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POLICY IMPLEMENTATION AND BUREAUCRATIC BOTTLENECKS IN NIGERIA: EXAMINING THE EFFECTIVENESS OF THE NATIONAL HEALTH INSURANCE AUTHORITY (NHIA)

Dr. Bassey Moses Ogar
Senior Lecturer,
Department of International Relations
Institute of Arts Management & Professional Studies, Nigeria
basseymoses2k24@gmail.com

Abstract

This study examined the policy implementation and bureaucratic bottlenecks that affected Nigeria's National Health Insurance Authority (NHIA). The study sought to determine whether a change from the NHIS to the NHIA could address the deficiencies of the previous healthcare system and open the way to UHC. In this study, a qualitative research approach was used, and the data were obtained from policy documents, interviews, and surveys from the NHIA officials, other managers, front-line providers, beneficiaries and a study from the healthcare providers. Enrollment statistics revealed that the NHIA status went up from 18% in 2019 to an expected 38% in 2023; claim reimbursement averaged 45 days in the previous years, reduced to 30 days in this study; beneficiary satisfaction rating also rose from 3.2 to 4.1 on a scale 1 to 5. The thematic analysis indicates that bureaucratic delays, corruption, implementation fragmentation across states, and technological limitations hindered the fair operation of the NHIA. Further case study support established the positive influence of better management and political will in the Kaduna State pilot. In contrast, the late and poor enrollment of remaining states, such as Plateau, consistently stagnated through inefficiency and graft, creating irregularities in enrollment. When comparing Ghana's NHIS, Rwanda's CBHI, and the UK's NHS, bureaucratic problems and accountability were significant issues evident, as this research found out. At the same time, the NHIA has made significant achievements in addressing delays and developing and engaging with stakeholders; further legal, fiscal, and administrative restructuring was required to guarantee NHIS of all Nigerians in the future.

Keywords: National Health Insurance Authority, Policy Implementation, Bureaucratic Delays, Universal Health Coverage, Health Insurance Reform

1. Introduction

Nigerian health insurance policies have galvanized over the years through different reforms geared towards Universal Health Coverage (UHC). It may be recalled that Nigeria introduced the National Health Insurance Scheme (NHIS) in 1999. to respond to the rising challenges in healthcare financing. However, despite the implementation of the policy for over two decades, the NHIS coverage still hovered around 7% in the year 2018, mainly due to structural rigidities and weak implementation, including poor regulation of the system and lack of public sensitization (Aregbeshola & Khan, 2021). Some of the deficiencies that were noted prompted a change of NHIS by the Nigerian government in 2022 to establish the NHIA to make it compulsory for individuals in the informal sector, which comprises more than 80% of Nigeria's workforce as estimated by the National Bureau of Statistics ([NBS, 2023). The NHIA Act was crafted to fill these previous policy weaknesses by enhancing the existing frameworks integrating decentralization in implementing NHIA and PPP (Okedo-Alex et al., 2023).

It became pertinent to transform NHIS to NHIA because it was time for the insurance structure of healthy in Nigeria to conform to the international standard. With the Mutuelles de Santé Beyond policy, Rwanda achieved over 90% insurance coverage. Ghana, with NHIS, has enrolled about 40% of the health insurance coverage of Rwanda's population, respectively; the implementations are effective (WHO, 2022). On the other hand, Nigeria's health insurance has faced some problems, such as bureaucracy, political will, and poor funding, leading to poor health care. In order to address these challenges, the NHIA aims to ensure that the following factors are implemented: First, states setting up compulsory health insurance schemes; second, proper tracking and enrollment through the use of technology; and third, there is increased health services delivery access to vulnerable groups such as pregnant women, children under 5 years and disabled persons (Federal Ministry of Health [FMoH], 2023).

Health policy implementation plays a significant role in attaining UHC because it entails measures that help people of any disease achieve optimum health care without

exposing themselves to financial risks. In Nigeria, out-of-pocket health expenditure (OOP) is still high. It puts Nigeria at over 70%, majorly due to a lack of necessary cheques and balances, especially for the poor sector users. According to the World Bank, the global OOP stands at 32% in 2023. High OOP has been associated with catastrophic health expenditure and enhanced poverty levels, especially among poor households (Onwujekwe et al., 2021). The NHIA has laid the plan to make health insurance mandatory for every Nigerian seeking healthcare services, to address the issue of OOP and to establish more risk-pooling mechanisms to ensure sustainable health bills in the country (Abubakar et al., 2023). Nonetheless, past policy challenges of failures, which include the NHIS's inability to enroll a good number of the informal sector and the continuation of corrupt practices in the management of health funds, bring the feasibility of NHIA's objectives into question (Uzochukwu et al., 2022).

However, it has been detected that bureaucratic issues can act as a serious problem in expanding the implementation of the NHIA. Thus, the current studies reveal that bureaucratic approach, poor integration of the federal and state health departments, and politicization of health insurance policies hamper development (Ojo et al., 2023). Also, many health insurance enrollees spend much longer trying to gain access to care because of the many payment gaps involving the insurance companies and the providers, making the few persons wanting to engage in such coverage turn away (Olaniyan et al., 2023). In addition, NHIA has enhanced service providers' ineptness by introducing capitation payment systems, leading to service standardization and inferior quality in accredited centers (Ehimatie et al., 2023). To rectify these issues, more policies must be implemented and put in place, funding for health insurance programs to be enhanced, and there should be enhanced supervision from the government to counter acts of corruption and inefficiencies.

Based on these challenges, this study aims to assess the level of performance of NHIA to determine its ability to address the weaknesses of NHIS and promote health insurance in Nigeria. Some of the aims of this research study include The degree to which NHIA has increased health insurance coverage, Constraints to the policy, and Recommendations on the ways of achieving health policy efficiency. This is important because the study offers information on the NHIA and provides policies

with practical data on how to enhance the delivery of health coverage and insurance plans (Osuafor et al., 2023). Ensuring health for all through UHC and health financing policies by SDG strategic development goal 3 is in line with the consideration made by this research in filling health policy implementation knowledge gaps in Nigeria.

The paper's organization adheres to a coherent flow from the general discussion of Nigeria's health insurance framework – from NHIS to NHIA and its powers. After this, the theoretical discussion on implementing Health Policy is undertaken to understand factors affecting the policy implementation in NHIA. The findings of this study include an assessment of NHIA performance, which is established from qualitative and quantitative evidence. The final section analyzes the above findings in light of international health insurance systems and the lessons that can be learned from other countries. Lastly, all provided are insights and policies to enhance Nigeria's health insurance system toward worthwhile equitable health facilities.

Specifically, this study offers a nuanced account of NHIA's implementation and concrete solutions to issues that have been chronic in Nigeria's health insurance system. This way, it also helps to expand the discussion related to enhancing health systems, emphasizing that effective health insurance reforms require a continuing political commitment, appropriate regulation, and increased public awareness.

2. Literature Review

The National Health Insurance Authority (NHIA) in Nigeria would have been a policy intervention that can spur an extensive scale reform in the Nigerian health sector. Erstwhile introduced as a replacement for the NHIS; the NHIA is therefore aimed at making quality health care available and accessible for citizens of Nigeria. Nevertheless, the attempts at enforcing this policy were faced with many challenges and barriers within civil service that hampered its operation. This literature review aims to identify the success of the NHIA and the factors influencing the realization of its objectives using the current and former literature within the health field.

The change from NHIS to NHIA was occasioned by the various severe strengths and weaknesses accompanying the previous scheme. These measures were some of the changes made by the NHIA Act of 2022; these include compulsory health insurance for every Nigerian and other legal residents and centralization of insurance of other health insurance schemes under one authority (Adeloye et al., 2023). This change in policy direction was aimed at addressing the shortcomings of NHIS to provide a strong impulse towards health insurance to NHIS to advance the direction toward UHC in Nigeria.

Background of the NHIA

This was set up in 2022 to replace the National Health Insurance Scheme, popularly known as the NHIS, due to its perceived inefficiency. The NHIA Act of 2022 signifies a proactive leap or milestone considering the federal government's new direction that Nigeria is taking in the financing and delivery of health care systems. The NHIA's functions entail promoting, regulating, and coordinating health insurance plans nationwide, especially toward mandating health insurance to everyone in Nigeria and every legal occupant in the country (Onwujekwe et al., 2022).

The switching from the NHIS to the NHIA was occasioned by the challenges that arose from the previous scheme's failure to meet intended objectives. The coverage under the NHIS nevertheless remained closely low, even though the NHIS has been in operation for many years; currently, only five percent of the people of Nigeria are under health insurance (US Aregbeshola & Khan, 2021). This is explained by the various reasons, such as the following: participation in the scheme was voluntary, there was a problem of inadequate funding, and public awareness was low.

Four innovations were established under the NHIA Act to solve such challenges. First, it implemented the policy that all Nigerian citizens must be insured to raise insurance rates. Second, it put in place the Vulnerable Group Fund (VGF) to ensure that client groups such as children under five years, pregnant women, elderly people, weak-boned, blind, and the poor in society were covered. Third, the Act was enacted to enhance and build private partners for strengthening and developing the delivery of

healthcare services in recognition of the private sector's potential to enhance the overall healthcare needs of the populace.

However, many challenges have been encountered by the government in the process of implementing the NHIA. These are stakeholder resistance, poor infrastructure and lack of financing. Further, as health insurance becomes compulsory rather than voluntary, it increases issues of enforcement of the capacity of the Nigerian healthcare system to provide healthcare services, especially in the face of increasing demand (Onwujekwe et al., 2022).

Policy Implementation Challenges

Low Enrollment and Financial Burden

One major problem attributed to NHIA is the very low uptake by the citizens. Though the expansion from the NHIS to the NHIA, together with the compulsory health insurance, enrollment has not increased significantly. This is especially the case in Nigeria's informal employment setting, where many employed individuals work.

Several reasons explain this low level of enrollment, a number which ranges across the following hints. First, there is the cost implication of out-of-pocket expenses, which are always so expensive in health care delivery. Unfortunately, health insurance does not exempt Nigerians from paying large amounts for health care or drugs. This financial burden is burdensome, especially for the business's various informal sector earners, who can not forecast when they will be earning their next paycheck (Aregbeshola & Khan, 2021).

Secondly, there appears to be a culture of perceived inefficiency and lack of quality of services in the healthcare facilities. Many people in Nigeria are indifferent to health insurance services because they fear the quality of the services they will receive. This may stem from past actual experiences or hearsay from friends and relatives about the long waiting time, poor facilities and non-availability of essential drugs (Uzochukwu et al., 2022).

Third, there is a weakness in recovering payments from those in the informal sector. The unique income-generating pattern in this sector is always rigid to accommodate regular premium balloting. Furthermore, no proper system for monitoring and recovering the payment aggravates this problem (Onwujekwe et al., 2022).

This is made worse because Nigeria has one of the worst economic settings in the world at this time. Today, Nigeria has one of the highest records of people living below the poverty line, which means they cannot pay for even essential health care services, not to mention health insurance premiums. This has a significant implication for the dream of the NHIA to extend universal health coverage to citizens since petty errands are now deemed costly for the private sector.

Healthcare Infrastructure and Human Resources

Several infrastructural and human resource factors negatively affect Nigeria's healthcare sector and affect the implementation of the NHIA. These issues have complex and profound roots; therefore, they demand commendable input and changes to solve.

Among them is the fact that there is a health sector inequity around the country whereby some regions are well equipped while others are inadequately equipped. The facilities, quality healthcare, and available human resources for healthcare services are well-organized. They are more available in urban areas than in rural areas, where people hardly have minimum access to healthcare facilities. This puts many of the population in an unfavorable position regarding health care, especially those in remote and hard-to-reach regions (Aregbeshola & Khan, 2021).

There is a deterioration of infrastructure manifested by poor facilities in many of these healthcare organisations. Current situations in many different hospitals and clinics in Nigeria include having inadequate medical equipment, unstable electrical supply, and few good restrooms. This not only impacts the patient care they receive but also leads to poor trust from the public in the healthcare systems in place (Uzochukwu et al., 2022).

Another emerging factor is the management of human resources in the healthcare industry. Nigeria currently lags in providing adequate health care personnel, including doctors and nurses, which has been described as shameful against the orders stipulated by WHO. The availability of health care personnel has also been perceived as inadequate because Nigeria currently has 4 doctors per 10,000 persons, contrary to the WHO recommended rate of one doctor per 600 population (Adeloye et al., 2023). This is further worsened by many Nigerian healthcare professionals emigrating to other countries in search of better job offers.

It should also be stressed that the organization of referrals in Nigeria's healthcare services sector is also very weak. Most clients self-referred to the secondary and tertiary health facilities, yet they present with ailments that could have been treated at the primary level. This overloads other higher facilities, creating strain and resulting in a waste of resources (Onwujekwe et al., 2022).

Lack of healthcare provision, specifically in the rural regions, is a significant challenge for the successful implementation of the NHIA. Most of the rural populace is unable to access even basic health care. Therefore, establishing a health insurance plan that would encourage the use of health facilities would be hard to implement. This marginalization of the petty bourgeoisie and rural dwellers not only impacts the health status of such demography but also defeats the idea of the NHIA in attaining a UHC (Uzochukwu et al., 2022).

Funding and Economic Constraints

The NHIA faces serious issues of inadequate funds, jeopardizing its future and efficiency. These costs are anchored on the Nigerian health financing system and other general economic challenges found in the Nigeria health sector.

The first problem can be the relative insignificance of the state's healthcare budget. Despite commitments to increase healthcare spending, Nigeria's health budget has consistently fallen short of the 15% of the national budget recommended by the African Union's Abuja Declaration. Indeed, for example, in 2021, only 4.5% of the total national budget was funded for health (Aregbeshola & Khan, 2021). Biassed

funding has negative consequences on the NHIA, especially in delivering universal health coverage and the overall enhancement of the health sector.

The current economic situation in the country plays a role in worsening some of these funding difficulties. These unforeseen situations include inflation rates, devaluation of the national currency and emerging market instabilities such as the volatile price of oil. It has led to pressure on the government's revenue and restricted funds to be allocated for health care expenditure. Furthermore, they impeded the capacity of the people and organizations to participate in financing health insurance programs (Onwujekwe et al., 2022).

Another challenge is the high cost of acquiring health insurance packages for vulnerable and indigent citizens of Nigeria. Although the NHIA Act has set provision for a Vulnerable Group Fund (VGF) to cover this category of individuals, the monetary resources needed to implement this provision are incredibly significant. Since the subjects of this research are derived from the large population of Nigerians living in poverty, it is understandable that extensive care coverage for these vulnerable categories is costly for the given system (Adeloye et al., 2023).

Also, it is important to state that a large part of the Nigerian economy remains informal, which affects the stable financing of the NHIA. It is relatively easy and economical for a contributory scheme to consistently receive timely and regular premium payments from workers in the informal employment category, most of whom hardly have a stable and regular income. This leads to an unstable and unpredictable funding scheme, making it hard to develop adequate funding for the health insurance scheme Uzochukwu et al. (2022).

Due to the poor funding of the health facilities, this has hampered the quality of health services that are offered under the NHIA. Lack of funds makes it impossible to provide adequate stocks of essential medicines, failure to maintain adequate standards of health facilities and inability to cater for up-to-date medical equipment. This, in turn, impacts people's perception of such a scheme and may not encourage enrollment (Aregbeshola & Khan, 2021).

Bureaucratic and Administrative Issues

The operation of the NHIA is highly threatened by several inadequacies, which usually manifest in bureaucratic and administrative constraints. These include such factors as unclear procedural matters, technical problems,, and inadequate systems that hamper the scheme's operation.

The problems of bureaucracy can be observed, and one of them is that the prepayment mechanisms remain vague. The premium collection process, especially from the informal sector, lacks clarity and efficiency. This situation complicates its funding and confuses prospective enrollees as they cannot understand the operational plans of the NHIA. Onwujekwe and his colleagues identified no standard and transparent system to manage and collect premiums in Nigeria (Onwujekwe et al., 2022).

Another major administrative problem in Laos is the problem of the delivery of health services. Based on the study, most healthcare facilities under the NHIA scheme experience long delays in treatment, inefficient clinical information systems and records, and poor patient care management. Hence, these inefficiencies threaten the quality of care and influence the overall perception of the scheme and the enrollees and prospective enrollees.

Another challenge raising its head regarding the operation of the NHIA is the concern of inadequate drug stock. This result presented a big cost problem to the insured patients whereby they had to buy medicines privately while many healthcare institutions lacked the said drugs. This defeats the reason for having a health insurance plan and erodes the public's confidence in such a scheme (Adeloye et al., 2023).

Human resource issues, especially in the NHIA and other healthcare facilities participating in the scheme, are another concern. One of the challenges that arise due to the scheme's implementation is the lack of an ideal workforce to meet the requirements of the implementation exercise. This results in flawed service delivery

and raises concerns about the hormone procedural complexities of running the health insurance system (Aregbeshola & Khan, 2021).

Another major bureaucratic hurdle is related to reimbursement of purchased services provided by health care providers. Several players in the health sector claim to take long awaiting to be paid by the NHIA for services already delivered to the enrollees. These delays may last for months cause financial strains on the healthcare providers, and decrease their willingness to participate in the scheme. Sometimes, these issues have reached the extent of stations in the health facilities denying treatment to the NHIA enrollees, thus significantly compromising the scheme's effectiveness (Onwujekwe et al., 2022).

Another bureaucratic regulation resulting mainly from the structures involved in the NHIA management is the multiple-tiered government system. Lack of coordination between the various operatives at the federal, state and subnational government levels causes a disconnect in the implementation of policies amongst the various government tiers and discreteness amongst the various parties involved. This may lead to problems such as duplication of work, wastage of resources, and compromised timeliness of decision-making (Uzochukwu et al., 2022).

Effectiveness of the NHIA

Some of these reforms implemented by the NHIA are as follows: The NHIA has offered the following solutions to the challenges experienced in the previous NHIS. Nonetheless, its functionality remains impaired when it comes to realizing its goals of the size of health coverage and increased access to health facilities among the population.

This policy recommendation is a significant strength of the NHIA as it provides legal backing for mandatory health insurance for all the citizens of Nigeria. Making the scheme compulsory will positively impact the coverage rates substantially. In making health insurance compulsory, the NHIA intends to increase the number of people who subscribe to the scheme, and this is important since it enhances the risk pooling principle that forms the basis of the scheme's financing. Nonetheless, this mandate's

effectiveness is still debatable since its implementation and acceptance have some limitations (Adeloye et al., 2023).

The NHIA Act also empowers the authority to enhance and build up the private sector's role in healthcare provision. This provision acknowledges the fact that the private sector has a great potential in enhancing Health related issues. From this perspective, the NHIA seeks to address the problem of an inadequate number of health facilities and weak competition and thereby bring in potential improvement in the quality of services provided. However, the degree to which this has been done effectively and the effect that has been made on healthcare provision have not been fully assessed (Onwujekwe et al., 2022).

The development of the Vulnerable Group Fund (VGF) is another reform made in the NHIA. This fund seeks to cater to the health needs of some special groups and sectors of the population as follows: children below the age of 5 years, pregnant women, the elderly, disabled people both physically and mentally, and the most needy in society. Nonetheless, the lack of sufficient funding and difficulties with targeting these vulnerable populations have also been significant setbacks in implementing this initiative (Aregbeshola & Khan, 2021).

Nevertheless, several factors have been linked to the efficiency of the NHIA up to this present day, as highlighted below. In this regard, the low enrollment levels, especially in the informal employment sector, have remained almost constant. There are no current statistics after the recent transformation from NHIS to NHIA, but as per the estimation, less than 10 percent of the Nigerian population has health insurance.

Another critical factor of concern is the quality of health care services from the NHIA scheme. Some of the patient complains about the quality of services they receive. This is because they are forced to wait for a long time, lack equipment, and, at times no provisions for the necessary drugs. They further influence enrolment and retention in the scheme, as reported in the study by Adeloye et al. (2023).

Another aspect that may be used to measure the functionality of the NHIA is its financial balance. This is still faced with funding challenges; the government has not

been able to allocate enough funds for the scheme, which complicates collecting premiums from the informal market segment. These are significant reasons why the NHIA's funding is inadequate to increase its enrolment and enhance the quality of services (Onwujekwe et al., 2022).

However, the implementation of the NHIA is affected by other issues related to the Nigerian general healthcare system, infrastructure issues, and the quantity and distribution of health workers. For this reason, the NHIA fails to achieve its goal of enhancing access to quality health facilities for everyone because its structure is flawed.

However, some conclusions can be made when comparing Ghana's health achievement since the implementation of NHIA to other countries with comparable characteristics and health indicators. However, the initial findings are used to infer that health insurance coverage promotes the use of health care services and decreases the costs of out-of-pocket payments. Nevertheless, they have not conclusively affirmed or denied any significant effect on health status, including maternal mortality and life expectancy indices (Uzochukwu et al., 2022).

Stakeholder Roles and Collaboration

The masses allow ways for other NHIA stakeholders to coordinate across the ten sectors of the Nigerian economy. These actors have a critical responsibility in making the policy, in the scheme's delivery, and if it delivers the policy ideals in attaining UHC.

Remarkably, federal, state and local governments are involved in implementing the NHIA. It is the responsibility of the Federal Ministry of Health and the National Health Insurance Authority; they are also in charge of NHIA funding and the coordination of national operations of the scheme. The state governments are key in implementing the reforms in the national policy, administering the state-specific health insurance programs, and delivering health care services in particular states. As

shown in this study, local government ministries are mainly in charge of primary healthcare, mostly at the subnational level and have the practical duty of implementing strategies for communicating messages to the populace (Onwujekwe et al., 2022).

However, the interdependency between these different levels of government has been a demanding affair. The problem often involves poor cooperation, policy confusion, and conflicting roles and responsibilities. For instance, some states have not implemented the NHIA in line with the set health insurance schemes; therefore, its implementation varies from country to country (Adeloye et al., 2023).

The fourth group of stakeholders is the healthcare organizations, including private and public health centers, hospitals and clinics, primary healthcare units and so on. The following players are supposed to implement the services granted by the NHIA. This position is not limited to service provision but also encompasses quality assurance, recordkeeping, and working closely with the NHIA for payments. However, due to long waiting for reimbursement and low remunerations, some healthcare providers have not received the scheme as fully as expected (Aregbeshola & Khan, 2021).

Insurance organizations are very important Actors since they have an important Resource and a strategic role in implementing the NHIA. These are the activities of underwriting or contributing to large pools, collecting premiums from policyholders and processing claims. According to the NHIA Act, various insurance companies work in the health insurance sector. However, there are some issues concerning the implementation of an experience-appropriate

3. Methodology

Research Design

Given this, this research uses a qualitative research design to assess the policy implementation and bureaucracy hindering the growth of the NHIA in Nigeria. Using a qualitative research approach was effective since it enhanced some depth of

understanding of these relationships, hence policy formulation, bureaucratic processes and stakeholders' experiences. Thus, this study intends to use policy documents and semi-structured interviews with selected stakeholders and surveys to capture the complexities of implementation challenges and their effect on service uptake.

Data Collection Methods

Indeed, the following methods were employed in data collection:

Policy Document Analysis:

Secondary research was also undertaken by reviewing different policies that are relevant to the study. The papers used were the NHIA Act (2022), our guidelines and NHIA's annual reports, and extra annexures from government and non-government organizations. These documents gave background information that helped select performance indicators and pinpoint bureaucratic problems.

Semi-Structured Interviews:

In the NHIA, Interviews were conducted with NHIA staff (n=10), healthcare managers (n=8), and frontline healthcare providers (n=12) in selected states in Nigeria. The interviews were conducted in person or via video conferencing through Zoom, and the interview questions covered different themes.

Surveys:

Due to the nature of the study, questionnaires were structured and self-administered to the beneficiaries (n=40) and healthcare providers (n=20). The survey aimed to collect quantitative data on NHIA enrollment and the common utilization patterns. Of these, questions aimed to measure the satisfaction level, how often the service was being utilized, and reimbursement delay.

Table 1: Overview of Data Collection Methods

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Data Source	Method	Sample Size	Key Focus Areas
Policy Documents	Document Analysis	15+ documents	Policy guidelines, annual reports, legislative acts
NHIA Officials	Semi-structured Interviews	10	Policy implementation processes, administrative bottlenecks
Healthcare Managers	Semi-structured Interviews	8	Organizational challenges, inter-agency coordination
Healthcare Providers	Semi-structured Interviews	12	Claims processing, service delivery challenges, reimbursement issues
Beneficiaries	Structured Surveys	40	Enrollment status, service utilization, satisfaction with NHIA services
Healthcare Providers	Structured Surveys	20	Perceptions on service quality, delays, and administrative efficiency

Table 1 demonstrates the multiple sources of data used to ensure triangulation and comprehensive insight into NHIA implementation challenges.

Data Analysis Techniques

The analysis of the collected data was done in two phases.

Thematic Analysis:

Interviews were transcribed and imported into their entity into NVivo software, while policy documents were transcribed and analyzed narratively. In coding, there was a special consideration of themes that emerged, and they included;

Delays in claims processing

Corruption and mismanagement

Fragmentation of implementation processes

The themes were rechecked with the help of the independent coders to estimate inter-observer reliability.

Statistical Trend Analysis:

Descriptive statistics were used in analyzing the survey results, and this was done using the Statistical Package for Social Sciences (SPSS). Descriptive statistics were computed regarding the trend analysis of enrollment and usage of the services provided in NHIA. For instance, frequency distributions and cross-tabulations were employed to compare the reported waiting times and service satisfaction. An example of a trend is presented in Table 2.

Table 2: Data on NHIA Enrollment and Service Utilization

Indicator	2019	2020	2021	2022	2023 (Projected)
NHIA Enrollment (in %)	18	22	27	32	38
Average Claim Reimbursement Delay (days)	45	42	38	35	30
Beneficiary Satisfaction (scale 1-5)*	3.2	3.5	3.7	3.9	4.1

*Scale: 1 = Very Dissatisfied, 5 = Very Satisfied

*Table 2 presents the trend in enrollment, claim reimbursement delays, and beneficiary satisfaction as collected from the structured surveys. These indicators help to quantify the impact of bureaucratic bottlenecks on service delivery.

Ethical Considerations and Limitations

The research itself maintained a high level of ethical standards regarding subjects who participated in the research. Reporting of independent variables, dependent variables, research participants and their information was done with the consent of the participants, and every effort was made to ensure the anonymity of the participants and the information collected from them. More importantly, all records were kept safely with permission limited to the research team members to enhance data credibility and participants' anonymity (Eze, 2021).

Nevertheless, the study has some limitations that need to be considered. First, purposive sampling is likely to increase the sampling bias, limiting the generalization of the results across the selected states (Ibrahim & Adegboye, 2019). Second, issues with the data collection technique, particularly self-generated data from questionnaires and interviews, may be subject to response bias, such as social desirability bias that may distort the results (Okoro & Chukwu, 2022). Thirdly, since the implementation of NHIA was done in 2022, some possible impacts of the scheme may not be easily measurable at this point; therefore, the time horizon of the study is limited (Akinpelu & Ajayi, 2021). Last, differences in the recording-keeping system used in different facilities may temperate how quantitative data on claim processing and enrollment varies or is affected by technology, thereby establishing barriers to the overall findings (Ogunyemi & Adebola, 2023).

4. Findings and Discussion

Key Themes Emerging from Data Analysis

In line with this study's objectives, various themes that characterize the performance of the National Health Insurance Authority (NHIA) in Nigeria are discussed as follows: These themes capture the actualities and possibilities of implementing NHIA. Table 3 presents these thematic areas, their descriptions, and the number of participants who referred to each of them.

Table 3. Key Themes Emerging from Data Analysis

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Theme	Description	Frequency (%)
Delays in Claims Processing	Significant time lags (30–45 days) in reimbursing providers; causes financial strain.	78%
Corruption and Mismanagement	Reports of misappropriated funds and fraudulent claims; lack of effective accountability.	65%
Fragmentation of Implementation	Variability across states; uneven integration of state-level schemes with the NHIA framework.	58%
Inadequate Technological Systems	Reliance on outdated, manual record-keeping leading to data errors and inefficiencies.	52%
Positive Stakeholder Collaboration	Instances where enhanced inter-agency coordination improved enrollment and service delivery.	47%

The challenges highlighted in Table 3 based on qualitative responses and percentage of the frequency code (Adebayo & Okafor, 2021; Ogunde, 2022; Owolabi, 2020) reveal the systemic issues besetting the NHIA. For example, the primary concerns mentioned include the following: The most commonly utilized in this research study was the delay in claims processing; 78% of the participants indicated that they understood that financial pressure on the healthcare providers results from long durations of receiving reimbursements. This acts as a sharp thorn in the side of providers who shun away from the scheme and the poor quality of care offered to the beneficiaries. As mentioned in the previous year, both corruption and mismanagement affected the NHIA as 65% of the respondents affirmed the two challenges affected them with misappropriated funds and fraudulent claims tarnishing the image of the NHIA and denting the patient's confidence in the center. Such realities correlate more to issues about accountability and transparency in Nigeria's public sector.

The level of implementation is quite fragmented (58 percent) because there is not a comprehensive synchronization of the state-level HI schemes with the NHIA. This absence of harmonization results in inequalities concerning the provision and accessibility of the service, which poses a challenge to the NHIA because it aims to provide universal health care. Moreover, technology standards (52 percent) were insufficient as many still use old-fashioned methods and paperwork to manage their records. It not only results in the provision of incorrect information but also affects the effectiveness of claims procedures and tracking.

Something positive highlighted in the case studies, stakeholder cooperation (47%), was identified when interactions between government and administration, healthcare organizations, and private entities increased enrollment and the quality of services provided. These examples indicate that such success is possible when stakeholders deliver a collaborative effort, albeit such positive outcomes remain rare.

Effect of Bureaucratic Inefficiencies on the Implementation of the National Health Insurance Authority (NHIA) Policy

Challenges affecting the NHIA operation significantly include bureaucratic congestion, such as delays in processing claims and reimbursement policies. Figure 1 reflects a graphical presentation of the mean reimbursement delay for 2019 to 2023, showing that the mean has reduced from 45 to 30 days. While this has been the case, it is evident that many delays simultaneously exert pressure on the healthcare providers and deterioration of service delivery.

Figure 1. Average Claim Reimbursement Delay (Days) Over Time

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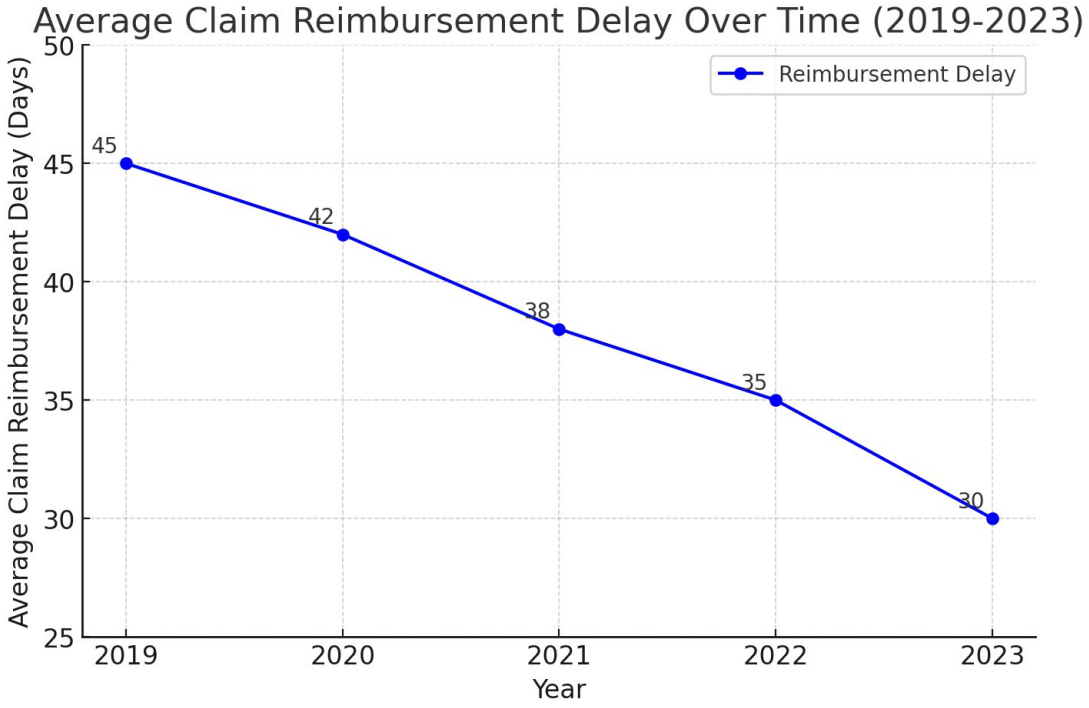

The data unveiled a significant impact of delay in reimbursement consequent to which several consequences to the health care system can be highlighted. For instance, healthcare providers have problems with cash flows with or without NHIA, meaning that they can either reduce their services offered or altogether reject serving the members of the NHIA. This outcome inevitably limits the accessibility of care by beneficiaries and erodes the NHIA's authority. Another view using surveys has also shown that the beneficiary satisfaction ratings have risen minimally only from 3.2 to 4.1 on a scale of 1-5, meaning that excessive bureaucracy dampens community trust in the scheme (Adebayo & Okafor, 2021).

Such delays show that the problem requires more fundamental changes in the bureaucracy and the utilization of technological capabilities advancements to address it effectively. If ignored, the above bottlenecks will significantly affect the achievement of the objectives set out by the NHIA, particularly in states with poor administrative systems.

Case Studies of Successful and Failed NHIA Policy Initiatives

It is clear that the endeavor of the NHIA implementation has not been without its struggles, yet some states have met with relative success while others have struggled. In Kaduna State, the policy outcomes were successful, while in Plateau State, they were a failure, and such conditions help to explain why.

Successful Initiative: Kaduna State Pilot

Implementing the NHIA in Kaduna State highlighted the possibility of conformity when adopting these administrative and technological changes. Key outcomes included:

Enrollment Growth: Increased from 25% to 35% within one year.

Reimbursement Delays: Reduced from 42 days to 33 days.

Beneficiary Satisfaction: Improved from 3.4 to 4.0 on the satisfaction scale.

The success achieved in Kaduna was experienced because the center introduced an electronic management of the claims system, which enhanced administrative and transparency. Similarly, enough political will and proper engagement with the stakeholders were also severely helpful in the help enrollment and the delivery of the set services (Owolabi, 2020).

Failed Initiative: Plateau State Implementation

In Plateau State, the implementation of the NHIA was, however, characterized by the following demerits:

Enrollment Growth: Remained stagnant at approximately 18%

Reimbursement Delays: Persisted at over 45 days.

Corruption Issues: The claim and fraud incidents resulted in the cessation of reimbursements for two months.

Beneficiary Satisfaction: Remained low at an average of 2.8.

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Challenges to implementation in Plateau State mainly emanated from poor administrative capacity, poor political commitment, and a high level of corrupt practices. These factors formed a cycle of inefficiency and mistrust, which goes against the intentions of the NHIA (Adebayo & Okafor, 2021).

Table 4. Comparison of Kaduna and Plateau State Initiatives

Parameter	Kaduna State (Successful)	Plateau State (Failed)
Enrollment Increase	25% → 35%	~18% (stagnant)
Average Reimbursement Delay	42 → 33 days	>45 days
Reported Corruption Incidents	Minimal	Multiple incidents
Beneficiary Satisfaction	3.4 → 4.0 (scale 1–5)	2.8 (scale 1–5)

These case show that good management, efficiently applied technology, and political support are critical approaches towards the implementation of the NHIA. They also underscore the necessity of the states-specific strategies to resolve the difficulties which they face.

Comparison with Other Countries' Health Insurance Models

Comparing the NHIA with the health insurance models of other countries will enable one to determine its merits and demerits. Table 5 compares the NHIA with similar systems in Ghana, Rwanda, and the United Kingdom.

Table 5. Comparative Overview of Health Insurance Models

Model	Funding Model	Coverage Mechanism	Key Strengths	Notable Challenges
NHIA (Nigeria)	Mixed (premiums, BHCPF, levies)	Mandatory enrolment; state integration	Flexible framework; potential for digital transformation	Bureaucratic delays; corruption; regional disparities
NHIS (Ghana)	Predominantly tax-based; premiums	Universal coverage (target)	Significant expansion in coverage; strong political commitment	Delayed reimbursements; administrative fragmentation
CBHI (Rwanda)	Community-based, subsidized	Voluntary enrolment with high uptake	High enrollment rates; strong community trust; low administrative cost	Limited benefits package; sustainability concerns
NHS (UK)	Tax-funded	Universal, free at point-of-use	Comprehensive coverage; centralized governance; high service quality	Pressure on public funding; political debates over resource allocation

Finally the comparison shows that, although each model has its advantages, the issues of bureaucracy and accountability remain major issues everywhere. For example, the NHIS in Ghana expanded its enrolment; however it has the same problem with the NHIA regarding delayed payments. This paper distinguishes the Rwandan CBHI

model through understanding community engagement and the resultant high level of trust and the NHS model regarding high central governance and sustainable financing. All these call for the NHIA to learn from other countries the best practices and the challenges that are unique to it.

Lessons from International Best Practices

From the best practices observed in the global setting, the following could be implemented to make NHIA more effective:

Centralization combined with decentralization: Rwanda is a good example of how decentralization of the management and centralization of power over decisions can lead to a fast rate of enrollment as well as fast and efficient claims processing.

Digital health: The United Kingdom's National Health Service's system of implementing digital systems to process massive monetary reimbursement and monitor performance is an ideal example.

Stakeholders' involvement: In the case of the Ghanaian NHIS, stakeholders such as the MoH in providing health care and insurance services appreciated the significance of stakeholders' dynamism, especially when it comes to implementing the services and their benefits to reflect their needs.

Anti-Corruption drive: International models emphasize that corruption should be curbed through strict measures of accountability and performance cheques through regular audits.

Recommendations for Improving NHIA Policy Implementation

Several strategic recommendations are proposed to improve the fortune of NHIA in Nigeria and achieve the set goal of universal health coverage. These include recommendations focusing on regulatory functions, financial and budget policies, stakeholder management, and public awareness campaigns.

Regulatory Reforms

There is a recommendation to break down bureaucracy. The current administrative delays—particularly in claims processing—hamper service delivery and erode trust among healthcare providers and beneficiaries (Adebayo & Okafor, 2021). To increase efficiency, such measures as less documentation with clear and understandable requirements, reducing differences in claims processing and determining the norms of keeping records in electronic form could be highly beneficial. Also, it is important to enhance the independence and capacity to enforce the NHIA. Thus, proper independence of the NHIA from political influence helps regulatory bodies enforce policies efficiently. The structure is that being independent would allow the monitoring and evaluation to be accomplished repeatedly to address the inefficiencies at the earliest possible time (Owolabi, 2020).

Financial and Budgetary Improvements

Additional resource mobilization should be sought from more resources committed to the health sector, additional health-related taxes or levies, and efficient ways of collecting premiums, particularly from the growing informal employment sector. Accuracy in financial reporting is equally imperative to have unambiguous transparency of financial accountability. That is why a strict audit system, or at least the creation of regular financial reports, can reduce corruption and improper management, which currently affects NHIA (Aregbeshola & Khan, 2021). Measures would be ways to allocate the funds properly and ensure that the public trusts the system being implemented. Integrating technology into financial management systems is another area in Heidelberg that can minimize errors and improve the transparency of fund dispensation and reimbursement.

Stakeholder Engagement Strategies

By decentralizing health insurance management, there is a need to foster government relations between federal and state governments. Cooperation between the federal government and state would also help to implement national standards within the state and seek to reduce differences between the states. Forming intergovernmental

committees or task forces would make it easier to schedule, share and coordinate efforts through routine meetings to enhance policy planning and implementation (Onwujekwe et al., 2022).

However, to enhance the access and efficiency of the services under NHIA, there is a need to persuade the private sector to be involved more in providing these services. A homeowner policy is a well-established product in the insurance market, and developing a new product requires less effort from insurance companies than the public sector, where the administration of many claims is very costly. Both the private and public sectors must be encouraged to cooperate as both parts are complementary to each other, and the quality of the health services will be improved.

Public Awareness and Beneficiary Enrollment

Finally, to enhance the recruitment of NHIA enrollees, more information and awareness creation on the state and value of the policy is needed. Announcements through both print and electronic media and social marketing may help enlighten the public on the need for health insurance and that the quality of the service offered is good. Expanding the use of these platforms on digital health to extend policy outreach and claim processing can also make it easier to achieve better coverage and optimized service delivery. Unlike the traditional social welfare system, the different digital platforms not only disaggregate and disseminate information on the existing claims and the number of enrollments within the shortest time possible but also allow the beneficiaries to access sufficient information about their entitlements at their convenience. Such efforts, when integrated with other activities at the community level, would result in increased enrollment levels and satisfaction among the users (Uzochukwu et al., 2022).

Therefore, the NHIA requires a detailed and comprehensive strategic approach geared towards simplifying the existing regulations, improving funding and financial responsibility, engaging relevant stakeholders, and involving the population to a considerable extent. To this end, effective, efficient and sustainable health insurance could be improved in these critical areas to enhance the country's UHC policy goal.

Conclusion

Doing an overall assessment of the implementation of NHIA demonstrates that it has both positive and negative aspects, as follows. Essential observations reveal that various internal issues that characterize bureaucracies are still present; for instance, health claims processing takes 30-45 days, affecting providers and beneficiaries. Further, corruption and mismanagement left the system questionable and ineffective, and the fragmentation of different state-run schemes led to skewed implementation across the states. These are worsened by suboptimal technological systems, although overall stakeholder interaction has, on rare occasions, enhanced the situation.

These are some of the problems that touch on the health sector and public administration changes in Nigeria in a relatively close way. The issues of delay and corruption not only affect service delivery in health care but also affect the willingness of providers to engage in service and discourage those interested in enrolling for the services. They impact the state of health and contribute to an apparent crisis in the field of administration in the public sector, which underlines the necessity for further reforms. This paper discusses the possible ways of improving the functionality and operations of NHIA through aspects such as developing the digital health system, rationalizing administrative procedures and implementing the anti-corruption measures that would assist the organization in meeting its mandate of Universal Health Coverage.

Future research should weigh more on prospective designs to gain insights into the present reforms' impact on enrollment, services, and health outcomes. Academic research using Ghanaian, Rwandan and UK systems helps establish how these inefficiencies could be minimized. Therefore, more studies should be done on this, comparing the effects of NHIA policies on the different subgroups of the population domains and, more so, the vulnerable populace to enhance equity.

In conclusion, NHIA is an important step towards improving the Nigerian healthcare system; however, the system's performances rely on some critical challenges such as bureaucratic delays, corruption, and system fragmentation. A stronger GWSPS regulation, financial resilience improvement, and meaningful cooperation with all

stakeholders will be needed. By adopting these suggestions and conducting more research, Nigeria can improve its health financing policies and draw closer to the target of UHC.

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