Executive Summary **Jan 2011**

Support to NHIS CBSHIS roll-out in Programme States

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Background and Introduction

The MDG Office (DRG) is funding the National Health Insurance Scheme (NHIS) to pilot health insurance schemes for free Maternal and under-fives care in selected states. Three of the states (Jigawa, Katsina and Yobe) are also PRRINN-MNCH implementing states. In order to accomplish the presidential mandate of achieving universal coverage for all by 2015, the NHIS plan to roll out CBHIS in Nigeria as a complementary financing mechanism. Towards this end, the NHIS developed an implementation manual for the CBHIS and is desirous of getting input from partners and other stakeholders on the proposal, so that the CBHIS that will be implemented will function effectively, efficiently and equitably.

Objective

A major aim of the assignment was to harness the input from various stakeholders on improving the design and implementation of the NHIS CBHIS. Another aim was to guide the harmonization of efforts in the implementation of the NHIS CBHIS and similar/related schemes to avoid parallelism, reduce waste and improve efficiency in the implementation of CBHIS by NHIS.

Approach and Methodology

A two-day Stakeholders' Retreat was held from 12th to 13th January 2011 in Abuja to agree on the way forward for the NHIS CBHIS. The retreat was preceded by preparatory meetings, which involved the NHIS, PRINN-MNCH and the consultants. The participants in the retreat were drawn from key organisations that included the NHIS, MDG office, NPHCDA, PRRINN-MNCH, MSH, UNFPA, PATHS2, WHO, UNICEF and other corporate and individual partners. The first day of the retreat was devoted to presentations by the NHIS, PRRINN-MNCH, MDG office, NPHCDA and other corporate and individual partners. The second day was devoted to group works that helped to build consensus for implementing the NHIS CBHIS.

Findings and Analysis

The findings presented key lessons from the current CBHIS design of the NHIS and related community-based activities of NPHCDA, PRRIN-MNCH and other partners. Lessons were also learnt from existing CBHI. Also, SWOT analysis of CBHIS revealed areas that should be enhanced and those that should be mitigated. The detailed activities and responsibilities for partners in design and implementation of CBHIS were agreed on and it was evident that full implementation of the NHIS CBHIS cannot start until later in the year 2011.

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Conclusion and Recommendation

1. The proposed CBHIS by NHIS is laudable and should be supported to succeed, since it will make a major contribution towards universal coverage with financial risk protection mechanisms in Nigeria.

2. Whilst the CBHIS could be officially launched in April 2011, the full implementation would have to start in last quarter of 2011 because of the multitude of activities that should be undertaken before the CBHIS is effectively implemented.

3. There should be proper feasibility studies to identify constraints and enablers to effective CBHIS and the identified strengths and opportunities should be taken advantage of and built on, whilst strategies should be developed to mitigate the identified weaknesses and threats.

4. NHIS should partner very closely with NPHCDA, PRINN-MNCH and other partners (including the private sector) that have similar programmes, or are working in related areas and that have great experience with community mobilisation and working with communities in the design, implementation and M&E of CBHIS.

5. It is important to streamline the proposed CBHIS by NHIS with existing CBHIS and similar/related schemes such as medical savings schemes that exist in various parts of Nigeria under the guidance of the NHIS for the greatest benefit of Nigerians.

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