



Report on Ogun State Health Insurance Scheme **(OGSHIS)**

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List of Acronyms and Abbreviations

Acronym	Meaning
ARAYA	Ogun State Community-Based Health Insurance Scheme (Pilot Initiative)
BHCPF	Basic Health Care Provision Fund
CBSHIP	Community-Based Social Health Insurance Programme
FGD	Focus Group Discussion
HCP	Healthcare Provider
KII	Key Informant Interview
LGA	Local Government Area
MOH	Ministry of Health
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NPC	National Population Commission
OGSHIA	Ogun State Health Insurance Agency
OGSHIS	Ogun State Health Insurance Scheme
OOP	Out-of-Pocket (Healthcare Spending)
PHC	Primary Health Care
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
VGF	Vulnerable Group Fund
WHO	World Health Organization
WDC	Ward Development Committee

Executive Summary

Access to affordable and quality healthcare remains a major challenge in Nigeria, where health financing has historically depended on out-of-pocket payments. To address this, the Ogun State Government established the Ogun State Health Insurance Scheme (OGSHIS) as part of broader efforts to achieve universal health coverage (UHC). This report presents findings from a survey of 749 respondents across six Local Government Areas (LGAs), focusing on four key areas: access, quality of service, affordability, and awareness. The analysis provides insights into the scheme's performance, highlights systemic gaps, and sets out policy recommendations to strengthen OGSHIS.

Key Findings

- **Accessibility to healthcare services using the scheme:** Enrollment into OGSHIS remains low overall, with an average survey-based enrollment rate of 38%. Enrollment is unevenly distributed: LGAs such as Ifo, Ewekoro, and Obafemi-Owode report rates above 50%, while Abeokuta North (2%) and Odeda (18%) record lower enrollment rates among the LGAs. Despite these disparities, utilisation remained high among respondents, with 84% of enrollees reporting using the scheme to access care, demonstrating that OGSHIS is valuable once individuals are enrolled.
- **Quality of Service received by enrolled individuals:** Service availability is relatively high (80%), but satisfaction is strikingly low (14%). While many respondents rated services as “good,” persistent issues include shortages of medicines, long waiting times, and inadequate providers, with elderly and young enrollees most underserved.
- **Affordability of premiums and services under the scheme:** OGSHIS has reduced financial burden for many enrollees with 90% of enrollees reporting lower healthcare costs and fewer delays in seeking care. However, premiums remain unaffordable for large segments of low-income earners, especially traders and the self-employed, limiting coverage expansion.
- **Awareness of residents about the Ogun State Health Insurance Scheme (OGSHIS):** Only 57% of respondents are aware of OGSHIS, and just 22% are formally sensitised. Awareness is highest where health workers and community leaders are the main sources of information, while reliance on social media or radio/TV is less effective. Enrollment is strongly correlated with sensitisation, with 73% of sensitised respondents enrolled, compared to much lower rates among the non-sensitised.

Across all four areas, the survey reveals that urbanisation alone does not guarantee higher enrollment; instead, community outreach, affordability, and awareness play stronger roles. Vulnerable groups, including students, the elderly, and informal sector workers, are the least reached, even though they face the highest risks. While OGSHIS

demonstrates clear potential, its impact is constrained by weak awareness campaigns, inconsistent service quality, and affordability gaps.

Policy Recommendations

Building on lessons from the survey and global best practices, the report outlines six priority areas for reform:

Equity: Target vulnerable groups with subsidies and expand coverage in rural LGAs.

Market Efficiency: Conduct regular facility assessments and promote cost-effective service delivery.

Data and Technology: Standardise enrollee data capture, harmonise systems, and deploy user-friendly mobile/web platforms.



Enrollment: Intensify grassroots sensitisation, digitise registration, and integrate biometrics for efficiency.



Quality: Improve drug supply, strengthen referral protocols, incentivise quality service, and train health workers.



Citizen Engagement: Expand communication through traditional and modern media and create responsive feedback channels.



An aerial photograph of a densely populated urban area, likely in a developing country. The foreground shows a large, modern building complex with a prominent red roof and a curved entrance, possibly a hospital or government office. The surrounding area is filled with numerous smaller, multi-story buildings with reddish-brown roofs. In the background, a tall telecommunications tower is visible against a cloudy sky. The overall scene depicts a bustling, high-density urban environment.

Chapter 1: Introduction

1.1 Health as a Fundamental Right

Access to affordable and quality healthcare is one of the most critical determinants of human well-being and social equity. In many societies, healthcare is not just a service but a foundation for economic productivity, community stability, and individual dignity. Yet, the ability to receive timely and effective care remains deeply unequal, especially in low- and middle-income countries.

The World Health Organisation (WHO), in its 2007 declaration, affirmed that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” This principle places a binding responsibility on governments to create and sustain healthcare systems that



Over time, efforts were made to expand coverage to informal sector groups through community-based and state-level schemes, but these efforts largely remained fragmented and underfunded. As of the early 2020s, only about 5% of the population was enrolled in any form of health insurance, one of the lowest rates in sub-Saharan Africa.

guarantee both access and quality of care for their populations.

Nigeria, like many developing economies, faces persistent challenges in making this vision a reality. High out-of-pocket costs, limited health insurance coverage, and shortages of skilled healthcare providers contribute to unequal access and inconsistent quality of care. The result is that millions of Nigerians continue to experience poor health outcomes, high disease burdens, and inadequate financial protection against the costs of illness.

1.2 The Emergence of Health Insurance in Nigeria

Recognising the inadequacies of the traditional out-of-pocket healthcare financing model, the Federal Government of Nigeria established the National Health Insurance Scheme (NHIS) in 1999 under Decree 35 (now Act 35)¹. The NHIS was envisioned as a social health insurance program that would mobilise resources through pooled contributions and spread health risks across large segments of the population. Its objectives included improving

access to quality healthcare services, reducing the financial burden on households, and promoting a more sustainable model for health system financing.

However, the implementation of the NHIS faced numerous challenges. The scheme initially targeted federal civil servants and employees in the formal sector excluding a vast majority of Nigerians who work in the informal sector or reside in rural areas. According to Obasanjo (2005), the creation of the NHIS was driven by concerns about the general poor state of Nigeria's healthcare system, over-reliance on government subsidies, insufficient integration of private health providers, and increasing healthcare costs in the face of dwindling public revenues.

Over time, efforts were made to expand coverage to informal sector groups through community-based and state-level schemes, but these efforts largely remained fragmented and underfunded. As of the early 2020s, only about 5% of the population was enrolled in any form of health insurance, one of the lowest rates in sub-Saharan Africa.

1. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-12201-7>

1.3 Toward Universal Health Coverage

A significant turning point came in 2022 with the signing of the National Health Insurance Authority (NHIA) Act, which repealed the NHIS Act and established a more comprehensive legal framework for achieving Universal Health Coverage (UHC). The NHIA Act made health insurance mandatory for all Nigerians and provided legal backing for the establishment of the Vulnerable Group Fund (VGF)² - a financing mechanism designed to provide free and subsidised coverage for children under five, pregnant women, the elderly, and other marginalised populations (approximately 83 million Nigerians).

The VGF is to be financed primarily through the Basic Health Care Provision Fund (BHCPF), a 1% annual allocation from the Consolidated Revenue Fund³, as well as contributions from state governments, development partners, and private sector stakeholders. The passing of this law marked a significant step toward establishing a more inclusive and equitable health financing system in Nigeria. However, implementation challenges persist. Coverage remains concentrated in the formal sector, and the capacity of many states to operationalise the new legal provisions, especially among rural and vulnerable populations, remains limited.

1.4 International and Development Partner Support

Development partners such as the World Bank and the World Health Organisation (WHO) have played a central role in supporting Nigeria's journey toward UHC. These institutions have provided funding, technical assistance, and policy guidance to strengthen national and state-level healthcare systems. For example, the World Bank's Nigeria Health Investment Program

emphasises improving primary healthcare services, promoting efficient resource use, and enabling local ownership of health reforms.

Through partnerships, the World Health Organisation continues to support strategic health planning, monitoring and evaluation, and capacity building programs contributing to progress in several areas, including the revitalisation of primary healthcare centres and improved coordination among actors at various levels of government. Nonetheless, Nigeria's health financing system remains under significant pressure due to fiscal constraints, weak governance, and competing development priorities.

1.5 The Ogun State Context

Ogun State is a microcosm of Nigeria's broader health system challenges. Despite its proximity to Lagos and its status as a growing economic hub in the southwest region, Ogun has struggled with fragmented service delivery, limited health insurance penetration, and significant disparities in health outcomes between urban and rural populations. Recognising these challenges, the Ogun State Government took proactive steps to domesticate the NHIS framework, by introducing a state-level social health insurance scheme.

The first notable intervention was the launch of the "ARAYA" Community-Based Health Insurance Scheme in 2014⁴. Piloted in eight LGAs and later scaled up to all 20 LGAs by 2016, the scheme initially focused on indigent pregnant women and children under five. While it demonstrated proof of concept, the scheme faced major implementation hurdles, including weak funding, limited awareness, and difficulties in integrating informal sector participants. In 2019, the state took a more institutionalised approach by enacting the Ogun State Health Insurance Law (Law 039/2018), which established the Ogun State Health Insurance Agency (OGSHIA) to

2. <https://www.nhia.gov.ng/wp-content/uploads/2024/03/NHIA-Act-2022-Gazetted-Copy.pdf>

3. <https://nationalqoc.fmohconnect.gov.ng/wp-content/uploads/2023/07/BHCPF-2020-Guidelines.pdf>

4. https://www.christianaid.org.uk/sites/default/files/2022-07/nigeria-review-of-community-based-health-insurance-schemes-sept-2015_0.pdf



oversee the design and implementation of a comprehensive health insurance program. The scheme is mandated to provide financial risk protection, improve service access, and ensure that all residents, regardless of socioeconomic status, can receive essential healthcare.

Despite these efforts, enrolment in OGS HIS remains low. As of early 2025, only around 166,589 beneficiaries were registered, accounting for just 2.4% of the state's estimated population of over 7 million. This statistic calls into question the reach and relevance of the scheme, particularly for those most in need.

1.6 Purpose of the Study

Given the significant investments made by the state government and development

partners in establishing the OGS HIS, it is critical to assess how well the scheme is functioning in practice. This study focuses on Ogun Central Senatorial District, a region that includes six Local Government Areas (Abeokuta North, Abeokuta South, Odeda, Obafemi Owode, Ewekoro, and Ifo), to evaluate access, affordability, awareness level, and utilisation of health services under the scheme.

Through a combination of quantitative surveys and qualitative focus group discussions and interviews, the study explores the extent to which the scheme has delivered on its objectives, the barriers that continue to impede progress, and the perceptions of both enrollees and non-enrollees regarding service quality, affordability, and trust in government programs.




Chapter 2: Background and Context

2.1 Nigeria's Health System and the Push Toward Universal Health Coverage

Nigeria's health system is characterised by a mix of public and private providers, uneven financing, and significant disparities in access and outcomes across regions and socioeconomic groups. With a population of over 200 million, the country faces mounting pressure to ensure that all citizens can access affordable, quality healthcare without significant strain on individual finances.

Moreover, a study has reported that over 1.3 million vulnerable Nigerians were being pushed below the poverty line due to out-of-pocket (OOP) health payments, which continue to account for a significant portion of total health expenditure of the population and often heightens the risk of catastrophic health spending, which directly hampers progress toward UHC⁵.

5. <https://doi.org/10.15171/ijhpm.2018.19>



As of early 2025, OGSHIS had enrolled approximately 166,589 beneficiaries, just 2.4% of the estimated state population of over 7 million. While this marks a step forward, it falls significantly short of the coverage levels required to meaningfully reduce the incidence of out-of-pocket health spending and advance toward universal coverage.

To address this, the Nigerian government introduced the National Health Insurance Scheme (NHIS) in 1999. The NHIS was designed as a social health insurance system targeting public servants and employees in the formal sector. However, coverage remained largely concentrated in urban and formal employment settings, excluding the vast informal economy and rural dwellers who represent most of the population.

2.2 The Role of International Partners in Supporting UHC

Global development agencies such as the World Bank and the World Health Organisation (WHO) have been instrumental in supporting Nigeria's health sector reform. Through technical assistance, funding, and strategic guidance, these partners have helped strengthen primary healthcare systems, develop health financing models, and promote data-driven policy making.

The World Bank's Nigeria Health Program, for example, supports the expansion of functional primary healthcare facilities, the training of frontline health workers, and the establishment of robust governance

frameworks to encourage private sector participation. Similarly, WHO provides technical support to improve policy design, strengthen monitoring and evaluation systems, and build institutional capacity at national and subnational levels.

These partnerships have played a crucial role in enabling Nigeria, and by extension, Ogun State, to pursue its UHC goals. However, success depends not only on international support but also on the ability of state institutions to translate policies into effective, community-level implementation.

2.3 Health Insurance at the Subnational Level

Recognising the limitations of the federal scheme, many Nigerian States have established their own health insurance programs tailored to local needs. Ogun State is among the states that have made deliberate efforts to implement a state-level health insurance scheme, learning from pilot initiatives and aligning with national UHC objectives.

The Ogun State Community-Based Health Insurance Scheme, known as "ARAYA," was

launched in 2014. Initially piloted in eight Local Government Areas (LGAs), the scheme was expanded statewide in 2016 and primarily targeted vulnerable groups, including children under five and pregnant women. ARAYA represented the first structured attempt to provide health coverage outside the formal sector in Ogun State.

Although ARAYA laid the groundwork for community-based health financing, it also revealed key implementation challenges. These included low public awareness, irregular funding, limited community engagement, and weak coordination between service providers and insurance administrators. As a result, the impact of the state health insurance scheme has been limited, and enrollment has remained lower than anticipated.

2.4 Formalisation of the Ogun State Health Insurance Scheme (OGSHIS)

In May 2019, Ogun State formalised its health insurance commitment by enacting Law 039/2018, establishing the Ogun State Health Insurance Agency (OGSHIA). This legal framework empowered OGSHIA to coordinate and implement a comprehensive social health insurance scheme designed to expand access, ensure financial risk protection, and promote equity in healthcare delivery across the state.

OGSHIS is structured to integrate both formal and informal sector workers, with financing derived from government allocations, individual and employer contributions, donor funding, and other innovative sources. The scheme also aims to partner with both public and private healthcare providers to deliver essential services under a unified benefits package.

As of early 2025, OGSHIS had enrolled approximately 166,589 beneficiaries, just 2.4% of the estimated state population of over 7 million. While this marks a step

forward, it falls significantly short of the coverage levels required to meaningfully reduce the incidence of out-of-pocket health spending and advance toward universal coverage.

2.5 Current Challenges and Gaps in Implementation

While the Ogun State Health Insurance Scheme (OGSHIS) enjoys support from state leadership through dedicated budget allocations and the establishment of the Ogun State Health Insurance Agency in 2019, its implementation encounters several interconnected challenges that limit enrollment and service delivery effectiveness:

- **Low public awareness:** Our Survey data indicates that approximately 67% of Ogun state residents have limited or no knowledge of OGSHIS benefits.
- **Inadequate infrastructure:** Many primary health centres do not have the necessary equipment, staff, or medication stock to provide reliable services under the insurance scheme.
- **Premium affordability barriers:** For many informal workers and low-income earners, even subsidised insurance premiums are financially burdensome without flexible payment options.
- **Institutional Trust Deficit:** Scepticism based on past experiences of failed or mismanaged public initiatives limits community confidence in the scheme.
- **Fragmented service delivery:** The lack of coordination between primary, secondary, and referral facilities creates inefficiencies and service delays.

These constraints are consistent with findings from WHO and World Bank assessments of health insurance implementation across Nigerian states.



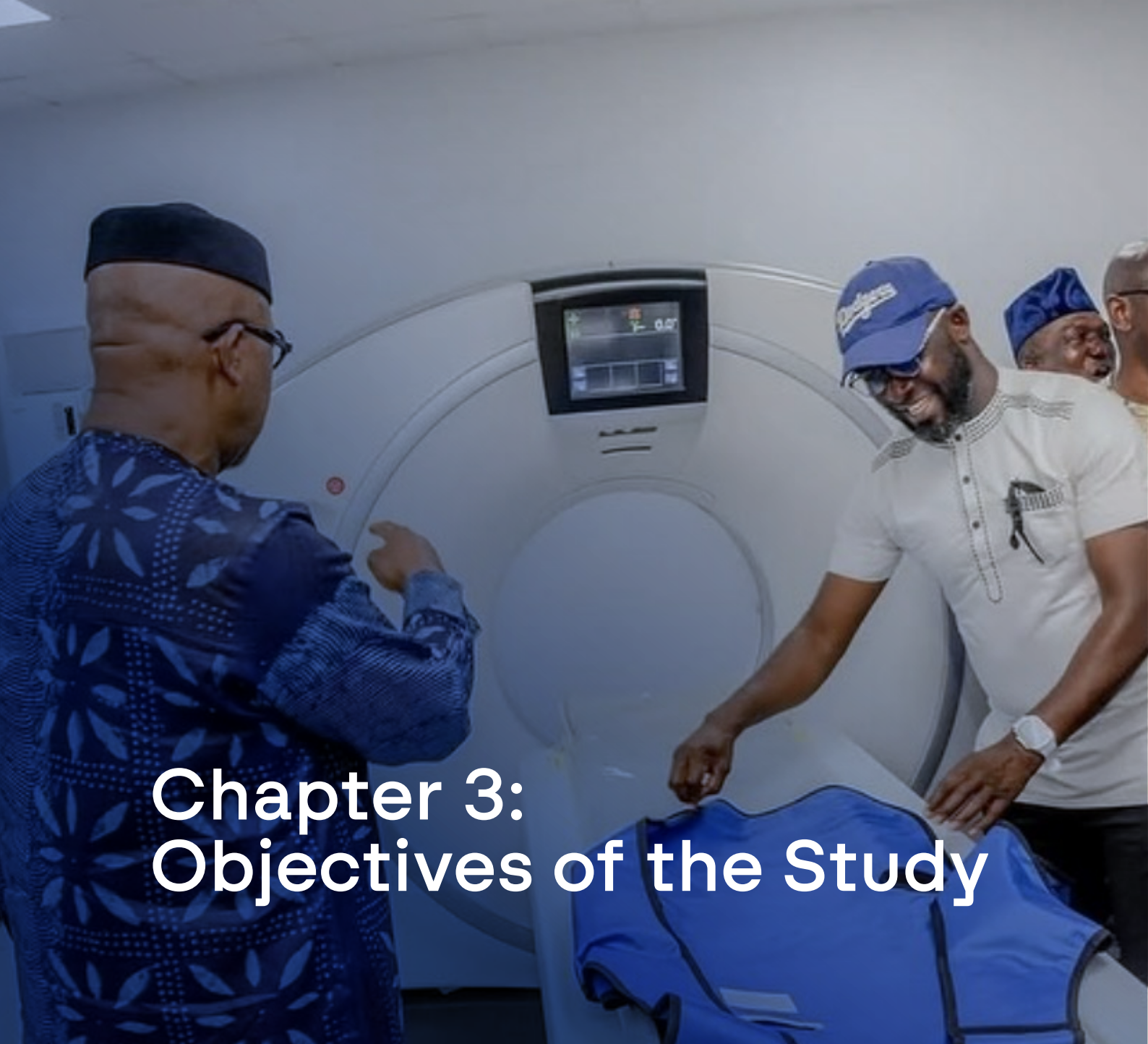
Without addressing these bottlenecks, the scheme may not achieve the scale and impact needed to serve as a robust platform for UHC in Ogun State.

2.6 The Importance of Local Evidence

As Ogun State continues to invest in the expansion of OGSHIS, it is essential to generate localised evidence that can guide policy adjustments, improve targeting strategies, and inform future scale-up efforts. This study contributes to that effort

by focusing on Ogun Central Senatorial District, a region that presents a diverse mix of rural and urban dynamics and serves as a microcosm of the broader health system challenges in the state.

By capturing community perspectives, providing experiences, and institutional challenges, the research aims to provide decision makers with a grounded, evidence-based understanding of how OGSHIS is functioning in practice and where targeted interventions can make the most difference.




Chapter 3: Objectives of the Study

3.1 Purpose and Rationale

The introduction of the Ogun State Health Insurance Scheme (OGSHIS) in 2019 was a bold and necessary step toward achieving equitable access to healthcare services across Ogun State. As a subnational intervention aligned with the broader goals of the National Health Insurance Authority (NHIA) and Nigeria's Universal Health Coverage (UHC) roadmap, OGSHIS was

designed to address longstanding barriers to affordable, quality healthcare, particularly for citizens in the informal sector, rural communities, and other underserved populations.

However, six years after its formal establishment, the scheme has not yet achieved widespread enrollment or equitable



However, six years after its formal establishment, the scheme has not yet achieved widespread enrollment or equitable service delivery. According to available figures on the OGSRIA website, only about 166,589 individuals, representing roughly 2.4% of the State's population, were enrolled. This low enrollment rate raises important questions about the accessibility, affordability, and visibility of the program at the community level.

service delivery. According to available figures on the OGSRIA website, only about 166,589 individuals, representing roughly 2.4% of the State's population, were enrolled. This low enrollment rate raises important questions about the accessibility, affordability, and visibility of the program at the community level.

This study was conceived to provide an evidence-based understanding of how OGSRIA is functioning in practice. It explores the lived experiences of both enrollees and non-enrollees in the Ogun Central Senatorial District to examine whether the scheme is meeting its objectives, how communities perceive it, and what barriers continue to limit its reach and impact.

3.2 Geographic Scope of the Study

Ogun Central Senatorial District, which comprises six Local Government Areas (LGAs) including Abeokuta North, Abeokuta South, Odeda, Obafemi Owode, Ewekoro, and Ifo, was selected as the study area. The zone presents a diverse mix of urban and

rural contexts and offers a representative sample of the state's population structure, health infrastructure coverage, and socioeconomic dynamics.

The LGAs in this zone include areas with relatively higher access to social infrastructure such as roads, schools, and health facilities, making it an ideal location to assess both the opportunities and limitations of the scheme under relatively auspicious conditions. By focusing on this district, the study generates insights that can inform the scaling of the scheme across the entire state.

3.3 Research Objectives

- To assess the extent to which OGSRIA has increased access to affordable and quality healthcare services among residents of Ogun Central.
- To evaluate the financial burden of out-of-pocket healthcare spending among non-enrollees and how this influences healthcare-seeking behaviour.

- To examine the role of awareness and knowledge about the scheme in shaping enrollment and utilisation patterns.
- To explore gender and demographic differences in access to, perception of, and willingness to enrol in the scheme.
- To assess the quality of healthcare services received under the scheme across the six LGAs.
- To understand how public perception and trust in government affect willingness to participate in the scheme.
- To explore the financial and operational constraints that may affect premium payment, especially among low-income and informal workers.
- To identify barriers and opportunities for expanding enrollment, improving service delivery, and increasing the sustainability of OGS HIS.
- Informing revisions to enrollment strategies and benefit packages.
- Strengthening awareness and community engagement campaigns.
- Identifying underserved populations and geographic disparities.
- Supporting the development of more inclusive and sustainable financing models.
- Improving accountability and performance tracking mechanisms for OGS HIA.

The research also aligns with Nigeria's UHC objectives, as articulated in the National Health Policy, and supports SDG 3: "Ensure healthy lives and promote well-being for all at all ages."

3.4 Relevance to Policy and Development Planning

This research has high relevance for a wide range of stakeholders including the Ogun State Ministry of Health, OGS HIA, donor organisations, civil society, and other health system actors. The findings are intended to serve as an evidence base for:

3.5 Anticipated Impact of the Study

By providing a grounded, community-level understanding of how the scheme is being implemented and perceived, this study offers a critical feedback loop for policymakers and program managers. It highlights not only the scheme's successes but also the systemic and behavioural barriers that must be addressed. Ultimately, the study aims to contribute to the ongoing improvement and long-term viability of health insurance as a tool for achieving Universal Health Coverage (UHC) in Ogun State and across Nigeria.




Chapter 4: Methodology

4.1 Study Design and Approach

This study employed a mixed-methods research design to explore the implementation, uptake, and perceptions of the Ogun State Health Insurance Scheme in Ogun Central Senatorial District. The mixed approach was adopted to generate both quantitative data for generalizable insights and qualitative data for deeper contextual understanding of the human experiences behind the numbers.

The study was exploratory in nature and designed to capture the extent to which OGS HIS has improved access to healthcare, reduced financial hardship, and achieved policy objectives in diverse local contexts. The combination of surveys, focus group discussions (FGDs), and key informant interviews (KIIs) enabled the research team to triangulate findings and strengthen the credibility and relevance of the conclusions.



Ogun Central was selected because it offers a diverse demographic and geographic landscape suitable for testing the assumptions behind OGS HIS implementation. The district contains a mix of relatively well-equipped urban health facilities and rural clinics with more limited resources, making it possible to compare how the scheme performs across different healthcare settings.

4.2 Study Area and Coverage

The research was conducted across the six Local Government Areas (LGAs) that make up Ogun Central Senatorial District, which include Abeokuta North, Abeokuta South, Odeda, Obafemi Owode, Ewekoro, and Ifo. These LGAs represent a balanced mix of urban, semi-urban, and rural communities, with varied levels of access to basic infrastructure, including healthcare, roads, education, and water services.

Ogun Central was selected because it offers a diverse demographic and geographic landscape suitable for testing the assumptions behind OGS HIS implementation. The district contains a mix of relatively well-equipped urban health facilities and rural clinics with more limited resources, making it possible to compare how the scheme performs across different healthcare settings.

4.3 Data Collection

The data collection and processing were carried out over a period of sixteen weeks between November 2024 and February

2025. This timeframe allowed the research team to complete household surveys, conduct FGDs and KIIs, and perform initial data cleaning and transcription before analysis.

4.4 Quantitative Methodology

4.4.1 Survey Sample and Design

The quantitative component of the study involved the administration of structured questionnaires to a total of 749 respondents selected across more than 15 communities within the six LGAs. The sampling process was based on a multistage technique to ensure geographical dispersion and demographic diversity.

The questionnaire focused on:

- a) Awareness and knowledge of OGS HIS**
- b) Enrollment status and barriers**
- c) Health-seeking behaviour**
- d) Out-of-pocket expenditure on healthcare**
- e) Access to healthcare services**
- f) Satisfaction with services**
- g) Willingness to pay for health insurance premiums**

Enumerators were trained to conduct the surveys in both English and Yoruba (the local language), depending on the preference of the respondent.

4.4.2 Sampling Strategy

A multistage sampling framework was adopted:

- **Stage 1:** LGAs were pre-selected based on their inclusion in Ogun Central.
- **Stage 2:** Communities within each LGA were randomly selected with consideration for urban/rural spread.
- **Stage 3:** Households were selected systematically.
- **Stage 4:** Within each household, eligible respondents aged 18 and above were interviewed, with an effort to balance gender and occupational representation.

4.5 Qualitative Methodology

4.5.1 Focus Group Discussions (FGDs)

A total of five FGDs were conducted across the study area, involving a total of 50 participants from diverse demographic and social groups. The participants included men and women aged 18 to 79, representing students, traders, artisans, civil servants, farmers, pensioners, and housewives. Each FGD session was organised around a semi-structured discussion guide and lasted approximately 50 minutes. Sessions were moderated in both English and Yoruba, depending on participants' fluency, and were audio-recorded with informed consent. Heterogeneous groups were intentionally formed to allow for cross-cutting views, but efforts were made to ensure participants did not know each other in advance to encourage honest dialogue.

Discussion topics included:

- i. Access to and affordability of healthcare.**
- ii. Out-of-pocket health expenditure.**
- iii. Knowledge and perceptions of OGS HIS.**
- iv. Experiences with healthcare providers.**
- v. Barriers to enrollment and usage.**
- vi. Willingness to pay premiums.**
- vii. Perceived sustainability of the scheme.**

One example of a significant participant experience came from a 79-year-old man in Abeokuta South who recounted undergoing an eye surgery costing nearly N400,000, which was fully covered by the scheme, including drugs and post-surgery care, with no out-of-pocket payment.

4.5.2 Key Informant Interviews (KIIs)

Five key informant interviews were conducted with individuals who hold leadership or technical roles related to OGS HIS implementation. These included:

- i. Ward Development Committee (WDC) Chairman**
- ii. Primary Health Care providers**
- iii. Health insurance agents**
- iv. OGS HIA staff**

The interviews were guided by a set of open-ended questions exploring implementation challenges, enrollment trends, community engagement strategies, premium collection, service quality, and institutional support. Interviews were conducted in person and audio-recorded with the consent of participants.

4.6 Data Management and Analysis

4.6.1 Quantitative Data Analysis

Survey responses were manually checked, coded, and entered into a statistical software package (MS Excel) for analysis. Descriptive statistics such as frequency distributions, cross-tabulations, and averages were used to interpret trends and identify key patterns in:

- i. **Accessibility to healthcare using the scheme.**
- ii. **Quality of service received by enrolled individuals.**
- iii. **Affordability of premiums and services under the scheme.**
- iv. **Awareness of residents about the Ogun State Health Insurance Scheme (OGSHIS).**

4.6.2 Qualitative Data Analysis

Audio recordings of FGDs and KIIs were transcribed verbatim and translated into English where necessary. Transcripts were then reviewed, categorised and coded using a thematic analysis framework. Emerging themes were organised into key domains aligned with the study objectives, including:

- i. **Healthcare access**
- ii. **Service quality**
- iii. **Affordability**
- iv. **Public trust**
- v. **Gender dimensions**
- vi. **Enrollment dynamics**

Verbatim quotes were extracted to preserve participants' voices and to provide authenticity to the analysis.

4.7 Ethical Considerations

Ethical standards were upheld throughout the research process making sure participation in the study was fully voluntary. Respondents were briefed on the objectives of the research, assured of their anonymity and confidentiality, and informed of their right to decline participation or withdraw at any point.

All participants provided verbal consent before the commencement of data collection. For the FGDs and KIIs, permission was sought for audio recording, and measures were taken to ensure that no identifying information would be disclosed in the final report.

4.8 Limitations of the Methodology

While the study design ensured breadth and depth of insight, certain limitations were acknowledged:

- **The geographic scope was limited to Ogun Central Senatorial District and may not be fully representative of all 20 LGAs in Ogun State.**
- **The sample size, while substantial, did not allow for detailed disaggregation by specific demographic categories such as disability or chronic illness.**
- **Budget and time constraints limited the number of FGDs and KIIs that could be conducted.**
- **Responses to sensitive topics such as trust in government may have been moderated by social desirability bias.**
- **Nevertheless, the diversity of participants, methodological rigor, and triangulation of findings provide a high degree of confidence in the validity and relevance of the data.**



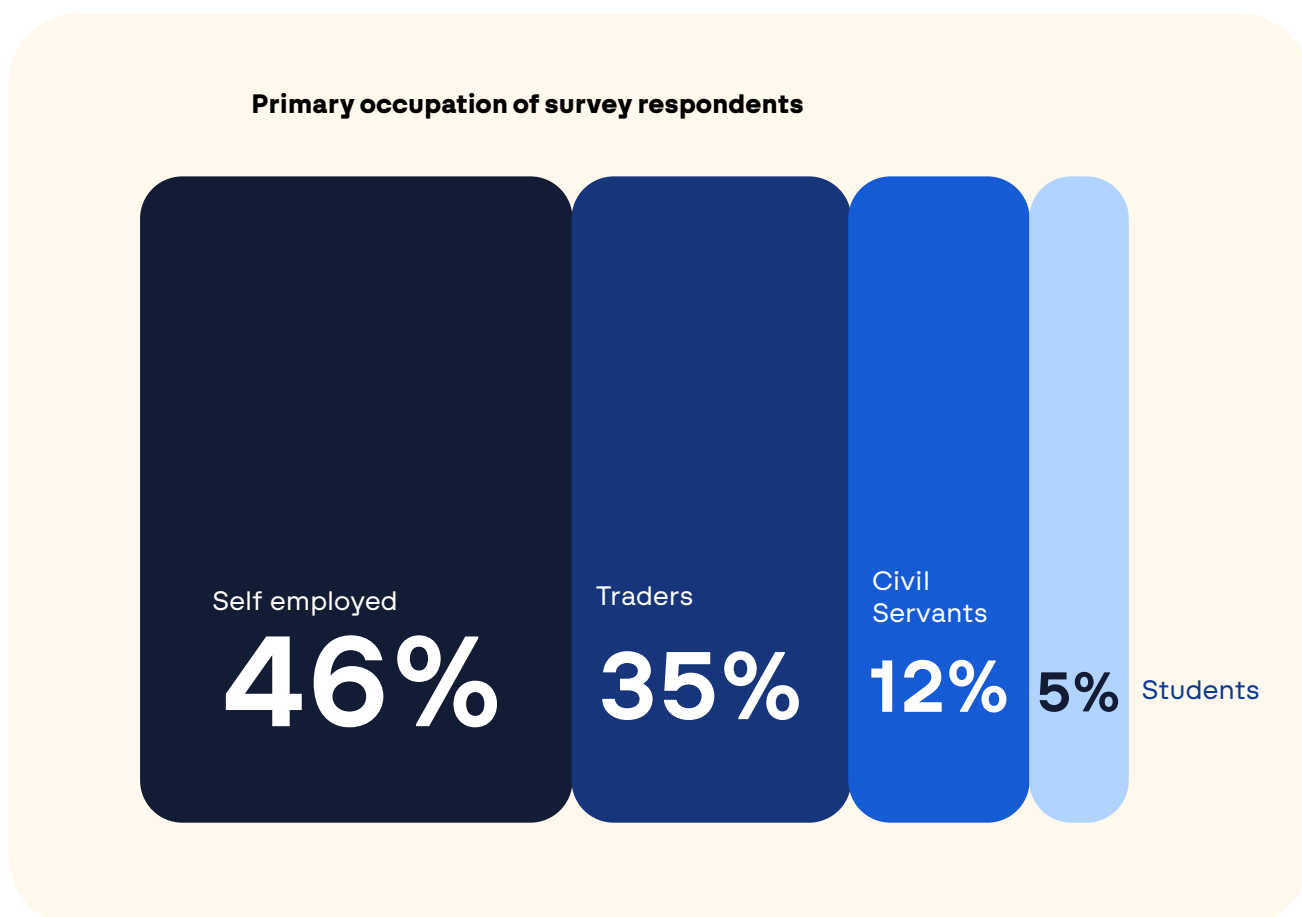
Chapter 5: Analysis and Discussion

This chapter presents the findings from the survey conducted across six Local Government Areas (LGAs) in Ogun State. The analysis is based on four (4) factors of the Ogun State Health Insurance Scheme (OGSHIS): accessibility to the health insurance scheme, quality of service,

affordability in utilising the health insurance, and awareness about OGSHIS. Each factor is examined to understand how residents interact with the scheme, the barriers they face, and all other factors influencing enrollment and utilisation.

5.1 Access to Healthcare services and Utilization

This section examines how the Ogun State Health Insurance Scheme (OGSHIS) enables residents to access and use healthcare services, based on survey responses from 749 individuals. The survey sample comprises self-employed (46%) and traders (35%), with civil servants (12%) and students (5%) making up smaller proportions.

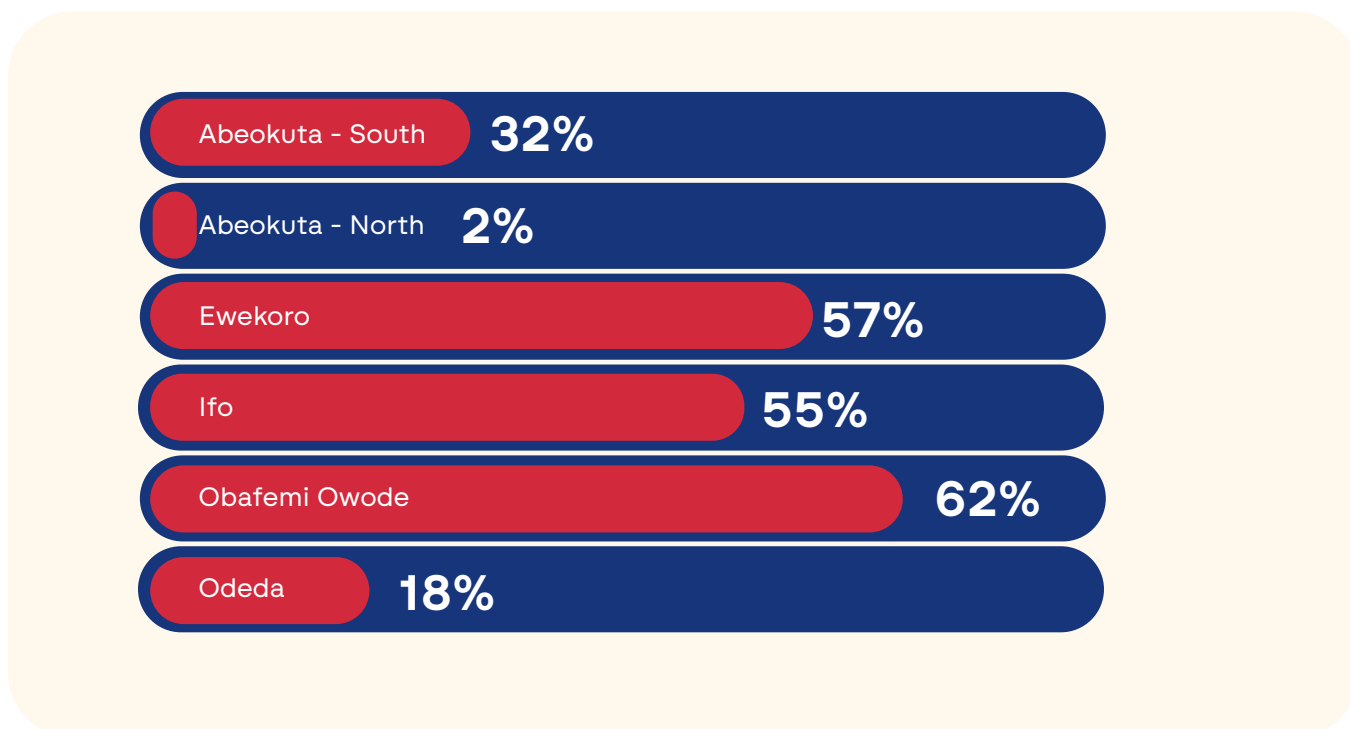


Enrollment and Utilisation

Of the total survey respondents, 287 were enrolled in OGSHIS, representing an enrollment rate of 38%. While this is notably higher than the state's official enrollment rate of 2.4%, it still reflects limited overall coverage of the scheme. Among the enrolled respondents, 84% indicated accessing healthcare services using the scheme. Across different enrollment types, enrollment remained high, with employer-sponsored plans (89%), private plans (88%), and government-sponsored plans (77%) all showing high rates.

Geographic and Occupational Patterns

Across the different LGAs, Abeokuta South recorded the highest number of enrollees (96), followed by Ifo (69), while Abeokuta North (2) and Odeda (8) had the lowest participation. This suggests an urban–rural divide, where urban areas with more formal sector workers show greater coverage of the initiative. However, a deeper analysis of the enrollment rates by LGA reveals a more nuanced pattern shown in the table [X] below:



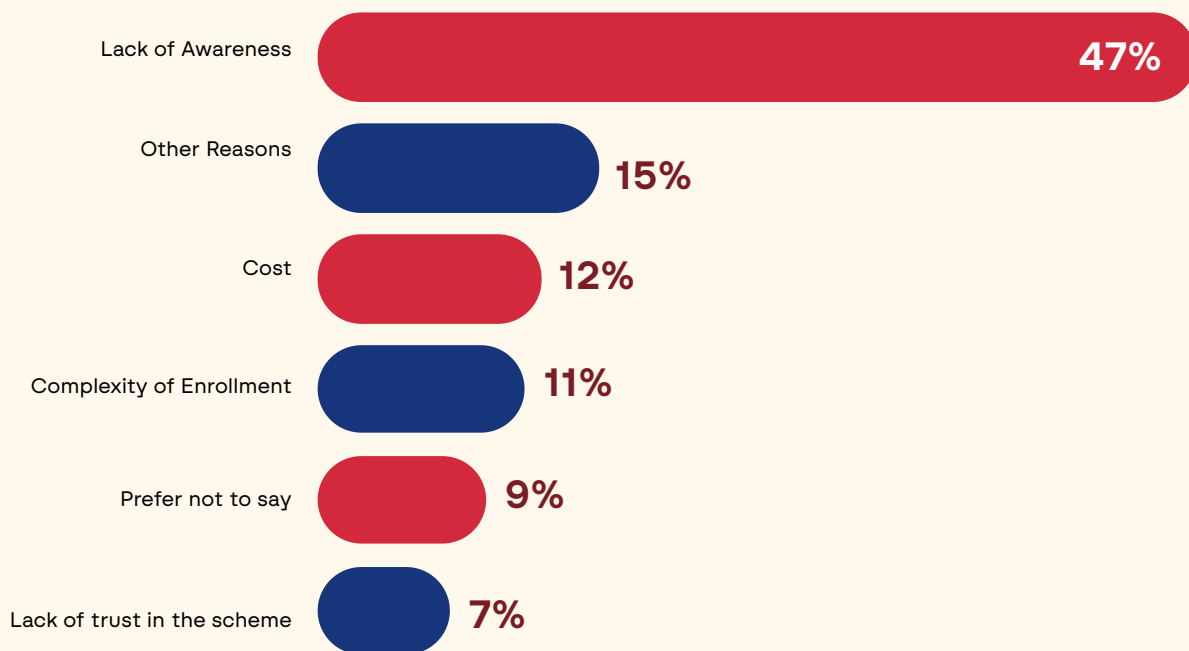
Enrollment is low in both Abeokuta South (32%) and Abeokuta North (2%), despite Abeokuta South being far more urbanised. By comparison, enrollment is much higher in Ewekoro, Ifo, and Obafemi-Owode, where enrollment responses exceed 50% of the total responses for that region. This contrast shows that urbanisation alone may not guarantee higher enrollment and that other factors, such as the nature of community outreach, the presence of specific industries (as seen in Ewekoro), or the awareness of residents about the scheme, may have a greater influence on enrollment. Despite these differences in enrollment, utilisation rates among enrollees remain high across all LGAs, including Abeokuta South (81%), Ifo (96%), Ewekoro (74%), Obafemi Owode (85%), and Odeda (100%).

Additionally, analysis by occupation of respondents indicates that Civil servants have the highest enrollment rate (61%), reflecting stronger participation from the formal workforce. In contrast, students are the least enrolled group, with only 23% participation.

Reasons for non-enrollment

The primary barrier to enrollment is lack of awareness, as indicated by 69% of non-enrolled respondents. Other reasons include high costs (13%), complexity of the enrollment process (12%), and limited proximity of health facilities (7%).

Reasons for non-enrollment in the Ogun State Health Insurance Scheme (OGSHIS)



Even among civil servants who might be expected to be better informed, 35% indicated a lack of awareness as their main reason for not enrolling. In other occupational groups, this figure was consistently above 45%. This underscores a widespread information gap that cuts across different segments of the population.

Challenges for Enrollees

Although utilisation is high, enrollees report significant challenges in accessing healthcare, which varies by location and enrollment type.

- **Geographic disparities:** Respondents in Ifo, Ewekoro, and Obafemi-Owode were more likely to indicate inadequate health care providers as the primary challenge in accessing health care, while respondents in Abeokuta South are more likely to indicate a lack of medicines. However, long waiting times are a general challenge in all local government areas (LGAs).
- **Service utilisation:** Primary healthcare was the most accessed service (42%), followed by medications (18%) and specialist care (16%). In Ewekoro, however, maternity services were more prominent, with 57% of enrollees using them.
- **Occupational patterns:** Civil servants primarily accessed primary care (37%) and maternity services (21%) and were most likely to cite “inadequate healthcare providers” as their main challenge. On the other hand, students reported “lack of qualified personnel” as their primary difficulty, a finding that points to gaps in service delivery for this bracket of individuals.

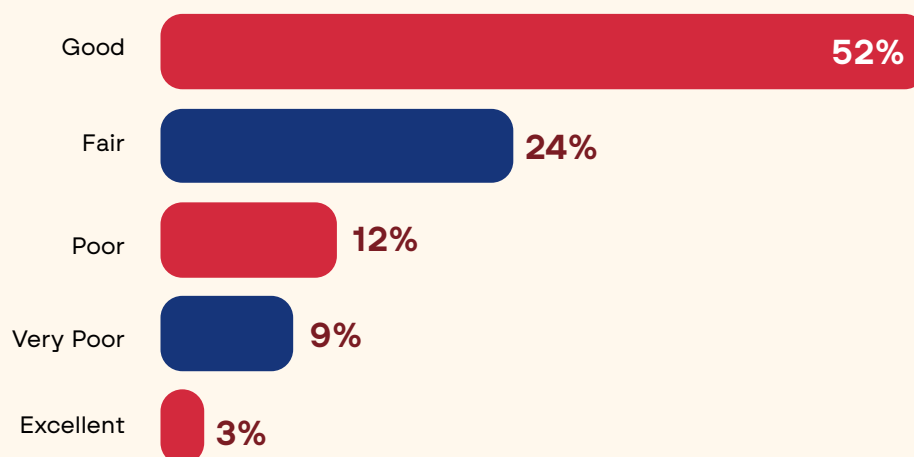
5.2 Quality of Service

This section examines how enrollees perceive the quality of healthcare services provided under the Ogun State Health Insurance Scheme (OGSHIS). It focuses on key indicators such as service availability and satisfaction while highlighting variations across age groups, gender, and Local Government Areas (LGAs). The findings reveal both strengths and critical weaknesses in the scheme’s service delivery.

Service Availability

The survey reveals that 80% of enrollees reported that healthcare services were available when needed; however, only 14% expressed satisfaction with the quality of care received. Ratings of service quality reflected this divide as 52% of respondents described services as “good,” while 45% rated service quality as “poor” or “very poor.” These results suggest that while facilities are accessible, the quality of care often falls short of expectations.

How enrolled respondents rate healthcare service quality



LGA Variations in Service Quality

01

Abeokuta South: Responses indicate that service availability at 64% is lower than average and dissatisfaction was higher (46%) than in other LGAs. Many respondents rated services as poor (31%) or very poor (18%). Top recommendations indicate improving healthcare delivery (34%) and patient care (29%).

02

Ewekoro: In Ewekoro LGA, service availability was high (84%) and dissatisfaction relatively low (10%). Most respondents rated service quality positively, with over 60% describing it as “good” and 7% as “excellent.” The key recommendations were to improve the efficiency of claims processing (33%) and to make premiums more affordable (24%).

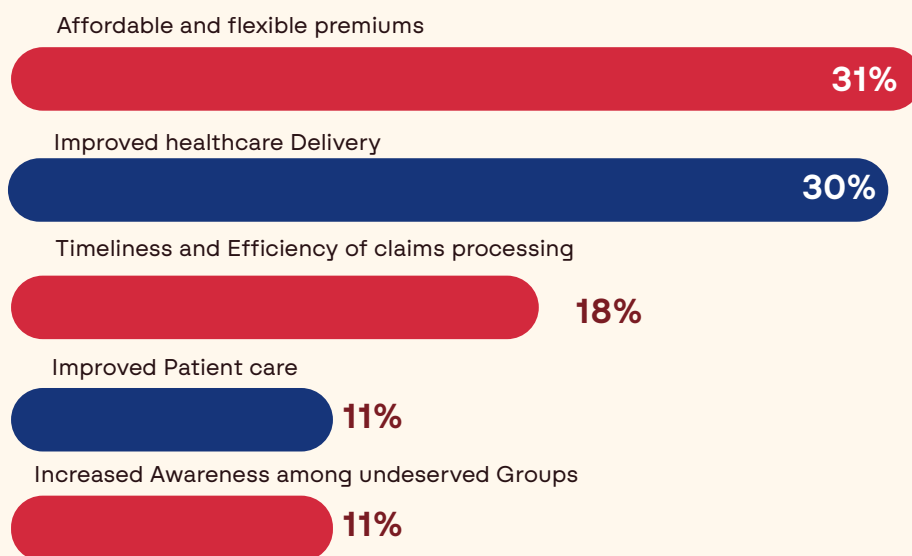
03

Ifo: Responses indicate that Ifo LGA had the highest service availability (96%) and lowest dissatisfaction (9%) among respondents. Over 80% of respondents rated services as “good” or “excellent.”

04

Obafemi-Owode: Availability was high (87%) and dissatisfaction low (8%), suggesting generally positive experiences, though satisfaction (11%) remained modest.

Top five (5) Recommended area of improvement in OGS HIS



Gender Differences

Female enrollees are more likely to report poor experiences, with 40% rating service quality as “poor.” Male respondents are more balanced, with 28% each rating services as “fair” or “good.” This highlights a possible gender bias in service delivery that requires closer attention.

Priority Areas for Improvement

The top recommendations from respondents on improving the delivery service of OGS HIS are:

- **Affordable and flexible premiums (31%)**
- **Improved healthcare delivery (30%)**
- **Faster, more efficient claims processing (18%)**

5.3 Affordability of the Scheme

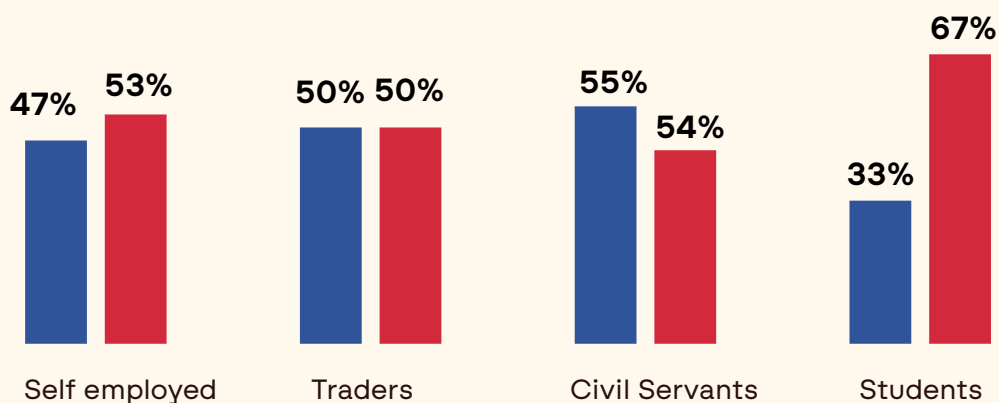
This section examines how enrollees and non-enrollees perceive the financial accessibility of OGS HIS, with a focus on premium affordability, its impact on out-of-pocket spending, and differences across income, education, and occupation.

Affordability Perceptions

Only 44% of respondents considered the insurance premium affordable, while 22% of non-enrolled respondents identified cost as their primary barrier to joining the scheme. Additionally, Civil servants were most likely to view the scheme as affordable (55%), followed by traders (50%) and the self-employed (47%). Students were the least likely to find it affordable, with only 33% agreeing.

Do you believe the current cost of premiums for the health insurance scheme is affordable to you and every citizen regardless of income?

■ yes ■ No





Importantly, the dominant channel varied by location: in urban Abeokuta South, 40% of respondents first heard about OGS HIS through social media, while in other LGAs, health workers were the leading source of publicity.

Impact on Out-of-Pocket Expenses

Most of the enrolled respondents (84%) reported reduced out-of-pocket expenses through OGS HIS, and 88% indicated that the scheme lowered their financial burden and prevented delays in seeking care due to cost.

Income-Based Differences

Among low-income respondents earning below N100,000 per month, 53% of the self-employed and 50% of traders said the OGS HIS premiums were not affordable. By contrast, nearly all respondents in higher income brackets (N201,000 and above) considered the scheme affordable, with agreement rates of 98–99%. This indicates that insurance premiums weigh more on low-income earners.

Education-Based Differences

Respondents with lower levels of education were more likely to find the premiums unaffordable. For example, 51% of those with a College of Education background and 39% of those from technical colleges reported that premiums were not affordable. In contrast, over 90% of respondents with postgraduate qualifications (Masters/PhD) believed the scheme was affordable.

5.4 Awareness

This section analyses public awareness of the Ogun State Health Insurance Scheme

(OGS HIS) and the effectiveness of sensitisation efforts. It explores how residents first learn about the scheme, how well they understand its benefits, and how education and occupation shape enrollment. The findings show that lack of awareness remains one of the strongest barriers to uptake.

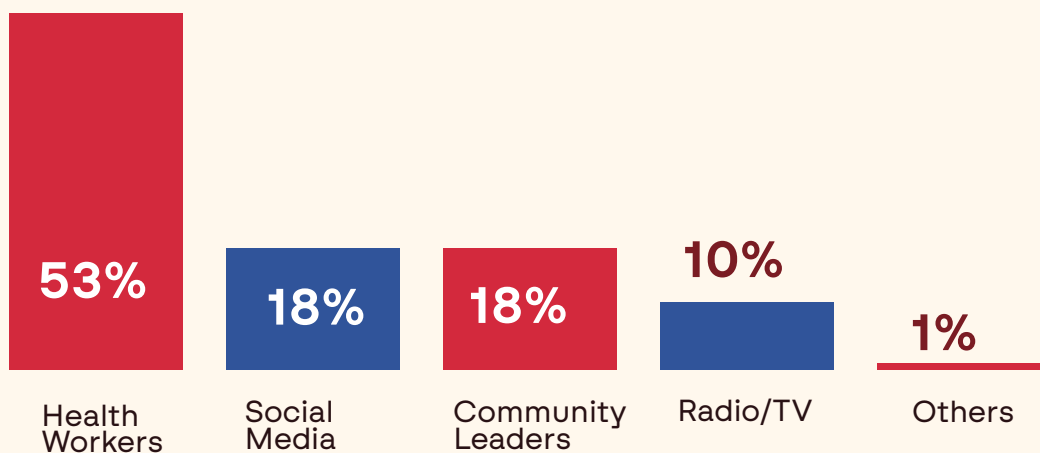
Levels of Awareness and Sensitisation

For the total number of survey respondents, 57% were aware of the health insurance scheme, leaving 43% with no prior knowledge. Among those aware, 22% received formal sensitisation, highlighting the gap between awareness and informed understanding. Formal sensitisation was strongly linked to enrollment as 73% of sensitised respondents enrolled in the scheme, compared to far fewer among the unsensitized. However, 39% of sensitised individuals still reported not understanding the benefits, pointing to weaknesses in the communication approach.

Sources of Information

Health workers are the most influential messengers on publicising OGHIS as indicated by 53% of enrolled respondents. Social media and community leaders each accounted for 18%, while radio/TV accounted for only 10%. Importantly, the dominant channel varied by location: in urban Abeokuta South, 40% of respondents first heard about OGS HIS through social media, while in other LGAs, health workers were the leading source of publicity.

How did respondents hear about the Ogun State Health Insurance Scheme (OGSHIS)



The data also reveal strong links between information sources and occupation:

- When community leaders were the main source of publicity, respondents were 1.5 times more likely to be traders.
- When “other sources” were cited, respondents were 4.6 times more likely to be students.
- When social media was the source, respondents were 1.6 times more likely to be civil servants.

These findings suggest that awareness strategies are not only uneven across locations but also segmented by

occupational groups, with social media resonating with civil servants, community leaders with traders, and health workers with a broader base.

Role of Education

Considering the educational levels of respondents, 41% of those with primary education reported having been sensitised, compared to 63% among those with higher education and 85% among those with postgraduate qualifications. This shows that current sensitisation efforts differ across educational levels, with higher education associated with a greater likelihood of being sensitised about the health insurance scheme.

Summary of Findings

01

High Utilisation but Low Satisfaction: Across the survey, utilisation among enrollees were consistently high, over 80% of enrolled respondents use the scheme. This confirms that OGS HIS provides meaningful financial and service benefits once accessed. However, satisfaction levels remain very low (14%), particularly in urban Abeokuta South and Ifo, suggesting that access does not translate into positive service experiences. Long wait times, bureaucracy, and shortages of providers undermine the benefits of enrollment and risk eroding confidence in the scheme.

02

Uneven Coverage Across LGA: Enrollment and service experiences vary sharply by location. Obafemi Owode, Ifo, and Ewekoro recorded higher enrollment rates than urban Abeokuta South and less urbanised Odeda or Abeokuta North. This pattern challenges the assumption that urbanisation automatically drives enrollment and suggests that localised factors such as awareness efforts, facility performance, and occupational mix play a larger role.

03

Financial Relief for Enrollees, but Affordability Still a Barrier: Once enrolled, respondents reported significant reductions in out-of-pocket spending (84%). However, affordability perceptions remain low overall with 44% of enrollees believing the premium is affordable. Cost is a major barrier for non-enrollees (22%) disproportionately affecting students, informal workers, and low-income households.

04

Awareness as the Foundation of Enrollment: Awareness remains the most indicated barrier to enrollment. Nearly half of respondents (43%) had never heard of OGS HIS, and only 22% had received formal sensitisation. Formal sensitisation is strongly correlated with enrollment (73% among the enrolled respondents are sensitised), yet even sensitised individuals often do not have full understanding of the benefits (39%).

05

Vulnerable Groups Are Least Served: Across the four areas of analysis, the youngest, oldest, and least-educated respondents consistently experience the greatest gaps:

- Youth (15–24) and elderly (65+) report the lowest service availability.
- Students have the lowest enrollment rates and report affordability as a major barrier.
- Respondents with primary or secondary education are far less likely to be sensitized or enrolled than those with post-secondary education.



Chapter 6: Policy Recommendations

6.1 Rationale for Policy Action

The evidence presented in this report shows that while the Ogun State Health Insurance Scheme (OGSHIS) has succeeded in delivering healthcare to those enrolled, its current reach is too limited to significantly reduce the state's overall burden of out-of-pocket spending or improve population-wide health outcomes. With just 2.4% of the state's population enrolled, and

widespread gaps in awareness, trust, infrastructure, and affordability, there is a clear need for urgent and coordinated policy reform.

This chapter outlines the interrelated recommendations that reflect the lived experiences of participants and the systemic constraints identified in the research. These

recommendations are grounded in community realities and are structured to be both actionable and scalable.

6.2 Policy Recommendations

6.2.1. Strengthen Community-Level

Awareness and Communication

Low awareness is the single most cited barrier to enrollment. Public sensitisation efforts must move beyond passive media campaigns and adopt culturally grounded, community-driven strategies.

- Deploy community health workers, agents, market leaders, and religious institutions as primary messengers.
- Translate scheme information into local languages and use relatable narratives (e.g., testimonials from beneficiaries).
- Incorporate radio dramas, market outreach, and door-to-door campaigns in rural and semi-urban areas.

6.2.2. Adapt Premium Payment Models for Informal Sector Workers

Current premium structures are poorly aligned with the income cycles of informal workers. Many potential enrollees earn daily or weekly, making lump-sum payments unrealistic.

- Introduce flexible premium options such as weekly, biweekly, or mobile-based micro-contributions.
- Explore partnerships with cooperative societies and market associations to facilitate group-based enrollment and payment.

6.2.3. Expand and Upgrade Primary Healthcare Infrastructure

Access to health insurance is only meaningful if supported by a functional

healthcare infrastructure. Several rural facilities lack essential drugs, electricity, staff, and equipment.

- Prioritise investment in under-resourced LGAs through state funding, donor support, or public-private partnerships.
- Ensure that all enlisted facilities under the scheme meet minimum quality standards and have the capacity to deliver services in the benefits package.

6.2.4. Improve Health Worker Capacity and Scheme Literacy

Inconsistent service experiences are often linked to gaps in staff understanding of OGS HIS protocols.

- Train frontline health workers, administrative personnel, and facility managers on OGS HIS procedures, benefits, and claims processing.
- Institute a refresher training schedule and build a culture of client-centred service delivery.

6.2.5. Build Public Trust Through

Accountability and Transparency

Public mistrust rooted in past experiences with failed government programs remains a serious deterrent to enrollment.

- Create feedback and grievance redress channels at community and facility levels.
- Publish quarterly updates on scheme performance (e.g., number of claims paid, funds utilised, new enrollees).
- Involve community representatives in monitoring visits and reporting.

6.2.6. Institutionalise Monitoring, Evaluation, and Learning (MEL)

To evolve and scale sustainably, the scheme

needs a robust MEL system that tracks more than just enrollment numbers.

- Monitor user satisfaction, service quality, dropout rates, and responsiveness to complaints.
- Collaborate with academic institutions and civil society groups for independent evaluations.

Use MEL insights to make real-time adjustments to enrollment strategies, benefits design, and facility performance.

6.2.7. Mobilise Additional Funding for Premium Subsidies and Scale-Up

OGSHIS cannot scale without adequate and sustainable financing. Targeted subsidies will be essential to reach vulnerable populations.

- Leverage the Basic Health Care Provision Fund (BHCPF) and explore matching grants from donor partners.
- Consider innovative financing models such as health bonds, diaspora contributions, or taxes on luxury goods.

- Introduce a State Health Insurance Fund with clear governance and accountability mechanisms.

6.3 Coordinated Implementation and Stakeholder Engagement

None of these recommendations can succeed in isolation. They require:

- Political commitment from the highest levels of state leadership.
 - Alignment between OGSHIA, the Ministry of Health, and Local Government authorities.
 - Active collaboration with development partners, community-based organisations, and the private sector.
- Building a high-performing and inclusive health insurance system in Ogun State will depend not only on technical design but on the capacity to engage citizens, respond to feedback, and deliver services that build trust and meet expectations.



Chapter 7: Conclusion

The Ogun State Health Insurance Scheme (OGSHIS) represents a critical step toward achieving equitable access to quality healthcare for all residents. However, this study, based on a comprehensive survey across Ogun Central Senatorial District, reveals that while the scheme holds significant promise, it is not yet fulfilling its full potential.

Our analysis of the data paints a picture of a scheme with both notable successes and systemic challenges. For those who are enrolled, OGSHIS provides vital financial protection, with over 80% reporting reduced out-of-pocket expenses, which is a powerful testament to the scheme's value. However, these benefits are not reaching a large segment of the population. A lack of

awareness, financial barriers, and inconsistent service quality are limiting enrollment and threatening to erode public confidence.

To move forward, OGS HIS must transition from a formal policy into an inclusive, people-centred program. The path to achieving Universal Health Coverage in Ogun State is clear and requires deliberate action across several fronts:

01

Strengthening Enrollment and Awareness: The primary barrier to enrollment is a lack of awareness, especially among informal workers, students, and low-income residents. The scheme must invest in targeted, community-driven communication strategies that use trusted messengers like health workers and community leaders to increase awareness.

02

Enhancing Equity and Affordability: The current premium structure is a significant barrier for most of the population. To address this, the scheme must develop flexible payment models and specific programs for vulnerable groups.

03

Improving Service Quality: Inconsistencies in service delivery from drug shortages in Abeokuta South to high dissatisfaction in Ifo highlight the urgent need for standardised quality assessment and a system that rewards high-performing providers.

03

Building Trust and Efficiency: To build trust, the scheme must prioritise citizen engagement through two-way feedback channels and improve market efficiency by automating key processes like claims management and strengthening provider oversight.

This study underscores that the challenges facing OGS HIS are not unique but reflect broader issues in Nigeria's health ecosystem. By addressing these key policy areas with a data-driven, strategic approach, the Ogun State Health Insurance Scheme can evolve into a truly sustainable and inclusive model. With renewed political will, clear accountability, and a commitment to continuous learning, OGS HIS can fulfill its mandate and significantly contribute to a healthier and more productive Ogun State.



References

- Adeneye, A. K., Mafe, M. A., Appelt, B., Idowu, E. T., & Akande, D. O. (2006). Willingness to pay for praziquantel treatment in a hyper-endemic community of Ogun State, Nigeria. *Research in Social and Administrative Pharmacy*, 2(1), 83–95. <https://bit.ly/3pl8s7G>
- Adejumo, A., & Akinyemi, O. (2019). Assessment of access to healthcare and willingness to enroll in social health insurance among market women in South West Nigeria. *Journal of Public Health in Africa*, 10(1), 87–94.
- Agba, A. M. O., Ushie, E. M., & Osuchukwu, N. C. (2010). National Health Insurance Scheme (NHIS) and employees' access to healthcare services in Cross River State, Nigeria. *Global Journal of Human Social Science*, 10(1), 9–16. <https://bit.ly/2MQuMNO>
- Agbo, I., Onajole, A., Ogunnowo, B., & Emechebe, A. (2019). Community-based health insurance as a viable option for health financing: An assessment of household willingness to pay in Lagos, Nigeria. *Journal of Public Health and Epidemiology*, 11(2), 49–57. <https://bit.ly/2NWmGDT>
- Aregbeshola BS, Khan SM. Out-of-Pocket Payments, Catastrophic Health Expenditure and Poverty Among Households in Nigeria 2010. *Int J Health Policy Manage*. 2018;7(9):798–806. <https://doi.org/10.15171/ijhpm.2018.19>.
- Ataguba, J. E. (2008). Community Health Insurance Scheme as a viable option for rural population in Nigeria. Paper presented at the Centre for the Study of African Economies (CSAE), University of Oxford. <https://bit.ly/3avKndU>
- Bashar, J.M., Hadiza, S., Ugochi, O.J. et al. Charting the path to the implementation of universal health coverage policy in Nigeria through the lens of Delphi methodology. *BMC Health Serv Res* 25, 45 (2025). <https://doi.org/10.1186/s12913-024-12201-7>
- Federal Ministry of Health. (2016). National health policy 2016: Promoting the health of Nigerians to accelerate socio-economic development. Abuja: Federal Ministry of Health. <https://bit.ly/36AEr26>
- Federal Ministry of Health. (2014). Concept note on Presidential Summit on Universal Health Coverage in Nigeria. Abuja: Federal Ministry of Health. <https://bit.ly/2MT8Cug>
- Feldstein, M., & Gruber, J. (1994). A major risk approach to health insurance reform. National Bureau of Economic Research Working Paper Series, No. 4852. <https://bit.ly/2NSZDKc>
- Health Insurance Fund. (2008). Hygeia community health plan (Nigeria). PharmAccess Foundation. <https://bit.ly/3cB7bMb>
- Ibiwoye, A., & Adeleke, A. A. (2007). The impact of health insurance on healthcare provision in developing countries. *Ghana Journal of Development Studies*, 4(2), 49–58.

- National Population Commission (NPC) [Nigeria] and ICF. (2019). Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, MD, USA: NPC and ICF. <https://bit.ly/3tkVzTp>
- National Primary Health Care Development Agency. (2012). Minimum standards for primary health care in Nigeria. Abuja: NPHCDA. <https://stanford.io/2YEPONk>
- National Health Insurance Scheme. (2009). Blueprint for the implementation of community-based social health insurance programme (CBSHIP). Abuja: NHIS.
- Onwujekwe, O., Onoka, C., Uguru, N., Tasie, N., & Uzochukwu, B. (2010). Preferences for benefit packages for community-based health insurance: An exploratory study in Nigeria. *BMC Health Services Research*, 10, 162. <https://bit.ly/3rheUCZ>
- PricewaterhouseCoopers. (2019). Sustainability of state health insurance schemes in Nigeria: Beyond the launch. Lagos: PwC. <https://pwc.to/2YSdBhX>
- Sanusi, R. A., & Awe, A. T. (2009). Perception of National Health Insurance Scheme (NHIS) by health care consumers in Oyo State, Nigeria. *Pakistan Journal of Social Sciences*, 6(1), 48–53. <https://bit.ly/2YBp98W>
- Shaw, R. P., & Griffin, C. (1995). Financing health care in Sub-Saharan Africa through user fees and insurance. Washington, DC: The World Bank. <https://bit.ly/3jk1Ji4>
- The World Bank. (2013). Out-of-pocket health expenditure (% of private expenditure on health). <https://bit.ly/3cEAUng>
- Uzochukwu, B., Ughasoro, M. D., Etiaba, E., Okwuosa, C., Envuladu, E., & Onwujekwe, O. (2015). Health care financing in Nigeria: Implications for achieving universal health coverage. *Nigerian Journal of Clinical Practice*, 18(4), 437–444. <https://bit.ly/3cC3pSw>
- World Health Organization. (2000). The world health report 2000—Health systems: Improving performance. Geneva: WHO. <https://bit.ly/3rhZn>
- World Health Organization. (2007). Health systems strengthening: Glossary. Geneva: WHO.
- World Bank. (2021). Nigeria Health Program Brief—Ogun State. Retrieved from World Bank UHC reports. <https://bit.ly/3pJSRvi>

