STRATEGIES FOR THE IMPLEMENTATION OF THE NATIONAL HEALTH INSURANCE SCHEME IN NIGERIA; PROBLEMS AND PROSPECTS.

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Abstract
National health insurance scheme (NHIS) is a cooperate body established under degree number 35 of 1999 by the Federal Government of Nigeria to improve the health care of all Nigerians at a cost the government and the citizens can afford (Okoronkwo, 2004). The main goal is to bring health care closer to the populace. The scheme became effective in 2005, six years after its introduction with a low rate of participation in the scheme even eight years later. Presently, the beneficiaries are the federal government workers with exclusion of workers from private sector. This is because of the in cumbersome modalities involved in the implementation of the programme coupled with level of awareness of the programme in the informal sector. The two major problems among others that the scheme has faced are poverty of majority of the populace and inadequate health care facilities and providers. The paper therefore recommends that, there should be regular workshops and seminars for all cadre of Health Professionals and consumers on NHIS to foster its implementation, among other things.
Keywords: National Health Insurance Scheme, Implementation, and Prospect.

Introduction

Health status is uncertain and unpredictable as individuals cannot precisely state their future health status. (Okoronkwo, 2004). Consequently, health care is consumed irregularly. Hence various actions are taken to respond to the uncertainty of future health status like jogging, eating adequate diet, refraining from smoking, moderate drinking etc (Okoronkwo, 2004). According to the author, other actions ought to reduce the financial loss suffered following failure of health status are saving and insurance. Therefore, health services can be financed substantially via health insurance programme which is a mechanism for protecting people against high cost of health care by making prepayment(s) prior to falling ill (Oduemyi,2013). It guarantees unhindered access to health care services to the insured persons at the time of illness or when medical care is required without paying fully for the service (Okoronkwo 2004).

It is against this background that the Federal Government introduced the National Health Insurance Scheme (NHIS) Decree N0 35 of 1999 under the regime of General Abdul Saalaam Abubakar which became operational in 2005 as part of the Federal efforts to achieve Universal Health coverage with financial risk protection

mechanism and a veritable tool in health financing (Nigeria Health watch 2010 and Asangasia and Shaguy, 2009).

Therefore, NHIS is a cooperate body for the purpose of providing health insurance which shall entitle insured persons and their dependants the benefit of prescribed good quality and cost-effective services (NHIS Decree No 35 of 1999 and Obadon, 2012). That is, NHIS was introduced against the background of poor state of the national health care system. The aims are to give all Nigerians access to good health care costs and facilities and high standard of health care services.

The scheme is founded through joint contributions by the government and workers. The NHIS regulates the scheme, the health maintenance organism (HMOs) manage the scheme while the clinical and laboratory services are provided by the health services providers. NHIS has specified strategies for its implementations. For instance, formal insurance sectors contributions are earning s-related and currently represent 15% of basic salary by/for an insured person which entitles him/her, a spouse and four biological children under 18years of age to full health benefits. Unfortunately, its implementation is cumbersome for workers in the private sector of informal health care services.

A lot of problems militate against this scheme notably are in its uncompulsory nature, past antecedent of the government, poverty and inadequate health care facilities and providers. Also, some prospects exist for the scheme such as, reduction of dependence on government for the funding of the health services and increasing government's commitment and support.

CONCEPT OF NATIONAL HEALTH INSURANCE SCHEME (NHIS)

National Health Insurance Scheme (NHIS) is a social health security arrangement (Social health Insurance Programme SHIP) to provide financial security to the Nigerian citizens against unforeseen ill-health (Sambo 2012). It combines the principles of socialism (being one's brokers, keeping with that of insurance (pooling of risks and resources (Jackson 2012). The scheme is a cooperate body with perpetual succession established by law Decree No 35 of 1999 to improve health care delivery by providing a sustainable alternative source of funding health care services or to provide social insurance (SHI) in Nigeria whereby the health care services of the contributors are paid from the pool of fund contributed by participants of the scheme (Alcande Olugbenga and Bello, 2014).

The goal of the scheme is to improve the health status of Nigerians as a significant co-factor in the National Poverty eradication efforts. While the mission of NHIS is to undertake a government led comprehensive health sector reform aimed at strengthening the national public and private health system to enable it deliver effective, qualitative and affordable health services (Aderounmu, 2017)

NEED FOR THE SCHEME IN NIGERIA

The establishment of the scheme as sited by Okoronkwo (2004) was informed by; The general poor state of the nation's health care services.

·The excessive dependence and pressure on government provided health facilities.

· The dwindling funding in the face of rising cost of health care services.
·Inadequate participation of private health services and the skewed distribution of health facilities in the country. Aruna (2011) stated that the scheme works on the principle of higher income earners subsidizing those with lower income while those with lower health needs subsidize those with higher health needs. Consequently, resources are pooled among a large population so that enough fund will be made available to take care of individuals needing health care at any given time. By implication, the problem of inappropriate use of health care that causes unnecessary costs and underutilization will be solved. It also guarantees participants rights to access to health care (Aruna, 2011)

The establishment of the scheme was informed by the general poor state of the Nation's health care services especially, in relation to accessibility, quality of service rendered, utilization and distribution, the excessive dependence and pressure on the government-provided health services and dwindling funding coupled with the high cost of health care services.

The implementation of the scheme is planned in phases to cover all Nigerians categorized as employers in the formal sector, self employed persons, rural dwellers and vulnerable groups, but this has not been completely successful, yet the health sector is still invested with inefficient and inappropriate use of resources making the scheme private sector driven with the health maintenance organization as the integral stake holders (Oniyia, 2011).

THE OBJECTIVES OF NHIS

The objectives of the scheme as stated in section 5 of the decree as cited by NHIS (2013) operational guidelines and Oluwakem, (2013) are to;

i. Ensure that every Nigerian has access to good health care services.
ii. Protect families from the financial hardship of huge medical bills.
iii. Limit the rise in the cost of the health care services.
iv. Ensure equitable distribution of health care costs among different income groups.
v. Maintain high standard of health care delivery services within the scheme.
vi. Ensure efficiency in health care services
vii. Improve and harness private sectors participation in the provision of health care services.
viii. Ensure adequate distribution of health facilities within the federation.
ix. Ensure equitable of patronage of all levels of health care.
x. Ensure the availability of funds to the health sector for improved services.

To achieve its objectives, the NHIS pursuant to section 6 of the decree developed various programmes to cover different segments of the society and these are;

a. Formal sector social health insurance programme (FSSHIP)
b. Urban self-employed social health insurance programme

c. Rural community social health insurance programme
d. Children under-five social health insurance programme
e. Permanently disabled persons social health insurance programme
f. Prison inmates social health insurance programme
g. Tertiary institutions and voluntary participants social health insurance programme
h. Armed forces, police and other uniformed services (NHIS operational guideline 2013 and Oluwakems 2013).

EVOLUTION OF NATIONAL HEALTH INSURANCE SCHEME (NHIS) IN NIGERIA

The bill on the introduction of a NHIS was first introduced to parliament in 1962 but this was not approved.

The idea of NHIS re-emerged in the 1980s, when the National Council on Health commissioned a study on NHIS in 1984.

Report of the study was submitted in 1989 and directive was given to the Federal Ministry of Health to start the NHIS in 1992. The formal launching of the scheme was performed in 1997 by General Sanni Abacha, the then Military Head of State following the enabling law that was promulgated in 1999. Some sporadic activities were carried out from 1999-2004.

The scheme kicked off in earnest on 10th May, 2005 under the government of Chief Olusegun Obasanjo (Aderounmu, 2017).

CLASSIFICATION OF NHIS PROGRMMES

In order to ensure that every Nigerian has access to good health services, the NHIS has developed various programmes to cover different segments of the society. These are stratified as follows;

a. Formal Sector

- Public sector (Federal, state and local Governments) designed for public servants and employees
- Organized private sectors-work place with minimum of 10 employees.
- Students of tertiary institutions and voluntary participants.

b. Informal Sector

- Rural community
- Urban self-employed

c. Vulnerable Group

- Permanently disabled persons and the aged
- Children under the age of 5years
- Prison inmates

d. Others

- Diaspera family and friends.
- International Travel Health Insurance

- Pregnant women and orphans
- Retirees and Unemployed

The formal sector SHIP (FSSHIP) is in full vogue while others are cot completely implemented (Aderounmu, 2017)

BENEFITS' PACKAGES WITHIN THE FORMAL SECTORSHIP (FSSHIP)

These include;

PRIMARY HEALTH CARE SERVICES

i. Access to curative services for common ailments including consumables as our patient care.

ii. Essential drugs from NHIS accredited pharmacy provider and provision of pharmaceutical care by the pharmacist. Beneficiary is expected to pay 10% of the total cost of drugs (co-payment)

iii. Routine laboratory investigations.

iv. Health education to prevent and control health problems like counseling and testing for HIV/AIDS etc and health education.

v. Maternal and health care

- Primary eye care, dental and mental services
- Accident and emergency services.

SECONDARY HEALTH CARE SERVICES

- Specialist care for Medical, Surgical, Paediatric, Internal Medicure, Obstetric and Gynaecology, Psychiatry, Ophthalmology, Management of HIV/AIDS etc.
- Hospitalization in a general ward for a minimum of 15 days per annum.
- Physiotherapy for restorative and rehabilitative services. Radiology/medical imaging and diagnostic laboratory services.
- All prescribed pharmaceuticals from FMOH'S essential drug lists and co-payment (Aderounmu, 2017)

CLASSIFICATION OF HEALTH CARE PROVIDERS

These are;

1. Primary Health Care Providers: this is first contact with the scheme (ie gatekeepers) these includes:

a. Primary health centres

b. Comprehensive health care centres

c. Nursing and maternity homes (with proof of access to medical practitioners).

d. Out patients departments (OPD) general hospitals, speciality hospitals, specialist hospitals, armed forces, the police and other uniformed services' hospitals/clinics, university medical centers and federal staff clinics/hospitals.

e. Non-specialist private hospitals and clinics.

2. **Secondary Health Care Providers:** they provide health services on referral from primary providers. These include;

a. General/divisional hospitals (out-patient specialist care and in-patient care for medical, surgical, paediatric obstetric and gynaecological care.
b. Specialist hospitals/ reference hospitals
c. Federal medical centres
d. Pharmacies
e. Laboratories
f. Dental clinics
g. Physiotherapy clinics
h. Radiography centers etc

3. **Tertiary Health Care Providers:**these provide health services on referral from primary and secondary levels. These include;

A. teaching Hospitals
b. specialist Hospitals
c. specialty/specialized Hospitals (orthopaedic, psychiatric etc)
d. federal medical centers and
e. military reference hospitals (Onafase, 2011; Oniyia, 2011 and NHIS guidelines, 2015

MAJOR DISADVANTAGES OF THE SCHEME (NHIS)

These include;

1. High risk groups like old people may not find cover from private health insurance companies at affordable price.
2. Most of the insurance polices may exclude cover for catastrophic, long-term and chronic cases.
3. The health insurance programme may cause infection if the charges and treatment levels are not strictly controlled.
4. Reimbasement polices may lead to excessive demand on the health service, just as deductibles may restrict demand for needed treatment.
5. The scheme may be sentimental to research efforts and the development of academic as it may not permit the trail of new drugs or technologies.
6. The contracts are not usually complete as it does not cover so many costs eg travelling costs, pain loss of earnings to patients and their eletions.
7. The contract may encourage one to take dangerous sports and habits and pay little or no attention to preventive measures.
8. It may encourage the prescription of more complex and expensive treatments and drugs since the provider is assured to prompt payment by the health insurance companies.
9. It may be abused on the cycle of conspiracy from fraudulent practices and inflation of bills to the detriment of the insurance company (Okoronkwo,

2014)

IMPLEMENTATION OF THE SCHEME

The implementation of the scheme is planned to be in phases to cover all Nigerians, categorized as follows;

1. **Employers in the Formal Public Sectors (public and private):** Their contributions are paid by their employers or by the federal, state or local governments' parastatals and agencies as appropriate for those in public sector.
2. **Self-Employed Persons:** (like market women, traders, artisans, farmers and businessmen etc). They pay their contributions either by themselves or through cooperatives they have formed.
3. **Rural Dwellers:** Suitably priced programmers consult various organizations like community banks cooperatives, local states and federal government, donor agencies and other NGOs.
4. **Vulnerable Groups:** for instance unemployed, the aged, the disabled, the street children, the retarded and the retirees. Their contributions are paid for them by the federal, state and local governments, NGOs, local community and philatropists (Sambo, 2012, Aruna, 2011 and Alcande etal 2014)

ENTITLEMENT OF CONTRIBUTORS OF NHIS

It is noteworthy that NHIS covers only routine illnesses. Contributors under the NHIS are entitled to:

·Out-patient care (including consumable),
·Prescribed drugs as contained in the NHIS diagnostic drugs' list,
·Diagnostic test as contained in the NHIS diagnostic tests' list,
·Antenatal care,
·Maternity care for up to four live births for every injured person,
·Postnatal care,
·Routine immunization as contained in the national progrmme of immunization.
family planning,
consultations with a defined range of specialists eg physicians, surgeons etc.
·Hospital care in a public or private hospital in a standard ward during a stated duration of stay, for physical or mental diseases.
·Eye examination and care excluding prescription glasses/spectacles and contact lenses.
·Dental care ie pain relief and treatment
·Prosthesis ie Nigerian-mode simple artificial limbs (Oluwakemi, 2013)

HOW THE SCHEME WORKS (OPERATION OF THE SCHEME)

The NHIS works like any normal insurance contracts, whereby there is an agreement by an insurance company to pay something to the injured for a outcome in exchange for payment of and injured premium (Okoronkwo 2004). To participate in the scheme, an employer registers himself/herself and their employees with the

scheme. Thereafter, the employee enrolls him/herself with an NHIS- approved Health Maintenance organization (HMO) who will provide the employees/contributors with a list of NHIS-approved Healthcare providers (public and private. The employee registers him/herself and dependants with the healthcare provider of his/her choice.

Upon registration, the contributor/employee and his/her dependants will be issued identity card to his/her chosen primary care provider for treatment. The enrollee will be able to access health care after 3260 days of waiting period by which time all the administrative processes might have been completed. An enrollee reserves the night to change his/her primary health care provides after a minimum of six months. This is done if he/she is not satisfied with the service he/she got. The HMO will make payment for services rendered to an enrollee to the health care providers. An enrollee may be asked to make a small co-payment (if applicable) at the point of service. In reality, contributors/employees pay 10% of services of drugs disposed by the health provider, thus where he/she might be unable to access health care (Okoronkwo 2004, Oluwakemi, 2013 and Aderounmu, 2017).

THE STRATEGIES FOR THE IMPLEMENTATION OF NATIONAL HEALTH INSURANCE SCHEME (NHIS) IN NIGERIA

Hornby (2016) conceptualized strategies as means of measures put in place to get something done. While according to the author, implementation is the act of putting into action or doing something.

The strategy for the implementation of NHIS involves the roles and mechanisms of operation of stakeholders in NHIS. These stakeholders are individuals, groups, agencies, organizations and government involved directly or indirectly as health care providers or consumers (Okoronkwo 2004) they include;

1. **National Health Insurance Scheme Council (NHISC):** This is the regulatory and supervisory council for the scheme. It has the following functions:

i. Regulates and supervises the scheme established under NHIS act.
ii. Issues guidelines for remittance to Health Maintenance Organization (HMOs) and Health Services providers (HSPs).
iii. Establishes standards, rules and guidelines for the management of the scheme.
iv. Approves finances, regulates and supervises HMOs and HSPs.
v. Receives and investigates complaints of improper services against HMOs and HSPs (Ohalete, 2008).

2. **Use of Health Maintenance Organizations (HMOs):** They are the financial managers of NHIS. These are limited liability companies (either private or public individuals establishments) solely formed for the purpose of facilitating provision of health Services/benefits and to the contributors and registered by the scheme (with NHIS

approved insurance companies. (Okoronkwo, 2004). They play the role of contractors between NHIS councils and HSPs. They directly coordinate and oversee the activities of the HSPs with respect to the provision of service under the scheme.

The NHIS Act empowers the HMOs to perform the following functions;

a. Collections and contributions from eligible employers and employees and other contributors (eg government and workers).
b. Payment of health care providers for services rendered.
c. Maintenance of quality assurance in the delivery of Health care benefits under the scheme.
d. Open account for HSPs registered with each of them.
e. Oversee the activities of HSPs (Okoronkwo, 2004)

3. **Involvement of Insurance Companies:**

NHIS involves Insurance Companies to entrust the provision of the malpractice insurance to only reputable and eliable companies. The role of the insurance in the scheme includes Health care delivery as Health Insurance Companies.

For private sector to participate fully in NHIS;

·HMOs has to be formed by Health care management professionals and

·Health Insurance Companies formed by Insurance professionals for the purpose of NHIS.

For this purpose, an insurance company with enough resources could form a health insurance subsidiary (his) or a number of companies may jointly register with his. Both HMOs and HIS perform same role of ensuring that HSPs provide the required health care for injured user under the scheme.

They do proper record keeping and regular monitoring using modern information technology which will enhance the success of the scheme.

4. **Malpractice Insurance/Arbitration/Professional Indemnity Insurance:**

NHIS requires every health care provider to have such force malpractice insurance to ensure seriousness in the health care providers and also that compensation is available for an aggrieved user of the service or negligence.

Also nurses, midwives, pharmacists, physiotheraoist, rediographers should posses valid professional indemnity insurance (license) either as an individual or as a corporate body and depending on their mode of operation.

5. **Registration/Licensing of Health Care Providers:** a health care provider is a licensed government or private health care practitioner or facility registered by the scheme for hast provision of prescribed health benefits to contributors and their dependants (Oniyia, 2011 and Okoronkwo 2004). They are classified under the scheme as either a Primary Health Care (PHC) Providers or a fee-for service health care provider.

i. The PHC provider (gate keeper) serves as first contact with the care system and they include;

· Private Clinic/Hospital
  · PHC center (private of government)
  · Nursing and maternity homes (overseen by a doctor)
  · ODP of general, Specialist and teaching Hospitals,

Payment for services rendered by these providers to contributors shall be by capitation (predetermined sum of money paid by the HMOs on behalf of a contributor for services rendered by the providers). This payment is made monthly whether or not the services are used.

ii. While the fee-for-service health care provider include; Specialist doctors, Pharmacists

Laboratory scientists, Nurse consultants, Odiographers, Physiotherapists andDentists.

The above providers shall only provide services to the contributor on referral from PHC provider, the essence of which is to ensure the appropriate use of the levels of health care for efficiency. (Oniyia, 2011 and Okoronkwo, 2004) their payment will be made immediately on completion.

6. **Payment System:** Health care providers under the scheme will be paid by capitation or fee-for-service rendered, perdium or lose payment (Okoronkwo 2004) NHIS is a contributory scheme in which both the employer and employees contribute to a common fund.

a. **Capitation:** Payment is made monthly to PHC provider by the HMOs on behalf of the contributor for services rendered by the provider (whether or not the service is used).

b. **Fee-For-Service:** Payment made by HMOs to non-capitation, received by health care provider who renders service on referral from other approved providers. When a registered client in a health cocility consumes health care, he pays 10% of the total cost of care consumed within the coverage of the scheme directly to the provider (Ohalete 2008).

c. **Case Payment: T**his method is based on a single case rather than on a treatment act. A provider gets paid for every case handled to the end (Jackson 2012 and Orabuchi 2015)

PROBLEMS OF NATIONAL HEALTH INSURANCE SCHEME NHIS IN NIGERIA

Hornby (2016) conceptualized problems as issues or puzzles requiring solution.
Currently, NHIS and its implementation have faced a lot of problems with cumbersome strategies in Nigeria. Such impacts are felt more on inadequate physical health care facilities, personnel, administrative and logistic bottlenecks. The identified problems in the implementation of NHIS in Nigeria include;

1. Uncompulsory nature of the NHIS
2. Past antecedent of the government

3. Lack of awareness of the scheme/its benefit by a majority of Nigerian populace.
4. Lack of cooperation between various professional bodies of the health sector.
5. Reduced budgetary allocation to the health sector.
6. Difficulty in the implementation of the community based social health insurance programme (CBSHIP)
7. Current poor health indicators (Over population and competing needs of Nigerians).
8. Insufficient health care providing institution (facilities) providers
9. Poverty
10. Difficulty in organizing informal sector.
11. Inadequate private sector's participation
12. Abuse of service by the injured.
13. Delay in reimbursement
14. Perceived opportunistic discrimination between the insured and unissued persons by the providers/preferential treatment between the rich and the poor by the providers
15. Cumbersome modalities for implementation of NHIS.
16. Withdrawal of health services providers (HSPs).
17. High cost of health care delivery in the country.
18. Inability of the scheme to take cognizance of the realities of the Nigerian situation.

PROSPECTS OF NHIS IN NIGERIA

Prospects are the possibility that something will happen in the future, an opportunity for something to happen (Hornby, 2016). The author also conceptualized prospects as the possibility or likelihood of some future events occurring or an apparently probability of advancement, success or profit or the outlook for the future. Therefore, the prospects of the strategies for the implementation of the national health insurance scheme in Nigeria are;

- Increasing government's commitment and support
- Provision of free health care in some states
- Good source of revenue generation for the health service
- Vested interest of many scholar about the scheme
- Success to the community/hospitalized patients

- General progress of NHIS

- Bulk fund and phenomenal increase in attendance/assistance to health care delivery.

CONCLUSION

National Health Insurance Scheme (NHIS) is a mechanism for protecting people against high cost of health care by making prepayments prior to falling ill (Okoronkwo, 2004). It was established by law No 35 of 10th may, 1999 by the then Head of State general Abdulsalem Abubakar and it was launched in 2005. The objectives of the scheme are to ensure that every Nigerian has access to good health care services, protect families from financial hardship of huge medical bills etc (Okoronkwo, 2004).

The benefits ,of the scheme include to broaden the sources of health care financing, prove noted improvement in access to health care services, assures providers steady income, disallows quackery as providers, must meet up with some standards, allows competition between providers, assures market for drug manufacturers and private sectors readiness to set facilities in the rural areas. In the scheme, employers in the formal sector (public and private) have their contributions paid by their employers and those in public sector by the Federal, State and Local Government parastatals, self-employed persons run their contribution either by themselves or via cooperatives formed by them, rural dwellers can be paid for by community banks, cooperatives, Local, State and Federal Government, donor agencies and NGOs while the vulnerable groups are paid for by the Government, NGOs, local community and philanthropists.

RECOMMENDATIONS

The following recommendations were made based on the pertinent issues discussed in this paper.

1. There should be regular workshops and refreshers' courses for all cadres of health care professional and their consumers on what the NHIS is all about in order to remove its barrier in implementation and utilization.
2. Emphasis should be placed on the effectiveness of the programme, its acceptability among the populace.
3. The government should provide enough health personnel and facilities for the scheme by involving both the public and private sectors into the scheme. This will promote maximum use of personnel and facilities.
4. It (the government) attract more Health Services Providers (HSPs) to the scheme through incentive schemes, better financial rewards, remuneration, reinforcement, concessions, provision of more health facilities etc. this will reduce or remove their refusal to take more clients or withdrawal of the private sector from the scheme.
5. The government should improve the administration of the scheme by ensuring

prompt remittance of contrition to National Health Insurance Company which should also pay the HSPs promptly.

6. There should be regular review of the scheme to ensure it operates normally and implements its activities appropriately to achieve its goal. This implies up-dating of its officials via workshops and seminars etc.
7. The private sectors also should be considered in the scheme because millions of Nigerian are yet to benefit from it.
8. The government should do its best possible (all it takes) to implement the needed programme/activities of the scheme that will be beneficial to all Nigerians.
9. Out-of-pocket (OOP) payment as a major source of health financing should be stopped or reduced to the barest minimum.
10. The apathy towards the scheme needs to be appraised and addressed.
11. Age limit of children of 18years or less should be removed and contributors with four dependants should enjoy the scheme provided they are limited to these children. This will promote its utility.
12. Health should be seen as an integral part of human capital development and project for any responsible government and also as its part of any well being development efforts (that is the provision of comprehensive and adequate health care to its citizens should be one of the objectives of any responsible government) as it (health) their fundamental human right.
13. Decentralization of health insurance scheme is vital to other tiers of government to give them some autonomy to operate their own health insurance scheme.
14. There should be active point participation by the government, private sector and the community in health care provision and financing in Nigeria.
15. The government should set up a health tax fund like the education tax fund to which corporate organization must pay and from which individuals in huge sums of money for medical treatment can loan.
16. The NHIS or policy makers should put in place measures to reduce the documentation process for the insured which will bring down their waiting times.
17. NHIS must be compulsory for all formal sector employers of the State, Local Government and the Private Sector to ensure sufficient participation of workers and access to health care to all Nigerians.
18. There should be functioning health institutions in Nigeria that can address its populace's complex health needs. The institutions should not just care for its citizens but should also focus on preventive health care issues and equally practice competitive health resources that match resources in hospitals in many countries where Nigerian's leaders flock to their check-ups/surgery.

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