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National Health Insurance Scheme in Nigeria: Implementation and Challenges in Modibbo Adama University Yola Adamawa State, Nigeria.

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Abstract: *Health insurance is a social security mechanism that guarantees the provision of needed health services to people who are sick on the payment of some amount at regular intervals. In 1999, the federal government of Nigeria established the National Health Insurance Scheme (NHIS) under decree 35 of the 1999 constitution. Although, the scheme was designed to assist all citizens of Nigeria to have access to medical care at affordable rate through the insurance cover, its pertinent to note that its implementation faces a lot of challenges. The primary Objectives of this research work is to access the National Health Insurance Scheme implementation and the challenges faced by the enrollees of the scheme in Nigeria. The study adopted the General System theory propounded by Von Bertalaffy in 1956 as its theoretical framework. Descriptive survey research design was used in the study for data collection. Purposive Sampling Techniques was used to identify the staff of Modibbo Adama University yola Adamawa State Nigeria. Both Primary and Secondary data was used, the primary data was through oral interview. The research found out that, some of the major challenges of implementing NHIS includes: legislative and regulatory gaps and financial sustainability issue, restrictions on number of dependents, exemption of some drugs and treatment, drug out of stock and delays in obtaining codes from HMO. The study recommended amendment of NHIS Act, improved funding and inclusion of all drugs and treatments to the coverage of the scheme.*

Key words: Health, Health Insurance, NHIS, NHIA, HMO, Enrollees.

1.Introduction

. It is designed to pay the costs associated with health care by paying the bills and therefore, to protect people against high cost of health care by making payment in advance of falling ill. The scheme therefore protects people from financial hardships 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 (Nigerian Tribune, 24, May, 2010.

In 1999, the federal government of Nigeria established the National Health Insurance Scheme (NHIS) under decree 35 of the 1999 constitution, however, the scheme did not become operational until about 6 years later on the 6 June, 2005 when it was officially launched and commencement of services to enrollees started in September of the same year. (Bolarinwa , Afolayan , Rotimi and Alatishe-Mohammad, 2021 and Obalum and Fiberesima 2012).

Despite its objectives, National Health Insurance scheme has struggled with low enrolment rates, administrative inefficiencies, and policy implementation challenges. As of recent estimates, only about 5% of Nigerians are enrolled in the NHIS, leaving a vast majority without health insurance coverage. Similarly, low enrolment rates in health insurance schemes can be attributed to various factors, including affordability concerns, lack of awareness, and inefficient administrative processe (Akanbi et al., 2022).

Although, the scheme was designed to assist all citizens of Nigeria to have access to medical care at affordable rate through the insurance cover, its pertinent to note that its implementation faces a lot of challenges which if not urgently addressed, it will end up as exercise in futility.

Only federal government workers are fully captured with few states and also few private sectors, the services rendered to those registered is worrisome as enrollees of NHIS are treated like second class citizens in various hospital with only few Doctors and nurses assigned to them without any seriousness. Also, in some hospitals separate pharmacy exist with few drugs is reserved for NHIS patient in which at the end they ended up buying drugs at pharmacy outside the hospital at higher rate and there is no provision for refund of such money.

The hospital management mostly complained after the amount receive from Health Maintenance Organization (HMO) per enrollee is not enough with the increasing cost of drugs and other reagents use in health facilities makes it difficult for them to render full

services as stipulated in the blue print of the scheme. It is based on these, that the research investigates the implementation of NHIS and the challenges associated with the scheme among staff of Modibbo Adama University Yola Adamawa State, Nigeria.

NHIS services is only applicable to the enrollee, his wife and only four biological children under the age of 18 and does not cover all treatments and a lot of drugs are not cover by the scheme which always becomes a burden on the enrollees to take care of themselves from their pockets in such situation which is a setback to the scheme.

2.Statement of the Problem

The National Health Insurance Scheme which is designed to provide medical care to all citizens of Nigeria at affordable price through insurance policy is fully implemented to only Federal government workers only who are made up of just a fraction of the entire population leaving the majority of the citizens not benefitting from it. Also, apart from spouses of the beneficiary, only four biological children under the age of eighteen are captured by the scheme. This trend automatically negates the aimed of the scheme which is national access to medical care to all at affordable price.

The services rendered to those registered is worrisome as enrollees of NHIS are treated like second class citizens in various hospital with only few Doctors and nurses assigned to them without any seriousness. Also, in some hospitals separate pharmacy exist with few drugs is reserved for NHIS patient in which at the end they ended up buying drugs at pharmacy outside the hospital at higher rate and there is no provision for refund of such money. Personal experience revealed that a lot of enrollees stop accessing medical care using the scheme and prefer to visit hospital as normal patients who receives better service at their own expenses rather than under the scheme. Investigations revealed that patients sometimes wait for more than a week waiting for codes before laboratory analysis is carry out on patients.

Also, another problem is not all treatments are cover by the scheme and not all drugs are dispensed under the scheme and posed a great threat to the patients in various hospitals in the country.

3.Reseach Questions

1. what are the major problems of National Health Insurance Scheme policy framework?

2. What are major challenges faced by enrollees of National Health Insurance Scheme?

4. Objectives of the study

The primary Objectives of this research work is to access the National Health Insurance Scheme implementation and the challenges faced by the enrollees of the scheme in Nigeria.

specifically, to:

1. Analyse the National Health Insurance Policy document in Nigeria
2. examine the major challenges faced by enrollees of National Health Insurance Scheme in Nigeria.

5. Theoretical Framework

The study adopted the General System theory propounded by Von Bertalaffy in 1956 as its theoretical framework. He defines system as a complex of interacting elements. Von Bertalanffy fosters systems thinking in all disciplines in order to find general principles valid to all systems. it introduces system as a new scientific paradigm contrasting the analytical, mechanical paradigm characterizing classical science (Von Bertalanffy, 1956)

Relating to this research work, National Health Insurance Scheme is designed to be implemented in hospital. A hospital is system comprising many components which performs different activities which are interconnected where problem in one component most definitely affect another component.

In Hospital the doctor relies of the vital signs information from the nurses, he also waits for result of laboratory analysis from the Laboratory scientist and after drug prescription he depend on the pharmacist to dispend the drugs to the patients. Also, on the Administrative implementation of the National Health Insurance Scheme, is from Federal Ministry of Health then to National Health Insurance Agency (NHIA) to Health Maintenance Organisation (HMO) then to service providers which the hospital. All these components are involved for effective functioning of the NHIS.

6. Evolution of National Health Insurance Scheme in Nigeria.

The National Health Insurance Scheme (NHIS) was established under the National Assembly Act No. 35, 1999, by the Federal Government of Nigeria to improve the health status of Nigerians at an affordable cost. It must be noted that the idea of health insurance in Nigeria was first mooted in1962 when the then Minister of Health, Dr Majekodunmi, presented a bill on it to the Parliament in Lagos. The bill did not pass through on the argument that the country did not have enough providers of quality health care services (Ana, 2010). However, in 1988, the then Minister of Health, Professor Olikoye Ransome- Kuti set up a committee on the establishment of a health insurance scheme, the outcome of which was eventually approved by the Federal Executive Council in 1989 which directed the Federal Ministry of Health to start the scheme in 1993 (Adesina, 2009).

The federal government gave the following reasons for the establishment of the Scheme:

a. The state of the nation's health care services was generally poor;

b. was excessive dependence on government-provided health facilities;

c. There was too much pressure on government-owned health care facilities;

d. There was dwindling funding of health care in the face of rising costs;

e. There was poor integration of private health facilities in the nation's health care delivery system (NHIS, 2011).

The Following Objectives were stated:

a. To ensure that every Nigerian has access to good health care services;

b. To protect families from the financial hardship of huge medical bills;

c. To limit the rise in the cost of health care services;

d. To ensure equitable distribution of health care costs among different income groups;

e. To ensure high standards of health care services delivery to Nigerians;

f. To ensure efficiency in health care services;

g. To improve and harness private sector participation in the provision of health care services;

h. To ensure appropriate patronage of all levels of health care; and

i. To ensure the availability of funds to the health sector for improved services (NHIS, 2011).

The National Health Insurance scheme has fully and effectively taken off, starting with the formal sector of the economy which is a social health security system in which the health care of workers in the formal sector of the economy is paid for from funds crated by pooling the contributions of both the employees and employers. As defined by the enabling

law, the formal sector comprises:

a. Public Sector;

b. Organised private sector;

c. Armed Forces, Police and Allied Services;

d. Students of Tertiary Institutions; and

e. Voluntary contributions. (Adefolaju, 2014).

7. Conceptual Clarifications

Health

Health can be defined as a complete state of all-round well-being whether physically, socially and mentally and not only an absence of disease or ailment (Callahan, 1973). on the other hand

Card (2017) explained health as a state of physical fitness and psychological comfort, going further to state that the mere absence of disease or disability does not sign off as a measurement of good health. Monitoring changes in health around the globe of various populations, is done using global health indicators which have been tested and confirmed. Health indicators are simple population characteristics which are quantifiable and often used by governments to guide health care policies. The ten (10) leading indicators are: access to services, preventive services, quality of environment, concern of injury, health of mother and infant, mental health, nutrition,

dental hygiene, reproductive health and social determinants. Most developing countries focus on morbidity and mortality.

Health plays a great importance in the life of a nation and the growth of its economy. Governments thus, attempt to design policies which are designed and help to guide, control and regulate the health sector. In most instances, the implementation of a health policy is a thoughtful action, for public health advancement of its people (Pever et al., 2016).

From the foregoing submission, health is the most crucial area in the life of individual, family, community and nation at large. It is because of its importance that in the 1999 constitution, it is place on the concurrent legislative list where federal, state, local government take part as well as giving room for private sectors to come in like a saying " A healthy nation is a wealthy nation". issue of health needs to be taken very serious by government at all level.

Health Insurance

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 pay the costs associated with health care by paying the bills

and therefore, to protect people against high cost of health care by making payment in

advance of falling ill. The scheme therefore protects people from financial hardships

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 (Nigerian Tribune,

24, May, 2010). It involves pooling of resources from persons of different illness-risk

profiles and the cost of the risk of illness among those who are ill and those who are

healthy, are shared. It has three main characteristics- prepayment, resource pooling

and cost-burden sharing. Pre-payments under the scheme are fixed either as a

proportion of the pay-roll, or as flat rates contributed by the participants. This means

that payment is not proportional to the risk of illness of individual beneficiaries (Adefolaju, 2014)

National Health Insurance Scheme

The National Health Insurance Scheme in Nigeria is also a system of financing of health expense in advance through monthly or annual contributions, premiums paid into a common pool to pay

for all or part of health services specified by a policy or plan. Social (public) or private are the broad categories of health insurance.

The key elements are payment of premiums or taxes upfront or, funds pooling, and eligibility for

benefits on the basis of contributions or employment without an income or assets test. Health

insurance could apply to a limited or comprehensive range of health services and may provide

for complete or partial payment of the expense of specific services. Benefits may include the

right to certain health services or reimbursement of the enrolee for specified medical costs.

Private health insurance is coordinated and administered by a health maintenance organisation or

other private agency and the government runs public health insurance. These forms of health insurance are to be differentiated from socialized medicine and government medical-care

programs, in which health workers are employed directly or indirectly by the government, which

also owns the health-care facilities, especially in Britain's National Health Service.

A health insurance scheme should provide quality, accessible, affordable, equitable and efficient

care which leads to a significant reduction in out of pocket expenditure. It should provide

universal coverage and also provide a comprehensive good quality and cost-effective healthcare

services to entitled and insured persons and their dependents in the formal sector, rural

communities, self-employed, the poor and the vulnerable groups the benefit of prescribed (Agba 2010).

National Health Insurance Authority Act

In a view to improve on the already existing health insurance scheme, the NHIA bill was signed on 19 May 2022, by President Muhammadu Buhari of the Federal Republic of Nigeria. This Act, which repeals the existing NHIS Act, has 10 parts which is divided into 60 sessions and several

sub-sessions with the aim of promoting, regulating, and integrating Health Insurance Schemes, improving and harnessing private sector participation in healthcare service provision, and achieving UHC for all Nigerians (NHIA Act, 2022) this present Act is called an 'Authority' meaning that it exerts authority and regulates health insurance schemes in Nigeria. There is so much power vested in the NHIA ranging from the regulatory to supervisory as well as managerial. (Adesipe, 2022).

The Authority has the capacity to invest funds not in immediate use without tax on such investments. It also can be insured private health insurance schemes using security deposits. Moreover, the Authority mandates participation in health insurance for every legal resident of Nigeria irrespective of employment status thereby mending one of the loopholes observed in the former NHIS law which was voluntary and beneficiaries were basically, those who are employed in public and organized private institutions, especially the Federal Government civil servants and their dependents (Awojobi, 2019).

Making health insurance compulsory for all Nigerians will bridge inequality and further improve the Gini index of the country. Gini index, which is a direct measure of income and wealth inequality is currently 35.1% in Nigeria, this is higher than the 31.5% in Egypt, 29.6% in Guinea as well as 24.4% in Slovenia.[18] Equitable health financing method is a technique for lowering income disparity between and within demographic groups in a country.[19] In Nigeria, compulsory health insurance could help minimize wealth inequality from out-of-pocket (OOP) payment which constitute 70% of health expenditures within the country (Ataguba et al, 2020)

8. Operational Framework of National Health Insurance Scheme

Membership/Registration

It is mandatory for organisations in both the public and private sectors employing up to ten (10) people to participate in the scheme. An employer is expected to register itself and its employees with the scheme. Thereafter the employer will affiliate itself with an NHIS approved Healthcare Maintenance Organisation (HMO), which is a limited liability company established for the sole purpose of participating in the scheme. The HMOs function thus:

a. Receive/collect contributions from eligible employers and employees;

b. Collect contributions from voluntary contributors;
c. Pay health care providers for services rendered; and
d. Maintain quality assurance in the programme

Contributions and Scope of Coverage

Contributions are earnings-related. The employer pays 10 per cent while the employee pays 5 per cent, representing 15 per cent of the employee's basic salary. However, the employer may decide to pay the entire contribution. Furthermore, an employer, in accordance with existing contractual agreement between employers and employees, may undertake extra contributions for additional cover to the benefit package. The contributions paid cover health care benefits for the employee, a spouse and four biological children below the age of 18 years. More dependents or a child above the age of 18 years would be covered on the payment of additional contributions from the principal beneficiary. Under this programme, a beneficiary is entitled to out-patient care, pharmaceutical care, diagnosis tests, maternity care for up to four (4) live births, preventive care, among several others. According to the records of the NHIS, over 6 million Nigerians in the public sector are currently accessing the programme. They are mostly workers in the Federal public service and those of two states –Bauchi and Cross River (Nigerian Tribune, 6, September, 2010, P.17; The Guardian, 5, September, 2012. P.28). (Adefolaju, 2014).

Rights of Enrollees

All participants in the scheme enjoy certain rights which are as follows:

a. Right to register and access medical care listed in the benefit package;

b. Right to change provider after six months of the receipt of an identity card, if not satisfied;

c. Right to access care in any NHIS accredited provider in the country on emergency;

d. Right to know the names of the drugs given to the beneficiary;

e. Right to request and know the total cost of drugs (10 per cent);

f. Access to genuine and efficacious drugs;

g. Right to identify the specialty of treating personnel, and

h. Right to complain about poor services from health care providers.

9. Methodology

Descriptive Survey research design was used in the study for data collection and for the purpose of describing, interpreting, evaluating and analysing the data that was obtained. The data for the research was generated from staff of Modibbo Adama university Yola Adamawa State Nigeria who are enrollees of the National Health Insurance Scheme in both public and private hospitals in Adamawa state who were the respondents. Purposive Sampling Techniques was used to identify the staff of Modibbo Adama University Yola and the data collected was analysed using content Analysis.

Both primary and secondary data was used. The primary data was generated through oral interview with the target respondents while the secondary data was generated from journals, periodicals and research papers. The reason for using primary data was because the primary data is regarded as the most authentic source of data that can be collected from the variable of interest in two principal modes: Ask respondents questions about the subject of interest and observe the behaviour of the research variable (Akpa, 2011).

In order to ensure validity and reliability of the data collected, the interview checklist was carefully designed and was checked and validated by other research experts to ensure that the interview checklist can provide suitable responses to answer the set research question.

Challenges of Implementation of National Health Insurance Scheme in Nigeria

National Health Insurance Scheme as other government policies is also bedeviled with a lot challenges in the process of implementation hence the need to address such challenges.

Njoku, Njoku and Asoronye (2023) summarises the challenges under some headings as presented below:

Legislative and Regulatory Gaps: The legal framework governing NHIS lacks provisions

that mandate universal enrolment, leading to low participation rates. The voluntary nature of the scheme has resulted in weak risk pooling, making it difficult to sustain funding. Additionally, weak regulatory enforcement has contributed to inefficiencies, fraud, and lack of accountability among stakeholders.

Financial Sustainability Issues: NHIS relies heavily on government funding and employer contributions, but inconsistent budgetary allocations and mismanagement have affected financial sustainability. The absence of diversified funding sources, such as dedicated health levies or public-private partnerships, limits the scheme's capacity to expand coverage and improve service delivery.

Service Delivery and Enrolment Barriers. Enrolment in NHIS remains low, particularly among informal sector workers and rural populations who lack awareness or face difficulties accessing accredited healthcare providers. Limited healthcare infrastructure and disparities in service availability further exacerbate access issues. Additionally, delays in reimbursement to healthcare providers discourage participation, leading to poor service quality.

Administrative Inefficiencies: Bureaucratic bottlenecks, lack of transparency, and inefficiencies in claims processing have negatively impacted NHIS operations. The role of Health Maintenance Organizations (HMOs) in fund management has been controversial, with concerns about accountability and delays in disbursing funds to healthcare providers. The absence of digitalized systems for monitoring and evaluation also affects efficiency and service delivery. Addressing these challenges requires comprehensive policy reforms, improved regulatory oversight, enhanced financial sustainability mechanisms, and better public awareness initiatives. Strengthening NHIS governance and operational efficiency will be crucial in achieving broader healthcare coverage and improving overall health outcomes in Nigeria. Despite its objectives, NHIS has struggled with several policy implementation challenges that have hindered its effectiveness. One significant issue is the low level of awareness about the scheme, coupled with its voluntary nature, which has led to poor enrolment rates. Many individuals, particularly in rural areas and the informal sector, remain unaware of the benefits and procedures for enrolment, resulting in limited participation. Additionally, weak regulatory enforcement has contributed to inefficiencies in service delivery. The absence of strong oversight mechanisms have allowed inconsistencies in policy implementation, affecting the overall quality of healthcare services provided under the scheme. These regulatory gaps

have also created opportunities for administrative inefficiencies and financial mismanagement. Inconsistent government funding has further exacerbated the challenges faced by NHIS. Irregular budget allocations and financial mismanagement have created funding gaps, limiting the scheme's ability to provide comprehensive coverage and efficient service delivery. The lack of diversified funding sources beyond government allocations and employer contributions has also posed sustainability challenges. Moreover, NHIS coverage remains largely inadequate for rural populations and informal sector workers. The scheme primarily targets the formally employed, leaving a substantial portion of the population without access to affordable healthcare services. Structural limitations in healthcare infrastructure and provider availability further contribute to these disparities, making it difficult for vulnerable groups to benefit from NHIS. Addressing these challenges requires targeted policy reforms, improved regulatory oversight, sustainable funding mechanisms, and enhanced public awareness initiatives to ensure broader and more effective healthcare coverage.

11. **Major problems of National Health Insurance Scheme policy framework**

From the oral interview conducted, majority of the respondent faulted the idea of registering only one spouse and four children below eighteen years only as the nature of African society is polygamous in nature and in some instances, man is forced to take children of his deceased brother added to his family. Also, in some instances aged parents will be under Man's care hence their medical care will be and added responsibility to him. Another issue included in the policy document is that exempted treatments and some drugs that are not covered by NHIS which according to almost all the respondent is denying them full access to medical care and drugs without limitations. Other problem reported by the respondents is lack of adequate awareness about the policy during enrollment which always become problem between the enrollees and health care providers because of all the hidden limitations of the scheme which are not known before enrollment. Funding is also a challenge because the amount of money contributed is so meagre and causing problem between the enrollees and health care providers.

These findings agreed with the Ita et al. (2021) who stated that:

> Administrative challenges such as inadequate implementation policies pose a higher degree of threat to the beneficiaries, low level of awareness, low interest (in the scheme), superstitious beliefs, inefficient mode of payment, drug stock-out, weak administrative and supervisory capacity. The scheme is believed to have provided more coverage for the formal sector, its voluntary nature and lack of legal framework at the sub-national levels were seen as the overarching policy challenge (Ita et al. 2021).

12**. Major challenges faced by enrollees of National Health Insurance Scheme**

From the oral inter view conducted, majority of the respondents who are either academic or non-academic staff of Modibbo Adama University Yola Adamawa State complain bitterly about the medical services received as enrollees of National Health Insurance Scheme at various health facility where they registered. In most of health facilities enrollees of NHIS have separate Doctors and nurses allocated to them and have their own separate pharmacy different from the general pharmacy in the hospital where they are normally treated as second class citizen or as beggars. The first major Problem discovered is most of the drugs you found in general pharmacy are not available in NHIS pharmacy hence they mostly buy drugs outside the hospital or at the general pharmacy with their money not as NHIS enrollees and there is no plan for refund by the hospital management because it is an intentional act. Some of the respondents who go further to complain to the management of the hospital they were told that the premium paid by the government per enrollee is too meagre and cannot take care of the present economic reality of the country. Similarly, there is issue of some drugs not covered by the NHIS in which enrollees have to pay for such drugs 100% as against the usual 10% as provided under the NHIA Act.

The second most worrisome issue is about generation of codes by the HMO before certain laboratory test or referral is carried out, according to most of the respondents sometime it takes about one or two weeks waiting for such codes before diagnosis is completed which is frustrating. The third major challenge faced by enrollees is treating some major ailment and surgeries that are not covered by NHIS which the enrollees are not aware mostly until they encounter such conditions, in such instances the patients become demoralized.

Other challenges encountered according to respondents include shortage of Doctors and Nurses at NHIS clinic which is normally designated for NHIS enrollees only which makes them spend the whole day sometimes for treatment of malaria, typhoid and other minor ailments. Generally, NHIS enrollees in most of the health care facility are treated as second class citizens without any respect and human dignity, they are regarded as nuisance in the hospital which is defeating the aim of establishing the scheme.

These findings concur with the position of Ita et al. (2021) where they reported that:

> Administrative challenges such as inadequate implementation policies pose a higher degree of threat to the beneficiaries, low level of awareness, low interest (in the scheme), superstitious beliefs, inefficient mode of payment, drug stock-out, weak administrative and supervisory capacity. The scheme is believed to have provided more coverage for the formal sector, its voluntary nature and lack of legal framework at the sub-national levels were seen as the overarching policy challenge. Only NHIS staff currently makes required financial co-contribution into the scheme, as all other federal employees are being paid for by the (federal) government (Ita et al., 2021).

Similarly, the findings also agreed with the position of Sunday, Joel,& Edogbo (2025) where they concluded that:

> Coverage alone does not guarantee timely, quality care for staff in public tertiary institutions. At Federal University, Lokoja, the likely binding constraints are information gaps (rights, redress, portability), supply-side frictions (drug stock-outs, queueing, referral delays), and administrative opacity (capitation/claims timing, formulary clarity). Where awareness is high and provider processes are reliable, NHIS/NHIA participation is associated with higher utilization, lower out-of-pocket spending, improved continuity for chronic conditions, and higher satisfaction. Where capacity is thin, perceived benefits erode, driving HCP switching and complaints (Sunday, Joel, &Edogbo,2025).

13. **Conclusions**

In view of the foregoing findings, it is concluded that: Challenges of implementation of National Health Insurance Scheme in Nigeria includes Legislative and Regulatory gaps, financial sustainability issues, service delivery and enrolment barriers, administrative inefficiencies and absence of strong oversight mechanism which allow inconsistencies in policy implementation. Also, some major problems of NHIS policy framework includes restriction of number of spouse and dependents to be registered which is against African Culture of polygamy, exemption of some expensive treatment and surgeries from the list conditions to be handle and also exemption of some highly costly drugs from the inclusive drug list which resulted to untold hardship on the enrollees which negate the original aim of having full access to medical treatment by the citizens.

Similarly, some of the major challenges faced by enrollees of National Health Insurance Scheme includes drugs out of stock which forces them to buy drugs at private pharmacy outside the hospital at higher cost, delays in getting codes from HMOs before conducting laboratory test or referrals thereby causing delays in treatment. Also, some highly costly drugs and surgical procedures are not covered under the NHIS which becomes a threat to survival of civil servants who were already living from hand to mouth and finally there are inadequate Doctors and Nurses in NHIS section thereby causing untold hardship to the enrollees.

14**. Recommendations**

Based on the above conclusions, it is recommended as follows:

1. There is need for amendment of the NHIS Act to address issues of number of dependents.
2. There is for increase budgetary allocation and increase employee contribution to make the scheme effective.
3. Unnecessary bureaucratic should be avoided in dealings of National Health Insurance Scheme.
4. There is need to include all treatments, surgeries and drugs in the coverage area of NHIS
5. Health Maintenance Organisation should be caution against delaying in sending codes.
6. Health Care Providers should be caution to stop discrimination against NHIS enrollee by treating them as regular patients.

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