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THE UNITED NATIONS UNIVERSAL HEALTH COVERAGE TARGET AND THE NIGERIAN NATIONAL HEALTH INSURANCE AUTHORITY ACT 2022: ENSURING HEALTH INSURANCE PROVISION FOR ALL BY 2030

ISSN 2957-8647

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Vol. 2
pp. 1-16, March 2023
www.cavendish.ac.ug
email: secretaryculj@cavendish.ac.ug

How to cite this article:
Adewumi, T & Osinibi, O. (2023). The United Nations Universal Health Coverage Target and the Nigerian National Health Insurance Authority Act 2022: Ensuring Health Insurance Provision for All by 2030.CULJ Vol 2.

Abstract

On October 10, 2019, the United Nations General Assembly in its resolution A/RES/74/2 adopted the political declaration approved by the high-level meeting on universal health coverage held on 23 September 2019. One of the reasons for adopting this political declaration is that action to achieve universal health coverage by 2030 is inadequate and that the level of progress and investment to date is insufficient to meet target 3.8 of the Sustainable Development Goals, and that the world has yet to fulfil its promise of implementing, at all levels, measures to address the health needs of all. Nigeria, in conformity with the political declaration, welcomed a new health insurance law; National Health Insurance Authority (NHIA) Act 2022, (The NHIA Act), which repealed the previous National Health Insurance Scheme Act, Cap N42 Laws of the Federation of Nigeria, 2004, was signed into law on Thursday, May 19, 2022, by President MuhammaduBuhari. The NHIA Act mandates National Health Insurance Authority, amongst other things, to ensure that health insurance is compulsory for every Nigerian and legal resident, to promote, regulate and integrate health insurance schemes in the country, and to improve and harness private sector participation in the provision of health care services. The main objective is to ensure the achievement of Universal Health Coverage (UHC) for all Nigerians. The question this article seeks to answer is whether the new law can effectively ensure universal health coverage for all citizens considering the current level of its implementation. This article considered the law and observed that implementation of this law by the states and the federal government is the main challenge. The article concluded that with the current state of implementation, universal health coverage for Nigerians will be very difficult to achieve by 2030.

Keywords: United Nations, Universal Health Coverage, Target, Health Insurance.

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Introduction

On 12 December 2012, the United Nations General Assembly endorsed a resolution urging countries to accelerate progress toward universal health coverage (UHC).[1] The idea that everyone everywhere should have access to quality, affordable health care as an essential priority for international development. On 12 December 2017, the United Nations proclaimed 12 December as International Universal Health Coverage Day (UHC Day) by resolution 72/138.[2] On 23 September 2019, the United Nations General Assembly held a high-level meeting on universal health coverage. This meeting, held under the theme "**Universal Health Coverage: Moving Together to Build a Healthier World,"** aimed to accelerate progress toward universal health coverage (UHC), including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.[3]

During a meeting of heads of State, ministers, health leaders, policy-makers, and universal health coverage champions, the UN chief called UHC "the most comprehensive agreement ever reached on global health; a vision for Universal Health Coverage by 2030". World leaders made the public commitment during the meeting at the beginning of the high-level week of the UN General Assembly, themed "Universal Health Coverage: Moving Together to Build a Healthier World".[4] He maintained that this "significant achievement" will drive progress over the next decade on tackling communicable diseases, including HIV/AIDS, tuberculosis, and malaria while addressing non-communicable diseases and the growing threat of antimicrobial resistance through robust and resilient primary healthcare systems. "The Political Declaration also states the need to ensure universal access to sexual and reproductive health-care services and reproductive rights", he continued. "It is essential to protect the wellbeing and dignity of women and girls".[5] However, on October 10, 2019, the United Nations General Assembly in its resolution A/RES/74/2 adopted the political declaration.

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[1]Resolution 67/81 adopted by the General Assembly at its 67th Session on 12 December 2012 https://documents-dds-ny.un.org/doc/UNDOC/GEN/N12/483/46/PDF/N1248346.pdf?OpenElement accessed 26 August 2022.

[2] United Nations, 'Leave No One's Health Behind: Invest in Health Systems for All'.<https://www.un.org/en/observances/universal-health-coverage-day> accessed 26 August 2022.

[3]United Nations, 'UN High-Level Meeting on Universal Health Coverage, 23 September 2019, New York' <https://www.un.org/pga/73/event/universal-health-coverage/> accessed 4 June 2022.

[4] United Nations, 'UN Welcomes "most comprehensive agreement ever" on Global Health' <https://news.un.org/en/story/2019/09/1047032> accessed 4 June 2022.

[5]As above.

Universal Health Coverage

Universal health coverage is one of the seventeen United Nations 2030 agenda for Sustainable Development. Goal number three is to ensure healthy lives and promote well-being for all at all ages.Katharine Footman et.al opine that "achieving universal health coverage (UHC) means that everyone can access the health services they need without financial hardship, irrespective of their ability to pay. It involves a shift away from direct, out-of-pocket payments for health care and a shift towards governments raising more funds for health, pooling funds effectively to spread risks and becoming more efficient in their use".[6]Universal health coverage can be said to mean that all people regardless of their capability to pay, must have access to the health care they need at all time in all situations, wherever and whenever they need it.

Universal health coverage (UHC) has been identified as a priority for international development by the G20, the World Health Organization, and the United Nations General Assembly. Since it was explicitly incorporated into the sustainable development goals (SDGs) as target 3.8, much effort has been expended on promoting UHC.[7]

In discussing assumptions about the delivery of healthcare, Jishnu Das et.al opine that:

> Policymakers have shifted towards a broader "systems" view of universal health coverage (UHC), one that seeks to provide all people with access to essential health services without financial hardship as the defining approach to improve the health of the world's poorest people. As one of the key focuses of the sustainable development goals, UHC has become a rallying principle for all countries. Indeed,

[6] Katharine Footman, 'Can universal health coverage eliminate unsafe abortion?' (2020) 28(2) *Sexual and Reproductive Health* Matters 16-21 at 16.

[7] Gerald Bloom et.al 'Next Steps Towards Universal Health Coverage Call for Global Leadership' (2019) 365 *British Medical Journal*1.

Target 3.8 provides for the achieving universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all,

the new director general of the World Health Organization has made UHC his top priority for the agency.[8]

Today there is an apparent consensus on the importance of achieving universal health coverage, which is a major right to health commitment.[9]Vikram Patel &ShekharSaxena[10], in describing the state of the universal mental health coverage in all countries opine that in the context of mental healthcare, all countries are "developing" to some extent. Even in high-income countries, the coverage gaps for common conditions like mood and anxiety disorders often exceed 50%; in low-income countries, the gap exceeds 90%. Quality gaps (a measure of the effectiveness of the coverage) are even larger.[11] To the authors, universal mental health coverage is not effective enough to cater for mental healthcare in all countries of the world. Even though the authors' assertion may have been too generalised, however, mood and anxiety disorders mentioned are generally overlooked as health conditions.

Elizabeth Pisani in expressing her fear of how moves towards universal health coverage could encourage poor-quality drugs opines that changes in health financing in efforts to achieve UHC in middle-income countries may also deplete the revenues and profits of health providers serving insured patients. Less scrupulous providers may choose to top up their earnings by encouraging patients to buy drugs "off plan," often in the name of quality. This can increase patients' risk of getting fake products.[12] This author believes that without government proper policies and universal health coverage may become a mirage as fake drugs may flood the market and cause harm to the people UHC is trying to protect. She cited the example of Indonesia in 2016 where over 1000 children received fake vaccines, supposedly made by multinational producers GSK and Sanofi. Domestically produced, WHO-prequalified vaccines were universally available for free but earned doctors only a tiny fee and maximise earnings, some doctors bought the vaccines

[8]Jishnu Das et.al 'Rethinking Assumptions About Delivery of Healthcare: Implications for Universal Health Coverage' (2018) 361 *British Medical Journal* 1.

[9] Audrey R. Chapman 'The Right to Health: Then, Now and a Call to Arms' (2020) 22(1) *Health and Human Rights*331-334 at 332.

[10]Vikram Patel &ShekharSaxena, 'Achieving Universal Health Coverage for Mental Disorders' (2019) 366 *British Medical Journal* 1-3 at 1.

[11]*ibid.*

[12] Elizabeth Pisani, 'How moves towards universal health coverage could encourage poor quality drugs' (2019) 366 *British Medical Journal*. 1-3 at 2.

at very cheap prices from roving salespeople. She mentioned that findings showed that the fake vaccines were made in a garage in a Jakarta suburb.[13]

According to Helena Nygren-Krug,[14] to leverage the reforms necessary to achieve Universal Health Coverage, human rights norms and principles need to point the direction ahead, and human rights mechanisms need to be involved to enhance the accountability of those United Nations member states that choose to "take a wrong turn".[15] I agree with the author that human rights norms and principles should be part of the implementation of Universal Health Coverage.

There are three pillars upon which Universal Health Coverage are based, the three pillars are (1) Population coverage (2) the range of health services provided, and (3) out-of-pocket expenditure. These three pillars make health services available for all citizens with all aspects of health services provided irrespective of financial status. This can also be referred to as health insurance. Health insurance can be described as a system for the financing of 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. The key elements common to most health insurance plans are advance payment of premiums or taxes, pooling of funds, and eligibility for benefits based on contributions or employment.[16]Health insurance is emerging as an important financing tool in meeting the healthcare needs of the poor.[17]

United Nations Universal Health Coverage

In 2016, the sustainable development goals (SDGs) committed countries to fundamental change by 2030, including SDG 3 to "ensure healthy lives and promote well-being for all at all ages."[18]The resolution was adopted by the United Nations General Assembly at its seventy-fourth session held on October 10, 2019.[19] The preamble of this resolution provides that:

[13]*ibid*.
[14]Helena Nygren-Krug 'The Right(s) Road to Universal Health Coverage' (2019) 21(2) *Health and Human Rights*215-228 at 215.
[15]*ibid*.
[16] Britannica, 'Health Insurance' lhttps://www.britannica.com/topic/health-insurance accessed 22 January 2023.
[17]Rajeev Ahuja 'Health Insurance for the Poor' (2004) 39(28) *Economic and Political Weekly* 3171-3178 at 3171.
[18] Agnes Binagwaho&TedrosAdhanomGhebreyesus 'Primary Healthcare is Cornerstone of Universal Health Coverage' (2019) 365 *British Medical Journal*doi: 10.1136/bmj.l2391.
[19]Resolution No.A/RES/74/2 'Political declaration of the high-level meeting on universal health coverage'.

> We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 23 September 2019, with a dedicated focus for the first time on universal health coverage, reaffirm that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development, and strongly recommit to achieve universal health coverage by 2030, to scale up the global effort to build a healthier world for all, and in this regard we…

Resolution 1 reaffirms "the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health". In emphasising the importance of universal health coverage, resolution 5 provides that the Heads of State and Government and representatives of States and Governments:

> Recognise that universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and well-being but also to eradicating poverty in all its forms and dimensions, ensuring quality education, achieving gender equality and women's empowerment, providing decent work and economic growth, reducing inequalities, ensuring just, peaceful and inclusive societies and to building and fostering partnerships, while reaching the goals and targets included throughout the 2030 Agenda for Sustainable Development is critical for the attainment of healthy lives and well-being for all, with a focus on health outcomes throughout the life course.

The United Nations Universal Health Coverage is as entrenched in the United Nations 2030 agenda for Sustainable Development Goals (SDG). It is the Goal number three among the seventeen goals. The preamble of Goal three states that ensuring healthy lives and promoting well-being for all at all ages is essential to sustainable development.[20]

Goal 3 provides for the following targets:

(i) To end preventable mortality of the new-borns and children under 5 years of age by 2030.

[20] United Nations, 'The 2030 Agenda and the Sustainable Development Goals: An opportunity for Latin America and the Caribbean' (LC/G.2681-P/Rev.3), Santiago, 2018. 23.

(ii) To end epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases by 2030.

(iii) To reduce premature death from non-communicable diseases through prevention and treatment by 2030.

(iv) To strengthen the prevention and treatment of substance abuse.

(v) To ensure that the number of global deaths and injury from road traffic accidents are reduced by half by 2030.

(vi) To ensure universal access to sexual and reproductive healthcare services by 2030.

(vii) To achieve universal health coverage for all by 2030.

(viii) To reduce deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination by 2030.

The above are the targets expected to be achieved by year 2030.

The Nigerian National Health Insurance Authority Act 2022

The National Health Insurance Authority (NHIA) Act[21] was signed into law on Thursday, May 19, 2022, by President MuhammaduBuhari. The law as previously stated was passed to actualise the United Nations' universal health coverage and meet the target of 2030. The preamble of the law provides that it is an Act to repeal the National Health Insurance Scheme Act Cap. N42. Laws of the Federation 2004 and enact the National Health Insurance Authority Act 2022 to provide for the promotion, regulation, and integration of Health Insurance Schemes in Nigeria and related matters. The discussion on this section is an analysis of the National Health Insurance Authority Act 2022. This section is important because, it explains the purpose of the Law which is relevant to this article. The law has ten parts and sixty sections. Part one which consists of sections 1 to 12 provides for the establishment of the National Health Insurance Authority (the Authority), objects of the Authority, functions of the Authority, the establishment of governing council, functions and power of the council, tenure of office for members of the council, meetings of the council, disclosure of interest, committees of the council, remuneration of members, cessation of membership and dissolution of the council and ministerial directives.

[21] No.17 2022,

The law provides for the objects and functions of the Authority under separate sections. Section 2 provides that "the objects of the Authority are to promote, regulate, and integrate health insurance schemes, improve and harness private sector participation in the provision of health care services and do such other things that will assist the authority in achieving Universal Health Coverage to all Nigerians".[22] While section 3 provides that the functions of the Authority[23] among others are to "promote, integrate and regulate all health insurance schemes that operate in Nigeria, ensure that health insurance is mandatory for every Nigeria and legal resident and enforce the basic minimum package of health services for all Nigerians across all health insurance schemes operating within the country, including Federal, States, and the Federal Capital Territory (FCT) as well as private health insurance schemes".[24]

Section 4 provides for the Governing Council with its membership. The functions of the Council are as provided for under section 5 of the Law. The Minister of Health is empowered to give directives to the Council on matters of policy.[25]Part two consists of section 13 to 23 provides for types of health insurance scheme, the establishment of health insurance or contributory scheme, participation in health insurance is to be mandatory, qualification for application, application for accreditation and licence, fee for issuance of licence, refusal to register and license a scheme, refusal to register or revocation of the licence of a scheme, third party administrator, display of licence, prohibition on the use of the name unless licensed and transfer and joint operations.The Law provides for the establishment of State health insurance or contributory scheme.[26] It provides that

> Every state of the Federation and the Federal Capital Territory may, to provide access to health services to its residents, establish and implement a State health insurance and contributory scheme to cover all residents of the State and the Federal Capital Territory respectively.[27]

[22]Section 2 of the National Health Insurance Authority Act No.17 2022.
[23] Section 3 of the National Health Insurance Authority Act No.17 2022 providestwenty-eight functions of the Authority.
[24]Section 3(a)-(c) of the National Health Insurance Authority Act No.17 2022.
[25]Section 12 of the National Health Insurance Authority Act No.17 2022.
[26]Section 13 of the National Health Insurance Authority Act No.17 2022.
[27]Section 13(1) of the National Health Insurance Authority Act No.17 2022.

The law further provides that the coverage under the above provision shall be at the minimum scope of coverage as outlined in the Basic Minimum Package of the National Health Act.[28] The Authority is given the power to establish a scheme for the coverage of employees of Ministries, Departments, Agencies in the Federal Civil Service, and other relevant groups. For the purpose of implementation of the above, the Authority is allowed to set out operational guidelines for the scheme subject to the approval of the Council.[29] It is mandatory for the State health insurance or contributory schemes and the federal capital territory scheme established under section 13(1) of the Act to comply with the requirement of the Act in ensuring that any Health Maintenance Organisation (HMO), Health Care Facility, Mutual Health Association or Third Party Administrator employed are registered by the Authority in accordance with the provision of the Act..

Every state and the federal capital territory are mandated to establish Information and Communication Technology (ICT) infrastructure for the management of data and such ICT infrastructure must be integrated with and provided information in the required format to the ICT infrastructure of the Authority. It is also compulsory under the law for the state and FCT to provide coverage for vulnerable persons[30] under the state health insurance and contributory scheme through the Basic Health Care Provision Fund and other sources. The vulnerable persons are not required to pay premiums for such coverage. Every state which established a state health insurance or contributory scheme and which complies with the requirement of the Act is eligible to participate in the Basic Health Care Provision Fund as established under the National Health Act and its guidelines.[31]The Basic Health Care Provision Fund is provided for under section 11 of the National Health Act.[32] It is sponsored from these sources:[33]

[28]This is provided for under section 13(2) of the National Health Insurance Authority Act No. 17 2022. On Basic Minimum Package, section 64 of the National Health Act No.8 2014 describes basic minimum package to mean "the set of health services as may be prescribed from time to time by the Minister after consultation with the National Council on Health".

[29] Section 13(3) & (4) of the National Health Insurance Authority Act No. 17 2022.

[30]Section 59 of the National Health Insurance Authority Act No. 17 2022 describes "vulnerable group" to include children under five, pregnant women, the aged, physically and mentally challenged, and indigent as may be defined from time to time.

[31] Section 13(6) -(8) of the National Health Insurance Authority Act No. 17 2022.

[32]National Health Act No.8 2014.

[33]Section 11(1) & (2) National Health Act No.8 2014.

(a) Federal Government annual grant of not less than one percent of its Consolidated Revenue Fund

(b) Grants by International donors

(c) Fund from any other source

The source of the Basic Health Care Provision Fund as provided above cannot be referred to as a stable source especially the grants by the International donors and "any other source". The source from the Federal Government Consolidated Revenue Fund may not be enough to cater for the Fund.The law further provides for the Fund. The Fund is for the following use:[34]

(a) 50% for the provision of the basic minimum package of health services to citizens in eligible primary and secondary health care facilities through the National Health Insurance Scheme (NHIS)

(b) 20% for the provision of essential drugs, vaccines, and consumables for eligible primary healthcare facilities

(c) 15% for the provision and maintenance of facilities, equipment, and transport for eligible primary healthcare facilities

(d) 10% for the development of human resources for primary health care

(e) 5% for emergency medical treatment to be administered by a Committee appointed by the National Council on Health.

In distributing the fund for b, c, and d above, the National Primary Health Care Development Agency is saddled with responsibility of disbursing through State and Federal Capital Territory Primary Health Care Boards for distribution to Local Government and Area Council Health Authorities.[35] However, if any State or Local Government is to qualify for such block grant as stated in section 11(1) National Health Act,[36] they must make contribution as follows:[37]

(a) In the case of a State, not less than 25 percent of the total cost of projects.

(b) In the case of a Local Government, not less than 25 percent of the total cost of projects as their commitment to the execution of such projects.[38]

[34]Section 11(3) National Health Act No.8 2014,
[35]Section 11(4) National Health Act No.8 2014.
[36]National Health Act No.8 2014.
[37]Section 11(5) National Health Act No.8 2014.
[38]*ibid.*

The law further provides that the National Primary Health Care Development Agency is prohibited from disbursing money to any:

(a) local government health authority if it is not satisfied that the money earlier disbursed was used in accordance with the provisions of the Law,

(b) "State or Local Government that fails to contribute its counterpart funding",

(c) "States and Local Governments that fail to implement the national health policy, norms, standards, and guidelines prescribed by the National Council on Health".[39]

The National Primary Health Care Development Agency has to develop appropriate guidelines for the administration, disbursement, and monitoring of the Fund with the approval of the Minister.[40]Section 14 of the National Health Insurance Authority Act[41] provides that it is compulsory for every person resident in Nigeria to obtain health insurance. It further clarifies that residents include (a) all employers and employees in the public and private sectors with five staff and above (b) informal sector employees and (c) all other residents of Nigeria.[42] The law does not prevent a person from obtaining private health insurance cover provided the person participates in any State mandated health scheme and a person who obtains private health insurance cover is disqualified from receiving free coverage as a vulnerable person as provided for under section 13(7) National Health Insurance Authority Act.[43] Section 15 provides that notwithstanding the power of a State to establish a health scheme under section 13 of the Act, a person is not qualified to apply to operate any form of the health insurance scheme in the country except the scheme is registered as a company limited by guarantee or a limited liability company and complies with the provisions of all relevant laws in Nigeria.[44] A body corporate registered and accredited by the Authority as a Health Management Organisation is allowed to operate a private health insurance scheme subject to the provisions of law.[45] A private health insurance scheme is allowed under the law to cover the interested individuals, employers, or employees of

[39]Section 11(6) National Health Act No.8 2014.
[40]Section 11(7) National Health Act No.8 2014.
[41]No. 17 2022.
[42]Section 14(2) National Health Insurance Authority Act No. 17 2022.
[43]Section 14(3) & (4) National Health Insurance Authority Act No. 17 2022.
[44]Section 15(1) National Health Insurance Authority Act No. 17 2022.
[45]Section 15(3) National Health Insurance Authority Act No. 17 2022.

organisations in the private sector who may want to buy it for supplementary benefits.[46] The law further provides for the condition for the operation and licensing of a private health insurance scheme.[47]

Part three of the National Health Insurance Authority Act.[48]provides for the implementation of basic health care provision fund and establishment of vulnerable group Fund. This part covers sections 24 to 30. That is the implementation of the Basic Health Care Provision Fund, establishment and sources of the Vulnerable Group Fund, the object of the Vulnerable Group Fund, the formula for disbursement from the Vulnerable Group Fund, management of the Vulnerable Group Fund, investment of the Vulnerable Group Fund, and expenses of the Vulnerable Group Fund.Section 25 provides for the establishment and sources of the Vulnerable Group Fund. The sources of the Vulnerable Group include:[49]

(a) Basic Health Care Fund to the Authority

(b) health insurance levy

(c) Special Intervention Fund allocated by the Government and appropriated to the Vulnerable Group Fund

(d) money that accrues to the Vulnerable Group Fund from investments made by the Council

(e) grant, donations, gifts, and any other voluntary contribution made to the Vulnerable Group Fund. The Council is also empowered to review by regulations the sources of funding to keep pace with developments in the health insurance industry.[50] The object of the Vulnerable Group Fund is to provide subsidy for health insurance coverage of vulnerable persons as determined by the Council and for the payment of health insurance premiums for indigents.[51] The formula for disbursement from the Vulnerable Group Fund shall be determined by the Council subject to the Minister's approval and the fund disbursed must be towards the need of the vulnerable and indigents.[52]

[46]Section 15(2) National Health Insurance Authority Act No. 17 2022.
[47]For details of these conditions, see section 15(4) -(9) of National Health Insurance Authority Act No. 17 2022.
[48]No. 17 2022.
[49]Section 25(2) National Health Insurance Authority Act No. 17 2022.
[50]Section 25(3) National Health Insurance Authority Act No. 17 2022.
[51]Section 26 National Health Insurance Authority Act No. 17 2022.
[52]Section 25 National Health Insurance Authority Act No. 17 2022.

Part four of the National Health Insurance Authority Act.[53]provides for the contributions under the Health Insurance scheme. This part covers sections 31 and 32 which provide for the payment of contributions and registration of employers and employees. On the payment of contributions under the health insurance scheme, section 31 provides for the various sources and ways contributions are done. It provides that (a) contributions of the formal sector shall be paid by the employers and employees at rates determined by the Councils of the various State health insurance schemes (b) the informal sector shall be paid by individuals, groups, and families at rates determined by the Councils of the various State health insurance schemes.[54] The law further provides that the contributions for vulnerable persons not covered by other schemes shall be made on their behalf by one or a combination of the three levels of government, developmental partners, or non-governmental organisations. Contribution to vulnerable persons from the Federal Government will be made from the Basic Health Care Provision Fund. States are allowed to access the funds upon establishing their State health insurance scheme under the Act and other provisions of the Authority's guidelines. Individuals or employers are allowed to pay additional premiums for voluntary supplementary and complimentary private health insurance plans.[55] Subject to the regulation and guidelines as may be made under the Act, an employer must register itself and its employees and pay into the account of States Social Health Scheme Funds, its contributions, and the contributions in respect of its employees, at the time and in the manner as may be specified in the State health insurance scheme laws and guidelines issued thereunder. The employer may also register himself and his employee under a private health insurer as supplementary or complementary private health insurance schemes.[56]

Part five of the National Health Insurance Authority Act.[57]deals with health maintenance organisations, mutual health associations, and third-party administrators. This part covers sections 33 to 39 which provide for accreditation of health maintenance organisations, mutual health associations, and third-party administrators, functions of health maintenance organisations, mutual health associations, third-party administrators, accreditation and functions

[53]No. 17 2022.
[54]Section 31(1) National Health Insurance Authority Act No. 17 2022.
[55]Section 31(2) -(5) National Health Insurance Authority Act No. 17 2022.
[56]Section 32 National Health Insurance Authority Act No. 17 2022.
[57]No. 17 2022.

of health care providers, quality assurance, the appointment of actuary and directives of the Authority.

Section 33 provides for the power of the Authority to accredit (a) Health Maintenance Organisations (b) Mutual Health Associations and (c) Third Party Administrators. The law further provides for the functions and duties of the Health Maintenance Organisation and Mutual Health Associations.[58] Section 35 provides for the functions and duties of the Third Party Administrators. Section 36 provides for the accreditation and functions of health care providers.

Part six of the National Health Insurance Authority Act.[59]provides for the appointment and tenure of staff of the Authority in sections 40 and 41, that is; the Director-General and other staff of the Authority and establishment of offices in states and FCT. Part seven of the National Health Insurance Authority Act.[60]deals with financial provisions in sections 42 to 46. The part provides for the establishment of a Fund for the Authority, the power to accept gifts, annual accounts, annual reports, and exemption from tax. Part eight deals with arbitration and section 47 provides for mediation, conciliation, and arbitration.Part nine of the National Health Insurance Authority Act.[61]provides for offences, penalties, and legal proceedings. Sections 48 to 52 deal with offences and penalties, powers to sanction, limitation of suit against the Authority, service of documents, and indemnity of officers. Part ten of the National Health Insurance Authority Act.[62]provides for miscellaneous provisions in sections 53 to 60. That is; contributions to inalienable, contributions to form part of the tax-deductible expense, transfer of liability, exclusion from the Trustee Investment Act, reciprocal agreement with other countries, repeal, interpretation, and citation.

The Progress Made So Far by Nigeria in Meeting the UN Target

From May 2022 till this moment, there is no sign of implementation of this new law. For now, all health insurance schemes are privately operated. Establishing the state health insurance scheme involves various states' houses of assembly enacting a law creating their health insurance

[58]Section 34 National Health Insurance Authority Act No. 17 2022.
[59]No. 17 2022.
[60]No. 17 2022.
[61]No. 17 2022.
[62]No. 17 2022.

scheme and following it up with implementations. State health insurance scheme laws and guidelines have not been enacted in any state.It is unclear how the federal government intends to make the states enact state health insurance scheme laws and how the state will ensure vulnerable group health insurance. There is no sign of regulations or operational guidelines from the Authority on how this new health insurance scheme will work.[63]

Conclusion

The Nigerian National Health Insurance Authority Act 2022 is a right step in the right direction. It is however important that adequate machinery should be put in place for effective operation. Making laws is not the ultimate but being able to implement the law effectively. The provisions are fantastic but the question is, when will all these provisions be implemented? What is the timeframe for the state and federal government to implement the provisions? Unless these answers are attended to, the new law will just be there without imparting any positive effect on the citizenry.It is a challenge that the Nigerian government should rise to. The General Assembly of the United Nations recognise the task of meeting up with the 2030 target when it provides that as a follow-up to the political declaration, the UN General Assembly request:

> the Secretary-General is to provide, in consultation with the World Health Organization and other relevant agencies, a progress report during the seventy-fifth session of the General Assembly, and a report including recommendations on the implementation of the present declaration towards achieving universal health coverage during the seventy-seventh session of the General Assembly, which will serve to inform the high-level meeting to be convened in 2023.[64]

It further decides:

> to convene a high-level meeting on universal health coverage in 2023 in New York, aimed to undertake a comprehensive review of the implementation of the present declaration to identify gaps and solutions to accelerate progress towards the achievement of universal health coverage by 2030, the scope and modalities of

[63]Section 37 of the National Health Insurance Act No.17 2022 provides that "The Authority shall ensure that beneficiaries receive quality health care services as shall be provided in the operational guidelines'.
[64]Paragraph 82 of Resolution No.A/RES/74/2 'Political declaration of the high-level meeting on universal health coverage'.

> which shall be decided no later than the seventy-fifth session of the General Assembly, taking into consideration the outcomes of other existing health-related processes and the revitalization of the work of the General Assembly.[65]

There is a law but there seems to be no implementation since May 2022 when the Law came into force. Hopefully, the high-level meeting on universal health coverage in 2023 in New York will identify gaps and solutions to accelerate progress towards the achievement of the coverage by 2030 from which Nigeria can borrow a leaf.

[65]Paragraph 83 of Resolution No.A/RES/74/2 'Political declaration of the high-level meeting on universal health coverage'.