

An Overview of the Group, Individual, and Family Social Health Insurance Programme (GIFSHIP), in Nigeria

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Abstract

The World Health Organization (WHO) advocates health insurance as a key strategy for achieving Universal Health Coverage (UHC), particularly in low- and middle-income countries. In Nigeria, the National Health Insurance Authority (NHIA) launched the Group, Individual and Family Social Health Insurance Programme (GIFSHIP) in 2020 as a strategic step to expand coverage beyond the formal sector, replacing the previous Voluntary Contributors Programme (VCSHIP).

This paper utilized a narrative review approach to synthesize relevant literature, policy documents, and stakeholder reports to explore the structure, objectives, benefits and implementation challenges of GIFSHIP within the broader Nigerian health insurance ecosystem.

GIFSHIP is a voluntary health insurance programme that provides a wide-range of healthcare services, ranging from outpatient services, inpatient care, specialist consultations, maternity care, preventive services and other essential health services to self-employed individuals, retirees, and

organized groups through voluntary enrollment. However, despite its inclusive framework, the implementation and uptake has been hindered by several challenges: low public awareness, affordability concerns, uneven geographic distribution of healthcare facilities, unsatisfactory quality of care, lack of trust in government programmes, and weak data systems.

GIFSHIP is a promising approach with a great potential to scale up health insurance coverage, improve healthcare access, reduce financial barriers and support the drive towards UHC in Nigeria. However, its effectiveness and long-term impact depend on addressing key systemic and operational challenges. The recommendations include intensifying public education, offering government subsidies, enforcing quality assurance mechanisms, improving service quality, expanding services in underserved areas, and strengthening integrated data systems for monitoring and evaluation.

Keywords: Health insurance, GIFSHIP, Informal Sector, Universal Health Coverage, Nigeria

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Introduction

Over the years, the World Health Organization (WHO) has consistently advocated for the adoption and promotion of health insurance programmes as a strategic approach to make quality healthcare services more accessible and affordable, with the aim achieving of Universal Health Coverage (UHC), and ensuring that everyone has access to the health services they need, when and where they need them, without facing financial hardship.^[1]

Out-of-pocket payments (OOP) for healthcare has been identified to often lead to financial catastrophe and impoverishment, particularly in low- and middle-income countries.^[1-4] Hence, the WHO emphasizes the importance of prepaid and pooled funding systems such as social health insurance, community-based insurance, and tax-funded healthcare systems as effective ways to reduce the burden of OOP expenses.^[1]

The implementation of strategically purchased health services through health insurance schemes help to distribute financial risk across populations and helps to protect individuals from solely bearing the burden and cost of care at the point of need.^[1, 5-8] Many African countries have introduced national health insurance programmes as their main financing mechanism for universal health coverage in order to extend health insurance to groups that are usually excluded, namely informal workers and the poor.^[9] Health insurance is an essential tool in advancing healthcare access and ensuring the availability of essential medical services. It pools resources and spreads risk across larger populations, and makes healthcare more accessible and

affordable by offering a financial safety net, which protects individuals and families from the often-devastating economic hardship of ill-health by covering medical expenses and reducing the burden of out-of-pocket expenses. Many countries, having recognized these benefits, are adopting various forms of health insurance as a strategic means to improve healthcare delivery.

The Role of the National Health Insurance Authority

The National Health Insurance Authority (NHIA), formerly known as the National Health Insurance Scheme (NHIS) was established by Decree 35 of 1999, officially launched in 2005 and restructured into NHIA in 2022 through the enactment of the National Health Insurance Authority Act 2022. It has the vision to be a leading agency committed to achieving financial access to quality healthcare for all Nigerians and a mission to mobilize and pool financial resources for the strategic purchasing of affordable and quality healthcare for all Nigerians.^[10]

The NHIA plays a central role in regulating, supervising, and ensuring the effective implementation of health insurance schemes across the country, by improving access to healthcare access through the development of various insurance programmes, such as the Public Sector Social Health Insurance Programme (PSSHIP), Tertiary Institution Social Health Insurance Programme (TISHIP), Organized Private Sector Social Health Insurance Programme (OPSSHIP), the State Social Health Insurance Schemes and the Group, Individual and Family Social Health

Insurance Programme (GIFSHIP), to achieve UHC.^[10]

The Group, Individual and Family Social Health Insurance Programme (GIFSHIP)

GIFSHIP is a significant step by the NHIA to expand health insurance and promote more equitable healthcare access in Nigeria. It was launched in 2020,^[11] and replaced the Vital Contributors, also formerly called the Voluntary Contributors Social Health Insurance Programme (VCSHIP) based on lessons learnt and the experience gained from implementing the previous programme.

It was developed with the goal of extending health insurance coverage to individuals, families, and organized groups not captured under the formal sector schemes. It promotes inclusivity and flexibility by allowing Nigerians, regardless of their employment status, to enroll either individually, a family unit or as part of organized groups such as cooperatives, associations, or religious bodies.^[12] Unlike conventional employer-based insurance models, GIFSHIP operates on a voluntary enrollment basis, allowing participants to make prepaid contributions at their own discretion, which enables all segments of the population to access quality healthcare services, leaving no one behind.^[12]

Eligibility and Scope of Coverage

GIFSHIP is available to individuals who are not enrolled in any of the existing NHIA programmes.^[10] The programme covers only the insured individuals, unlike the public sector scheme, which covers principals (employees) and their dependants.

- a. Small scale enterprises with less than five (5) staff.
- b. Non-cohesive groups of persons, such as: Associations, Unions, and institutions outside the Organized Private Sector (OPS)
- c. Self-employed individuals, families, and groups
- d. Retirees and retiree associations
- e. Diaspora groups
- f. Foreigners living in Nigeria.
- g. Adopted persons, such as those paid for by political office holders and philanthropists etc.

Sub-Categories of GIFSHIP

- a. GIFSHIP- g: GIFSHIP- General, is for individual, families or groups not under any other NHIA programme.
- b. GIFSHIP- c: GIFSHIP Constituency Project, is veritable platform for politicians or political office holders, donor agencies, multinational corporations, and philanthropists to pay for others
- c. GIFSHIP- r: GIFSHIP Retirees, is for retirees and retiree associations
- d. GIFSHIP- n: GIFSHIP NYSC. This is a peculiar group, as it not based on voluntary enrollment and contributions but funded by the Federal government for all serving corps members undergoing the mandatory one-year National Youth Service Corps (NYSC) programme across the nation.^[13]

Funding

The programme is financed from contributions made by contributing

individuals, families and Groups. The contribution rate is as follows:^[14]

- a. For the individual subscriber, the contribution rate is N116,154:00k per annum. The subscriber may add two direct dependants.
- b. A family will contribute N154, 872:00k for four biologically related person.
- c. Each extra dependant of a family will be enrolled at N38,718:00k.
- d. Ten persons shall be the minimum number of persons in a group, except small scale enterprises with less than 5 employees.
- e. Group enrolment is at a contribution rate of N38,718:00k per person per annum.

Waiting period

Contributors are required to observe a 60-day waiting period before accessing healthcare services. This interval allows the NHIA to finalize all administrative processes and helps to discourage adverse selection - when people choose to subscribe to insurance because they already need or anticipate needing care. Additionally, eligibility for surgical procedures and other high-cost interventions, including partially covered medications, begins only after a minimum of six months from the initial access to care.^[10]

The benefit packages

GIFSHIP provides the services that are within NHIS scope of coverage for all contributory social health insurance schemes and programmes.^[10]

The services, which are provided by NHIA accredited healthcare facilities include:

- a. Out-patient care, including necessary consumables as in NHIA Standard Treatment Guidelines and Referral Protocol.
- b. Prescribed drugs, pharmaceutical care and diagnostic tests as contained in the NHIA Medicine List and NHIA Diagnostic Test List.
- c. Maternity (ante-natal, delivery and post-natal) care.
- d. All live births (including preterm/premature babies) eligible to cover will be covered for twelve (12) weeks from the date of delivery.
- e. Preventive care, including immunization, as it applies in the National Primary Healthcare Development Agency (NPHCDA) immunization schedule, health and family planning education. Adult Immunizations viz. HPV, Hepatitis, including others captured in the NHIA tariff.
- f. Consultation with specialists, such as physicians, paediatricians, obstetricians, gynaecologists, general surgeons, orthopaedic surgeons, ENT surgeons, dental surgeons, radiologists, psychiatrists, ophthalmologists, physiotherapists, etc.
- g. Hospital care in a standard ward for a stay limited to cumulative 21 days per year following referral.
- h. Eye examination and care, the provision of low-priced spectacles but excluding contact lenses.
- i. A range of prostheses (limited to prosthesis produced in Nigeria)
- j. Dental care (excluding those on the Exclusion list).
- k. Medical checkup unrelated to illness.

a. Total Exclusions

1. Occupational/industrial injuries to the extent covered under the Workman Compensation Act.
2. Injuries resulting from natural disasters, e.g., earthquakes, landslides, and conflicts, social unrest, riots, wars.
3. Epidemics
4. Family planning commodities including condoms.
5. Injuries arising from extreme sports, e.g., car racing, horse racing, polo, mountaineering, boxing, wrestling, etc.
6. Drug abuse/addiction
7. Domiciliary visit (consultation and treatment at home by the health care professional)
8. Surgery: Mammoplasty
9. Ophthalmology: Provision of contact lens.
10. Medicine: Anti-tuberculosis drugs
11. Paediatric Surgery: Treatment of congenital abnormalities requiring advanced surgical procedures e.g., TOF, ASD, VSD.
12. Obstetrics & Gynaecology: Artificial insemination, including IVF and ICSI
13. Dental Care: crowns and bridges, bleaching, and implants
14. Pathology: Postmortem examination

b. Partial Exclusions

1. High technology investigations e.g., CT scan, MRI: the Authority or its agent would pay 50% of the cost.
2. Dialysis for renal failure (the enrollee pays 50% while the Authority or its agent pays 50% and limited to 6 sessions per annum.

3. Radiotherapy for cancer (50% co-payment up to a maximum of N400,000 payable by the Authority)
4. Chemotherapy for cancer as provided in the NHIA Medicines Price List.

Impact

GIFSHIP is a commendable initiative aimed at expanding access to health insurance coverage in Nigeria. However, empirical evidence on its subscription and effectiveness remains limited, though anecdotal reports from Health Maintenance Organizations (HMOs) suggest high levels of utilization by the beneficiaries. This underscores the need for data-driven studies to assess the programme's actual performance and impact.

Challenges

GIFSHIP faces a number of implementation challenges that hinder its growth. These challenges are not limited to the programme alone but cut across the entire health insurance ecosystem in Nigeria, thereby limiting the penetration and expansion of health insurance in the nation.

One major barrier is the low level of public awareness and poor understanding of health insurance among the target population, as many people lack the necessary health insurance literacy to make informed decisions about enrollment and utilization.^[15,16]

Affordability is also a major issue, as many individuals and families cannot afford to pay the required health insurance premiums due to high levels of poverty, which is further worsened by the absence of functional government subsidies or cost-sharing

mechanisms.^[17-19] Also, it is worth noting that within the past year, the premium has been increased twice, by approximately 250%, due to the prevailing economic conditions, which has further reduced the affordability for the average Nigerian.

Additionally, NHIA programmes have been associated with numerous complaints from beneficiaries regarding the quality of care, which may discourage public interest in enrolling in the programme [8,20] This is worsened by the lack of trust in government-run programmes due the experiences of failed and poor schemes.^[21,22]

Furthermore, Geographic inequities in service delivery, resulting from the uneven distribution of healthcare facilities, also persist. While urban areas tend to have a higher concentration of accredited healthcare providers, rural communities often lack access to such facilities, thereby undermining the programme's goal of universal coverage.^[23-25]

Moreover, the emergence a number state-run mandatory health insurance schemes could pose a challenge of duplication of efforts and overlapping roles, if not well streamlined with the NHIA initiatives^[26-29]

Finally, the lack of reliable empirical data makes it difficult to assess the programme's actual performance and implement evidence-based improvements.^[8,30]

Conclusion and Recommendations

This paper concludes that the establishment of GIFSHIP is very laudable, given its potential to expand health insurance and achieve more equitable healthcare access in Nigeria, by extending coverage to individuals, families,

and organized groups not captured under the formal sector schemes.

However, looking at the implementation challenges, the following recommendations would serve as measures to strengthening the programme for effectiveness and more robust impact.

- a. Implement widespread health insurance education campaigns using local languages and community structures to enhance public awareness and uptake.
- b. Improve affordability by Introducing targeted government subsidies, and allow flexible premium payment options, especially for low-income and informal sector workers.
- c. Strengthen service delivery and improve quality of care, by enforcing standards, monitoring providers, and addressing beneficiary complaints to rebuild public trust.
- d. Reduce geographic inequalities, by promoting equitable distribution of accredited healthcare providers through incentivizing service provision in rural and underserved areas.
- e. Establish strong data systems by developing a reliable integrated data management system which can be used across board by the health insurance schemes, HMOs, healthcare facilities, enrollees and all stakeholders to support evidence-based planning, compliance monitoring and continuous improvement.

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