



**REACHING OUT TO THE VULNERABLE: THE PROSPECTS AND
CHALLENGES OF COMMUNITY HEALTH INSURANCE IN NIGERIA**

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ABSTRACT

Access to quality healthcare remains a major challenge in Nigeria, particularly for vulnerable populations such as informal workers, rural dwellers, and low-income families. With over 70% of Nigerians relying on out-of-pocket payments for health services, many face catastrophic health expenditures and limited access to timely care. Community Health Insurance (CHI) has emerged as a strategy to bridge this gap by offering a community-based, prepaid health financing model designed to enhance equity and financial protection. This study explores the prospects and challenges of implementing CHI in Nigeria. It aims to assess how CHI can be effectively used to improve healthcare access for the vulnerable while identifying the operational, policy, and social barriers hindering its sustainability and scalability. This study employed a descriptive cross-sectional design to examine the prospects and challenges of Community Health Insurance (CHI) in reaching vulnerable populations in Nigeria. Data were collected from secondary data. Qualitative data were subjected to thematic analysis to explore contextual barriers and facilitators. This methodological approach provided a comprehensive understanding of how CHI functions, its perceived value, and the systemic constraints affecting its effectiveness in serving vulnerable groups. The study recommends increased public sensitization to improve awareness and enrollment, government support through policy integration and subsidies, capacity building for scheme management, and better alignment with national health strategies. Strengthening CHI can significantly contribute to achieving Universal Health Coverage (UHC) and reducing healthcare inequities in Nigeria

Community

Key words: Community Health Insurance, Vulnerable Populations.

Introduction

Access to quality and affordable healthcare remains a significant challenge in many low- and middle-income countries (LMICs), particularly in sub-Saharan Africa. Nigeria, the most populous country on the continent, continues to grapple with a fragmented and underfunded health system, weak infrastructure, and inequitable access to care (World Bank, 2022). Vulnerable groups—such as low-income earners, informal sector workers, women, children, and rural populations—are especially disadvantaged, often excluded from formal health financing mechanisms and heavily dependent on out-of-pocket (OOP) payments. This situation contributes to delayed care, poor health outcomes, and deepened poverty (Okedo-Alex et al., 2021).

One of the most promising policy approaches for addressing these challenges is Community Health Insurance (CHI), a form of prepayment and risk-sharing arrangement primarily targeted at people in the informal sector and rural communities. CHI schemes are community-based, non-profit initiatives in which members contribute premiums into a common fund used to pay for basic healthcare services when needed (Ekman, 2023). They are rooted in mutual solidarity and social protection and are designed to bridge the gap in health coverage among populations underserved by conventional health insurance systems.

In Nigeria, the National Health Insurance Scheme (NHIS) was launched in 2005 with the goal of achieving Universal Health Coverage (UHC). However, uptake has remained low. As of 2022, less than 10% of Nigerians were enrolled in any form of health insurance, with the vast majority relying on OOP expenditure, which accounts for over 70% of total health spending (National Health Insurance Authority [NHIA], 2022). This high reliance on OOP financing increases the risk of catastrophic health expenditure and medical impoverishment (Ogunbekun et al., 2022). Against this backdrop, CHI has emerged as a potentially scalable model to improve access and equity in healthcare financing.

Various CHI schemes have been implemented in Nigeria, often in partnership with non-governmental organizations (NGOs), development partners, and local governments. While some schemes, such as those in Kwara and Anambra States, have recorded improvements in service utilization and affordability (Onoka et al., 2022), many others face sustainability challenges due to poor enrollment, lack of awareness, weak management, and limited government integration (Olakunde et al., 2023). Moreover, the absence of a standardized national framework for CHI implementation has led to disparities in service quality and coverage.

Nevertheless, CHI holds great promise for improving health outcomes in Nigeria, particularly by targeting populations typically excluded from the formal insurance sector—such as farmers, market traders, and artisans. CHI can help reduce OOP payments, promote early healthcare-seeking behavior, and enhance social solidarity (Aregbeshola & Khan, 2022). It also offers a platform for community-driven health financing that aligns with the goals of the Sustainable Development Goals (SDGs), particularly Goal 3 on good health and well-being (United Nations, 2023).

International experiences support the feasibility of CHI. In Rwanda, the *Mutuelles de Santé* program, which covers over 90% of the population, has demonstrated how community-based financing, when supported by government policy and subsidization, can lead to near-universal health coverage (Lu et al., 2021). Similarly, Ghana's National Health Insurance Scheme (NHIS) evolved from community-based schemes and has provided valuable lessons on expanding coverage and integrating community participation in healthcare financing (Alatinga & Williams, 2020).

Nigeria can learn from these examples, but must confront certain obstacles unique to its health system. For instance, public health literacy and trust in insurance schemes remain low. Studies show that many Nigerians are unfamiliar with prepayment health models and often perceive insurance as inaccessible or unreliable (Ilesanmi & Adebayo, 2023). Furthermore, administrative weaknesses in managing CHI schemes—such as delays in claims processing, inadequate premium collection systems, and lack of standardized benefit packages—discourage participation and reduce scheme credibility (Adebisi et al., 2023).

Political commitment and policy alignment are also crucial for scaling up CHI. The National Health Insurance Authority (NHIA) Act of 2022 has introduced a mandatory insurance model and established a framework for state-level insurance schemes, which could harmonize and scale up CHI across Nigeria. Additionally, the Basic Health Care Provision Fund (BHCPF)—which allocates at least 1% of the federal consolidated revenue to primary healthcare and health insurance—offers an opportunity to subsidize premiums for the poor and vulnerable (Federal Ministry of Health, 2022).

Despite these policy reforms, proper implementation and accountability are essential to ensuring impact. Previous experiences in Nigeria have shown that even well-designed programs can fail without effective governance and stakeholder engagement (Uzochukwu et al., 2023). CHI must therefore be integrated into broader health system strengthening efforts and supported through community education, capacity building, technology adoption, and transparent financial management.

Ultimately, Community Health Insurance has the potential to transform Nigeria's health financing landscape by reaching the underserved and protecting households from financial shocks. However, to realize its full benefits, policymakers, healthcare providers, and development partners must address the systemic, socio-cultural, and institutional barriers currently limiting its effectiveness. This study thus seeks to explore the prospects and challenges of CHI in Nigeria and provide actionable recommendations for enhancing its role in achieving Universal Health Coverage.

OBJECTIVES

To explain the concepts of Community Health Insurance and its relevance to vulnerable populations in Nigeria.

To identify the challenges associated with Community Health Insurance in Nigeria.

To propose recommendations for enhancing Community Health Insurance in Nigeria.

CONCEPTS OF COMMUNITY-BASED HEALTH INSURANCE AND THE VULNERABLE IN NIGERIA

Nigeria's healthcare system is characterized by a combination of public and private providers, with a heavy reliance on out-of-pocket payments. This system has led to a situation where many Nigerians cannot afford healthcare services. According to the World Health Organization (2019), Nigeria has one of the lowest health insurance coverage rates globally, with only about 5% of the population covered by health insurance.

Every individual has a right to healthcare services, regardless of age, gender, socioeconomic status, or geographical location. However, vulnerable populations—such as people in rural areas, women, children, orphans, the elderly, and those with chronic conditions—often face barriers to accessing these services due to poverty and limited financial resources.

Community-Based Health Insurance (CBHI) is a health financing model that pools resources from members of a community to protect them against healthcare costs. This voluntary scheme is owned and managed by community members, with the goal of improving access to healthcare services and reducing the financial burden on individuals.

Adebayo & Umar (2019) describe CBHI as a scheme that seeks to protect its members from high healthcare costs, reduce out-of-pocket expenses, and improve overall health outcomes.

Key features of CBHI include:

1. Community Ownership and Management: CBHI schemes are owned and managed by the community, where members make decisions about funding and service delivery.

2. Voluntary Enrollment: Community members voluntarily join the scheme, paying regular premiums to access healthcare services.

3. Risk Pooling: Resources are pooled to spread financial risks across members, ensuring no individual bears the full cost of healthcare.

4. Members pay premiums upfront, reducing the financial burden at the point of care and enabling timely access to healthcare services.

The goal of CBHI is to improve healthcare outcomes by increasing access to healthcare services and reducing the financial barriers to care. This is particularly beneficial for vulnerable populations, as it improves utilization and reduces health inequities.

THE VULNERABLE IN THE CONTEXT OF COMMUNITY-BASED HEALTH INSURANCE IN NIGERIA

The vulnerable population includes individuals or groups who are more likely to experience poor health outcomes due to poverty, financial challenges, or social exclusion. In Nigeria, vulnerable groups include:

- Low-income households—people living below the poverty line or with limited financial resources (Odeyemi & Nixon, 2014).
- Informal sector workers—artisans, small-scale farmers, and individuals without formal employment often lack access to health coverage (Elegbede, 2022).
- Rural and remote communities also remain disadvantaged due to weak health infrastructure and limited access to healthcare facilities (Effiong et al., 2025).
- Women and children, particularly women without decision-making power and children under five, are disproportionately affected by poor health outcomes (Odeyemi & Nixon, 2014).
- The elderly and people with chronic diseases such as hypertension, diabetes, and cancers face higher healthcare costs and poorer access to risk-pooling mechanisms (Adekunle et al., 2025).
- Orphans and vulnerable children also remain at risk due to limited financial protection and support systems.
- Refugees and migrants—whether displaced by conflict or economic hardship—struggle to access essential healthcare services (Imam, 2025).

The CBHI model seeks to address these inequities by offering affordable, community-rooted, and accessible mechanisms for healthcare financing (Bolarinwa et al., 2022).

1. Enrollment & Coverage Prospects

Enrollment in Nigeria’s National Health Insurance Authority (NHIA) and sub-national social health insurance schemes has grown in recent years. Reports indicate that approximately **19.2 million Nigerians** were enrolled in various health insurance schemes by late 2024 to early 2025, representing a significant increase from previous years (NHIA, 2024).

However, community-based models continue to have low penetration among informal-sector workers. Evidence shows that community-based enrolment varies widely: some states report extremely low uptake among rural populations (Elegbede, 2022), while others—such as Kwara State’s early KCHIP/KwaraCare model—achieved higher uptake due to state subsidies and strong community engagement (Bolarinwa et al., 2022; Effiong et al., 2025).

Nationally, CBHI pilots incorporated into NHIS (e.g., RCSHIP, USSHIP) still enrol only a very small proportion of the population (Odeyemi & Nixon, 2014).

2. Benefits and Positive Impacts

CBHI schemes significantly reduce out-of-pocket (OOP) spending and increase access to health services among low-income households (Odeyemi & Nixon, 2014). Evidence from sub-national program such as the Anambra State Health Insurance Scheme shows improved healthcare-seeking behavior among enrollees shortly after enrollment (Adekunle et al., 2025). These outcomes suggest that CBHI, when properly financed and supported with quality service delivery, can strengthen access to care and provide meaningful financial risk protection for poor and rural households (Effiong et al., 2025).

3. Barriers & Challenges

- **Low awareness:**
Several studies show that awareness of CBHI remains extremely low among informal sector groups. In Ekiti State, only **24%** of artisans were aware of CBHI, and **18.3%** had adequate knowledge (Elegbede, 2022). In Abakaliki, awareness was as low as **3.9%**, with enrolment at **2.9%** (Azuogu & Eze, 2018). Similar findings were reported in Nnewi, where awareness was moderate but utilization remained very low due to mistrust and misconceptions (Orient Journal of Medicine, n.d.).
- **Affordability concerns:**
Willingness-to-pay studies reveal that many low-income households can afford only

minimal contributions, far below the level required for comprehensive health coverage (Adekunle et al., 2025).

- **Trust gaps and weak community involvement:** Limited community participation, perceived mismanagement, and lack of transparency have undermined trust in CBHI programme (Odeyemi & Nixon, 2014).
- **Infrastructure and workforce constraints:** Even when people enroll, poor facility staffing, drug stock-outs, and weak rural infrastructure limit access to quality care—undermining confidence in the schemes (Effiong et al., 2025).

4. Strengths and Opportunities

CBHI promotes equity and cross-subsidization by enabling risk pooling among informal-sector households (Odeyemi & Nixon, 2014). States like Kwara, with strong community roots and subsidized premiums (up to 60%), have demonstrated improved enrollment and retention (Bolarinwa et al., 2022).

Ongoing reforms under the NHIA Act of 2022—particularly mandatory enrollment and improved provider payment mechanisms—offer opportunities to standardize benefits and expand coverage nationwide (NHIA, 2024).

Technology-enabled enrollment, digital payment systems, and mobile health platforms are emerging opportunities for scaling coverage, though they remain in early stages in Nigeria (Imam, 2025).

5. Critical Success Factors & Future Directions

Research highlights several strategic directions for improving CBHI performance:

- **Integrating CBHI into national NHIA structures,** ensuring unified regulation and benefit packages (Odeyemi & Nixon, 2014).
- **Strengthening community engagement,** transparency, and accountability to rebuild trust (Azuogu & Eze, 2018).
- **Providing targeted subsidies** for vulnerable households and adopting income-sensitive premium structures (Adekunle et al., 2025).
- **Expanding rural health infrastructure,** ensuring adequate staffing and improving service quality as insurance expands (Effiong et al., 2025).
- **Enhancing awareness and health education,** especially through local leaders, radio, and community-based campaigns (Elegbede, 2022).

- **Leveraging technology**—digital enrollment, mobile contributions, and health information systems—to improve efficiency and accessibility (Imam, 2025).

CHALLENGES OF COMMUNITY HEALTH INSURANCE IN NIGERIA

1. Low Insurance Penetration

Despite the existence of NHIS/NHIA, insurance penetration remains below 10%, partly because most Nigerians work in the informal sector without structured payroll-based insurance mechanisms (Adekunle et al., 2025; Odeyemi & Nixon, 2014).

2. Limited Awareness and Trust

Low knowledge of how health insurance works, as well as past experiences with perceived poor management, continue to limit enrollment (Elegbede, 2022; Azuogu & Eze, 2018). Misconceptions and inadequate communication from insurers further exacerbate distrust.

3. Regulatory and Policy Inconsistencies

The transition from NHIS to NHIA introduced stronger regulation but also uncertainty due to slow implementation and weak enforcement (Effiong et al., 2025). Fragmentation of federal and state schemes complicates administration and reduces efficiency (Odeyemi & Nixon, 2014).

4. High Cost of Healthcare Services

Inflation, high drug costs, and dependence on imported medical equipment raise overall healthcare costs and make it difficult to offer affordable insurance premiums (Adekunle et al., 2025).

5. Limited Private Sector Participation

Economic instability, weak regulation, and competition with government-subsidized schemes discourage private insurers from participating fully in CBHI expansion (Odeyemi & Nixon, 2014).

6. Fragmented Health Insurance Schemes

Independent operation of NHIA and state insurance schemes results in duplication, inconsistency, and inefficiencies (Effiong et al., 2025). A unified framework would significantly improve coverage and service delivery.

RECOMMENDATIONS FOR IMPROVING COMMUNITY HEALTH INSURANCE IN NIGERIA

1. Increase Government Involvement and Policy Support

To ensure widespread coverage and sustainability of CHI schemes, government commitment at all levels is essential. This includes creating favorable legal frameworks, subsidies for vulnerable groups, and regulatory oversight. Strengthening

institutions such as the National Health Insurance Authority (NHIA) and integrating CHI into the broader Universal Health Coverage (UHC) strategy can foster long-term impact (Onwujekwe et al., 2022; NHIA, 2023).

2. **Enhance Public Awareness and Health Literacy**
Many Nigerians are unaware or misinformed about the benefits of health insurance. Targeted health education campaigns should be implemented to improve understanding and trust, especially in rural areas. Culturally sensitive messaging and collaboration with community leaders can enhance acceptance (Abdulraheem et al., 2021; Yusuf et al., 2023).
3. **Build Community Trust and Ownership**
Successful CHI requires active community participation. Involving beneficiaries in scheme design, management, and monitoring builds trust and enhances scheme relevance and accountability. Community-based health workers can serve as effective intermediaries (Eze et al., 2022).
4. **Improve Affordability and Payment Flexibility**
Many Nigerians live below the poverty line and may find it difficult to pay premiums upfront. Introduction of flexible payment schedules (monthly or quarterly) and allowing non-cash contributions, such as agricultural produce in agrarian communities, could enhance enrolment (Okedo-Alex et al., 2022).
5. **Leverage Technology for Enrolment and Claims Processing**
Digital platforms and mobile technology can streamline enrolment, premium collection, and service utilization. Mobile health (mHealth) tools also help reduce fraud and improve transparency (Adewuyi et al., 2023; World Bank, 2022).
6. **Strengthen Health Service Delivery Infrastructure**
Insurance is only useful when quality services are accessible. Government and partners should upgrade primary healthcare facilities, ensure adequate staffing, and equip them to provide comprehensive care, especially in underserved areas (Omole et al., 2021).
7. **Subsidize Vulnerable Populations**
For inclusivity, the government should identify and subsidize the premiums of the poorest and most vulnerable groups, including informal workers, children, and elderly people. This will help reduce inequity in access to care (WHO, 2023; Uzoichukwu et al., 2023).
8. **Integrate Informal Sector Participation**
With over 80% of Nigeria's workforce in the informal sector, tailor-made strategies

should be implemented to engage this group. These may include cooperative societies and trade unions as entry points for mass registration (Agba et al., 2021).

Positive Prospects for Community Health in Nigeria:

- **Increasing Government Commitment:** Nigeria's government has shown more dedication to improving community health, as evidenced by the launch of initiatives like the National Health Insurance Scheme (NHIS).
- **Growing Civil Society Engagement:** Civil society organizations are contributing significantly by supporting healthcare services, health education, and health promotion activities such as screening for cancers.
- **Improving Healthcare Infrastructure:** Efforts are underway to improve healthcare facilities, providing better healthcare access.
- **Increasing Community Participation:** There is growing involvement from communities in health decision-making and promoting healthier behaviors.
- *Examples of Successful Community Health Insurance Schemes in Nigeria are*
- **Ukana West 2 Community-Based Health Insurance Scheme** located in Akwa Ibom State, has initiative which improved healthcare access, especially for pregnant women and children under five years old.
- **Anambra State Community-Based Health Insurance Scheme** has offered financial protection against healthcare costs for the community.

Roles of Nurses in Promoting Health Insurance in Nigeria:

Nurses health educate individuals about the benefits of health insurance and how it works, for instance, it reduces out-of-pocket spending on health care.

Advocacy: Nurses advocate for the improvement and expansion of the NHIS to ensure inclusivity and better implementation.

Community Engagement: Nurses can conduct outreach programs, especially in rural areas, to boost enrollment.

Role of Nurses in Improving Health Insurance Utilization

1. Health Education and Literacy Promotion

Nurses are essential in educating patients and the public about the **availability, benefits, and procedures of health insurance**. This improves awareness and corrects misinformation, encouraging more people to actively utilize their insurance benefits for timely healthcare access (Uzochukwu et al., 2023; Yusuf et al., 2023).

2. Navigation and Assistance with Claims

Nurses help patients **understand how to access services under their insurance plans**, including documentation, referrals, and claim procedures. By reducing the complexity of the process, they enhance service utilization, especially among the elderly and low-literacy populations (Okedo-Alex et al., 2022).

3. Referral and Continuity of Care

Through proper **referrals and follow-up**, nurses ensure that patients are connected with the right services covered by their insurance. This prevents out-of-pocket spending and reinforces regular use of covered healthcare services (Omole et al., 2021).

4. Trust Building and Community Engagement

In many rural and peri-urban areas, nurses are trusted caregivers. Their continued engagement with families helps **build confidence** in the health insurance system and improves community acceptance and utilization of schemes such as the National Health Insurance Authority (NHIA) and community-based programs (Eze et al., 2022).

5. Monitoring and Early Detection of Service Gaps

Nurses identify barriers to utilization—such as **stock-outs, delays in care, or denial of services**—and can relay this information to health insurance authorities or hospital administrators for corrective action (Ameh et al., 2022).

6. Advocacy for Inclusive Access

Nurses advocate for equitable healthcare by ensuring vulnerable populations—especially women, children, and informal workers—are **registered, informed, and supported** to use their insurance effectively (WHO, 2023).

7. Capacity Building for Health Insurance Literacy

Nurses also train and mentor junior staff and community health workers on how to **support patients in understanding and utilizing their health insurance**, thereby expanding the system's reach and impact (Adewuyi et al., 2023).

The Prospect of Community Health Insurance in Nigeria

Community-Based Health Insurance (CBHI) is an essential step toward achieving universal health coverage in Nigeria. These schemes are designed to offer affordable healthcare options for individuals, particularly those in the informal sector and rural areas. CBHI schemes are built on mutual aid and solidarity, ensuring that communities collectively share the financial burden of healthcare costs.

Strengths of Community Health Insurance Schemes

- **Affordable Premiums:** CBHI schemes often have lower premiums compared to commercial health insurance, making them more accessible to low-income and vulnerable populations.
- **Improved Healthcare Access:** They provide access to necessary healthcare services, reducing financial barriers to treatment for members.
- **Community Participation:** The direct involvement of community members in managing these schemes fosters trust and ensures that the scheme meets local needs.
- **Risk Pooling:** CBHI pools resources from numerous members, distributing the financial risk associated with healthcare needs, thus reducing individual financial burdens.
- **Reduced Out-of-Pocket Spending:** Regular contributions help reduce the likelihood of high medical costs during emergencies.
- **Promotion of Preventive Care:** Many schemes emphasize preventive healthcare, thereby reducing the overall disease burden within the community.
- **Government and NGO Support:** Support from governments and NGOs enhances the financial stability of these schemes.

Weaknesses of Community Health Insurance Schemes

- **Limited Coverage:** Some high-cost treatments, surgeries, or specialized care may not be covered, leaving members with gaps in their insurance.
- **Financial Sustainability Issues:** Low premiums can make it difficult for schemes to remain financially sustainable, particularly when faced with high claims.
- **Low Enrollment Rates:** Many individuals may not enroll due to a lack of awareness, financial constraints, or mistrust in the system.
- **Weak Management:** Poor governance or corruption can undermine the effectiveness of CHI schemes.
- **Dependence on External Funding:** Some CHI schemes rely heavily on donations or government subsidies, making them vulnerable to funding cuts.
- **Limited Healthcare Infrastructure:** In rural areas, even with insurance coverage, the availability of quality healthcare services may be limited.
- **Adverse Selection:** If primarily individuals with health issues enroll, while healthier individuals opt out, the scheme may become financially unsustainable.

Community Health Implementation Strategies in Nigeria

i. Stakeholder Engagement

To ensure the success of community health insurance schemes, it is essential to engage stakeholders, including the government, private sector, and civil society organizations, in collaborative efforts to support these schemes.

ii. Capacity Building

Building the capacity of healthcare providers, insurance companies, and community leaders is critical to ensuring that community health insurance schemes are effectively managed and executed.

iii. Public-Private Partnerships

Public-private partnerships can be instrumental in mobilizing resources, expertise, and funding to support community health insurance schemes. These collaborations can enhance the sustainability and reach of the schemes.

iv. Community Mobilization

Encouraging communities to participate actively in the design and implementation of community health insurance schemes ensures that the schemes address local needs and are more likely to succeed.

v. Monitoring and Evaluation

Establishing robust monitoring and evaluation systems is essential for tracking the performance of health insurance schemes, identifying areas for improvement, and ensuring accountability.

Expected Outcomes

- **Improved Access to Healthcare:** Community health insurance schemes will provide vulnerable populations with access to quality healthcare services.
- **Reduced Out-of-Pocket Expenditures:** By pooling resources, these schemes will significantly reduce out-of-pocket expenditures on healthcare, alleviating financial hardship.
- **Improved Health Outcomes:** Access to healthcare, particularly preventive services, will lead to better health outcomes, including reduced mortality rates and improved maternal and child health.
- **Increased Financial Protection:** These schemes will provide financial protection against catastrophic health expenditures, reducing the risk of financial hardship.
- **Enhanced Healthcare Systems:** As more people participate in health insurance schemes, healthcare infrastructure, workforce, and service delivery will improve.

Recommendations

- **Increase Awareness and Education:** Public awareness campaigns should be launched to educate Nigerians about the benefits of community health insurance, particularly in rural areas.
- **Improve Healthcare Infrastructure:** Investments should be made in healthcare infrastructure to ensure that quality services are available to insured individuals.
- **Subsidize Premiums:** Subsidies should be provided to low-income households to make premiums more affordable.
- **Strengthen Regulatory Framework:** A robust regulatory framework is necessary to oversee the operations of community health insurance schemes, ensuring their effectiveness and transparency.
- **Encourage Community Participation:** Communities should be actively involved in the design and implementation of health insurance schemes to ensure that they are tailored to local needs.
- **Improve Access to Healthcare Services:** Schemes should offer comprehensive healthcare services, including preventive, curative, and rehabilitative care.
- **Enhance Transparency and Accountability:** Transparency in fund management and accountability mechanisms must be in place to prevent corruption and mismanagement.
- **Foster Partnerships and Collaborations:** Governments, private sectors, and NGOs should collaborate to ensure the success of community health insurance programs.
- **Develop Sustainable Funding Mechanisms:** Developing mechanisms such as tax exemptions or deductions could ensure the long-term sustainability of community health insurance schemes.
- **Monitor and Evaluate Performance:** Ongoing monitoring and evaluation of the schemes will help identify areas for improvement and guide future policies.

Conclusion

The pursuit of equitable and inclusive healthcare in Nigeria necessitates urgent reforms that prioritize the needs of vulnerable populations—those most at risk of financial hardship, disease burden, and exclusion from conventional health systems. CHI represents a viable strategy for reaching these underserved groups, especially within rural and informal settings. CHI schemes embody the principles of solidarity, risk-sharing, and community ownership, making them

particularly suitable for Nigeria's socio-economic structure, where a large proportion of the population operates outside formal employment.

This study has shown that the prospects of CHI in Nigeria are significant. When effectively implemented, CHI schemes can expand healthcare access, reduce out-of-pocket payments, encourage early treatment-seeking behavior, and improve health outcomes for low-income groups. They can also promote community empowerment and serve as a platform for grassroots health system strengthening. Successful examples from within Nigeria—such as pilot programs in Kwara, Anambra, and Lagos states—demonstrate the potential impact of well-coordinated and adequately supported CHI models.

However, several challenges persist. These include low awareness and acceptance among target populations, weak institutional frameworks, inconsistent government support, and cultural misconceptions about insurance. In addition, many CHI schemes in Nigeria suffer from poor sustainability due to inadequate funding, fragmented implementation, and limited integration with the national health insurance architecture. These obstacles not only restrict the reach of CHI but also undermine its long-term viability.

To truly reach the vulnerable through CHI, Nigeria must adopt a strategic and multi-sectoral approach. This involves increasing political will, aligning CHI with the National Health Insurance Authority (NHIA) reforms, subsidizing premiums through the Basic Health Care Provision Fund (BHCPF), and investing in public education to improve health insurance literacy. Moreover, capacity building for scheme administrators, transparent governance, and community participation must be at the center of any scale-up strategy.

Community Health Insurance is not just a policy option—it is a necessity for addressing healthcare inequities in Nigeria. By tackling existing barriers and scaling up proven models, CHI can become a cornerstone of the country's journey toward Universal Health Coverage. Reaching out to the vulnerable through sustainable CHI systems will ensure that no Nigerian is denied healthcare because of their income, location, or social status—thus fulfilling the promise of health for all.

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