



# Critical Analysis and Opportunity for Service Improvement through Change in National Health Insurance Scheme (NHIS) in Nigeria

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## Introduction

The availability of minimum healthcare access for all and the justification for health equality and equity among the populace, couple with the increasing cost of health care delivery to the public as well as the lack of ability of the government healthcare facilities popularly known as the general hospital in Nigeria to cater for the increasing demand of healthcare service compelled the government to establish National Health Insurance Scheme (NHIS) (Akande, Salaudeen and Babatunde, 2011).

The scheme was designed to address the comprehensive healthcare services delivery to the public at an affordable cost, precisely to cover the formal and informal sector employees, the self-employed, as well as the poor, vulnerable groups and the rural communities at large (Akande and Bello, 2002; Katibi, Akande and Akande, 2003; National Health Insurance Scheme, 2021; Sanusi and Awe, 2009).

When establishing the NHIS, the vision of the government is to secure universal coverage and access to adequate and affordable healthcare in order to improve the health status of Nigerians, Hence, the principal objectives of the scheme is to achieve equitable access to healthcare services across all sectors and socio-economic groups in Nigeria as an alternative source of healthcare services funding for a rapidly extending and increase cost in the health care system (Sanusi and Awe, 2009; National Health Insurance Scheme, 2021).

According to Alawode and Adewole (2021) since the inauguration of the National Health Insurance Scheme (NHIS) in 2005 in Nigeria, only 5% of the populace have been captured in the scheme which are the people in the formal sector. Hence, the need to explore opportunities for service improvement through changing of the legal framework, approach of the agency and other stakeholders in the NHIS to capture the informal sector, the poor, vulnerable groups and rural communities across the country.

There are need for National Health Insurance Scheme providing public health services to be repositioned for new innovations and positive changes to capture the large number citizenry against what is presently being practiced in the country. There is need to improve health care services in Nigeria through universal health coverage programs, by setting up a system to protect the public against out-of-pocket payments that can represent a one-way ticket to poverty.

## **Discussion**

It is clearly established that the health of a nation considerably improves its economic development, the pattern of healthcare system financing plays a huge role in the wellbeing and health quality of the population (Olakunde, 2012). The healthcare sector has been identified as one of the main engine of growth and development of a nation, however, the healthcare sector in Nigeria has experienced instability that negatively impacted the progress recorded at different times despite the commendable contributions of the healthcare sector to economic development (Obansa and Akinagbe, 2013). Although, there has been a massive challenge in achieving the Universal Healthcare Coverage (UHC) in many other developing countries, particularly with large populations where the populace eventually experience out-of-pocket and individual healthcare funding such as over-the-counter payments for medical supplies, consultations and procedures fees (Odeyemi, 2014). In same pattern and trend, Nigerians experience same high profile challenges in accessibility to healthcare services at unaffordable cost (Agba, Ushie and Osuchukwu, 2010).

According to Nkoli et al. (2020) the National Health Insurance Scheme (NHIS) established with the aim of ensuring that every Nigerians has equal access to good quality health care services has only cater for the formal Sector under the Formal Sector Social Health Insurance Program (FSSHIP) aspect of the scheme but unfortunately, it is yet to

have provisions for the informal sector which amounts to the larger percentage of the population. Hence, the need to annex the opportunity for service improvement through change of the existing NHIS approach, and critically analyze how the change process might be initiated and managed through to a successful completion, the following steps should be implemented.

Government needs to address this menace of non-capturing vast number of population in the NHIS with a sense of urgency, aggressive cooperation is required from all stakeholders such as the legislator to amend legislative act that establishes the NHIS for utmost provision for the informal sector and giving room to the unemployed, poor and other vulnerable groups, the executive arm of government should exercise the role of effective leadership through open, honest and convincing dialogue in creating a sense of urgency by declaring state of emergency in the public healthcare sector to convince key stakeholders to participate in the change process of the existing NHIS (Kotter, 2012; Kelman, 2005; Aldemir, 2010; Kotter, 1998; Kotter, 2008; Kotter, 1996; Kotter, 1995).

Also, in order to be able to effectively drive through the required changes in the repositioning of the NHIS for efficiency and sustainability, a presidential steering committee should be set up that will comprise of all key stakeholders such as legislative arm of government, organized labour unions, civil society, healthcare professionals, intergovernmental agencies, regulators and investors from the public and private healthcare providers having a term of reference for the complete reform of the NHIS to capture all Nigerians irrespective of their social or economic status. This robust committee of professionals, politicians, experts, technocrat, bureaucrat and lawmakers will give some level of confidence and acceptability (Kotter, 2012; Kee and Kathryn, 2008; Aldemir, 2010; Kotter, 1998; Kotter, 2008).

Furthermore, there is a crucial need to set a strategic target with a clear vision for all to see, this will aid easy navigation of all stakeholders and simplify the direction of government as regards to improvement of NHIS to cater for the group of people left behind in the scheme, the vision in this regards is to have a universal health coverage that will enable adequate access to at least essential healthcare services by Nigerians of all socio-economic status. It is worthy of note that there should be room for contributions, initiatives and reviews from the public and stakeholders before perfecting the vision for the desired change in the NHIS (Kotter, 2012; Kee and Kathryn, 2008; Cole, Stanley and Jeremy, 2006; Aldemir, 2010; Kotter, 2008).

It is very important to facilitate support for the change and acceptance of the vision among the populace by engagement and discussions on the new vision of repositioning of the NHIS to serve all social class, making the masses key into this vision will aid them to engage their respective senators and house of representatives members from their constituencies to cooperate with the executives in actualizing this change for improvement in the NHIS, when the vast number of the populace have a shared understanding of the directions and goals of repositioning the NHIS, it makes the actualization of the vision easy, this can only be achieved through effective communication of the vision through all existing and known communication channels (Richardson and Denton, 1996; Kotter, 2012; Aldemir, 2010; Kotter, 1996; Kotter, 1995).

Also, it is very important to empower the stakeholders in the NHIS to achieve the implementation of the new changes in the modus operandi, this can be achieved through awareness sessions, trainings, knowledge on technical know-how, updated legislative information, right skills, independency of the agency, resources provision for accountability of the change process and punitive measures for saboteurs (Gill, 2003; Kotter, 2012; Aldemir, 2010; Kotter, 1996).

Transformation and change process at the national level especially in a federal system of government takes enormous time to happen through bureaucracy, legislative procedures to amend the NHIS act and others, in order to motivate the stakeholders and the populace to persist until the desired change is achieved, there is need for the creation of an open pilot scheme independently finance by the government and to be implemented across the country for all to see, this approach is more like a short wins, testimonies from the beneficiaries will go a long way to drive the desired transformation of the NHIS (Kotter, 2012; Aldemir, 2010; Kotter, 1996; Kotter, 1995).

While the short term wins is a dry run of what the potential improved NHIS will look like and to sustain the urgency level, it is essential to keep reminding the populace and the stakeholders that the temporary pilot scheme is not the destination, it is a work in progress, and by the time the desired changes are achieved, it is important to consolidate the improvement of the NHIS, this can be achieved through hiring of competent hands, developing and promoting employees who can implement the vision and credibility to the change system (Laframboise, Rodney and Jason, 2003; Kotter, 2012; Aldemir, 2010; Kotter, 1998; Kotter, 1995).

At the stage of achieving the improvement change in the scheme, there is need to institutionalize the new culture and approach of managing the NHIS, regular evaluation and discussions about the progress of the improved scheme will help to consolidate the change. The healthcare sector values and standards needs to correlate with the new vision with the understanding that old culture and approaches are not easy to set aside abruptly but gradually the change will turn into a culture by highlighting the importance of the new approaches, establishing promotion system, positive attitude and behaviours and performance evaluation (Kee and Kathryn, 2008; Kotter, 2012; Aldemir, 2010; Kotter, 1995; Kotter, 1996).

### **Implications**

The strengths and weaknesses of the change process for opportunity for service improvement in the NHIS are both substantial and very important for consideration in achieving the proposed change due to the fact that the Kotters's model has no relationship with complexity theory but shown a clear predictable, understandable and manageable change process, the advantage is that it focuses on acceptance and preparedness of the change (Aldemir, 2010; Kotter, 2012).

However, one of the deficiency is that the model tends to be more applicable to the business and corporate sector other than public and governmental organization, as NHIS is an agency under the government where bureaucracy, consultation, lobbying, politics, hierarchy and other basic elements of government comes to play (Aldemir, 2010; Kotter, 2012).

Also, the true sense of urgency for change in NHIS may be rare for the reason that it may not be a natural state of affairs, the sense of urgency has to be created and recreated (Kotter, 2012; Kotter, 2008).

Another weakness of the change process is the difficulties in implementing some of the processes in the public sector, by creating sense of urgency might also be leading to political crisis as a result of the political instances of the job holders and public office holders, the governmental sector is peculiar and political, the public administrator tends to focus on ambiguity of the public management and non-linearity, in the real sense, complexity theories works better compare to kotter's linear model in public establishment like NHIS (Kotter, 2012; Kiel, 1994).

Furthermore, the models requires the steps to be followed judiciously and completely as skipping a step or change of direction will jeopardize the NHIS repositioning strategy and desired results considering the closely tied stages of the model, this process makes the model complicated (Kavanagh and Mohan, 2009; Aldemir, 2010).

The change process in NHIS requires commitment as shown in the model which is very important but does not give room for the stakeholders participation in designing the style to be use in the change process rather the adopted kotter's model for driving the improvement of services and the change process, dissatisfaction may arise if all stakeholders concerns are eventually not addressed, also considering that the structure of the adopted kotter's model is a top-down model that takes away co-creation and other forms of genuine stakeholders involvement (Aldemir, 2010).

## **Conclusion**

The increasing demands for healthcare services and the high cost of healthcare delivery with overwhelming effects on the government facilities necessitated the establishment of NHIS, the scheme was designed to birth the delivery of quality healthcare services to the public at an affordable cost, however, the scheme has principally cater for the formal sector only without considerations to other clusters, hence, the need for new innovations, improvement and positive changes to the scheme.

The need for addressing this opportunity for improvement in NHIS requires a sense of urgency and utmost cooperation from the stakeholders by declaring a state of emergency. Also, a coalition of stakeholders for the reforms should be set up, this stakeholders from all concerned clusters will give some level of confidence and acceptability. Haven't set up the committee, a strategic target with clear vision should be drafted and communicated effectively through all known channels for support and change acceptance to achieve the implementation of the change.

While the short term wins through a pilot scheme is a dry run of what the potential improved NHIS will look like and to sustain the urgency level, it is important to consolidate the improvement on the NHIS through Institutionalizing of the new culture and approach as a gradual process.

The strengths and weaknesses of the change process for opportunity for service improvement in the NHIS are both substantial and important for consideration in achieving the proposed change, weaknesses such as applicability to businesses other than public sector, rareness of true sense of urgency, political crisis from sense of urgency, stakeholders non-involvement in change style design and fixed model steps or change direction, while the strength is that it focuses on acceptance and preparedness of the change with the Kotters's model having no relationship with complexity theory but shown a clear predictable, understandable and manageable change process.

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