ASSESSMENT OF EFFICIENCY OF HEALTH INSURANCE SCHEME IN ANAMBRA STATE, NIGERIA

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Abstract
This thesis investigated efficiency of health insurance scheme in Anambra State, Nigeria. The study objectives identified factors affecting the efficiency of the health insurance scheme and ways that the efficiency of health insurance scheme in Anambra State can be improved. The Health Belief Model (HBM) and reinforcement theory were adopted as the theoretical framework. The study adopted the mixed methods research design and sampled 625 respondents. Quantitative data were analyzed using descriptive statistics such as frequency counts, simple percentages and charts while the qualitative data were analyzed using thematic method of data analysis. Results showed that factors affecting the efficiency of health insurance scheme include lack of funds and inadequate contribution to the insurance scheme, poor referral system, delays in receiving required services, non-coverage of some locations and services, weak administrative structure and supervisory capacity, inefficient mode of payment and high cost of accessing health insurance. Thus, the study recommended amongst others the need for government to make funds available to improve the quality of health insurance services at public and affiliate hospitals in Anambra State.

Keywords: Efficiency, Health Insurance Scheme, Anambra State.

Introduction
Generally, health policies are designed to improve the state of healthcare and ensure access and utilization of essential health services for citizens, irrespective of their class or location (Onyedibe et al., 2012) One of such policies is the establishment of health insurance scheme. It involves the application of insurance principles to cover cost of defined medical packages. It entails spreading the burden of the cost of healthcare services to the insured over time, so that the insured can access healthcare services anytime without paying. It is a social health security system in which the healthcare of employees in the formal sector is paid for from funds created by putting together the contributions of employees and employers in the public and private sectors (Omari & Karasneh, 2021).

The idea of health insurance dates back to ancient times when various communities, such as the Greeks and Chinese, had systems in place to help cover the cost of medical care (Lemonnier et al., 2017). However, the modern concept of health insurance began to emerge in the late 19th century; Germany was the first country to introduce a national health insurance scheme in 1883 under the leadership of Chancellor Otto von Bismarck (Tulchinsky, 2018). The German health insurance scheme was created to provide financial protection for workers against the costs of illness and injury. It was a compulsory scheme that required workers and employers to contribute to a fund that would cover medical expenses. Following Germany's lead, other European countries started introducing similar schemes. In 1911, the United Kingdom introduced the National Insurance Act, which established a national health insurance system. The system covered workers and their families and was financed by contributions from employers, employees, and the government. In the United States, health insurance scheme was

introduced by a group of teachers in Dallas, Texas in 1929, their plan was initially designed to cover the teachers' hospital expenses, but it soon expanded to cover other groups of workers. In the 1940s and 1950s health insurance became more widely available in the U.S. This was largely due to the growth of employer-sponsored health insurance plans, which were encouraged by the federal government as a way to attract workers during a period of labour shortages (Onyemaechi & Ezenwaka, 2022).

In many developing countries especially in Africa, there is a clear lack of universal coverage of healthcare and little equity in accessing healthcare (Eboh, 2022). This is despite the fact that in the 1950s and 1960s, many African countries gained their independence and they started building new health care systems. One of the earliest health insurance schemes in Africa was established in Ghana in 1963, with the establishment of the National Health Insurance Scheme (NHIS). As more countries gained independence, other countries, such as Tanzania, and Kenya, followed suit in launching their own health insurance schemes. The Health Insurance Schemes in these countries were initially designed to cover formal sector employees and workers in the health sector; it however has expanded to the informal sector, public sector and vulnerable populations (Ly, Bassoum & Faye, 2022; Odili et al., 2023).

In Nigeria, the beginning of the 21st century witnessed a renewed effort at health sector and health financing policy reforms. The National Health Insurance Scheme (NHIS) is the most notable of these reforms (Yusuf & Akinmola, 2015). The establishment was inspired by the quest to improve the state of healthcare in Nigeria, and the need to reduce the cost and difficulties in accessing healthcare services (Osibogun, 2023). According to Onyemaechi et al. (2022), the rising cost of health care services as well as the inability of the government health facilities to cope with the people’s demand necessitated the establishment of health insurance scheme in Nigeria. Health insurance scheme is one possible way of financing health care services. The Nigerian government instituted this social health insurance system in 2005 to bring succour to the plight of its citizens through the National Health Insurance Scheme (NHIS). Although, the start of the NHIS dates back to 1962 when the need for health insurance in the provision of health care to Nigerians was first recognized, it was fully approved by the Federal Government in 1997, signed into law in 1999 and launched officially on the 6th June 2005. However, the programme has been largely inefficient in recent years.

In Nigeria, the health insurance scheme has the Federal government as the major stakeholder. Other contributors or facilitators include: State governments, Local governments, Public and Private sectors. The scheme is also funded by the contributory payments of civil servants in public sectors and employees in private sectors (Yusuf & Akinmola, 2015). Osibogun (2023) argued that the claim by state government officials in some quarters that the Anambra State Health Insurance Scheme is free may not be correct. This is because the government contributes 10 percent of the employees’ basic salary, while employees contribute 5 percent of their annual basic income. The scheme is administered through the operational guidelines provided by the federal government. The various Health Maintenance Organizations (HMOs) supervise what is happening in the healthcare facilities such as hospitals, clinics, and healthcare centres.

The question however remains whether the aims and objectives of the scheme have been achieved especially considering the current rising statistics of morbidity and mortality. For instance, in 2020, the World Health Organization (WHO) reported that the Maternal Mortality Rate of Nigeria is 814 per 100,000 live births. This report is in agreement with the report by the National Health Management Information System that maternal mortality ratio for Nigeria

in 2020 stood at 19.6 per 100,000 live births. The statistics show that the maternal mortality rate in Nigeria falls short of the target set by the WHO's Sustainable Development Goals (SDG) which is 70 deaths per 100,000 live births (WHO, 2020).

In Anambra State, the Health Insurance Scheme was established in 2016 with the aim of providing affordable and accessible healthcare services to all residents of Anambra State. Available literature shows that there is high level of awareness about the health insurance scheme also known as Anambra State Health Insurance Scheme (ASHIS). However, there is lack of efficiency in service delivery. For context, Egoh (2022) observed that there are various challenges affecting the efficiency of health insurance scheme in Anambra State, some of which include the concerns raised by patients about the quality of healthcare services, the efficiency of the scheme, inadequate health workers to drive the scheme and the negative attitude of some of the health workers. Thus, this study investigates efficiency of health insurance scheme in Anambra State, Nigeria.

Specific Objectives

1. How efficient is the health insurance scheme in Anambra State?
2. How can the efficiency of health insurance scheme in Anambra State be improved?

Literature Review

Health insurance is also called medical aid. It is a payment system in medicare where some or all of the costs of health care are paid for by the government or companies to protect the beneficiary from the risk of paying ridiculous amount or not having money for treatment (Mayes, 2007). It prevents insured persons from high treatment expenditures in the event of sickness. Health insurance finances medical expenses through contributions or taxes paid into a common fund to pay for all or part of health services specified in an insurance policy or the law. Health insurance is as a way to distribute financial risk associated with the variation of individuals' health care expenditures by pooling costs over time through pre-payment and over people by risk pooling (Cuadrado et al., 2019).

Health insurance covers medical expenses that arise due to an illness. It could be defined as a form of contract between private organization, government institutions and their workers. Usually, the company agrees to pay all or some of the insured person's healthcare costs in return for payment of a monthly premium (Julia & Kagan, 2023). These expenses could be related to hospitalisation costs, cost of medicines or doctor consultation fees. In their view, Serpa and Ferreira (2019) suggested that health insurance contributions are legally mandatory for all or part of the population, they are not related to risk and they are kept separate from other legally mandated taxes or contributions. They are usually levied by a designated (statutory) third-party payer with some independence from government authorities. Contributions are usually levied as a proportion of income.

Theoretical Framework

This work adopted the Health Belief Model (HBM) and the reinforcement theory. First, HBM was adopted because it argues that the fundamental notion guiding people's belief systems is the quality of available healthcare services in their locality. In this sense, quality and efficiency motivate people to take advantage of the available health insurance services. In other words, people's beliefs in health insurance schemes can encourage them to engage in positive health behaviour. Hence, if individuals believe that the health insurance scheme in their area is efficient, they are likely to enrol and even recommend others to the scheme.

On the other hand, the reinforcement theory is adopted for this study because it emphasizes the role of efficiency of services in sustaining health insurance scheme. The reinforcement theory opined that human action is usually driven by the environment. In other words, what controls behaviour are not internal cognitive events but "reinforcements." For instance, when residents make use of Anambra State health insurance scheme and enjoy the outcome, they are likely to repeat the action. In other words, reinforcements (i.e., positive consequences) can push the government to do more towards improving the operations and efficiency of health insurance schemes in Anambra State.

Methodology

This study was carried out in Anambra State, Nigeria. The study adopted multistage sampling procedure which involves the breakdown of sampling process into different stages and the application of different sampling techniques in selecting the respondents. Multistage sampling procedure was suitable because of the size of the study population. The result of 2006 National Population Census indicated that Anambra State is made up of 2,174,641 males and 2,007,391 females, total of which is 4,182,032. However, the target population for this study were the population of Adults aged 18 years and above living within Awka North and South Local Government Areas. The study also adopted the mixed methods research design. Questionnaires were used to collect the quantitative data while the In-Depth Interview (IDI) guide was used to collect the qualitative data. A uniform set of questionnaires were administered to all the respondents. The researcher got approval from the respondents before administering the questionnaires. Purposive sampling technique was adopted to select 4 knowledgeable participants (comprising 2 men and 2 women) aged 18 years and above for the qualitative aspect of the study. The Statistical Package for Social Sciences (SPSS) software version 24 was used to process the quantitative data collected from the field. The quantitative data were presented and analyzed using descriptive statistics such as simple percentages, frequency counts and graphic illustrations like charts. The qualitative data gathered from the interview sessions were recorded, carefully transcribed and analysed thematically using narrative method of qualitative data analysis. These qualitative data were compared with the quantitative data to establish a synergy between the two findings. Thematic method of data analysis was used to analyze the qualitative data.

Results/Findings

In this study, 625 copies of questionnaire were administered to the respondents, out of which 615 copies (representing 98.4% of the questionnaire copies) were returned. Exactly 10 copies (1.6%) were wrongfully filled during the fieldwork and were discarded during data cleaning. Thus, 615 returned copies of questionnaires were used for the data analysis. Also, the qualitative data obtained from in–depth interviews were analysed and used to support the quantitative component of the study. The socio-demographic data of the respondents are analyzed and presented in table 1.

Table 1: Socio–Demographic Characteristics of Respondents

Socio–demographic variables	***Frequency***	***Percentage (100.0%)***
Sex		
Male	305	49.6
Female	310	50.4
Total	**615**	**100.0**
Age		
18 – 26 years	105	17.1
27 – 35 years	257	41.8

36 – 44 years	115	18.7
45 – 53 years	71	11.5
54 years and above	67	10.9
Total	**615**	**100.0**
Marital Status		
Single	305	49.6
Married	217	35.3
Divorced	29	4.7
Separated	41	6.7
Widow/widower	23	3.7
Total	**615**	**100.0**
Highest Formal Educational Qualification		
No formal education	41	6.7
FSLC	71	11.5
GCE/SSCE/WAEC	101	16.4
OND/NCE	151	24.6
HND/B.Sc.	222	36.1
M.Sc./Ph.D.	29	4.7
Total	**615**	**100.0**
Place of Work		
Health sector	255	41.5
Public sector	201	32.7
Private sector	159	25.9
Total	**615**	**100.0**
Religious Affiliation		
Christian	550	89.4
Islam	5	0.8
African Traditional Religion	39	6.3
Atheist	21	3.4
Total	**615**	**100.0**
Annual Income		
₦Below 360,000	189	30.7
₦360,000-₦720,000	202	32.8
₦721,000–₦1,080,000	106	17.2
₦1,081,000–₦1441,000	55	8.9
₦1442,000 and above	63	10.2
Total	**615**	**100.0**
Place of Residence		
Urban area	311	50.6
Rural area	304	49.4
Total	**615**	**100.0**

Field Survey, 2024

The socio–demographic characteristics of respondents show that 310 (50.4%) are females while 305 (49.6%) are males. This implies that a majority of the respondents are females. A possible reason for this result is that females tend to have positive health seeking behaviour more than their male counterparts in the study area. The table also indicates that 257 (41.8%) of the respondents are between the ages of 27–35 years while 67 (10.9%) of the respondents are 54 years and above. The implication is that many of the respondents are young adults.

Again, data show that the respondents have a mean age of 36 years, a median age of 35 years and a modal age of 35 years, with a standard deviation of 10.59773. The table also shows that the respondents have a minimum age of 18 and a maximum age of 59. This implies that most respondents in this study are young adults. With regards to marital status of the respondents, it can be seen that 305 (49.6%) of the respondents are single whereas 23 (3.7%) are widowed. This implies that a majority of the respondents are single. The column for marital status also confirmed that a large number of the respondents in this study are married.

Again, the column for highest formal educational qualification of the respondents shows that 222 (36.1%) are HND/B.Sc. holders while 29 (4.7%) of the respondents have Postgraduate Degrees (i.e., M.Sc. and PhD). This implies that a majority of the respondents have higher levels of education. It is instructive to note that out of the 615 questionnaires returned, a good number of the respondents with higher levels of education are urban dwellers while those with lower levels of education are mainly rural dwellers. Overall, the result confirms that Anambra State is one of the states in Nigeria with high level of literacy rate. With regards to place of work, table 1 shows that 255 (41.5%) of the respondents are employees in the health sector while 159 (25.9%) of the respondents work in the private sectors in Anambra State. From the result, it is obvious that a majority of the respondents work in the health sector. Although the researcher made sure that the study respondents were familiar with the topic under investigation, however, getting to find out that a majority of them work in the health sector was very interesting. This finding explains why majority of the respondents are aware of the current state of health insurance services in Anambra State.

Furthermore, this study also investigated the religious affiliation of the respondents and result indicates that 550 (89.4%) of the respondents are Christians whereas only 5 (0.8%) of the respondents are Moslems. This means that Christianity is the dominant religion in Anambra State. With regards to annual income status of the respondents, table 1 shows that 202 (32.8%) earn between ₦360,000-₦720,000 annually while 55 (8.9%) of the respondents earn between the range of ₦1,081,000–₦1441,000 every year. From the above result, it can be rightly deduced that a majority of the respondents in this study are of low income brackets. This implies that although high literacy rate was observed in this study, it has not translated into higher income generating opportunities for many of the respondents. A close look at the place of residence shows that 311 (50.6%) of the respondents live in urban areas while 304 (49.4%) live in rural areas. This goes to show that a good number of the respondents live in urban areas. A possible explanation for this finding is that many educated respondents tend to move to urban areas where they are likely to find lucrative jobs or at least create one for themselves. It therefore goes to show that residents living in urban areas are more likely to understand how the health insurance scheme works in Anambra State, Nigeria.

Analysis of Result

This section analyzed the specific objectives formulated to guide this paper.

Table 2: Respondents' Views on if they are Aware of the Efficiency Rate of Health Insurance Scheme in Anambra State

Responses	***Frequency***	***Percentage (%)***
Yes	601	97.7
No	14	2.3
Total	**615**	**100.0**

Field Survey, 2024

Table 2 shows that 601 (97.7%) of the respondents are aware of the of the efficiency rate of health insurance scheme in Anambra State. Nonetheless, 14 (2.3%) of the respondents are not aware of the efficiency of rate of health insurance scheme in the state. This implies that majority of the respondents are familiar with the phenomenon under study. In other words, while there are pockets of respondents that lost grasp of the information required from them, majority of the respondents are quite knowledgeable about the topic of this discussion.

Based on the foregoing, the respondents were asked their perception of the level of efficiency of health insurance services in Anambra State. Their responses are presented in table 3.

Table 3: Respondents' Rating of the Efficiency of Health Insurance Services in Anambra State

Responses	***Frequency***	***Percentage (%)***
High	199	33.1
Average	292	48.6
Low	110	18.3
Total	**601**	**100.0**

Field Survey, 2024

On the level of efficiency of health insurance services in Anambra State data in table 3 shows that 292 (48.6%) of the respondents described it as average (i.e., moderate) while 110 (18.3%) of the respondents described the level of efficiency of health insurance services in Anambra State as low. From the foregoing, it can be deduced that majority of the respondents strongly believe that there is average level of efficiency in health care services available for patients in Anambra State. This finding was complemented by the qualitative data. One of the interviewees stated:

> Well, the last time I benefitted from the Anambra State health insurance programme, their services were okay. The only concern I had with them is the issue of unnecessary delay during the so-called verification. Outside that every other thing was good. Therefore, I will like to give them a pass mark (IDI, Female, Single, 28 years, Civil Servant, Isuaniocha, Awka North LGA, 2024).

Another interviewee puts it this way;

> Well, Anambra State health insurance programme may be far from being satisfactory but it is a work in progress. Just as the Rome was not built in a day, it can only get better with time. Just recently, Anambrarians complained about shortage of doctors and as I talk to you now, that is in the past because our able Governor has recruited doctors and posted them to all public hospitals in Anambra State (IDI, Male, Married, 41 years, Trader, Isuaniocha, Awka North LGA, 2024).

Another IDI participant indicated:

> On a scale of 1–10, I will give it 6. We are not there yet but there is hope. Keep in mind that with what is happening in this country and in Anambra State in particular, one can only hope for the better. I believe that the current Government is trying to scale up a number of services particularly the ones that will have positive impact on the health of the common man, let us give them more time, the result in the near future will be mind blowing (IDI, Female, Married, 31 years, Lawyer, Orobo Street, Awka South LGA, 2024).

Additionally, the respondents were asked to describe the level of patronage of health insurance scheme in Anambra State. The findings are shown in table 4.

Table 4: Respondents' Views on the Level of Patronage of Health Insurance Scheme in Anambra State

Responses	*Frequency*	*Percentage (%)*
High	189	31.4
Moderate	257	42.8
Low	155	25.8
Total	**601**	**100.0**

Field Survey, 2024

With regards to the actual patronage of health insurance scheme in Anambra State, table 4 shows that 257 (42.8%) of the respondents said that there is moderate patronage of health insurance scheme in Anambra State. On the contrary, 155 (25.8%) of the respondents noted that there is low patronage of health insurance scheme in Anambra State. Relatively, this implies that many respondents have made use of health insurance scheme in the study area. However, what is more worrisome is the fact that a possible 25.8% of Anambrarians have never patronised health insurance scheme in the state since its inception. This portends negative health outcomes for the citizens and calls for urgent measures to quicken the citizens to prioritise their health and begin to patronise all the available health insurance services in Anambra State. This observation is sacrosanct because apart from the fact that prevention of disease is better than cure; there is popular saying that health is wealth. Thus, it is only a healthy population that can be productive and ensure progress in the society.

Table 5: Respondents' Views on Ways to Improve the Operations of the Anambra State Health Insurance Scheme

Responses	*Frequency*	*Percentage (%)*
Attention should be paid to locations where healthcare facilities are not situated	59	9.8
Strategies for monitoring and evaluating health care services should be introduced	51	8.5
Improvement in access and availability of quality drugs for a better health	30	5.0
Building more hospitals to accommodate more Anambrarians into the scheme	28	4.7
Employ more healthcare workers to reduce delays and undue protocol encountered by patients	22	3.7
Getting the informal sector enrolled in the scheme is essential	25	4.2
Provision of cheaper and more acceptable platforms than NHIS especially among the rural informal sector	26	4.3
Creating more awareness and sensitization about health insurance programmes	70	11.7

Increasing and expanding the coverage of those hitherto-excluded in the scheme	81	13.5
Improved funding	207	34.6
Total	**599**	**100.0**

Field Survey, 2024

Table 5 shows that in terms of ways to improve the operations of the Anambra State health insurance scheme, 207 (34.6%) of the respondents indicated improved funding. Similarly, 22 (3.7%) of the respondents recommended the need to employ more healthcare workers to reduce delays and undue protocol encountered by patients. This implies that majority of the respondents maintained that in order to improve the efficiency of the health insurance scheme in Anambra State; there is urgent need to improve the funding of the existing health insurance scheme to ensure that all treatments and medical services are accessible and affordable to every Anambrarian living in rural and urban areas of the state. This is supported by data from the in–depth interview sessions. One of the interviewees stated:

> Okay, I would advise that they conduct an orientation programme in order to sensitize the members of the communities in Anambra State. It is very important that government finds a way to fund the health insurance programme considerably to reduce the cost for the common man in the society (IDI, Female, Married, 31 years, Lawyer, Orobo Street, Awka South LGA, 2024).

Another participant suggested:

> Government should pay more attention to building and equipping hospitals in rural areas that are disadvantaged in Anambra State. Expanding the reach of health care services will help to build a healthy population. I want to agree that government has a better plan to ensure that doctors and nurses that will be posted to those hinterlands or rural areas will not abscond or go and run their own private hospitals instead of the primary reason of spotting them to the rural areas in the first place (IDI, Female, Single, 28 years, Civil Servant, Isuaniocha, Awka North LGA, 2024).

Another participant recommended:

> Check the budget of Anambra State on health and compare it with other states in the country you will see that the government has not done enough to address the healthcare needs of the citizens. It is not enough to brag that Anambra State has health insurance scheme, the question should be, is the programme effective? Therefore, to make it become effective, government should be able to increase funding in that regard. Improved funding will make all treatments and services accessible and affordable to Anambrarians. The citizens on the other hand, should try to enrol in the scheme (IDI, Male, Married, 41 years, Trader, Isuaniocha, Awka North LGA, 2024).

Discussion of Findings

This paper investigated efficiency of health insurance scheme in Anambra State, Nigeria. Two objectives were designed to evaluate the efficiency of the health insurance scheme in Anambra

State and to also identify ways that the efficiency of health insurance scheme in Anambra State can be improved. In address the first objective, results showed that a good number of the respondents were aware of the efficiency rate of health insurance scheme in Anambra State. For context, majority of the respondents maintained that there is average level of efficiency of health insurance services in Anambra State. There is also moderate patronage of health insurance scheme in Anambra State. This agrees with a similar study by Odili et al., (2023) which examined the benefits, efficiency and challenges of the National Health Insurance Scheme in Enugu East LGA. It was found that the efficiency of health insurance scheme in the area is better described as average. In other words, many enrolees are onboard but are not fully satisfied with the quality of services available in these hospitals. Some respondents revealed dissatisfaction in the operational pattern of the health insurance scheme as they highlighted delays in receiving required services, unavailability or non-coverage of some required services. In corroboration, the study by Gbadegesin et al. (2016) recommended improved funding to address some of the operational challenges facing health insurance schemes in Nigeria.

The second objective was designed to identify ways that the efficiency of health insurance scheme in Anambra State can be improved. Findings indicate that in order to improve the efficiency rate of the Anambra health insurance scheme, government and other stakeholders in the health sector should increase funding, and make all treatments and services accessible and affordable. Other relevant measures recommended by the study include that attention should be paid to locations where healthcare facilities are not situated, strategies for monitoring and evaluating health care services should be introduced, there is need for improvement in access and availability of quality drugs for a better healthcare delivery, building more hospitals to accommodate more Anambrarians in need of medical attention into the scheme, employ more healthcare workers to reduce delays and undue protocol encountered by patients, getting the informal sector enrolled in the scheme, provision of cheaper and more acceptable platforms than NHIS, creating more awareness about health insurance programmes and expanding the coverage of those hitherto-excluded in the health insurance scheme.

Finally, the findings in this study aligned with the theoretical framework for this study. First, Health Belief Model (HBM) was adopted as the theoretical framework because it provides good understanding of health insurance scheme in the society. The theory is relevant to this study because it maintains that the best way to shape people's belief system is to provide quality healthcare services to them. This means that quality and efficiency motivate people to find out ways to take advantage of the available health insurance schemes or services in their localities. Secondly, the reinforcement theory was adopted because it emphasized the role of efficiency of services in sustaining health insurance scheme. The theory suggests that human behaviours are shaped by reinforcements. This means that individual behaviours can only be altered or changed through positive reinforcement and by highlighting and emphasizing the consequences of negative health seeking actions/behaviours to members of the public.

Conclusion

Generally, health policies are designed to improve the state of health care and ensure steady access and utilization of essential healthcare services by the citizens, irrespective of their location, social or economic status. One of such policies is the establishment of health insurance scheme. It involves the application of insurance principles to cover cost of defined medical benefit packages. It entails spreading the burden of the cost of healthcare services to the insured over time, so that the insured can access healthcare services anytime without paying. It is a social health security system in which the healthcare of workers in the formal

sector is paid for from funds created by putting together the contributions of employees and employers in the public and private sectors. However, many years of poor funding and lack of contribution by workers seem to threaten the scheme. The study found factors affecting the efficiency of health insurance scheme in Anambra State include lack of funds and inadequate contribution to the insurance scheme, poor referral system, delays in receiving required services, non-coverage of some locations and services, weak administrative structure and inefficient mode of payment and high cost of accessing health insurance. To address these concerns stakeholders in the health sector are encouraged to come up with measures that will improve the efficiency of health insurance scheme in Anambra State.

Recommendations

Based on the findings of this study, the following recommendations were made for possible implementation:-

1. Improved funding. The government of Anambra State should make funds readily available to improve the quality of health insurance services at affiliate hospitals in Anambra State. Anambrarians should be encouraged to contribute to the scheme. This will motivate the government to expand its coverage, enhance its efficiency and ensure that only quality and affordable health services are provided to the public.
2. Government should improve access and availability of quality drugs for a better health insurance scheme in Anambra. This should include investing and expanding the existing Anambra State health insurance scheme so that steady access to quality services will be guaranteed in both rural and urban areas at all times.

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