

HISTORICAL DEVELOPMENT, LEGAL FRAMEWORK, AND INSTITUTIONAL STRUCTURE OF NATIONAL HEALTH INSURANCE SCHEME IN NIGERIA

F.U. Njoku¹, I.A. Njoku² and C.A. Asoronye³

¹National Health Insurance Authority Imo State Office, Owerri, Imo State, Nigeria

²National Health Insurance Authority Abuja Head Office, Abuja, Nigeria

³Medical Centre, Registry Unit, Akanu Ibiam Federal Polytechnic Unwana, Afikpo, Ebonyi state, Nigeria

Corresponding email: asorgay@gmail.com

Abstract

The National Health Insurance Scheme (NHIS) in Nigeria was established to provide financial risk protection and improve healthcare accessibility. Despite its potential, the scheme faces persistent challenges such as low enrolment, weak regulatory enforcement, financial instability, and administrative inefficiencies. This study critically examines the policy and institutional framework of NHIS, tracing its historical evolution, governance structure, and operational mechanisms. A comparative analysis with international models, particularly Ghana's NHIS, highlights key policy gaps and best practices that Nigeria can adopt. The findings reveal that the voluntary nature of NHIS enrolment has significantly limited participation, while inconsistent government funding and poor regulatory oversight have affected financial sustainability and service delivery. Additionally, bureaucratic bottlenecks, weak accountability measures, and inefficiencies in fund management have further hindered NHIS effectiveness. To address these challenges, the study recommends mandatory enrolment, strengthened regulatory enforcement, diversified funding sources, and improved transparency in fund allocation and utilization. Expanding public awareness and leveraging digital health technologies can enhance efficiency and service delivery. By implementing these reforms, NHIS can achieve its intended goal of providing equitable and sustainable healthcare financing, ultimately moving Nigeria closer to universal health coverage. The study contributes to existing literature on healthcare financing and policy development, offering insights for policymakers and stakeholders to enhance NHIS efficiency and sustainability.

Keywords: National Health Insurance Scheme (NHIS), Healthcare Financing, Health Policy and Governance, Universal Health Coverage, Health Insurance Reform

Introduction

Healthcare financing remains a critical challenge in Nigeria, where a significant proportion of the population lacks access to affordable and quality healthcare services. This is largely due to the high reliance on out-of-pocket payments, which account for more than 69% of total healthcare expenditure, placing a significant financial burden on households and exacerbating poverty (Ogunleye et al., 2023; Akanbi et al., 2022). In response to this, the National Health Insurance Scheme (NHIS) was introduced as a policy intervention aimed at reducing financial barriers to healthcare access and improving service delivery. Established in 1999 and formally launched in 2005, NHIS was designed to provide universal health coverage through various insurance programs tailored to different population groups (Ogunleye et al., 2023). However, despite its objectives, the 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 (Akanbi et al., 2022). This paper examines the policy and institutional framework governing NHIS, focusing on its evolution, legal basis, governance structure, and operational

mechanisms. Challenges in policy implementation are common in healthcare systems globally, often stemming from factors such as inadequate funding and corruption (Okeke et al., 2022).

Furthermore, low enrolment rates in health insurance schemes can be attributed to various factors, including affordability concerns, lack of awareness, and inefficient administrative processes (Akanbi et al., 2022). To address these challenges, it is crucial to enhance the governance and financial sustainability of NHIS. This can be achieved by improving regulatory frameworks, increasing public awareness about the benefits of health insurance, and ensuring equitable access to healthcare services across different socio-economic groups (Okeke et al., 2022). Additionally, strengthening institutional capacity and reducing corruption within the healthcare system are essential for effective policy implementation and achieving universal health coverage (Ogunleye et al., 2023).

Research Objectives

The objectives of this study are to:

1. Analyse the historical development of NHIS in Nigeria and its policy evolution.
2. Examine the legal and institutional framework governing NHIS operations.
3. Assess the governance structure and key stakeholders involved in NHIS implementation.
4. Identify gaps in the literature by critically evaluating previous studies.
5. Evaluate Ghana's NHIS as a comparative model and discuss its relevance to Nigeria.
6. Provide policy recommendations and assess feasibility challenges in implementing reforms.

Research Questions

To achieve the above objectives, this study seeks to answer the following questions:

1. What are the key policies and legal frameworks governing NHIS in Nigeria?
2. How has NHIS evolved since its inception?
3. What are the roles and responsibilities of various stakeholders in NHIS implementation?
4. What challenges hinder effective implementation and governance of NHIS?
5. What policy measures can improve NHIS functionality and expand healthcare coverage?

Significance of the Study

This study is significant as it comprehensively examines the policy and institutional framework of NHIS in Nigeria, offering valuable insights for policymakers, healthcare administrators, and researchers. The study highlights critical areas requiring policy intervention by identifying key challenges such as low enrolment, financial instability, and weak regulatory enforcement. Furthermore, the comparative analysis with other national health insurance models, particularly Ghana's NHIS, offers evidence-based recommendations that can be adapted to strengthen Nigeria's healthcare financing system. Enhancing NHIS effectiveness is essential for achieving universal health coverage and ensuring equitable healthcare access for all Nigerians. Additionally, the study contributes to academic literature by filling gaps in knowledge regarding healthcare policy implementation and institutional governance in developing

countries. Its findings serve as a foundation for future research on improving health insurance schemes in Nigeria and similar contexts. Understanding the policy and institutional framework of NHIS is crucial for improving healthcare financing and service delivery in Nigeria. This study contributes to existing literature by providing insights into the governance and operational structure of NHIS, identifying policy gaps, and recommending strategic reforms. Policymakers, healthcare administrators, and researchers will benefit from this study's findings as they seek to enhance NHIS implementation and promote equitable healthcare access.

Structure of the Paper

This paper is structured as follows: Section 2 reviews relevant literature and theoretical frameworks related to health insurance systems. Section 3 outlines the research methodology, including data sources and analytical approaches. Section 4 discusses the policy and institutional framework of NHIS, covering its legal basis, governance structure, and stakeholder roles. Section 5 presents a comparative analysis with other models, particularly Ghana's NHIS. Section 6 identifies key challenges affecting NHIS implementation. Finally, Section 7 concludes with policy recommendations and future research directions. The National Health Insurance Scheme (NHIS) in Nigeria was established to provide financial risk protection and enhance healthcare accessibility. However, the scheme has faced several institutional and policy-related challenges that have hindered its effectiveness. This paper examines the policy and institutional framework governing NHIS, highlighting key developments, challenges, and recommendations for improvement.

Literature Review and Theoretical Framework

A comprehensive review of prior studies reveals that NHIS in Nigeria has faced persistent challenges, including low enrolment rates, weak regulatory enforcement, and financial instability (Akanbi et al., 2022; Umar et al., 2021). While existing literature has extensively documented these issues, there remains a lack of engagement with comparative models that provide actionable solutions (Okeke et al., 2022). Studies on Ghana's NHIS, for example, emphasize the advantages of mandatory enrolment, diversified funding sources, and a decentralized governance structure (Asare Adin-Darko, 2022; NHIA, 2018). However, the direct applicability of Ghana's model to Nigeria remains uncertain due to differences in economic conditions, governance capacity, and population demographics (Ogunleye et al., 2023). In recent years, Nigeria has made efforts to reform its health insurance system. The National Health Insurance Authority Act of 2022 aims to address some of the shortcomings of the previous NHIS by mandating health insurance for all Nigerians, though it still faces challenges such as low government funding and enforcement difficulties (Ipinnimo et al., 2022; The Lancet, 2022). This study bridges the gap by critically evaluating Ghana's NHIS, identifying policy strategies that could be adapted to Nigeria's unique context, while also considering the structural and administrative constraints that may hinder direct implementation (Akanbi et al., 2022).

The Evolution of Health Insurance in Nigeria

The concept of health insurance in Nigeria has undergone significant transformation over the decades, shaped by economic conditions, policy reforms, and evolving healthcare needs. Early discussions on a national health insurance system began in the 1960s, driven by concerns over the country's high out-of-pocket healthcare expenditure and the need for financial risk protection (Akanbi et al., 2021). However, it was not until 1999 that the National Health Insurance Scheme (NHIS) was formally established through Decree 35, marking a major

milestone in Nigeria's healthcare financing landscape (Adewole & Osungbade, 2016). The NHIS was officially launched in 2005, aiming to provide affordable healthcare access through various insurance programs tailored to different population groups, including formal sector employees, informal workers, and vulnerable populations (Osae-Brown, 2013). Despite these ambitious goals, the scheme has faced numerous implementation challenges, including low enrolment rates, administrative inefficiencies, and policy inconsistencies (Akanbi et al., 2021). The voluntary nature of enrolment has particularly limited participation, preventing the scheme from achieving universal coverage (Akanbi et al., 2022). Over the years, several reforms have been introduced to improve NHIS effectiveness, such as the introduction of community-based health insurance programs (CBSHIP) and state-supported health insurance schemes (World Bank, 2016). Additionally, efforts have been made to strengthen the regulatory framework and enhance private sector participation in health insurance provision (Okeke et al., 2022). Despite these initiatives, health insurance coverage in Nigeria remains low, with the majority of the population still relying on out-of-pocket payments for healthcare services (World Bank, 2018). Addressing these challenges requires policy reforms, increased government commitment, and innovative financing mechanisms to ensure a more inclusive and sustainable health insurance system. In recent years, significant legislative changes have been made. On May 19, 2022, the National Health Insurance Authority Bill was signed into law, making health insurance mandatory for all citizens and legal residents (Ogunleye et al., 2023; The Lancet, 2022). This development aims to bridge the gap in healthcare access by integrating all health insurance schemes and ensuring equitable coverage for vulnerable populations (NHIA, 2022).

Theoretical Perspectives on Health Insurance Systems

The study of health insurance systems is rooted in several theoretical frameworks. The Structural-Functionalist Theory provides insights into how institutions like NHIS function to maintain stability in healthcare financing (Eboh et al., 2016). This perspective highlights how the NHIS, for example, contributes to social order by providing a mechanism for healthcare financing and risk pooling. Rational Choice Theory explains individuals' decision-making processes regarding health insurance enrolment, highlighting the voluntary nature of NHIS and its impact on participation rates (Eshetu & Seyoum, 2019). This theory examines how individuals weigh the perceived benefits and costs of enrolment, influencing their decisions to participate in schemes like the NHIS (Adegoriola & Omoera, 2021). Additionally, the Public Goods Theory underscores the necessity of government intervention to ensure equitable healthcare access for all citizens (Feldman et al., 1998), addressing market failures inherent in healthcare provision. This is particularly relevant in contexts where healthcare is considered a public good, requiring government intervention to ensure equitable access, as explored in studies examining the role of government in regulating and subsidizing health insurance to address market failures and ensure universal coverage.

Review of Related Empirical Studies

Empirical studies on NHIS reveal mixed findings regarding its effectiveness. Some studies indicate that NHIS has improved healthcare access for enrollees (Umar et al., 2021), while others highlight persistent coverage gaps, particularly among informal sector workers and rural populations (Akanbi et al., 2022). Research has also shown that financial constraints, lack of awareness, and administrative inefficiencies contribute to the scheme's limited success (Ogunleye et al., 2023). Comparative analyses with countries like Ghana further suggest that mandatory enrolment policies and better regulatory frameworks could enhance NHIS performance (Okeke et al., 2024).

Conceptual Framework

This study adopts a multidimensional conceptual framework incorporating governance, financial sustainability, and service delivery efficiency. Governance structures influence policy implementation (Okeke et al., 2022), financial sustainability ensures continued operations (Akanbi & Ojo, 2023), and service delivery efficiency determines the effectiveness of NHIS in achieving its objectives (Umar et al., 2021). By analyzing these dimensions, the study aims to provide a comprehensive understanding of NHIS challenges and propose viable policy solutions. The idea of a national health insurance system in Nigeria dates back to the early 1960s, but it was not until 1999 that the NHIS was formally established through Decree 35 (Ogunleye et al., 2023). The scheme was officially launched in 2005, aiming to reduce healthcare costs and improve service accessibility. However, its adoption and implementation have been slow, with coverage remaining limited due to various structural and administrative challenges (Akanbi et al., 2022).

Methodology

This study adopts a descriptive research design to analyze the policy and institutional framework of NHIS in Nigeria. A qualitative approach is employed to examine relevant policy documents, legislative frameworks, and comparative case studies. The study relies on secondary data from government reports, NHIS policy documents, academic journals, and international health insurance studies. Additionally, expert opinions from policymakers and healthcare administrators are reviewed to provide contextual insights. A thematic analysis approach is used to identify key patterns in NHIS policy implementation, governance structure, and operational challenges. Comparative analysis with international models, particularly Ghana's NHIS, is conducted to draw relevant lessons.

Ghana was selected due to its geographic and economic similarities to Nigeria and its success in achieving higher health insurance coverage through mandatory enrolment and diversified funding. While Ghana's NHIS model provides key lessons, differences in governance structures and population demographics introduce potential biases in the analysis. This study acknowledges these biases and mitigates them by using multiple secondary data sources.

Limitations of the Study.

The study is limited by its reliance on secondary data, which may not fully capture recent NHIS policy changes. Additionally, the absence of primary survey data restricts the direct assessment of beneficiaries' experiences. However, the inclusion of multiple policy sources ensures a comprehensive analysis of NHIS implementation and its challenges. NHIS operates under the National Health Insurance Act, which outlines its roles and responsibilities. The institutional framework consists of government agencies, health maintenance organizations (HMOs), and accredited healthcare providers. The regulatory environment has faced criticism due to loopholes in enforcement mechanisms, lack of accountability, and inadequate legislative backing to mandate universal enrolment.

Policy and Institutional Framework of NHIS in Nigeria

The National Health Insurance Scheme (NHIS) in Nigeria was established to ensure equitable access to quality healthcare through risk pooling and financial protection mechanisms. Its legal framework is anchored in the National Health Insurance Act, which defines the operational structure and governance of the scheme.

Legal Basis and Governance Structure: The NHIS operates under the regulatory purview of the Federal Ministry of Health, with oversight provided by a Governing Council. The Executive Secretary manages the scheme's daily operations, ensuring compliance with policy directives. The scheme's legal framework, however, has been criticized for its voluntary nature, which limits enrolment and weakens the scheme's financial sustainability.

Organizational and Administrative Setup: NHIS is structured into various programs targeting different demographic groups, including the Formal Sector Social Health Insurance Program (FSSHIP), the Voluntary Contributors Health Insurance Program (VCHIP), and the Community-Based Social Health Insurance Program (CBSHIP). Health Maintenance Organizations (HMOs) act as intermediaries, managing funds and coordinating healthcare services. Despite this structure, inefficiencies such as administrative bottlenecks, lack of transparency, and delayed reimbursement to providers hinder NHIS effectiveness.

NHIS Stakeholders and Their Roles.

Key stakeholders in NHIS include government agencies, HMOs, healthcare providers, employers, and enrollees. The government formulates policies and regulates operations, while HMOs and healthcare providers deliver services. Employers contribute premiums on behalf of their employees, and enrollees access subsidized healthcare. Coordination among stakeholders remains a challenge, affecting service delivery and trust in the system.

Comparative Analysis of NHIS with Other Models

Health insurance models vary across countries, influenced by economic structures, governance models, and policy priorities. This section compares Nigeria's NHIS with international models, particularly Ghana's NHIS, to extract valuable lessons and policy implications.

Lessons from International Best Practices

Several countries have implemented national health insurance schemes with varying levels of success, offering valuable insights for Nigeria's NHIS. The United Kingdom's National Health Service (NHS) operates a tax-funded system that ensures universal access to healthcare services, demonstrating the effectiveness of government-funded healthcare models (Kutzin, 2019). Germany's Social Health Insurance (SHI) system, based on mandatory contributions from employers and employees, promotes financial sustainability and inclusivity, with private insurers playing a regulated role in service delivery (Busse & Blümel, 2019). Rwanda's Community-Based Health Insurance (CBHI) model effectively covers informal sector workers by ensuring affordability and accessibility through strong government support and decentralized management (World Bank, 2020). Key elements of successful health insurance models include mandatory enrolment to ensure wide participation and risk pooling, sustainable financing mechanisms such as payroll taxes, government subsidies, and value-added tax levies, and strong regulatory frameworks to enforce compliance and accountability (WHO, 2020). Furthermore, efficient administrative structures, technological integration for claims processing and enrolment, and active public awareness campaigns contribute to improved system efficiency and trust (Okeke et al., 2022). Applying these lessons to Nigeria's NHIS would require strengthening regulatory oversight, improving financial sustainability through diversified funding sources, and ensuring compulsory participation to increase coverage (Akanbi et al., 2022). By adopting these best practices, Nigeria can enhance healthcare access and move closer to achieving universal health coverage.

Ghana's NHIS Model

Ghana's National Health Insurance Scheme (NHIS), established in 2003, has been instrumental in advancing the country's healthcare system towards universal health coverage. The scheme is governed by the National Health Insurance Authority (NHIA), which manages the National Health Insurance Fund (NHIF) and oversees the registration and credentialing of healthcare providers (NHIA, 2018). The NHIF is funded through multiple sources, including a 2.5% Value Added Tax (VAT) levy and contributions from the Social Security and National Insurance Trust (SSNIT) (Asare Adin-Darko, 2022). By 2018, the NHIS had an active membership of approximately 10.8 million, with a significant increase in registration among persons below the age of 18 (NHIA, 2018). In 2019, this number rose to over 12 million, reflecting a growing trend in enrolment (NHIS, 2019). The informal sector constitutes a substantial portion of active members, with 34.1% of the total membership in 2019 (NHIS, 2019). The scheme provides exemptions for vulnerable populations, including the elderly, SSNIT pensioners, children under 18, pregnant women, and beneficiaries of the Livelihood Empowerment Against Poverty (LEAP) program (Asare Adin-Darko, 2022). Despite its successes, Ghana's NHIS faces challenges such as low population coverage, which was approximately 41% by the end of 2019 (Asare Adin-Darko, 2022). To address these challenges, the NHIA has introduced innovations like mobile money payment systems for membership renewal, aiming to enhance accessibility and convenience for subscribers (NHIA, 2018). Additionally, there is a focus on improving service quality and increasing public awareness to maximize the benefits of the scheme (ISSER, 2017).

Policy Implications for Nigeria

Nigeria can benefit significantly from adopting strategic health insurance policies observed in successful models worldwide. The transition from a voluntary to a mandatory enrolment system would increase coverage rates, ensuring a broader risk pool and financial sustainability. Establishing a dedicated health tax or increasing government allocations would create a more stable funding mechanism, reducing reliance on employer contributions and out-of-pocket expenses. Strengthening regulatory oversight and enforcement is essential for maintaining accountability and compliance among stakeholders, improving the overall efficiency of NHIS operations. Additionally, decentralizing NHIS administration to state and regional levels could enhance service delivery by tailoring healthcare policies to local needs. Investing in digital health infrastructure for claims processing and data management would improve transparency, reduce fraud, and enhance operational efficiency. Public awareness campaigns and targeted education initiatives would further boost enrolment, increasing trust and participation in the scheme. By implementing these policy measures, Nigeria can make meaningful progress toward achieving universal health coverage and creating a more equitable healthcare financing system. Nigeria stands to benefit from adopting key strategies observed in more successful health insurance models. Moving from a voluntary to a mandatory enrolment system could significantly increase coverage rates and financial stability. Establishing dedicated health taxes or increasing government contributions would provide a more sustainable funding mechanism for NHIS operations. Strengthening regulatory oversight is crucial to improving accountability and ensuring compliance among stakeholders. Additionally, decentralizing NHIS administration to regional authorities could enhance service delivery and responsiveness to local healthcare needs. By implementing these policy measures, Nigeria can move closer to achieving universal health coverage and an efficient healthcare financing system. Nigeria can draw several policy lessons from Ghana and other successful models:

1. **Mandatory Enrolment:** Shifting from voluntary to compulsory participation can significantly increase coverage rates and improve financial sustainability.
2. **Enhanced Funding Mechanisms:** Introducing a dedicated health tax or increasing government contributions could improve NHIS funding stability.
3. **Improved Regulatory Oversight:** Strengthening enforcement mechanisms can enhance accountability and ensure compliance from stakeholders.
4. **Decentralized Administration:** Delegating NHIS management to regional authorities could enhance service delivery and responsiveness to local health needs.

Nigeria's NHIS can enhance healthcare accessibility, financial sustainability, and overall system efficiency by adopting these policy measures, bringing it closer to achieving universal health coverage.

Challenges and Constraints in NHIS Implementation

The National Health Insurance Scheme (NHIS) in Nigeria has faced several challenges that have hindered its effective implementation and expansion. These challenges stem from legislative, financial, administrative, and service delivery issues, all of which impact the scheme's ability to achieve universal health coverage.

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 has 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.

Conclusion and Policy Recommendations

The NHIS in Nigeria has made strides in enhancing healthcare access and financial risk protection, yet persistent challenges such as low enrolment, weak regulatory oversight, financial instability, and administrative inefficiencies continue to hinder its success. Strengthening NHIS requires policy reforms to mandate universal enrolment, enforce stricter regulations, and improve transparency in fund management. Expanding financial sources through dedicated health levies and public-private partnerships can ensure sustainability, while increasing public awareness and service delivery efficiency will boost participation and trust. Addressing these issues will enable NHIS to better fulfil its mandate and contribute to a more equitable and efficient healthcare system in Nigeria. Future research should focus on evaluating the impact of recent policy changes, exploring innovative financing models, and assessing the effectiveness of digital solutions in NHIS administration. By implementing these recommendations, NHIS can better fulfil its mandate and contribute to a more equitable and efficient healthcare system in Nigeria.

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