

SUMMIT ON LEGISLATIVE NETWORK ON UNIVERSAL HEALTH COVERAGE

PRESENTATION ON

**STATE SOCIAL HEALTH INSURANCE
PROGRAMME (SSHIP)**

BY

NATIONAL HEALTH INSURANCE SCHEME (NHIS)

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Presentation Outline

- Introduction
- State Social Health Insurance
 - Objectives
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- Role of NHIS
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Introduction

- NHIS was established by ACT 35 of 1999 (CAP N42, LFN 2004) to provide social health insurance to citizens
- However, effective implementation commenced in 2005.
- Overall goal of the Scheme is the attainment of Universal Health Coverage (UHC).
- Twelve years after, coverage has remained marginal with mainly Federal Civil servants covered.
- Consequently, there is need to cascade health insurance to the States for effective coverage of all citizens.

Need For State Social Health Insurance

- Decentralization of health insurance implementation to States through the State Social Health Insurance Programme
 - To tackle governance and enforcement challenges
 - To bypass the challenge of voluntary membership as contained in the NHIS law.
 - More sustainable mechanism for counterpart funding for the poor and vulnerable
 - Pregnant women and children under five
 - Elderly
 - Physically and mentally challenged persons
 - The aged, retirees, etc

Policy options for attaining UHC

- Increasing the fiscal space and fiscal capacity and spend more on health
- Introduce innovative financing mechanisms to expand resource base
- Making Health a Right
 - Increase the level of prepayment coverage through mechanisms for mandatory insurance
- Policy shift to focus on primary health care as the basics in health care service delivery system.

NHIS strategy for UHC

- Coverage of Formal Sector population
- Coverage of Vulnerable persons
 - Pregnant women and Children Under 5
 - Internally Displaced Persons (IDPs)
 - Pupils in Public Primary Schools
 - Elderly
 - Physically challenged persons
- Coverage of the Informal Sector population
 - Self employed, artisans
 - Tertiary Institutions students
 - Community based health Insurance (CBHI)

States Social Health Insurance

Funding State Health Insurance Schemes

- Equity funding vital to achieving pro poor coverage
- Define alternative sources of raising funds
 - Mandatory contribution from those able to pay
 - Domesticated a consolidated revenue funding for coverage
 - Explore other sources of funding
 - Health levies
- Channel existing free health programs into State Social Health Insurance Scheme for more efficiency and effectiveness.

Objectives of the States Health Insurance Initiative

- To provide a mechanism for efficient implementation of State health access programmes.
- To reduce excessive dependence on government for health resources.
- To rapidly expand coverage towards UHC.
- To bring states into financing of healthcare through health insurance.
- To ensure uniformity in the design and implementation of health insurance across the states.

Key Principles

- First step is to have a law to guide implementation.
- Make health insurance mandatory in the law.
- Create Health Insurance Agencies to administer the scheme.
- Ensure the poor are included – have an equity fund.
- Create cost effective benefit package to address the local disease burden and need of residents.
- Establish a robust Monitoring & Evaluation framework.
- The deployment of a robust ICT framework to drive the overall process.
- Create a single pool shielded from Executive interference.
- Collapse existing free health programs into the State Health Insurance.

Questions on key issues

- How to collect contributions from the informal sector populations
- How to address fiscal constraint among states and funding for the vulnerable persons
- Allowing the State Health Insurance Agency function without due interference from the State Ministry of Health and the Governor.

Legal Framework

- State laws must align with NHIS Act, National Health Act to facilitate collaboration
- Health insurance must be mandatory for all with targeted programmes
- State health insurance Schemes are to include a budget line to cover those who cannot afford to pay premiums under an equity fund i.e. indigents
- Private health insurance plans in States to contribute to State Health funds dedicated to plans for the poor and vulnerable
- State Agencies should retain administrative charges of not greater than 10% of disbursed funds
- Law to prescribe establishment of agency with board and its responsibilities, operators, health programmes & sanctions for defaulters

Governance and Administration

- State Health Insurance Agencies are to be as autonomous parastatals in the Ministry of Health/Governor's office.
- There should be a budget line and an independent board.
- We advise private sector driven board for efficiency, accountability , transparency and public trust.
- Functions
 - Policy, implementation & regulatory
 - Provider management
 - Fund holding/ Fund management
 - Communications/marketing

Financing

- States are to clearly define sources of sustainable funding for respective States' Schemes
- Are encouraged to identify and implement alternative sources of funding separate from allocation
- States are encouraged to channel existing free health programs into SSHIS for efficiency
- States need to put in place strategic policies to target vulnerable groups
- NHIS to contribute to well managed equity funds to catalyze efficiency, investment and expansion of risk pool.

Benefit Package

- Benefit package should be at least the basic minimum package as defined by the National Health Act.
- Wealthier States are at liberty to take on additional benefits based on ability to pay
- Benefit package should be costed actuarially to determine contribution and provider payment rates.
- Basic minimum package need to address the local disease burden.

Recommended early steps by States

- Develop and ensure passage of legal framework.
- Establish State Health Insurance Agency.
- Conduct baseline studies for impact evaluation.
- Have an initial lean administrative structure for the Health Insurance Agency.
- Develop operational documents such as operational guidelines, benefit package, etc.
- Define and prioritize coverage populations.
- Prioritize covered services based on funds availability.

Role of NHIS

- Guide States in the development of legal framework
- Support Capacity building for State Social Health Insurance Scheme
 - Workshops
 - Sharing best practices
 - Membership of country core group of Joint Learning Network
- ?Provide funds from Basic Health Care Provision Fund for the poor and vulnerable through the equity pool.
- ICT Infrastructure support and deployment.
- Assist States in the coordination of their schemes, M&E, etc

Role of NHIS State Offices

- Carry out low level advocacies to the leadership of the various states
- Work with representatives of the States to draft their bills.
- Be part of quality assurance for health service providers.
- Participate with states in community sensitization and mobilization.
- Assist states in the biometric registration of participants in the health insurance schemes.
- Assist states in the coordination of the schemes, M&E, etc.

Status of Implementation

- Different States are at various stages in the development of their health insurance bills, establishment of their health insurance agencies, or implementing the programme.
- The table highlights the position of each State.

LAGOS	Soft launch done, Implementation to commence in September
DELTA	Law signed, set up health insurance agency, commenced cover for vulnerables, to start formal sector registration soon
ABIA	Law signed, set up health insurance agency. Awaiting governor's assent
ENUGU	Bill with State Assembly, Public hearing held with NHIS making contributions for conformity
KWARA	Bill passed, Governor assented, Implementation committee set up, Interview for Head of the agency conducted
KADUNA	Bill with State Assembly, held public hearing, Committee work ongoing
JIGAWA	Draft bill to be sent to State Assembly, Sensitization of Stakeholders ongoing
BENUE	Bill with State Assembly.

EDO	Technical working committee set up
ONDO	Bill with the Attorney General of the State
OGUN	ARAYA CBHI scaled up statewide
BAUCHI	Passed law, awaiting Governor's assent
OYO	Law signed , State health agency established, Governing Council constituted
KANO	Law signed , State health agency established, sensitization of workers ongoing
AKWA IBOM	Bill passed on the 6th of June 2017, awaiting Governor's assent
OSUN	Technical working committee set up

IMO	
ANAMBRA	Passed law, awaiting Governor's assent
KEBBI	
SOKOTO	Law signed , State health agency established
GOMBE	Advocacy level
BORNO	Advocacy level
FCT	Bill with National Assembly
NIGER	Bill with the speaker of the State Assemble, Stakeholders forum planned for July/August

KOGI	Bill in the State Assembly
ADAMAWA	Bill in the State Assembly obsolete, needs review
TARABA	Advocacy level
CROSS RIVER	Ayade Care established, plan to flag off October
YOBE	Committee work on going
RIVERS	Draft bill forwarded to Governor. Meeting with Stakeholders ongoing
BAYELSA	Health Agency taken off, Accreditations ongoing
KATSINA	Sensitization of stakeholders on going

ZAMFARA	Bill passed 1st and 2nd reading, awaiting public hearing
PLATEAU	Technical working committee set up
NASARA WA	2 committees set up to work on the bill to be presented to the State Assembly
EBONYI	Draft bill with State Assembly
EKITI	Law signed, awaiting implementation

Way forward

- Increased advocacy to stakeholders in the states eg. Executives, legislators, labour.
- Strengthening existing state health insurance agencies.
- Technical support to states Ministries of Health, legislative committees on their health insurance bills.
- Collaboration with Development partners to build capacity of state level operators.

Thank you