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Stakeholders' Perception of the Impacts of Health Insurance Diffusion on Healthcare Delivery in Southeast Nigeria

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Abstract
Poor and inequitable access to quality healthcare is a major public health setback that has persisted in various countries. The reality is that every part of the world perceives this differently because some still experience hunger and diseases in more significant ways. According to the World Health Organization (WHO) report, the impact of Universal Health Coverage Schemes like the National Health Insurance Scheme is particularly low in Nigeria. This article examines Stakeholders' perceptions as regards health insurance distribution in southeast Nigeria. Following the NHIS establishment, the promise and guarantee of access to quality and affordable healthcare brought a green light to the already faded hope in healthcare delivery in southeast Nigeria. Primary data sourced through FGDs and IEIs were used in carrying out the study. Precisely, the interview conducted on the relevant stakeholders identified factors influencing the NHIS in southeast Nigeria as lack of collaboration and sincerity among the relevant stakeholders. Results show that sustainable health insurance can be realized through the eradication of institutional, operational, and structural bottlenecks.
Keywords: Quality healthcare, Health Insurance Scheme, stakeholders' perception, diffusion FGDs, IEIs
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1 Introduction

Quality healthcare service has been widely recognized as an essential attribute of national development. The World Health Organization (WHO) is at the forefront in advancing the concept of Universal health coverage because it is believed that this remarkable growth is not felt equally by every part of the world; as some parts of Africa, Asia, and the pacific still experience hunger and diseases in more significant ways. (World Bank,2013). Additionally, Jo & Wo (2012)reported that several countries through their unique health systems, have adopted different health insurance schemes in their attempt to reach universal health coverage because it is recognized as one of the strategies of assessment of healthcare systems around the world.

Health insurance can be said to be any payment made in advance to access healthcare when it is needed. The payment made according to the health insurance policy is not a one-off payment. The insurance is usually reduced in price and lasts over some time to make it more convenient for the insured. (Onuoha2014). According to the WHO (2008), the quality of healthcare services should be made available to all irrespective of social or economic condition, race, and political belief.

In 2003, Act 650 of the Ghana Act of parliament made Ghana emerge as the first African nation in the Sahara to establish the National Health Insurance Scheme. (Alhassan et al.,2016) This movie was recognized by other African countries. In the same vein, the Nigerian NHIS was established on June 6, 2005, under decree 35 of the 1999 constitution as a means to alleviate the financial burden of healthcare delivery in Nigeria. NHIS, (2016) The NHIS is seen as the means largely used by Nigeria to achieve Universal Health Coverage. Enabulele,(2020). With the collaboration of the Health Maintenance Organizations, (HMOs) the NHIS regulates the contributions of the enrollees and ensures that the enrollees desired primary healthcare provider is adequately mobilized. Tanimola Akande, Adekunle Salaudeen,(2011)

Joseph & Sa'id, (2019) noted that over the years before the establishment of the NHIS, the burden and access to qualitative healthcare in underdeveloped countries like Nigeria used to be determined by accumulated wealth. Maria-Luisa Escobar, (2010) while affirming the aforementioned, also noted that the establishment in 2005 of the NHIS eased the burden of healthcare. Researchers have studied various challenges relating to Health insurance and development in Nigeria and the implementation especially in the context of the developed societies of the world. These scholars have also identified the potential conflicts among the important stakeholders in underdeveloped nations. Ezenwa, Whiteing, Johnson, & Oledinma,(2020)

As a result of the aforementioned challenges, the actual impact of NHIS in Nigeria's healthcare industry has emerged a red-hot issue. Several scholars have made some attempts towards identifying the effects of the NHIS in healthcare delivery. So many aspects of the NHIS have been identified and also studied but the health insurance diffusion among demographics on healthcare delivery in southeast Nigeria remains an interesting part that seeks more attention. Given this logic, this study seeks to X-ray the unique challenges that seem to be

overlooked in the course of the activities of the NHIS in Nigeria, especially in the southeast region. This study will be extended to focus on the influence of the various stakeholders on the healthcare delivery to various Nigerians in the southeast region. Additionally, this study utilizes Primary data gained through focus group interviews (and in-depth expert interviews) carried out with relevant stakeholders to identify and explain how institutional forces are shaping the health insurance diffusion among demographics in the health industry in Nigeria.

Furthermore, their various roles and perceptions in mitigating these challenges will be examined using the following research questions.

Research question 1: How are institutional forces shaping the health insurance diffusion among demographics in Nigeria's health industry?

Research question 2: What are the stakeholders' perceptions of the various challenges in the industry and their roles in modulating it?

1.3 Scope of Study

Originally, health data are usually not on time series; in essence, the choice of this period is based on the growth and development of the NHIS and data availability. Hence, the focus of the study is NHIS over the period 2005 - 2021. The technique adopted is to explore and analyze the extent to NHIS diffusion in the health industry further constrains their inability to regulate the health insurance scheme as the majority of Nigerians are yet to be involved.

1.4 Justification for the Study

There are a few studies on the NHIS and its activities in the health industry. For instance,(Abiodun & Olayinka, 2019; Adewole & Osungbade, 2016; Inyang & Bassey, 2018; Onwujekwe, Uzochukwu, Ezeoke, & Uguru, 2012)all examined the activities of the NHIS in Nigeria but did not consider important facts about the peculiarity in various regions in Nigeria. There is a need for an in-depth study on NHIS diffusion in the health industry and a study with an exclusive focus on the southeast region. This study fills this existing gap in the literature by answering the questions as to whether the NHIS is an important scheme that should be encouraged and backed up with necessary laws to optimally function especially in southeastern Nigeria. The present study will equally contribute to understanding the role of NHIS in meeting the health goals of the MDGs with the ultimate aim of achieving sustained access to prompt, good and affordable healthcare in southeast Nigeria; which will, in turn, result in improved or higher life expectancy for the people.

2 Literature Review

Reddock;(2017) has recognized that an ideal healthcare delivery scheme is often perceived to be fully functional to provide qualitative service. Scholars like Asoka;(2017), Bello;(2019), and Uguru Nkoli P;(2020) believe that regardless of the poor understanding and inability of the NHIS to meet the overall health needs of Nigerians, NHIS remains one of the most trusted means of Nigeria achieving the universal health coverage. Bello;(2019) has advocated for a reformed method of implementation and change of leadership to promote more confidence in the scheme.

Reddock;(2017) has proposed seven parameters that will be used to assess universal health coverage with an emphasis on supply and demand as key evaluating marks. Most of these parameters are pointed towards health insurance. According to Reddock;(2017) the parameters of universal health care are focused on the priority of raising awareness on interventions and operational strategies as well as monitoring improvements in the health sector. Odeyemi & Nixon;(2013) in the context of the developing countries have recognized that different internal factors usually initiate the healthcare delivery challenges of the National Health Insurance Scheme to an extent that the outcomes of the interactive effects of these factors affect the general view and assessment of the NHIS. Several scholars like Oyekale;(2012) Aregbeshola & Khan;(2018)Eric Obikeze, Obinna Onwujekwe, Benjamin Uzochukwu, Ogoamaka Chukwuogo, Eloka Uchegbu, Eze Soludo; (2013) Etobe & Etobe; (2015)Monye; (2006) have recognized that a great number of Nigerians and groups are not benefiting from qualitative access to healthcare delivery which to that the NHIS, has not covered up to 10 percent of the total population in Nigeria. . D. Adewole & Osungbade; (2016) have identified that the percentage of those that have benefitted are the most privileged Nigerians who can carter for their average health needs leaving out others. As a result, Aregbeshola & Khan; (2018) have recognized the NHIS as a highly subsidized program for a privileged few.

Agba; (2010) has acknowledged that NHIS is a social health bond that covers the concerned parties represented by the insurance provider and those who need the contract. On the other hand, Uguru Nkoli P;(2020) has identified that NHIS is expected to address in totality the health challenge of everybody through the provision of equitable and qualitative healthcare that is within their means.

Uzobo & Ayinmoro;(2019) have identified the health effects of the NHIS among civil servants in Bayelsa

state Nigeria through a cross-sectional survey method. Uzobo & Ayinmoro;(2019) have recognized that satisfaction levels and self-rated health differed considerably including the demographic variables and types of services enjoyed by the participants. Using a similar method, Bolarinwa, Akande, Janssens, Boahene, & Wit;(2020)have examined the transition period on healthcare utilization and financial protection in a Kwara state community. Also, Ikenna, Gomam, & Emmanuel;(2012) have acknowledged that the NHIS in Jos Nigeria showed elements of dissatisfaction in the scheme as a result of the percentage of relationships occurring directly between the enrollees and the poor health indices of the populace. Alhassan et al., (2016) have recognized political instability, corruption, low level of enrollment, inadequate resources to sustain the health various insurance interventions, unqualified and weak leadership as among the challenges that existing policies should be modified to improve.

Moving further, Etobe & Etobe;(2015) have identified that there are no evident programs and services for elderly care in Nigeria. Okpanachi & Vambe;(2020) have recognized the importance of expanding the coverage of the NHIS to take care of all sicknesses and groups of people in Nigeria and most importantly, create a special Tax Fund that can also help diversify the sources of the NHIS funding.

To the knowledge of the researcher, a study on the effects of Health insurance diffusion among demographics on healthcare delivery in southeast Nigeria especially in Imo and the Enugu States is yet to be conducted.

The study includes selected participants from the health ministry, NHIS, HMOs, Enrollees, and experts in the related fields in Nigeria. Results highlight how institutional problems fit into structural challenges and grow to affect operational challenges among the various stakeholders relevant in the provision of Health Insurance among the demographics in Nigeria. This study by so doing points to various specific concerns and offers insight into ways these relevant stakeholders can develop relevant policies and operational strategies to deal with the research problems. This paper is organized to cover 5 sections. Section 1 deals with the introduction, section 2 covers the literature review and theoretical framework. The research methodology is described in section 3 with the research findings highlighted in section 4. Finally, the last section; section 5 covers the discussion conclusion and recommendation for further study.

2.2 Theoretical and Conceptual framework

A perfect healthcare arrangement is supposed to have different stakeholders who prioritize to raise awareness on where funds, policy interventions as well as strategies are needed and equally monitor the performance and improvement of the healthcare industry. Barber et al., (2017); Pacheco,(2017)

For a developing nation like Nigeria, the NHIS engages the lawmakers, Government, Health Researchers, and Hospital Managements to draw attention to the factors militating against the operations of the scheme in the health industry. Abiodun & Olayinka, (2019) Onwujekwe, Uzochukwu, Ezeoke, & Uguru, (2012)With a specific focus on the formal sector, the vulnerable and the pregnant women, the NHIS in Nigeria often establish sensitization processes and collaborations within the Health industry & engage the relevant stakeholders in other to raise awareness, engage Nigerians and improve their access to quality healthcare. Ibiwoye & Adeleke, (2008)

As shown in (figure 1) the conceptual framework was used to illustrate the relations between the known components and stakeholders of the NHIS scheme. In the framework of a country like Nigeria, there is usually an outcome where various stakeholders initiate interactions that tend to affect the extent various groups can utilize the relevant resources and their assessment of the NHIS diffusion challenges and institutional perspectives. Barber et al., (2017); Ogundeji, Ohiri, & Agidani, (2019)

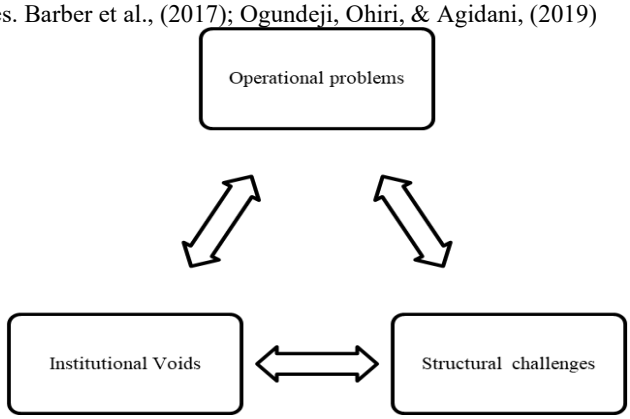


Figure 1 Conceptual Framework

The framework guiding the NHIS diffusion and acceptance are generally inaccurate for instance, Institutional theory considers the processes by which structures including schemes norms, routines, and rules are

authoritatively established to guide social behavior. Bell (1973) The deductive approach, makes it difficult to align with the problems faced by Nigeria and other undeveloped countries seeking healthcare development. Ezenwa, Whiteing, Johnson, & Oledinma, (2020) The over-dependence of people on the already damaged and ineffective healthcare facilities and the struggles to use these facilities gave rise to exploitation, reduction amide inequalities in the coverage, quality, and access to healthcare facilities. Alex E.Asakitikpi, (2016)

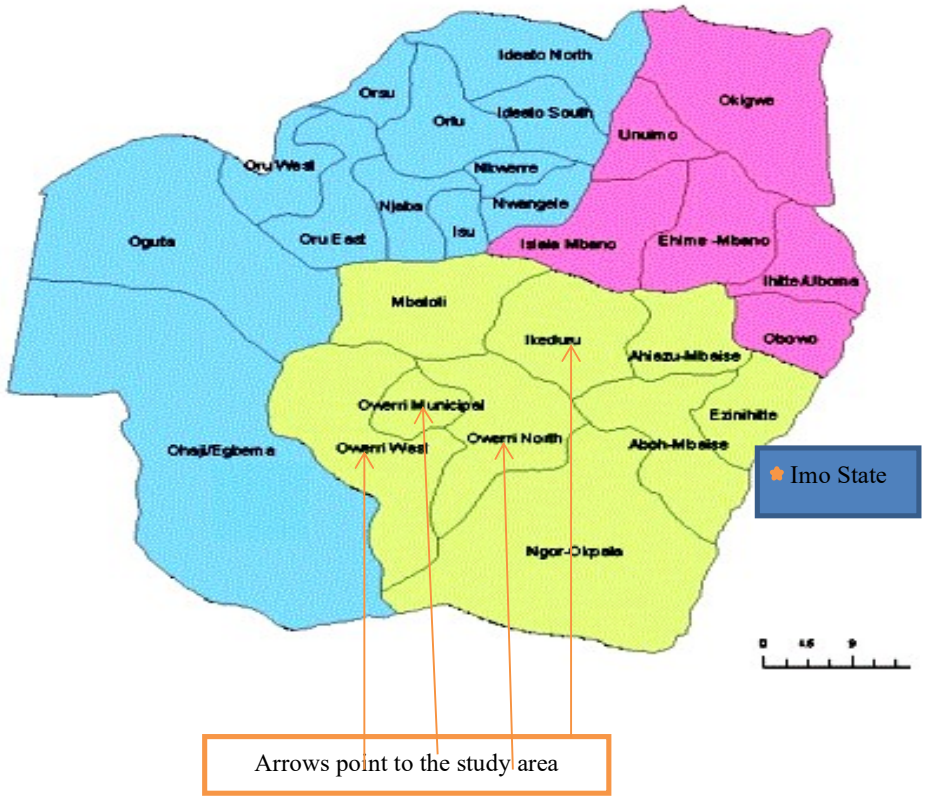
The relevance of this study will be based on conceptualizing institutionalism that relates to NHIS adoption in the Nigerian health industry and southeast in particular. To this end, we will use its pointers (see figure 1) to elucidate the active forces behind NHIS diffusion challenges in the Nigerian Health sector.

3 Methodology

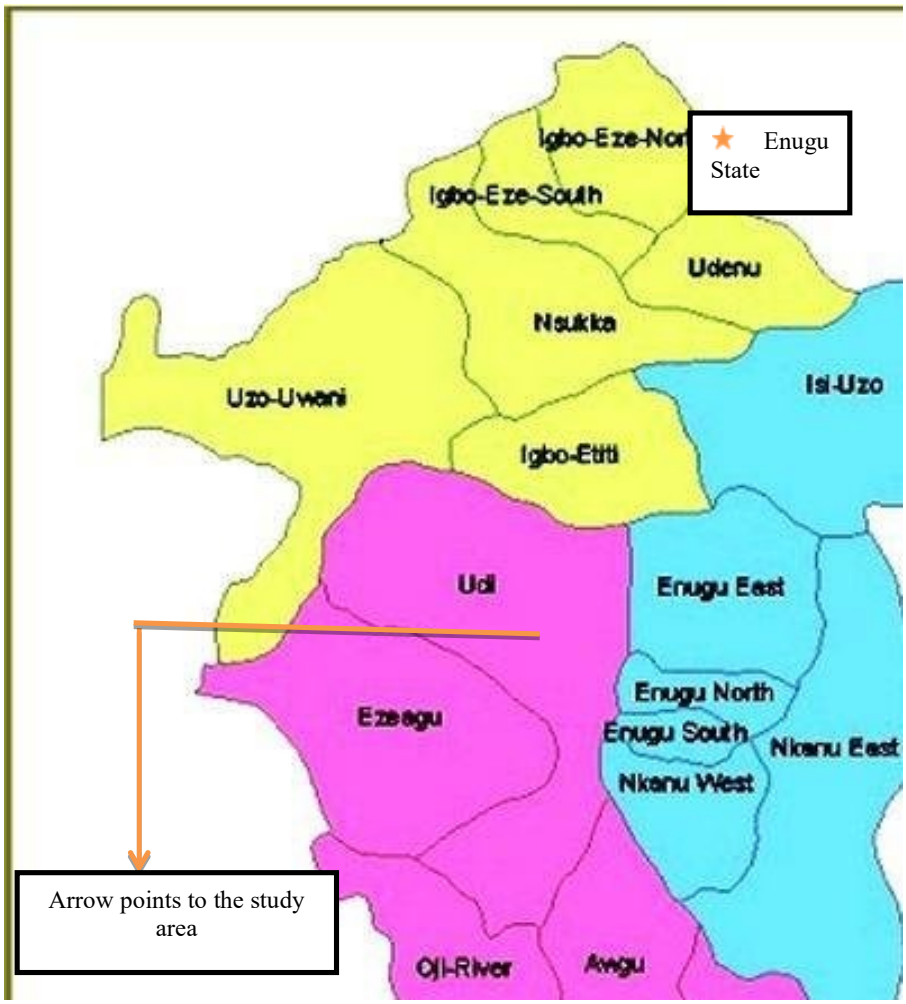
3.1 The locations and demographic characteristics of participants involved in the study

The study locations are the major towns in Imo State and Enugu State, Nigeria (Figure 2). Imo state and the Enugu States are located in South-Eastern, Nigeria with latitudes of 5'10 and 5'67N; longitude 6'36 and 7'28E; and latitudes 6° 27' 35.8704" N and longitude 7° 32' 56.2164"E respectively. (See figure 2a and 2b)

Based on their expertise, skill, and presence, four panelists and five interviewees (Table 1) were purposely selected for the IEI in the exploratory study.



Source: https://www.google.com/search?q=map+of+imo+state+with+ local+government&rlz



Source: Enugu State Ministry of Lands and Urban Development; Survey division 1990, https://www.researchgate.net/figure/Political-and-administrative-map-of-Enugu-State-Nigeria-Source-Enugu-State-Ministry-of_fig1_319175166 accessed 12/06/2021

Figure 2a and 2b: Maps of Imo State and Enugu State, Nigeria, indicating the study locations

For confidentiality, the FGD panelists are coded p1, p2, p3, and p4, while the in-depth expert interviewees are coded 7, 8, 9, 10, and 11. The demographic information of the FGD participants shows that the management staff of the corresponding establishments actively participated in the study, comprising the Federal Ministry of Health (FMOH), National Health Insurance Scheme (NHIS), Health Maintenance Organizations (HMOs), and Hospital Management (HMs). All participants have a minimum of a university degree with their years of experience ranging from 8 to 25 years. The IEI participants, also represent their various establishments as senior employees. Their organizations, including Nigeria Correctional Service (NCS), Federal Medical Centre (FMC), National Blood Transfusion Centre (NBTC), and Imo State Library Management Board were helpful to the study. Similarly, all claimed to have at least university degrees and their years of practice ranging from six to twenty-four (24) years,

Table 1: The respondents' Demographic characteristics

Codes	Organizations	Designations	Years of Experience	Education
	Focus Group Discussion (FGD) panelists			
P1	National Health Insurance Scheme (NHIS)	Regional Director	25	Postgraduate
P2	National Health Insurance Scheme (NHIS)	State media coordinator	6	Graduate
P3	NHIS Nurse Employee at Federal Medical Centre Owerri	Nurse	9	postgraduate
P4	NHIS Enrollee at Federal Correctional Service Centre Enugu	Correctional Centre Officer	15	Postgraduate
	Expert Interviews (EI)			
7	Federal Ministry Of Health	Imo State Director	23	Graduate
8	Federal Medical Centre Owerri	Consultant	15	Postgraduate
9	*National Blood Transfusion Centre*	Senior Officer	8	Graduate
I0	Police Health Maintenance Organization Limited(HMO)	Senior Officer	9	Graduate
I1	Imo State Library Board	Senior Officer	6	Graduate

3.2 Data collection and analysis

Starting with the FGD, field exercises were carried out in sequence in mid-August, 2020 in Owerri city, which lasted about two and half hours. Likewise, in September 2020 across four locations in Imo State, and a fifth session in the zonal Headquarters of the NHIS office Enugu State, the IEIs were conducted which lasted about 45 minutes per session. Notably, in the course of the interviews, a point of diminishing returns set in as all the interviewees grew weary and seemed to have exhausted their views, thus leading to a gap in communication. Lindelof, (1995). This necessitated the choice of engaging only the suitable professional and administrative bodies that their data can provide valuable information. [e.g., Federal Ministry of Health (FMOH), National Health Insurance Scheme (NHIS), Health Maintenance Organizations (HMOs), Hospital Management (HMs), Federal Medical Centre (FMC), National Blood Transfusion Centre (NBTC), etc.

Through the help of the spokespersons of the various organizations, data collection materials like, official application letters, information sheets, and consent forms were distributed. The discussion and interviews included questions categorized into themes of about 20 questions, centered on the research context, regarding operational characteristics of the National Health Insurance Scheme, institutional issues, evaluation, pattern of enrollment, budget allocation, stakeholders' roles in the health sector, and institutional issues. The fieldwork illustrated the previous phases of the research, emphasizing the evaluation of the Impacts of the NHIS on healthcare delivery in Nigeria using evidence from the activities of the Health Management Organizations, Enrollees, and the hospital man. Emphasis was laid on the health insurance diffusion among demographics, especially on healthcare delivery in southeast Nigeria. Here, we reflect the role of governmental institutions such as the federal ministry of health, the National Health Insurance Scheme, and others in the context of providing adequate resources, infrastructure, enabling environment, and mechanisms of healthcare delivery in Nigeria.

Despite the difficult circumstances of the Covid- 19 era, four (4) trained field assistants helped the researcher to achieve data collection. As so desired by the greater number of the targeted audience, the English language (mixed with local dialects), was particularly used for the in-depth interviews. This methodical procedure observed during data collection should be paid careful attention to as the participation of multiple participants from diverse backgrounds combine to enhance the chain of evidence validated of the data. (see Table 1), Yin, (2014). Key participants some of whom have monitored the progress of the research from the beginning helped in the data analysis and reflection. Using content, thematic, magnitude, data analyses were conducted to explain the basic statistical information. Saldaña, (2013). Elliott & Timulak, (2005) some strategies were used to uniquely enhance analysis, design credibility, and improve interpretative procedures to the research questions. For the specific codes that involved the content analysis, manual conduct of the thematic and magnitude analysis involving, Navigo 11s was used.

As shown in figure 1, the results of the thematic and magnitude analyses of the FGD data were used to create the conceptual model. The relations of the NHIS, HMOs, HMs, and the enrollees re the interactions of the institutional voids and structural challenges that combine to trigger operational impacts on the healthcare delivery in Nigeria. The findings of the IEIs help to strengthen the findings of FGD as well as map the (+/-) stances of the impact of the NHIS in modulating healthcare delivery in Nigeria.

4 Results

4.1 Evaluating Institutional forces and NHIS circulation in Nigeria's Health industry

Health insurance distribution among demographics on healthcare delivery in southeast Nigeria especially in Imo State is yet to be conducted. From the three broad themes linked with the subthemes and codes, emerged the FGD data analyses as well as their magnitude as has been illustrated in table 2. According to the results generated within the three broad themes, firstly, out of the 110 generated codes from the FGD data, institutional voids constitute 43(39.10%), while the structural problems and operational challenges occupy 27(24.50%) and 40(36.40%) respectively.

For the sub-themes, institutional voids include redundant policies (24, 55.80%) and Bureaucratic corruption (19, 44.20%). The sub-themes are further subdivided into four codes: a limited number of staff (13, 30.00%), misappropriation (10, 23.00%), Low budget allocation (12, 28.00%), and the absence of necessary mandatory health bills (8, 19.00%). (See table 2). The structural damages comprise of three sub-themes sub-divided into three codes. The sub-themes include Low geographical spread of offices (8, 30.00%), religious belief and socio-cultural stereotyping (7, 26.00%), and infrastructural deficit (12, 44.00%). The corresponding individual codes include the absence of workspaces, (9, 33.00%), lack of adequate data collection and storage, (7, 26.00%), and unstable electricity (11, 41.00%).

The third theme operation challenges comprise of two sub-themes and five corresponding codes. The sub-themes involve a poor level of education (17, 42.50%) and inadequate funding of the NHIS (23, 57.50%). They are further divided into a low number of enrollees (7, 17.50%), lack of awareness (9, 22.50%), a limited number of health challenges covered (10, 25.00%), the upsurge of the covid-19 pandemic, and unemployment (9, 22.50%) and lack of motivation and interest among workers (5, 12.50%). The magnitude coding results correspond to 110 frequencies of 12 codes, 7 sub-themes, and three themes as shown in Table 2.

Table 2 Results of the Data from the FGD Thematic and Magnitude coding

Theme Scores	Sub-theme scores	Code scores
Institutional Void =43(39.10)	Redundant Policies/inability of the National Assembly to implement the National Health Bill =24(55.80) Corruption= 19(44.20)	Low budget allocation= 12(28.00) A limited number of staff= 13(30.00) Misappropriation= 10(23.00) The absence of necessary mandatory bills= 8(19.00)
Structural Problems/Damage =27(24.50)	The low geographical spread of Offices = 48(30.00) Infrastructure deficit =12(44.00) Religious belief and socio-cultural stereotyping =7(26.00)	The inadequate geographical spread of offices= 9(33.00) Lack of adequate data collection and storage and equipment= 7(26.00) Unstable electricity= 11(41.00)
Operational Challenges =40(36.40)	Poor level of Education =17(42.50) Inadequate funding of NHIS =23(57.50)	The low number of enrolees= 7(17.50) Low level of awareness= 9(22.50) A limited number of health challenges covered= 10(25.00) Upsurge of Covid-19 pandemic and unemployment = 9(22.50) Lack of motivation and capacity in terms of resources and interest among workers= 5(12.50)
Total = 3/110(100)	7/110(100)	12/110(100)

The magnitude coding results suggest that the FGD panelists deliberated more on the institutional void and operational challenges than on structural problems. This was expected as the institutional void is the bedrock (i.e. bureaucratic corruption followed by redundant health policies) and as such triggers the outcome of the

operational challenges and structural problems. The infrastructural deficits and low geographical spread of offices represent the major issue treated within the structural problems followed by religious and socio-cultural stereotyping. Finally, the poor level of education and inadequate funding of the NHIS represent the main focus of the FD panelists within the perception of the operational problems.

Table 3 Magnitude coding and Thematic result for IEI data

Code no	Key variables (codes)	Interviewees				Themes			
		7	8	91	10	Structural	Institutional	Operational	Health Security	Socio-cultural
1	Infrastructural deficit	–	–	–	–	5 (–)				
2	Inadequate data collection & Storage	1+/–	+/–	+/–	+/–			4 (+/–)		
3	Redundant Policies	–	–	–	–		5 (–)			
4	Poor Level of Education and sensitization	–	–	–	–			5 (–)		
5	Lack of motivation and interest among workers	–	–	–	–			5 (–)		
6	Lack of collaboration among stakeholders	+	–	–				3 (–), 1(+)		
7	Religious and socio-cultural stereotyping	–		–					3 (–)	
8	Inadequate manpower	–	–	–				4 (–)		
9	Political instability	–	–	–	–		5 (–)			
10	Militancy, insurgency and highway armed robberies	–	–	–	–				5(–)	
11	Limited number of health challenges covered by NHIS		–	–	–					
12	Scarcity of drugs		+/–	+/–	+/–	4(+/–)				
13	Adaptation challenges to NHIS procedures and drugs	–			–	–				3(–)
14	Corruption	–		–	–	–	5(–)			
15	Upsurge of Covid-19 pandemic	–		–	–	–			5 (–)	
16	Inadequate funding and high cost of maintenance	+/–			+/–	4(+/–)				

Note: ± responses scoring system.

4.2 Stakeholders' perception and modulation of Nigeria's health insurance industry

The results of the IEI contain a general lack of sensitization and corruption within the NHIS and health industry. However, the interviewees recalled that most of the formal sector (the federal, state, local government, uniformed men, organized private sector, and businessmen), essentially benefit from the NHIS more than the informal sector based on the fact that the NHIS package has been subsidized to benefit the formal sector more than other sectors.

In terms of state and national collaboration among stakeholders, the various operators try to advance, strategize and outsmart others in the industry; which Ezenwa, Whiteing, Johnson, & Oledinma, (2020) noted that the demand across various regions in Nigeria is dependent on the socio-cultural dissimilarities and locations of the NHIS offices across Nigeria.

Using summation signs (+/-) to symbolize positive and negative effects, table 3 demonstrated the views of the interviewees regarding factors influencing Health insurance diffusion among demographics on healthcare delivery in southeast Nigeria. The IEI respondents emphasized the need for adequate funding which led to some structural problems like infrastructural deficit and scarcity of drugs. The general view of the interviewees also holds that the redundant policies that fail to add more legitimacy and power to the activities of the NHIS are classified as an institutional problem that gave rise to other problems such as political instability and corruption.

Inadequate data collection and storage, poor level of education and sensitization, lack of motivation and interest, lack of collaboration among stakeholders, and inadequate manpower are equally identified as operational hitches by some of the respondents. As regards the health of the people, the interviewees were of the general opinion that the upsurge of the Covid-19 pandemic became worrisome as a limited number of health challenges are covered by NHIS.

The fact that militancy, insurgency, and highway armed robberies have disrupted activities in most regions is in general acceptance concerning how security challenges have affected the NHIS health insurance diffusion among demographics in Nigeria. Few interviewees acknowledged socio-cultural challenges (e.g., religious belief and socio-cultural stereotyping) as a problem to the adaptation to NHIS processes and recommended drugs.

The respondents criticized the rate of NHIS diffusion in the health industry and their inability to regulate the health insurance scheme. The majority of them identified that the NHIS which should be for every Nigerian regardless that the scheme concentrates on the formal sector, specifically the federal public servants.

Continuing, 11 revealed that he does not have automatic access in Imo State Library Board to be covered by the NHIS unlike his compatriots in the other Nigeria federal parastatals. He went further to state, "based on equity and universal health coverage, my colleagues and I should be treated with same gloves as others in the federal ministries, the idea of having to pay more for me to be enrolled does not call for equity and justice." IEI 11 further stated that this lopsided situation has affected the number of enrollments into the NHIS and its diffusion in the health industry.

IEI 7 stated that insufficient funding has hindered the activities of the NHIS and buttressed those redundant policies that should be done away with and adequate policies should be enacted to guide the smooth running of the NHIS. 7 further emphasized that the NHIS should be given the necessary financial backups to enable it to achieve its expected goals as the lack of funds remains the main reason NHIS limits the number of diseases covered. He went further to state that funding of health-related research should be made a priority as it is an obvious fact the workforce is not given sufficient funding and attention. 7 further listed some instruments that can facilitate adequate financing of healthcare and focused more on out-of-pocket payments and Health insurance schemes.

Other respondents affirmed the funding instruments and challenges but went further to confirm that lack of cooperation among the various stakeholders has delayed the development of the NHIS and this presents obvious drawbacks in the health industry. Respondents, 9 and 11, linked the prevailing problems to the absence of cooperation among the workers and stated that unity of purpose remains key towards positive achievement by the various relevant stakeholders. IEI 8, noted that this insufficient funding is the root cause of inadequate data collection and storage. The respondents confirmed the security challenges encountered during the process of sensitization and distribution of equipment and drugs.

The inability of the government to do away with redundant policies led the respondents to blame the government for failing to provide the enabling environment to sustain the NHIS and the health industry in Nigeria. The peculiar nature of most parts of Nigeria has given a major cause of concern as bad road networks, militancy, extortion by the local security officers, and highway armed robberies tend to delay the distribution of drugs, etc. some of the respondents advocated for the need to put every measure to overcome the challenge of drug scarcity. 9 and 10 highlighted that the NHIS officials should be more innovative and experienced to enable them to improve their scope and knowledge.

In addition, the respondents raised issues concerning political instability, inadequate manpower, infrastructural deficits, and lack of motivation and interest among the workers. The idea of every government in power trying to change the leadership of the NHIS with those who support their political affiliation has

continued to affect the continuity and development of the NHIS. 7 and 8 noted that these unwarranted changes have seen the less qualified and incapable leadership delay the development and growth of the scheme. Each leader tries to bring in their policies to favor the government that brought them to power and tends to abandon the already existing structure and long-term plans of their predecessors. This in a way does not encourage development and growth.

They emphasized the need to make the leadership of the NHIS more stable with less or no political undertone. 11 disclosed that due to the complicated nature of the NHIS processes, and the constant encounter of inadequate drugs, most treatments are done with the patients securing the unavailable drugs outside the NHIS; hence, patients are willing to opt for out-of-pocket payment; to save time and energy. 7,9 and 11 stated that the diseases covered by the NHIS are the ones within the reach of the poor, and raised concern regarding the limited number of illnesses covered. Issues concerning religion and socio-cultural stereotyping were equally highlighted by them where people from some parts of Nigeria; due to their culture, tradition, and belief still perceive NHIS differently. This further widens the gap and makes it more difficult for the relevant stakeholders to have a common focus in achieving a common goal through the continuity of long-term developmental goals of the government.

Ezenwa et al., (2020) in their study also related the absence of lack of unity among stakeholders to cultural changes. The study observed that difference in sex, gender, religion, and political background (just as it is peculiar to Nigeria), hinders the diffusion of the NHIS among various groups in Nigeria. Interviewees (Table 3) recalled cases where religious belief and cultural practices hindered some people from accessing the NHIS and its customized services because they are avoiding contact with some persons and blood transfusion.

The summary of the above table 3, helps to enhance the understanding of significant issues delaying the NHIS diffusion in the Nigerian health industry about the activities of stakeholders and their reactions in controlling rejection and acceptability of NHIS protocols. Despite signs of progress in addressing the adoption challenges among most Nigerians, the findings reveal that the reactions of the relevant stakeholders are not well integrated. As a result, there is a failure in the improvement of the collective health insurance of the people. It is important to note that the bulk of the issues presented in this study gave rise to the NHIS diffusion framework (figure 2) as a long-term road map to advance the NHIS health insurance performance in the southeastern part and Nigeria in general. Table 2 chronicle presentation highlights those present-day realities that might have given rise to the lack of adequate storage, data, and continuity. It should be noted that the majority des of issues identified in this study need to be attended to, for NHIS to achieve optimum relevance

5 Discussion and conclusions of the research findings

Based on the two research questions of the study, this section presents the discussion of the developed and sovereign NHIS framework and the conclusion of the study as follows.

5.1 How are the institutional forces shaping NHIS diffusion in Nigeria's health industry?

According to the regional director of the NHIS Enugu state in his IEI, the health industry sector in Nigeria suffers from corruption and comparatively poor infrastructure that fails to effectively spur development in the region under study; leading to a low level of health insurance enrollment. This study was conceived based on this understanding to highlight the underlying issues holding back the development of NHIS in Nigeria's health industry. The casual links between the institutional voids (corruption, political instability, and redundant policies) and the structural problems (inadequate funding, high cost of maintenance, and infrastructural deficit) jointly threaten the operations of the national health insurance scheme in terms of inadequate data collection and storage, lack motivation, interest, and collaboration among staff and stakeholders.

The decay in the institution especially in the region under study is a direct link to the presence of several structural challenges. The IEI 7 went further to state that the absence of reliable data management and storage also makes it difficult for other health, security cultural, and geographical challenges to be surmounted. Religion and Culture are important factors in Nigeria, for example, it is often considered abnormal by some people to accept being attended to by the opposite sex, blood transfusion, and visiting the health institutions for a health check. Thus, many people do not receive adequate education regarding their health, and this breeds ignorance and lack of insight on what action to take when confronted with life-threatening sickness or health challenges. People should be encouraged to be sensitized to embrace and eschew such mentality and practice as they bear no health profit. There should also be accurate data management of those affected by terrorism, militancy, and highway way armed robberies to determine the type of effective assistance that should be rendered to them. (See Table 3).

These outcomes are consistent with the literature Eric Kehinde Ogunleye, (2014), Bloom & Canning, (2003), Jack & Lewis, (2007))These health outcomes are influenced by several factors. Some of these are evident from our study as lack of cooperation and motivation that have limited the development of NHIS and the overstretched operational challenge further compounded the problem as many believed affected the ability to accept and enroll into the scheme. Based on the prevailing circumstances, structural challenges also create a

range of operational drawbacks of adaptations to the drugs. It is important to note that these entire challenges stem from the institutional voids which include the infrastructural deficit, inadequate funding, and redundant policies. Ezenwa et al.,(2020).

According to the interviewees, the understanding of the institutional voids in the study site on NHIS diffusion process in Nigeria health industry requires a combined effort and influence of the consequential structural problems on the operational characteristics and the evidence presented on how the absence of health insurance can affect the overall life of the people. This aligns with what Ezenwa et al., (2020); Samans, Blanke, Corrigan, & Drzeniek, (2017) regard as the dampening effects of the limited scope and the shortage of facilitating conditions. It is also a case of adaptation to the processes of the NHIS and its operational burdens.

5.2 What are the Stakeholders' perceptions and modulation of NHIS diffusion challenges in Nigeria's health insurance industry?

The expert interviewees' perception of NHIS diffusion in the health industry in Nigeria highlights the issues, decisions, adoption, and predictive organizational factors affecting the cooperation among various stakeholders. For example, delisting HMOs and Hospitals that frequently move against the laid down rules are predictive organizational factors built on the institutional forces as seen on the study site. The lack of access to adequate health care can lead to poor health and reduced life expectancy. This constraint can limit people and make them more vulnerable. World Bank, (2013) the absence of adequate infrastructure, manpower resources, and scarcity of drugs; with the added burden of increasing overhead cost among other factors are challenging to the stakeholders. According to IEIs,1 these stands might change in the future that will see improved collaborations among the various stakeholders, in terms of manpower, most of the processes will be mechanized using Technological resources for the efficient and speedy delivery of services.

In the future, allowing improved collaboration and services is unclear if the relevant stakeholders ignore to sit down to analyze the future expectations of the health industry and map out adequate short and long-term strategies to push the scheme forward. Edeh, Joseph N,(2017)believes that the future will positively hold the best option and hopefully there will be improved cooperation among relevant stakeholders.

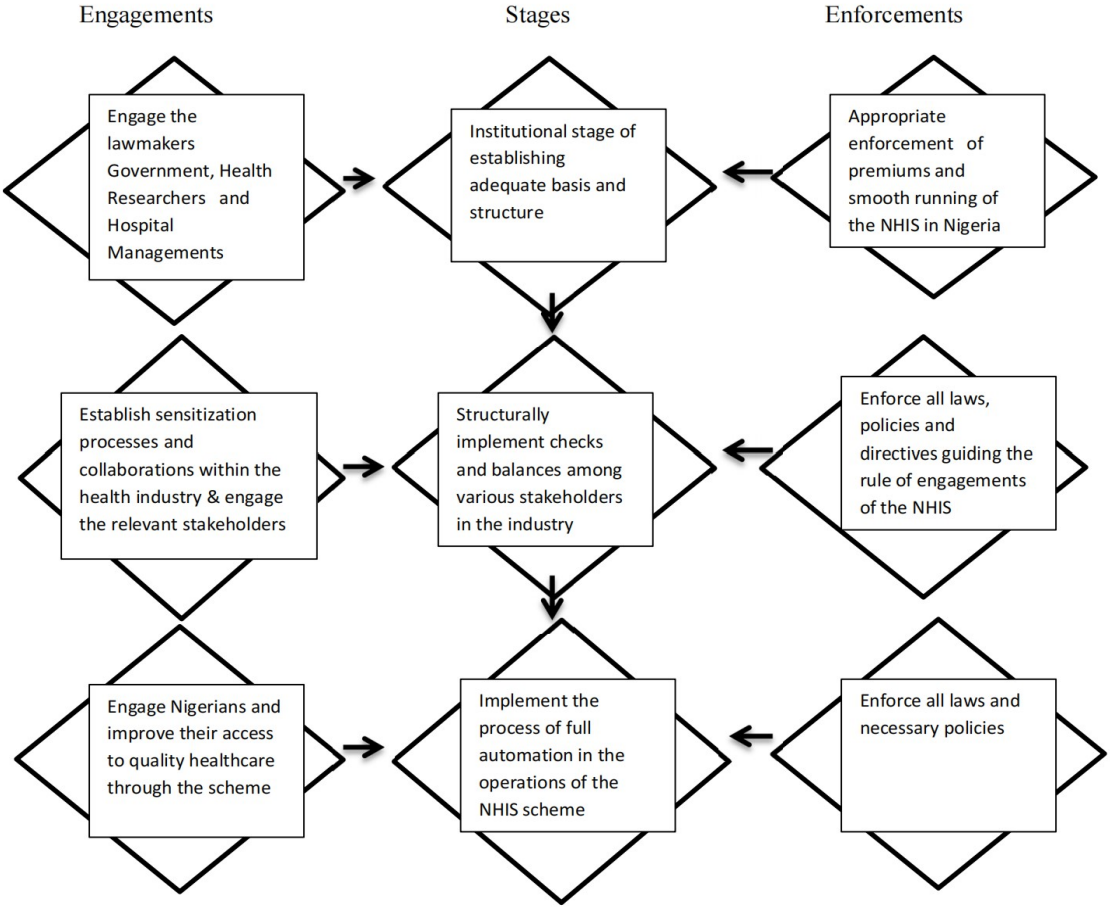


Figure 3 The NHIS diffusion three-staged framework

Figure 3 has been modified as a possible guide to determining the future of the Nigerian health sector. Based on understanding, this framework emerged on the three broad themes that constitute the conceptual framework: institutional voids, structural challenges, and operational problems (see figure 1). The involvement of the relevant stakeholders in determining the outcome of issues that relate to health insurance and the need for adequate enforcement in the region was also recognized. This measure is assumed to be a means to regulate and stimulate the NHIS diffusion in the health industry. According to Owumi B.E, Adeoti A.B,(2013)focus should be on the need to cleanse the health industry from the management of unqualified workers who indulge in bribery and corruption and ensure strict adherence to the rule of law through judicious handling of public funds. A. & Adebimpe W.O., (2010) emphasized the need to digitalize the operations of the NHIS and improve health insurance awareness, especially in southeast Nigeria.

Consequently, the three-stage framework involves; 1, the establishment of efficient policies backed by the designated laws of enforcement and accountability. This will stabilize the activities of the NHIS and make room for continuity as well as see NHIS develop and improve beyond political regimes and administrative appointments. 2, this stage is very crucial as it involves the general understanding of the policies backing the visions and objectives of the NHIS and the subsequent sensitization of the people to the knowledge of NHIS activities. At this stage, relevant stakeholders such as policymakers, researchers, HMOs, and various leaders will be familiarized with the routine and in turn, project the NHIS visions from. 3, this is the stage that determines the actual diffusion of the NHIS activities.

This final stage determines the process and patterns the relevant stage holders adopt in the process of sensitization. It calls also be regarded as the implementation stage where the actual benefits of the NHIS are meant to be felt. This can only be achieved through the enforcement of the necessary laws, policies, and regulations. The NHIS should adopt a proper digitalized process of reaching out to the people. This developed framework is not so comprehensive but represents an introduction towards shaping the NHIS and making it more relevant. The above framework will also checkmate infrastructural deficit, inadequate data collection, storage and reduce the level of corruption in the region. Beyond a mere understanding of the stakeholders' perception of NHIS diffusion in the health industry in Nigeria; there is a need to also strategically tackle the various issues identified in the study.

5.3 Conclusion

The deplorable state of health and the burden of ensuring the total wellbeing of Nigerians gave rise to the need for the government to initiate ways to address the quality and accessibility of healthcare delivery in Nigeria. Research has shown that Institutional vacuums such as political instability, corruption, unqualified and weak leadership, and illiteracy, have combined with the operational and structural challenges to hinder the improvement of health standards in developing and underdeveloped nations like Nigeria. Alhassan, Nketiah-Amponsah, & Arhinful,(2016)

Precisely, the interview conducted on the relevant stakeholders identified factors influencing the NHIS in Nigeria as lack of collaboration and sincerity among the relevant stakeholders, infrastructural deficits, structural decay, and operational challenges. This in turn has hindered the quest to realize and make adequate, sustainable health insurance in Nigeria. Some scholars believe that the eradication of this institutional corruption and vacuums will go a long way in addressing the structural and operational pressures. Daramola, Adesina, Abu, & Akande,(2019)**.**

The limitations of this study can be seen from the fact that the stakeholder's view dominated the study. Also, the era of the Covid- 19 has restricted the movement and access of the researcher. Therefore, locations and participants are selected from different establishments; hence the sample size is limited. Bearing these constraints in mind, the study has been stretched to the limit to ensure a sufficient number of observations from the available data.

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