emergencies. We observed that some heath service provider encourages clients to visit the client so as to utilise the maximum number of visits they are entitled to. This is a provider moral hazard when clients are being incentivised or encouraged to visit clinic because increased frequency of clinic visit attracts more pay for the service provider (Female NHIS official).

Misclassification or change of diagnosis by health services providers was also reported. Some providers treat upper respiratory tract infections and charge the NHIS for Pneumonia which occasionally requires admission. It costs more to treat pneumonia than upper respiratory tract infections. This unethical practice is a behavioural moral hazard which is more costly to NHIS.

A situation occurred where upper respiratory tract infection was demented as pneumonia at some health facilities. To justify payment, clients are being delayed or admitted for one or two days instead of patients being treat as outpatient. At a point the affected health facility was invited for a meeting to discuss the malpractice observed and we have to threaten disengagement should such practice continue. The proportion of the malpractice got drastically reduced after some weeks of reassessment of the situation again (Head of operation, NIHS, Male).

Discussion and interview with the NIHS officials revealed that some NHIS officials collaborated with health service providers to cheat and exploit the scheme. Clinic attendance by proxy, allowing non-insured persons for consultation as well as over prescription were mention as some of the malpractices going on. These types of malpractices have negative consequences on the scheme. Some of these consequences could be poor quality service and inability of the scheme to continue to survive. The overall effect is unsustainability of the scheme.

Poly-pharmacy is a common practice. In many occasions, one client has been supplied or given up to 6 or 7 different drugs for one ailment. This issue of poly-pharmacy has been raised in many occasions with both the pharmacists and the physicians. The intention for the occurrence of this unethical practice is to justify for more pay from the NHIS scheme. The essential drugs guideline and code of health care practice and prescription in Nigeria goes against poly- pharmacy (prescription of more than 5 drugs at a time for a single ailment for a patient at a time). The NHIS agreed with the physicians and pharmacist not to reimburse for additional drugs in order to stem the tide. (NHIS Assistant Coordinator, Female)

Opinion and Perceptions of Community members on moral hazard behaviours: Community members are aware and completely against the moral hazard behaviours and their negative effects. This opinion was seriously expressed during the focus group discussions. Because of request for unnecessary drugs, health workers have resulted to given non- quality drugs to insured persons and this has discouraged some insured persons taking NHIS drugs due to lack of confidence on quality and reliability. Furthermore, some health workers are reluctant in giving insure persons many drugs due to the abuse of NIHIS opportunity. Some respondents also complained that such behaviours could lead to collapse of the scheme due to more utilization but less contribution. Effects of such behaviours also include huge financial loss for the scheme, government unwillingness to support the scheme and financial risk to the insured persons. Financial risk of the insured is also associated with poor health care, increased possibility of the ailments leading complications and finally untimely death (FGD, male member). It has been noticed by health workers that some clients come to the clinic simply to collect drugs and as a result of this behaviour they (health workers) therefore now result into being stringent and strict before giving out the drugs (FGD, male member).

Strategies to prevent or control moral hazard behaviours: Below are suggestions given by FGD and IDI participants to discourage insured persons from indulging in morally hazardous practices.

1. Immediate disengagement of enrolee for disobeying set down rules and regulations more than one time (FGD, male; IDI, male).
2. Introduction of penalty for proxy consultations (FGD, male; IDI, female).
3. Signing of agreement of undertakings by both the health service providers and NHIS officials for compliance with set rules and regulations and very stiff punishments for the offenders (FGD, female).

4. Reduction in premium and registration (FGD, female).
5. Use of instalment payment method for premium fees. (FGD, male).
6. Presentation of quality pictures during enrolment (IDI, female).
7. Serious scrutinisation of pictures on the card by the health workers before attending to patient (FGD, male; IDI, male).
8. Failure to reimburse payment for more than four drugs per ailment and maximum five for multiple ailments (IDI, male & female).
9. Low registration fee for registration and premium, (FGD & IDI, male & female).
10. Refusal to attend to proxy patients (IDI, male).

Health workers and NHIS staff should be blamed and held accountable for this issue of moral hazard behaviours. If the health workers have not encouraged these behaviours and condone by some NHIS staff, the problem would have been nip at the bud before escalation. NHIS ns government should conduct regular monitoring and supervision and accountability frame work instituted for culprits (IDI, male).The pharmacists (medical assistants) interviewed suggested a ceiling on the number of times an insured member could visit a health facility per week, month and year as well as the maximum number of drugs to be issued per prescription and per patient and per visit.. We pharmacists should not be blamed since we have to issue the drugs prescribed by the doctor. Hmmmm---- blame the doctors (pharmacists, male and female (Pharmacists, male & female).

Counselling on rational behaviour and health education are key tools in mitigating these morally hazardous behaviours from insured members and health providers according to NHIS officials

These behavioural problems can be corrected on the part of the clients using the following approach:

Health education on the importance of not abusing clinic visits. The clients should be educated or convinced that they own facility and that they should not abuse it because when it collapses it is them that will suffer from the consequences arising from the collapse. The providers should be educated also that there is prescribed punishment for providers who engage in malpractices and that offenders will be punished to serve as deterrent to others" (NHIS Coordinator, Female).

NHIS officials are of the opinion that there should be training on treatment protocol and standard prescription practice. This measure will help to address the issue of poly-pharmacy.

The NHIS official have to be given some basic training on some common ailment, the way they prescribe medications for treatment so that we be able to address some of the providers moral hazard behaviours. The training is essential because when you observed something strange and you try to raise it with doctors, pharmacists or other health workers but instead of listen to your complaints, they feel infuriated and start saying do you want to be teaching them their work. And that if you want be a doctor you have to go and read medicine and medical practice is not by apprenticeship. Given us basic training on medicine, pharmacy and nursing is the only way we can address some of these issues (NHIS official, female).

Discussion

Health care in Nigeria is financed by a combination of tax revenue, out-of-pocket payments, donor funding, and health insurance (social and community) (WHO, 2009). Nigeria's health expenditure is relatively low, even when compared with other African countries. The total health expenditure (THE) as percentage of the gross domestic product (GDP) from 1998 to 2000 was less than 5%, falling behind THE/GDP ratio in other developing countries such as Kenya (5.3%), Zambia (6.2%), Tanzania (6.8%), Malawi (7.2%), and South Africa (7.5%) (Soyinbo, 2005). Achieving a successful health care financing system continues to be a challenge in Nigeria. Limited institutional capacity, corruption, unstable economic, and political context have been identified as factors why some mechanisms of financing health care have not worked effectively (Adinma, 2010). The charges levied for health care services are referred to as user fees.

The scope of user fees is quite variable and can include any combination of drug costs, medical material costs, entrance fees, and consultation fees (Lgarde et al 20060. By removing user fees payment at the time of seeking care, the financial barrier to health care access is removed thus making it much easier for people to seek care (Comelius et al 2015).

Indeed, the increased attendance at health facilities since the introduction of the scheme strongly suggests that access to health care has been enhanced. However, the operation of the national health insurance scheme has faced various challenges which border on the behavior of insured persons, service providers and scheme officials. These abusive behaviours contribute to high health care expenditures that threaten the sustainability of the scheme (Comelius et al 2015). Community members in the focused group discussions and in-depth interviews emphasised the significant impact of the national health insurance scheme in enhancing access to health care, especially for the poor. Unfortunately, some people are still poor and are unable to pay the premiums and register with the scheme. Inability to pay the premium or registration fees has been identified by other studies as a major barrier in enrolment into a health insurance scheme (Alatinga et al, 2011; Dalaba et al 2014). There has been a lag in the expansion of NHIS to achieve a considerable coverage since it became operational. A World Bank survey in 2008 reported that about 0.8% of the population was covered by NHIS (World Bank, 2008). This has attracted a lot of censure since many people are left out and not benefiting from it. The act that set up the NHIS makes it optional, and this has been pointed out to be one of the reasons many Nigerians are not benefiting from it (Ogbonnaya, 2010). The NHIS is focused on making the scheme mandatory for every Nigerian and aims to get every Nigerian enlisted by December 2015 (Ogbonnaya, 2010). Other factors such as poor medical facilities, shortage of medical personal, lack of awareness, and poor funding have been identified as challenges that affect the efficacy of NHIS in Nigeria (Mohammed et al, 2011) stakeholders have also raised issues about the potential mismanagement and bureaucracy that may affect the scheme (Kannegiesser, 2011).

Majority of those unregistered are the poor and vulnerable who are least able to pay for health care when they need it. It is therefore important to strengthen the exemption policy for the poor and vulnerable to enable them benefit from the scheme so as to achieve the equity goal of the NHIS and also accelerate universal health coverage ((Comelius et al 2015). Community members, health care providers and NHIS officers were aware of various behaviours and practices that constitute abuse of the scheme (moral hazard). In the FGDs and in-depth interviews, behaviours such as frequent and un-necessary visits to health facilities, poly-phamacy, proxy consultation, impersonation, collecting drugs for non-insured persons, over charging for services provided to clients, charging clients for services not provided and over prescription were identified. These moral hazard behaviours have been similarly identified by a previous study ((Comelius et al 2015). As expected, hardly any respondent admitted to personally engaging in these practices. Participants acknowledged the existence of these moral behavioural practices; some are even ready to mention names of people involved but for the purpose of confidentiality of given information they were not allowed to do so. Previous studies have also reported moral hazard behaviours by clients such as the insured persons offering their cards for use by the uninsured persons in order to have access to health care (Dalijong et al, 2012).

Recommendations on how to minimize abuse of the NHIS were offered by community members, health providers and NHIS officials. These recommendations include:

1). Ceiling on the number of times one can visit the clinic within a specified time period.

2). Payment of premium by instalment.

3). Reduction of premiums and registration fees.

4). Monitoring and supervision by NHIS and Government officials.

5). Verification of membership cards of insured persons.

6). Counselling and education to change behaviours that abuse the scheme, 7) Increase the clarity and quality of pictures, 8). Refusal to attend to impersonators.

Generally, if people are well informed on the concept of social health insurance such as the Nigeria NHIS and the in-built principle of cross-subsidization, moral hazard behaviours may change. For instance, with cross-subsidization, membership is based on ability to pay, and the rich will pay more while the poor pay less, thus the rich cross-subsidize the poor and vulnerable, the healthy cross-subsidize the sick (MOH, 2004). Some moral hazard behaviours by providers such as diagnosing upper respiratory tract infection as pneumonia, over charging for

drugs and services provided to clients, charging for services not provided, inflating number of clients provided with services and over prescribing have also been reported by respondents in this study by NHIS officials. Basic training on some common ailment, the way they prescribe medications for their treatment have been suggested by NHIS officials as a way to address some of the providers' moral hazard behaviours. Capitation payment mechanism is being contemplated to augment the current payment mechanism to address some of these moral hazards from the health care providers' side and to reduce operational cost of NHIS (Debpuur et al, 2015). A fee for service type of provider payment mechanism was used to reimburse accredited health service providers. However, this type of payment mechanism (fee for service) was reported to be low for providers to cover their cost of operation, especially the private providers and it also involved a lot of paperwork as they are required to provide detailed information on all services and charges for claims (Dalinjong et al, 2012; Martin, 2009). In general, fee for service payment methods create the enabling environment for providers to provide unnecessary services to maximize profits (Agyepong et al, 2011). Because medicines at all levels continue to be under itemized fee for service, there is strong potential for moral hazard behaviors and consequently cost escalation (Agyepong et al, 2011).

Limitations of the study

Being a qualitative study, it is not possible to estimate how prevalent the various behaviours and practices that undermine the scheme are in the study area. The study LGA is not representative of all other LGAs in Nigeria; therefore, the generalizability of the findings is limited. Since the operations of the NHIS in the study LGA are the same with that of NHIS operations in other LGAs, the results obtained in this study provide useful insights on the situation in the other LGAs.

Conclusions

NHIS is a means to ensure universal health coverage. However, there are various challenges undermining the efficiency of the scheme that need to be addressed. Appropriate sanctions and punishments for various forms of abuse of the scheme should be identified and rigorously applied. Punishing or sanctioning people who engage in behaviours that negatively affect the scheme will serve as a deterrent to others and help minimize the occurrence of such behaviours. On the other hand, mechanisms for rewarding individuals who regularly renew their membership for a specified time period without consuming un-necessary health care services should be instituted. There is the need for further studies to cover more LGAs so as to identify moral hazard behaviours in other LGAs which would inform the NHIS on how to address these issues in order to improve the operation of the scheme. As NHIS takes steps to improve its efficiency, it will be more difficult for clients and providers to engage in the various moral hazard behavioural practices identified in this study.

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