

**STATE BASED HEALTH INSURANCE: IMPLEMENTING
THE UNIVERSAL HEALTH COVERAGE UNDER THE
NATIONAL HEALTH INSURANCE AUTHORITY ACT
(NHIA) IN RIVERS STATE**

By

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Abstract

The recent enactment of the National Health Insurance Act No. 17, 2022 (NHIA), made health insurance mandatory as well as health insurance education important for all citizens. The major objective of the NHIA is to encourage access to quality health care to all legal residents through health insurance services and education in the 36 states, FCT Abuja and to every Nigerian, without the payment of out-of-pocket expenses. The 36 states of the Federal Republic of Nigeria (FRN) under its NHIA state coordinators are empowered by the Authority to implement, support and manage the scheme. River State, the focus of this paper signed into law her Health Insurance Law in 2021 but did not commence the health insurance packages until the coming into effect of the 2022 instant federal law. In 2024 Rivers State Government called for the implementation of the mandatory health insurance plan by creating the Rivers State Contributory Health Insurance Agency otherwise referred to as the Rivers State Contributory Health Protection Programme RIVCHPP; a Health4All initiative for the Rivers people. The Agency has about five health insurance plans that will be discussed in this paper since its establishment a year ago, its effort at managing enrollee data base using information and communication technology (ICT) and her sustained progress at sensitization of residents of the State to enroll in the health insurance programme at the formal and informal sectors. This paper adopted doctrinal methodology and made among its recommendations that Local Government

Areas should take more active parts at sensitization and enrolment, and, Insurance education and its laws in Nigeria should be made compulsory.

Keywords: NHIA, Health Insurance, Universal Health Coverage, Legal Residents, Rivers State RIVCHPP.

1. Introduction

Access to good health and well-being for all is the key focus of the mandatory health insurance promoted under the National Health Insurance Act¹ (NHIA); a 2022 voluntary federal law on health insurance for all legal residents.² In recognizing the importance of health not just a right³ but also as the basis for any healthy economy, health has been categorized as Sustainable Development Goals (SDG) 3⁴; an all-encompassing goal of a broad range of health priorities under the SDG 2030 aimed at achieving universal health coverage (UHC),⁵ access to safe and affordable medicines and vaccines for all and strengthening health systems among others.

The central position of health is also closely linked to a dozen other targets in other related goals under the SDG. Without doubt, the attention on health and well-being has gained global momentum with emphasis on policies and programme that promote access to quality health care and well being. The World Health Organization

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¹ NHIA Act, No.17,2022, s.1(3)(b)

ibid, s.13 - 14

² ibid, s.14(2)(a)(b) & (c)

³ Constitution of the Federal Republic of Nigeria (CFRN) 1999 (as amended), s.33(1)

⁴ UN<Goal 3: Ensure healthy lives and promote wellbeing for all at all ages<un.org/sustainabledevelopmentgoalsreport2023>accessed 25 June 2025.

⁵ (n3), s.3(c)

(WHO) has clarified that health will also include how an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment.⁶

Nigeria, in its efforts to meeting these global standards, has signed several international best practices and agreements on health,⁷ repealed and enacted its health laws⁸, and, recognized and emphasized the role of health insurance and insurance education to raise the standards of health services among its citizenry. Accessibility and affordability issues are broken down through the involvement of stakeholders, accredited and re-accredited members of the scheme⁹ such as insurance companies, insurance brokers, banks, Health Maintenance Organizations (HMO), Third Party Administrators (TPA), insurance brokers, hospitals, healthcare facilities, including the formal, informal and private sectors accredited with the Authority to facilitate and encourage participation in the provision of basic minimum health insurance packages for all.¹⁰

A Lancet¹¹ survey reported that Nigeria is ranked 142 out of 195 countries on health systems performance using healthcare access and quality as its criteria. These statistics clearly agree with Eresia-Eke¹² on his legal paradox of Nigeria being sick and needing urgent

⁶ WHO, 'Definition of Health' < <https://www.publichealth.gov.ng> >accessed 1 May, 2025.

⁷ International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of all Forms of Discrimination (CERD); Convention of the Rights of the Child (CRC).

⁸ NHIA Act, No. 17, 2022.

⁹ *ibid*, s.1(3)(1)(f) & (r)

¹⁰ *ibid*, s.1(3)(b)

¹¹ Lancet Report, 'Analysing the Progress in Service Delivery Towards Achieving UHC' <[bmchealthservices.biomedcentral.com/articles/10.1186/s/2913.-023-10090-w](https://www.bmchealthservices.biomedcentral.com/articles/10.1186/s/2913.-023-10090-w)> accessed 1 May, 2025.

¹² Professor Agha Eresia-Eke, a Professor of Social and Political Philosophy of the Rivers State University on Wednesday 30th April, 2025 delivered his inaugural lecture titled 'Nigerian Democratic Practices: A contextual Paradox' at the 11th

attention politically, socially and economically. Discussing the state of the Nigerian economy at his 111th Inaugural lecture, it was glaring from his delivery that the health of the nation demands urgent attention.

It is therefore heartwarming that Nigeria is paying close attention to policies that will promote accessible healthcare not only for the economy but for Nigerians utilizing the voluntary participation of states to mandate health insurance on its estimated 237,000,000 million teeming population.¹³ A commitment¹⁴ made by the government with hopes of its successful outcomes in the hands of indigenous States. Improving access to quality health will improve the economy as well as wealth of the nations.

This paper thus focuses on Rivers state, as one of the 36 states of the Nigerian federation popularly known as the treasure base of the nation and seeks to examine its efforts so far in implementing the basic health insurance schemes as provided under the National Health Insurance Act¹⁵ for purposes of achieving a universal health coverage for its legal residents. This article will proceed with a clarification of the concepts, the acronym RIVCHPP as an agency of the state, its successes and challenges for a proper digest of the contents of this paper.

1.1 Reasons for Concerns and Importance of Health Insurance

According to a recent World Bank post pandemic assessment report, Nigeria has over 40% extreme poverty and acute hunger affecting nearly one-fifth of her population, and is one of the 39 economies that would be vulnerable by the year 2030.¹⁶ This is a huge concern

Inaugural Lecture Series at the Senate Building of the Rivers State University Port Harcourt, Rivers State, Nigeria.

¹³ Worldometer <<https://www.worldometers.info>> accessed 25 June, 2025.

¹⁴ NHIA, s.3(f)

¹⁵ NHIA, No. 17, 2022.

¹⁶ Arise NewsTV <www.arise.tv> accessed 28 June, 2025.

for many. Across sectors, Nigerians face high financial out-of-pocket-expenses¹⁷ for healthcare services making it difficult for access to basic health services especially at the informal sector. Similarly, the efforts of past governments under the repealed health insurance law to enroll Nigerians maximally under the scheme suffered setbacks and affected its estimated coverage and eventual result.

It is also a fact that there exists significant disparity in healthcare access and quality between dwellers at the urban and rural areas. Many rural communities are unable to attract and retain health care providers because of scarcity of basic amenities like electricity necessary for effective delivery. Above all, the financial burdens on individuals and households remarkably since the Covid 19 experience in 2020, on living and families has not negatively impacted living conditions. Death rate is therefore raised.

According to the WB Report¹⁸, high intensity conflicts - those that kill more than 150 out of every 1 million people - are typically followed by a cumulative drop of about 20% in Gross Domestic Product (GDP) *per capita* after five years. By 2030, the report continues, these economies are projected to be home to nearly 60% of the global population living on less than three dollars a day, contrasting sharply with 6% rate in other developing economies¹⁹. this is caused by poorly managed health conditions, lack of quality

¹⁷ Worldbank, 'Executive Summary <<https://thedocs.worldbank.org> >accessed 30 June,2025.

¹⁸ Ibid.

¹⁹ World Bank. 2025 Global Economic Prospects, June 2025. Washington DC: World bank doi: 10.1596/978-1-4648-2193-6.license:Creative Commons Attribution CC BY 3.0IGO <parliamentarians@worldbank.org >. See also Dr. Tonye Clinton. Jaja, 'Pirates of the Caribbeans: How the Pirates of Nigeria (Used Bandits and Tactics of Herdsmen) To Plunder and Pilfer Public Funds of Nigeria Causing the World Bank to List Nigeria as one of the 39 Countries with 40% Extreme Poverty', and online writeup posted to a group WhatsApp of the 2004 NBA call set in June 2025.

access to health care in some rural areas, inability to pay for out-of-pocket expenses for quality healthcare services among others has necessitated the enactment of the instant provisions on health.

It is believed that when properly funded by contributors, the state and federal governments and implemented across the state rural areas, Nigerians will be relieved from fear of accessing and enjoying quality healthcare. The poor education of health insurance also affects access to the scheme no wonder the state coordinators under the National Health Insurance Authority are to ensure a sustained health insurance education to drive the scheme.

2. Legal Framework

The principal legal framework guiding this paper is the NHIA.

2.1 The NHIA

The NHIA created the National Health Insurance Scheme²⁰ to ensure an effective implementation of a national health insurance policy that ensures the attainment of universal health coverage in Nigeria. The NHIA makes it mandatory for all Nigerians to enroll under the health insurance scheme in each state of the federation including the FCT Abuja. The NHIA has a total of 60 sections.

2.1.1 Key Provisions of the NHIA

Primarily, among the many features of this Act is that health insurance schemes are now mandatory for every Nigerian and legal resident²¹ and through its state coordinators, the government ensures that basic minimum package of health services are implemented and enforced across all States of Nigeria.

²⁰ NHIA Act, Cap. N42, 2002

²¹ NHIA, No.17, 2022, s.3(b)

The Authority has a Governing Council made up of; the coordinating Minister of health and social welfare, Prof. Mohammed Ali Pate, the Director General and Chief Executive Officer of the National Health Insurance Authority Dr. Kelechi Ohiri, and, the State Coordinators of the NHIA across the 36 state of the federation and the FCT to oversee the implementation of the objectives of the Act using its operational guidelines to revolutionize health insurance. The various States also have their insurance agencies who act like HMOs to enroll people under the formal and informal sectors operating in the state.

In Rivers State, the State Coordinator, Chris Itodo²² is tasked with assisting the state government, private institutions and stakeholders to accredit, re-accredit, ²³ implement, register, engage with stakeholders Health Maintenance Organizations, Mutual Health Associations, Third party Administrators and health care facilities and licensed health insurance companies, brokers, and, health service providers to promote accessible and sustainable health outcomes. Similarly, the Authority is tasked on its own or in collaboration with other relevant bodies to carry out a sustained public education on health insurance.²⁴

3. Conceptual Clarification

Health and health insurance are key concepts that clarification will be made in this paper.

3.1 Health

The term health has a legal meaning as the state of being hale, sound, or whole in body mind or soul, well being - freedom from pain or

²² State Coordinator, NHIA, Rivers State with office at No.4 David Nna Estate, Off 1st Artillery Junction, Port Harcourt, Rivers State.

²³ NHIA, s.1(i)

²⁴ *ibid*, s.1(3)(m); See also ss. 1-13.

sickness.²⁵ According to this view, to be healthy therefore means to be free from disease, injury, bodily ailment or any state of the system peculiarly susceptible to disease or bodily ailment. The view without prejudice may not represent the dynamic concept as it is being used now. The reason is that 'health' is a dynamic topic that has caught the attention of many for decades; governments, institutions, community, families, professional and law around the globe, on what health connotes and the many systems needed to bring about quality health. It is believed that the concept health is an enduring and an emerging conceptual shift and that new meanings and details are being attached to its meaning. Concepts such as quality health, primary healthcare and so on enjoy different models and concept application to different actors in the health care field (consumers and providers).

However, the World Health Organization (WHO) in its famous founding constitution adopted in 1948, defined health as a state of complete physical, mental and social well being and not merely the absence of infirmity.²⁶ It is also the view of this paper that this definition no longer fits the current societal viewpoint anymore due to the word '*complete*' which for certain reasons means that those with chronic diseases or disabilities may not be considered healthy. Looking forward, the perception of the physically challenged persons are changing, as they are no longer viewed as 'unhealthy' because of their status but focus is in helping people in that state to adapt to their new situation and be able to do this as part of the recent paradigm shift.

²⁵ H Campbell and others, *Black's Law Dictionary with Pronunciations* (West Publishing Co, 6th Edn, USA,1990) 721.

²⁶ VP VanDruten and others, 'Concept of Health in Different Contexts: A Scoping Review' *BMC Health Services Research* [2022]

<<https://bmchealthservies.biomedcentral.com/articles/10.1186/512913-022-07702-2>> accessed 1 May 2025.

A further clarification on the concept Health was made in 1986, by the WHO of health ‘not as a state but in dynamic terms of resilience; as the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment’,²⁷ a resource for every day life and not the objective of living. According to research, health is viewed as the ability of the body to adapt to new threats and infirmities.²⁸ Due to the above realization of what health can mean, therefore emphasizes the need to promote health by enabling people increase control over it and improve their health outcomes on a global scale assumes the conversations in recent times. This way of looking at health resonates with the purpose for the recent effort of the federal government of Nigeria in re-enacting the voluntary and mandatory health insurance scheme to close the gaps in access to quality healthcare.

3.2 Health Insurance

Under the instant law on insurance,²⁹ health insurance is one of the three categories of life insurance. The law classifies individual life, group life and pensions and health insurance as a group under one of the two broad classes of insurance. According to Toby³⁰, health insurance is a social plan that guarantees the provisions needed for health services to persons who come under the plan on the payment of token contributions at regular intervals.³¹ This insurance can be obtained privately or by the government or on a contributory basis

²⁷ WHO, ‘Definition of Health’ < <https://www.publichealth.gov.ng> >accessed 1 May, 2025.

²⁸ <[https://www.lancet.com/journal/lancet/article/p1150140-6736\(09\)60456-67](https://www.lancet.com/journal/lancet/article/p1150140-6736(09)60456-67)> accessed 2 May, 2025.

²⁹ Insurance Act, 2003, (IA) now LFN, 2004, s.2

³⁰ B G Toby, ‘National Health Insurance in Nigeria: A Legal Analysis and Inclusivity of the Vulnerable Group’ *Journal of Jurisprudence*,

International Law and Contemporary Legal Issues, River State University [2023] Vol.17, Issue 1, 37.

³¹ BG Toby, (2022), *The Essentials of Insurance Law*, (SABSCO Printer & Publishers, 2n edn, 2023), 104.

to provide access to quality health care services when needed. Health insurance is a voluntary but mandatory cover for all Nigerians at all levels including the vulnerable; children below 5 years, pregnant women, sick ones who are unable to pay for a cover, private, formal and informal sectors.

3.3 Universal Health Coverage

This concept is often referred to as universal cover or universal care. It is a system of health care in which all residents of a particular country or region are assured of access to healthcare and is generally organized and provided for all residents or to mostly those who cannot afford health care or services on their own and neither has the means to do so with the ends of improving health outcomes.³² Universal Health Coverage (UHC) is also described as the single most powerful concept that public health has to offer, since it unifies services and delivers them in a competitive and interrelated way.³³

While some health care are government funded, others are structured usually by law for all citizens to purchase a private health insurance for supplementary benefits.³⁴ This kind of arrangement is described by the WHO as a situation where citizens of a country or region can access health services without incurring financial hardships.

3.4 Legal Residents

Legal residents are defined under the Act as all citizens of Nigeria and those who legally reside in Nigeria. They include employers,

³² Then Director General of WHO, Margaret Chan (served from 2006-2017). Ranked by Forbes as the 30th Most Powerful Woman in the World

https://en.wikipedia.org/wiki/margaret_chan assessed 3 May, 2025.

³³ Free Encyclopedia, Wikipedia, 'Universal Health Care' https://en.wikipedia.org/wiki/universal_healthcare accessed 1 May, 2025.

³⁴ NHIA, s.15(2)

employees in the public, private sectors, all other in the informal sectors not gainfully employed and the rest of Nigerians at the 36 states and local government areas including the FCT, Abuja.³⁵

4. Implementing The Universal Health Coverage in River State

4.1 Implementation of Health Insurance in Rivers State Pre-NHIA

Briefly, River state is a creation of law whose historical agitations and emergence as one of the 36 states of the Federal Republic of Nigeria (FRN) predates 1967. However, this year is widely acknowledged as the legal birth year of Rivers state; May 27, 1967 under the administration of the then military government of General Yakubu Gowon,³⁶ Rivers was created and named after the many rivers that border its territory. The State was carved out of the former eastern region as one of the twelve states created at the time to replace the existing regional structure to promote development and support the proper identification of the riverine people as a distinct group³⁷. It is one of the 6 states that make up the south-south geopolitical zones is Rivers and has its borders with Imo and Abia states to the north, Akwa Ibom state to the east, and Bayelsa and Delta states to the west. With fewer local government areas (LGA) at its early years of its creation, expansion, growth and industrialization has raised it currently to 23 Local Government Areas with its state capital in Port Harcourt. Rivers State capital city is considered to be the commercial center of the Nigeria oil industry; The treasure base of the nation.

According to the last census conducted in 2006, Rivers State had a population of approximately 5,198,716 people. By a 2024 estimate,

³⁵ NHIA, s.14(2)(a)(b) & (c)

³⁶ Wikipedia, < <https://en.wikipedia.org> > accessed 25 June, 2025.

³⁷ Brief History on Rivers State <fondcup.ng/brief-history-of-rivers-state/> accessed 25 June, 2025.

the state has grown to about 7,473,800.³⁸ The people of rivers enjoy a rich and diverse cultural heritage, lifestyle, beliefs, cultural sites, ethnicity and language over a landmass area of about 9,669km², 773.3km.³⁹ The state enjoys a measure of peaceful coexistence and steady development of its social infrastructure. Its rich mineral resources have shot the state to prominence among its counterparts. One of the areas of attention has been the provision of health services and facilities across the 23 local government areas (LGA) of the state. In each of the 23 Local government headquarters, there is at least one state hospital, a health Centre, while Port Harcourt and Ahoada have 6 and 2 hospitals respectively.⁴⁰ There are also numerous private health centers and state governments primary health centers where curative medicines are offered across the state on preventive medicine with the latest emphasis on accessibility to health care delivery systems.⁴¹

Based on the latest United Nations (UN) data this 2025,⁴² Nigeria is estimated to be over 237,000 million people. This number represents a significant increase compared to 2024, with the population growing by 4.8 million, a 21% between early 2024 and the start of 2025 according to Datareportal.⁴³ Rivers state stands at 4% of the total population, aged 58 years now, the state is largely adjudged as the fifth most populous state in Nigeria and enjoys several healthcare schemes over successive governments.⁴⁴ However, a significant portion of this population; 62.4% of the 7 million plus people in River state, approximately 4.4 million⁴⁵ people experience

³⁸ <www.citipopulation.de/en> accessed on 30 June, 2025.

³⁹ <www.citipopulation.de/en> accessed on 30 June, 2025.

⁴⁰ River State Contributory Health Protection Programme <<https://rivchpp.rv.gov.ng>> accessed 29 June, 2025.

⁴¹ Overview of Rivers State <<https://www.nigerdeltabudget.org/>> assessed 30 June 2025.

⁴² Worldometer <<https://worldometers.info>> accessed 29 June, 2025.

⁴³ 'Digital 2025: Nigeria' <<https://datareportal.com>> accessed 29 June, 2025.

⁴⁴ *ibid*

⁴⁵ *ibid*

multidimensional poverty. This complex situation is a significant barrier for many residents. With substantial number having to borrow money or sell assets to afford treatment makes affordability and access to health care particularly in rural and riverine communities' complex. This paper now examines the recent efforts of the state government at establishing a state-based health insurance following the re-enacted federal law on health insurance in 2022, which is the focus of this paper.

4.2 The Implementation of the RIVCHPP Health Insurance Agency: Health-For-All Initiative

The River State Contributory Health Protection Programme (RIVCHPP) is states agency for the provision of basic health insurance on a contributory basis to its residents. RIVCHPP acts as a HMO for Rivers State to implement the initiative of the federal law now under the administration of His Excellency Bola Ahmed Tinubu, for a mandatory health insurance with successful outcomes. In January 2024, the Governor of Rivers State, Sir Siminialayi Fubara, about a year into office took a crucial step like her counterparts from other states to approve the implementation of this law. Though coming on board as the last state to implement its health law, Rivers had its Health Insurance Law signed since 2021 before the assumption of office of the Governor but it remained inactive. Notwithstanding, the programme was launched and has taken off a year ago to strategically guide Rivers State towards achieving Universal Health Coverage (UHC) and ensuring that all residents have access to affordable and quality health care services; an important step to implementing the federal law on mandatory health insurance.

4.2.1 Successes so Far

Under the Rivers State Ministry of Health, the Agency within its first 3 months of takeoff, enrolled 1420 persons at the model primary

health care centre at Ozuboko, Port Harcourt⁴⁶ and by December, 2024, about 100,000 participants had been enrolled.⁴⁷ In the same year, the UHC year was marked by the State Commissioner for Health, Dr. Adaeze Oreh and the RIVCHPP team highlighting the state government's commitment to delivering equitable, affordable, free and quality healthcare to all.

The health Agency has also adopted the IT system platform to connect healthcare facilities directly to a central dashboard for integration of data for the enrollee in line with the law. This according to the Agency is still a work in progress and once fully operational is expected to enhance transparency and efficiency in the areas of enrolment, monitoring and service delivery.

The successes of this new plan in less than two years are applauded while still being closely monitored. It is reported that WhatsApp group of 400 women has been created for enrolled pregnant women to monitor their experiences, enroll newborns and, address challenges in real life. RIVCHPP babies born to these mothers are automatically enrolled for care until 5years. Another WhatsApp platform caters for Ward Development Committees (WDC) to monitor and ensure community ownership and accountability, with regular follow-ups with patients. If within 6 months of enrolment, beneficiaries have not accessed healthcare, reminders are sent to encourage utilization by highlighting available services and preventive medications.

The programme has accredited a total of 205 primary health centres in the state, though some at the moment are underutilized as a result of security issues in those areas. The plan operates with Health Maintenance Organisations (HMOs) as fund holders and it is

⁴⁶ <www.citipopulation.de/en>accessed on 30 June, 2025.

⁴⁷ The authors oral interview via phone call on the 29 June 2025 with Dr Vetty Agala, the Ag. Executive Secretary of RIVCHPP Agency in Port Harcourt, Rivers State who confirmed that over 100,000 enrollees are on record so far.

anticipated that as enrollee grow, the HMOs will be engaged selectively for specific capacity building.

4.2.2 RIVCHPP Insurance Plans

Currently, the Agency has five health insurance plans for;

1. **The Informal Sector Plan:**⁴⁸ This plan launched in December 2024 nicknamed the ‘Sim-Jara plan’, covers different RIVCare plans for small business owners, petty traders, others individuals, groups, families, market women and so on. This plan is premium based. Enrollee pay a little above a 1,000 naira monthly and 15,000 naira yearly to be enrolled.
2. **The Basic Health Care Provision Fund (BHCPF):** This is an equity plan that is subsidized by the state government for the vulnerable state population and is free. The vulnerable persons include people living with HIV, disability, the elderly over the age of 60, children below 5years, pregnant mothers, poor and sick ones. It is also open to stakeholders like philanthropists, charity foundations, entrepreneurs and well-meaning individuals to assist or sponsor the enrollment of people under this plan since the state government may not be able carry the entire plan. To enroll under the equity plan, the National Identification Number (NIN) of enrollee is mandatory.
3. **The Formal sector plan**⁴⁹: This is designed for employers with minimum of five staff and above and for employees in the state.
4. **The Informal Plan for Self-Employed Workers:** community-based organization, residents and tertiary

⁴⁸ NHIA, s. 31(b)

⁴⁹ *ibid*, s.31(a)

institution students Plan for students payable from their fees and subsidized by the state government also; and

5. **Private health plans:** This is for people that work in companies, firms with at least 5 staff or more, who wish to obtain it for personal or supplementary benefits.

Some of the above plans tend to overlap in their objectives, most are subsidized by government and others requiring contributions of only N15,000.00 annual payments as premium payable by enrollee to enjoy the health insurance plan.

4.3 Collaborative Efforts at Implementing the Act by Institutions and Organizations in Rivers State

To support the State government's initiative, some institutions and organizations in the State have taken admirable steps to promote healthy living, insurance education and health insurance plans to achieve the UHC using the Health Insurance law. This merits our discussion in this paper. Notable among them are a few like the Rivers State University (RSU), the Insurance Law Club, (INLC) and the Nigerian Bar Association (NBA) Port Harcourt Branch. They are briefly discussed below.

4.3.1 Rivers State University (RSU) Walk for Life Program and Fitness Program and The TISHIP

The Rivers State University of Science and Technology (RSUST) was established in 1972 as the College of Science and Technology. As the premier state science and technology university in Nigeria, it gained independent university status during the administration of Melford Obiene Okilo, the first democratically elected Governor of the Old Rivers State in 1980. RSUST was renamed Rivers State University under the administration of His Excellency, Ezenwo Wike in 2017. The University is located in Southern Nigeria in Port Harcourt, River State. The current administration by the 12th Vice Chancellor, Prof. Isaac Zeb-Opibi appointed on the 7th day of

March, 2025 under the administration of His Excellency, Sir Siminalayi Fubara, Governor of Rivers State has commenced an innovative and creative ‘Walk for Life Health and Fitness Program’ to encourage and promote healthy lifestyles among its approximately 3,000 staff members. This monthly program has the slogan ‘your health, your responsibility’ with its maiden edition in 29 March, 2025. So far, the program has consistently run; encouraging a 3.5km walk, 30 minutes aerobics and offers free blood pressure (Bp) checks, free blood sugar test and body mass index (BMI). These are aimed at encouraging healthy lifestyle. Staff members are to followed up with reminders from the RSU Health centre to register and have their annual physical health checks on their birthdays as part of the health awareness program. The sports unit of the university and the health services department are teaming up for more success. On the 29th of June at its 3rd edition, the RSU alumni were sensitized to encourage the walk for life as they lead the staff members. These commendable strides aim at sustaining life and increasing productivity at work, and the University is deeply concerned about the mandatory health insurance for her staff with serious efforts at sensitizing staff and students on the need for this.

Similarly, the over 28,000 student population are not left out. A health insurance package known as Tertiary Institution Social Health Insurance Programme (TISHIP), an assured medical care for students subsidized by the state government and contributory by the students through their school fees has been in place. Unfortunately, a majority of the students do not fully understand what this plan is, and how to fully utilize it.⁵⁰ But through the

⁵⁰ From the over 20 years of teaching and research of the author of this paper, and having taught Insurance Law for almost all of this period, 90% of the LLB 3 insurance law class every year do not fully grasp that insurance can be used beyond ‘police passes’, erroneously so. 90% of these students have the TSHIP and can recognize the name but do not fully understand what it represents and how they can fully utilize it. During my last lecture with the class on the 25th day

Directorate of student's affairs, the VC presented a TSHIP sensitization⁵¹ with Regenix HMO across its RSU campuses to educate and sensitize students. This plan provides free medical consultation, free physical examination, free routing laboratory investigations, free drugs and other necessary medical consumables and free emergency services (stabilization) and if need be, referrals are made to the River State Teaching Hospital (RSUTH) on guarantee. The RSU health insurance programme is managed by Regenix HMO and through this scheme, staff and students can access quality medical care and attention in the university community. This will align with the objective and directive of the NHIA.

4.3.2 Insurance Law Club (INLC)

The INLC was founded in 2021 under the platform of Annual Insurance Law Symposium and Events Series (AILSES) by Toby⁵² as an educational platform for annual insurance law events. It was registered in Rivers State University and inaugurated in 2025 to sensitize and educate on insurance law through webinars, annual symposiums, awards, talks and lectures to help deepen insurance

of June, 2025, it was shocking to hear that they did not even know that the TSHIP was their subsidized student health insurance plan. Thus, the need for my annual insurance law Symposiums to educate and sensitize.

⁵¹ The TISHIP Sensitization by the RSU took place on the 30th day of June, 2025 at the love garden, RSU Main campus; 1st day of July, 2025 at Ahoada Campus, RSU and Etche, RSU Campus on the 2nd day of July, 2025 respectively.

⁵² Dr. Boma Geoffrey Toby, (Reader, Insurance and Maritime Law), a female Lecturer-At- law with over 21years of law teaching and research. She has over 50 peer reviewed articles published in local and international journals. An Insurance Law Consultant, Mentor, Convener of AILSES, Founder of the INLC, who drew her inspiration from her over 7 years of working with the then Oasis Insurance Company Limited before joining the academic board of the Faculty of Law, RSU in 2005.

law education and insurance penetration in Nigeria⁵³ and is open to international collaborations on insurance law. This is in tandem with the provisions of its objectives to cultivate a vibrant community of legal professionals committed to advancing knowledge, sharing expertise and promoting excellence in insurance law⁵⁴ through annual symposiums. The club brings together every year community, professionals, students, insurance industry practitioners, insurance regulatory authorities, insurance brokers, banks, business communities and the government to create awareness on insurance law through AILSES. It has over the years successfully dislodged skepticism, apathy and distrust on insurance using AILSES to build trust.

Through the initiative and vision of its founder,⁵⁵ the INLC is a sustained insurance law education platform on all aspects of insurance law in Nigeria. The upcoming 2025 Annual Symposium is in collaboration with the Department of Commercial and Industrial Law (CIL), Faculty of Law of the Rivers State University (RSU) to successfully host the theme ‘Navigating the Future of Health Insurance Law in Nigeria; The Law, Trends, Challenges and Innovations’ and drawing notable speakers from the Academia⁵⁶, NHIA, the Rivers State government Agency on health insurance, Insurance companies, Health Maintenance Organizations (HMO), Hospital Managements, Banks and Insurance companies, Student community, the University community, the medical sector, Foundations, guests and partners to educate on health insurance.

⁵³ B G Toby, (2020), *Legal Regime of Insurance Middlemen in Nigeria: Minimise apathy, Grow insurance*, (Lambert Academic Publishing, Mauritius, 1st edn, 2020) 228-229. 172.

⁵⁴ Constitution of the Insurance Law Club (CINLC) 2025, s.5

⁵⁵ *ibid*, (n 54).

⁵⁶ 2025 keynote Address was delivered by Prof Collins Obioma Chijioke, Dean, Faculty of Law, Abia State University, Umuahia, Abia State, Nigeria.

The Insurance Club thus helps to implement the NHIA⁵⁷ through its sustained education and acts like a third-party administrator under the instant law.

4.3.3 Nigerian Bar Association (NBA) Port Harcourt Branch Health Insurance Plan

Under the leadership of the current Chairman of the Port Harcourt branch of the NBA, Cordelia Uwuma Eke and her executives, the welfare of the members of the association has received a boost with the enrolling her members of Bastion Health Maintenance Organization (HMO) to provide primary health care services, health care needs of its member using health insurance. This welfare package is insured by Skydd Insurance to cover her financial members on a minimal yearly premium of 12,000 naira only drawn from members welfare dues, for a total of 1628 persons.⁵⁸ The Bar's insurance package took off in three batches. The first batch was approved in October 2024. Another batch enrollment is on the way currently while the third plan is for members who are 60 years and above on a geriatric plan. The Health insurance plans has so far proved successful as testimonies of its success rate by members abound on cases of emergencies, surgeries and childbirths among others.⁵⁹ According to the branch Chairman, 'It is hoped that members who are yet to take advantage of this health packages will do so for the sake of their health'. Despite these successes, there are still many branch members yet

⁵⁷ NHIA, No 17, 2022, s.1(3)(m)

⁵⁸ This information was culled from the soft copy of the '2025 Annual General Meeting (AGM) of the NBA- PH Branch Brochure', following her AGM held on the 26th day of June 2025 at the NBA House, 1 Bank Road, Port Harcourt, Rivers State. See also <www.nbaportharcourt.ng>

⁵⁹ The author of this paper is a beneficiary of the NBA-PH mandatory health insurance plan with Bastion health maintenance organization. She took advantage of the enrollment and has enjoyed the plan since January 2025. She registered with Patricare hospital, Mgboushimini, PHC which is the most convenient and well located to her. She no longer borders about out-of-pocket or initial hospital deposits as was the case before the implementation of this law.

to take advantage of this insurance plan. This may not be unconnected to ignorance on the principles and benefits of health insurance in the State.

The NBA health insurance plan is a seamless process and a worthy initiative. Once registered under the HMO, members are identified with an enrollment number and issued a health insurance card that is simply presented at the hospital or healthcare facility of choice. Enrollee can actually change facilities when desired to receive attentive medical care already paid for. No out-of-pocket expenses is requested or made at that point. However, the scope of cover is the basic minimum, members can buy into more sophisticated supplementary plans for themselves and their families if they choose to.

5. Conclusion and Recommendations

The RIVCHPP remains a work in progress but a worthy initiative targeted at all and sundry in the State. It is believed that RIVCHPP will boldly aspire to become the leading social health insurance provider in Nigeria and Africa. The plan envisions an out-of-pocket and subsidized payments. The team envisions a one- million member enrollee to receive quality health care services without needing to make payment at the point of care. However much remains to be seen at the 317 political wards and 23 local government areas which make up Rivers State.

The efforts of the Rivers State government to establish the RIVCHPP Agency through the Ministry of Health to implement the NHIA will achieve more measurable success as time passes. Though, a young sector, more remains to be seen as it is anticipated that the government, the agency, institutions at the private, formal and informal sectors will continue to do their part to implement the Act. This paper commends the efforts of the Rivers State Agency

other institutions and organizations at educating and sensitizing the public on Health Insurance.

The recommendations of this paper are that:

1. The efforts of RVCHPP at weekly sensitization across the state be sustained and encouraged by government to get more persons enrolled with particular attention to the rural areas.
2. Local Government Areas should take more active parts at sensitization and enrolment also.
3. Insurance education and the laws guiding it in Nigeria should be made a compulsory subject across Nigerian learning institutions and not merely an elective in the university curriculum.
4. Government participation and funding of advocacy institutions, clubs and groups will support insurance law education, research and sensitization as envisaged under the Act and encourage interests in insurance and awareness.
5. The basic minimum health coverage is minimal, coverage should address more areas of health coverage reviewed from time to time to focus on important areas of health.
6. The federal and state governments should continue to put up programs that will reduce poverty and intellectual illiteracy of insurance among Nigerian.