



Exploring the Impact of Socio-Economic, Political And Cultural Factors Affecting Uptake of National Health Insurance Programs in Nigeria

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ABSTRACT: Healthcare systems must be affordable, available and accessible to achieve the universal healthcare mantra. A vital element for obtaining affordable, universal healthcare is the National Health Insurance Scheme (NHIS), which also provides a means of avoiding financial difficulty when accessing medical care. Only 5% of Nigeria's population of about 200 million has health insurance, and the vast majority still pay for medical care out of their pockets.

This article examines how social, political, and cultural factors affect Nigeria's adoption of the National Health Insurance Scheme (NHIS). By carefully examining factors encouraging or discouraging adoption, this article highlights the essential aspects affecting the adoption of NHIS. It concentrates on socio-economic concerns, including income levels and insurance costs. Premiums, education, health literacy, and differences between urban and rural populations' access to healthcare. Political aspects, such as government support, stakeholder engagement, and institutional capacity, are examined alongside cultural factors encompassing traditional beliefs, trust in healthcare and insurance providers, and the impact of social norms.

Additionally, highlights key drivers and hindrances of adoption, including successful implementation strategies, positive health outcomes, and financial protection. Identifying specific challenges faced and barriers to enrollment and utilization. Finally, this study provides policy implications and recommendations, emphasizing the need to strengthen socio-economic support mechanisms, enhance political commitment and governance, and adopt culturally sensitive approaches to promote NHIS adoption. Acknowledging these factors is essential for the successful implementation of NHIS in Nigeria.

Keywords: National Health Insurance Scheme, Socio-economic factors, political factors, cultural factors, National Health Insurance Programs

I. INTRODUCTION

The National Health Insurance Scheme (NHIS) was launched in Nigeria in 2005. The NHIS, a social health insurance program, was intended to provide health insurance to all Nigerians, irrespective of their income or employment status. A combination of Government, employer, and participant premiums financed the program. However, the NHIS had trouble accomplishing its objectives. The Nigerian Government passed a new law in 2022 that established the National Health Insurance Authority instead of the NHIS (NHIA). To attain universal health coverage (UHC) in Nigeria, the NHIA is a more thorough and integrated health insurance system. Since the NHIA is still a new system, it is too soon to predict its level of success. (1)

However, the new features of the NHIA make it more comprehensive and accessible than the NHIS, and it is hoped that the system will be able to achieve its goals.

The uptake of NHIS programs in Nigeria has been slow, and there is a need to understand the factors driving or hindering adoption. This study explores the impact of socio-economic, political, and cultural factors on the adoption of NHIS programs in Nigeria.

Designing efficient policies and interventions to encourage the uptake of National Health Insurance Programs (NHIPs) in Nigeria requires understanding the factors driving adoption. Pinpointing social, political, and cultural characteristics enables policymakers to create plans that specifically address the problems that various regions and demographic groups confront. Policymakers may improve the implementation and governance of NHIPs and ensure that they are consistent with the various cultural settings and societal norms by understanding the factors that influence and obstruct adoption. Ultimately, this knowledge promotes fair access to healthcare, enhances health outcomes, and offers the community financial security. (2)

II. SOCIOECONOMIC FACTORS AFFECTING THE ADOPTION OF NATIONAL HEALTH INSURANCE PROGRAMS IN NIGERIA.

2.1.1 INCOME LEVEL AND AFFORDABILITY OF HEALTH INSURANCE PREMIUM.

The National Health Insurance Authority, launched by former President Mohammad Buhari in March 2022, was formed after the dissolution of the former National Health Insurance Scheme Act; the goal of the new Act is to provide health care for all Nigerians and its legal resident. This new Act promotes both the Government and private sector partnership; it collaborates with state and local government institutions to provide a basic minimum health package by involving the PHC centers, which are found in all Local Government Areas of the federation. This covers access to all, including the rural areas. (3)

In Nigeria, given the poor health systems, especially in government facilities, most people seek Health services in Private facilities, leading to high out-of-pocket expenditure; with the low minimum wage, most of the population is having catastrophic spending on health services compared to their earnings. This makes the enrollment into the NHIA poor having less than 10% of the Nigerian population enlisted. (4)

2.1.2 EDUCATION AND HEALTH LITERACY.

Despite the high level of education and awareness of health insurance services among the Nigeria population, it does not translate to a high percentage of enrollment into the Scheme; there are several factors affecting that, which include a low level of income, cumbersome process of enrollment, inequality, poor services of some health centers and lack of NHIA Law enforcement. This further portrays that the education and literacy of the system are not enough but rather a workable framework through policies that favor enrollment. (5)

2.1.3 URBAN AND RURAL DISPARITIES IN ACCESS TO HEALTHCARE

The urban-rural disparity in the healthcare system is attributed to the availability of social amenities which are easily accessible in the urban centres making livelihood more convenient than in the rural setting; provision of these social amenities with some financial and financial benefit will attract rural-urban migration. (6)

2.2 POLITICAL FACTORS AFFECTING THE ADOPTION OF NATIONAL HEALTH INSURANCE PROGRAMS IN NIGERIA

2.2.1 GOVERNMENT COMMITMENT AND POLICY IMPLEMENTATION

Political will, historical context, and the Nigerian system's legislative and policy framework are intrinsically intertwined and affect the adoption of the National health insurance scheme. In retrospect, introducing the Scheme in 1999 marked a pivotal moment in healthcare access and the implementation of universal health coverage through subsequent policies, amendments and most recently, the National health insurance agency. (7)

The commitment of the Government is paramount in the success of every health initiative as it translates policy frameworks into tangible actions that produce desired outcomes. Government commitment represents the determination of state authorities to prioritise, allocate resources, and allocate efforts toward the effective realisation of policy goals. Such commitment manifests through policy pronouncements, budgetary allocations, legislative actions, and the alignment of governmental institutions to the objectives outlined in policy frameworks. Government commitment transcends all political cycles, reflecting the enduring dedication of authorities to address societal needs, foster development, and enhance the well-being of citizens as in health systems, ultimately achieving health equity and universal health for all.

Some factors that Influence Government Commitment include:

Political Will: this is the unwavering resolve of political leadership to enact and sustain policies, irrespective of political considerations, and it constitutes a pivotal determinant of government commitment. Germany's Social Health Insurance system is a classic example of effective governance. The country's social partnership model involves representatives from employers, employees, and the Government collaborating to govern health insurance funds. This ensures stakeholder representation, accountability, and sustainable management of the system. (2,7)

Public Demand: The pressure exerted by informed citizenry for effective policy solutions prompts governments to prioritise implementation to retain public trust and legitimacy.

International Agreements: Commitment to international agreements and obligations can drive governments to enact policies aligned with global standards and priorities, as seen in UHC and the implementation of primary health care (PHC).(1)

Policy implementation and policy formulation lead to tangible outcomes. It encompasses the operationalisation of policy directives, resource allocation, administrative arrangements, monitoring mechanisms, and stakeholder engagement required to achieve policy objectives. Effective implementation hinges on harmonising

governmental commitment, institutional capacity, stakeholder collaboration, and adaptive strategies that respond to changing contexts.

2.2.2 STAKEHOLDER ENGAGEMENT AND COOPERATION

Stakeholder engagement and cooperation are key components that drive successful policy implementation, especially in a multisectoral and multicultural country like Nigeria. The collaborative involvement of various key players, from government bodies and civil society organizations to private sector entities, is essential for ensuring policy effectiveness, sustainable outcomes, and the attainment of objectives of every initiative like a health insurance scheme.

Engaging a different set of stakeholders enhances the decision-making process by incorporating varied perspectives, expertise, and local insights. This multifaceted input leads to well-rounded policy solutions that address complex challenges comprehensively. When stakeholders are actively engaged, they feel ownership of the policy process. This sense of ownership fosters support and buy-in from various quarters of society, bolstering policy legitimacy and reducing resistance to implementation. Engaging local communities and grassroots organizations ensure policies are attuned to different regions' unique cultural, social, and economic contexts. This increases the likelihood of successful implementation and positive impact. (8)

Resistance to policy change is common, especially because of the lack of trust in the Government due to previous shows of nonchalance in the affairs of the citizens and a lack of empathy. However, stakeholder engagement allows for the early identification of concerns and apprehensions. Addressing these concerns in a participatory manner can ease resistance and improve the likelihood of successful implementation. Rwanda's Mutual Health Insurance (CBHI) system is an exemplary case of building institutional capacity from the ground up. Through community involvement and government support, Rwanda established a system that utilizes local resources, community networks, and public-private partnerships to provide health coverage; even in rural areas, stakeholder engagement and cooperation are indispensable drivers of effective policy implementation that can be relied upon in the new NHIA to lead to a better outcome than the national health insurance scheme which had poor adoption. The collaborative efforts of diverse stakeholders lead to policies that are well-informed, locally relevant, and strategically positioned for success. By fostering a culture of inclusivity, dialogue, and shared responsibility, governments and organizations can harness the collective power of stakeholders to achieve sustainable, impactful outcomes.

2.3 CULTURAL FACTORS SHAPING ADOPTION OF NATIONAL HEALTH INSURANCE IN NIGERIA

2.3.1 TRADITIONAL BELIEFS AND PERCEPTIONS OF HEALTHCARE

These deeply ingrained cultural factors shape individuals' attitudes towards healthcare, influencing their decisions regarding health insurance enrollment. Several key aspects of traditional beliefs and perceptions affect NHIS adoption in Nigeria:

Fatalistic Beliefs impede quality healthcare delivery in Nigeria, including the consumer's inability to pay for healthcare services, gender bias due to religious or cultural beliefs, and inequality in the distribution of healthcare facilities between urban and rural areas. (9) Fatalistic beliefs, rooted in cultural and religious ideologies, can influence individuals' perceptions of health and illness. Some people may believe that illnesses are predetermined or inevitable; thus, they may not prioritize the need for health insurance as preventive or curative care. This fatalistic outlook may lead to a lack of proactive health-seeking behavior, reducing the perceived importance of health insurance coverage. (8,10)

2.3.2 TRUST IN TRADITIONAL HEALING

Traditional healing practices, including herbal remedies and spiritual interventions, are prominent in Nigerian culture. Many trusts traditional healers and alternative medicine, viewing these practices as effective and

culturally familiar. This trust in traditional healing may lead some to believe that modern medical services covered by health insurance are unnecessary or less effective. As a result, they may be less inclined to enrol in NHIS, preferring to rely on traditional methods for healthcare needs. The perceived quality of healthcare services significantly impacts trust in the healthcare system. If individuals have positive experiences with healthcare providers, such as receiving timely and effective treatment, they are more likely to trust the system and consider enrolling in health insurance.

Conversely, negative experiences, such as long waiting times, inadequate facilities, or perceived medical errors, can erode trust and deter potential beneficiaries from participating in NHIS. This was evident as some respondents said the ineffectiveness of the Scheme, the long registration process, lack of money, low level of awareness, and having alternative sources of care as reasons for not enrolling in the Scheme. Some other reasons why some respondents did not enrol in the Scheme included the high cost of premiums, poor enlightenment about the Scheme, and lack of confidence in the Scheme.

· Patients' satisfaction with care given under the NHIS was found to affect utilisation in this study. More than half of the patients were satisfied with the services rendered. It agrees with a study by a federal medical centre in northern Nigeria that revealed high satisfaction with services accessed under the National Health Insurance Scheme. These findings may be due to improved management of the NHIS and services rendered by healthcare workers over the years. (8)

Provider-Patient Relationship: The relationship between healthcare providers and patients also affects trust. Patients who feel respected listened to, and involved in their healthcare decisions are more likely to trust and engage with the healthcare system. Empowering patients and involving them in decision-making can strengthen trust and encourage participation in health insurance programs. In this study, more than half of the respondents said the health personnel were friendly, and the attitude of health care workers towards the patients was found to be significant and affects utilization. This is in agreement with studies in the northern part of the country on the attitudes of Nigerian civil servants toward the National Health Insurance Scheme, which showed under-utilisation of services by beneficiaries. (8)

Concerns about Privacy and Cultural Appropriateness: Health insurance schemes often require personal information and medical history disclosure, which can raise concerns about privacy and cultural appropriateness. Individuals may sometimes hesitate to share personal information with insurance providers due to cultural norms surrounding privacy. Addressing these concerns and ensuring confidentiality is essential for fostering trust and encouraging NHIS adoption.

Transparency and Accountability: Transparency in the functioning of the healthcare system and insurance providers is crucial for building trust. Clear communication about NHIS policies, coverage, and benefits is essential to avoid misunderstandings and foster trust. Additionally, ensuring accountability in managing NHIS funds and preventing corruption is vital to maintaining public confidence in the system.

The affordability and accessibility of healthcare services play a significant role in shaping trust. If individuals perceive healthcare services as affordable and easily accessible, they are more likely to trust that NHIS will provide value for their contributions. A study showed that most (87.3%) of the 260 enrolled respondents posited that NHIS is a better way to settle healthcare costs than OOPE (Out-of-pocket expenditure). Only 14 respondents (5.5%) believed OOPE to be a better payment option for NHIS. Regarding their participation in the NHIS, most (83.5%) respondents were enrolled in NHIS. Most participants (50.5%) joined the Scheme because of the cheap and affordable healthcare services and free access to medical care (27.8%). The insured were noted to utilise the hospital services more and were more likely to present early to the hospital than their uninsured counterparts. This aspect of access to health is part of the objective of NHIS, thereby leading to early detection of ill health and possible treatment. This is consistent with reports of previous authors. Also, ensuring that NHIS

coverage is comprehensive and that healthcare facilities are geographically accessible can positively impact trust in the system.

- Social Acceptance and Stigma:** Social norms regarding health insurance can influence the acceptance or stigma associated with enrollment. If health insurance is widely accepted and viewed as a responsible decision within a community, individuals are more likely to enrol in NHIS to conform to societal expectations. Conversely, if health insurance is stigmatised or seen as unnecessary, potential beneficiaries may hesitate to enrol, fearing judgment from their peers.

- Community Engagement and Awareness:** Engaging communities through targeted awareness campaigns can effectively disseminate information about NHIS and address misconceptions and will include endorsement by community leaders, religious institutions, and trusted individuals, which enhance trust in the program and encourage adoption. Community-based programs that cater to local needs and cultural preferences are more likely to gain acceptance and support, positively impacting adoption rates. A higher level of awareness about NHIS was found in a study compared with the report by Ibiwoye and Adeleke, but slightly lower than that of Agba. (11) This is probably due to the various awareness campaigns the Federal Government carried out in the media regarding the Scheme and the different population groups, i.e., state and federal civil servants (1,11).

Word-of-mouth communication within communities can significantly influence health insurance decisions. Positive experiences shared by NHIS beneficiaries can encourage others to enrol, while negative experiences may discourage potential beneficiaries. Leveraging positive word-of-mouth can be a powerful tool in increasing NHIS adoption.

Trust in the healthcare system and insurance providers and the influence of social norms and community support significantly affect the adoption of NHIS in Nigeria. Ensuring quality of care, transparency, and affordability, as well as engaging communities and leveraging positive social norms, are critical strategies to foster trust and encourage greater participation in health insurance programs. Community-based approaches and targeted awareness campaigns can contribute to higher adoption rates and, ultimately, better healthcare access and outcomes for the Nigerian population. The Nigerian Government signed the new National Health Insurance Act (NHIA) 2022 on May 19 2022. The NHIA seeks to promote, regulate and integrate health insurance schemes. It replaced the National Health Insurance Scheme Act of 1999, which failed to enrol more than 10% of the population. (11)

Since Nigeria's National Health Insurance Scheme (NHIS) launch in 2005, only 5% of Nigerians have health insurance, and 70% still finance their healthcare through Out-Of-Pocket (OOP) expenditure. (5) With the present post-implementation population coverage of Nigeria at 5% in 15 years, it may take Nigeria about 18A0 years to implement universal coverage to the same level as those of Ghana and Rwanda to extend the range to the self-employed and those on low-income levels. (12)

2.4 FACTORS DRIVING ADOPTION OF NATIONAL HEALTH INSURANCE PROGRAMS IN NIGERIA

2.4.1 SUCCESSFUL IMPLEMENTATION STRATEGIES IN SOME REGIONS

The poor achievement of the Scheme in Nigeria has been attributed to many factors, including the type of political institution and structure in which Nigeria operates (5).

The genuine efforts to build the trust of the people in government policies through the implementation of beneficial social policies in communities and making efforts not to breach agreements on the part of the Government, sustained political will is required from policy actors and leaders to back various reforms put in place to attain the milestone of UHC by 2030.

Regional Variations in Healthcare Infrastructure: A strategy to resolve this is examining how the existing healthcare infrastructure in different regions of Nigeria has influenced the implementation of the national health insurance program. It also analyses successful implementation strategies in well-developed healthcare facilities and the challenges faced in areas with limited infrastructure.

Public-Private Partnerships: Investigating the role of public-private partnerships in implementing the national health insurance program and assessing successful collaboration models between the Government, private healthcare providers, and insurance companies in specific regions to help improve the impact of such partnerships on the health systems.

Community Engagement and Awareness: Exploring the impact of community engagement and awareness campaigns in promoting the adoption of the national health insurance program is one effective way of improving effectiveness. Amending the NHIS Act, mass sensitisation, capacity building for actors, increased use of ICT, organisation of the informal sector, and strict administrative and regulatory oversight have been suggested as ways to improve the effective implementation of the Scheme. (5). Highlighting successful strategies in specific regions to educate and involve communities in the program will improve this health system.

2.4.2 POSITIVE IMPACT ON HEALTH OUTCOMES AND FINANCIAL PROTECTION

Improved Access to Healthcare Services:

Examining how the national health insurance program has expanded access to healthcare services, particularly in underserved regions and marginalised communities.

A study mentioned that many scheme enrollees have benefited in treatment, quality care, financial protection, and healthcare utilisation, and others are satisfied with the services of NHIS. In improving access, there should be more evaluation of the program's impact on reducing barriers to healthcare access, such as affordability and distance.

Enhanced Health Outcomes: Assessing the positive effects of the national health insurance program on key health outcomes, including reduced mortality rates, improved disease prevention and control, and increased life expectancy.

In improving access, there should be more evaluation of the program's impact on reducing barriers to healthcare access, such as affordability and distance.

It highlighted the successful interventions and programs within the insurance framework that have contributed to these improvements.

Socio-economic factors; Financial Protection: Poor financial capacity of consumers to pay for needed health services results in inequitable access to health care (11). This has limited many Nigerians from accessing the required healthcare services resulting in loss of productivity, poverty, poor health outcomes, and preventable deaths. Studies analysing the impact of the national health insurance program on reducing out-of-pocket health expenditures for individuals and households show that the Scheme has contributed to the ease of healthcare accessibility and affordability, which mitigates the financial burden associated with healthcare spending, thereby promoting the healthy living of the individuals (13). Exploring successful mechanisms to provide financial protection, such as risk pooling, reimbursement systems, and cost-sharing arrangements.

2.5 FACTORS HINDERING ADOPTION OF NATIONAL HEALTH INSURANCE IN NIGERIA

2.5.1 CHALLENGES FACED

Almost two decades later, the National Health Insurance Scheme subscription has remained low. With the present post-implementation population (most of whom are federal employees and their dependents) coverage of Nigeria at 5% in 15 years, it may take Nigeria about 180 years to

implement universal coverage to the same level as those of Ghana and Rwanda to extend coverage to the self-employed and those on low-income levels. (5,11) set up to make health care accessible and affordable to many Nigerians. However, this lofty objective has been undermined by many factors. These factors have directly or indirectly contributed to the slow pace of success of the National Health Insurance Scheme. Challenges faced Age, gender of household head, educational level (less educated are willing to pay less than highly educated), socio-economic status (richer are more likely to enrol than poorer people), geopolitical zone (people in the urban region will be willing to enrol than those in the rural areas), distance to a

health facility (the nearer a health facility is to a user, the more he sees potential benefits and need to enrol) frequency of reading newspapers or magazines, and watching television were significantly associated with non-enrollment in NHIS. Findings suggest that enrollment in NHIS in Nigeria is very low (14)

2.5.2 ENROLLMENT CHALLENGES AND UTILISATION

The Scheme has provided more coverage for the formal sector workers, i.e. those who work with the Government, and the payment plan is more automated than the informal sector workers, i.e., businessmen and women, artisans, traders and daily income earners who do not have an automatic payment plan. Major Adoption challenges affecting the informal sector, as revealed by the stakeholders specifically affecting the informal sector, are disorganised payment plans, poverty and the non-mandatory nature of the Act establishing the Scheme. (15)

Cultural Beliefs: Cultural beliefs are also blamed for the low adoption rate. Adelaja said very traditional patients see trust in science as a lack of faith in the traditions of their ancestors and allowing their practices to go to extinction. Therefore, they would do anything to protect their culture, including shunning the National health insurance scheme (8,14)

Religious Beliefs: If anyone has faith in God and believes that God can heal, [then] why do you have to pay for something that may not occur?" God destines health and illness, and healing comes by His will. The Christian will say, "I reject it in

Jesus' name, I can never be sick, and sickness is not my portion." Then the fact that other insurance

that has been popular before now, such as accident insurance, burglar insurance, and fire insurance, has

not been faithfully implemented, and stakeholders have not benefited fully. Low level of awareness: Enrollee enlightenment is very poor; Enrollee knowledge about the Scheme is very poor; according to awareness of the NHIS was poor as only 30.3% of the respondents agreed to have heard about a scheme that has existed for more than 11 years. Studies have proven that poor knowledge of the benefits package of insurance schemes is one of the barriers to the utilisation rates of health facilities among enrollees. (16)

Poverty: Many in the informal sector, who constitute the majority of the population, are too poor to enrol on the Scheme as Over 70% of the Nigerian populace is suffering from poverty, abject poverty. To use the little, they have for health insurance is too difficult for them.

2.5.2 BARRIERS TO UTILISATION

Various barriers affecting the Scheme emerged across the stakeholders, such as poor enrollee and providers' knowledge about the Scheme, lack of political will,

delay in reimbursement and issuance of authorisation code to providers by the HMOs, weak

managerial capacity and regulatory oversight functions on the part of the NHIS officials,

administrative inefficiency, and voluntary nature of the Scheme. (17)

Poor Service Delivery: The Scheme is designed to maintain a high standard of care delivery. However, the experience of enrollee's points to poor service delivery with long waiting times, use of substandard drugs and poor attitude of healthcare providers. These have been plagued by poor supervision, weak regulation and corruption by the service providers. (18)

Providers' poor knowledge and Managerial capacity: Most hospitals do not understand the Scheme and do not understand when to request an authorisation code. They do not understand how to prevent abuse by users. Some HMOs do not give authorisation when they are supposed to give authorisation, and that affects the patient. Then, the issue of delivering money to the hospital, some HMOs have their issue. The NHIS are ineffective in monitoring and evaluating all the other stakeholders; they are inefficient. There are loopholes in the law established in NHIS, and some people are also going

against it in many ways, especially the NHIS itself. (19)

Poor political will: It was the political will demonstrated by Chief Olusegun Obasanjo in 2005 that operationalised the NHIS with the enrollment of federal Civil servants. It was after many attempts at kickstarting the Scheme by previous administrations failed. However, it is noteworthy that although the Scheme has finally kicked off, there has been lethargy in implementing all aspects of the Scheme, including the Prison inmate insurance scheme and disabled persons' social health insurance scheme. Lack of political will can also explain why the bill to amend the Act setting up the Scheme has gone through the 6th to eighth assemblies without being amended. Sometimes even the release of appropriated funds to agencies like the NHIS can be delayed unnecessarily, jeopardising government funding of the Scheme. (20) This inappropriate government response to the healthcare scheme has led to the unabated worsening of healthcare indices in the country and a huge challenge for stakeholders adopting the Scheme. **Voluntary nature of the Scheme:** A major lacuna in the national health insurance is that the Government does not have the authority to make the Scheme mandatory due to the Act under which the Scheme was implemented, which has made the Scheme a voluntary endeavour. Therefore, the fact that it is not compulsory limits spread and gives room for failure. (21)

Payment Mode: Another barrier to adoption is the organisation and the incompatibility of the payment mode for the informal stakeholders "... of course again because the informal sector is not well organised, as most stakeholders in this sector do not have a defined mode and means of payment. For example, a man who sells Kayanmiya (soup items) who knows he has many competitors will not want to leave his kiosk and go to the bank to pay insurance so he does not lose many customers that will come in his absence. (22)

III. RECOMMENDATIONS

So many factors hinder the adoption and utilisation of the national health insurance scheme in Nigeria. As discussed throughout the article, some recommendations to be adopted to improve the new health insurance scheme will be discussed in this section.

Socio-economic Factors:

The need to develop targeted subsidy programs or income-based contribution scales to ensure affordability for low-income individuals and families. Moreover, establishing mobile enrollment units to reach remote and underserved communities, making enrollment more accessible and convenient. (23)

The need to enhance Affordability by Introducing tiered premium structures based on income levels to ensure affordability for all population segments and implementing targeted subsidies or waivers for vulnerable and low-income individuals to reduce financial barriers.

Political Factors: Strengthening the legal framework governing NHIPs to provide clarity, minimise ambiguities, and ensure consistent implementation across regions. (24) Engage in proactive dialogue with political stakeholders to address concerns and garner support for NHIPs, highlighting the potential positive impact on public health and socio-economic development, as seen in the case of The Korean Government, which actively engaged citizens through educational campaigns and leveraged electronic registration methods, achieving high enrollment rates and overcoming initial skepticism.

Engaging in cross-country comparative research to analyse the successes and challenges of NHIP adoption in other nations with similar socio-economic, political, or cultural contexts, especially low- and middle-income countries like Ghana, Rwanda and India. (25)(26)

Exploring behavioural economics principles to understand decision-making processes related to NHIP enrollment and utilisation leads to more effective interventions and specific strategies to address barriers and identify best practices for implementation and scale-up. (27)

Cultural Factors: Designing culturally sensitive health education campaigns that address traditional health beliefs and promote the benefits of NHIPs within local contexts collaborating with local community leaders and influencers to build trust and credibility for NHIPs, leveraging existing social networks to disseminate accurate information. (28)(29)

Thailand's Universal Coverage Scheme (UCS) Thailand's UCS demonstrated the value of addressing barriers. Through proactive engagement with stakeholders and policy refinements, the Scheme overcame initial resistance and became a global model for achieving universal healthcare coverage, which Nigeria can emulate. (30)

IV. CONCLUSION

Successful implementation of the National Health Insurance Scheme (NHIS) in Nigeria hinges on strategic actions that drive adoption and participation. The introduction of the new National Health Insurance Act and its focus on political commitment signal progress. Regional strategies, public-private partnerships, and community engagement underscore the importance of tailoring approaches to diverse contexts. Positive impacts on health outcomes, financial protection, and improved access resonates as compelling drivers. Socio-economic benefits, reduced mortality rates, and enhanced healthcare utilisation strengthen the case for NHIS adoption. These strategies must be coupled with comprehensive awareness campaigns to empower communities and promote understanding. Despite its potential, the NHIS faces formidable challenges that hinder its successful adoption and implementation. Issues arise from cultural and religious beliefs, low awareness, and poverty, limiting enrollment. Disparities between formal and informal sector workers curtail equitable participation. Inadequate service delivery, weak political will, and the voluntary nature of the The Scheme further impedes progress. Inadequate provider knowledge, administrative inefficiencies, and challenges in payment systems undermine trust. To overcome these obstacles, addressing service quality, strengthening regulatory oversight, enhancing political commitment, and adapting the Scheme to suit the needs of the informal sector is crucial. Addressing

factors influencing the adoption of National Health Insurance Programs (NHIS) in Nigeria is pivotal for successful implementation. By overcoming cultural, socio-economic, and structural barriers, enrollment and coverage can be increased, making healthcare access more equitable. Building trust in the healthcare system through transparency and quality care fosters confidence and active participation. Such efforts improve health outcomes by facilitating timely treatment and reducing financial burdens. Community acceptance and engagement stem from addressing cultural norms and enhancing program credibility. Effective resource utilisation is ensured, benefiting sustainability. Policymaker support is garnered when programs address population needs. In the long term, this sustainable implementation yields a healthier population, contributing to socio-economic growth.

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