



Health Insurance Survey *Report*

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EXECUTIVE SUMMARY

The National Health Insurance Scheme (NHIS) in Nigeria aims to provide health insurance to individuals by ensuring that insured persons and their dependants have access to good quality and affordable healthcare services. However, results from past studies have demonstrated customer dissatisfaction with the service for reasons such as being charged additional fees on the pretext of non-inclusion of particular services in their insurance plan and poor customer service. It has also been discovered that there is poor general knowledge of the service among the enrolled. This study therefore aims to assess the perception of health insurance amongst Nigerians and to evaluate the quality and preference of Health Maintenance Organisation services provided to them.

This study was administered through online questionnaires. A total of 2,084 responses were received and analysed.

The major findings of this study are as follows:

Enrolment to Health Insurance

51% of the total number of respondents do not have health insurance, comprising 44% who pay out-of-pocket for medical treatment at a hospital and 7% who self-medicate.

The remaining 49% have health insurance. Enrolment to the service is strongest in those who are employed (96%), married (70%) and those who earn above ₦100,000 monthly.

On the other hand, the majority of respondents who do not have health insurance are mostly single (70% for self-medicators and 48% for those who pay out-of-pocket), employed (64% for self-medicators and 64% for those who pay out-of-pocket) and earn below ₦100,000 monthly.



Demand for Health Insurance

Of the total number of respondents, 77% indicate they have sought medical attention from a healthcare professional within the past year while 23% have not. Majority of those who have sought medical care in the past year (55%), have health insurance.

Over 80% of respondents who do not currently have health insurance would like to have the service regardless of whether they self-medicate or pay out-of-pocket for medical treatment at a hospital.

Reasons for Obtaining Health Insurance

Of the total number of those who have health insurance, most indicated they enrolled for the service because it was part of their employment package (53%) while the least cited reason was the provision of peace of mind for the customer (9%).

For those who do not have health insurance, the most cited reason for not enrolling was because their employer does not pay for the service (30%). Another 15% indicated they had no knowledge of the scheme in Nigeria. The least cited reason for not getting health insurance was the refusal by HMOs to provide cover for patients with certain preexisting health conditions (2%).



Correlation between Source of Funding and Customer Satisfaction Levels with quality of service

Employers provide the funding for the majority of respondents (89%) with health insurance while the remaining 11% fund their insurance themselves.

Employer-paid health insurance did not appear to be a guarantee of better satisfaction with the service. According to this survey, self-funded respondents are statistically more satisfied with the service (63%), than those on employer-funded health insurance (62%), although the margins are very fine indeed.

Although over 80% of respondents with health insurance intend to renew their plans on expiration, about 60% of those on employer-funded insurance will do so only because it is required by their employer. If given the option, they state that they would cancel the plan or change to a different HMO.

How Customers rate HMO services

The HMO with the highest number of enrolled respondents was Hygeia HMO Limited (23%). The main reason given by respondents for their choice of HMO was employer's choice (50%).

Respondents indicated that the biggest advantage (45%) of using a HMO is the decreased out-of-pocket costs for medical treatment that arise as a result. The biggest disadvantage indicated was the restrictive nature of the services provided (23%).

Respondents also suggested ways through which HMOs could provide better services. These included increasing coverage of treatments/services provided, reduction in hospital waiting times, providing better quality drugs, follow-up care, routine check-up and better customer service.

Conclusion

Adoption of health insurance amongst respondents is average as only about half of them are enrolled. This may be because of the lack of knowledge of the scheme or the less than impressive quality of care provided by HMOs. Respondents indicated lower costs for medical treatment as the greatest advantage of the insurance scheme but their biggest disadvantages included poor coverage as well as low quality drugs and treatment coupled with long waiting times. Thus, while respondents enjoy the decreased cost of medical bills, they also want an improved quality of care. It is therefore important that the NHIS addresses this to increase the level of enrolment and satisfaction with service.

Introduction and Background

The National Health Insurance Scheme (NHIS) in Nigeria was established in 1999 as a significant factor in the National Poverty Eradication Efforts, to improve the health status of Nigerians¹. The scheme which was officially launched in 2005, aims to provide health insurance to citizens so that insured persons and their dependants have access to good quality and cost-effective healthcare services. Some of its objectives are to protect families from the financial hardship of huge medical bills, to ensure equitable distribution of healthcare costs among different income groups, to ensure high-standard and efficiency of healthcare delivery and services to Nigerians and to ensure the availability of funds to the health sector for improved services; amongst others.²

Health Insurance in Nigeria is provided by Health Maintenance Organisations (HMOs), of which 76 are currently accredited. These providers have been charged with the responsibility of ensuring the overall success of the NHIS by facilitating affordable and high quality medicare for Nigerians.³ In order to ensure that all segments of the society are covered, such as the formal sector, self-employed and rural community, children under five, the disabled, prison inmates, tertiary institutions and armed forces, the NHIS developed various programmes to reach these areas.⁴

To evaluate the success of the NHIS in providing quality healthcare to its customers, this survey aims to identify those who have health insurance and to assess their perception of services available under the scheme. Previous studies showed inadequate knowledge of health insurance among the enrolled and complaints of poor attitude of service providers operating the health insurance scheme. For example, previous studies explained that HMO providers deny NHIS enrolled customers their full entitlements and charge additional fees on the pretext of non-inclusion of certain services in the insurance plan.⁵ This survey will therefore, also evaluate the quality and preference of HMO services provided customers in Nigeria.



1 (Aderounmu)
2 (National Health Insurance Scheme, 2013)
3 (NBF News, 2011)
4 (National Health Insurance Scheme, 2013)
5 (Shafiu Mohammed, 2011)

Aim and Objectives

Aim

To assess the perception of health insurance amongst Nigerians and to evaluate the quality and preference of HMO services provided to them.

Objectives

The objectives of this study are:

1. To determine the adoption level of health insurance among Nigerians.
2. To ascertain the relationship between requirement for medical treatment, enrolment and demand for health insurance.
3. To identify the factors influencing enrolment to health insurance.
4. To establish whether the funding source of health insurance is associated with the quality of service experienced by customers.
5. To determine the advantages and disadvantages of HMOs in Nigeria and to discover ways in which HMOs could better serve their customers.

Research Methodology

This survey was carried out in December 2013 using questionnaires that contained both quantitative and qualitative questions. The qualitative aspect was in the form of open-ended questions, which required participants to provide more detailed responses about the subject matter.

The survey was administered online to various databases from which a total of 2,084 responses were received.

2,084
Number of
responses
received from
the survey

Analysis

Responses to the quantitative aspect of the survey questions were analysed using a simple statistical analysis tool.

The data received from the qualitative questions was analysed thematically using an inductive method. This involved identifying the major themes that evolved from the responses and also adequately reflecting the data content. Percentages were then calculated based on the frequency of these themes and results reported using the numerical indicators generated.

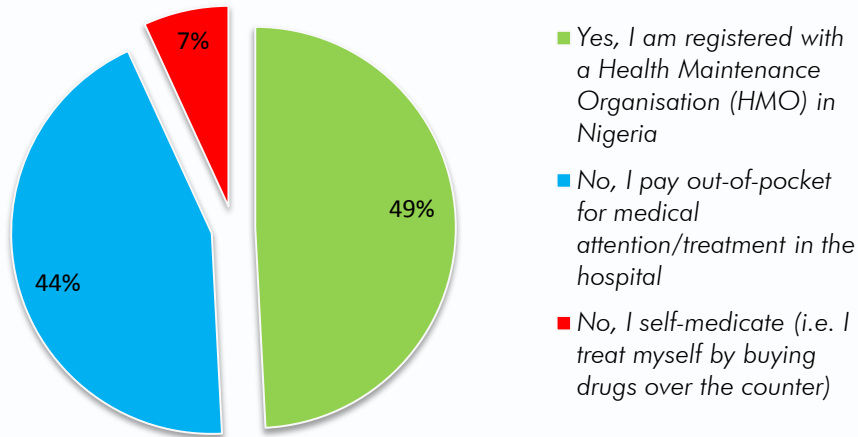
Findings

Part 1 – Who Has Health Insurance?

Of the total number of respondents, 49% have health insurance and are registered with a HMO. The remaining 51% of respondents do not have health insurance; 44% of this latter group pays out of pocket for medical treatment while 7% self-medicate (Graph 1).

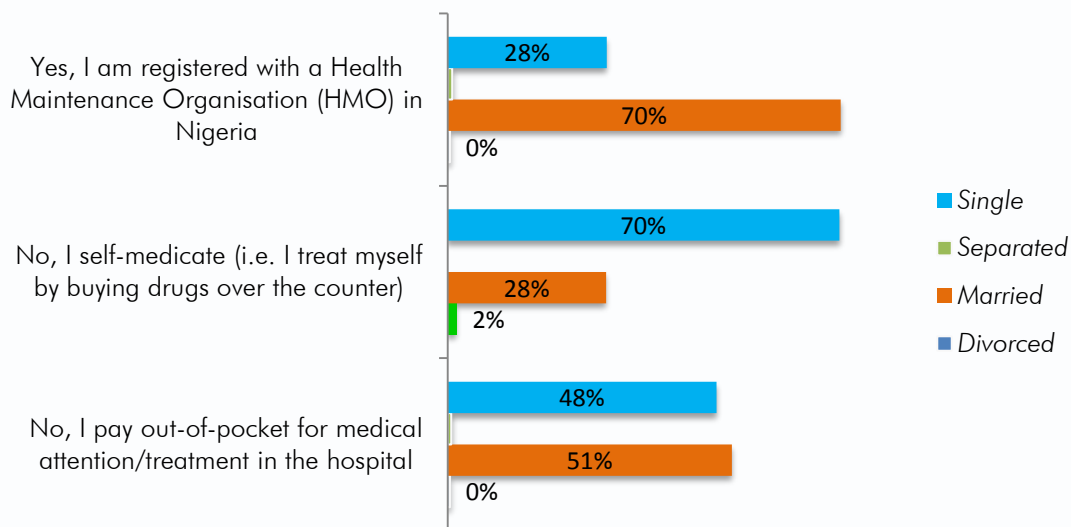
49

Percentage of respondents who have health insurance



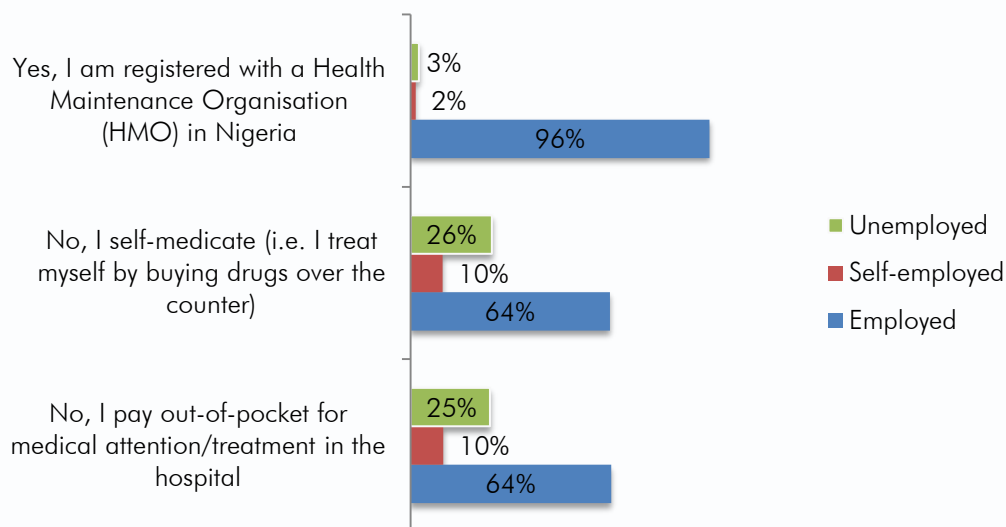
Graph 1: Enrolment to Health Insurance

Of the total number of respondents, the majority (70%) of those who have health insurance are married, while the majority of those who do not, are single – 70% for those who self-medicate and 48% for those who pay out of pocket for medical treatment (Graph 2).



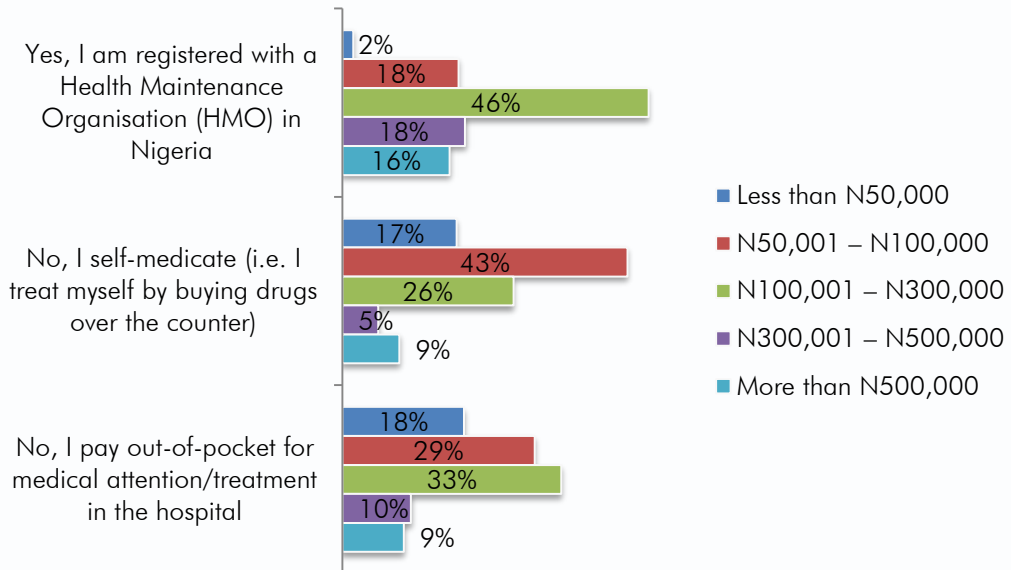
Graph 2: HMO Enrolment by marriage status

Again, the majority of respondents with health insurance (96%) are employed (Graph 3).



Graph 3: HMO Enrolment by Employment Status

Furthermore, most of the respondents who have health insurance (80%), earn more than ₦100, 000 monthly while the majority (combined) of respondents who do not have health insurance earn less than ₦100,000 monthly i.e. 60% of those who self-medicate earn less than ₦100,000 while 47% of those who pay out of pocket for medical treatment, earn less than ₦100,000 monthly (Graph 4).



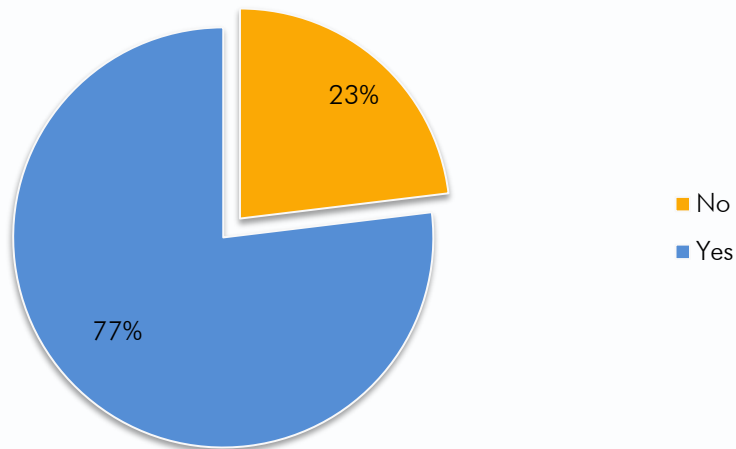
Graph 4: HMO Enrolment by Monthly Income

Key findings: The majority i.e. 51% of respondents do NOT have health insurance, only 49% do. Most of those who do have health insurance are married (70%), employed (96%) and earn more than ₦100,000 monthly (80%). Those who do not have health insurance are mostly single (59% on average) and earn less than ₦100,000 monthly (54% on average).

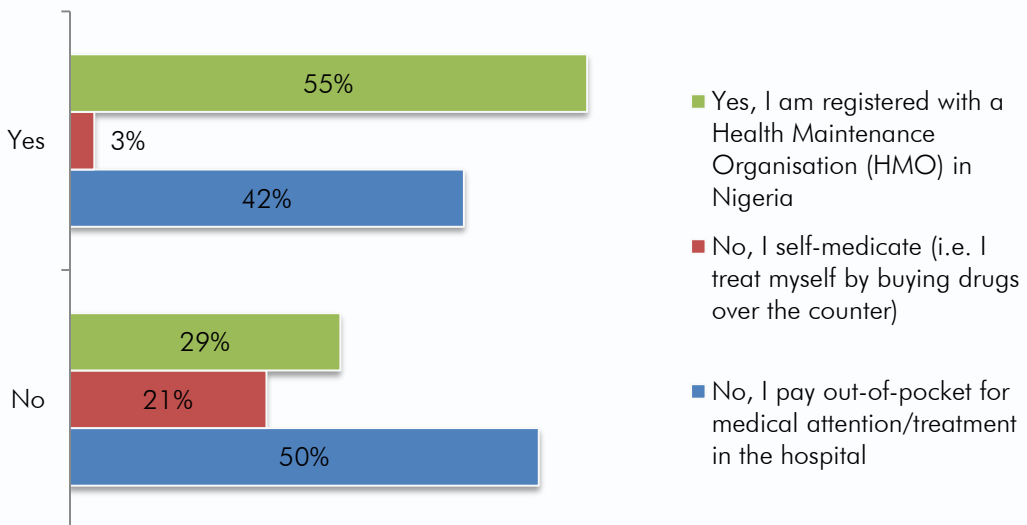
Part 2 – Is There A Demand For Health Insurance?

In the past 12 months, 77% of respondents have sought medical attention from a healthcare professional while 23% have not (Graph 5). Of the total number of respondents who sought medical attention, 55% have health insurance while 45% do not.

On the other hand, 71% of respondents who did not seek medical attention in the past year do not have health insurance while the remaining 29% do (Graph 6).



Graph 5: Respondents who have sought medical care in the past year

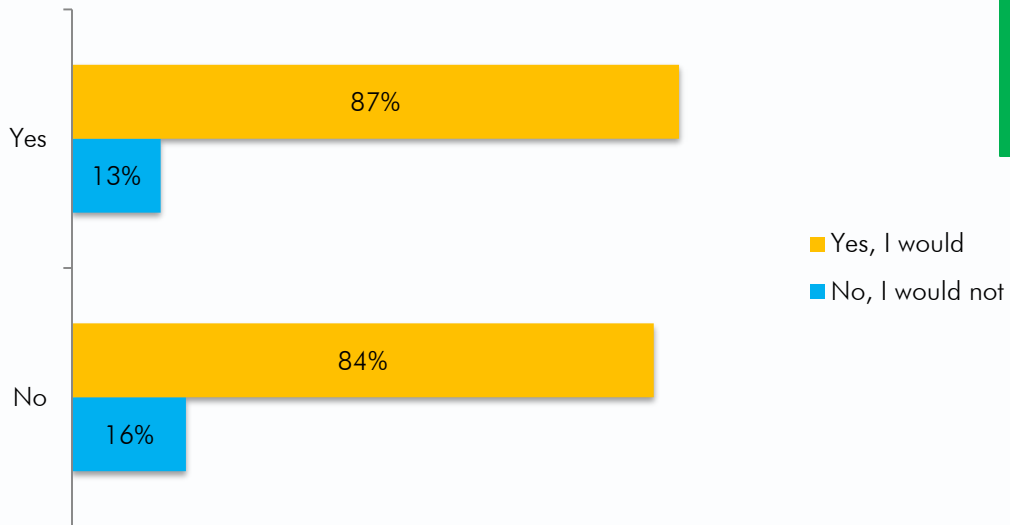


Graph 6: Medical treatment seekers by enrolment to health insurance

In addition to the majority of those who sought medical attention in the past year (87%), 84% of those who did not, also want to have health insurance (Graph 7).

85

Average Percentage of respondents who would like to have health insurance



Graph 7: Demand for health insurance

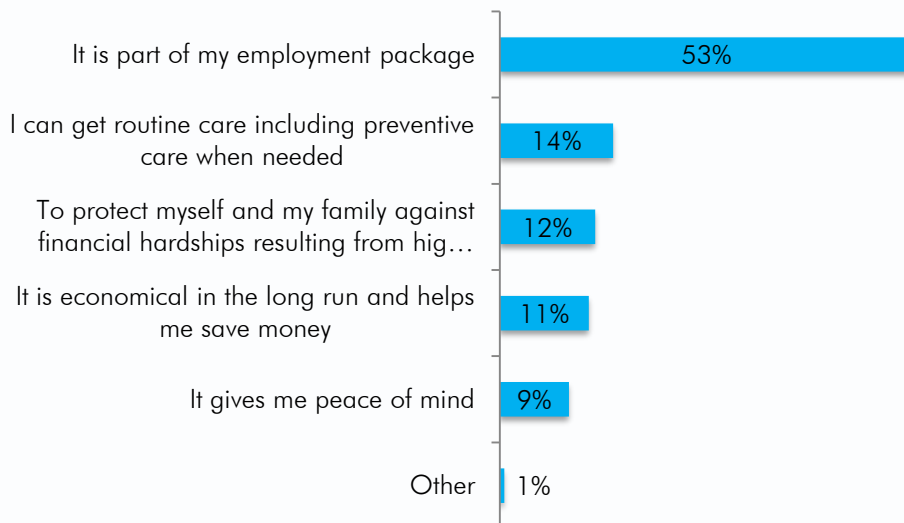
Key findings: A greater percentage of respondents (77%) sought medical care from a healthcare professional within the past year. Of this total number 55% have health insurance. Also, only 29% of respondents who did not seek medical attention within the past year have health insurance. However, over 80% of respondents in each category would like to have health insurance.

Part 3 – What Are The Reasons For Obtaining Health Insurance?

53

Percentage of respondents who obtained health insurance because it was mandated by employer

More than half of the respondents have health insurance because it was included in their employment package (53%). 14% because they believe they can get routine/preventive care when needed, 12% to curb health-related financial costs; 11% to save money and 9% because it gives them peace of mind (Graph 8).



Graph 8: Reasons for obtaining health insurance

For respondents who do not have health insurance, non-provision of the service by their employer is the major reason (13%); lack of confidence in the system (13%), ineligibility for employer-paid insurance (9%), cumbersome registration process (6%), lack of need for health insurance (3%), dissatisfaction with previous HMO (3%), discontinuation with individual plan (2%) and HMO refusal to cover patient as a result of preexisting health conditions (2%). See Graph 9.



Graph 9: Reasons for not buying health insurance

Reasons in the “Other” category included: inconsistency with and dislike for their policy, inability to cover “big” bills and religious restrictions.

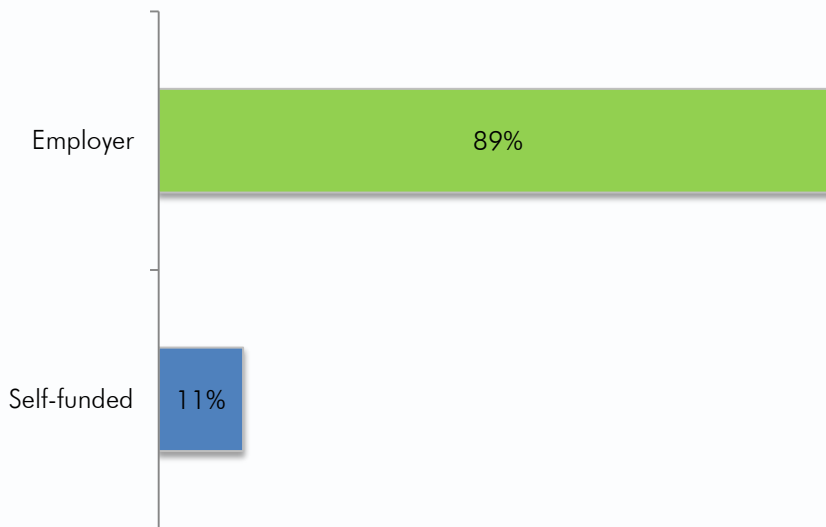
Key findings: The major reason why respondents have health insurance is because it is included in their employment package (53%) while the least popular reason for getting health insurance is because it provides them with peace of mind (9%). Those without health insurance cite the non-provision of the service by their employer as the major reason (30%), while the refusal of HMO to cover them as a result of pre-existing health conditions and discontinuation of previous plan by the HMOs were the least cited reasons (2%).

Part 4 – How Is Health Insurance Funded And Is There A Correlation Between Funding And Customer Satisfaction Levels?

For those with health insurance, the source of funding is split into: employer (89%), self (11%). See Graph 10.

11

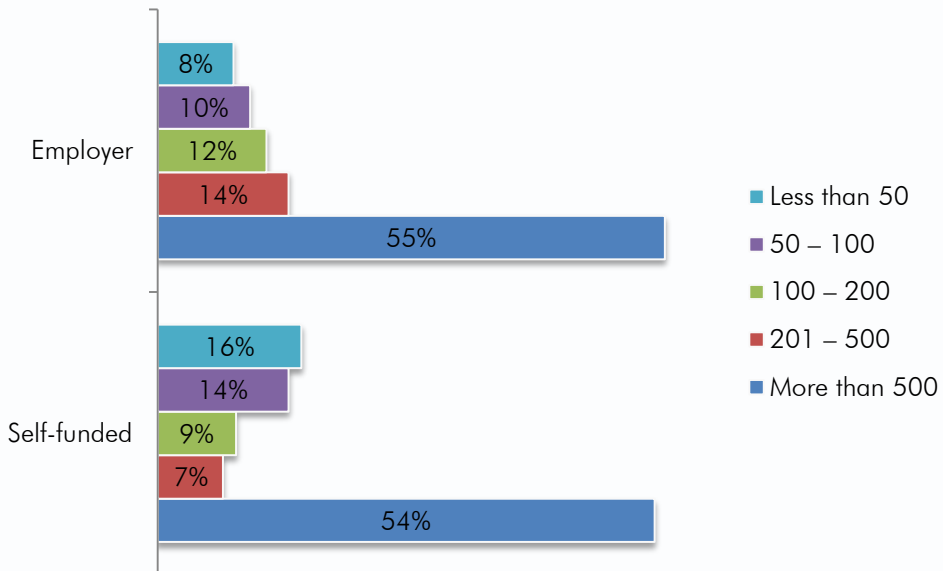
Percentage of respondents who fund their health insurance plans themselves



Graph 10: Sources of funding

There is a direct positive correlation, as expected between the size of an organisation and the number of employees with health insurance – 55% with employer funded health insurance work in companies with more than 500 employees, 14% in companies with 201 – 500 employees, 12% in companies with 100 – 200 employees, 10% in companies with 50 – 100 employees and 8% in companies with less than 50 employees.

For those who fund their plans on their own, the reverse is the case excluding companies with over 500 employees, implying a negative correlation (Graph 11).



Graph 11: Source of funding and the size of respondent's organisation

The majority of those whose health insurance is employer-funded are on the intermediate plan (47%) i.e. a plan in which coverage goes beyond basic ailments but still has certain restrictions such as non-coverage of dental surgical extractions, intensive care services and cancer care. 27% are on the standard plan – one which covers basic ailments, while 26% are on the premium plan in which coverage is virtually unlimited.

A higher percentage (57%) of those who fund their plans on their own, are on the intermediate plan, compared to the employer-funded respondents; and a lower percentage of them (14%) have the premium plan (Graph 12).

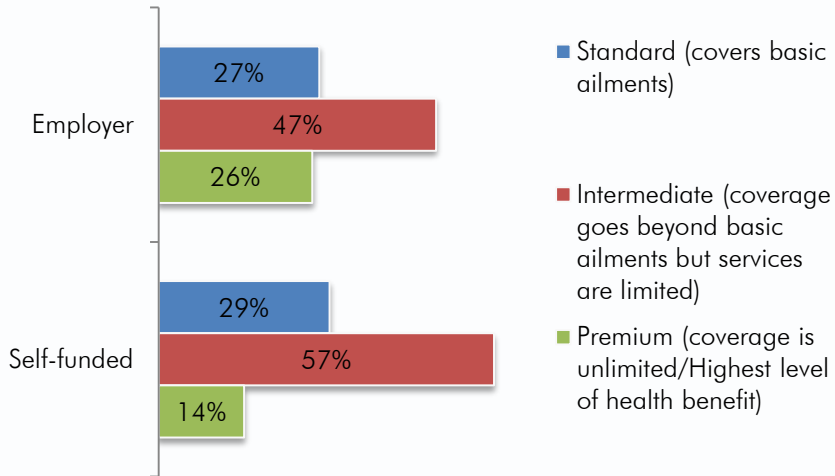


26

Percentage of respondents on the premium plan funded by their employer

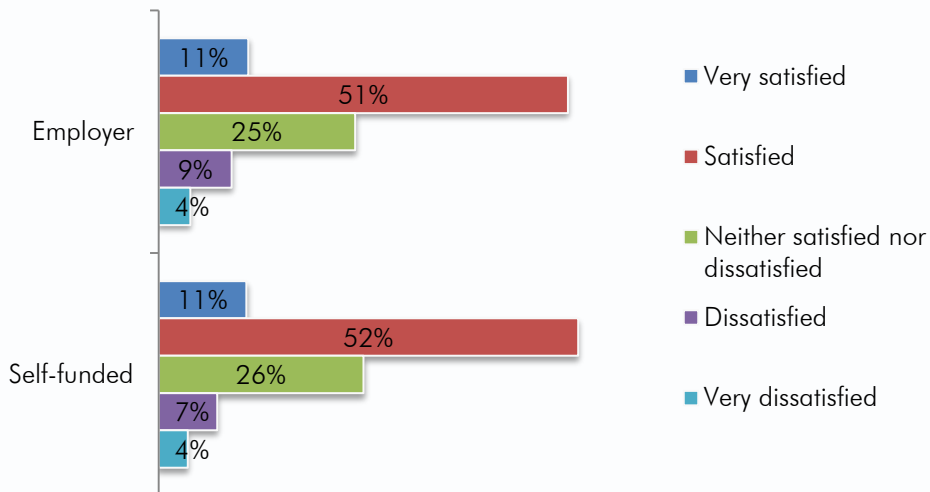
14

Percentage of those on the premium plan that is self-funded



Graph 12: Source of funding and the type of insurance plan

The trend in level of satisfaction with the quality of service experienced by respondents is similar for both funding sources. Respondents are more often satisfied with the service than not – generally more than 60% of respondents are satisfied, less than 15% dissatisfied and approximately 25% are indifferent.



Graph 13: Source of funding and satisfaction with quality of service

When asked if they would renew their plans, majority of respondents said they would – 70% of respondents with employer-funded health insurance will renew their plans and 15% will renew and upgrade their plans. However, 16% said they would not renew their plan. Of the total number of respondents who fund their health insurance themselves, 66% will renew their plan, 16% will upgrade and the remaining 18% will not renew their plans (Graph 14).

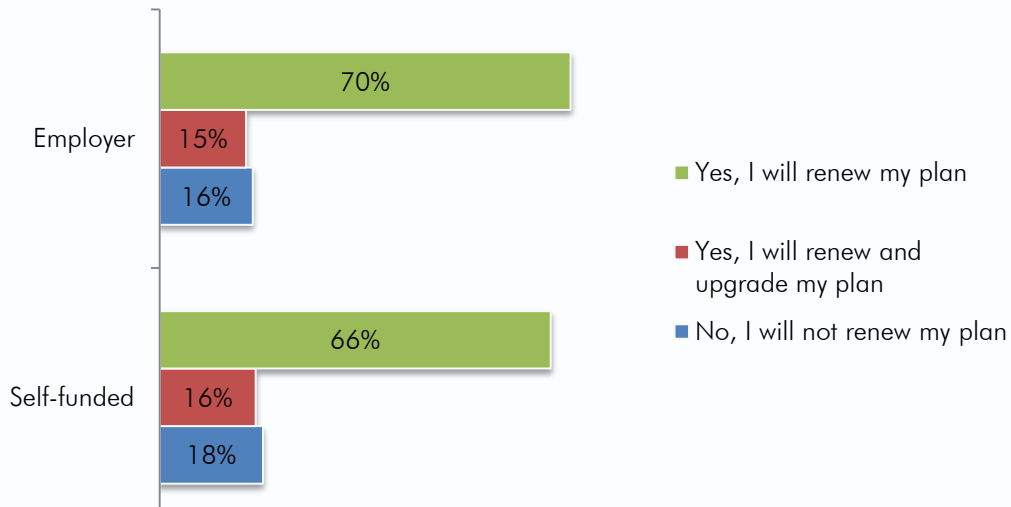
63

Average Percentage of respondents who are satisfied with HMO quality of service⁶

83

Average Percentage of respondents who will renew their plans⁷

⁶ An average of the percentage sum of 'Very satisfied' and 'satisfied' in each funding source (Graph 13) generated 63%
⁷ An average of the percentage sum of the two 'yes' categories in Graph 14 generated 83%



Graph 14: Source of funding and the decision to renew insurance plan

Although many of the respondents will renew their plan, the majority (61%) would do so because they do not have a choice as it is automatically done by their employer. However, if given the chance, they would either not renew or simply switch HMOs. Other reasons for renewal of health insurance plans include:

- “I am satisfied with the services” (10%)
- “It is better to have a plan than nothing at all” (14%)
- “It is beneficial to my family because it is cost-effective” (15%)

Those who will not renew gave the following reasons:

- “HMOs do not cover emergency care”
- “Inefficiency in remitting funds, hence the need to spend money elsewhere on medication”
- “HMOs do not treat people with good quality drugs”
- “I am not getting value for my money”
- “I never feel adequately taken care of.”

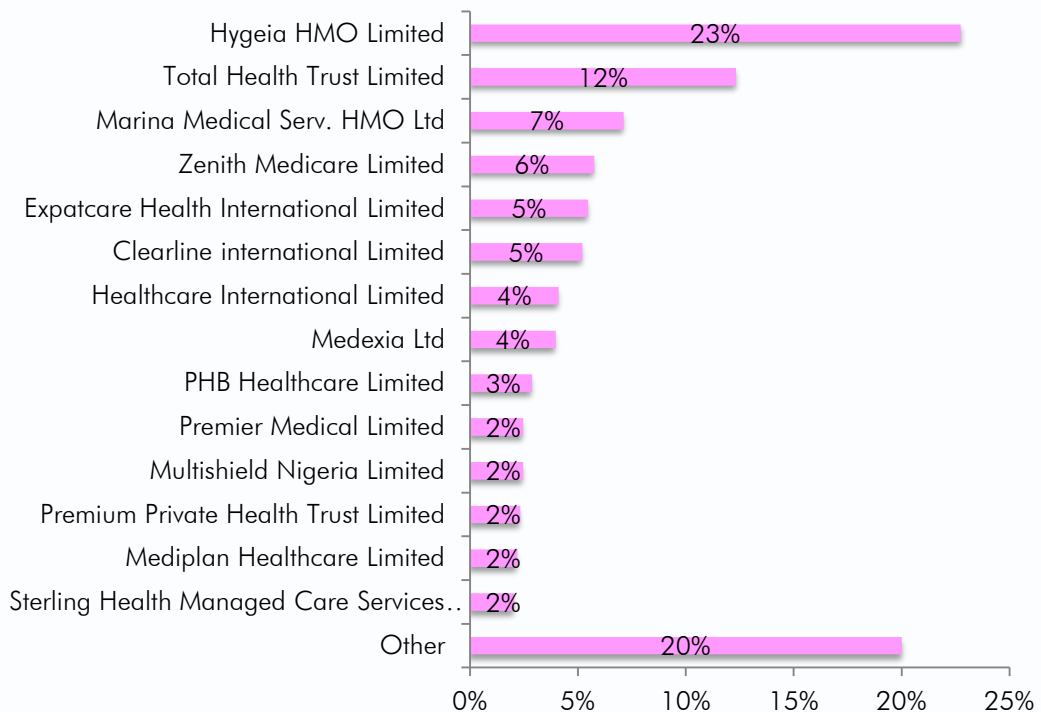
61

Percentage of respondents who will renew their plans out of obligation to employer

Key findings: Majority of respondents with health insurance (89%) are funded by their employer. Only 11% funded their insurance plans on their own. In both cases, most respondents had an ‘intermediate’ health insurance plan. Hence, the overall level of satisfaction with the quality of service was about the same, approximately 63%. Most of the respondents want to renew their plans but are restricted by the lack of choice and their organisation policy on HMO providers. Those who do not wish to renew their plans gave poor quality drugs and no value for their money, as some of the major reasons for their decision.

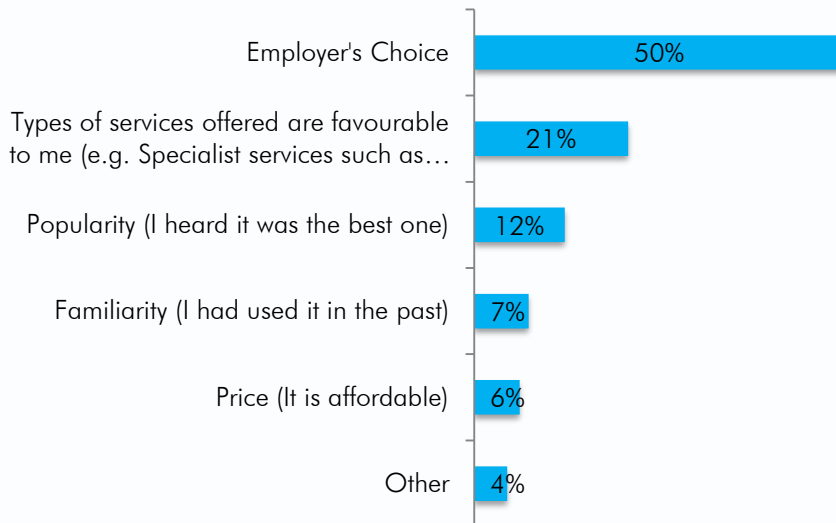
Part 5 – How Do Customers Rate The Services Provided By HMOs?

23% of respondents are registered with Hygeia HMO Limited (Graph 15). Total Health Trist Limited, Marina Medical Services HMO Limited and Zenith Medicare Limited are ranked 2nd, 3rd and 4th respectively. The “other” category includes HMOs like Managed Healthcare Services Limited, Health Partners Limited, Oceanic Health Management Limited, United Healthcare International Limited, International Health Management Service Limited and so on.



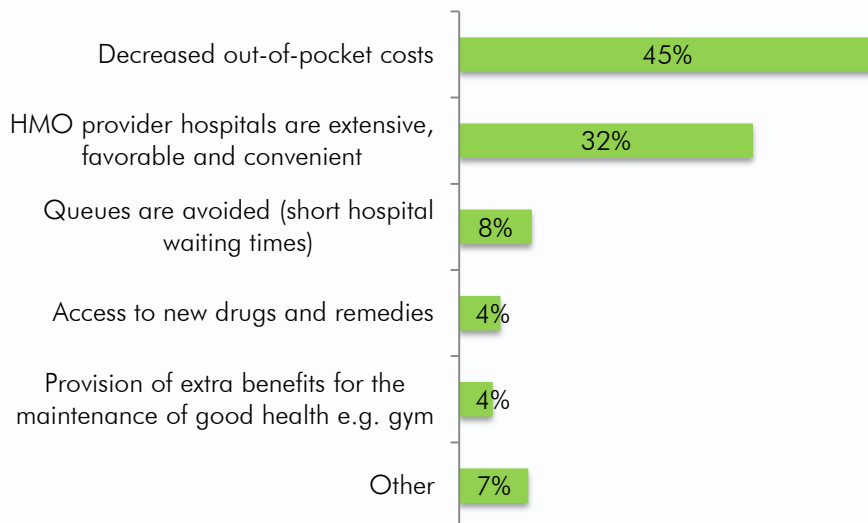
Graph 15: Distribution of registered respondents by HMOs

50% of the respondents are registered with their HMOs because it was chosen for them by their employer. Additional reasons include: favourable services offered (21%), Popularity of the HMO (12%), Familiarity with the HMO (7%) and Affordable price for services (6%). See Graph 16.



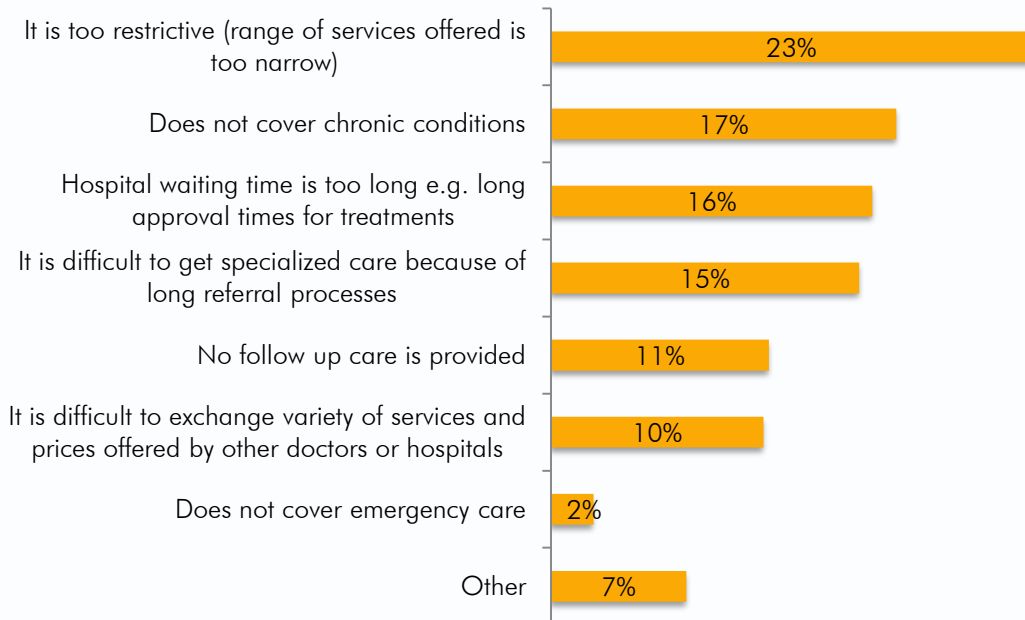
Graph 16: Reasons for registering with HMOs

Of the total number of those who have health insurance plans, most (45%) say that the biggest advantage is the decreased out-of-pocket costs. Another big advantage is the extensive nature of the HMO provider hospitals which 32% find to be favourable and convenient (Graph 17). Respondents in the "other" category, specified: "There is no advantage" and "I have never used it."



Graph 17: Advantages of having a health insurance plan

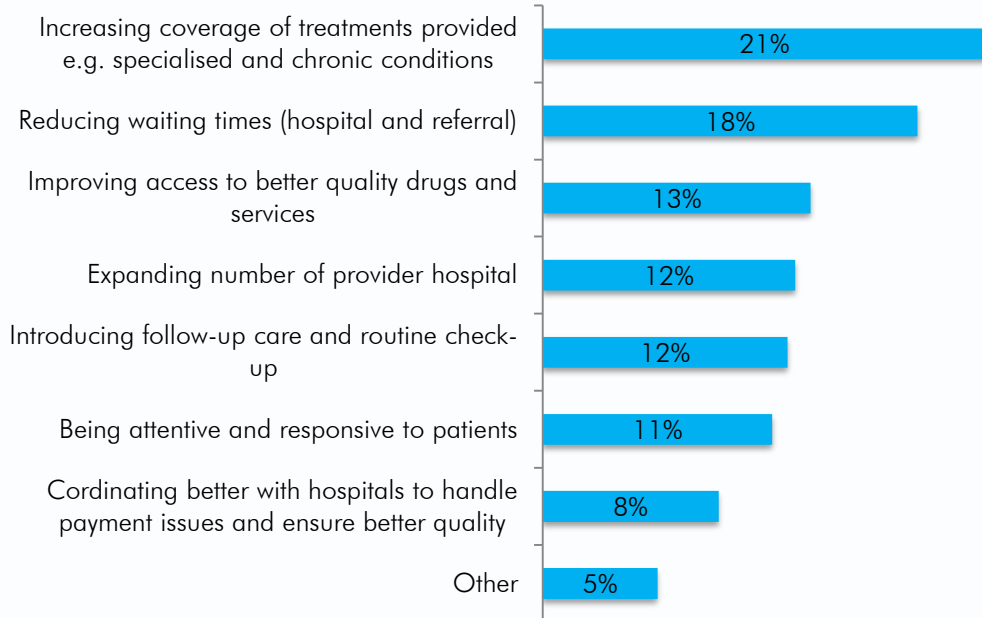
There are also disadvantages to using HMOs. 23% of respondents say that the services offered are too restrictive. Others include: non-coverage of chronic conditions (17%), long hospital and treatment approval waiting times (16%), long referral processes, hence interrupting specialized care (15%), non-provision of follow up care (11%), difficulty in exchange services offered by doctors in non-provider hospitals (10%) and non-coverage of emergency care (2%). See Graph 18.



Graph 18: Disadvantages of HMO services

Responses in the “other” category include: “Poor coordination between HMO and hospitals,” “Need to still pay out-of-pocket for treatment due to unavailability of drugs or non-coverage of illness in plan,” “Substandard/Ineffective drugs” and “Poor customer service.”

When asked to state ways in which HMOs could better serve them, respondents gave the following suggestions: Increasing coverage of medical services (21%), reducing waiting times (18%), providing better quality drugs and treatment (13%), expanding the list of provider hospitals to include ones closer to their homes (12%), provision of follow-up and routine care (12%), better customer service in terms of attentiveness and prompt response (11%) and coordinating better with hospitals to avoid out-of-pocket payment by customers for later reimbursements (8%). See Graph 19.

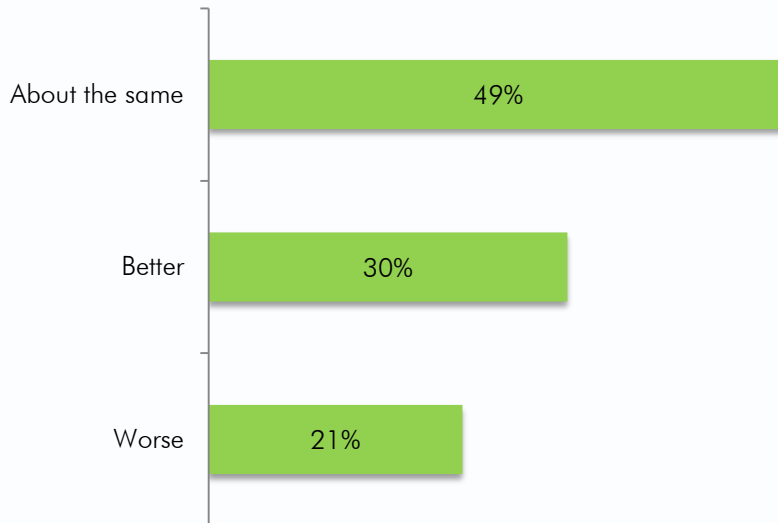


Graph 19: Suggestions for improving HMO services

Responses in the “other” category included: Provision of extra benefits outside insurance plan offerings, provision of preventive care, elimination of bureaucratic nature of HMOs and equal treatment with those who pay out of pocket for medical treatment.

Furthermore, most of the respondents indicated that the quality of care received when registered with an HMO was no different than that received when they paid out of pocket (49%). 30% say the quality of care with health insurance is better than when they have to pay out of pocket for medical treatment and 21% of respondents indicate the quality of care is worse (Graph 20).

49
Percentage of respondents who find quality of service from HMOs to be the same as that from out-of-pocket expense



Graph 20: Difference between HMO services and out-of-pocket treatment

Key findings: Most of the respondents (23%) with health insurance were signed to Hygeia HMO Limited. The most cited reason by respondents for registering with their HMO was that it was their employer’s choice. Respondents indicated decreased out of pocket costs as the biggest advantage to having a health insurance plan while its restrictive nature in terms of inadequate services covered in their plan, as the biggest disadvantage. Suggestions were made as to the ways of improvement of HMOs: increasing coverage, reducing hospital waiting times and providing higher quality drugs were the top three most important ones. Another major finding was that almost 50% of the respondents found the quality of service received with health insurance no better than the quality of service received without health insurance.

DISCUSSION AND CONCLUSION

The results of this survey have demonstrated that despite the average adoption of health insurance in Nigeria – with regards to the percentage of respondents who are registered with a HMO (49%) – many more (over 85%) would like to enjoy the services HMOs provide. However, they are unable to obtain health insurance for a variety of reasons, including the following: non-provision of the service by their employer, inadequate knowledge of the system in Nigeria, inability to afford it, and so on.

It appears however, that those who do not have health insurance plans are not currently missing out on much in terms of quality of health care services. About 50% of those who do have plans rate the quality of care from HMOs as the same as when health services are self-funded. 21% indicate that the quality of care is actually worse. This may be linked to the fact that the health insurance plans to which majority of the respondents are registered, are restrictive in terms of coverage. This was the major area of improvement identified by respondents regarding ways through which they could be better served by their HMOs.

There is also a clear dissatisfaction with the quality of service offered through HMOs as patients are not only often given substandard treatments and low quality drugs, they also have to endure long hospital waiting times to receive them. As a result, when asked if they would renew their current health insurance plans, most respondents, said they would but only because they did not have a choice (i.e. employer funded). But if given an option, they would either cancel their plan or switch to a different HMO. It can thus be implied that a significant number of the respondents in this group would not pay for health insurance on their own if it was not provided by their employer.

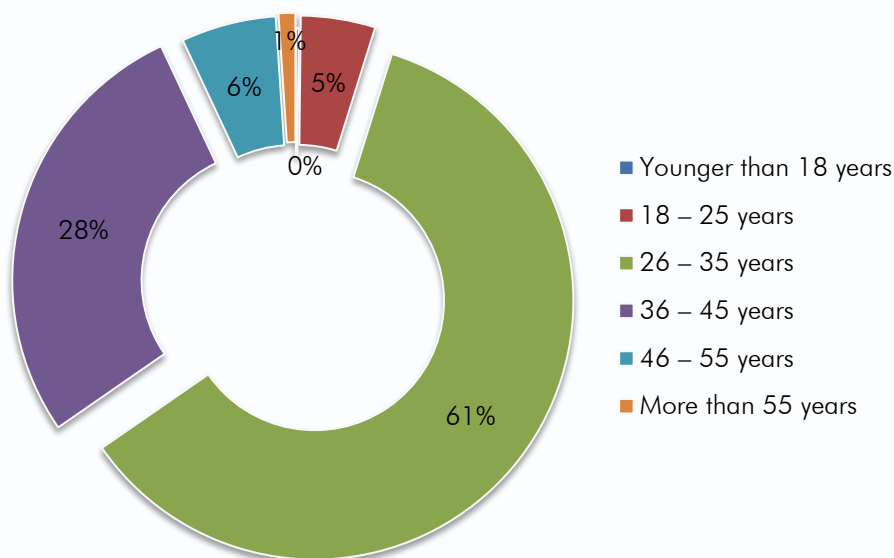
It is evident that while respondents who do not have health insurance are longing for the service, those who have enrolled on the programme are not too impressed with the system. Few respondents cited the high quality of medical care received as an advantage of having health insurance. Decreased out-of-pocket costs and favourable provider hospitals were the biggest advantages indicated by respondents.

Notwithstanding these advantages, complaints regarding extra costs for drugs and treatments not provided by the HMO, still seemed to surface frequently in the “suggestions box.” Therefore, although the overall satisfaction level of our respondents is above average (~60%), it is clear that customers want more. Should the HMOs coordinate better with their provider hospitals to address these issues raised in this section, attraction to health insurance in Nigeria and genuine enjoyment of its services will be greater.



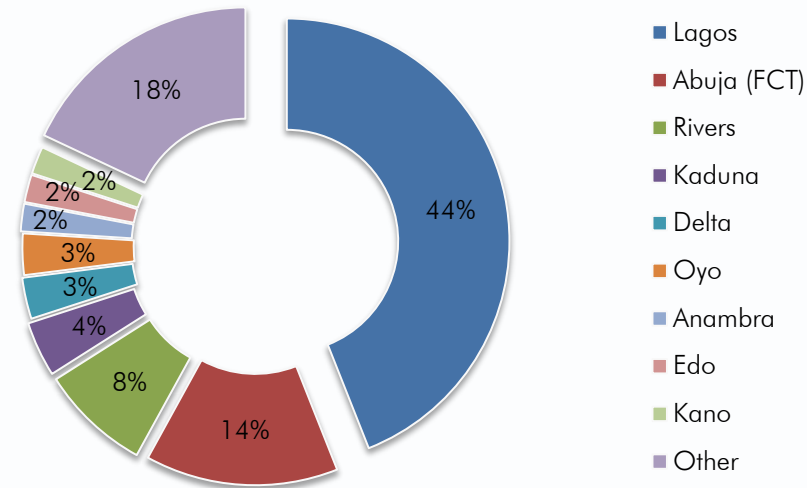
DEMOGRAPHICS

Distribution of respondents by age: The age distribution of the survey respondents was as follows: ≤18 years (0%), 18 – 25 years (5%), 26 – 35 years (61%), 36 – 45 years (28%), 46 – 55 years (6%) and ≥55 years (1%). (Graph 21)



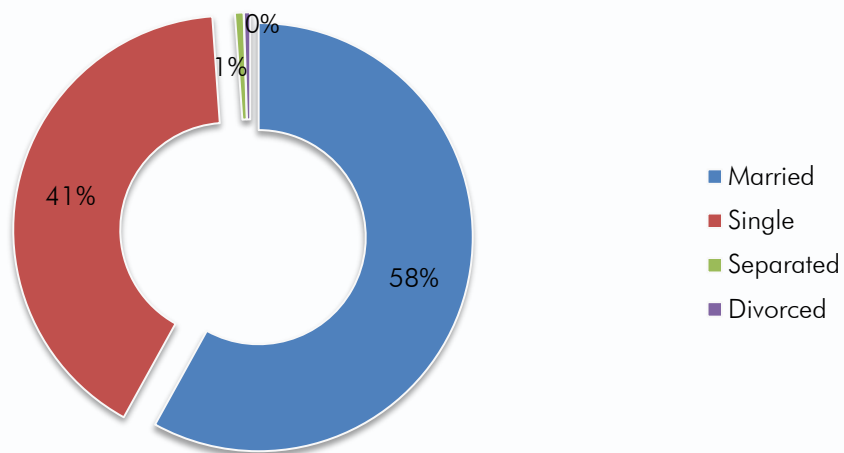
Graph 21: Distribution of respondents by age

Distribution of respondents by state: Responses were received from all 36 states in Nigeria. The highest number of responses was however, received from 9 states as follows: Lagos (44%), Abuja (14%), Rivers (8%), Kaduna (4%), Delta (3%), Oyo (3%), Anambra (2%), Edo (2%) and Kano (2%). Graph 22 shows this distribution.



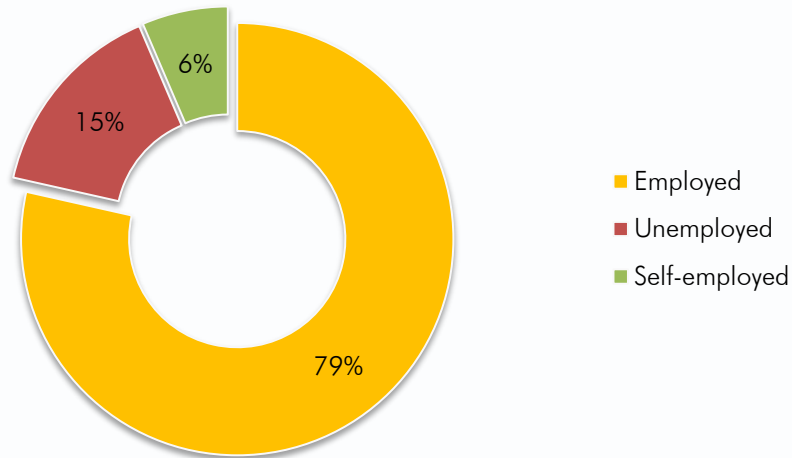
Graph 22: Distribution of respondents by state

Distribution of respondents by Marriage Status: Of the total number of responses, 58% are married, 41% are single, 1% are separated and 0% are divorced (Graph 23).



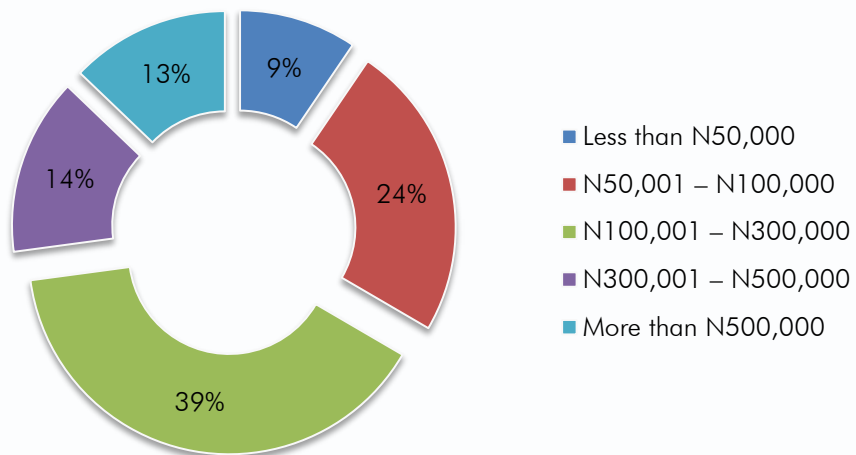
Graph 23: Distribution of respondents by marriage status

Distribution of respondents by employment status: Of the survey respondents, 79% are employed, 15% are unemployed and 6% are self-employed (Graph 24).



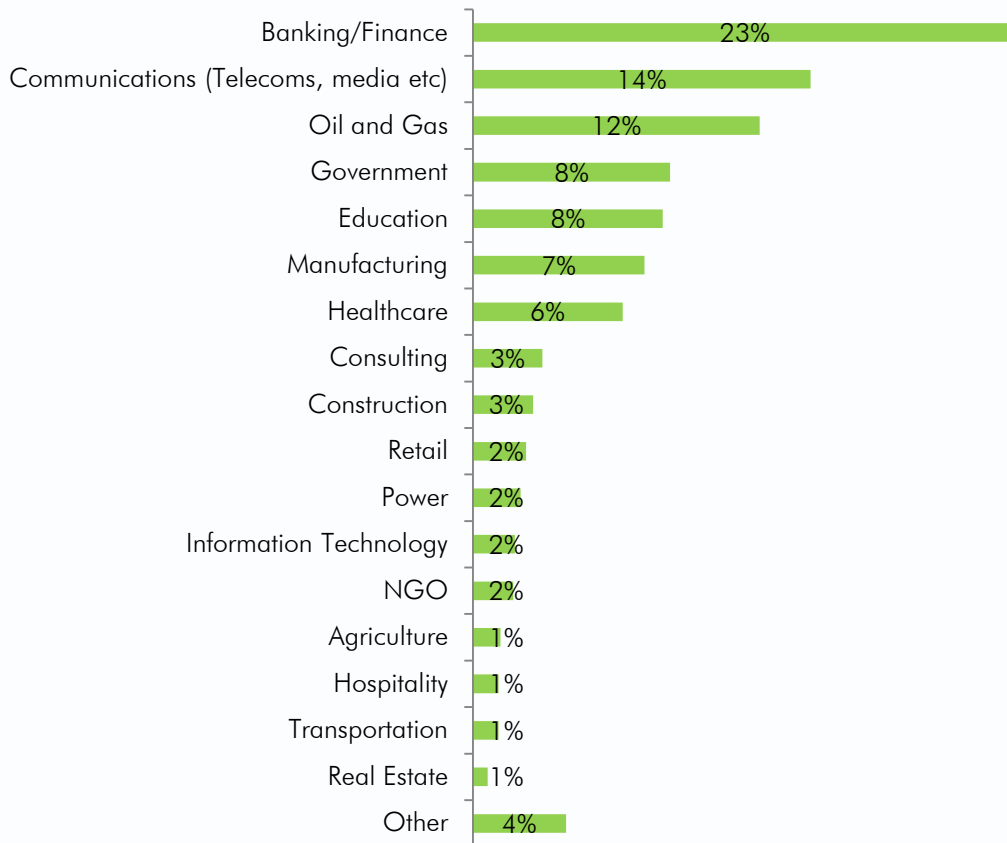
Graph 24: Distribution of respondents by employment status

Distribution of respondents by monthly income range: 9% of the survey respondents earn less than N50,000 monthly, 24% earn between N50,001 – N100,000 monthly, 39% earn between N100,001 – NN300,000 monthly, 14% earn between N300,001 - N500,000 monthly and 13% earn more than N500,000 monthly (Graph 25).



Graph 25: Distribution of respondents by monthly salary

Distribution of respondents by Industry : The survey respondents worked in various sectors of the industry as shown in Graph 26 below:



Graph 26: Distribution of respondents by Industry

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