Healthcare financing in Nigeria – an analysis of the Islamic model

[1,2]Oseni TIA, [3]Oseni UA, [2,4]Affusim CC.

[1]Department of Family Medicine, Ambrose Alli University, Ekpoma, Nigeria; [2]Institute of Health Insurance and Managed Care of Nigeria; [3] Chief Executive Officer, International Islamic Liquidity Management Corporation, Kuala Lumpur, Malaysia; [4]Department of Family Medicine, Irrua Specialist Teaching Hospital, Irrua, Nigeria.

Corresponding Author:

Dr Tijani Oseni, Department of Family Medicine, Ambrose Alli University, Ekpoma, Nigeria. Tel: +2348036281897; Email:

tijanioseni@yahoo.com

Abstract

Background: Healthcare in Nigeria is poorly funded. Most payments are out of pocket. This has affected the quality of health of the populace, as the majority of the populace cannot access basic healthcare. A recommendation to bridge this wide gap is through the establishment and utilization of health insurance, especially through the National Health Insurance Scheme (NHIS). Currently, it is only the formal sector social health insurance programme (FSSHIP) that accounted for only less than 5% of Nigerians, that is in operation. This study proposed Islamic healthcare financing as a viable alternative model.

Methodology/Results: A review of Islamic healthcare financing (Takaful), as an exceptional faith-based model, provides an alternative model of healthcare financing. The analysis of Takaful, as a unique value proposition for healthcare financing, is literarily an Islamic insurance model. In this model, the clients or participants make their contributions to the *Tabarru* (donation) fund while the Takaful company, acting as their agent, invests the funds in Sharī'ah compliant investments such as Sukuk and other permissible investments. The unique features of Takaful make it suitable for Islamic health financing in Nigeria.

Conclusion: The analysis revealed that the Islamic health insurance through Takaful is viable option for Muslims and the public at large, to reduce the low coverage of the current model. It recommended the establishment of more Takaful companies, and their utilization as a unique healthcare financial model.

Key Words: Islamic, health, financing, takaful, insurance

Introduction

The Covid-19 Pandemic has exposed the vulnerabilities inherent in the healthcare systems of not only the developing counties but also the developed countries. On the flip side, the pandemic effectively unravelled the invaluable role of the healthcare workforce and the need. One thing the pandemic has taught people is the need to ensure they can access affordable healthcare services. It is surprising to note that just before the pandemic set in, countries across the world reaffirmed their commitment to Universal Health Care (UHC) at the United Nations General Assembly High Level Meeting on Universal Health Care in 2019.

Accordingly, the World Health Organization (WHO) has been spearheading this initiative since 2015, hence, UHC is targeted at ensuring all human beings and communities get the required healthcare services without going through any financial hardship.[1] It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.[1]

One model that has been identified as a viable method to address the UHC deficit is Health Financing. Health Financing refers to the use of financial resources to ensure adequate coverage of the collective health needs of every person.[2] It is a foundational component that impacts the entire health system's performance, including the delivery and accessibility of primary healthcare. In some countries, the health system's financing strategy creates an imbalance that favours more expensive hospital care over primary healthcare.[3]

In Nigeria, primary healthcare has virtually collapsed. It appears healthcare is skewed in favour of secondary and tertiary healthcare, with primary healthcare mostly neglected. Consequent upon this neglect, Nigerians go to General and Teaching Hospitals to access care for minor ailments. This neglect of the primary health centres has put much pressure on the secondary and tertiary facilities, and as expected, with increased healthcare spending.

There has been recent experience of health insurance coverage in Nigeria but due to the huge population of the country, there has not been much impact. According to a 2019 PwC study, health insurance has been operating in Nigeria for over 17 years; however, there has been a very low uptake. In 2016, a meagre sum of 3% of total healthcare expenditure was applied to health insurance.[4] It has also been reported by the National Health Insurance Scheme (NHIS) that as of 2019, the scheme's coverage was below 5% of Nigerians which largely comprises the employees of the Federal government and their dependents.[4]

Though it is argued that massive investments in quality primary healthcare is necessary to achieve UHC globally, it appears there is still a long way to go in achieving this in most developing and least developed countries. And in spite of the efforts of NHIS and other state- driven initiatives, there has not been much impact on the vulnerable segment of the population. The wide health financing gap existing, therefore, needs a viable option and model like the private sector. Their active involvement tends to augment the existing government initiative through a health insurance model, where the so-called policy

holder becomes a key stakeholder than just paying premiums. It is against this backdrop that this study seeks to examine Islamic Health Financing, as an alternative model of health financing in Nigeria. This unique model, from previous assessment, does not only provide affordable and accessible healthcare services, but also build in some inherent principles that add value to the economic life of the policy holder. Furthermore, this study also provides a snapshot of such model that can be easily implemented under the existing legal and regulatory framework that underpins the insurance sector in Nigeria.[5] The analysis will explore the current health financing system in Nigeria, and the unique value of Islamic model being proposed as a model to bridge the existing wide healthcare gap.

Methodology/Results

Healthcare financing in Nigeria

The major healthcare financing mechanisms in Nigeria are namely: (i) government budget using general tax revenue; (ii) direct out-of-pocket payments; (iii) a social insurance scheme known as the Formal Sector Social Health Insurance Programme (FSSHIP) that is implemented by the NHIS; and (iv) donor funding. Other health financing mechanisms include: demand-side financing through conditional cash transfers (CCT), and community-based health insurance (CBHI).

Healthcare in Nigeria is poorly funded.[6] Most payments are out of pocket.[7] This has affected the quality of health of the populace, as the majority of the populace cannot access basic healthcare. This is due to the high poverty level in the country, where the majority of the populace are poor, unemployed or at best under-employed. The security challenge in most parts of the country has further crippled economic activities, worsening the poverty level in the country. The increasing cost of laboratory investigations, medications and dearth of physicians have also contributed to the increased cost of accessing healthcare in the country.

Donor funding can come in form of free medical outreach by religious or non-governmental organisations, building and equipping of hospitals by companies and firms as part of corporate social responsibilities, special programmes like Human Immunodeficiency Virus (HIV) and Tuberculosis (TB) intervention programmes where free diagnosis and treatment are given to persons with specific health challenges. Donor funding is a big source of health financing for the poor. However, the major drawback is that persons and services covered are determined by funders and not universal. The timing of the intervention is also determined by the donor thus the sick may not get healthcare service when needed, unless a medical

outreach is being organised for his community at that time, or his ailment is covered by a specific intervention being organised for his people at that material time.

The other form of healthcare financing, the Community based health financing mechanism, involves households in a community financing or co-financing, the recurrent and capital costs associated with a given set of health services, thereby being involved in the management of the community financing scheme and organization of health services.[8] Philanthropists, community leaders, non-governmental organisation and government can also donate to the scheme. Two or more common ailments such as malaria, diarrhoea diseases and pneumonia particularly in children and maternal services are usually covered by the scheme.[8] It affords the community access to basic healthcare particularly the vulnerable population (women and children).

Health insurance in Nigeria

Health insurance is a form of funding of healthcare, whereby people forego a part of their income in exchange for guaranteed protection from Catastrophic Health Expenditure (CHE), which have negative effect on households.[9] It involves the pooling of funds to finance healthcare, with the financial risk of health spread among the insured. Therefore, the larger the pool of resources, the more efficient and sustainable the services that will be provided to the insured. It also ensures the populace get the best of care irrespective of their income level as the burden of health is shared.

The two main types of health insurance are private health insurance and public health insurance. Public health insurance is provided through the government, while private health insurance includes plans you get through an employer or the marketplace.

The National Health Insurance Scheme (NHIS) was introduced in 2005 to guarantee accessibility to health for Nigerians.[10] This scheme (NHIS) is a form of managed care that pools regular financial contribution of members and pays a network of providers of health care (health maintenance organizations and health care providers), for defined specific set of health care services, who in turn are accountable for cost containment and improving health outcomes. A contribution entitles the insured person, the spouse and four children under the age of 18 years access to health care. The client will register with NHIS approved Health Maintenance Organization, and thereafter, the primary health care provider of his choice from an approved list supplied by Health Maintenance Organization.

The role of insurance in health financing is double-fold, one, to raise revenue for health care services, and two, to pool these resources so that health risks can be effectively shared among the members of the insurance scheme.[11] The main objective of NHIS therefore is to achieve equitable access to health care in Nigeria, as an alternative source of funding for a rapidly extending and increasingly costly health care system. In order to ensure that every Nigerian has access to good health care services, the National Health Insurance Scheme has developed various programmes to cover different segments of the society, and these are:[12]

Table 1: NHIS Categorization of Different Segments of the Society

Formal Sector	***Informal Sector***	***Vulnerable Group***
1. Formal Sector Social Health Insurance Programme 2. Mobile Health 3. Group, Individual and Family Social Health Insurance Programme	1. Tertiary Institution Social Health Insurance Programmes 2. Community Based Social Health Insurance Programmes 3. Public Private Partnership Social Health Insurance Programmes	1. Pregnant Women 2. Children Under five 3. Prison Inmates 4. Retirees 5. Aged

Thus, the Scheme is designed to provide comprehensive health care delivery at affordable costs, covering employees of the formal sector, self-employed, as well as rural communities, the poor and the vulnerable groups.[13] However, it is only the formal sector social health insurance programme (FSSHIP) that is currently operational, accounting for only less than 5% of Nigerians. This is because it is mandatory for all federal government employees to enrol into the programme. State and local governments are also keying into the scheme through the State Social Health Insurance Agencies (SSHIA), with Bauchi and Cross Rivers states achieving full coverage.[12] Other states like Edo are gradually following suit.

The National Health Insurance Scheme is bedevilled with many problems including; corruption, fragmentation of resources, policies, efforts and strategies. These have become great impediment to the full realisation of NHIS, which is key to the attainment of Universal Health Coverage. There is therefore, the need to develop an appropriate and enabling setting, which will be the matrix of coverage, with a systematic

arrangement that facilitates the achievement of set objectives. To this end, the management of the NHIS has come up with the concept of 'Health Insurance Under One Roof' (HIUOR). Under this concept, there should be a clear definition of scopes of health insurance in Nigeria, and the determination of who covers each of the segments between NHIS and the State agencies. The examples may include NHIS remaining responsible for the formal sector, while the State Health Insurance agencies took charge of the informal sector population at the grassroots, which is closer to the state government system. The HIUOR concept is therefore aimed at accelerating Universal Health Coverage, and decentralization of the NHIS. The scheme has also been affected by inadequate political commitment to the health of the populace, lack of confidence in the scheme by the public leading to very poor voluntary enrolment, moral and ethical issues on the side of the Health Maintenance organisation (HMO), the service providers and the enrollees.

The Islamic healthcare financing plan

As an alternative model of healthcare financing, Islamic healthcare financing is a faith-based model that provides a unique value proposition for the up takers. Islamic healthcare financing can be achieved through Islamic insurance popularly known as Takaful. Takaful has been defined as a concept of insurance based on Islamic principles in which a group of individuals agree mutually to guarantee themselves against the occurrence of loss or damage relating to a specifically identified risk through *tabarru* (voluntary donation) into mutual *takaful* fund.[14] It is based on the principles of mutual cooperation *(ta'awun)* and donation *(tabarru')* whereby participants' risks are shared collectively and voluntarily by participants to guarantee mutual protection of the members.[15] Thus, a group of individuals pool funds together with a mutual agreement that in the event of ill-health of any of the contributors, part of the fund would be used to provide healthcare services to him based on the agreed amount.[16]

There are numerous differences between the conventional insurance and Takaful. Some of the core differences are summarised in Table 2 below:

There are various Takaful models which can be used to structure Islamic health financing plan. The major Takaful models used in the market globally include Mudārabah (Joint venture partnership), Wakālah model (agency contract), and the Hybrid model (partnership and agency).[18] As a matter of fact, some of the models have been used in structuring health plans in jurisdictions such as Malaysia, Pakistan, United Arab Emirates and many more.

In Nigeria, Takaful commenced with the incorporation of Jaiz Takaful Insurance Plc in December 2013. However, it received its operational license to offer insurance products in on 19 August 2016. There are currently several insurance companies offering Takaful products and these include Noor Takaful Insurance Plc, Salam Takaful Insurance Ltd and Cornerstone Takaful Insurance Ltd. However, patronage of these services has been considerably low.[16]

There are various Takaful models which can be used to structure Islamic health financing plan. The major Takaful models used in the market globally include Mudārabah (Joint venture partnership), Wakālah model (agency contract), and the Hybrid model (partnership and agency).[18] As a matter of fact, some of the models have been used in structuring health plans in jurisdictions such as Malaysia, Pakistan, United Arab Emirates and many more.

In Nigeria, Takaful commenced with the incorporation of Jaiz Takaful Insurance Plc in December 2013. However, it received its operational license to offer insurance products in on 19 August 2016. There are currently several insurance companies offering Takaful products and these include Noor Takaful Insurance Plc, Salam Takaful Insurance Ltd and Cornerstone Takaful Insurance Ltd. However, patronage of these services has been considerably low.[16]

Despite the promising nature of Takaful as obtained in other countries such as Malaysia, the patronage of Takaful services in Nigeria appears to be deteriorating rather than improving.[16] According to the

National Insurance Commission (NAICOM), Takaful and microinsurance accounted for less than 1% of all the premiums in the insurance industry paid in 2019.[19]

How Takaful can enhance universal health coverage

The underlying principles of Takaful such as *tabarru* and *ta'awun* suggest that there is the communal dimension to insurance in Islam rather than the individualistic arrangements in conventional insurance. A financial product where participants in an insurance plan mutually contribute to help one another through donations and mutual assistance is different from the premium-based insurance policy. Therefore, considering the unique features of Takaful, one would consider an example of how Takaful can be used for Islamic health financing in Nigeria.[20]

1

Table 2: Major Differences between Takaful and Insurance[17]

	Takaful	Insurance
Conceptual elements	Based on the concepts of *Ta'awun* (mutual help or co-operation), *Aaqilah* (shared liability), solidarity, trusteeship, and brotherhood.	Based on seeking material gain on behalf of other.
Contract	A combination of *Tabarru* contract (donation), *Dhaman* (indemnity) and usually an agency or profit sharing contract.	Contract of exchange (sale and purchase) between insurer and insured.
Ownership	Policyholders – will try minimise operational costs – operator receives fees or profit share. Profit generation is not main goal.	Shareholders of the insurer– will try to maximise profits.
Responsibility policy holders / participants	• Participants make the contributions to the scheme. • Participants mutually guarantee each other under the scheme.	Policyholders pay premium to the insurer who assumes the risk of the uncertain, future event.
Liability insurer / operator	• *Takaful* operator acts as the administrator of the scheme and pays the *Takaful* benefits from the *Takaful* funds. • In the event of deficiency in the *Takaful* funds, the *Takaful* operator will provide an interest-free loan to rectify the deficiency.	Insurer is liable to pay the insurance benefits as promised from its assets (insurance funds and shareholders' fund).
Access to capital	Access to share capital by *Takaful* operator but not to debt, except for interest free loan from operator to underwriting fund.	Access to share capital and debt possible use of subordinated debt.
Investment of fund	Assets of the *Takaful* funds are invested in Shari'ah compliant instruments.	There is no restriction apart from those imposed for prudential reasons.
Operating profits	Operating profit may be re-distributed to the eligible policyholders or is sometimes shared with the operator based on the pre-agreed ratio.	All the operating profit will be allocated to the insurers' shareholders fund.
Winding up	Reserves and surpluses donated to charity or returned to the eligible policyholders.	Reserves and surpluses belong to the shareholders of the insurance company.

For this purpose, this study will use the Wakālah model which is based on the concept of agency. The first step is to establish a Takaful company who manages the fund. Thereafter, the clients or participants make their contributions to the *Tabarru* (donation) fund while the Takaful company, acting as their agent, invests the funds in Sharī'ah compliant investments such as Sukuk and other permissible investments. The funds contributed are usually divided into two sub-funds: Participants Risk Fund (PRF) and the Participants Investment Funds (PIF).[21] While the PRF is used to meet the general

Takaful claims relating to healthcare risks specified in the Takaful Certificates, the PIF is the other sub-account, where the contributions made by participants are credited for savings and investments. In fact, the healthcare financing plan can be structured in a Sharī'ah-compliant manner where the PIF will generate regular dividends or profits for the participants while also being fully insured for all their health-related needs. And at the same time, making their contributions to the fund, participants identify and agree on the insurable interests which in this case include all health-related matters, including visits to General Practitioners, minor surgeries and other related issues as agreed in the Takaful contract. Therefore, once a participant needs primary healthcare services, he or she proceeds to any panel clinic or hospital for treatment while the latter files the claim directly to the Takaful company based on the authorization of the participant.

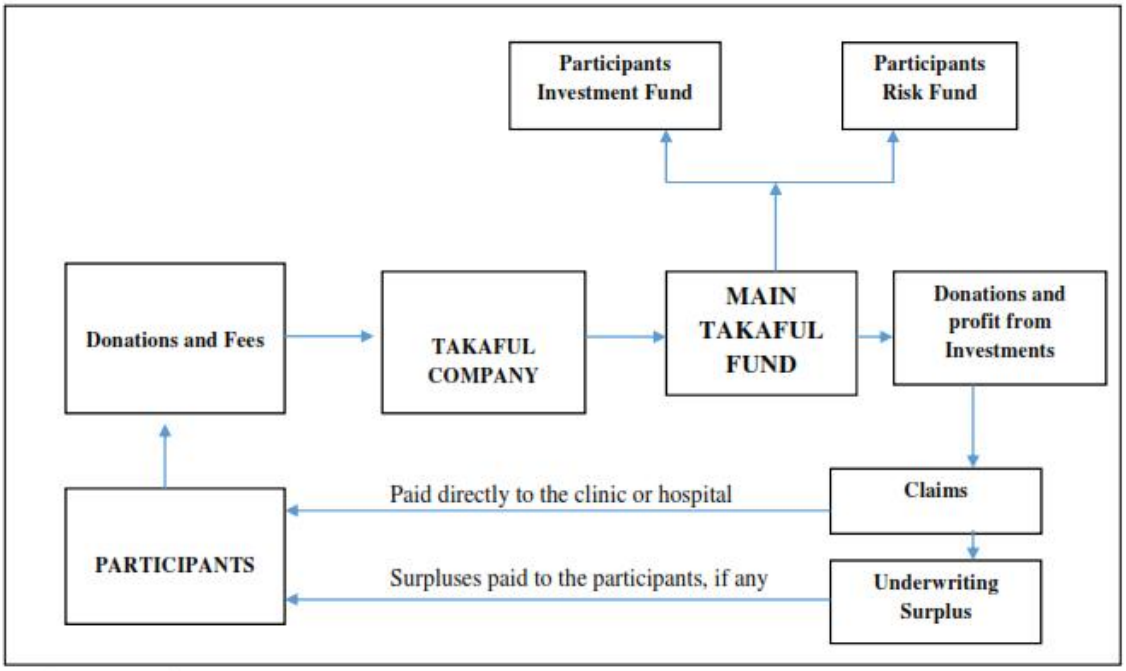
The key question that readily comes to mind is that how will the Takaful company make money and cover its operations? The Takaful operator will receive a pre-agreed fee for managing the funds and the claims. This is usually a fixed amount, or a percentage of the total gross profit as agreed by all the parties. One unique feature of the plan is that when there are underwriting surpluses, some Sharī'ah scholars allowed the distribution of such surpluses among the participants at the end of the financial year, as the participants are deemed to be the owners of the fund. This could also be implemented in a different way, where participants' contributions in subsequent years are discounted on the basis of low or non-utilization of the policy.

The above example provides a snapshot of the value propositions of Takaful in health financing in Nigeria. It is important to reiterate the five unique value propositions which are not available in the conventional insurance products offered in the country. First, the participants own the fund which is managed by the Takaful company. Second, the participants contribute based on their own volition to assist one another – an endeavour which earns them not only financial reward but also spiritual reward from the Islamic perspective. Third, depending on how the financial product is structured, the participants may be entitled to regular profits/dividends. Fourth, in case there is surplus at the end of the financial year, participants will get additional funds. Finally, representatives of the participants could be considered as part of the Board of

Directors of the Takaful Company. Above all, while enjoying the above benefits, participants get full health coverage. This makes Takaful a veritable product for enhancing the UHC.

Conclusion

Achieving universal health coverage in Nigeria involves the participation of everybody. Health insurance including Islamic health insurance (Takaful) is a major instrument for the achievement of universal health coverage. Muslims and the public should consider establishing Takaful companies or the existing Takaful companies could offer health insurance utilizing any of the widely used models. The regulator, NAICOM, is open to ideas and will be willing to license Takaful companies that are specifically established to manage health insurance in accordance with Islamic principles to achieve a healthier ummah. While this study focuses on the need to provide accessibility to affordable primary healthcare, which is crucial to Nigeria, future studies could focus on other areas such as compassionate healthcare financing which is mostly required for secondary and particularly tertiary health financing. Even the middle-class population in Nigeria cannot afford major surgeries without insurance. This makes a case for future research on compassionate financing based on Takaful and other principles of Islamic social finance. Going beyond Takaful for primary healthcare, compassionate financing is mostly used in advancing healthcare financing. Compassionate financing provides an affordable plan for patients who cannot fund very expensive medical procedures such as gene therapies. Gene therapies are specifically used to cure rare medical conditions, which positively transform patient's life. However, the cost element is huge, as the first licensed gene therapy was priced at super high cost of USD 1 million. This has the potential of financially excluding patients without targeted financing, and such patients are left to bear the burden of rare or ultra-rare medical conditions for life. In the developed world, some existing financing models include outcome-based model in form of pay-for-performance agreements, upfront payment, annuity-style payment, intellectual property-based payment, and fund-based payment.



Source: Authors

Fig 1: A simplified model of Wakala Takaful for healthcare financing

References

1. World Health Organization, "Universal Health Coverage (UHC)", 1 April 2021. Available at https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

2. World Health Organization. Monitoring the Building Blocks of Health Systems: a handbook of indicators and their measurement strategies. Geneva, Switzerland: WHO. 2010.

3. Joint Learning Network for Universal Health Coverage (JLN), Financing and Payment Models for Primary Health Care: six lessons from JLN country implementation experience. Washington, DC: Results for Development; 2017.

4. PricewaterhouseCoopers Limited, "Sustainability of State Health Insurance Schemes in Nigeria Beyond the Launch", 2019. Available at https://www.pwc.com/ng/en/assets/pdf/sustainability-state-health-insurance-nigeria.pdf

5. Oseni UA, "Dispute resolution in the Islamic finance industry in Nigeria." European Journal of Law and Economics 40.3 (2015): 545-564.

6. Tayo-Ladega O, Abdullahi TM, Islam KA. Factors Militating Against Public Health Financing In Nigeria: An Empirical Review. American International Journal of Multidisciplinary Scientific Research. 2021 Apr 12;7(2):1-0. Also see, Asakitikpi AE. Healthcare delivery targets and the national health insurance scheme limitations in Nigeria. International Journal of Business and Social Science. 2016 Mar;7(3):55-64.

7. Asakitikpi AE. Healthcare delivery targets and the national health insurance scheme limitations in Nigeria. International Journal of Business and Social Science. 2016 Mar;7(3):55-64.8. Sheshi IM, Ahmed A, Sani MD, Issa YF, Agbana BE. Willingness to Pay for Community Health Financing: An Approach to Financing and Sustainability of Integrated Community Case Management of Childhood Illness in Rural Communities in Niger State. Current Journal of Applied Science and Technology. 2021 May 4:82-92.

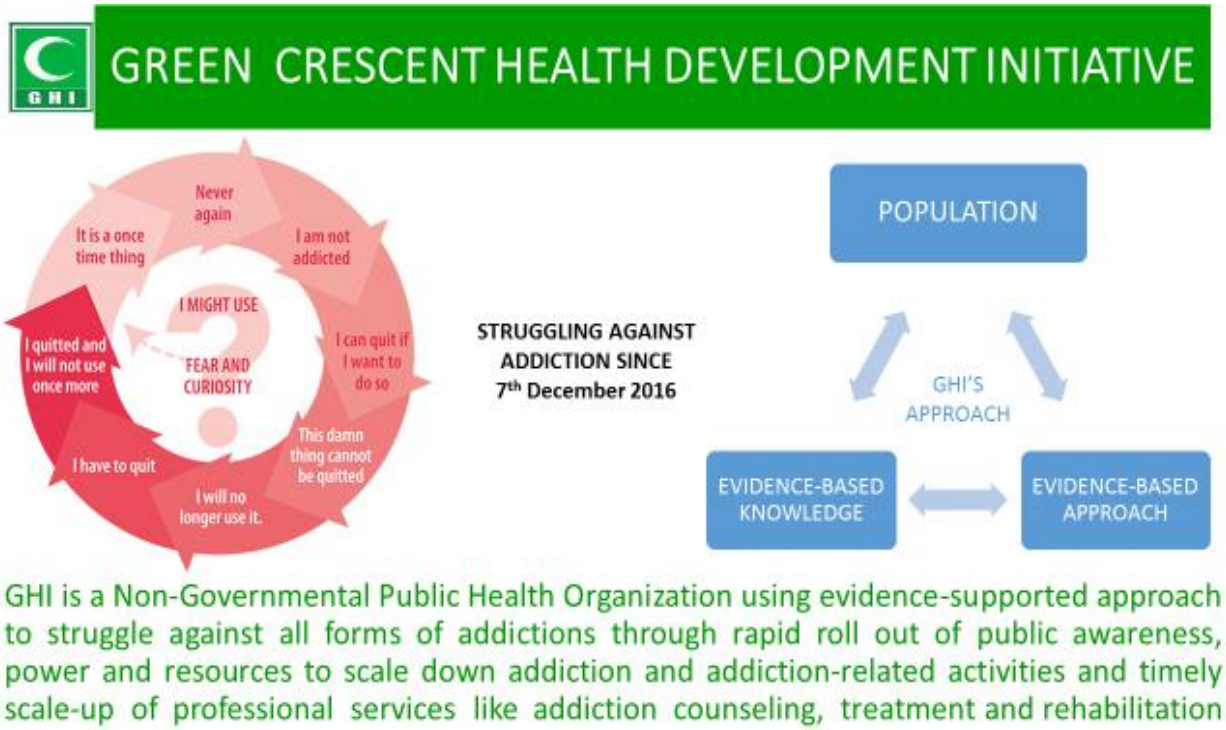
9. Adisa O. Investigating determinants of catastrophic health spending among poorly insured elderly households in urban Nigeria. International journal for equity in health. 2015 Dec;14(1):11.

10. Aregbeshola BS, Khan SM. Predictors of enrolment in the National Health Insurance Scheme among women of reproductive age in Nigeria. International journal of health policy and management. 2018 Nov;7(11):1015.

11. Ekman B. The impact of health insurance on outpatient utilization and expenditure: evidence from one middle-income country using national

household survey data. Health Research Policy Systems 2007; 5: 6.
12. National Health Insurance Scheme. Handbook. Accessed at: nhis.gov.ng/2020/11/19/handbook/
13. Sanusi RA, Awe AT. An Assessment of awareness level of National Health Insurance Scheme among Health Care Consumers in Oyo State, Nigeria. The Social Science 2009; 4(2):143-148.
14. Kazaure MA. Extending the theory of planned behavior to explain the role of awareness in accepting Islamic health insurance (Takaful) by microenterprises in northwestern Nigeria. Journal of Islamic Accounting and Business Research. 2019 Jul 8.
15. Fadun OS. Takaful (Islamic insurance) practices: Challenges and prospects in Nigeria. Journal of Insurance Law & Practice. 2014;4(2):12.
16. Kazaure MA, Abdullah AR. The Microenterprising Size And Acceptance Of Islamic Health Insurance (Takaful) In Northwestern Nigeria. Journal of Islamic Monetary Economics and Finance. 2019 Nov 1;5(3):541-58.
17. Paul Wouters, Takaful (Islamic Insurance) Concepts and Perspectives, https://v1.lawgazette.com.sg/2012-07/469.htm
18. Hassan K, Kayed RN, Oseni UA. Introduction to Islamic banking & finance: Principles and practice. United Kingdom: Pearson Education Limited, 2013.
19. Middle East Insurance Review, "Nigeria: Takaful contributes less than 1% to total insurance market", 8 October 2020. Available at https://www.meinsurancereview.com/News/View-NewsLetter- Article?id=74013&Type=MiddleEast
20. Dandago KI, Muhammad AD, Oseni UA, "Essentials of Islamic banking and finance in Nigeria", Abuja, Nigeria: Benchmark Publishers Limited, 2013.
21. Oseni UA, Hassan MK, Hassan R. Emerging Issues in Islamic Finance Law and Practice in Malaysia. United Kingdom, Emerald Publishing Limited, 2019.

Conflict of interest: Nil



The health rights of *al-Majirai* children under the Nigerian Law: problems and the need for a new discourse

Sadiq A.A.

Legal Unit, National Orthopaedic Hospital, Dala, Kano.

Corresponding author:

Sadiq A.A. Legal Unit, National Orthopaedic Hospital, Dala, Kano. Email:

abusaefullah@yahoo.com

Abstract

Background: *al-Majirai* (singular, *al-Majiri*) pupils are one of the most vulnerable child in northern part of the country. Beside socio-cultural challenges that have always been their lots, the *al-Magirai*, as children, were not on many occasions given recognition as a human being that deserve to have right to standard health care. On many occasions, they were caught in the midst of ravaging epidemics, outbreak of banditry and politico-economic and social downturn. To avoid taking responsibility, and in trying to downplay the consequence of this neglect, many parents try to shift blames of the neglect to the society or the government as if they were the author of the rot. This paper discusses the health rights of *al-Majirai* children under the Nigerian law and some problems associated with this development that hampered the realization of the health rights *al-Majirai* children .

Methods: The research methods in this paper are of combined nature. On the one hand is the use of doctrinaire method, which involves exploring available literatures, relevant statutes, and court cases on the topic. On the other hand, the paper uses the findings as provided in the secondary empirical data from other previous studies to analyse the topic.

Results: The research shows that there were enough provisions for the health rights of *al- Majirai* children under the Nigerian law. Such provisions are found in the Child Right Act (CRA), the African Charter on the Rights and Welfare of the Child [ACRWC]) and the Convention on the Rights of the Child [CRC]) etc., at the national, regional and international level accordingly. It also identified weak family system, ineffective public policy and maladministration at all level of government as some of the problems hampering the realisation of the health rights of the al-Majirai children. In order to overcome this problems, the paper advocates that parents of the al-*Majirai* children need to be more responsible by providing healthcare to their wards , and the Muslim *Ummah* and the government, on their part, to discharge their social responsibilities as required.

Conclusion: The health rights of the *al-Majirai* children are among the fundamental rights of every human being. These rights are available for every child under the Nigerian law irrespective of its tribe, colour etc. By charting a new discourse where the health rights of the *al-Majirai'* children are protected by the families , the Muslim *Ummah* and the government, the rights would be protected.

Key words: *al-Majirai*, health, rights, vulnerable, children

Introduction

Generally, *al-Majirai* children are just like other children born by other parents. And, like every normal child, they are expected to enjoy certain rights towards their physical and mental development in life. Among rights they can enjoy as provided by the