THE INCLUSIVENESS OR EXCLUSIVENESS OF NATIONAL IDS IN WEST AFRICA

COUNTRIES OF FOCUS: CÔTE D'IVOIRE, GHANA & NIGERIA

Africa Digital Rights' Hub LBG

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ACKNOWLEDGMENTS

ACRONYMS

CMU - La Couverture Maladie Universelle

GMPC - General Multi-Purpose Card

ID - Identification / Identification Document / Identity Document

NHIA - National Health Insurance Authority

NHIS - National Health Insurance Scheme

NIA - National Identification Authority

NIMC - National Identification Management Commission

NIN - National Identification Number

ONECI - Office National de l'Etat Civil et de l'identification

RNPP - Registre National des Personnes Physiques

UNHCR - United Nations High Commissioner for Refugees

EXECUTIVE SUMMARY

The purpose of this project is to review the use of IDs in three (3) West African countries in order to determine where the IDs have been used to include and or exclude individuals in getting access to social services. In doing so, we reviewed relevant literature, laws and policies, grey literature, primary and secondary accounts, and other materials on inclusive/exclusive uses of IDs in the respective countries. The Consultant identified Cote D'Ivoire, Ghana and Nigeria for purposes of the study. The countries have been selected to represent the diversity of legal systems and governance structures within West Africa.

For each country, we have discussed two critical identity credentials/documents: the national identification card (or the national identification number in some cases) and the national health insurance card. The two cards are chosen to represent the foundational and functional identification systems in the three countries, and also reflect the peculiar dimensions and implications for inclusivity.

Overall, we find that in terms of laws and policies related to IDs, governments in the three (3) countries generally have a pro-inclusivity disposition. Yet, there are also policies and laws in the countries that undermine ID inclusivity and intend promote exclusivity. These exclusionary factors of the six (6) IDs studied here are often heightened by administrative impediments to access. Below are some of the major observations from the three (3) country's case studies.

Factors that promote inclusivity
1. A good number of the IDs we studied can be accessed at no charge by citizens. Such zero nominal cost expands the appeal of crucial state-issued IDs to persons in lower economic strata.
2. There are increasing efforts by governments in the three countries to make state-issued IDs accessible by opening more enrollment centres and online - web and mobile - registration platforms.
3. In theory, documented immigrants have an opportunity to access either a version of the national identification card or the national identification number.

4. There seems to be some flexibility in terms of the proof of identity/citizenship required for enrolment. Documented immigrants can also access the health insurance card in these countries.

Factors that promote exclusivity

While the foregoing observations promote inclusivity, we also find certain laws, policies and practices that promote the exclusion of certain groups from accessing state-issued IDs in the three (3) countries.

1. Even though the nominal cost of most of these ID cards is zero, there seems to be a high transaction cost in accessing these cards. These costs are enabled by registration delays and sometimes, the extortive tendencies of enrolment officers. Also, having fewer enrolment centres than needed also causes delays and the time spent at registration centers.
2. We find that while digital platforms promote access, they could also marginalize persons who are not digitally-savvy specially where the online component of enrolment is mandatory.
3. Even though documented immigrants can theoretically access many of the IDs we studied, in certain instances, there is a relatively high fee charged. This may not favour the many immigrants who have moved from neighbouring countries and are not necessarily in a different economic state compared to the average citizen of the host country. Importantly, immigrants who are undocumented cannot access any of these cards. In that sense, the plight of undocumented immigrants may not be necessarily mitigated by any of these ID projects.

Lessons

There are relevant lessons to be drawn from the experiences of the three countries. These lessons are based on some of the exemplary inclusivity efforts by the three (3) countries, as well as some shortfalls.
1. Providing state-issued IDs at no cost is a good way to expand access to ID systems. Thus, the Ivorian government's decision to charge fees for the national biometric card needs to be re-assessed.

2. Increasing enrolment centres is a sure way to use proximity to encourage the target population to register for ID credentials. This also presents an opportunity to utilize community leaders in encouraging enrolment for IDs.

3. The increasing use of digital enrolment platforms boosts access to, and speed of enrolment. However, it is important to have alternative offline arrangements for persons that are not digitally-savvy. This also applies to using biometrics-based systems for authentication and verification. It is important to have offline authentication means where systems breakdown or bodily prints prove illegible.

4. Where immigrants must pay to access IDs that are otherwise free for citizens, it may be necessary to consider immigrants who may not necessarily be in a strong economic position. This may particularly be considered from immigrants from neighbouring countries.

Crucially, we note that the exclusionary dimensions of ID systems in West Africa are not only about whether citizens and immigrants can access state-issued identity credentials. They are strongly also about whether the bearers of these credentials can use the card to access public and private goods, in the first place. For example, having the national health insurance card may not necessarily mean lower health care costs if citizens must keep paying out of pocket at hospitals and clinics. Thus, states must ensure that citizens can access critical public goods and services in a timely, satisfying and non-discriminatory manner. Also, where access is legislated to be dependent on the possession of an ID, state institutions must put in place alternative verification and authentication mechanisms.

INTRODUCTION

This research explores the inclusiveness and exclusiveness factors of identification systems and documents in the West African sub-region. To do this, the study focuses on three countries: Côte d'Ivoire, Ghana and Nigeria. The countries were randomly selected looking at their population, language, economy, political and legal systems. The research tries to understand whether the selected West African countries tend to be more inclusive when it comes to IDs – i.e. whether anyone in the country can get an ID unless it is proven that they are not a citizen. It emphasizes the inclusive and exclusive use of IDs as well as the legal and practical implementation challenges in Côte d'Ivoire, Ghana and Nigeria. The research reviews relevant laws and policies, primary and secondary accounts, and other literature relevant to the respective countries.

In this report, our use of inclusion or inclusiveness draws on the definition by the World Bank's Identification for Development (ID4D) programme which emphasizes universal coverage and accessibility. For the ID4D, inclusion as it relates to ID systems is attained by:

- Ensuring universal coverage for individuals from birth to death, free from discrimination.
- Removing barriers to access and usage and disparities in the availability of information and technology.

Based on the foregoing conception, in our report, we assess inclusiveness by analyzing the laws as well as practices relating to enrollment and use associated with each ID system in the respective countries. We seek to understand how the determinants permit or deny certain persons from accessing an ID card and invariably, the public and private goods tied to the possession of these cards. We are guided by the questions — who can access an ID card by law; and what can hinder qualified persons from accessing and using these cards.

This report provides and overview of the ID ecosystem of the three respective countries looking at major IDs (especially the civil registration regimes), stakeholders (government, private sector), the level of democracy and civil society engagement on the issues of IDs. It then delves into the key selected national IDs. The selected national IDs chosen are the national ID and that national health insurance schemes available in the countries of study. The choice of these IDs is based on the fact that most of these IDs are foundational and critical to accessing basic needs and services within the respective countries. This report therefore looks at the national ID and health insurance

schemes in Côte d'Ivoire, Ghana and Nigeria, highlighting their inclusive and or exclusive nature based on their laws, policies and implementation.

COTE D'IVOIRE

Côte d'Ivoire boasts of various government-issued identity documents. These include the national identification card, the certificate of nationality and the birth certificate. Interestingly, the issue of identity in Côte d'Ivoire has been central to the past conflicts[1]. Broadly, the challenges around identity have been created and sustained by the nation's laws and politics. There are communities in the country, who though see themselves as Ivorians, through changes in laws, were declared second class citizens with limited rights. The 2002 Côte d'Ivoire coup was touted as a war on identity to recognize the marginalized. This was evidenced by how the peace deals that ended the conflict centralized issues of identity and nationality. The foregoing context speaks to the crucial essence of and implications of ID systems in Cote D'Ivoire. In this chapter, we track the inclusive and exclusionary aspects of the national ID and the CMU card (health card) in the country.

National ID Card

The National ID card in Côte d'Ivoire establishes citizens' identity in accordance with *article 3* of the *Decision n°2005-05/PR* of 15th July 2005. The said *Decision* relates to the identification of persons, as well as the residential status of foreigners. The card expires after 10 years. The last cards which were distributed in 2009, expired in June 2019. In order to access several services and utilities, individuals are required to have the National ID Card. These include registering a business; subscribing to water, gas, electricity, telephone and a mailbox; opening a bank account or postal cheque account; issuing and receiving orders of any kind; applying to obtain and renew a driver's license; entering into with the contract of intercity carriage; signing an employment contract; collecting family-related benefits; enrolling in an educational institution, for parents of minor children; and obtaining marriage, adoption just to mention a few.[2]

In 2019, the Ivorian government instituted a biometric national ID card project based on *Law n°2019-566*. The main purpose of this card is to prove Ivorian citizenship, but the card can also be

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[1]Côte d'Ivoire: What's in a name? A fight for identity. Reliefweb. 1 November, 2005
[2]Canada: Immigration and Refugee Board of Canada. Côte d'Ivoire: Identity documents, including the national identity card (carte nationale d'identité, CNI), the birth certificate extract and the certificate of nationality; the procedure to obtain each of those identity documents and the information that appears on each of them (2014-February 2016). Refworld. 12 February, 2016.

used as an electoral card, driving license, bank card, etc.[3] The law establishing the biometric national ID card is meant to facilitate inclusion in cognizance of the country's history of identity-related tensions. *Section 3* of the said law for instance, provides that the biometric national ID card is compulsory and must be accessible to all Ivorians aged 16 and above. National identity certificates may also be issued to Ivorian citizens below age 16 but above 5 years old.[4] Babies are to be issued the NIN upon birth. Only persons registered on the Registre National des Personnes Physiques (RNPP) can get a national identification number.

According to the Ivorian government, the overall cost of the national biometric ID project is 460 billion FCFA ($752,563,220). The private partner for the project is SEMLEX.[5] The mass enrollment for the national ID cards was scheduled to take place from February 2020 to June 2020, targeting over 11,000,000 Ivorians.[6]   The National ID card is available 45 days after the enrollment.

Factors of Inclusion and Exclusion

The Ivorian government is promoting a proximity policy by siting civil registries in villages and health centres.[7] This also takes advantage of chiefs and community leaders in encouraging persons to register.

While the national identification number is free, the national biometric card comes at a fee. This is notwithstanding the fact that the cards old ID distributed in 2009 were free.[8] However, the card is not free for citizens. There is registration cost of 5000 FCFA (8.9 $US) for persons wanting to obtain the biometric national ID card.[9] The payment must be done online on the website of Office National de l'Etat Civil et de l'identification (ONECI). After the online payment, enrolees are

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[3] Minister of the Interior and Security. Côte d'Ivoire: The new CNI "can be used as a voter card, driving license, bank card, etc. Fratmat. Accessed 11 September, 2020.
[4] National Office of Civil Status of identification. The identification of nationals and non-nationals is done through the National Office of Civil Status and Identification (ONECI). Oneci. Accessed 11 September, 2020.
[5] Baudelaire Mieu. Ivory Coast: the biometric identity card market entrusted to Semlex. Jeuneafrique. 12 April 2019.
[6] National Office of Civil Status of identification. Launch ceremony of the national enrollment operation for the establishment of Identity Cards. Oneci. 17 February, 2020.
[7] Ministry of Administration of the Territory and Decentralization. Press Conference The Government Meetings (See page 6). Gouv. Accessed 11 September, 2020.
[8] Frank Hersey. Digital ID in Africa this week: Biometric ID for Guinea, continued ID controversy for Côte d'Ivoire. Biometricupdate. 4 July, 2019.
[9] Ibid.

required to take their receipts to the enrollment center for their biometric data to be captured.[10] Here, they must also present a birth certificate or a national identity certificate.[11]

While the law gestures towards inclusion, that may not be the case in the practice. In Côte d'Ivoire, 46% of the population lives below the poverty line. In other words, nearly 46% of the country's 25 million inhabitants live on less than 750 CFA francs (1.14 euros) per day. This raises fears of the exclusion of a substantial part of the population where accessing the national ID card is tied to a registration fee.

A number of civil society groups have campaigned against the cost of the ID card on the basis of its exclusionary potential. In this regard, a key civil society body is *"ça suffit"*[12] which has promoted the slogan, *"National ID card for all"*. According to some civil society organisations, the vast majority of Ivorians are unable to access the national identity card because they are faced with financial problems of an existential kind. Centering the implications for voting rights, the group argues: "*We must necessarily find an alternative. Because we exclude citizens from the process of appointing their leaders because they are unable to find 5,000 CFA francs to afford a national ID Card"*. The Ivorian Popular Front adds that; *"the cost of the national identity card of 5,000 CFA francs is not accessible to all budgets, especially those of rural populations and those of unemployed young people.*"[13]

Another challenge comes with making online registration a mandatory first step. This could be exclusionary. The literacy rate in Côte d'Ivoire is low and a digital enrolment arrangement could disadvantage persons who cannot navigate websites and mobile application platforms to register.

Also, Ivorians living abroad have raised concerns about being excluded due to limited government commitments to register and issue them with cards.[14] Again, persons in certain border towns may still not be considered Ivorians and may have a hard time accessing even birth registration.[15]

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[10] National Office of Civil Status of identification. Documents To Be Provided Concerning The National Identity Card (CNI). Oneci. Accessed 11 September, 2020

[11] Ibid.

[12] Roxane Outtara. Côte d'Ivoire: A civil society association puts the issue of obtaining the CNI back on the agenda. AfrikSoir.2 September, 2019.

[13] Issiaka Sangaré. Ivory Coast: The FPI says no to 5,000 FCFA for the renewal of the CNI. AfrikSoir. 5 May, 2019

[14] Arthur Bousso. Exclusion of the diaspora from the identification process in Ivory Coast: Lider de Koulibaly says NO!. Connectionivoirienne. 25 February, 2020.

[15] Don Murray and Horaci Garcia Marti. Documentation drive targets excluded Côte d'Ivoire villagers. Citizenshiprightsafrica. 22 May, 2019.

Bodies like the Women's Legal Aid Association supported by UNHCR, and the UN Refugee Agency have been helping persons in such communities and, in rural communities, broadly, to access identity documentation.[16]

While foreigners cannot have the national biometric ID card, those who have lived in the country for over three months can access a resident card and a national identification number.[17] They must be on the RNPP. In this sense, 'legal' immigrants are not excluded from documentation, and generally enjoy the associated benefits tied to the RNPP.

CMU Card (The health card)

In 2014, the Ivorian government decided to establish the Universal Health Coverage system, to respond to the difficulties in accessing healthcare for the population. The compulsory health risk coverage system for people living in Côte d'Ivoire is called CMU and is established by law n°2014-13 March 24, 2014. Implementation of the scheme has been entrusted to Institution de prévoyance sociale- Caisse Nationale d'Assurance Maladie (IPS-CNAM) through a Decree[18].

The CMU card (health card) is what identifies persons who have been registered or insured. The health card is not a right of access to health coverage benefits but it is a proof. It proves that a person can benefit from health care.[19]

To benefit from the health card, a person must be registered under one of two schemes. The first is the basic general scheme or contributory scheme financed by the insured persons' contributions. This scheme targets the majority of the population in Côte d'Ivoire. Persons in the private sector, civil servants and state employees, pensioners, persons engaged in a regulated activity, workers in the agricultural sector, university students and persons not engaged in any activity are obliged to be on this scheme.

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[16] Ibid.

[17] National Office of Civil Status of identification. The identification of nationals and non-nationals is done through the National Office of Civil Status and Identification (ONECI). Oneci. Acessed 11 September, 2020.

[18]Decree No. 2014-395 of June 25, 2014 establishing the social welfare institution called "National Health Insurance Fund" abbreviated IPS-CNAM. Ipscnam. Accessed 11 September, 2020

[19] Article 6 of Decree No. 2017-47 of January 25, 2017 fixing the modalities of access to health care services under universal health coverage. Ipscnam. Accessed 11 September, 2020

The second is the non-contributory or medical assistance scheme which targets the economically vulnerable or destitute persons. The government covers the premium contributions for the insured under the second stream.[20] However, the criteria for who can benefit from the second stream is not clearly spelt out. There are no known criteria in determining who is economically vulnerable or not. This situation can facilitate corrupt practices as persons who are not economically vulnerable will can register under this category in order to avoid contributing to the scheme.

The registration for either scheme is free. There are two major steps in registering for the CMU card. The first is the enrollment, undertaken in any of the 114 enrollment sites located throughout the country. Enrollment itself includes two stages, pre-enrollment which is done online and the physical completion at enrollment centers. During the pre-enrollment, the person fills in an online form by giving his / her first and last names, age, number of birth certificate, number of National ID Card, place of residence, marital status, telephone numbers, email, and postal address. And after that the person will go to the center to submit biometric and confirm biographical data.

In the second stage, a unique identifier is assigned to the enrolee. This identifier has a unique character and will eventually become the person's social security number. Afterwards, the insured can receive his CMU Card within one month[21].

People who have been enrolled receive an electronic message (SMS) informing them their cards are available. For people who are far from their enrollment centers, their cards are transferred to them.

Within the framework of the implementation of the enrollment and the identification of insured persons, the government has contracted a private company SNEDAI, per decree n°2014-647 of 29 October 2014.

Factors of Inclusion and Exclusion

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[20] The cost of contributions is 1000 FCFA (1,63 $US) per month. For the destitute people, the contributions are covered by the state budget. (Article 3 Decree n°2017-123 February 22, 2017 setting the amount and conditions contributions recovery for the contributory scheme and non-contributory scheme.
[21] Card Issuance. Ipscnam. Accessed 11 September, 2020.

The goal is to heavily increase the segment of the population benefiting from social security coverage. In early 2014, only 5% of Ivorians benefitted from the health insurance scheme. Although this has somewhat changed, the primary challenge continues to be the inadequacy of enrolment centres. This inadequacy of enrollment centres leads to the exclusion of many qualified persons from the program. For example, in the big town of Bouaké, there is only one (1) enrollment center. In the District of Abidjan, there three (3) centers in the big town of Cocody, two (2) centers in the town of Abobo, two (2) centers in the big town of Yopougon.[22]

Another critical challenge with the scheme relates to its funding methods. The method of funding CMU is not sufficient for a system that claims to be universal. The single monthly contribution of 1,000 CFA francs per person over 5 years old could exclude Ivorians with modest incomes. Similarly, a statistician, Lagassane Ouattara has noted *that "The (Ivorian) population could find it very difficult to pay this premium" as "the poverty rate is close to 49% in Côte d'Ivoire and almost half of the population earns on average, less than fifteen thousand CFA francs (15,000 FCFA) per month, spending 1000 FCFA, or 6.5% of their monthly income on the financing of any health insurance, would be too great a sacrifice for them".*[23]

On the other hand, those with higher incomes and with fewer children end up contributing less. Eventually, *"there will be shortcomings related to the management of health risk, control of expenses and a non-contributory scheme"*[24] according to Donatien Robé, a social protection specialist.

In order to promote access to the health card for the vulnerable, members of civil society organizations are campaigning for pregnant women and children under 5 years old to be enrolled as non-contributory beneficiaries in the Universal Health Coverage scheme.[25] Overall, the CMU case is another example of how having an ID may not necessarily assure an inclusive access to public and private goods.

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[22] Enrolment Sites. Ipscnam. Accessed 11 September, 2020.
[23] For effective medical coverage in Ivory Coast. Pass-mut. Accessed 11 September, 2020. l
[24] Anthony Niamke. Universal health coverage : Difficult take-off. JDA. 17 May, 2018.
[25] Kpan Charles. Universal health coverage / Why the government must allocate 15% of its budget to health. Lepointsur. 20 July, 2014.

GHANA

In Ghana, there are several government-issued IDs that are often required for citizens to access critical public and private goods and services. The major identification documents include the birth certificate, national identity card — popularly called the Ghana card — passport, the voter's ID card and the national health insurance card. Generally, all citizens qualify to access these major IDs. Typically, the passport and the national ID are seen as satisfactory foundational proof of identity in accessing various government and other privately issued IDs.

Practically, the birth certificate is the first and most foundational document in proving identity and citizenship in Ghana. For many years, the birth certificate served as an acceptable proof of identity when accessing other IDs. However, this function of the birth certificate was curtailed recently. Ghana's Electoral Commission (EC) legislated against accepting the birth certificate as proof of citizenship when registering for the voter's ID card. Only the passport and the national ID are now accepted as adequate proof of citizenship when accessing the voter's ID. The EC's decision has been upheld by Ghana's Supreme Court[26] as valid and legal.

Beyond this recent legal curtailment of the utility of the birth certificate as a foundational ID credential, there have been other challenges in accessing the certificate. Notwithstanding the fact that accessing the birth certificate is a right for all citizens, the civil registration regime in Ghana has not been easily accessible, particularly for persons born in rural areas. There have been interventions including m-Birth, an ongoing collaboration between the Births and Deaths Registry, UNICEF and Airtel-Tigo — a mobile network operator. The objective of m-Birth is to make birth registration more accessible through the use of mobile phones. Despite these interventions, birth registration currently stands at about 60% in Ghana and access to birth registration in rural communities continues to be a challenge. While the aforesaid challenges with the access to, and utility of the birth certificate could undermine citizens' ability to access other foundational and functional ID credentials and documents, these potential challenges could be mitigated by an effective national ID regime.

As is shown in the rest of this chapter, in theory, Ghana's identity ecosystem can be said to be quite inclusive based on related laws and policies. As noted in the rest of this chapter, the said

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[26] National Democratic Congress vrs Attorney-General & Anor (Consolidated Writs) dated 25th June 2020

inclusionary factors relate to cost, avenue for enrolment and openness to foreign residents. However, in practice, there are a number of conditions that prevent qualified persons from accessing and using the major IDs in the country. Next, we analyze the National Health Insurance and the National Identification systems to highlight some of the practical reasons upping the exclusionary potentials of the two identification systems.

National Health Insurance Scheme

Historically, Ghana's health care system had been founded on a 'free health care' model. This model could however not be sustained so in 1972 a token user fee was introduced. Subsequently, in 1985, a fully-fledged user fee scheme known as 'Cash and Carry' came into effect. Backed by law, this scheme aimed to recover 15% of its operating costs but the system was clearly not ideal, given Ghana's socio-economic cultural and political context.[27]

Ghana's National Health Insurance Scheme (NHIS) was initially established upon the passage of the National Health Insurance Act 2003 (Act 650). The NHIS became operational in 2004 and has been operating to date. The scheme is presently governed by the National Health Insurance Act, 2012 (Act 852).[28] The NHIS basically seeks to attain universal health insurance coverage by providing financial resources to support access to basic healthcare services. The scheme is backed by funds from the National Health Insurance Fund mostly generated from compulsory tax levies and premiums.

The NHIS card is biometric. The card is not only used to access health care services, but it also generally serves as proof of identity in various private and public transactions. The card contains information such as the subscriber's name, sex, date of birth and importantly, a unique 8-digit identity number. The card holds biometric information such as the subscriber's photograph and ten fingerprints. It also shows the period of validity. Each card is valid for five years but must be renewed annually on payment of a prescribed fee. The governing Act requires all other national identity cards — backed by an act of parliament — be accepted as proof of identity when

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[27] Durairaj, V. et al. (2010) Obstacles in the process of establishing sustainable National Health Insurance Scheme: insights from Ghana(See page 1). WHO.
[28] National Health Insurance Act, 2012 (Act 852). NHIS. Accessed 11th September 2020

beneficiaries access healthcare under the scheme. Such alternative cards may include the National Identification Card, Driver's License, passport and the voter's ID card.

Factors of inclusion and exclusion

The NHIS has been praised as one of the better performing schemes in Africa.[29] According to the NHIA, about 22 million persons are registered on the scheme.[30] In a country of about 30 million people, the enrolment figure is laudable. However, only 12 million are deemed to be active members of the scheme (about 40% of the general population).[31] The scheme focuses on meeting the needs of the poor and providing social health protection based on the principles of equity, solidarity, risk sharing, cross-subsidization, reinsurance, client and community ownership, value for money, good governance and transparency in the health care delivery. NHIS coverage is thus highest in the most disadvantaged districts, where there is higher incidence of poverty, lower levels of female literacy and lesser health care facilities, and where the needs of pregnant women and the elderly may not be met.

The NHIA Act requires all residents of Ghana to register for health insurance. This means that beyond citizens, foreigners who are resident in Ghana are also obliged to have health insurance. All employers are instructed by the law to enroll their employees. Thus, Ghana's health insurance scheme in theory, is universal and non-voluntary.

The openness of the NHIS to all residents is to ensure the attainment of universal health insurance coverage. To this end, even persons not resident in the country (but who are on a visit); are obliged by law to have health insurance.

While qualified foreigners are not being denied access to the NHIS card, there have been concerns about persons resident in the border areas of neighboring countries registering for NHIS in Ghana.[32] Here, the complaint tends to be that such persons are not resident in Ghana and may be taking advantage of the scheme.[33]

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[29] Ghana's NHIS is a shining example for Africa—WHO Country Director NHIS. 11 December, 2019.
[30] Michael Quaye. NHIA suspends 2 health facilities for forging financial claims. Graphic Online. 19 December, 2019.
[31] Ibid.
[32] Ketu South NHIS blocks registration of Togolese. Ghanaweb. 28th October, 2014.
[33] Ibid.

Beyond membership, Ghana's health insurance law promotes inclusiveness in its segregation of premium contributors. The law recognizes certain classes of vulnerable persons and takes a welfare-oriented approach to what premiums they must pay. The law exempts pregnant women, indigents, categories of differently abled persons, persons with mental disorder, and persons above seventy years of age, from paying premiums. The exempt persons — or their guardians — are however required to pay the processing/registration fee. A case could be made for also using poverty and employment status in the NHIA's calculation of vulnerability. Without these two factors, the NHIS may actively be excluding the poor and unemployed from accessing the health insurance card.

In spite of the legal position of universal coverage, there are practical realities, as discussed below, that still hinder many Ghanaians from actually utilizing their healthcare cards.

In terms of practical access, residents can enroll for the NHIS card at any of the authority's district offices. There are about 166 such offices located across Ghana.[34] Comparatively therefore, the NHIS is likely the most accessible government-issued card in Ghana. Annual premiums are between $1.5 and $10.[35] On paper, this premium may be low but as certain studies show, there are still some citizens who cannot access the card because of the fee. A recent study of NHIS enrolment in Ghana concludes that "despite the introduction of policy exemptions as an equity measure, the poorest of the poor were rarely identified for exemption. The government must urgently resource the Department of Social Welfare to identify the poor for NHIS enrollment".[36]

The NHIS card must be renewed after every five years. Since the inception of the NHIS in Ghana, card renewal has only been possible in district offices. However, to improve renewal and the continued viability of cards, the NHIA has recently introduced a mobile-phone based system. This system allows subscribers to renew their cards, from anywhere, using the short code, #929*. The mobile option reduces subscribers' transaction cost involved in visiting the district office.[37]

While this technology improves access for many subscribers, there is the possibility that the most vulnerable persons may not be technologically savvy enough to take advantage, and as a

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[34] Districts. NHIS. Accessed 11th September, 2020
[35] Frequently Asked Questions. NHIS. 11th September, 2020
[36] Anthony Kwarteng et al. (2020). The state of enrollment on the National Health Insurance Scheme in rural Ghana after eight years of implementation. International Journal for Equity in Health.
[37] NHIS Mobile Renewal. NHIS. Accessed 11th September, 2020.

consequence may still have to bear the transaction cost of accessing district offices to renew and keep their cards.

Further on technology, all persons accessing the NHIS cards must submit fingerprint biometrics. The NHIA's investments in biometric cards has been justified as a way to cut down on fraudulent insurance claims.[38] However, some researchers have pointed out that the insistence on biometrics could adversely affect enrolment due to factors such as "frequent network failure, frequent shortage of consumables, high cost and long-queues created by clients."[39] Such biometrics-related challenges could also hinder subscribers' actual use of the card in accessing health services. Positively, the NHIA has provided for non-biometric authentication. To authenticate the cards of patients, healthcare providers can use varying methods including: dialing *842# on any phone, using the associated android app, accessing a dedicated web portal.[40] These alternative authentication channels can safeguard the healthcare access rights of NHIS subscribers where biometric systems fail.

As stated earlier, there is a gap of about 10 million when the total number of NHIS enrollees is compared to active membership. Also, in terms of the registrable population, the percentage of persons without active membership is about 60%. In this sense, about 6 out of every 10 residents are still paying out of pocket for healthcare in Ghana contrary to the positively inclusive disposition of the Act backing the scheme. Even for those enrolled, some studies find that individuals and families are spending considerable sums on healthcare.

Thus, the increasing accessibility of the NHIS card may not in itself be inclusionary until it is matched by real and equitable access to healthcare. The questionable value of the card is seen again in the instances where healthcare providers reject the card because the NHIS has not cleared arrears with them.[41] Thus crucially, the full inclusiveness of the NHIS card lies as much in

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[38]Emmanuel Owusu-Oware et al. Biometric Technology for Fighting Fraud in National Health Insurance: Ghana's Experience. Researchgate. July, 2018.

[39] Marfo, Emmanuel. (2017). Evaluation of Biometric registration of NHIS Subscribers: Prospects and Challenges at Bantama. district office of NHIA.

[40] NHIS Mobile Renewal. NHIS. Accessed 11th September, 2020.

[41] Frank Torblu. Health Facilities Vow to Withdraw NHIS Services Over Debt. Modernghana. 17 February, 2020. Felix Engsalige Nyaaba. Suhum Gov't Hospital Turns Away NHIS Cardholders Over Debts. Modernghana. 20 June, 2019.

improving access to the card as well as making its possession enough, especially for the vulnerable, in accessing healthcare.

National Identification System

Ghana's National Identification System was established under the National Identity Register Act, 2008 (Act 750). The National Identification Authority (NIA) had been established two (2) years earlier under the National Identification Authority Act, 2006 (Act 707) to oversee the issuance of national identity cards and for related matters.[42] The NIA commenced the distribution of the national identity card or the Ghana card in 2008. The objective has been to make the national identity card 'a one card for all'. In a country with a number of state-issued functional IDs, the Ghana card is supposed to save cost through de-duplication. Per the related legislations, access to core private and public utilities is to be based on the possession of the Ghana card. From inception, the registration exercises and distribution of cards have hardly been successful. In 2017, the Government of Ghana and the NIA revamped the project and has since witnessed more consistency in registering citizens. The mass registration exercise is still ongoing.

Ghana's national identification card is biometrics-based. Initially, the card was a 2D barcode, but the NIA later decided to go for a smartcard with a 140 kilobytes memory chip. The 2D barcode cards are now only given to persons from age 6-15. Infants below age 6 are only given personal identification numbers and those aged 16 and above are given the smartcard.

The smartcard can host about 14 different applications including the ECOWAS passport. In this sense, various state agencies can potentially have a dedicated application on the card to identify and authenticate persons instead of issuing their own cards. The biometric data collected from persons during registering include all ten fingerprints, a facial photograph and a scan of the iris.

Factors of Inclusion and Exclusion

As at March 2020, according to the NIA, about 10.5 million citizens have been registered and 6.7 million ID cards have been issued.[43] According to the NIA, about 30 million persons are expected

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[42]National Identification Authority Act, 2006 (ACT 707). National Identification Authority. Accessed 11 September, 2020
[43] NIA Website. National Identification Authority. Accessed 11 September, 2020.

to be registered.[44] Considering the fact that the first mass registration exercise was in 2008, the inability to have a working and reliable national identification database as at 2020 speaks to the challenges with enrolment.

By law, all citizens must have the national identification card. While foreigners cannot access the Ghana card, the NIA has arrangements in place to issue the parallel non-citizen card to foreigners. However, these must be persons who are legally resident in Ghana for at least 90 days. Another boost to inclusiveness is that the Ghana card is free for all citizens and must only be paid for when the card is being replaced. However, the non-citizen card is not free and must be renewed every year for US$120. In the context that there are a lot of vulnerable West Africans in Ghana who may have migrated for economic and/or security reasons, the US$120 renewal fee may not be as affordable for all foreigners.[45] Refugees with a valid UNHCR card are not required to get the non-citizen card.[46]

In December 2017, the National Identity Register (Amendment) Act (Act 950) was passed to amend the National Identity Register Act, 2008 (Act 750).[47] The new amendment directed that the voter's ID card would no longer be accepted as a proof of citizenship during Ghana card registration.[48] The NIA argues that in times past, many foreigners have accessed the voter's ID thus making it an unviable proof of citizenship. The decision not to accept the voter's ID has been challenged as exclusionary especially as that card has been a most accessible state-issued in Ghana, historically.[49]

Supposedly credible proofs of identity such as the passport and the birth certificate have not been as accessible: the passport because it is non-obligatory and the birth certificate[50] because of the weak civil registration systems. One legal provision to mitigate the adverse consequences of the aforesaid provision is the decision by the NIA and the government to allow persons without any

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[44] Ibid.

[45] Jonas Nyabor. NIA charging foreigners $120 for non-citizen Ghana Card. Citinewsroom. 15 July, 2019

[46] FAQs on the Ghana Card and Related Matters. National Identification Authority. Accessed 11 September, 2020.

[47] National Identity Register (Amendment) ACT, 2017. National Identification Authority. Accessed 11 September, 2020.

[48] We are not accepting Voter ID card for Ghana Card – NIA reacts. Ghanaweb. 18 November, 2018.

[49] Accept Voters ID card for Ghana Card registration – NDC. Businessghana. 31 May, 2018.

[50] Sonja Fagernas and Joyce Odame. (2013). Birth registration and access to health care: an assessment of Ghana's campaign success. WHO

proof of identity to be vouched for by reputable community leaders and two members of the said community who have registered successfully for the card (section 3(b) of Act 950).

People registering under the Act are also obliged to present their digital address. The digital address is designed to be self-generated using the Ghana Post GPS App. The provision is also problematic for inclusiveness, especially in a country where different areas and persons have vastly varying access to internet services and digital skills.[51] The government and the NIA later decided to meet vulnerable citizens halfway by deploying a team nationwide to generate digital addresses for residences at no fee.[52] How exactly, homeless persons and those living in slums can navigate the digital address provision has been questioned by some civil society actors.[53]

In terms of administering the enrolment process, there have been various challenges. Some of these challenges relate to the difficulties in not possessing a voter's ID card and especially not having a digital address. The latter was particularly a major issue when the nationwide digital address had not commenced.[54] There have also been bureaucratic delays relating to network breakdowns that have led to long queues that could discourage citizens from registering.[55] Linked to this, have been registration officers who extort monies from people in order to facilitate their enrolment. Thus, while the card is free, the transaction cost could be high.[56]

On the other hand, there have been reports of foreigners attempting to register as citizens often in collusion with registration officers.[57] These 'accused' foreigners tend to be from neighbouring West African countries particularly Togo, Burkina Faso, Cote D'Ivoire and Nigeria. While this is illegal and the prevention of such foreigners cannot thus be described as exclusionary, it could be said that the mandatory uses of the card and the possibly prohibitive cost of the non-citizen card for some class of foreigners may be the underlying push factor. On the other hand, persons who consider themselves as Ghanaians have also been refused registration because enrolment officers suspect — and subjectively so — that these persons are not Ghanaians. While this practice may not be considered widespread, it is often instigated by partisan contestations eventually focused on

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[51] Adenta residents upset over NIA's insistence on digital address. Ghanaweb. 12 November, 2018.
[52] NABCO Trains 741 Personnel For Digital Addressing System. Modernghana. 8 August, 2019.
[53] Bright Simons questions NIA's Digital Address requirement for Ghana card. Modernghana. 10 November, 2018.
[54] Adenta residents upset over NIA's insistence on digital address. Ghanaweb. 12 November, 2018.
[55] Ghana card registration: Dzorwulu, Alajo residents disappointed in the slow pace of service. Ghanaweb. 17 June, 2019.
[56] Marian Ansah. We'll sanction officials engaged in extortion. Citinewsroom. 16 May, 2019
[57] Ghana Card Officer Busted For Registering Foreigners. Peacefmonline. 8 May, 2019

the electoral roll. As the national ID is to be used for voter registration, political parties have raised suspicions about their rivals sponsoring foreigners to possess the national ID.[58]

Some Fulani people and certain Muslims in *Zongo* communities claim they have been subjected to this arbitrary treatment even where they held the right documents or had registered persons to vouch for them.[59] Largely, the root of this challenge lies in the long history of fluid borders and migration especially across West Africa. The Fulani for example, are transhumant and tend to face questions about their citizenship in a number of West African countries no matter how long they have lived in such countries. The plight is similar for persons living in border communities - shared borders with Togo, Burkina Faso and Cote D'Ivoire. The challenge heightens and is heightened by political tensions as persons belonging to such groups are often deemed to be supporters of the National Democratic Congress — one of the two main political parties in Ghana.

By the registration rules, persons with the right documents or who have been vouched for must still be registered only that the registration officer if he/she suspects must fill a challenge form and file with the appropriate authority. Overall, it is important that all qualified persons have access to the Ghana card as the mandatory uses of the card suggests that persons may not be able to do a lot of things including dealing with the state, get foundational IDs, buying a SIM card, and buying a piece of land without the (non-citizen) Ghana card.

NIGERIA

In a country as multi-ethnic, multi-religious and populous as Nigeria, identifying citizens and residents is understandably tasking. In meeting this challenge, a number of ID projects have been attempted and implemented in Nigeria. It is estimated that 13 federal agencies issue IDs in Nigeria.[60] Some of the major functional registries include those covering voters, census, healthcare patients, drivers, mobile phone subscribers, pensioners, and farmers.[61] The Central Bank of Nigeria in 2014 also launched the Biometric Verification Number to be allocated to all bank customers.

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[58] Zadok Kwame Gyesi. Our vigilance has reduced foreigners on Ghana's voter register - John Boadu. Graphic Online. 10 August, 2020.
[59] Confusion Scatter Ghana Card Registration In Kasoa. Modernghana. 9 February, 2020.
  We're also Ghanaians – Fulanis roar over Ghana card, passport discrimination. Ghanaweb. 9 March, 2020.
[60] Understanding the lived Effects of Digital ID: A Multi-Country Study. The Engine Room. Accessed 11 September, 2020.
[61] ID4D Country Diagnostic:Nigeria.(2016). Worldbank.

In terms of foundational ID credentials, Nigeria's civil registration regime is challenged. According to a recent UNICEF report, only 1 in 5 children under the age of 5 is registered.[62] The challenges relate to the "operation of two parallel and competing systems for birth registration at federal and state levels, insufficient birth registrars, lack of public awareness on the importance of birth registration for children, coupled with ingrained social beliefs that do not encourage the registration of children."[63]

Also, the Nigerian government has been issuing the national identification number and its related card known as the *general multi-purpose card*. The national identification project seeks to harmonize the several existing registries. In what follows, Nigeria's national health insurance scheme and the national identification projects are used in assessing the opportunities for inclusion, or otherwise in Nigeria's ID ecosystem.

National Health Insurance Scheme

Nigeria's National Health Insurance Scheme (NHIS) seeks to provide citizens with easy access to healthcare and ensure Universal Health Coverage.[64] It pools funds from public and private sources to finance the health system in a way that healthcare could be affordable for beneficiaries.

In terms of terminology, unlike Ghana where the scheme is overseen by an authority, the governmental authority in Nigeria's case is called the scheme (NHIS) and it oversees a number of health insurance programmes. There are three main insurance programmes: formal sector group; informal sector group; and the vulnerable group.[65] Each of the three streams have subsidiary health insurance programmes for specific segment groups.

The scheme is backed by the National Health Insurance Scheme Act which was passed in 2004 in place of the National Health Insurance Scheme (Scheme) Decree 35 of 1999.[66] The NHIS

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[62] Despite significant increase in birth registration, 17 Million of Nigeria's children remain 'invisible' – UNICEF. UNICEF. 11 December, 2019.
[63] Ibid.
[64] NHIS About Us. NHIS. Accessed 11 September, 2020.
[65] NHIS Programmes. NHIS. Accessed 11 September, 2020.
[66] See footnote 17 in: Nnamuchi, O., Nwatu, S., Anozie, M., & Onyeabor, E. (2012). Nigeria's National Health Act, National Health Insurance Scheme Act and National Health Policy: A Recipe for Universal Healthcare or

Operational Guidelines shapes how the NHIS undertakes its insurance programmes including the registration of individuals and the distribution of ID cards .[67]

Beneficiaries of the NHIS' programmes are given a health insurance card. The NHIS Guidelines provides some directions regarding registration and credentials for enrollees. Per the Guidelines, the NHIS identity card "shall bear the beneficiary's name, gender, address, registration number, photograph, thumbprint, date of birth, blood group, date of issue, expiry date, HMOs name/call centre number(s), authorized signature".[68] Accessing healthcare for beneficiaries is dependent on possessing the card.

The card comes with an acquisition fee. Beneficiaries must also pay for updating information on the card or for replacing the card. The Health Maintenance Organizations (HMOs) typically print and issue the NHIS card. The HMOs are accredited by the NHIS to facilitate the use of insurance funds in the provision of healthcare by hospitals and clinics.

Factors of Inclusion and Exclusion
Theoretically, Nigeria's NHIS could be the largest social protection scheme in Africa if it runs at full capacity. However, almost 15 years after the NHIS was set up, less than 5% of Nigerians have registered.[69] This abysmally low enrolment percentage has to do both with the nature of legal provisions and practical implementation challenges.

In terms of who can access the NHIS' programmes in Nigeria, the *Guidelines* opens it up to both citizens and legal residents. This approach has an inclusionary potential as it permits foreigners to also access the more affordable public health insurance programmes in Nigeria. However, due to the fluidity of West African borders, there are often many non-legal residents from other countries and such persons cannot access the NHIS programmes.

Registration is more straightforward for persons in formal employment. In their case, the formal employer is obliged to ensure the registration of employees and pay for the card. However, for

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What?. *National Health Insurance Scheme Act and National Health Policy: A Recipe for Universal Healthcare or What*.
[67] NHIS Operational Guidelines Explained: Know Your Rights. eInsurance. 28th July, 2015.
[68] See page 36 in the NHIS Guidelines
[69] Chioma Obinna. Avoidable deaths in a nation without health insurance. Vanguard. 15 March, 2020

persons in informal employment, there is no compulsion to register (or be registered) for national health insurance. For a country with a massive informal sector, this non-compulsion for the informal sector is seen as a major reason for the very low number of people enrolled.[70]

There is a specific health insurance program for the vulnerable, which in theory, has positive welfare implications as beneficiaries are generally expected to pay no premiums. The Vulnerable Group Social Health Insurance programs are targeted at persons who due to their physical condition and age cannot engage in economic activity.[71] These include the physically challenged, the aged, pregnant women, prisoners and children under age five. Internally Displaced Persons/immigrants, orphans, refugees, victims of human trafficking and the mentally challenged are also to be supported.[72] The scheme, in theory is to ensure that vulnerable persons can also register for an NHIS card. However, as indicated later in this section, vulnerable persons in practice, have difficulties in accessing and using the NHIS card in Nigeria.

In terms of enrolment, there have been concerns about delays in completing the process and receiving an NHIS card. In a news report discussing the delays in the card issuance process, a gentleman, for instance, complained; *"It took five months to get my card ready for use".*[73] A lady also complained; *"I was told that my card will be ready after three months... After another three months, my card was still not ready. I had to wait for another month, making it seven months before receiving a text message that my card was ready."*[74] In the said report, the delay in card issuance is attributed to the fact that the NHIS prints cards on a quarterly basis.

In order to make Nigeria's health insurance programmes more accessible, the NHIS has made available an online enrolment system. Persons wishing to enroll for an NHIS programme can do so either on the agency's website or through the mobile short-code *616#. The mobile registration comes under the National Mobile Health Insurance Programme and enrolment through this channel that is toll free.[75]The online enrolment channels improve access to the NHIS card by

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[70] NHIS To Extend Health Insurance to Informal Sector. Tribuneonlineng. 26 February, 2020.
[71]Vulnerable Group Social Health Insurance Programmes. NHIS. Accessed 11 September, 2020
[72] See page 143 in Nnamuchi, O., Odinkonigbo, J. J., Obuka, U. B., & Agu, H. (2019). Successes and Failures of Social Health Insurance Schemes in Africa-Nigeria versus Ghana and Rwanda: a Comparative Analysis. *Annals Health L.*, *28*, 127.
[73] Firdausi Muhammad Ankarah. Unending Wait for NHIS Enrolment. Dailytrust. 2 March, 2019.
[74] Ibid.
[75] NHIS National Mobile Health Insurance programme. Issa. Accessed 11 September, 2020

reducing the transaction cost involved in the physical process. Ironically, however, there is always the danger that vulnerable persons, as well as potential beneficiaries in the informal sector — typically the categories poorly enrolled — are the same classes of persons who may find it difficult to use digital technologies to enroll.

Beyond enrolment, those who have the NHIS card have also reported various challenges in actually using the card. The main challenge relates to being asked to make out-of-pocket payments even for supposed beneficiaries.[76] As is shown in the case of Ghana, the poor enrolment rate for NHIS programmes tend to do with such eventual out-of-pocket payments. In other words, where vulnerable persons eventually have to pay for healthcare, the reality discourages their acquisition of the NHIS card.

Source: https://followthemoneyng.org/2017/03/24/is-nigeria-national-health-insurance-scheme-working-or-not/

While the NHIS has a stream for the vulnerable, it is generally believed that not enough work has been put into ensuring that the most vulnerable persons actually access the NHIS identity card.[77]

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[76] Fidelis Mac Leva & Olayemi John-Mensah. NHIS Enrollees Groan Over Poor Healthcare Services. Dailytrust. 16 September, 2019.
[77] Ibid.

Poor public awareness and sensitization about the NHIS has been cited as contributing to the challenge.[78]

Moreover, as the card must be updated every three years at a cost, it may not appeal to poor persons who are not considered as part of the 'vulnerable'. Overall, there is an approach to national health insurance in Nigeria which practically supports those who are employed and in the formal sector, especially government employees. Thus, the argument has been made that the scheme entrenches poverty and inequality.[79] At present, there is the National Health Insurance Commission Bill 2019 before the Nigerian Senate which seeks to make national health insurance mandatory for all.[80]

National Identification

In 2014, the Nigerian government launched the biometric national identification project.[81] The project has two components: National Identification Number (NIN) and a National (electronic) Identity Card — also known as the General Multi-Purpose Card (GMPC). While all registered persons get a NIN, only registered persons from age 16 upwards get the ID card.

The National Identification Management Commission (NIMC) establishes, operates and maintains the national identity database. The NIMC was set up by the NIMC Act, 2007 (Act 24) which replaced the former Department of National Civic Registration law. The primary goal of the NIMC is to create a national identity database that harmonizes existing parallel civil registries and serves as the central point for verifying and authenticating the identities of persons.

Stakeholders assert that the national identification project will "enable people in Nigeria, especially marginalised groups, to access welfare-enhancing services".[82] The NIMC intends to register all qualified persons (about 200 million people) by 2025.[83] In addition to funds by the

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[78] Nnamuchi, O., Odinkonigbo, J. J., Obuka, U. B., & Agu, H. (2019). Successes and Failures of Social Health Insurance Schemes in Africa-Nigeria versus Ghana and Rwanda: a Comparative Analysis. *Annals Health L.*, *28*, 127.

[79] Aregbeshola, B. S., & Khan, S. M. (2018). Predictors of enrolment in the National Health Insurance Scheme among women of reproductive age in Nigeria. *International journal of health policy and management*, *7*(11), 1015.

[80] Senate calls for mandatory health insurance scheme for Nigerians. Vanguard. 17 February, 2020.

[81] Nigeria launches national electronic ID cards. BBC. 28 August, 2014

[82] NIMC Sets 5-year Target to Register All Nigerians. Leadership. Accessed 11 September, 2020.

[83] Ibid.

Nigerian government, the project is also supported by the World Bank Group through a $430 million-dollar credit facility.[84]

Factors of Inclusion and Exclusion

As of October 2019, the NIMC had registered only about 19% of the target population, representing about 40 million persons.[85] This number may be low considering the fact that the project was launched in 2014. Overall, as discussed next, the enrolment challenges in Nigeria may have more to do with practical implementation difficulties than legal provisions. Also, beyond enrolment, the exclusionary potential of the identification project relates to the intended mandatory uses of the NIN and the e-ID card.

The *Registration of Persons and Contents of the National Identity Database Regulations (2017)* provides specific details on how Nigeria's national identification database must be established and managed.[86] Generally, the provisions therein are very inclusion-oriented. For example, the card and the NIN are to be accessed for free. Also, not only citizens can access the NIN and the GMPC, foreigners are also obliged to. However, according to *Section 1.5a* of the Regulations, these foreigners must be persons who have been legally employed or have resided in Nigeria for not less than 24 months. In this sense, the positive utilities of the NIN and the GMPC are open to such foreigners. On the other hand, this law suggests that foreigners who have lived or worked in Nigeria for less than 24 months or are not legally resident cannot access the NIN and the GMPC.

Another inclusive provision is *Section 2.2* of the Regulations which lists 16 different types of IDs — privately or publicly-issued — any of which is acceptable proof of identity when registering for a NIN and the GMPC. These proofs of identity include international passport, proof of residence, any valid staff ID, student ID and even a written attestation by a traditional leader. These classes of ID mean that there is a greater chance for citizens and qualified foreigners to access the NIN and GMPC.

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[84] ibid.
[85] Kunle Sanni and Agency Report. Nigeria: National ID Card Is Free, but Only 19% Nigerians Are Registered – Official. Allafrica. 20 October, 2019.
[86] National Identity Management Commission Act, 2007. NIMC. Accessed 11 September, 2020.

Also, where qualified persons are still not able to present any of the 16 ID documents during registration, the law in *Section 2.4* of the Regulations instructs that such persons should still be registered with the caveat that "such a person shall be registered but shall not be entitled to a GMPC, provided that a statement of the inability shall be included in the registered particulars".

For countries with weak civil registration systems, vulnerable citizens and citizens in rural areas are protected where such broad means of proving identity are legislated. Again, during registration the *Regulations* in *Section 2.9* obliges enrolment officers to assist non-literates and all persons having challenges in enrolling. Together, these legislations suggest a useful example for inclusionary approaches to national identification registration.

In spite of the generally inclusive legislative disposition, practical implementation challenges have hindered access to the NIN and GMPC. The aforesaid 19% enrolment is linked to some of these implementation challenges. For example, the recommended number of enrolment centres have not been met. Aliyu Azeez, the head of the NIMC indicates that while at least 4000 enrolment centres are advised, only 1000 exist at present.[87] He even projects 10,000 enrolment centres as the ideal case.[88] This is likely a problem of inadequate funds allocated to the NIMC. As the head of the NIM notes; *"without strong political leadership and commitment, financial resources and stakeholder collaboration, the national identity programme will not be successful and sustained"*.[89]

Concerns have also been raised about difficulties in administering the registration. For instance, while the registration is supposed to be free for enrollees, persons attempting to register have sometimes had to pay bribes to enrolment officers ranging from 500 to 5000 Naira.[90] The breakdown of registration resulting from problems like unstable power supply, poor internet and breakdown in electronic facilities also complicate the registration process and discourage potential enrollees.[91]

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[87] Yusuf Akinpelu. Reps to investigate difficulties in registering for NIN. Premium Times. 20 February, 2020.
[88] NIMC needs N132bn to register 200 million Nigerians-Aziz,DG. Punch. 31 August, 2019.
[89] Emma Okonji. NIMC Raises Concern over Poor Funding of National Identity Programme. This Day. 12 December, 2019.
[90] Kunle Sanni and Agency Report. National ID card is free, but only 19% Nigerians are registered – Official. Premium Times. 20 October, 2019.
[91] Ahmed Musa. NIMC collaborates with NIS on National Identification Number. NNN. 19 September, 2019.

Even after registration, it is believed that the NIMC's inability to "issue on-the-spot National Identity Smartcard discouraged people who had been captured not to return for collection".[92] The decision by the NIMC to make the renewal of the identity card compulsory, every five years, at a fee — 3000 Naira — also has exclusionary potentials. The leading opposition party, the Peoples' Democratic Party has for instance described the renewal fee as "repressive".[93] From what we know in Ghana and Cote D'Ivoire, such charges for enrolment and/or renewal serve to recoup investments to make ID issuing bodies be self-sustainable.

One measure that goes some way to mitigate the enrolment hassle is the possibility of registering online. The pre-enrolment option allows citizens to go online (https://penrol.nimc.gov.ng/), and submit the required personal information. A summary sheet with a 2D barcode is generated. Enrollees can then submit the sheet as well as have their biometric, headshot and digital signature captured at an enrolment centre to complete registration.

The presently low enrolment numbers, the legislated mandatory uses of the NIN and GMPC — as carried in the *Mandatory Use of the National Identification Number, Regulations*, 2017 — will mean that a lot of registrable persons may be eventually barred from accessing critical goods and services. Such mandatory uses of the NIN include using it as proof of identity in acquiring foundational and functional IDs.[94] Recently, the NIMC has cautioned mobile network operators to only register and sell SIM cards where persons present their unique NIN.[95]

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[92] Onyedika Agbedo. National Identity Card: Another bumpy road to building national database. The Guardian. 9 November, 2019.

[93] Azimazi Momoh Jimoh. PDP opposes N5000 renewal fee for national identity card. The Guardian. 17 October, 2019.

[94] National Identity Management Commission Act, 2007. NIMC. Accessed 11 September, 2020.

[95] Jumoke Akiyode-Lawanson. Nigeria to enforce NIN as requirement for SIM card registration, activation. Business Day. 5 February, 2020.

CONCLUSION: OBSERVATIONS AND RECOMMENDATIONS

In this study, we have looked at ID systems in three West African countries Cote D' Ivoire, Ghana and Nigeria in a bid to understand related factors of inclusivity and exclusivity. To do this, we looked at two ID cards in each country; the foundational national identification card and the functional national health insurance card. Overall, we find that in terms of policy, there is generally a pro-inclusivity intention by the governments in Cote D' Ivoire, Ghana and Nigeria when it comes to the studied IDs. Yet, there are also exclusionary policies and laws which run the risk of making the inclusive dispositions of the laws and policies nugatory and only theoretical. We are highlighting some of the important observations we noted in the three (3) countries of study.

1. *Most of these IDs can be accessed by citizens at no fee.*
   These include the national ID in Ghana, as well as the NIN in Nigeria and Cote D' Ivoire. Such zero nominal cost permits all classes of citizens to access the crucial state-issued IDs, and not be disadvantaged by poverty. However, not all the studied IDs are free. In Cote D' Ivoire for instance, citizens must pay close to $10 to get the national biometric card. Rightly, some civil society bodies in the country have been fighting against this fee on the basis that a substantial size of the country' s population live close to, or below the poverty line.

2. *The risk of high transactional costs.*
   Where the ID cards are supposed to be free, we find that the transactional cost for persons enrolling for them may be high. Such transactional costs could result from delays in the registration process due to fewer registration centres, dysfunctional registration machines and lackadaisical enrolment officers. In Nigeria, for instance there have been reports that persons seeking to register for state-issued IDs have had their monies extorted by enrollment officers. Such practices foster delays and could dissuade those who need the card from registering. All told, they increase the cost of accessing state-issued IDs particularly for the poor.

3. *Efforts to expand enrollment.*

There are efforts to expand the number of enrollment centres, and use innovative approaches to encourage the uptake for these state-issued IDs, in the three countries. The decision by the Ivorian government to basically have civil registries in villages and health centres is an example. This makes identity documentation more accessible. Here, registration and documentation get closer to persons in rural areas. This also draws on the influence of community leaders to encourage enrollment across the three countries. Positively also, in Nigeria, the requirement for proof of identity to access a national identification number and card is within reach as about 16 different identity documents are accepted.

Again, we see a growing resort to internet and mobile platforms for registration and renewals. Ghana's national health insurance card can be renewed via mobile, for example. In Nigeria, a similar approach is considered. While digital registration is useful, there is always the risk that persons who are not digitally-savvy may miss out on this opportunity. The Ivorian government's decision to make an initial online application a mandatory first step for accessing the national biometric card is thus, dangerous as it could be exclusionary. Digital registration must be supplemented with an offline enrolment mechanism.

4. *Foreigners are not excluded from accessing IDs*

We observe that in the three countries, foreigners are not excluded from accessing identification credentials and documents, although there are some differences. However, only already-documented persons enjoy this opportunity. This may create challenges for the many undocumented residents and even persons long deemed to be immigrants. Effectively, these ID systems therefore hardly offer reprieve but serve as an outlet for recognition of their lack of documentation and legalized status. In Ghana, there is the added problem high costs associated with foreigners paying US$120 every year to renew their non-citizen national ID card. This may be a daunting recurring cost for persons migrating to Ghana from neighbouring states.

In conclusion, we highlight specific measures that are inclusionary and could be learning opportunities.

1. The decision by the Ghana government to permit alternative means of verification and authentication for those with health insurance cards where the biometric method fails. This

allows those seeking healthcare with their cards to not be impeded by the failure of machines and 'illegibility' of their fingerprints.

2. While Ghana reduced the number of acceptable IDs that can prove identity or citizenship when registering for a national ID, the option of getting community members to vouch for an enrollee is laudable. Here, too, Nigeria' s openness to accepting sixteen (16) different IDs as proof of identity - including privately-issued ones - shows a commitment to inclusivity. However, it is important to ensure credible proof of identity is used in registration in order not to dilute the integrity and accuracy of the national register.

3. The opportunity for foreigners and immigrant residents to access state-issued IDs and credentials is useful. However, it is important not to use relatively high access charges to undermine the inclusion of immigrants particularly persons from countries of similar economic standing.

4. The Ivorian government's decision to establish civil registries across villages broadens the net for potential citizen documentation.

5. Finally, the choices by the three governments to make certain key IDs free to access is a huge boost for inclusivity.

More importantly, the move towards making all national ID cards and/or identification numbers mandatory in order to access public and private services must be tamed with alternative arrangements for persons who do not possess or cannot access such credentials. This will serve inclusivity immensely.

Also, we observed that the question of ID inclusivity is not just about having the ID. It is also about the ability to use the said IDs in accessing and enjoying the associated benefits. This is particularly seen in the use of the national IDs health insurance cards in the three countries. While all three countries make room for certain vulnerable categories to access the card for free there are reports of many of such citizens having to pay out of pocket. This hardly assures true inclusivity. The other implication then is that persons who may be in greater need of the health card may not access it or renew it upon weighing its actual benefits. It is therefore important that the pursuit of

an inclusive ID regime is tied to an actually inclusive access to critical public and private goods and services.