



Centre for Social Justice



# REPORT OF THE SYSTEM REVIEW ON THE NATIONAL HEALTH INSURANCE AUTHORITY



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By

Independent Corrupt Practices and Other  
Related Offences Commission (ICPC)  
And

Centre for Social Justice (CSJ)

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## ABBREVIATIONS

ACTU	Anti-Corruption and Transparency Unit
BHCPF	Basic Health Care Provision Fund
CBN	Central Bank of Nigeria
CEO	Chief Executive Officer
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CoS	Condition of Service
CSJ	Centre for Social Justice
CSO	Civil Society Organisation
DG	Director General
FCC	Federal Character Commission
FFS	Fee-for-Service
GIFSHIP	Group, Individual and Family Social Health Insurance Programme
HCF	Health Care Facility
HMO	Health Maintenance Organisation
ICPC	Independent Corrupt Practices and Other Related Offences Commission
ICT	Information and Communication Technology
IGR	Internally Generated Revenue
LUTH	Lagos University Teaching Hospital
M&E	Monitoring and Evaluation
MDA	Ministry, Department and Agency
NFFP	NHIA Fistula Free Programme
NHIA	National Health Insurance Authority
NIN	National Identity Number
NSIWC	National Salaries, Income and Wages Commission
OAGF	Office of the Accountant General of the Federation
OHCSF	Office of the Head of Civil Service of the Federation
PPP	Public Private Partnership
PRMD	Planning, Review and Monitoring Department
RoLAC	Rule of Law and Anti-Corruption Programme
UNN	University of Nigeria Nsukka
VGf	Vulnerable Group Fund

# EXECUTIVE SUMMARY

## 1.1 INTRODUCTION

The Independent Corrupt Practices and Other Related Offences Commission (ICPC), in collaboration with the Centre for Social Justice (CSJ) conducted a System Review of the National Health Insurance Authority (NHIA). This is in line with ICPC's preventive mandate under Sections 6 (b – d) of the Corrupt Practices and Other Related Offences Act, 2000. This assessment builds upon the 2019 Systems Study and Corruption Risk Assessment, which examined the core operational, financial, and governance structures of the Authority.

The current review evaluates the extent of implementation of the 2019 recommendations, identifies gaps in compliance, and assesses the progress made in strengthening transparency, accountability, efficiency, and service delivery in line with the NHIA Act, 2022. It further identifies emerging risks, operational bottlenecks, and systemic vulnerabilities that may hinder the realisation of the Authority's mandate to provide accessible, affordable, and quality healthcare for Nigerians.

## 1.2 KEY FINDINGS

The review revealed mixed progress, with notable improvements in some areas, persistent gaps in others, and emerging service delivery concerns affecting enrollees nationwide. **The review score of the extent of implementation of the 2019 recommendations stands at 73%, reflecting a substantial compliance rating based on the assessment template.**

### 1. Governance, Policies, and Compliance

- a. Partial approval of the NHIA Conditions of Service (CoS) by the National Salaries, Income and Wages Commission (NSIWC) resulted in significant cost reductions; however, full harmonisation with the Office of the Head of Service of the Civil Service of the Federation (OHCSF) standards remains pending.
- b. Exit packages and fringe benefits are now paid strictly in line with NSIWC guidelines, correcting previous abuses.
- c. The Anti-Corruption and Transparency Unit (ACTU) is weak, improperly constituted, and lacks operational independence.

### 2. Financial Management and Fund Utilisation

- a. Internally Generated Revenue (IGR) remains insufficient to sustain personnel costs, resulting in heavy reliance on Contribution Funds. Administrative Charge from the Contribution Fund is intended to support operational expenses, including personnel costs and other recurrent expenditure.
- b. Persistent reconciliation challenges with the Central Bank of Nigeria (CBN) and REMITA have left several financial entries unresolved.

- c. Significant investments were made from the Information and Communication Technology (ICT) Fund in 2024 and 2025, marking a positive departure from previous periods when the Fund remained idle and unutilised.

**3. Human Resources, Staffing, and Representation**

- a. Persistent disparity in state representation of staff, with some states heavily overrepresented, and others barely represented. This is based on general recruitments conducted over the years.
- b. No recent general recruitment has been conducted beyond targeted medical professional engagements carried out in 2022.

**4. Oversight of Health Maintenance Organisations (HMOs) and Health Care Facilities (HCFs)**

- a. Submission of HMO reports improved modestly, yet content quality, timeliness, and compliance with operational guidelines remain inadequate.
- b. Claims settlement delays by HMOs continue to demoralise HCFs and compromise service delivery.

**5. ICT Systems and Operational Tools**

- a. Accreditation modules on the NHIA Quality Tool are functional, but the quality improvement module is still inactive.
- b. There is no centralised portal for monitoring approval code issuance, causing delays and poor oversight of HMO performance.

**6. Enrollee Experience and Service Delivery**

Fieldwork and questionnaires revealed widespread dissatisfaction:

- a. Frequent delays in approval code issuance, often exceeding NHIA's one-hour benchmark.
- b. Persistent denial or partial provision of drugs across facilities.
- c. Long waiting times, poor customer service, and perceived discrimination against public enrollees.
- d. Lagos University Teaching Hospital (LUTH) presents a severe case, where public private partnership (PPP) commercialisation has made essential diagnostics unaffordable for NHIA enrollees.
- e. At the University of Nigeria Nsukka (UNN) Medical Centre, enrollees continue to pay out-of-pocket for services despite the HMO's release of capitation funds. The new Vice-Chancellor acknowledged the issue and committed to resolve it, while

the NHIA State Coordinator warned that capitation may be withheld if irregularities persist.

- f. Widespread miscommunication and denials under Group, Individual and Family Social Health Insurance programme (GIFSHIP), including unresolved failed registrations.
- g. Enrollee sensitisation remains grossly inadequate, with 38% of respondents reporting they have never been sensitised.

## **7. Budgeting and Administrative Processes**

Although the 2025 budget was approved earlier than previous years, NHIA still fell short of meeting statutory expectations for annual budget readiness.

## **1.3 RECOMMENDATIONS**

### **1. Governance, Policy Alignment, and Compliance**

- a. Fast-track full harmonisation of the CoS with OHCSF and ensure strict adherence to NSIWC-approved compensation frameworks.
- b. Properly constitute, inaugurate, and reposition the ACTU to ensure independence and effectiveness.

### **2. Financial Controls and Sustainability**

- a. Develop a medium-term financial sustainability plan to reduce dependence on Contribution Funds.
- b. Strengthen reconciliation mechanisms with CBN, REMITA, and the Office of the Accountant-General of the Federation (OAGF) to resolve outstanding financial discrepancies.
- c. The NHIA should sustain the prudent investment of the ICT Fund.

### **3. Staffing and Representation**

- a. Conduct merit-based general recruitment to address state representation imbalances and ensure compliance with federal character principles while achieving equitable state representation.

### **4. Oversight of HMOs and HCFs**

- a. Enhance monitoring of HMOs through a centralised portal that tracks approval code issuance, turnaround time, and compliance indicators.
- b. Enforce timely settlement of claims to HCFs and sanction non-compliant HMOs.

### **5. Service Delivery and Enrollee Protection**

- a. Strengthen enrollee sensitisation nationwide through sustained public engagement and targeted communication.

- b. Address drug denial and stock-out challenges through improved monitoring of HCFs and stricter enforcement of benefit packages.
- c. Intervene urgently in LUTH to ensure PPP arrangements do not undermine NHIA enrollees' rights.
- d. Conduct an immediate audit of capitation funds at the University of Nigeria Medical Centre and enforce corrective actions to ensure funds support enrollee care.
- e. Resolve GIFSHIP-related miscommunications and refund outstanding failed registrations.

## **6. ICT and Operational Systems**

- a. Activate the Quality Improvement module of the NHIA Quality Tool.
- b. Fast-track the development of an integrated HMO/HCF operational dashboard (Compliance Management Software) for real-time monitoring of code approvals, claims, and service delivery.

## **7. Budgeting and Strategic Planning**

- a. Institutionalise early budget preparation and timely submission in line with the NHIA Act, ensuring that annual budgets are approved early in the year.

## **1.4 KEY INITIATIVES BY THE NHIA IDENTIFIED DURING THE REVIEW**

- 1. Operationalisation of the Vulnerable Group Fund (VGF) to subsidise health insurance premiums for vulnerable Nigerians.
- 2. NHIA Fistula Free Programme (NFFP) for comprehensive obstetric fistula care and post-treatment insurance enrolment.
- 3. Financing Access to Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) for Maternal Complications, targeting emergency obstetric conditions.
- 4. Financing Access to CEmONC for Neonatal Emergencies, focusing on small and sick newborns.
- 5. Strategic Purchasing and Bundled/FFS Payment Mechanisms to improve quality and efficiency of care.
- 6. Integration of Health Insurance into Social Safety Nets, ensuring long-term financial protection for beneficiaries.
- 7. Identity Inclusion through National Identity Number (NIN) Requirement to enhance beneficiary verification and programme integrity.

## **1.5 CONCLUSION**

The System Review reveals that while the NHIA has taken commendable steps toward strengthening financial governance, improving operational frameworks, and aligning with regulatory standards, significant gaps continue to undermine the efficiency and integrity of the Scheme. Persistent weak oversight of HMOs and HCFs, and widespread service delivery challenges, particularly those affecting enrollees, pose serious risks to the attainment of universal health coverage.

Addressing these gaps requires sustained institutional commitment, stronger accountability mechanisms, and targeted reforms that prioritise transparency, financial discipline, and enrollee welfare. With deliberate action and strict implementation of the recommendations outlined in this report, NHIA can significantly enhance its performance and deliver on its mandate under the NHIA Act, 2022.

## **2.0 REPORT OF THE SYSTEMS REVIEW ON THE NATIONAL HEALTH INSURANCE AUTHORITY**

### **2.1 INTRODUCTION**

The Independent Corrupt Practices and Other Related Offences Commission (ICPC), in collaboration with the Centre for Social Justice (CSJ) conducted a System Review on the National Health Insurance Authority (NHIA). This is in furtherance of ICPC's statutory mandate to prevent corruption under Sections 6 (b)–(d) of the Corrupt Practices and Other Related Offences Act, 2000, through proactive systems study and review of public institutions.

This exercise is a continuation of the earlier Systems Study and Corruption Risk Assessment conducted on the NHIA in 2019. The 2019 Study examined the operational structures, processes, and practices within the Authority, particularly as they relate to enrolment, accreditation, financial management, oversight of Health Maintenance Organisations (HMOs) and Health Care Facilities (HCFs), claims management, and the overall governance framework of the health insurance ecosystem.

The current System Review aims to assess the extent of implementation of the recommendations made in the 2019 report, identify areas of compliance and non-compliance, and determine whether the reforms have resulted in measurable improvements in transparency, accountability, efficiency, and service delivery. It also seeks to identify emerging system weaknesses and risks that may hinder the effective functioning of the Authority and the attainment of its mandate under the National Health Insurance Authority Act, 2022.

This review is therefore intended to support NHIA in strengthening institutional processes, improving oversight mechanisms, and enhancing anti-corruption safeguards in the administration of health insurance schemes across the country.

### **2.2 OBJECTIVES OF THE SYSTEM REVIEW**

The specific objectives of the System Review include:

1. Assess the level of implementation of recommendations made in the 2019 Systems Study and Corruption Risk Assessment of the NHIA.
2. Measure the practical outcomes of reforms in terms of reduced corruption risk, improved processes, and strengthened compliance.
3. Identify challenges impeding reform implementation.
4. Provide additional guidance or new recommendations where necessary, in line with ICPC's preventive mandate and good governance principles.
5. Recommend corrective and preventive measures that strengthen transparency, accountability, and service delivery.

## 2.3 SCOPE AND DURATION OF THE REVIEW

The review covered the years 2024 and 2025 fiscal years, and was conducted from September to December 2025. The review covered the NHIA Headquarters and four (4) selected Zonal/State Offices in Kano, Lagos, Rivers and Enugu States which were visited during the exercise. The exercise covers the following areas:

1. Implementation status of the 2019 recommendations at the Headquarters, Zonal, and State Offices.
2. Accreditation, monitoring, and quality assurance processes for HMOs and HCFs.
3. Claims management, payments and codes approval processes by the HMOs, including timeliness, documentation, and compliance.
4. Financial and administrative systems, including fund disbursement processes, and internal controls.
5. Use of ICT systems, including claims platforms, and digital reporting tools.
6. Complaints resolution and feedback mechanisms for enrollees and stakeholders.
7. Oversight, sanctions, and compliance enforcement mechanisms applied to HMOs and HCFs.

## 2.4 METHODOLOGY

The methodology for this review is based on the ICPC System Review Guide, and involves a combination of qualitative and quantitative approaches to assess the effectiveness of NHIA's processes. Major activities include:

- i. Document Review: Analysis of financial documents, recruitment records, Condition of Service approvals, reconciliation records, HMO/HCF performance reports, and ICT system outputs. Assessment of monitoring reports, HMO assessments, audit reports, compliance checklists, and financial records.
- ii. Interviews and Interactions: Engagements with management staff, ACTU, State Offices, HMOs, HCFs, and enrollees.
- iii. Field Verification: Visitation to selected health facilities, HMO offices, and NHIA zonal and state offices for confirmation of claims.
- iv. Questionnaire Administration: Direct assessment of enrollee experiences and satisfaction. Administration of questionnaires to HMOs and HCFs.
- v. System Observation: Review of digital platforms including the NHIA portal, Quality Tool, and HMO Call Centres.

The Review Score represents the weighted assessment assigned to each recommendation based on the level of compliance by the reviewed institution. It is expressed as a ratio, with the numerator indicating the score attained based on observed compliance, and the denominator representing the maximum score allocated to the recommendation.

## 2.5 QUESTIONNAIRE ADMINISTRATION

Online questionnaires were administered to enrollees, with a total of 675 respondents completing and submitting the survey. The enrollees were drawn from NHIA beneficiaries encountered at the 9 selected Health Care Facilities (HCFs) visited, as well as from 20 selected MDAs contacted for this exercise, out of which 19 MDAs responded to the survey. Additionally, several enrollees from over 30 MDAs who received the questionnaire link also participated in the survey. Furthermore, online questionnaires were administered to the 5 HMOs and 9 HCFs visited during the review.

The questionnaire for enrollees provided an avenue for them to evaluate the overall Scheme, covering their experiences with HCFs, HMOs, and the NHIA. The questionnaire administered to HCFs enabled them to assess HMOs and the NHIA, while HMOs were required to assess their operational interactions with the NHIA and to provide insights on their engagements with enrollees.

## 2.6 LIMITATIONS OF THE REVIEW

The study has the following limitations:

1. **Limited Geographical Coverage:** The Authority operates in 36 states of the Federation and the Federal Capital Territory across Nigeria, which serve as the primary contact points for enrollees. However, the assessment was limited to the NHIA Headquarters in Abuja and 4 selected states namely, Kano, Lagos, Rivers and Enugu States.
2. **Apathy of the Enrollees in responding to the Questionnaire:** Due to the online nature of the questionnaire administration, obtaining responses from stakeholders proved challenging. The Team observed some level of apathy by the enrollees in responding to the questionnaire, believing that nothing would come out from the exercise.
3. **Delayed access to some documents.**

While these constraints did not invalidate the review, they highlight areas where future assessments should adopt a wider geographic coverage, longer timeframes, and more robust stakeholder engagement mechanisms to ensure a more comprehensive review.

**The system review score based on the current review stands at 73% indicating substantial compliance in the study template.** The key findings of the study are as detailed in section 3.

### 3.0 THE KEY OBSERVATIONS

S/NO	PREVIOUS IDENTIFIED PROBLEMS	RESPONSE FROM NHIA MANAGEMENT	OBSERVATIONS	FURTHER RECOMMENDATIONS	REVIEW SCORE
1.	NHIS is operating a Condition of Service that is yet to be approved.	<p>NHIA Management provided evidence of ongoing engagement with the Office of the Head of Civil Service of the Federation on their request for approval to review the condition of service/scheme of service and development of organisational structure for the NHIA. The latest being a letter from the OHCSF (No: OHCSF/SPSO/ODD/1168/T/2 of 7th July 2025 scheduling a preliminary meeting with NHIA on Wednesday 16th July 2025.</p> <p>NHIA stated that they have requested (via letter No: NHIS/CA/203/III/438 dated 6th July 2020) and got approval from the National Salaries, Incomes and Wages Commission (NSIWC) (No: SWC/S/04/S.33/III/516 of 21 October, 2022), ratifying Allowances and Fringe Benefits in the NHIA conditions of service. The NSIWC by that letter approved Exit package, 13th Month Salary and Upfront payment.</p>	<p>The team observed that the Authority received partial approval for its current Condition of Service (CoS) from the National Salaries, Incomes and Wages Commission (NSIWC) in 2022. While certain provisions were approved, others were reduced or outrightly rejected, resulting in substantial cost savings for the Authority.</p> <p>The Authority is currently engaging the Office of the Head of the Civil Service of the Federation (OHCSF) for a further review of the CoS in line with current economic realities.</p>	The Authority should expedite its ongoing engagement with the OHCSF and ensure that all provisions of the CoS are properly harmonised, justified, and aligned with national public service standards to avoid any inconsistencies.	3/4
1a	The Study reveals that the Authority paid its staff the sum of <b>N4,846,652,429.42 in 2018</b> as Exit Package, 13 <sup>th</sup> Month Salary and Upfront Payment directly from the Contribution Fund Account, despite that the Condition of Service which they leverage on to pay is yet to be approved.		The Authority obtained approval from NSIWC to pay exit packages, upfront payments, and the 13th month salary. However, the approved exit package is now prorated based on length of service, with a maximum of 200% of Annual Gross Salary, compared to the previous (unapproved)	NHIA should strictly adhere to the NSIWC-approved exit package framework and ensure continuous monitoring of compliance. Any future proposals for upward review should be backed by financial sustainability analyses to prevent excessive financial exposure.	4/4

			Condition of Service where exiting staff were paid 500% of their Annual Gross Salary.		
<b>1b</b>	<p>It was also discovered that the Authority is paying their salaries from the Contribution Fund instead of Internally Generated Revenue (IGR) as presented to the NSIWC which they relied upon to approve the Salary Structure.</p> <p>The Approved Salary Structure was on the basis that they generate sufficient IGR to sustain the Salary without reliance on Federal Government. However, the Salary is being paid from the Contribution Fund Account of the enrollees being released by the Federal Government. Meanwhile, the sum of ₦270,678,365.40 was raised as IGR in 2018.</p>		<p>The review team observed that the Authority's Internally Generated Revenue (IGR) is grossly inadequate to cover staff salaries and allowances, leading to heavy reliance on the Contribution Fund for personnel-related payment. Specifically, between 2023 and 2025, a total of ₦14,267,920,293.69 was paid as upfront to staff, whereas the total IGR generated during the same period was only ₦424,133,635.75</p> <p>The review further noted that the administrative charge accruing to the Authority from the Contribution Fund is intended to support its operational activities, including the payment of salaries, fringe benefits, and other recurrent expenses.</p>	<p>The Authority should strengthen strategies to improve its IGR through innovative service offerings, partnerships, and efficiency measures.</p> <p>The Authority should restrict expenditure, including salaries and other fringe benefits, to the approved 10% administrative charge from Contribution Funds.</p> <p>The Authority should clearly indicate, in all future requests to the NSIWC for salary or fringe benefits enhancements, that such obligations will be funded strictly from its IGR and the approved administrative charge from the Contribution Fund.</p>	2/4
<b>1c</b>	<p>Even though Pension Reform Act 2014 stipulates benefit package for retiring officers which the staff enjoy, the Authority still pays additional entitlements as exit package to retiring officers from the Contribution Fund.</p>		<p>The Authority is now paying staff exit packages and fringe benefits strictly according to NSIWC-approved guidelines.</p>	<p>NHIA should institutionalise periodic internal audits to confirm continuous adherence to approved exit package and fringe benefit procedures.</p>	3/3

2	<p>Although ACTU was inaugurated at NHIA in 2011, the unit as it stands today is not properly constituted as it has not complied in full with the provisions of ACTU Standing Order. The new members have not been inducted.</p>	<p>About 3 officers, members of ACTU retired from service, and management is working on nominating replacements. Meanwhile, there is only an acting Chairman and Secretary for the unit. The Unit has been transferred to the DG/CEOs office in accordance with the provisions of the ACTU Standing Order via a letter/internal memo dated December 4, 2024.</p>	<p>The Anti-Corruption and Transparency Unit (ACTU) is not properly constituted, has not been formally inaugurated, and currently consists of only two members, far below what is required for effective functionality. Additionally, ACTU is incorrectly placed under the Director of Special Duties in the organogram, contrary to the ACTU Standing Orders, which stipulate operational independence.</p>	<p>The Authority should immediately reconstitute ACTU with the required number of members, ensuring representation from relevant departments, and formally inaugurate the unit in line with ICPC guidelines. Restructure the organogram to reflect ACTU as an independent unit reporting directly to the Chief Executive, as mandated by the ACTU Standing Orders.</p>	1/4
3	<p>There was a downtime of the Authority's Website before and during the study, and this was allowed to linger on through the period, as the majority of the staff and the general public could not access relevant information from the site.</p>	<p>The website is working well now, and Management is taking proactive steps to ensure that there is no downtime experienced. Management provided screenshots, maintenance report and basic analytics in proof.</p>	<p>The Authority's website is active and fully functional. A temporary hitch encountered during enrollee registration due to NIN integration was resolved promptly.</p>	<p>NHIA should strengthen its ICT response mechanisms by establishing a structured incident resolution framework to handle future digital disruptions promptly.</p>	5/5

4.	<p>The study reveals that there were great differences between the amount received by NHIA into the Contributory Fund and the amount released by the Office of Accountant-General of the Federation (OAGF) to NHIA Contributory Fund. For instance, the sum of <del>N42,056,545,191.42, N41,140,770,961.48</del> and <del>N44,907,104,449.77</del> were received into the Contributory Fund of NHIA in 2016, 2017 and 2018 respectively based on information provided by NHIA, while OAGF claimed it released the sum of <del>N46,065,588,196.71, N48,195,111,240.68</del> and <del>N52,469,830,375.61</del> in those respective years. This obviously indicated shortfalls of <b>N4,009,043,005.29, N7,054,340,279.20</b> and <b>N7,562,725,925.84</b> for year <b>2016, 2017</b> and <b>2018</b> respectively.</p>	<p>The NHIA has made concerted efforts to reconcile the financial differences with the Office of Accountant General of the Federation (OAGF). Letters for reconciliation meeting were provided to the team.</p>	<p>Evidence indicates that the Authority has reconciled the discrepancies originally identified in the previous study. Efforts are being made to reconcile other financial discrepancies with the Office of the Accountant-General of the Federation (OAGF) through various correspondences and meetings. The process is ongoing.</p>	<p>The Authority should intensify and formalise engagement with OAGF using a structured reconciliation timetable. Internal reconciliation teams should be strengthened to ensure timely matching of records and the reduction of outstanding discrepancies.</p>	3/4
5.	<p>It was observed that NHIA carries out indiscriminate application of the Authority fund. The Authority is supposed to limit its expenses based on the Administrative Charges of (<del>N</del>129.00 per life), IT Fund (<del>N</del>64.50 per life), Reserve Fund (<del>N</del>64.50 per life) same as what</p>		<p>The Authority has discontinued the practice of indiscriminate transfers from the Contribution Fund, indicating a significant improvement in financial governance. Additionally, the Authority maintained its administrative charge at</p>		5/5

	<p>it pays to the HMOs. This rate was agreed and adopted by the key stakeholders of the Scheme in 2005.</p> <p>It was however discovered that, NHIA in addition to the Admin Charge being deducted from the Contribution Account for the running of the organisation, indiscriminately charges other expenses such as <b>upfront payments, exit package, salaries, 13th month salary, pre-retirement overseas training allowance, capital expenses</b> among others to the Contribution Fund Account.</p> <p>In 2018, for instance, the Authority appropriated the sum of <b>₦26,449,401,153</b> from the Contributory Fund to itself for spending as against <b>₦11,037,801,343</b> due to it; <b>thus, indicating an extra-budgetary expenditure of ₦15,411,599,810.</b></p>		<p>₦129.00 per life in 2024 and complied with the approved 10% administrative charge for the 2025 financial year.</p>		
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6.	<p>In spite of the Scheme not drawing its Annual Budget from the Federation Account, it is usually characterized with delay in Budget approval. Annual Budgets for years 2017, 2018 &amp; 2019 which were supposed to run from January - December, were approved in the months of August, November and September respectively of the same budget year.</p>	<p>The Authority's budget approval timelines significantly improved. 2023 Budget was approved in March 31, 2023, that of 2024 in May 2024, and 2025 in May.</p>	<p>Although the Authority achieved earlier approval of its 2025 budget in May compared to previous years, this should not be considered satisfactory. The annual budget should be fully approved and available for implementation at the start of each financial year, and the Authority should work toward meeting this standard consistently.</p>	<p>NHIA should sustain the improved budgeting process and adopt early commencement of budget preparation and internal vetting to ensure even earlier approvals in future.</p>	4/5
7.	<p>The Scheme does not maintain proper books of accounts. The 2016 and 2017 Main Cashbooks were characterised by incomplete records. Other Cash Books were observed to have expenditure entries without recognising revenue applicable to such account.</p> <p>Also, post payment audits were not carried on some entries in the Cash Books by the Internal Auditor as required.</p>		<p>The review team's assessment confirms a significant improvement in the Authority's record-keeping practices. The improved documentation enabled the team to clearly identify sources of receipts and payments and to extract cashbook records for analysis with minimal difficulty. The conduct of post-payment audits by the Internal Audit Unit and the maintenance of a soft-copy Excel cashbook are commendable.</p> <p>However, a new observation regarding reconciliation of accounts with the Central Bank of Nigeria (CBN) and the</p>	<p>The Authority should sustain the improvements in record-keeping while ensuring prompt reconciliation of all unidentified deductions in its REMITA statements with the CBN and OAGF to prevent the accumulation of unreconciled balances. NHIA should strengthen its reconciliation processes with the CBN and REMITA through targeted capacity building for relevant finance staff. Monthly reconciliation of all collection and bank</p>	4/5

			REMITA platform was made. Unidentified deductions were observed in the e-Collection statements, which have not been fully reconciled with the CBN or the Office of the Accountant-General of the Federation (OAGF).	accounts should be enforced as a mandatory internal control measure.	
8.	The study reveals that the Agency violated the Federal Character Principle on staff distribution guidelines of 2.75% for all the states of the Federation and 1% for FCT. In the Nominal Roll analysis, States like Kogi, Kaduna and Edo are most favoured with representation of 8.71%, 7.96% and 6.83% respectively; while Gombe, Rivers and Taraba States are most disadvantaged with representation of 0.53%, 0.68% and 0.68% respectively.	The situation still persists. The excuse is that the Authority is yet to undertake general recruitment exercise since the last exercise. Meanwhile Kaduna has overtaken Kogi as the state with highest number of Authority staff across board. Kaduna, Kogi and Edo are at advantaged, staff wise in the Authority	State representation disparities persist. The last recruitment was specialised and targeted at medical professionals assigned to their respective states. The analysis of the nominal roll indicates that Kaduna (8.27%), Kogi (7.51%), and Edo (6.22%) are most represented, while Gombe, Taraba, and Yobe each have 0.91% representation. General recruitment has not been undertaken recently.	NHIA should ensure equitable state representation of candidates in line with FCC guidelines in the next general recruitment exercise.	1/5
8a	Although, NHIA initially got approval, to recruit 458 officers in the last recruitment exercise carried out in 2013, only 450 turned up resulting to a shortfall of 8 persons. The process was later marred by recruiting additional 83 rather than the 8 persons without approval.	The Authority in recruiting approved 190 professional staff approved and concluded in 2021, did not exceed approved number.	The recruitment of 190 staff complied with advertisement requirements, OHCSF approval, and Federal Character Commission (FCC) guidelines. Seven candidates who declined were duly replaced to meet the approved quota.		4/4

9.	The Authority does not have any strategic guideline to guide its operations, despite having a Planning, Review and Monitoring Department; hence, there is no system for performance evaluation and review that would ensure that targets are set and performance reviewed. The M&E Division of the Department last carried out its M&E mandate within the Agency in the year 2013.	The Authority has a Strategic Plan 2020-2030. The Plan's review (2025) is awaiting Board approval. The Planning, Review and Monitoring Department (PRMD) oversee the technical implementation of the plan.	The Authority has a 10-year Strategic Action Plan (2020 – 2030). A mid-term review was conducted in 2025 but is awaiting Board approval. The Planning, Review and Monitoring Department (PRMD) oversees technical implementation.		5/5
10.	The Standard Quality Assurance Department saddled with the responsibility of ensuring that HMOs and HCPs are delivering qualitative services to the enrollees was also found not to be up and doing in carrying out their responsibilities. There was no evidence of an up-to-date Report of Quality Assurance activities for 2019 carried out on the HMOs, as at 2nd September, 2019.	The Authority now has online quality tool (NHIA Quality Tool) with two modules. The accreditation is now functional, and the quality assurance module is expected to be completed by December 2025. While waiting for the operationalisation of the quality assurance module, the Authority's major quality assurance involves use of the "Mystery Shopping Exercise" with the objective of evaluating enrollee access to healthcare services, assessing compliance with on-hour authorisation code policy, identify gaps in service delivery, and informing further engagement with providers and HMOs.	The Authority developed an online NHIA Quality Tool comprising accreditation and quality improvement modules. The accreditation module is functional, with plans to activate the quality improvement module. Reports from the "Mystery Shopping Exercise" on HMOs and HCFs are available.	NHIA should activate the quality assurance module of the NHIA Quality Tool without delay to strengthen monitoring of service delivery. Periodic reporting from the tool should be integrated into HMO and HCF performance assessments.	3/4
11.	Out of about 54 Health Maintenance Organisation (HMOs) accredited,		Although 10 HMOs submitted reports in the first quarter of	The Authority should expedite the completion and	1/3

	only 10 submitted reports of their activities for the fourth quarter of 2018, while only 3 submitted reports for the first quarter of 2019 and none submitted for the second quarter of 2019; and still, nothing was done about this.		2025 and 8 in the second quarter, totalling 18 submissions and reflecting an improvement from previous years, the Authority still needs to strengthen its oversight responsibilities. It is not enough for HMOs to merely submit reports; the Authority must ensure full compliance with NHIA operational guidelines, including content quality, accuracy, timeliness, and adherence to service standards.	deployment of the Compliance Management Software to enable real-time monitoring and tracking of activities across all HMOs and HCFs, particularly in relation to code approvals, claims processing, settlements, and overall service delivery. Enforce penalties for non-submission, late submission, or false reporting, while recognising HMOs that demonstrate consistent compliance.	
12.	The study also discovered that for the past four years, the Authority has not been audited. The last Published Annual Financial Report of the Organisation was for the year 2013.	The Authorities Annual Financial reports for 2022, is concluded, 2023 is awaiting approval, while 2024 is ongoing as at the time of this exercise	Outstanding financial reports have been audited. The Authority has shown slight improvement in publishing Annual Financial Reports, with the latest published report from 2022. The 2023 Report is awaiting approval, while work is ongoing on the 2024 Report.	NHIA should establish a fixed annual timeline for the preparation, audit, approval, and publication of its Annual Financial Reports. Management and the Board should commit to meeting these timelines to enhance transparency.	3/5
13.	The study also revealed that the Information Technology (IT) Fund specifically set aside for development of IT infrastructures for the Authority is not being utilised by NHIA in spite of huge sum of money totalling ₦5,473,924,060.08	NHIA has an approved investment policy which it uses for all its investment. The Board has approved the sharing formula on investment to its statutory accounts.	The ICT Fund is primarily used for investments. In 2024, the Authority invested ₦7 billion, and a similar investment of ₦5 billion was made in 2025. This marks a positive departure	The Authority should sustain the prudent investment of the ICT Fund and strategically channel the Fund toward critical ICT infrastructure,	4/5

	that has accrued to the Fund as at 30th August 2019. The Fund is sufficient to develop a robust IT platform capable of linking the activities of all relevant actors in the Authority for good governance.		from previous periods when the Fund remained idle and unutilised. Although the Authority has developed a robust accreditation portal for HMOs and HCFs, there is still a critical gap in the digital infrastructure for approval code issuance and management, which limits effective tracking, monitoring, and oversight of HMO and HCF activities.	particularly the development of a comprehensive portal for HMO and HCF code issuance, monitoring, and activity tracking.	
14.	The Team also found out that the tariffs on drugs and other health care services presently used by NHIA are outdated. It has not been reviewed since 2005. Consequently, prices of drugs have skyrocketed due to inflation over the years. Also, the capitation rate of ₦750.00 per live requires an upward review.		The Authority approved a new drug price list for 2025 and increased capitation from ₦1,200 to ₦1,450 per life effective April 2025; positive steps toward improving provider remuneration. There is a need for regular review to keep pace with inflation and current economic realities.	NHIA should periodically review capitation and tariffs in line with the provisions of the NHIA Act 2022 to keep pace with inflation and healthcare cost trends. HMOs should enhance compliance monitoring to ensure full implementation of the revised rates.	9/10
15.	It was discovered that sometimes, enrollees go out of the way to facilitate impersonation to assist sick friends, family members or kinsmen who are not covered by the Authority.	The Authority is aware that such practices might take place but have not acted on any because none has been reported. The Authority stated it will in interfacing with HCFs encourage them to report any such incidence.	No recent cases of impersonation were reported by HMOs during the review; however, this does not conclusively confirm that the problem has been fully eliminated.	NHIA should implement continuous monitoring measures to proactively detect and prevent impersonation. Sensitisation of HMOs and HCFs on reporting mechanisms should be intensified.	3/3

16.	<p>Delay in settlement of HCFs' bills (fees-for-service) by HMOs was equally observed during the visit to some HCFs; however, it was discovered that the late submission of bills by HCFs contributes to late reconciliation and settlement of these bills.</p> <p>This does not however shield the HMOs who deliberately delay or deny HCFs their rightful payments after the presentation of the bills.</p>		<p>Delayed settlement of HCF claims by HMOs remains a major concern. Evidence of reconciled but unpaid claims was observed, and State Offices reported similar cases. Such delays demoralise HCFs and undermine effective service delivery.</p>	<p>NHIA should enforce stricter sanctions on HMOs that delay settlement of reconciled claims.</p> <p>A standardised claims payment timetable should be implemented and monitored.</p> <p>NHIA should consider linking HMO re-accreditation to prompt settlement of provider claims.</p>	1/5
17.	<p>Regarding setting and review of standards within the scheme, 51% of respondents opine that the organisation does not review standards, while 49% believe otherwise. The NHIA Operational Manual which has not been reviewed since 2012 it was developed, is an evidence to this result.</p>		<p>The Authority has reviewed its operational guidelines and price tariffs, reflecting efforts to strengthen operational efficiency.</p>	<p>NHIA should follow up the reviewed guidelines and tariffs with capacity-building programmes for HMOs, HCFs, and State Offices to ensure uniform understanding and implementation.</p>	3/3
18.	<p>NHIS to ensure regular sensitisation and awareness activities for enrollees about the scheme.</p>		<p>Significant gaps still exist in enrollees' sensitisation. The questionnaire revealed that 38% of the 599 respondents had never received any form of sensitisation from HMOs. Only 27% were sensitised in the last one year, 20% between</p>	<p>NHIA and HMOs should intensify enrollees' sensitisation through strategic communication campaigns, digital platforms, grassroots outreach, and regular engagement forums.</p>	2/5

			<p>3–5 years ago, while 15% were sensitised between one and three years ago.</p> <p>However, some sensitisation activities by NHIA and HMOs at both the headquarters and state levels were noted.</p>	<p>State Offices should develop quarterly sensitisation schedules and submit reports for central monitoring.</p> <p>NHIA should collaborate with CSOs, professional associations, and traditional media to broaden public awareness.</p>	
				<b>TOTAL SCORE</b>	<b>73%</b>

## 4.0 ADDITIONAL FINDINGS

In addition to the earlier observations from the previous findings, the field visitations to Kano, Lagos, Rivers, and Enugu States revealed the following additional findings:

1. **Enrollees' Experience and Service Delivery Challenges:** Interactions with enrollees showed several recurring frustrations under the Scheme:
  - ✓ **Delays in obtaining approval codes from HMOs**, often exceeding the one-hour maximum benchmark provided in the NHIA Guidelines. In one observed case, an enrollee waited 1 hour 20 minutes; several others waited longer or never received feedback.
  - ✓ **Poor awareness of enrollee rights**, privileges, and coverage under the Scheme.
  - ✓ **Long waiting time for treatment** and perceived **discrimination against public enrollees**.
  - ✓ **Denial or partial provision of drugs**, frequent reports of drugs being out-of-stock, and instances of essential drugs not being covered.

These issues were corroborated by responses from the questionnaire administered during the review.

2. **Widespread Denial of Drugs at Health Facilities:** Across all states visited, most enrollees complained of being completely denied access to prescribed drugs. Many reported visiting facilities repeatedly over two days without receiving any drugs. In several cases, only paracetamol was issued, forcing enrollees to purchase essential prescribed drugs out-of-pocket.
3. **Peculiar Situation at Lagos University Teaching Hospital (LUTH):** A significant number of NHIA enrollees at LUTH are denied drugs and laboratory investigations. This is linked to the full commercialisation of laboratory and radiology services under a PPP arrangement, making essential diagnostic services unaffordable  
  
Although the Chief Medical Director indicated ongoing discussions with PPP partners to integrate NHIA enrollees, the situation requires stronger intervention from NHIA to prevent continued denial of benefits.
4. **Complaints by LUTH Staff Enrollees:** Even LUTH staff enrolled under NHIA reported:
  - a. Unfriendly attitudes of NHIA desk officers, described as “mini-gods”.
  - b. Inability to access drugs or diagnostic tests known to be within NHIA benefit packages.
  - c. Frequent out-of-pocket payments without reimbursement.
5. **GIFSHIP-Related Denials and Miscommunication:** A student enrollee under GIFSHIP at LUTH was denied drugs on the claim that the HMO no longer covers

them. Investigation revealed no record of the hospital requesting such drugs from the HMO, suggesting internal denial at the facility level.

6. **GIFSHIP Registration Irregularity in Rivers State:** An enrollee who registered three persons under GIFSHIP received only two successful registrations. No refund was issued for the unsuccessful third registration, and the enrollee's case remains unresolved.
7. **Non-Release of Insurance Funds for Enrollee Care at UNN Medical Centre:** Findings from interactions with enrollees at the University of Nigeria Nsukka (UNN) Medical Centre indicate that they continue to pay out-of-pocket for consultations, treatments, and drugs, despite the release of capitation funds by the HMO responsible for the enrollees. The newly appointed Vice-Chancellor acknowledged the issue and expressed commitment to resolving it urgently. The NHIA Enugu State Coordinator further warned that continued release of capitation to the Centre may be suspended if the matter is not resolved.
8. **Weak Monitoring of HMO Code Requests:** The review of HMO call-centre portals revealed significant gaps in the monitoring of code-request processing times. Most HMOs lack an effective system for tracking actual call-handling time during code approvals. Only one HMO (in Enugu) had an in-built timing feature, but there was no evidence that the feature is used for performance monitoring or service-quality assessment. This highlights the absence of a standardised monitoring framework across HMOs.
9. **Need for Centralised Dashboard for HMOs and HCFs:** The Authority needs to fast-track the development of an integrated HMO/HCF operational dashboard (Compliance Management Software) to ensure real-time monitoring, performance benchmarking, early detection of irregularities in code-request handling, and consistency in service delivery across HMOs/HCFs.
10. **Weak Oversight and Sensitisation at State Offices:** Across the states visited, there was limited evidence of oversight activities and sensitisation programmes by state offices. Only a few mystery-shopping reports were recorded in some state offices. The Headquarters needs to strengthen support and supervision to ensure states carry out required oversight and enrollee education. Funding of the state office remains a big challenge in achieving these activities.
11. **Inadequate Funding of State Offices:** State offices receive a monthly allocation of N470,000, which is insufficient for carrying out effective oversight of HMOs/HCFs and for conducting sensitisation exercises. Nevertheless, the Headquarters' consistency in releases and adherence to spending limits is commendable.
12. **Improved but Inconsistent Accounting Records:** While accounting documentation has significantly improved across states, the Rivers State Office cash book is not regularly updated and requires closer attention.

13. **Inadequate Power Supply:** Most state and zonal offices lack reliable electricity, negatively affecting enrollee registration and record updates. Only the Kano Office had access to a functional alternative (solar power).
14. **Zonal Office Location Concern:** During the visit to Rivers State Office, the team noted that the office does not cover the South-South Zone. Given the state's centrality and administrative advantages, Rivers State appears better suited to serve as the zonal headquarters for the South-South region.

#### 4.1 QUESTIONNAIRE ANALYSIS – Enrollees' Responses

##### 1. Perception of Access to Quality Healthcare: Out of 599 respondents:

- 31% agreed that NHIA is achieving its objective of ensuring access to good healthcare,
- 21% disagreed,
- 48% believed NHIA has only partially achieved this objective.

This indicates that NHIA still has substantial ground to cover to fully meet its mandate.

##### 2. Perception of Affordability and Efficiency

On NHIA's objective of providing affordable, high-standard, and efficient healthcare:

- 27% agreed,
- 31% disagreed,
- 42% partially agreed.

The responses indicate the need for enhanced regulatory enforcement and service quality improvement to the enrollees.

##### 3. Registration and Record Updating Experience

- Only 41% of respondents found the NHIA registration/update process easy.
- A combined 59% described it as cumbersome or very cumbersome, highlighting the need for streamlined processes.

##### 4. Low Awareness of Coverage

A significant 62% of enrollees were unaware of ailments, tests, and drugs covered under NHIA, while 61% were unaware that NHIA operates a call centre. The HMOs and NHIA must increase enlightenment campaigns.

##### 5. Sensitisation Experience

Within the last year: Only 24% received sensitisation from NHIA, 27% from HMOs, and over 55% received none. This limited sensitisation aligns with the 62% of respondents who claimed they are unaware that NHIA operates a call centre.

##### 6. Challenges Experienced at Healthcare Facilities

Major complaints include:

- Delay in obtaining codes (50% of 493 respondents)
- Poor information about rights and privileges (31% of 493 respondents)
- Delay in treatment (30% of 493 respondents)

Drug-related issues: denial, unavailability, substandard drugs (28% of 493 respondents)

Discrimination against public enrollees (22% of 493 respondents).

NHIA must intensify oversight over HCFs and HMOs to improve service quality.

### **7. Drug Cost Issues**

32% of enrollees reported being charged above the allowable 10% cost limit for drugs—an important deviation from Scheme objectives.

### **8. Incomplete Access to Prescribed Drugs**

Only 19% received all prescribed drugs; 70% received some; 11% received none. This is consistent with field complaints and demands strong regulatory action.

### **9. Payments for Drugs and Tests**

Responses indicate:

84% were never asked to pay fully for drugs covered by NHIA.

80% were never asked to pay fully for covered diagnostic tests.

These figures are commendable, though the minority who faced such charges must not be ignored.

### **10. HMO Code Decline History**

83% said HMOs did not decline code requests; another favourable response.

However, most dissatisfaction relates to delays, not outright denials.

## **4.2 QUESTIONNAIRE ANALYSIS – HCFs' Responses**

### **1. HMO Responsiveness to Claims**

43.1% of HCPs received full payment,

56.9% did not.

This indicates serious inefficiencies in HMO claim settlements and impacts quality of service delivery. Numerous outstanding debts persist despite reconciliation with relevant parties.

### **2. Reasons for Non-Payment**

Some HCFs listed the following as reasons which some HMOs claimed for non-settlement of claims:

Tariff disputes,

Documentation and communication gaps,

Delayed or cancelled reconciliation,

Administrative reversals of initially approved codes,

Lack of transparency.

These issues reflect weak controls and poor coordination across stakeholders.

### **3. Code Request Statistics**

Total requests: 3,392

Approved: 3,165

Declined: 175

Approval rate is high, but delays and later reversals at the payment stage undermine service delivery.

#### **4. Delay in Releasing Monthly Contributions**

- 45% received funds within one month,
- 21% within two to three months,
- 24% after more than three months,
- 3% over three months to one year,
- 7% after over a year.

Such delays hamper service continuity and affect staff morale.

#### **5. Short-Changing by HMOs**

- 47% of HCFs reported being short-changed,
- 73% of them sought redress,
- But 56% of these were not resolved satisfactorily.

This reflects poor financial governance and increases the risks of corruption.

### **4.3 QUESTIONNAIRE ANALYSIS – HMOs' Responses**

#### **1. Timeliness of NHIA Payments to HMOs**

Regarding how long it takes NHIA to release monthly contributions (capitation, administrative charges, and fee-for-service payments), four out of the five HMOs (80%) reported receiving payments one month in advance, while one HMO receives payment within one month. This reflects commendable financial efficiency and commitment to prompt payment by NHIA.

#### **2. Experience of Being Short-Changed by NHIA**

On whether NHIA has ever short-changed them in releasing funds due for enrollees, 60% of HMOs responded that they had not been short-changed, while 40% affirmed that they had been short-changed in the past.

#### **3. Redress Mechanisms for Short-Changing**

- Only one case was successfully resolved,
- The other remained unresolved.

This indicates the need for clearer dispute-resolution mechanisms and improved follow-up processes between NHIA and HMOs.

#### **4. Approval and Denial of Code Requests**

All responding HMOs acknowledged that not all code requests submitted by healthcare providers are approved. They attributed denials to factors such as:

- Requests already covered under capitation services,
- Lack of proper diagnosis,
- Duplicate requests,
- Services not covered under the NHIA benefit plan, etc.

## **5. Timeliness in Granting Codes**

Regarding the timeliness of issuing codes:

All HMOs claimed that emergency codes are granted within 15 minutes.

Under normal circumstances, 80% reported granting codes within 20 minutes,

While 20% reported issuing codes within one hour.

However, several of these claims contradict field observations and enrollee responses, many of whom reported significant delays far beyond these stated timelines.

## **6. Operational Challenges Faced by HMOs**

HMOs identified inadequate financing as their most critical operational challenge in administering the insurance scheme. This affects their capacity to handle claims, conduct oversight, and meet other administrative responsibilities.

## **7. Corruption-Related Experiences**

Regarding whether they have experienced any form of corruption in their dealings with NHIA, all HMOs reported positively, stating that they have not encountered corruption of any kind. This is a commendable feedback for the Authority.

### **4.4 KEY INITIATIVES BY THE NHIA IDENTIFIED DURING THE REVIEW**

1. Introduction and operationalisation of the Vulnerable Group Fund (VGF) and the Basic Health Care Provision Fund (BHCPF) to subsidise health insurance premiums for vulnerable Nigerians.
2. Introduction of NHIA Fistula Free Programme (NFFP), which provides comprehensive care for women suffering from obstetric fistula and post-treatment insurance enrolment.
3. Financing Access to Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) for Maternal Complications, targeting emergency obstetric conditions.
4. Financing Access to CEmONC for Neonatal Emergencies, focusing on small and sick newborns.
5. Strategic Purchasing and Bundled/FFS Payment Mechanisms to improve quality and efficiency of care.
6. Integration of Health Insurance into Social Safety Nets, ensuring long-term financial protection for beneficiaries.
7. Identity Inclusion through NIN Requirement to enhance beneficiary verification and programme integrity.

## 5. RECOMMENDATIONS

In view of the above findings, the following recommendations are made:

1. The Authority should expedite its ongoing engagement with the Office of the Head of Civil Service of the Federation (OHCSF) to ensure that all provisions of the Condition of Service (CoS) are fully harmonised, justified, and aligned with national public service standards in order to prevent inconsistencies.
2. NHIA should strictly adhere to the NSIWC - approved exit package frameworks, ensure continuous compliance monitoring, and subject any future upward reviews to thorough financial sustainability analysis to avoid excessive financial exposure. The Authority should institutionalise periodic internal audits to verify continuous adherence to approved exit package and fringe benefit procedures.
3. The Authority should develop and implement strategies to improve its IGR through innovative service offerings, strategic partnerships, and operational efficiency measures.
4. The Authority should clearly indicate, in all future requests to the NSIWC for salary or fringe benefits enhancements, that such obligations will be funded strictly from its IGR and the approved administrative charge from the Contribution Fund.
5. The Authority should fully reconstitute ACTU with the required number of members, ensuring representation from relevant departments, and formally inaugurate the unit in line with ICPC guidelines. The Authority to restructure the organogram to reflect ACTU as an independent unit reporting directly to the Chief Executive, as mandated by the ACTU Standing Orders.
6. The Authority should sustain the prudent investment of the ICT Fund and strategically channel the Fund toward critical ICT infrastructure, **particularly the development of a comprehensive portal for HMO and HCF code issuance, monitoring, and activity tracking**. Efforts should be made to strengthen ICT incident-response capacity by establishing a structured framework for the prompt resolution of digital disruptions.
7. NHIA should strengthen engagement with OAGF, CBN, and REMITA through structured reconciliation timetables and enhanced internal reconciliation capacity. Irregular entries in e-Collection statements should be promptly escalated and resolved to avoid the accumulation of discrepancies. Monthly reconciliations should be made mandatory and rigorously enforced.
8. NHIA should sustain improvements in its budgeting process by initiating budget preparation and internal vetting early, and ensuring submission of its annual estimates on or before September as required by the NHIA Act 2022. This will support timely consideration and earlier approval in subsequent years.
9. While the recent review of capitation and tariffs is commendable, the Authority should ensure periodic reviews in line with the NHIA Act 2022 to keep pace with inflation and rising healthcare costs. Compliance monitoring of HMOs should be

- strengthened to ensure full and timely implementation of the revised tariff rates.
10. The Authority should impose stricter sanctions on HMOs delaying settlement of reconciled claims and consider linking re-accreditation to claim-settlement performance.
  11. NHIA should implement continuous monitoring measures to detect and prevent impersonation, while intensifying sensitisation of HMOs and HCFs on the appropriate mechanisms for reporting such incidents.
  12. NHIA should ensure equitable state representation of candidates in line with Federal Character Commission (FCC) guidelines during the next general recruitment exercise. Also, to maintain compliance standards, NHIA should continue to adhere strictly to FCC and OHCSF recruitment approval processes and ensure transparent documentation for audit and monitoring purposes.
  13. NHIA should promptly activate the quality assurance module of the NHIA Quality Tool to strengthen monitoring of service delivery, and ensure periodic reports from the system are integrated into HMO and HCF performance assessments. There is a need to establish a structured compliance monitoring framework to routinely evaluate the quality and completeness of HMO submissions, beyond merely checking for submission, and introduce a uniform template aligned with NHIA guidelines to ensure consistency, proper data tracking, ease of analysis, and adherence to tariffs and quality standards.
  14. NHIA should establish a fixed annual timeline for the preparation, audit, approval, and publication of its Annual Financial Reports, and management and the Board should commit to meeting these timelines to improve transparency.
  15. NHIA should accompany its reviewed guidelines and tariffs with comprehensive capacity-building programmes for HMOs, HCFs, and State Offices to ensure uniform understanding and consistent implementation nationwide. Also, NHIA and HMOs should strengthen their enrollee-sensitisation programmes through strategic communication campaigns, digital outreach, grassroots mobilisation, and regular stakeholder engagement platforms. Collaboration with civil society organisations, professional associations, and traditional media to broaden public awareness and promote better understanding of the health insurance system may be considered.
  16. State Offices should develop quarterly sensitisation schedules and submit periodic reports for central monitoring and evaluation.

## **5.1 RECOMMENDATIONS ON ADDITIONAL FINDINGS**

### **A. Improve Enrollee Experience and Service Delivery**

1. NHIA should strictly enforce the maximum one-hour benchmark for code approvals through the use of real-time monitoring tools, sanctions for repeated delays, and quarterly performance ranking of HMOs.
2. Enforce minimum drug stock levels at HCFs and apply penalties for consistent

denial of drugs covered under NHIA.

3. The Authority should intensify enrollee awareness campaigns on rights, benefits, and establish toll-free hotlines, WhatsApp channels, and a mobile reporting platform for enrollees to quickly report delays, denial of drugs, or discriminatory treatment.
4. Conduct regular mystery shopping visits to detect treatment delays, discrimination against public enrollees and poor service, and sanction violations.

**B. Address Systemic Drug and Diagnostic Service Failures**

1. NHIA should immediately intervene in LUTH to ensure full inclusion of NHIA enrollees in PPP laboratory, radiology and other relevant services. NHIA to develop a policy mandating all HCFs with PPP diagnostic centres to honour NHIA benefit packages, with compliance tied to annual accreditation.
2. NHIA should conduct an immediate audit of capitation funds at the UNN Medical Centre and enforce corrective measures to ensure proper application of funds for enrollee care.
3. Enforce drug-price monitoring and sanction HCFs that charge above the 10% allowable limit.
4. Develop systems for reimbursement of unjustified out-of-pocket payments and enforce prompt reimbursements to enrollees where charges were unjustified.

**C. Improve GIFSHIP Operations and Accountability**

1. NHIA should deploy a digital system that ensures refund of unsuccessful registrations within a defined timeframe.
2. Strengthen feedback mechanism for codes and drug requests, and any denials, especially under GIFSHIP, to prevent internal denials.

**D. Strengthen HMO Oversight, Code Monitoring and Performance Management**

1. The Authority should expedite the completion and deployment of the Compliance Management Software to enable real-time monitoring and tracking of activities across all HMOs and HCFs, particularly in relation to code approvals, claims processing, settlements, and overall service delivery.
2. NHIA to mandate compliance reporting by requiring all HMOs to submit monthly reports on code turnaround times, denied codes, and reasons for denial.
3. NHIA may tie HMO accreditation renewal to measurable service benchmarks using data from the centralised portal.

**E. Strengthen NHIA State Office Oversight Capacity**

1. NHIA needs to review and increase the N470,000 monthly allocations to enable more frequent oversight visits, regular enrollee and provider engagement, and sensitisation activities.
2. NHIA should assess state offices quarterly based on mystery shopping frequency, enrollee feedback, and documentation quality.

3. The Authority to require all state offices to implement quarterly oversight calendars aligned with NHIA Headquarters' monitoring framework.
- F. Improve Financial Governance and Record-Keeping**
1. NHIA should implement stricter reconciliation schedules and enforce penalties for HMOs that delay payments or short-change providers.
- G. Improve Infrastructure and Operational Efficiency**
1. Equip state and zonal offices with solar systems or backup power solutions to ensure uninterrupted enrollee registration and data updates.
  2. NHIA should consider relocating the South-South Zonal Office to Rivers State due to its strategic location and administrative advantages.
- H. Strengthen Performance and Public Confidence Based on Questionnaire Findings**
1. Use questionnaire feedback to set yearly quality-improvement targets on affordability, efficiency, waiting time, discrimination reduction and any other inefficiencies.
  2. Streamline registration processes through digitisation of enrollee registration and record updates to reduce cumbersome procedures.
  3. NHIA to expand call-centre awareness by intensifying publicity on NHIA call centre operations since 61% of respondents were unaware of its existence.
  4. Introduce automated settlement reminders and penalty timelines to reduce outstanding HMO debts to HCFs.

## 6.1 LESSONS LEARNT

It is imperative to draw lessons from this review on the implementation of recommendations from the 2019 system study and CRA.

- The first is the absence of continued engagement of the NHIA after the conclusion of the study six years ago. However, continued engagement is necessary to drive compliance with anti-corruption laws and policies and to institutionalise a culture of compliance. A six-year gap between the initial assessment and review of compliance with recommendations is too long.
- Sequel to the first lesson is the lesson derived from the challenge of dissemination. Beyond the NHIA which was reviewed, there are recommendations that are not within the control and purview of the reviewed NHIA and it appears that these agencies have not been deliberately engaged through dissemination.
- Inter-agency collaboration and focus on critical recommendations are relevant for implementation of recommendations, especially where implementation requires reconciliations and actions by regulatory and other agencies.
- Multi-stakeholder forums and engagement seem to be absent in the drive to institutionalise reforms in terms of implementing systems review and CRA recommendations.
- Increased transparency, stakeholder access to information and a monitoring and reporting as it unfolds framework is imperative for deepening the implementation of recommendations.
- Institutionalised periodic peer learning, continuous dialogue and benchmarking has not been mainstreamed for improved implementation of recommendations and systemic reforms.

## 6.2 CONCLUSION

The review on the status of implementation of the recommendations of the 2019 Systems Review and CRA of the National Health Insurance Authority demonstrates that while notable progress has been made since the 2019 assessment, particularly in compliance with NSIWC guidelines, improved digital tools, and better record management; significant systemic gaps remain.

The persistence of financial vulnerabilities, weak oversight of HMOs and HCFs, inadequate enrollee sensitisation, and widespread denial of drug and diagnostic benefits indicate that the service delivery objectives of the NHIA Act, 2022 are far from fully realised. The Authority must therefore strengthen its governance structures, improve financial discipline, enhance monitoring of operators, and prioritise enrollee welfare.

By implementing the recommendations of this review, NHIA can build a more transparent, accountable, and efficient health insurance system that protects enrollees, supports providers, and advances Nigeria's quest for Universal Health Coverage. The ICPC will

continue to monitor progress and provide the necessary support to ensure that the Authority fulfils its mandate in the public interest.

**The following implementation framework recommendations drawn from the lessons should be considered by ICPC.**

- ***Yearly or bi-annual review of implementation of recommendations*** is imperative. A dedicated desk or staff of ICPC can implement the review in collaboration with development partners and civil society organisation working in the sector.
- ***Improve dissemination of findings and recommendations.*** This will involve engagement, briefing and interaction with all MDAs that are involved in implementing recommendations and reforms. Beyond the NHIA which was reviewed, there are recommendations that are not within the control and purview of the reviewed Authority and it appears that these MDAs have not been deliberately engaged.
- ***Interagency collaboration*** is imperative requiring collaboration between the anti-corruption agencies, regulatory agencies, etc. This collaboration will focus on the multi-dimensional tasks required for the full implementation of recommendations.
- ***Multi-stakeholder forums and engagement*** involving anti-corruption agencies, MDAs, media, civil society and development partners is necessary to drive and institutionalise reforms in terms of implementing systems review and CRA recommendations.
- ***Deploy a digital dashboard*** that tracks and shows data and steps on a real time basis on the implementation of systems and CRA recommendations. The dashboard integrates the agency reviewed, ICPC and other agencies with duties for the implementation of reforms.
- ***Institutionalised peer learning and continuous dialogue*** between agencies assessed under systems review and CRA is imperative. Furthermore, benchmarking for MDAs to learn from the best in class should be introduced.

## 7. IMPLEMENTATION MATRIX

S/NO	OBSERVATIONS	FURTHER RECOMMENDATIONS	RESPONSIBLE PERSONS/ DEPARTMENTS	TIMELINE
1.	<p>The Team observed that the Authority received partial approval for its current Conditions of Service (CoS) from the National Salaries, Incomes and Wages Commission (NSIWC) in 2022. While certain provisions were approved, others were reduced or outrightly rejected, resulting in substantial cost savings for the Scheme. The Authority is currently engaging the Office of the Head of the Civil Service of the Federation (OHCSF) for a further review of the CoS in line with current economic realities.</p>	<p>The Authority should expedite its ongoing engagement with the OHCSF and ensure that all provisions of the CoS are properly harmonised, justified, and aligned with national public service standards to avoid any inconsistencies.</p>	NHIA	One Year
2.	<p>The Authority obtained approval from NSIWC to pay exit packages, upfront payments, and the 13th month salary. However, the approved exit package is now prorated based on length of service, with a maximum of 200% of Annual Gross Salary, compared to the previous (unapproved) Condition of Service where exiting staff were paid 500% of their Annual Gross Salary.</p>	<p>NHIA should strictly adhere to the NSIWC-approved exit package framework and ensure continuous monitoring of compliance. Any future proposals for upward review should be backed by financial sustainability analysis to prevent excessive financial exposure.</p>	NHIA: Administration Department, Finance & Accounts Department	Immediate
3.	<p>The Team observed that the Authority's Internally Generated Revenue (IGR) is grossly inadequate to cover staff salaries and allowances, leading to heavy reliance on the Contribution Fund for personnel-related payment.</p> <p>Specifically, between 2023 and 2025, a total of ₦14,267,920,293.69 was paid as upfront to staff, whereas the total IGR generated during the same period was only ₦424,133,635.75.</p> <p>The Team further noted that the administrative charge accruing to the Authority from the Contribution Fund is</p>	<p>The Authority should strengthen strategies to improve its IGR through innovative service offerings, partnerships, and efficiency measures.</p> <p>The Authority should restrict expenditure, including salaries and other fringe benefits, to the approved 10% administrative charge from Contribution Funds.</p> <p>The Authority should clearly indicate, in all future requests to the NSIWC for salary or fringe benefits enhancements, that such</p>	NHIA: Finance & Accounts Department	Immediate

	intended to support its operational activities, including the payment of salaries, fringe benefits, and other recurrent expenses.	obligations will be funded strictly from its IGR and the approved administrative charge from the Contribution Fund		
4.	The Authority is now paying staff exit packages and fringe benefits strictly according to NSIWC-approved guidelines.	NHIA should institutionalise periodic internal audits to confirm continuous adherence to approved exit package and fringe benefit procedures.	NHIA: Audit Department	Immediate
5.	The Anti-Corruption and Transparency Unit (ACTU) is not properly constituted, has not been formally inaugurated, and currently consists of only two members, far below what is required for effective functionality. Additionally, ACTU is incorrectly placed under the Director of Special Duties in the organogram, contrary to the ACTU Standing Orders, which stipulate operational independence.	The Authority should immediately reconstitute ACTU with the required number of members, ensuring representation from relevant departments, and formally inaugurate the unit in line with ICPC guidelines.  Restructure the organogram to reflect ACTU as an independent unit reporting directly to the Chief Executive, as mandated by the ACTU Standing Orders.	NHIA: DG/CEO	3 months
6.	The Authority's website is active and fully functional. A temporary hitch encountered during enrollee registration due to NIN integration was resolved promptly.	NHIA should strengthen its ICT response mechanisms by establishing a structured incident resolution framework to handle future digital disruptions promptly.	NHIA: ICT	Continuous
7.	Evidence indicates that the Authority has reconciled the discrepancies originally identified in the previous study. Efforts are being made to reconcile other financial discrepancies with the Office of the Accountant-General of the Federation (OAGF) through various correspondences and meetings. The process is ongoing.	The Authority should intensify and formalize engagement with OAGF using a structured reconciliation timetable. Internal reconciliation teams should be strengthened to ensure timely matching of records and the reduction of outstanding discrepancies.	NHIA: Finance & Accounts Department	Every Quarter (Continuous)

8.	<p>The Team's assessment confirms a significant improvement in the Authority's record-keeping practices. The improved documentation enabled the Team to clearly identify sources of receipts and payments and to extract cashbook records for analysis with minimal difficulty. The conduct of post-payment audits by the Internal Audit Unit and the maintenance of a soft-copy Excel cashbook are commendable. However, a new observation regarding reconciliation of accounts with the Central Bank of Nigeria (CBN) and the REMITA platform was made. Unidentified deductions were observed in the e-Collection statements, which have not been fully reconciled with the CBN or the Office of the Accountant-General of the Federation (OAGF).</p>	<p>The Authority should sustain the improvements in record-keeping while ensuring prompt reconciliation of all unidentified deductions in its REMITA statements with the CBN and OAGF to prevent the accumulation of unreconciled balances.</p> <p>NHIA should strengthen its reconciliation processes with the CBN and REMITA through targeted capacity building for relevant finance staff.</p> <p>Monthly reconciliation of all collection and bank accounts should be enforced as a mandatory internal control measure.</p>	NHIA: Finance & Accounts Department	Monthly Basis
9.	<p>State representation disparities persist. The last recruitment was specialised and targeted at medical professionals assigned to their respective states. The analysis of the nominal roll indicates that Kaduna (8.27%), Kogi (7.51%), and Edo (6.22%) are most represented, while Gombe, Taraba, and Yobe each have 0.91% representation. General recruitment has not been undertaken recently.</p>	NHIA should ensure equitable state representation of candidates in line with FCC guidelines in the next general recruitment exercise.	NHIA: Administration Department	Next general recruitment
10.	<p>The Authority developed an online NHIA Quality Tool comprising accreditation and quality improvement modules. The accreditation module is functional, with plans to activate the quality improvement module. Reports from the "Mystery Shopping Exercise" on HMOs and HCFs are available.</p>	NHIA should activate the quality assurance module of the NHIA Quality Tool without delay to strengthen monitoring of service delivery. Periodic reporting from the tool should be integrated into HMO and HCF performance assessments.	NHIA: ICT Department, Quality Assurance Department, Enforcement Department	9 Months
11.	<p>Although 10 HMOs submitted reports in the first quarter of 2025 and 8 in the second quarter, totalling 18 submissions and reflecting an improvement from</p>	The Authority should expedite the completion and deployment of the Compliance Management Software to enable real-time	NHIA: ICT Department, Quality Assurance	9 Months

	previous years, the Authority still needs to strengthen its oversight responsibilities. It is not enough for HMOs to merely submit reports; the Authority must ensure full compliance with NHIA operational guidelines, including content quality, accuracy, timeliness, and adherence to service standards.	monitoring and tracking of activities across all HMOs and HCFs, particularly in relation to code approvals, claims processing, settlements, and overall service delivery. Enforce penalties for non-submission, late submission, or false reporting, while recognising HMOs that demonstrate consistent compliance.	Department, Enforcement Department	Monthly Basis
12.	Outstanding financial reports have been audited. The Authority has shown slight improvement in publishing Annual Financial Reports, with the latest published report from 2022. The 2023 Report is awaiting approval, while work is ongoing on the 2024 Report.	NHIA should establish a fixed annual timeline for the preparation, audit, approval, and publication of its Annual Financial Reports. Management and the Board should commit to meeting these timelines to enhance transparency.	NHIA: MD/CEO, Finance and Accounts Department	Within the first six months of every year
13.	The ICT Fund is primarily used for investments. In 2024, the Authority invested \$7 billion, and a similar investment of \$5 billion was made in 2025. This marks a positive departure from previous periods when the Fund remained idle and unutilised. Although the Authority has developed a robust accreditation portal for HMOs and HCFs, there is still a critical gap in the digital infrastructure for approval code issuance and management, which limits effective tracking, monitoring, and oversight of HMO and HCF activities.	The Authority should sustain the prudent investment of the ICT Fund and strategically channel the Fund toward critical ICT infrastructure, particularly the development of a comprehensive portal for HMO and HCF code issuance, monitoring, and activity tracking.	NHIA: Management, Finance and Accounts Department, ICT Department	One Year
14.	The Authority approved a new drug price list for 2025 and increased capitation from \$1,200 to \$1,450 per life effective April 2025; positive steps toward improving provider remuneration. There is a need for regular review to keep pace with inflation and current economic realities.	NHIA should periodically review capitation and tariffs in line with the provisions of the NHIA Act 2022 to keep pace with inflation and healthcare cost trends. NHIA should enhance compliance monitoring to ensure full implementation of the revised rates.	NHIA	On a three-year basis

15.	Delayed settlement of HCF claims by HMOs remains a major concern. Evidence of reconciled but unpaid claims was observed, and State Offices reported similar cases. Such delays demoralise HCFs and undermine effective service delivery.	NHIA should periodically review capitation and tariffs in line with the provisions of the NHIA Act 2022 to keep pace with inflation and healthcare cost trends. NHIA should enhance compliance monitoring to ensure full implementation of the revised rates.	NHIA: Enforcement Department	6 months
16.	The Authority has reviewed its operational guidelines and price tariffs, reflecting efforts to strengthen operational efficiency.	NHIA should follow up the reviewed guidelines and tariffs with capacity-building programs for HMOs, HCFs, and State Offices to ensure uniform understanding and implementation.	NHIA: Formal Sector Department	Continuous
17.	Significant gaps still exist in enrollees' sensitisation. The questionnaire revealed that 38% of the 599 respondents had never received any form of sensitisation from HMOs. Only 27% were sensitised in the last one year, 20% between 3 – 5 years ago, while 15% were sensitised between one and three years ago. However, some sensitisation activities by NHIA and HMOs at both the headquarters and state levels were noted.	NHIA and HMOs should intensify enrollees' sensitisation through strategic communication campaigns, digital platforms, grassroots outreach, and regular engagement forums. State Offices should develop quarterly sensitisation schedules and submit reports for central monitoring. NHIA should collaborate with CSOs, professional associations, and traditional media to broaden public awareness.	NHIA: Formal Sector Department	Continuous

#### IMPLEMENTATION MATRIX FOR ADDITIONAL FINDINGS

S/NO	OBSERVATIONS	FURTHER RECOMMENDATIONS	RESPONSIBLE PERSONS/ DEPARTMENTS	TIMELINE
1.	Enrollees' Experience and Service Delivery Challenges: Delays in obtaining approval codes from HMOs, often exceeding the one-hour maximum benchmark provided	NHIA should strictly enforce the maximum one-hour benchmark for code approvals through the use of real-time monitoring tools, sanctions	NHIA: Enforcement Department	6 months

	in the NHIA Guidelines. In one observed case, an enrollee waited 1 hour 20 minutes; several others waited longer or never received feedback. Long waiting time for treatment and perceived discrimination against public enrollees.	for repeated delays, and quarterly performance ranking of HMOs. NHIA to mandate compliance reporting by requiring all HMOs to submit monthly reports on code turnaround times, denied codes, and reasons for denial.		
<b>2.</b>	Widespread Denial of Drugs at Health Facilities: Across all states visited, most enrollees complained of being completely denied access to prescribed drugs. Many reported visiting facilities repeatedly over two days without receiving any drugs. In several cases, only paracetamol was issued, forcing enrollees to purchase essential prescribed drugs out-of-pocket. Long waiting time for treatment and perceived discrimination against public enrollees.	Enforce minimum drug stock levels at HCFs and apply penalties for consistent denial of drugs covered under NHIA. The Authority should intensify enrollee awareness campaigns on rights, benefits, and establish toll-free hotlines, WhatsApp channels, and a mobile reporting platform for enrollees to quickly report delays, denial of drugs, or discriminatory treatment. Conduct regular mystery shopping visits to detect treatment delays, discrimination against public enrollees and poor service, and sanction violations.	NHIA: Enforcement Department	6 months
<b>3.</b>	A significant number of NHIA enrollees at LUTH are denied drugs and laboratory investigations. This is linked to the full commercialisation of laboratory and radiology services under a PPP arrangement, making essential diagnostic services unaffordable. Even LUTH staff enrolled under NHIA reported: <ul style="list-style-type: none"> <li>a. Unfriendly attitudes of NHIA desk officers, described as “mini-gods”.</li> <li>b. Inability to access drugs or diagnostic tests known to be within NHIA benefit packages.</li> <li>c. Frequent out-of-pocket payments without reimbursement.</li> </ul>	NHIA should immediately intervene in LUTH to ensure full inclusion of NHIA enrollees in PPP laboratory, radiology and other relevant services. NHIA to develop a policy mandating all HCFs with PPP diagnostic centres to honour NHIA benefit packages, with compliance tied to annual accreditation. Enforce drug-price monitoring and sanction HCFs that charge above the 10% allowable limit. Develop systems for reimbursement of unjustified out-of-pocket payments and enforce prompt reimbursements to enrollees where charges were unjustified.	NHIA: Enforcement Department, Quality Assurance Department	6 months

4.	GIFSHIP-Related Denials and Miscommunication: A student enrollee under GIFSHIP at LUTH was denied drugs on the claim that the HMO no longer covers them. Investigation revealed no record of the hospital requesting such drugs from the HMO, suggesting internal denial at the facility level.	Strengthen feedback mechanism for codes and drug requests, and any denials, especially under GIFSHIP, to prevent internal denials.	NHIA: ICT Department	6 months
5.	GIFSHIP Registration Irregularity in Rivers State: An enrollee who registered three persons under GIFSHIP received only two successful registrations. No refund was issued for the unsuccessful third registration, and the enrollee's case remains unresolved.	NHIA should deploy a digital system that ensures refund of unsuccessful registrations within a defined timeframe.	NHIA: ICT Department, Rivers State Office	6 months
6.	Findings from interactions with enrollees at the University of Nigeria Nsukka (UNN) Medical Centre indicate that they continue to pay out-of-pocket for consultations, treatments, and drugs, despite the release of capitation funds by the HMO responsible for the enrollees. The newly appointed Vice-Chancellor acknowledged the issue and expressed commitment to resolving it urgently.	NHIA should conduct an immediate audit of capitation funds at the UNN Medical Centre and enforce corrective measures to ensure proper application of funds for enrollee care.	NHIA: Enugu State Office, Enforcement Department	3 months
7.	Weak Monitoring of HMO Code Requests: The review of HMO call-centre portals revealed significant gaps in the monitoring of code-request processing times. Most HMOs lack an effective system for tracking actual call-handling time during code approvals. This highlights the absence of a standardised monitoring framework across HMOs.	The Authority should expedite the completion and deployment of the Compliance Management Software to enable real-time monitoring and tracking of activities across all Health Maintenance Organisations (HMOs) and Health Care Facilities (HCFs), particularly in relation to code approvals, claims processing, settlements, and overall service delivery.	NHIA: ICT Department, Quality Assurance Department, Enforcement Department	9 months
8.	Inadequate Funding of State Offices: State offices receive a monthly allocation of ₦470,000, which is	NHIA needs to review and increase the ₦470,000 monthly allocations to enable more	NHIA: DG/CEO, Management	6 months

	insufficient for carrying out effective oversight of HMOs/HCFs and for conducting sensitisation exercises.	frequent oversight visits, regular enrollee and provider engagement, and sensitisation activities.		
9.	Weak Oversight and Sensitisation at State Offices: Across the states visited, there was limited evidence of oversight activities and sensitisation programmes by state offices. Only a few mystery-shopping reports were recorded in some state offices. The Headquarters needs to strengthen support and supervision to ensure states carry out required oversight and enrollee education. Funding of the state office remains a big challenge in achieving these activities.	NHIA should assess state offices quarterly based on mystery shopping frequency, enrollee feedback, and documentation quality.	NHIA: Special Duties Office, Enforcement Department	6 months
10.	56.9% of the HCF respondents claimed that HMOs are not responsive to claims. Numerous outstanding debts persist despite reconciliation with relevant parties. Some HCFs listed the following as reasons which some HMOs claimed for non-settlement of claims: Tariff disputes, Documentation and communication gaps, Delayed or cancelled reconciliation, Administrative reversals of initially approved codes, Lack of transparency. These issues reflect weak controls and poor coordination across stakeholders.	NHIA should implement stricter reconciliation schedules and enforce penalties for HMOs that delay payments or short-change providers. Introduce automated settlement reminders and penalty timelines to reduce outstanding HMO debts to HCFs.	NHIA: State Offices, Enforcement Department, Quality Assurance Department	6 months
11.	Inadequate Power Supply: Most state and zonal offices lack reliable electricity, negatively affecting enrollee registration and record updates. Only the Kano Office had access to a functional alternative (solar power).	Equip state and zonal offices with solar systems or backup power solutions to ensure uninterrupted enrollee registration and data updates.	DG/CEO, Management	Two Years

12.	Zonal Office Location Concern: During the visit to Rivers State Office, the Team noted that the office does not cover the South-South Zone. Given the state's centrality and administrative advantages, Rivers State appears better suited to serve as the zonal headquarters for the South-South region.	NHIA should consider relocating the South-South Zonal Office to Rivers State due to its strategic location and administrative advantages.	NHIA: DG/CEO, Management	One Years
13.	A combined 59% of enrollees' respondents described the registration process as cumbersome or very cumbersome, highlighting the need for streamlined processes.	Streamline registration processes through digitisation of enrollee registration and record updates to reduce cumbersome procedures.	NHIA: ICT Department	One Year
14.	Sensitisation Experience. Within the last year: Only 24% received sensitisation from NHIA, 27% from HMOs, and over 55% received none. This limited sensitisation aligns with the 62% of enrollees' respondents who claimed they are unaware that NHIA operates a call centre.	NHIA to expand call-centre awareness by intensifying publicity on NHIA call centre operations since 61% of respondents were unaware of its existence.	NHIA: Formal Sector Department, State Offices	9 months

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