

Repositioning the National Health Insurance Scheme (NHIS) for effective take-off: From policy to Action

The Nigerian National Health policy objective is the attainment of a level of health that will enable all Nigerians to achieve socially, economically productive lives. Primary Health Care has been the key to achieving this national goal.

Hence, Primary Health Care has been the number one national health priority since its launching in 1986, whose focus initially was to redress the imbalance in the distribution of health resources between urban and rural areas. However, a growing demand for modern medical care, brought on by a rapidly expanding population (annual growth rate – 2.9%), rising literacy levels, and technological advancement; leading to high expectation from the health services have shifted demand in favour of hospital care.

Another NHIS milestone in the making

The Federal Government of Nigeria through its ministry of health has commenced activities for the re-launch of the public sector social health insurance programme of the NHIS

To this effect, a stakeholder consultative meeting took place on January 7th and 8th at the NICON HILTON Hotel in Abuja to build consensus and gain support for the scheme, which in the past had lost focus with attendant lost in confidence by the stakeholder.

This is coming on the heel of change in guard at the NHIS. The appointment of a new chief executive – Dr Mohammed Lecky - has been highly commended by various stakeholders. It has also rekindled their interest to re-engage with the scheme as this change is seen as a fresh start to inject new ideas and fresh thinking for the smooth implantation of the re-packaged NHIS.

May 29th 2005, being the anniversary for democratic rule in Nigeria has been chosen for this event. The President of the federal republic himself – Gen. Olusegun Obasanjo (rtd) – will perform the re-launch.

This is a clear demonstration of political will and commitment at the highest level. It also presents a window of opportunity for all stakeholders to back the reforms of the hard working health minister – Prof Eytayo Lambo - who is giving the much needed stewardship of the health sector.

The world economic recession in the 1980s and the consequent macro-economic adjustments, which have continued until now; have led to a continuous decline in public spending for health. It is unlikely that, additional funding will be available from public sources to finance health care activities given the demand on total public incomes from other sectors. It has long been suggested that an autonomous health fund would be needed to provide additional finance that would sustain the health care demands of a growing population, initiate new developments in health care and improve standards of care. Herein the establishment of the National Health Insurance Scheme (NHIS)

The original intention of the scheme in Nigeria is to provide resources that will allow cross subsidisation in the health sector so that the healthy pay for the sick, the rich pay for the poor and the young pay for the old.

However, this sort of social solidarity is possible where there is a huge formal sector, and/or where the government is willing and able to pay the contributions of the old, children and poor people. With the formal sector accounting for less than 10% of well over 120 million Nigerians, it became obvious that several other programmes would be

required under the scheme to achieve universal coverage. Thus making the health insurance scheme in Nigeria to begin to assume the status of a 'system' for integrating how people pay and receive of health services.

It is quite encouraging to note that consensus has been achieved in this respect. The stakeholder consultative meeting that took place in January 2005 therefore recommended that a new and more appropriate name be given for the scheme. However, this conflict on nomenclature had earlier being taken care of by the National Council of Health through its adoption of the recommendations of the minister's memo on the 'blueprint for the revitalisation of the NHIS' in June 2004.

When approved by the Federal Executive Council, it is expected that there will be a National Health Insurance Council (NHIC) as an omnibus regulator of the entire scheme, which perhaps will correspond to the institution/corporate body, as we know it today.

Also in agreement with the views of stakeholders is the establishment of a National Health Insurance Fund (NHIF) to manage deductions from public sector employees and

employers while Health Maintenance Organisations (MHO) would receive contributions from their organised private sector counterparts. These would constitute the formal sector programme, while the informal sector programme will comprise community and self-employed micro-insurance and also a government funded programme for the vulnerable groups such as children under five years, permanently disabled, elderly and prison inmates.

The current mode is to break the circle of planning and take actions that will translate policies into action. As noted by the Executive Secretary – Dr Mohammed Lecky – “We must start this scheme event with some imperfections, and fine tune-tune these as we go along” *Health Insurance Report* whole endorses this statement.

Profile of a Change Agent

Dr Mohammed Lecky – Executive Secretary NHIS

“.....we will break the circle of planning and motion without movement. We must start this scheme event with some imperfections, and fine-tune these as we go along.”

These were the exact words of Dr Mohammed Lecky – the new executive secretary of the National Health Insurance Scheme – in his presentation to a broad spectrum of stakeholders to regain their confidence and get them re-engaged with the scheme.

Dr Lecky is coming to this job on the strength of managing the federal component of the Health systems Development Project II of the World Bank and the national Health Information Management System (HIMS) of the Federal ministry of Health.

He is described as a natural leader with a sharp mind. In addition, he brings integrity, competence and commitment to the scheme.

Editorial

Health Insurance Report

Consensus builds around pilot and demonstration projects

As anxiety grows over the phased implementation of the NHIS starting with formal workers in the employment of the federal government, major stakeholders have given support to piloting the programme in a limited number of sites.

This is on the premise of some obvious factors in the country. There is inadequate knowledge and capacity to operate an insurance based health system. The level of corruption and lack of transparency and accountability in the country is still very high. Healthcare providers and consumers are very much uncertain on how it will affect the doctor – patient relationship. Health care decision makers' optimism in the NHIS as a cure-all for the problems of the health system is up in the air.

Experience elsewhere show that where projects of this nature have been undertaken, grants and soft loans are provided to pilots to enable lessons to be learnt as progress is made.

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