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A conceptual Paper on TISHIP and Moopen's Golden Triangle of Ideal Healthcare Benefits for Students

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ABSTRACT

This conceptual paper aims to examine the notion that Tertiary Institutions Social Health Insurance Programme (TISHIP) is a scheme that provides healthcare benefits specified in the Moopen's Golden Triangle (MGT) to students in tertiary institutions in Nigeria. The argument that in some disciplines vis-a-vis huma problems the major challenge could be conceptual and addressing them must be done conceptually where greater emphasis is placed on the generation of big ideas that usually underscore a conceptual paper. This study is therefore, an attempt to develop a conceptual model that can be used in assessing TISHIP benefits for students. The method adopted in the study is qualitative with focus on exploratory research design. From the exploratory examination, a model for the assessment of the benefits of TISHIP for students in Nigerian Universities is proposed for use based on the tenets of the theory of demand for health insurance and on MGT of ideal healthcare which consists of accessibility, affordability and quality. Our proposed model is an extension of Moopen's golden triangle with the addition of variety of health care services to capture the full objective of TISHIP. The application of this model could help in evaluating how effective the scheme has been since 2009 when it was implemented in Nigeria and could be used in assessing the deliveries of TISHIP scheme in Higher Educational Institutions (HEIs).

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TISHIP ve Moopen'in Öğrenciler için İdeal Sağlık Hizmetleri Avantajları Altın Üçgeni Üzerine Kavramsal Bir Makale

MAKALE BİLGİSİ

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ÖZ

Bu kavramsal makale, Yükseköğretim Kurumları Sosyal Sağlık Sigortası Programı'nın (TISHIP) Nijerya'daki yükseköğretim kurumlarındaki öğrencilere Moopen'in Altın Üçgeni'nde (MGT) belirtilen sağlık hizmetleri avantajlarını sağlayan bir program olduğu fikrini incelemektedir. Bazı disiplinlerde insan sorunları ile ilgili olarak en büyük zorluğun kavramsal olabileceği ve bunların ele alınmasının, genellikle kavramsal bir makaleyi vurgulayan büyük fikirlerin üretilmesine daha fazla önem verilen kavramsal bir şekilde yapılması gerektiği argümanı. Bu nedenle bu çalışma, öğrenciler için TISHIP faydalarını değerlendirmek için kullanılabilecek kavramsal bir model geliştirme girişimidir. Çalışmada benimsenen yöntem, keşifsel araştırma tasarımına odaklanan nitel bir yöntemdir. Keşifsel incelemeden yola çıkarak, sağlık sigortası talebi teorisinin ilkeleri ve erişilebilirlik, uygun fiyat ve kaliteden oluşan ideal sağlık hizmetleri MGT'si temelinde, Nijerya üniversitelerindeki öğrenciler için TISHIP'in faydalarının değerlendirilmesine yönelik bir model önerilmektedir. Önerdiğimiz model, TISHIP'in tüm hedeflerini kapsayacak şekilde çeşitli sağlık hizmetlerinin eklenmesiyle Moopen'in altın üçgeninin bir uzantısıdır. Bu modelin uygulanması, programın 2009 yılında Nijerya'da uygulanmaya başlandığından bu yana ne kadar etkili olduğunu değerlendirmeye yardımcı olabilir ve Yükseköğretim Kurumlarında (HEI) TISHIP programının sunumunu değerlendirmede kullanılabilir.

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1. Introduction

There is no doubt about the precarious healthcare situation in Nigeria especially in terms of accessibility to quality healthcare, high cost of healthcare services as prescribed by Moopen's Golden Triangle (MGT) of Ideal Healthcare Benefits, poor implementation of healthcare policies and programmes, as well as the decay in healthcare infrastructures. MGT, named after its proponent, is a pictorial triangular presentation showing three factors that anchors a successful social healthcare programme. These factors save as the criteria for assessing or measuring the success of any social healthcare scheme (Moopen, 2020). The researcher is proposing the application of this model in the assessment of how well the government has fared in the implementation of one of such social healthcare schemes called Tertiary Institutions Social Health Insurance Programme (TISHIP). The component of MGT are cost, quality and accessibility with an addition of variety as another important criteria.

According to Olarewanju (2011), many Nigerians live below the poverty line and as such the likelihood that they may not afford quality healthcare in the country is very high. This, in the author's opinion, is not unconnected to the increasing cost of quality healthcare. This further exacerbated the challenges faced by many households and their dependents in Nigeria in getting quality healthcare service. Healthcare is so important such that it becomes one of the Sustainable Development Goals (SDGs) to which the Nigerian government subscribed to. It follows that healthcare projects, programmes, and policies have to be initiated, implemented, and promoted by the government in order to realize the SDGs. Building of hospitals, equipping existing ones with the right manpower, tools, and drugs, subsidizing healthcare services, and the enunciation and implementation of social health insurance schemes like National Health Insurance Scheme (NHIS), and Tertiary Institutions Social Health Insurance Programme (TISHIP) are some of the programmes promoted by government.

TISHIP was introduced as part of NHIS by the Federal Government of Nigeria (FGN) to cater for the healthcare needs of Nigerian students, and probably the health of other Nigerians alienated by NHIS (Shagaya, 2015). Specifically, TISHIP was aimed at providing quality and affordable healthcare to students in various tertiary institutions in Nigeria including universities, polytechnics, and colleges of education. As expected, the programme was to give students in these post-secondary institutions unhindered access to good healthcare services, protecting students, and other families who may encounter financial hardships occasioned by huge medical bills, while maintaining a high standard of healthcare delivery services within these citadels of higher learning (Agbo and Okoh, 2014). All of these were to reduce the huge financial burden on the students and their parents or guardians, or both since TISHIP is a social security system whereby the healthcare of students in tertiary institutions is paid from funds pooled through the contributions of students, government subsidies and mandates, charitable and philanthropic organizations (Agbo and Okoh, 2014)

The provision of quality healthcare to Nigerian students via the contributory funding from the parties mentioned was targeted at Nigerians aged 18 years and above, within tertiary institutions, who by nature of their age and studentship status, cannot benefit under other health insurance programmes (Agbo and Okoh, 2014). This has been in implementation since 2009, and it has been suggested that it has helped to bridge the gap in healthcare delivery to students in various tertiary institutions across Nigeria. A plethora of studies has been conducted on the effect of TISHIP on the healthcare benefits of university students across Nigeria (see Agbo and Okoh, 2014; Geofery, *et al*., 2018; Elias Anne, Chinonso, *et al.,* 019). Findings from these studies indicate an underutilization of the scheme by students, as well as the presence of limitations such as unavailability of drugs, inadequate medical personnel, and the narrow range of medical services offered. Moreover, the stylized fact and theoretical evidence presented in section 2.3 of this study seems to contravene past empirical arguments that TISHIP is underused.

The claim for underutilization may perhaps, be due to the nation's characterized antecedent of policy failures due to poor implementation and the overall poor performance of the healthcare sector in Nigeria over the years (Adesina, 2009). Also, it may not be strange to realize that certain challenges such as incessant industrial actions by health workers, lack of quality drugs, and use of obsolete medical equipment may impair the success of the TISHIP in tertiary institutions across the country, University of Uyo included. This could undermine the perceived benefits expected from the implementation of this social health insurance programme. As far as there is limited studies, particularly conceptual studies on TISHIP, there still would be confusion trailing its benefits to students.

The present study focused on TISHIP, as it appears to be one of the less examined schemes of NHIS qualitatively when compared to NHIS as a whole. The reason for its seemingly less examined may not be far from the absence of a model that can be applied for an empirically meaningful study. This has probably remained one of the reasons why scholars continue to have insufficient empirical literature for a robust quantitative and predictive investigation leaving practitioners and policy makers with no practicable option for solutions to tackle the health-related issues of our students and proper accountability for the funds contributed by students into the scheme. The statement is based on the importance of a conceptual paper emphasized in past literature by several authors including but not limited to Yadav (2010), and Lee & Kim (2023). Conceptual papers are basically studies considered to be of the qualitative research tradition.

In confirmation of what past authors such as MacInnis (2004), Stewart and Zinkhan (2006), and Webster (2005), Yadav (2010) noted that conceptual papers are value-added scholarship which is crucial for maintaining a discipline's long-term validity. While addressing that some major challenges in some disciplines are conceptual and must be addressed conceptually (Webster 2005), Lee & Kim (2023) argues that: 'there has been no concerted effort to conduct a comprehensive, long-term examination of changing scholarship patterns pertaining to such articles in major disciplines. Staelin (2005b), and Sheth and Sisodia (2005),

all argue for the application of conceptual articles to garner solutions to some problems as these types of papers place greater emphasis on generation of big ideas. All these implies that a model that defines healthcare benefits from TISHIP was lacking in these studies. This further inform the choice of this study at the University of Uyo., Akwa Ibom State. Thus, the overall purpose of this study is to develop an extended model for the assessment of TISHIP performance among students in Higher Educational Institution (HEIs) in Nigeria with focus on the University of Uyo. Based on this purpose and to further guide this study, it is assumed that TISHIP should have a significant:

i influence on accessibility of healthcare services by Students in HEIs in Nigeria.
ii effect on affordability of healthcare services for Students in HEIs in Nigeria.
iii effect on quality of healthcare Services for Students in in HEIs in Nigeria.
iv influence on variety of healthcare services for Students in HEIs in Nigeria.

The setting for the study is the University of Uyo, reason is the easiness of getting relevant stylized data and information and the fact that the University of Uyo has introduced some measures to ensure that students in the university have access to TISHIP. These include the issuance of a TISHIP identity card and number to all registered students of the university and the maintenance of a register of all students under the programme (Sule, 2020). The rest of the paper are organized into four transiting from review of relevant literature, methodology, proposed model and discussion and finally conclusions, limitations and implications of the study.

2. Review of relevant literature

2.1. An Outlook of the Nigerian Healthcare System

The implementation of the various health care schemes is budded from the state of the Nigerian healthcare system in general. This statement is commonsensical in the sense that it is the state the healthcare system that informs any policy direction which often times has always been to ameliorate the challenges and improve the system for the benefits of the populace. It suffices to say therefore that, from time immemorial, the implementation of a healthcare scheme is to bring healthcare services to people of different classes, stratum, climes and works of life. However, inferring from the work of Welcome (2011), the status of health care system in Nigeria has been nothing short of a malady suggesting that that the component of the model proposed in this study might be a factor for the malady. Despite the plethora of reforms implemented, there have been a monstrous challenge that defile such efforts by government. In the opinion of some scholars, health care in Nigeria has suffered numerous downfalls and backdrops.

Statistics has it that amidst the various reforms to increase the provision of health to the Nigerian people, health access is only 43.3% (Onwujekwe, *et al*., 2010; Derakhshani, Doshmangir, Ahmadi, *et al.,* 2020; Habib and Zaidi, 2021). On the other hand, the shortfall of the health care delivery system in Nigeria could be linked to the peculiar demographics of the Nigerian public. For instance, about 55% of the population lives in the rural areas while 45% live in the urban areas (Omoruan, Bamidele and Phillips, 2009; Steinberger, et al., 2008). Again, about 70% of the health care is provided by private vendors and only 30% by the government. (NHIS, 2005); while over 70% of drugs dispensed are substandard. Hence, the ineffectiveness of the NIHS and its budding schemes like TISHIP could be attributed to the fact that the scheme represents only 40% of the entire population, and 52-60% are employed in the informal sector. Additionally, over half of the population have been reported to live below the poverty line, on less than $1 a day and so cannot afford the high cost of health care (Steinberger, *et al.,* 2008). Also, a study by Akande had reported a poor referral system between the various tiers of health care which probably tells on the poor managerial functions of the health care delivery system (Akande and Monehin, 2004)

In view of such downfalls, the Nigerian health care system is said to be poorly developed and greatly underserved regardless of her strategic position in Africa. Affirming this description, Welcome (2011:3) reported that the Nigerian health care system is "weak as evidenced by lack of coordination, fragmentation of services, dearth of resources, including drug and supplies, inadequate and decaying infrastructure, inequity in resource distribution, and access to care and very deplorable quality of care". These are clear testament to the fact that the model proposed in this study would be useful in assessing the performance of some healthcare schemes. To cap it all, the healthcare situation that have served as the target of every reform ranging in the sector from the Ten-year developmental plan, through the primary health care plan to the Nigerian health insurance scheme (NHIS) can be summarized as shown in Table 1.1. Whereas each of the reforms has made contribution to the health care delivery in Nigeria, NHIS as an effort of the Government with its lofty goals, is said to have fallen below expectation in attaining any height as healthcare care delivery continue to be limited; not equitable and does not meet the needs of the majority of the Nigerians.

Table 1.1. Selected health indicators in Nigeria

Health indicators	Estimated figure	Reference year
Birth rate	36.855 births per 1000 population	2021
Death rate	13.1 per 1,000 per 1000 population	2021
Infant mortality rate	57.701 deaths per 1000 live births	2021
HIV prevalence	1.9 million people	2021
HIV deaths	51,000 persons	2021
Life expectancy	55.12 years	2021
Maternal mortality rate	917.00 Per 100,000 Live Births	2021

Source: Extracted from Google

The statistics presented in Table 1.1 is an indication of high infant mortality rate/poor maternal care, very low life expectancy as at 2021. Some studies have reported little positive effect of NHIS and that from inception of the health care reforms, primary health care has not gained its right place in the priority of things (CARE-NET, 2005; Nigeria National Health Conference 2009). Notwithstanding, the seemingly failure of these schemes, the Nigerian Government has successively rekindled efforts in advancing health care service delivery to Nigerians in the belief that if NHIS is well managed, it

could be useful for health care delivery (Okaro, Ohagwu, Njoku, 2010). This stride was made legal by the Nigerian Senate back in 2008 by launching a bill for an act to provide a framework for the regulation, development, and management of a national health system and set standards for rendering health services in the federation and other matters connected with it (Senate, 2008). This may have paved the way for the birth of TISHIP as one of the strategies of NHIS to bring health care to the students since NHIS at its present state does not account for the needs of the Nigerian people, and students could be one such uncovered Nigerians.

2.2. The Concept of TISHIP

In view of its complicated health care challenges, Section C and E of Part 1 of National Health Bill was signed into law by President Goodluck Jonathan in December, 2014, to provide for citizens living in the country with the best possible health care services within the limits of the available resources, to promote and fulfil the rights of Nigerians to have access to health care services (National Health Act, 2014). This gave birth to TISHIP as a social insurance scheme for students (Lewis, 2016) under the National Health Insurance Scheme (NHIS) in Nigeria. It was inaugurated in 2007 based on a Social Health Insurance (SHI) system that focuses on the provision of affordable and quality health care delivery for students of tertiary institutions, enhance health care utilization among students, and create conducive learning environments with less worries in the event of unforeseen ill health (Shagaya, 2015).

The scheme was expected to reduce the extant culture of out-of-pocket expenditure for health care services in Nigeria's Health Care Facilities (HCFs) by students (Osuchukwu *et al.,* 2013). TISHIP is a social security system whereby the healthcare of students in tertiary institutions is paid for from funds pooled through the contributions of students, government subsidies and mandates, charitable and philanthropic organizations (Obiechina and Ekenedo, 2013). It is an arm of the National Health Insurance Scheme (NHIS), which provides quality healthcare to students in Nigerian Higher Institutions. The purpose of TISHIP is to cater for the health care needs of Nigerians, aged 18 years and above, within tertiary institution, who by nature of their age and studentship status, cannot benefit under other health insurance programme (Agbo and Okoh, 2014).

Funds for the TISHIP healthcare are generated by pooling together the contributions made by the students (NHIS, 2005; Toscany Academy, 2013; Doetinchem, Carrin, & Evans, 2010). The registered student can now access health care at an affordable cost at any designated NHIS centers across the Nation by using the TISHIP identity card provided. Healthcare providers under the scheme provides varieties of health packages to the students which range from preventive services (like immunization, family planning, antenatal care) to diagnostic and curative services (like consultations with specialists, outpatient and inpatient care, laboratory investigations, pharmaceutical care) and also rehabilitative services (like provision of prosthesis (Toscany Academy, 2013; Joint Learning Network for Universal Health Coverage, 2013).

Suffice it to say that despite the lofty objectives of this scheme, many students are not aware of the TISHIP program and those who are informed about it still doubt about the genuineness of the program and this limit their participation. Also, not every student in tertiary institution has been covered. Study done in Ahmadu Bello University by Shagaya (2015), documented that initially TISHIP started with only regular students but now it covers all diploma, post graduate and non-degree students since they are all under tertiary this institution. In a reviewing assessment of the TISHIP at University of Jos Health Centre from 2010 to 2013, (Agbo and Okoh, 2014) found that only the full-time students were considered eligible and registered under the TISHIP.

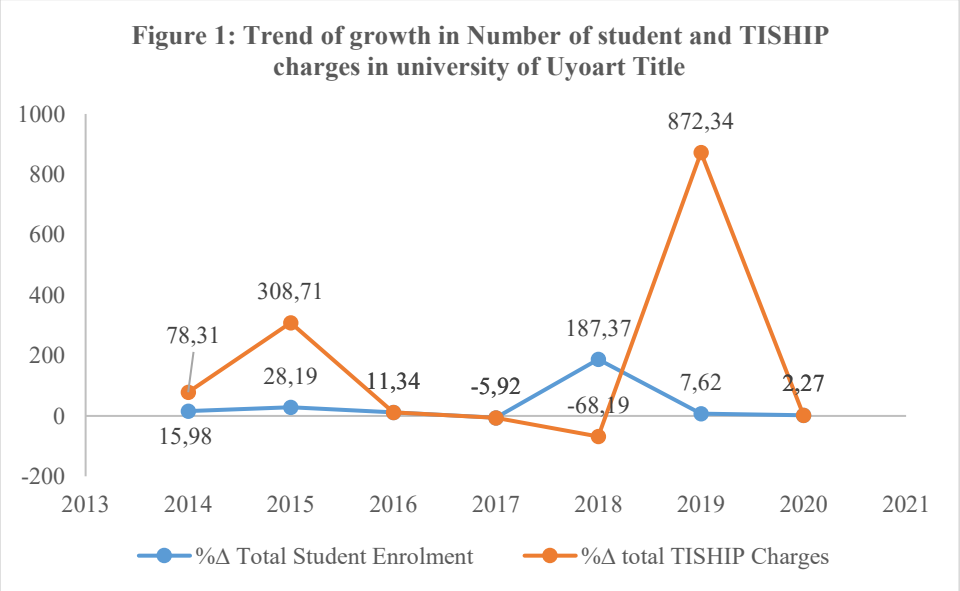
2.3. Stylized Facts on TISHIP Implementation at the University of Uyo

Statistics from the University of Uyo Admission unit as presented in the Table 1 shows that as the number of students from 2013 to 2020 has grown, so is the growth in TISHIP enrollment. Thus, past empirical finding of underutilization of the scheme by students is challenged.

Table 1. Trend of growth in number of student and TISHIP charges in university of Uyo

Year	Total No. of student	Percentage Change	TISHIP charge	Total TISHIP charges	Percentage Change
2013	12563	0.00	2,000.00	5,126,000.00	0.00
2014	14570	15.98	2,000.00	9,140,000.00	78.31
2015	18678	28.19	2,000.00	37,356,000.00	308.71
2016	20797	11.34	2,000.00	41,594,000.00	11.34
2017	19565	-5.92	2,000.00	39,130,000.00	-5.92
2018	56223	187.37	2,000.00	12,446,000.00	-68.19
2019	60509	7.62	2,000.00	121,018,000.00	872.34
2020	61882	2.27	2,000.00	123,764,000.00	2.27

Source: Computed from records of admission of students in the University of Uyo from 2013 – 2020



Source: Researcher's extrapolation

As presented above, the rate of growth in student population for 2014 is 15.98%. This led to about 78.31% growth in the volume of total TISHIP charges for that year. In 2015, the student population grew by about 28.19% while total charges grew by a whooping percentage of 308.71%. This was followed by an equal growth rate of 11.34% in both student population and total TISHIP charges in 2016 and subsequently by equal percentage of -5.92% in both student population and total TISHIP charges in 2017. Furthermore, in 2018, a 187.37% increase in student population was accompanied by a -68.19% percentage decrease in total TISHIP charges. On the contrary in 2019 a rather lesser increase in student population of about 7.62% was followed by a higher rate of 872.54% increase in TISHIP charges. And finally, in 2020, both students' population and total TISHIP charges grew at equal percentage of 2.27%. In summary, it can be seen that, on average, as the total number of students grows, so does the growth in TISHIP enrollment, which is programmed to be by default.

2.4. The Moopen's golden triangle of ideal healthcare benefits

In explaining the model by which the success of healthcare scheme can be measured, Moopen (2020) used what he termed as a "Golden Triangle of Ideal Healthcare" which consist of accessibility, affordability and quality. As illustrated in Figure 1.1, this triangle implicitly has at its center the sustainability of healthcare which primarily depends on affordability and quality while accessibility is what should be grave for in terms of how communities could access healthcare services. Explaining the above figure, Moopen (2020) argues that as healthcare spending increases and the industry continues to evolve, accessibility remains a key challenge. In this paper however, the issue of accessibility is considered along with quality and affordability or cost.

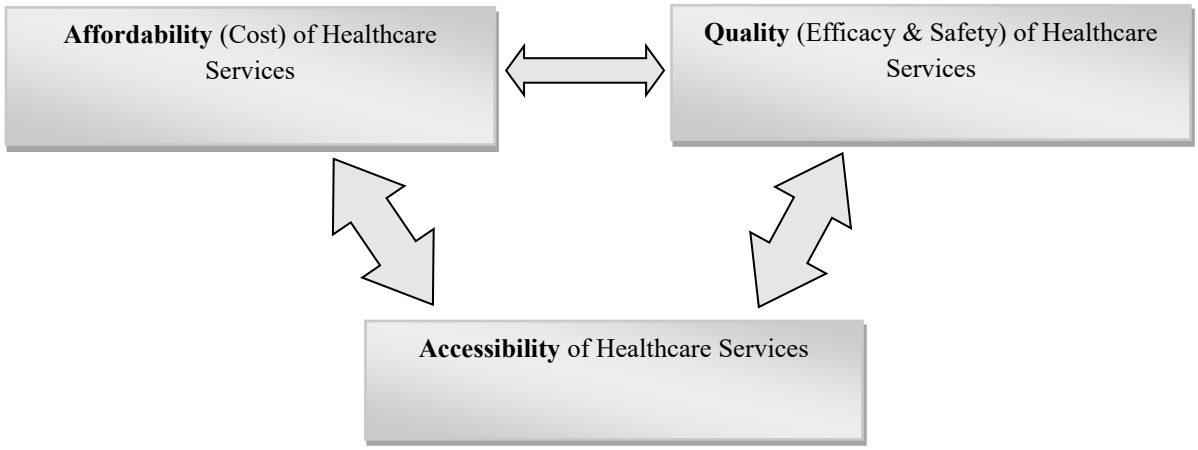


Figure 1.1. Moopen's golden or Iron triangle of ideal healthcare

Accessibility of healthcare services: This is a mean by which citizens have easy access to healthcare at an affordable price through various prepayment systems with expected results of improving the overall health status. Nigeria, like most other African countries, keyed into this Health Insurance Scheme programme by enacting the National Health Insurance Scheme Act, 1999 with the aim of providing easy access to qualitative, equitable and affordable healthcare for all Nigerians (Ibiwoye, & Adeleke, 2007). As a means of catering for the healthcare needs of Nigerians who may not have been captured by the formal sector scheme, more schemes including the TISHIP were introduced. The TISHIP promotes the health of students with a view to creating conducive learning environment and uninterrupted academic activities due to poor health (NHIS, 2012). It applies to students in universities, colleges of education, polytechnics, schools of nursing and midwifery and other specialized colleges including monotechnics without any discrimination or segregation (Prohealth HMO, 2013). TISHIP was therefore established to ensure access to qualitative service for students in tertiary institutions thus promoting the health of the students with a view to creating conducive learning environment. Thus, the corresponding hypothesis would be as stated below

H1: TISHIP has a significant influence on accessibility of healthcare services by Students Nigerian tertiary institutions.

Affordability or cost of healthcare services: The health care needs of the undergraduate in Nigeria tertiary institutions are piloted under the TISHIP; which pays attention to their health needs at a very low cost. The knowledge of TISHIP, its acceptance, and utilization by the students as well as its proper implementation in the health care facilities is crucial for the actualization of its goals and general benefits. Previous studies revealed that students barely visit institutions' health care facilities due to high costs of medical services, poor working conditions and inadequate referral services (Obiechina and Ekenedo, 2013) most of which TISHIP is meant to address. It has also been shown that most Nigerian policies such as this are often poorly understood with a resultant low level of knowledge about its standard procedures and regulations (Lewis, 2016). The hypothesis to be tested is stated thus:

H2: TISHIP has a significant influence on affordability of healthcare services for Students in Nigeria tertiary institutions

Quality of Healthcare Services: The quality of health care services delivered is poor and remains a huge source of concern. Most of the Primary Health Care (PHC) services facilities that are supposed to meet the health needs of the poor and rural dwellers are in a poor state due to poor budgetary allocation (Abdulraheem, et al., 2012; Abimbola, et al. 2012). Patient satisfaction is an element of health care status and a measure of the outcome of care widely used in evaluating distinct dimensions of patients' health care (Torcson, 2005). This could be considered in the context of contentment with services, and expectations in healthcare. Most often, expectation come with efficiency of services received and this is important in their satisfaction (Ofili and Ofovwe, 2005). Such efficiency of services include waiting time before consultation, duration of consultation, amount of time spent with health care provider during consultation and treatment, communication with patients and quality of treatment given to patient (Ofili and Ofovwe, 2005; Asekun-Olarinmoye, et al.,2009 and Bhattacharya, Sen, & Korschun, 2008) an African researcher suggested that time spent in a tertiary health system could affect patients satisfaction if it cuts into income generating operation (Asekun-Olarinmoye et al.,2009).

H3: TISHIP has a significant influence on quality of healthcare Services for Students in Nigeria tertiary institutions

Variety of Healthcare Services: Healthcare providers under the scheme provide a variety of health packages to the students which range from preventive services (like immunization, family planning, antenatal care) to diagnostic and curative services (like consultations with specialists, outpatient and inpatient care, laboratory investigations, pharmaceutical care) and also rehabilitative services (like provision of prosthesis (Toscany Academy, 2013; Joint Learning Network for Universal Health Coverage, 2013; NHIS.2013). Students above 18 years who are in tertiary institution, such as the undergraduates are considered to be covered under a different Scheme to enjoy different variety of healthcare services (NHIS. 2005; Toscany Academy. 2013). The hypothesis suitable for empirical test of this relationship is presented thus:

H4: TISHIP has a significant influence on variety of healthcare services for Students in Nigeria tertiary institutions

2.5. Theoretical and past empirical concerns

Benefits derived from TISHIP is likened to the idea of government policy accountability or performance. Therefore, arguments for a model of accountability in Nigeria is based on the theory of demand for health insurance which was propounded by J. A. Nyman in 1998 (Nyman, 2003). The theory states that the conventional explanation for buying insurance is to transfer risk, and that this explanation does not match actual behaviour of insurance consumers. It further explains that people generally prefer the risk of no loss at all to the certainty of a smaller actuarially equivalent loss, a situation exactly opposite to the one represented by the purchase of insurance. By this theory, people will be more likely to buy insurance when the premium is low compared to the value of the coverage to the consumer irrespective of risk involved. This further raised two-twin concerns; first is the issue of moral hazard; and, second is adverse selection.

Definitively, moral hazard and adverse selection are two related but distinct concepts that describe how information asymmetry can lead to undesirable outcomes in various situations, particularly in insurance and financial markets. Adverse selection occurs before insurance transaction, and it is a situation where one party in a transaction has more information about their risk level than the other party, leading to an imbalance in the pool of participants. For example, in health insurance, individuals with pre-existing conditions are more likely to purchase insurance, increasing the overall risk for the insurer. On the other hand, moral hazard arises after a transaction, when one party takes on more risk because they know that another party will bear the cost of any negative consequences. For example, someone with fire insurance might be less careful about preventing fires, knowing their

insurance will cover the damages (Yan and Lee, 2023; Harishchandra, 2021)

Moral hazard raises the premium, as adverse selection does. With health insurance, the tax subsidy can reduce the effective premium to less than the actuarially fair cost of insurance. This would increase the likelihood that health insurance is purchased. Finally, because of the value one places on health, everyone desires access to a full range of health care. This is achieved through health insurance which is seemingly the only affordable way of gaining access to healthcare, given the high costs of many of these procedures. This theory is considered relevant to advance argument for the hypothesized relationship in this study since it supports the demand for health insurance, hence, TISHIP becomes a necessary option for students. With the scheme subsidizing costs of health care, it is hoped that students can afford as well as get quality health care while pursuing their studies.

There have been some attempts by past scholars to investigate TISHIP using different approaches. Some notable studies were done on socio-demographic determinants of TISHIP adoption using binary logistic regression methodology (see Elias, Anne, Chinonso, *et al.,* 2019); prospect and challenges of implementing TISHIP (see Sule, 2020 and Agbo and Okoh, 2014); level of awareness of TISHIP by students using cross-sectional and descriptive survey research design (see Jeremiah, Joseph, & Innocent, 2019; and Anetoh, Jibuaku, Nduka and Uzodinma, 2017); students' satisfaction and quality of Patient Care under TISHIP (see Shagaya, 2015) among others. Aside from the inconsistencies in findings reported by these authors, it is argued that different approaches would yield different results when there is no unified or an appropriate and acceptable model by which the performance of TISHIP can be measured.

The need for such model was emphasized by Welcome (2011) who argued that "there is necessity to setup a model of MIS systems for action to suit the interest of the Nigerian people. It is supposed that if adequately managed, MIS system model for the Nigerian health care will turn out to be the Cinderella of Nigerian health care system". Following this line of thought, the researcher argued that there is need to set up a model of TISHIP benefits to serve the needs of the various stakeholders in the Nigerian healthcare industry, particularly regarding issues of its performance assessment and accountability. Whereas there been several studies many aspects of TISHIP and the Nigerian health care system, studies directed at developing a model to be applied in testing the efficacy of TISHIP by different scholars are limited. Such model would not only specifically address the present problem but also put into consideration modern healthcare delivery schemes to address the problems encountered in the assessment of TISHIP and other relevant schemes. The continuous existence of this gap would still present challenges to academics and practitioner in adequately assessing the performance of TISHIP and the seemingly wrong practices will continue unresolved. This may eventually become harmful to humans and the community as well as the students who will not know how to take informed decision about their participation in the scheme.

3. Materials and Methods

This paper is based on the ontological world view precipitated on the tenets of a qualitative research paradigm. The materials and method of investigation align with the qualitative research approach with focus on intensive literature search and document analysis. The author followed a defined research protocols suited to this approach of study namely the search strategy and sources of literature, search design, literature selection and data analysis and synthesis.

Search strategy and Sources of literatures: Throughout the study period, a literature search for this review was carried out to keep track of new developments and previously published reports and articles. In order to adequately describe the object of the paper, this study took a qualitative approach. Data for this study was qualitative in nature and collected secondarily through searches of web engines and scientific databases as well as direct readership of documents from relevant agencies. The researcher used scientific and peer-reviewed databases as the primary source of literature search. Such databases include PubMed, and other Internet-based search engines such as Google, firefox, MS Edge amongst others

***Search design*:** The search protocols were conducted in three phases of keyword searches in order to yield most relevant results. At the first phase, Nigerian health care, Nigerian health care system, Nigerian primary health care system, NHIS and TISHIP were used. At the second phase, additional keywords such as United States (OR Europe) health care dynamics were used. This was done to ensure an up-to-date review and recommendations for the Nigerian health care system and was not meant to review health care in the United States, Britain, or Europe with regards to methods and models of healthcare delivery suited for developing countries. Some of the literatures retrieved in this search phase include Dougherty & Conway (2008), Green-Pedersen, & Wilkerson (2006), De Stampa, Vedel, Mauriat, *et al.* (2010), Bey, Hahn, and Moecke (2008) etc. The third phase focused on the retrieved results of the second phase

Once a preliminary list of articles was determined, the databases and Google were researched for additional articles/reports to constantly track new reports and articles. Using an analytical and ancestry approach, the articles chosen were scanned for further relevant articles using two techniques applied by Quirke and Gaudillière (2008). These were backward, and forward references searches. Backward references search involved searching high-quality articles to retrieve important information about the state of the Nigerian health care system. Forward references search involved reviewing additional articles that have cited the article/report to locate follow-up studies or newer developments related to the state of the Nigerian health care system. The backward and forward searches were terminated when no new idea was found. The reference list represents part of the literatures retrieved during the data collection process and were carried out in all phases of the keyword search.

Literature selection process/Inclusion criteria: The review process included original communications, review articles, reports, and web page documents that reported on the subject of investigation. The articles were chosen based on their relevance to the subject of this study. The keyword

terms were compared to the entries in the various databases that were searched. The review did not include any reports that were not entirely centered on the subject of this study. The state and dynamics of the Nigerian health care system, particularly TISHIP, were the focus of the review of all retrieved and used publications.

Data analysis and synthesis: Data which were in the forms of information were extracted and used in developing a model for TISHIP. The result from a qualitative /document vis-à-vis content analysis of the various articles used in this is presented in the form of a conceptual model proposed for use in testing the links and relationships among the variables of interest in the study.

4. Conceptual Model Development

This conceptual paper attempts to determine the relationship between TISHIP as the explanatory variable and healthcare benefits as the explained variables. As mentioned earlier, study has been made on several dimensions of by other authors.

The conceptual model shown in Figure 3 is the combination study of inferences from such studies as well as extension of the Moopen's Iron Triangle of ideal healthcare benefits which were rarely adopted in past empirical studies. Therefore, as shown in figure 4.1, the study proposed: H1: There is a significant influence of TISHIP on affordability of healthcare services for Students in Nigeria tertiary institutions. H2: There is a significant influence of TISHIP on accessibility of healthcare services for Students in Nigeria tertiary institutions. H3: There is a significant influence of TISHIP on quality of healthcare services for Students in Nigeria tertiary institutions. H4: There is a significant influence of TISHIP on variety of healthcare services for Students in Nigeria tertiary institutions. From this standpoint, it is argued and hypothesized that the benefit of TISHIP can be modelled against its deliveries for the students in terms of affordability, accessibility, quality and variety, the last being an addition to the Moopen's golden or Iron triangle of ideal healthcare as presented as shown in the figure that follows

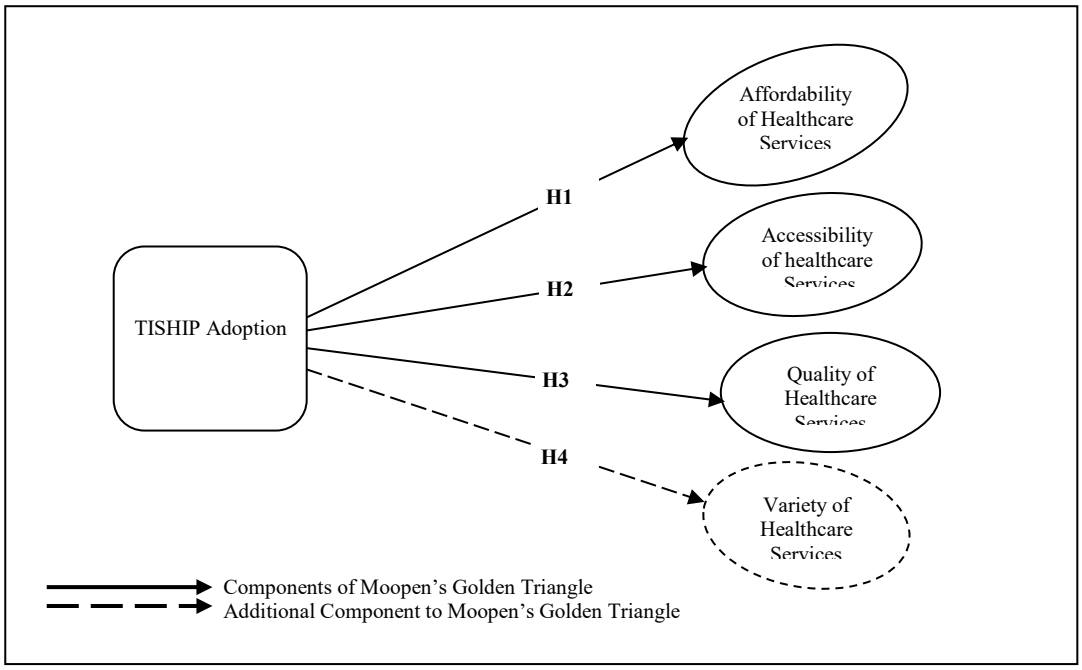


Figure 4.1. Proposed model of TISHIP Accountability for sustainable governance

From the proposed model above, the efficacy of TISHIP can be assessed based on the extent to which its participation can influence Students' healthcare needs in terms of the cost, access, quality and variety of healthcare services. Findings from the test of this proposed model can improve or mar the implementation of the current and future healthcare related policies of the government. It should be reiterated here that it is the duty of government to provide healthcare to its citizens as enshrines in the global millennium goals. Such service must be affordable, accessible, and of variety without compromising on the quality. This claim is based on the study conducted by Bamtefa, *et al.,* 2025) where it was reported that countries the world over have implemented some health financing strategies with focus on social insurance schemes. The purpose of which is provide effective and efficient healthcare for their citizens, especially the poor and vulnerable. The need for government to involve in healthcare provision is further emphasized in the study of Essien (2025).

According to the author, the implementation of health financing scheme (TISHIP inclusive) is ineffective leading to myriads of financial risk outcomes. He emphasized the need for a shift from pooled payment method to tax-based funding in order to improve health of the citizens and to actualized this political will need to be mobilized to optimized the social health insurance. The present study focusses on not only government involvement but also on government accountability or performance assessment and a model to be used in appraising such commitment by government is proposed is government is to be seen as being successful in the healthcare provision to its citizens.

This is in addition to the fact that valid assessment of the success of TISHIP can also be attest to by students who must also be able to determine whether government is accountable and transparent in the implementation of the programme as stated in the work of Oriolowo, Asarya, and Olarongbe (2022).

Should government fail in providing this important service, the issue of sustainable governance will be greatly impaired. Interestingly, health nay healthcare is one of the sustainable governance indicators (SGIs). For the record, insurance originated in a real need – people looking to protect themselves, their families and livelihoods from unforeseen financial shocks, (Spoz, 2024). Suffices it to say therefore that protection of people and assets is a critical component of a more sustainable, resilient and inclusive development. Being a risk protection mechanism, insurance plays a significant role in nine of the SDGs: No Poverty, Reduced Inequalities, Zero Hunger, Good Health and Well-being, Gender Equality, Decent Work and Economic Growth, Industry Innovation and Infrastructure, Climate Change and Partnerships for Goals (Access to Insurance Initiative, A2ii, n.d). According to the institution (A2ii, n.d), "As one of the world's largest investors, the insurance sector holds the potential for boosting sustainable development with the 2030 Agenda and the SDGs on the horizon. Its role can be that of an underwriter, as an investor or 'corporate citizen (p2)".

Also, a report by the World Bank (2023) clearly states that the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), are directly linked to Social Health Insurance Schemes. These schemes aim to provide financial protection and access to quality healthcare services, which are key components of achieving universal health coverage, a central target of SDG 3. Social Health Insurance (SHI) can help reduce out-of-pocket healthcare expenses, a major barrier to accessing healthcare, and thus contribute to the broader goals of poverty reduction and social inclusion. SGIs provides the most comprehensive survey of sustainable governance.

Furthermore, inference from Odoch, Senkubuge and Hongoro (2021) on SGIs provisions suggest that public health care policies should provide high-quality health care for the largest possible share of the population and at the lowest possible costs. Of the three criteria – quality, inclusiveness and cost efficiency – efficiency should be given less weight if the first two criteria can be considered fulfilled (Bertelsmann Stiftung, 2022). Based on SGIs, government will be considered a failure if they are unable to meet these benchmark of healthcare services to the larger population including Students. Using this model proposed above, can help the government to evaluate the effect of her health policies and schemes on the population, in our case the students. The results thereof could reposition the healthcare sector in general for better performance.

Expectedly, the proposed model will provide a gateway to the study of the relationship between TISHIP and Student healthcare in terms of accessibility, affordability, quality, variety among others., In order to proceed the empirical research using the proposed model, a wider range of literatures need to be explored to obtain an insightful knowledge which is a necessity for proper application of the model. A study by Bamtefa *et al.* (202) has it that a significant number of eligible students are uncovered by TISHIP in spite of the fact that the programme has been in existence for many years and that there is no clarification on whether the intended users are sufficiently aware of the program's existence and benefits. This position was collaborated by Oriolowo (2022) who recommended that students should be more enlightened on TISHIP operational guidelines in order to minimize the level of their misgivings about the scheme. These empirical argumenrts further buttress the need for a model of accessing the performance of TISHIP by both government and the expected beneficiaries. Even though a conceptual paper, it is hoped that the effort helps contribute to supplement literatures for the reference of scholars as well as a significant impact to the owners and policy makers of TISHIP upon fully completion of the research.

5.0 Conclusion, implications and limitations of the study

5.1 Conclusion

In this paper, the researchers have investigated Tertiary Institutions Social Health Insurance Programme (TISHI) with a view to developing a model by which its efficacy could be assessed. From the methodology adopted and particularly the various searches, results indicated that the central issue in TISHIP as it is with other social policies relating to health, affordability, accessibility, quality and variety must be made possible if such policies are to be successful. From the result, the authors have proposed a model that considers the benefits of TISHIP for students from the perspective of these four deliveries. It is therefore concluded that the proposed model, which an extension of the Moopen's golden or Iron triangle of ideal healthcare is capable of revealing the true beneficial effect of TISHIP on student healthcare needs and can serve as a model for accounting for the investment made in the scheme.

5.2 Implications of the study

The result which centers on the proposed model has some implications. One of such implication is the fact that the managers of TISHIP will have a template and benchmark upon which their work and effort at implementing TISHIP could be assessed or evaluated easily. The students also will be able to know if their investment in the form of contribution to the scheme is worth the risk. Policy makers would know where and which dimension requires improvement or reform to ensure that the policy delivers on not just good governance but sustainable governance.

5.3 Limitations of the study

The setting of the study being University of Uyo is one of the limitations of the paper as information concerning TISHIP participation by Students in other Universities in Nigeria are not available, thereby limiting the scope of the study. Expanded scope has the potential of revealing more information for use in scientific analysis and informed decision making. The methodology does not allow the test of this model to know the actual predictive effective effect of TISHIP on student healthcare serves benefits or need in terms of accessibility, affordability, variety and quality. Future researchers may wish to considered more universities and with a quantitative research approach test the model for more information. It is hoped that such attempts will complement the result of this paper.

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