfactory.

4. Effects of Compulsory Participation in the National Health Insurance Scheme

The compulsory participation of the staff of Federal Polytechnic Oko, Anambra State, in the NHIS, have both positive and negative undertone and of which are the benchmark for the study. These effects are enumerated below.

A. Positive Effects of Compulsory Participation in the National Health Insurance Scheme

1. It gives junior staff who resides in Awka, the state capital and whose salaries are quite poor, the privilege to access and benefit healthcare services from big hospitals with modern medical facilities.
2. Compulsory participation has helped subscribers to have their medical activities all planned out for the whole year. Most of them no longer panic at the occurrence of any periodic sickness. As well, they are not bothered with sicknesses relating to either their spouses or kids.
3. Compulsory participation is a sure way through which most of the staff (subscribers) become more aware of NHIS benefits
4. It serves as another means of generating fund which the government uses in running the health programme. The mandatory monthly deductions from salaries of all staff in the academic institution under study, is a sure evidence of another source of federal government revenue generation and another means of ensuring persistent sustenance of the provision of healthcare services to the polytechnic staff.

B. Negative Effects of Compulsory Participation in the National Health Insurance Scheme

1. Some subscribers are medically inclined or have spouses, children, and other close relatives who are owners of good hospitals where they can access free and quality healthcare services. Hence, to these clique, compulsory enrolment into the health policy seems worthless
2. To some staff of the Federal Polytechnic Oko, compulsory participation in the health policy seems like a breach of one of the fundamental human rights which is the right to freedom of association.

3. To some subscribers who are financially capable or who have no interest in becoming enrolled in the health programme, compulsory participation denotes a pervasive means of promoting economic waste; since the deductions made from their salaries, should have been channeled into other social and economic endeavours.
4. While NHIS serves as a lifesaving mechanism to some subscribers, others see it as an indirect extortion by the government, despite its enormous benefits.

5. Conclusion and Recommendation

From content analytical point of view, it is evidence-based that the compulsory enrolment of staff of the polytechnic in the NHIS has both pros and cons. Despite its positive effects, many of the staff have grievously grieved over the mandatory nature of the health policy. Agitations over the compulsory enrolment in the NHIS, seemed to have a loose stand among the staff because of the consistent monthly deductions from the entire workforce. Most intellectuals in the school, feel that it is worthless agitating over their rights of opting out of the mandatory enrolment. Rather, there have been various outbursts among numerous staff on the need for NHIS enrolment to be made optional or temporal. The need to stop the monthly deductions of these sects who wish to opt out from the health programme also becomes of vital concern. The study imperially pleads with the nationals, statesmen and bureaucrats who constitute parts of the Nigerian Government, to answer the clarion call of these staff of the Federal Polytechnic Oke, by ensuring that their grievances are positively settled in accordance with their desires. NHIS as a type of health insurance coverage, should be reviewed and its scope of health treatment be expanded to include the full treatment of terminal diseases at affordable costs.

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