

#HEALTH4ALLNAIJA

HEALTH INSURANCE ADVOCACY



STATE HEALTH INSURANCE EXPERIENCE SHARING
MEETING | GOSHEN CITY | 07.06.2017

POLICY BRIEF



DR. INYANG ASIBONG, HON. COMMISSIONER OF HEALTH, CROSS RIVER STATE

BACKGROUND

STATE HEALTH INSURANCE EXPERIENCE SHARING MEETING

POWERED BY



Eleven States in Nigeria either have existing health insurance laws or are in the process of signing health insurance laws. These States have varied experiences with implementation of health insurance for their citizens. The purpose of this meeting was to bring together stakeholders at various levels of the state health insurance law-process and other stakeholders to share experiences and learn from one another. This meeting was organised by Nigeria Health Watch and supported by Christian Aid Nigeria.

OBJECTIVES OF MEETING

Nigeria Health Watch in partnership with Christian Aid Nigeria convened an experience sharing meeting to deepen the conversation around state health insurance laws. The main purpose of the Experience Sharing Meeting was to create an opportunity for stakeholders within the health insurance space to share experiences. The discussions covered the following:

1. Developments on Health Insurance Schemes (HIS) passed into law in states
2. Challenges faced by States in enacting the HIS laws in States.
3. The need to develop innovative mechanisms to expand health insurance in the various States to capture everyone.
4. Support legislation required of States and relevant government agencies to expedite and execute Health Insurance Schemes.



PARTICIPANTS ON PANEL 1

MEETING FORMAT

The experience sharing meeting was structured into presentations and panel discussions. **Presentations** were done in 3 groups:

Group 1: States that have signed health insurance laws;

Group 2: States in the process of signing health insurance laws;

Group 3: States that have not begun the process of signing health insurance laws.

Panel discussions of each group followed each presentation comprising the state representatives and key stakeholders.

Panel 1: National Health Insurance Scheme (NHIS) Northwest zone, Cross River State, Kwara State, Kano State (Moderator: Dr. Ifeanyi M. Nsofor)

Panel 2: Kaduna State, Niger State, River State, Connected for Development (CODE) (Moderator: Kazeem Balogun)

Panel 3: Plateau State, Social Welfare Network Initiative, Centre for Gospel Health & Development, NHIS University of Ilorin Teaching Hospital (Moderator: Felix Abrahams Obi)



PARTICIPANTS ON PANEL 2

POLICY OPTIONS

Seven States shared their experiences of health insurance laws. Three have already signed their laws, three are in the process of signing their laws while one is about to begin. All seven States shared policy options.

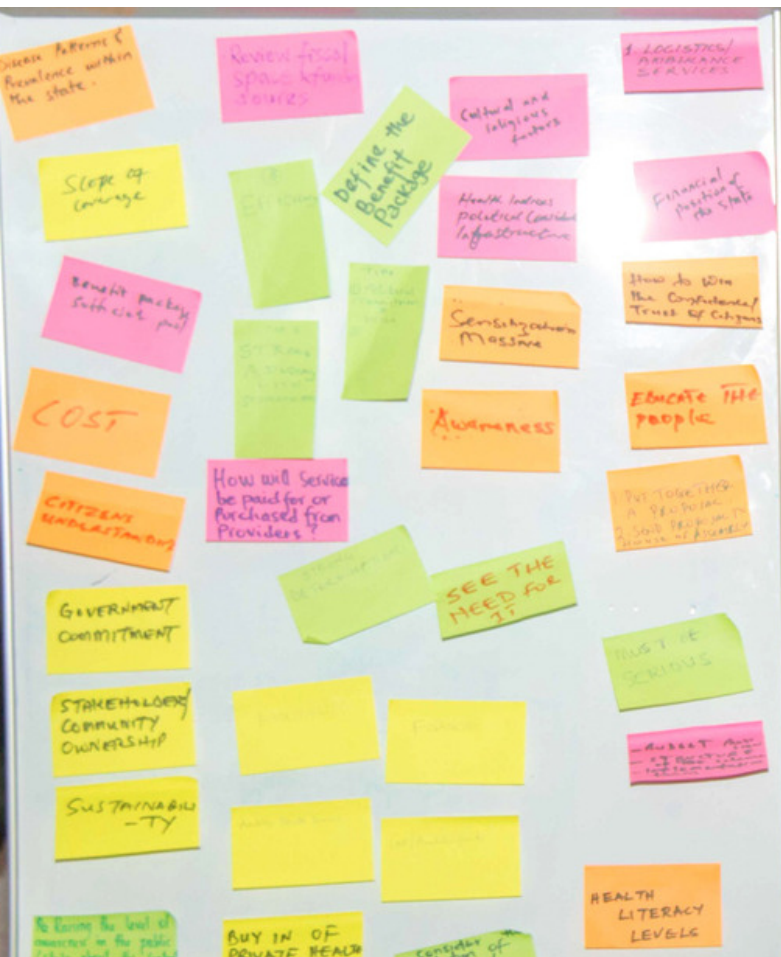


PARTICIPANTS ON PANEL 3

STATES THAT SIGNED HEALTH INSURANCE LAWS

Cross River State

The Cross River state health insurance scheme law is a legal framework which is mandatory for all residents of the State for effective resource mobilization especially improved budgeting provision for health, allocation and accountability. The State's law was a private member sponsored bill getting members to co-sponsor the bill. Involving other legislators early in the planning process led to the passage of the bill after second reading. The successful engagement of stakeholders at the public hearing was made easy by the technical support offered by Health Finance and Governance (HFG/USAID). The NHIS offered the template of the NHIS Act which aided the process of legal drafting of the bill.



MRS. OLASUMBO AJAKAYE OF NHIS UITH & IGWE IKEMEFUNA

The Cross River State Health Insurance Scheme will be funded from 1% consolidated revenue fund and one thousand naira contribution by each individual. Although it is mandatory, residents already subscribed to the NHIS plan would be exempted but those with private health insurance are required to pay a solidarity fee.

Kwara State

The Kwara Health Insurance Scheme Law is an Executive bill and was signed into law in April 2017. The scheme is designed to be cross-contributory with the formal sector subsidizing for the less privileged in the State. Other sources of funding of the scheme include 1% monthly State allocation as government contribution. The existence of 2012 community health insurance law made passing the 2017 law easier. Community leaders were involved in advocacy. One of such passionate community leaders is the Emir of Shonga, HRH Dr Haliru Yahaya (OON).

State-wide community advocacy, early involvement of Labor Unions, actuarial studies, advocacy to legislators and leadership by the executive are strategic for successful health insurance laws.

Kano State

The Kano State Contributory Healthcare Management Agency law became operational in August 17, 2016. The law is mandatory and applies to all residents of the State. Monthly contributions to be made by civil servants depends on grade level. The lowest is 1,400 naira monthly (GL 01-04) and the highest is 10,000 naira (State House of Assembly members). To get the support of members of the State House of Assembly, a retreat for Principal Officers and House Committee on Health Members was held by the NHIS northwest zonal office.



DR. SUNDAY UDO, CEO TY DANJUMA FOUNDATION



CELESTINA OBIEKEA OF CODE



ADETOLA OLANIUN OF RIDERS FOR HEALTH

STATES IN THE PROCESS OF SIGNING HEALTH INSURANCE LAWS

Niger State

The law has been drafted. There is an existing large pool of Mutual Health Associations (MHAs). There are about 13 MHAs in the State. Support from partners such as BMGF, R4D, HSDF, CHRI & SOML, P-for-R. Niger State is one of the States for Basic Health Care Provision Fund pilot. (Others are Abia and Osun). Readiness assessment for Universal Health Coverage is ongoing by "Results for Development" with funding from the Gates Foundation.

Rivers State

State is in the process of establishing the Rivers State Contributory Health Protection Programme (RIVCHPP). A Health Care Financing Unit, domiciled in the department of Planning, Research and Statistics in the State Ministry of Health leads the process. The State in partnership with USAID funded Health Finance and Governance (HFG) project, conducted core Health Financing diagnostics assessments. About 83.6% of households are willing to buy a health insurance plan and rural household heads are more willing (84.5%) than urban household heads (82.8%) to enroll in a health insurance scheme. Successful Obio Community Health Insurance Scheme operational in the State.

Kaduna State

There is a bill to establish the Kaduna State Contributory Health Management Scheme. The bill was forwarded to the House of Assembly by the Governor on March 3, 2017. Deliberations on the bill have passed second reading and is awaiting public hearing. The scheme shall be funded from:

1. Initial take-off grant from the Kaduna State Government;
2. Formal Sector Fund; comprising of contributions from public and private sector employers and employees;
3. Community Based Health Insurance Fund; comprising of contributions from the informal sector
4. Equity Fund; comprising of contributions of not less than 1% consolidated revenue of the Kaduna State Government

STATES THAT HAVE NOT BEGUN PROCESS OF SIGNING HEALTH INSURANCE LAW

Plateau State

Started plans to sign law in 2016 but plans grounded to a halt. CBHIS flagged off by NHIS Plateau chapter in three communities. The State is willing to apply key learning from this meeting.



CROSS-SECTION OF PARTICIPANTS

POLICY RECOMMENDATIONS

The following are key recommendations for States that plan to establish Health Insurance Schemes.

1. To ensure quality care, States should bring health facilities to standard. This includes having the right equipment, commodities, buildings and human resources. When schemes become functional, the facilities (supply) can then keep up with the health needs of the people (demand).

2. State Health Insurance Scheme is not another way to generate revenue. Instead, the programs and activities of the Scheme should have the health of the people at its core (patient-centered care).

3. Due to cultural and religious reasons, some States are not comfortable having the word "Insurance" in the names of their schemes. States should always consider such contextual factors to ensure community ownership of their schemes.

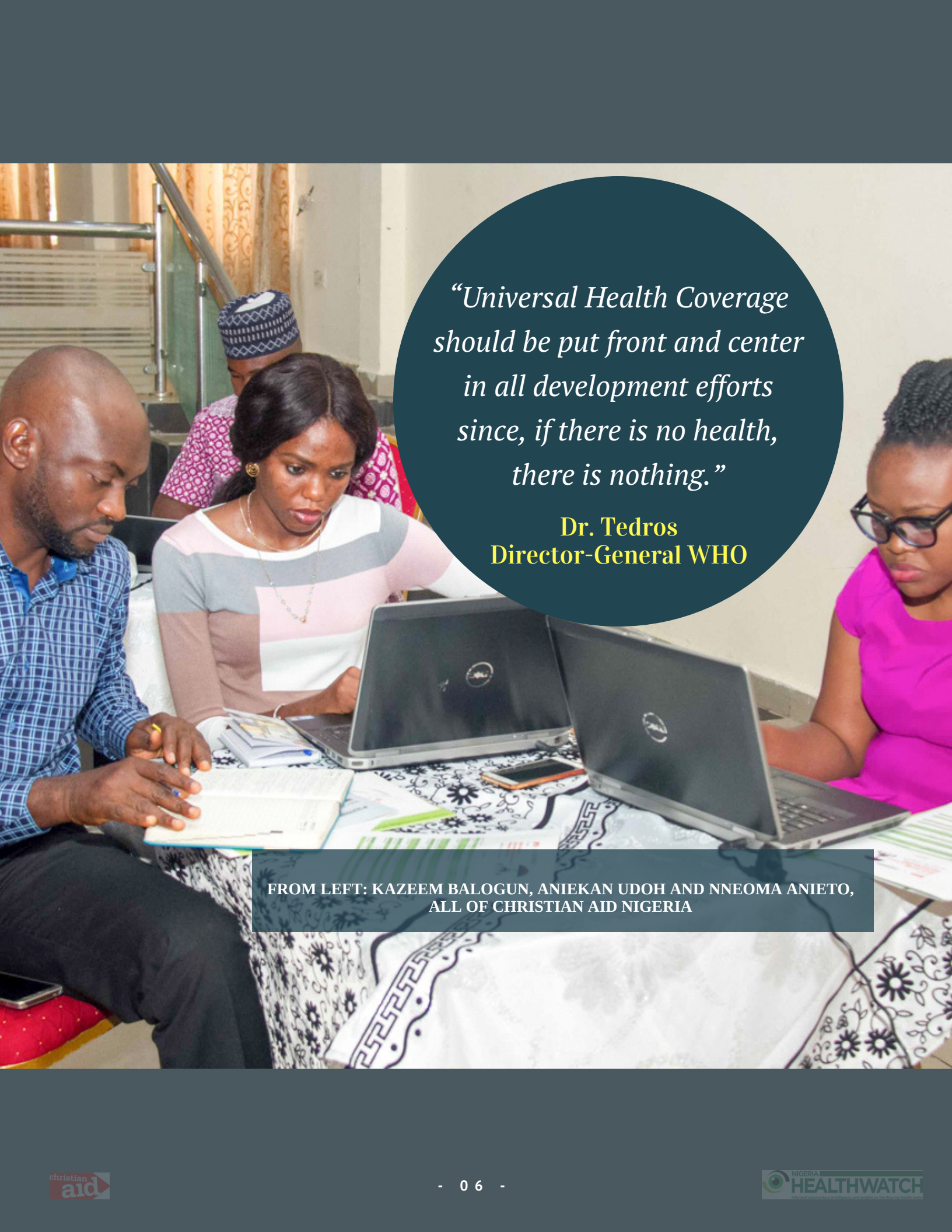
4. To ensure sustainability, States should involve community members from the start and all through the process. Let them be drivers of the process. "Politicians come and go but strong communities remain".

5. Over the years, individuals have made contributions for pensions, health insurance etc but have not benefited from what they paid for. As a result, communities are distrustful of government. States must consider this and make efforts to build trust. People should be convinced that Health Insurance Scheme is not another avenue to defraud them.

6. States should set up mechanisms to prevent health insurance funds from being misused and embezzled. In Kano State, the State Contributory Healthcare Management Agency plans to invest any excess funds only in Central Bank of Nigeria treasury bills.

7. It is imperative to conduct actuarial studies as part of Health Insurance Scheme development process. In Rivers State, about 83.6% of households are willing to buy a health insurance plan and rural household heads are more willing (84.5%) than urban household heads (82.8%) to enroll in a health insurance scheme.

8. Data is very useful for decision making. Therefore, States should not only gather data but be willing to use same during implementation and also to share with stakeholders.



*“Universal Health Coverage
should be put front and center
in all development efforts
since, if there is no health,
there is nothing.”*

**Dr. Tedros
Director-General WHO**

FROM LEFT: KAZEEM BALOGUN, ANIEKAN UDOH AND NNEOMA ANIETO,
ALL OF CHRISTIAN AID NIGERIA