

HEALTH STATUS OF SENIOR CITIZENS VIS-À-VIS THE NATIONAL HEALTH INSURANCE SCHEME IN NIGERIA*

Abstract

The need to increase comprehensive health services to senior citizens in Nigeria after serving their fatherland cannot be over-emphasized; and the recent efforts of the government to encourage this through the National Health Insurance Scheme (hereafter referred to as (NHIS) is highly commendable. The objective of the paper is to examine the National Health Insurance Scheme (NHIS) vis-a-vis the health status of these senior citizens to see how they can benefit from the scheme after their service years. A doctrinal approach is adopted in this paper which relies on references from primary and secondary sources relevant to this work. The paper finds the need to review the NHIS to enable the senior citizens benefit from the scheme for sustainability of their health as provided in similar programmes for their counterparts in some other countries. It is concluded that the extension of this NHIS specifically to senior citizens will go a long way in the management of their health by their dependants as well as paving way for remarkable changes in the efforts to protect and safeguard their health. The paper recommends a review of this scheme to accommodate the management of the health services of the senior citizens in Nigeria as well as subsidizing same in tandem with practices in some other climes.

Keywords: *Nigeria, Health, Senior Citizens, National Health Insurance Scheme*

1. Introduction

Ageing has become a global phenomenon and a policy issue that is receiving attention by governments globally.¹ Some have argued that there is no universally accepted standard to numerically define who a senior citizen is but it is stipulated to be a person of the age of 60years and above by the United Nations.² Senior citizens in Nigeria therefore can be categorized as persons who fall within the age of 60 and above by the United Nations,³ and naturally are persons who have become be less productive and can only contribute a little to the economy, hence the need for such person to retire from active public service. In most of the developing countries of the world, the age of retirement is always between 60 or 65 years and it is therefore assumed that old age starts at this age. Given the current situation in Nigeria where many youths are unemployed, the presence of senior citizens who have retired and are dependent on jobless youths for sustenance paints a dismal picture for the provision and sustenance of our ageing population. There is thus a very high potential of rapid growth rate of a medically unfit older population in the years ahead; and these of course have serious implications on the economy of the nation. Health services to senior citizens have become a global concern and a policy issue that is receiving attention by governments. Ageing has posed a serious challenge to governments in Africa most especially in Nigeria as seen in their inability to cope with regular payment of pensions. These senior citizens despite serving their country meritoriously in one capacity or the other are upon retirement unable to provide for their basic needs as government continually fails to

***Barakat Adebisi RAJI, LLB, LLM, PhD**, Lecturer, Department of Jurisprudence and International Law, Faculty of Law, University of Ilorin, Nigeria,;

* **Olumuyiwa Ayotunde OLADELE, LLB, LLM**, Lecturer, Department of Jurisprudence and International Law, Faculty of Law, University of Ilorin, Nigeria;

***Grace, Ogonda AKOLOKWU, LLB, LLM, PhD**, Lecturer, in the Department of Private and Property Law, Faculty of Law, Rivers State University, Port Harcourt, Nigeria; and

***A. I. TANIMU, PhD candidate**, Nasarawa State University Keffi, Lecturer, Department of Public Law, Faculty of Law, Bauchi State University Gadau, Misau Campus. adamtanimu90@gmail.com

¹ Knight Steel and Stefania Maggi, 'Ageing as a Global Issue' in Age and Ageing, Volume 22, Issue 4, 1 July 1993, pages 237-239 retrieved from <https://doi.org/10.1093/ageing/22.4.237> assessed on 18/04/2018.

²D. A, Egunyomi, 'The Adults and Aged: The Nigerian Situation,' in O.O, Osinowo, O.A, Moronkola, and D.A, Egunyomi, (eds.), *The Adults and Aged in Nigeria: Issues and Researches*. Royal People (Nigeria) Ltd, (2010) 3.

³ *ibid.* p. 1.

faithfully discharge their obligations of regular payments of pensions. This sad situation has thus resulted in their inability to enjoy the same or commensurate full-fledged health care opportunities as was possible in their service years. This inability of the State to provide constitutional social services and health facilities to cater for the needs of the teeming ageing population has greatly affected their health status.⁴

It is pertinent to note that unemployment situation in the country has greatly impaired the economic potentials of the benefactors of these senior citizens with the resultant negative effect on the latter because the lack of capacity of the benefactors is seriously telling on the type of health attentions being received by them. While the few ones are capable of paying for the health services rendered to improve the health status of their parents, the government on the other hand has failed despite its various policies and initiatives to provide the adequate and free health care services for the senior citizens in the country. Many of the African countries also face some challenges in expanding healthcare coverage and services especially at the suburbs and rural areas and subsequently still grapple with the provision of adequate health care for its teeming ageing population. It is trite that the developed countries are also not exempted from this challenge.⁵ Some have committed themselves to achieving equity in healthcare coverage by including healthcare goals in human rights declarations, constitutions, and health policy documents.⁶ Expanding the health insurance is a strategy that countries have used and still use to alleviate the adverse health outcomes of all citizens, especially the aged and poor. It is one of the methods that low-income countries may consider to achieve universal health coverage.⁷ This implies an insured access to and use of high-quality health care services by all citizens, especially the poor and the age; and most fundamentally the protection for all individuals from the catastrophic financial effects of ill health. Nigeria is one of the few African countries which has taken the bull by its horn to provide health insurance scheme for all the employees in the government service causing private organizations to follow suit in the past five years. This National Health Insurance Scheme (NHIS) is an attempt by the Nigerian Federal government to adopt universal health coverage for her citizens which health system provides both access to health services and financial protection including a reduction and the affordability of health services and ideally to compensate for productivity loss due to illness.⁸ Currently, there are no overt programs and services specifically provided for the elderly in Nigeria because there has not yet been a policy for the care of seniors in Nigeria.

The significance of this paper is to highlight and examine the health status of senior citizens vis-à-vis the National Health Insurance Scheme, with a view to advocating for a review and changes in policy formulation and implementation of health programs and services so as to affect the elderly population and the advocacy of this paper is for the establishment of such facilities in order to improve the lot of the elderly population in Nigeria.

2. History and Rationale for National Health Insurance Scheme (NHIS) in Nigeria

The first attempt at establishing a health insurance scheme in Nigeria was made in 1962 when the then Federal Minister of Health, Dr. M. A. Majekodunmi presented a bill at parliament for its establishment in

⁴D.A, Egunyomi, 'The Adults and Aged: The Nigerian Situation' in O.O, Osinowo, O.A, Moronkola, (2012); D.A, Egunyomi, (eds.), *The Adults and Aged in Nigeria: Issues and Researches*. Royal People (Nigeria) Ltd. p. 1.

⁵M. Avendano, M. M. Glymour, J. Banks, and JP Mackenbach, 'Health Disadvantages in US Adults Aged 50 to 74years: A Comparison of the Health of Rich and Poor Americans with that of Europeans,' *American Journal of Public Health*, 99 (3), (2009): 540-548

⁶A. Dutta, &H. Charles, *Scaling Up National Health Insurance in Nigeria: Learning from Case Studies of India, Colombia, and Thailand*, Washington, DC: Futures Group, Health Policy Project, (2013).

⁷ *ibid*

⁸E. Gustafson-Wright, &O Schellekens, 'Achieving Universal Health Coverage in Nigeria One State at a Time,' Washington DC. Global Economy & Development; Brooke Shearer Working Paper Series. 'The elderly' as used in the paper refers to all persons of the population aged 65years and older in Nigeria. (2013).

the Lagos area. Unfortunately, the idea met stiff resistance from the Nigerian Medical Association.⁹ The plan was shelved during the civil war years and later revisited, more than twenty years later; when in 1984 the Minister of Health, Admiral Patrick Koshoni commissioned a study led by Prof. Diejomaoh which found the scheme desirable and workable in Nigeria. Another Minister of Health, Prof. Olikoye Ransome -Kuti, in 1988, commissioned the Dr. Emma Umez-Eronini committee which recommended the template for the present day National health insurance scheme (NHIS).¹⁰ The law establishing the scheme was signed in May of 1999 but the proper take-off did not happen until 2005, due to administrative foot-dragging. The period between signing into law and taking-off of the scheme opened an opportunity to the Nigerian private sector to key into the health scheme. Pressure from the private sector coupled with the enthusiasm from the then Minister of Health, Prof. Eytayo Lambo led to the official flag off of the formal sector programme in June 2005 and commencement of services to enrollees in September 2005.¹¹ Shortly after the scheme was flagged off, it was given a presidential mandate to ensure universal coverage of Nigerians by 2015 through Social Health Insurance. Although the health insurance scheme in Nigeria has been on the increase over the last decade; moving from less than 150,000 lives in the year 2004 to about 5 million in 2014, only about 3% of the country's population have access to health insurance despite the tall dream of achieving universal coverage. There is still a chasm to be filled as the scheme was designed with the aim at universal health coverage, targeted at providing comprehensive health care at affordable costs to employees of the formal sector, self-employed, rural and indigent population of Nigerians.¹²

The Nigerian Health scheme record shows that only 39 percent of the population in 1990 and 44 percent in 2004 have access to improved sanitation while within the period of 1990-92 and 2002-04, 13 percent and 9 percent of Nigerians were undernourished respectively.¹³ In an attempt to address the precarious and dismal situation in the health status of the Nigerian people, and to provide universal access to quality health care service in the country, various health policies by successive administrations have been made including the establishment of primary, secondary and tertiary health care facilities across the length and breadth of the country. The perennial health challenges in Nigeria was also highlighted by the pronouncement of Gen. Abdulsalam Abubakar on May 10, 1999, which was to sign into law the National Health Insurance Scheme (NHIS) Decree Number 35 (NHIS Decree No. 35 of 1999); with the aim of providing universal access to quality healthcare to all Nigerians which scheme became operational after it was officially launched by the Federal Government in 2005.¹⁴

3. National Health Insurance Scheme and an Overview of the Provisions for the Citizens in Nigeria

The NHIS is a Federal government scheme targeted at providing affordable healthcare for all Nigerians through various prepayment strategies. It's target is to guarantee good and affordable healthcare to the Nigerian public willing and ready to participate in the scheme towards the enhancement of the health status of Nigerians. NHIS enables participants and registered members to have access to medical care under a process of capitation which removes socio-economic obstacles towards enjoying greater access to better health services. The provisions of the NHIS towards the health care for Nigerians is targeted at the formal sector of the population with emphasis on Federal civil servants engaged in the ministries, parastatals,

⁹Ladi, Awosika, 'Health Insurance and Managed Care in Nigeria'. *Annals of Ibadan Postgraduate Medicine*, 3 (2), 2005. <http://www.ajol.info/index.php/aipm/article/viewFile/39066/26230> accessed on the 11/12/2017

¹⁰About NHIS: http://www.nhis.gov.ng/index.php?option=com_content&view=article&id=51&Itemid=56 accessed on the 11/12/2017

¹¹*ibid*

¹²K.I, Onyedibe, M.G, Goyit, &N. E, Nnadi, 'An Evaluation of the National Health Insurance Scheme in Jos, a North Central Nigerian City,' *Global Advanced Research Journal of Microbiology*, 1 (1). (2012).

¹³ UNDP (2008). *Human Development Report 2007/2008 on Fighting Climate Change: Human Solidarity in a Divided World*. (New York: Palgram Macmillan).

¹⁴About NHIS: http://www.nhis.gov.ng/index.php?option=com_content&view=article&id=51&Itemid=56 accessed on the 12th December 2017.

agencies and extra-ministerial corporations. It provides for both outpatient and inpatient care for the insured, his/her spouse and four siblings under 18years.¹⁵

The general purpose of NHIS is to ensure the provision of health insurance ‘which shall entitle insured persons and their dependents the benefit of prescribed quality and cost-effective health services’ (NHIS Decree No. 35 of 1999, part 1:1). The specific objectives of NHIS include:

- 1) The universal provision of healthcare in Nigeria.
- 2) To control/reduce arbitrary increase in the cost of health care services in Nigeria.
- 3) To protect families from high cost of medical bills.
- 4) To ensure equality in the distribution of healthcare service cost across income groups.
- 5) To ensure high standard of healthcare delivery to beneficiaries of the scheme
- 6) To boost private sector participation in healthcare delivery in Nigeria.
- 7) To ensure adequate and equitable distribution of healthcare facilities within the country.
- 8) To ensure that, primary, secondary and tertiary healthcare providers are equitably patronized in the federation.
- 9) To maintain and ensure adequate flow of funds for the smooth running of the scheme and the health sector in general.¹⁶

NHIS is therefore operational through three broad categories of stakeholders-government, the private sector as well as other agencies appointed by government and international donor agencies. A breakdown of these stake holders include government at all levels, employers (both public or private sectors), self-employed, Rural Community Health Insurance Program agency, health maintenance organizations, board of trustees, health providers, commercial banks, NGOs, community leaders and the media.¹⁷ Government under the scheme provides not only standards and guidelines but ensures the enforcement of policies, monitoring of implementation and evaluation of programs and services for the smooth and effective running of the scheme. Apart from funding by government and donors or partnering organizations, employees under the scheme contribute 5 percent of their basic salaries and another 10% counterpart contribution by the employer toward the success of NHIS.¹⁸ An overview of the provisions of NHIS shows that virtually no provision is specifically made to address the healthcare needs and social security of the senior citizens’ population in Nigeria, but only makes general provision for the entire population; and which provisions do not attempt to address the needs and issues pertaining to senior citizens in the country

4. Benefits of Health Insurance to the Nation

The benefits of Health insurance as a concept in Nigeria is expected to improve all health related aspect on the lives of the people ranging from maternal mortality to other health hazard. In Nigeria, however, the clearly recognized health care financing mechanism are user fees, National Health Insurance Scheme, Community based health insurance, and private health insurance. But development of these mechanisms apart from user fees is consolidated. User charges are presently the major means of paying for health care. The NHIS was built on the frame work that will cover both formal and informal sectors of the economy. This brought about the NHIS guide lines that appointed the professionals as providers in the scheme; registration of pharmacies; registration of health maintenance organizations (HMOS) among others. Establishment of the scheme was basically on the need for health financing option that would help to reduce the negative effects of user fees as well as give required help toward reducing the high health expenses among the people. The scheme has potentials to give every employee of the federal government, his/her

¹⁵*ibid*

¹⁶ NHIS Decree No. 35 of 1999, part II: 5; NHIS, (2009).

¹⁷NHIS Executive Secretary’s Note
http://www.nhis.gov.ng/index.php?option=com_content&view=article&catid=34:home&id=47:welcome-note-from-executive-secretary accessed on the 13th December, 2017.

¹⁸*ibid*

spouse and four children below the age of 18 years access to health services beneficiaries received depend on the inclusion and exclusion criteria. Those under the scheme are required to hold their identity cards and register with choice providers. But it is important to consider the level of information the beneficiaries have about the scheme and its potential benefits, as well as the effect of the inclusion –exclusion criteria on their overall health seeking behavior. This then calls for benefit incidence analysis of the scheme to the beneficiaries in order to determine its impact and possible ways of scaling up to other groups.

5. Constitutionality and Policy Issues Affecting the Senior Citizens and the Development of Policy Strategy for the Protection of Right to Adequate Medical care of the Senior Citizens in Nigeria

It is rather unfortunate that senior citizens have been relegated and side lined despite the years of service rendered to the nation especially as many have lost their lives in the service of the nation while many others have become bed ridden due to lack of adequate medical care. Government policies targeted at strengthening the national health system of the country to be able to provide effective, efficient, quality, accessible and affordable health services that will improve the health status of citizens have been adopted and implemented but have largely failed to achieve their objectives. The goal of any national health policy is to establish a comprehensive health care system, based on primary health care that is promotive, protective, preventive, restorative and rehabilitative to every citizen of the country within the available resources so that individuals and communities are assured of productivity, social well-being and enjoyment of living.

There is no doubt that there are certain provisions of the 1999 Constitution of Nigeria that seem to ascribe some rights to the aged in Nigeria within its social milieu. For instance, as part of the economic objective of the country, it is provided that the country shall direct its policy towards ensuring that suitable and adequate shelter, food, old age care and pension, and unemployment, sick benefits and welfare of the disabled are provided for all citizens.¹⁹ The purpose of this provision apparently is to protect the vulnerable persons in the society from hardship that may occur to them due to their weak or disadvantaged nature attributable to age and sex. As a result of the vulnerability of these persons in the society the need for the government to direct its policies to ensure that these categories of people are not exposed to danger by virtue of their weaknesses become very glaring.

In addition, the Constitution provides that in furtherance of social order of the State, which is built on ideals of freedom, equality and justice, the sanctity of human person shall be recognized and human dignity shall be maintained and enhanced.²⁰ It is also stipulated that every citizens shall have equality of rights, obligations and opportunities before the law.²¹ It is encouraging to see that by the provisions of the Constitution, government is required to direct its policies towards ensuring that there are adequate medical and health facilities for all persons; and that the children, young persons and the aged are protected against any exploitation whatsoever. Unfortunately, the same constitution which is regarded as the most fundamental document for protecting rights of individuals is silent on how to promote the health status of these aged/senior citizens or specifically to put in place some provisions to cover the health services for the seniors' citizens and how this should be prioritized in the health schemes. The assurance of providing basic needs for the vulnerable groups in the society is evident in section 17(3) (g) of the 1999 Constitution of Nigeria which provides that the State shall direct its policy towards ensuring that provision is made for public assistance in deserving cases or other conditions of need.

¹⁹ Section 16(2) (d) of the 1999 Constitution of the Federal Republic of Nigeria (FRN).

²⁰ Section 17(2) (b) of the 1999 Constitution of the Federal Republic of Nigeria (FRN).

²¹ Section 17(2) (a) of the 1999 Constitution of the FRN. This provision seems to give protection to the categories of people captured therein by providing basic supports to them in the areas of health and materials needed to live a decent life.

As laudable as the above provisions may appear to be, the unfortunate reality is that the rights encapsulated therein are not justiciable because they fall within the provisions contained in Chapter II of the 1999 Constitution. Despite the provisions of section 13 of the Constitution that it shall be the duty and responsibility of all organs of government and all authorities and persons exercising governmental powers to conform to, observe and apply the provisions of Chapter II of the 1999 Constitution containing fundamental objectives and directive principles of state policy, which consists political, economic, social, educational, foreign policy, and environmental objectives among others, the provisions of section 6(6)(c) of the Constitution preclude the judiciary from entertaining matters brought thereunder.²² So the provisions of the Chapter II of the Constitution regardless of their importance remain largely elusive due to its non-justiciability of such rights as provided. Unfortunately, the same constitution which is regarded as the most fundamental document for protecting rights of individuals is silent on how to promote the health status of these aged/senior citizens, and to specifically put in place some provisions to cover the health services for the seniors' citizens. There is, therefore, no solid legal foundation upon which the rights of the senior citizens in Nigeria are placed²³ even though the government of Nigeria has developed various policies to generally improve the living standards of individuals in Nigeria. This lapse largely attributed to lack of political will is displayed more in terms of the specific wellbeing of the elderly which seems not to be the priority of the government. Also the legislative arm of government has also not done much towards promoting the health status of the old people in this regard²⁴ despite the sensitization of the policy makers of the need to help the ageing population to live decent life, and to provide adequate and basic medical care for the older citizens. It is thus the position of this paper that policy on ageing and access to medical care should be reviewed holistically and not merely a question of caring for vulnerable minority.²⁵

6. International Legal Basis for Senior Citizen's Rights

From different international and national instruments²⁶, the human rights of senior citizens include the rights to adequate social security, assistance, and protection; right to freedom from discrimination based on age or any other status, in all aspects of life including employment and access to housing, health care, and social services; right to good health or healthcare; right to protection from neglect and all types of physical or mental abuse. Other rights include right to be treated with dignity; right to full and effective participation in decision - making concerning their well-being; and to full and active participation in all aspects of political, economic, social and cultural life of society.²⁷ Basically the older people are presumed to enjoy all the rights that are recognized by the law without any form of discrimination. For example, right to health care is considered as a very important aspect of the human right of the senior citizens.²⁸ Accessing healthcare is posited to be one of the most challenges faced by old people in Nigeria and the African continent in diaspora.²⁹ The reasons for this may include the concentration of hospitals or clinics in urban areas far from where most older people live; inability to afford fees for medical services; the cost of transportation; lack of information about services and entitlements; poor management of health services; lack of trained medical

²²S. H. Idris, M. J. Ibrahim, M.B. Sufiyan, & I. A. Oladipo, 'Health problems and pattern of care for elderly people in rural Nigeria,' *Asian Journal of Gerontology and Geriatrics*, 7, 115, (2012).

²³*Ibid.*

²⁴ HelpAge International, 'Strengthening Older People's Rights: Towards a UN Convention' 2010. <Retrieved on July 4, 2014 from http://www.inpea.net/images/Strengthening_Rights_2010.pdf accessed on 11th December, 2017.

²⁵*Ibid.*

²⁶ The Convention on the Rights of Persons with Disabilities(CRPD) 2006; Vienna International Plan of Action on Ageing (VIPAA) 1982

²⁷O.Ajomale,'Country Report: Ageing in Nigeria – Current State, Social and Economic Implications. ISA RC II, *Sociology of Ageing*. (2007).

²⁸ WHO Constitutive Act of 1946. Health, according to the World Health Organisation (WHO) is 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.'

²⁹ Help Age International (April 2008). 'Protecting the Rights of Older People in Africa'. P.4. <helpage.org>accessed on 11TH December, 2017.

personnel in care of old people; negative attitude of medical staff; and shortage of supply, among others.³⁰ The right of access to health care services is predicated on the obligation to the states to organize accessible, adequate and basic health care services to all without discrimination.

7. Conclusions and Recommendation

The scheme covers civil servants, the armed forces, the police, the organized private sector, student in tertiary institutions, employed, vulnerable persons, the unemployed among others. The provision of quality, accessible and affordable health care to all Nigerian would remain a mirage if these problems that weaken the potency of the scheme are properly addressed. We would also like to suggest that the funds realized from this scheme should be used to stock designated health centers or hospitals with drugs, so that contributors to this scheme would not just be taken for a ride, by just receiving consultations from this health centers with no opportunity to get drugs prescribed. In the same vein, funds realized from this scheme should be used to improve standard of facilities in this hospitals to meet modern international standards. It is also our view, that the National Health Insurance Scheme should not be restricted to only civil servants, but it should be extended to Nigerians working in other sectors of the society, but such organizations or establishments must be stable and its reputation must not be in doubt or questionable. Extending the scheme to other sectors, we believe would accommodate the generality of Nigerians and as such alleviate the present hard ship suffered by Nigerians .it is our sincere hope that the national health insurance scheme would be allowed to operate and flourish and that the Nigerian factor would not kill this laudable scheme.

³⁰ibid