

EVALUATION OF NATIONAL HEALTH INSURANCE SCHEME: BENEFITS AND CHALLENGES IN EASTERN NIGERIA

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ABSTRACT

National health Insurance Scheme (NHIS) is a health care scheme that was by established by the Federal Government of Nigeria in 2005 for better healthcare delivery to its populace. The aim of this study was to determine the proportion of Enugu East Federal Government Staff in Nigerian enrolled in the scheme, their satisfaction with the quality and availability of services rendered within the scheme and the factors that were responsible for the dismal health indices in the country despite the use of the scheme. Indebt Questionnaires were administered randomly to 200 out of 212 respondents that access healthcare in Esut Teaching Hospital in Enugu East metropolis.

The findings show that only 57% of adults were enrolled in the scheme, 87% were satisfied with their health improvement with the scheme. Notably, 93% of enrolled respondents were aware of NHIS. There was some level of dissatisfaction in the scheme (26% of enrollees). Sources of dissatisfaction included delays in receiving required services and unavailability or non coverage of some required services. It was statistically determined using Chi Square tool of analysis that there was a direct relationship between the percentage of enrollees and the poor health indices of the populace. We strongly recommend for an improvement in accessibility and availability of quality drugs for a better health to NHIS client and as well as improved coverage quality of services within the scheme. Also there should be a modification in the existing policy by improve NHIS through creating special hospital for the scheme's patient. This may further improve the undue protocol encountered by this research.

KEYWORDS

National Health Insurance, Nigeria, Enugu State University Teaching Hospital.

INTRODUCTION

Health systems are designed to improve the standard of health care of the population. Improved funding and management of health systems lead to social stability. Population's coverage is a clear indicator of the performance of the health system. The policy of National Health Insurance Scheme (NHIS) aims at increasing coverage of the Nigerian population. Provision of quality, accessible and affordable healthcare in Nigeria remains an important issue (Agba et al.2010). The healthcare index in Nigeria is very poor and there is somuch suffering of the people. Currently, Nigeria has been one of the highest maternal morbidity and infant mortality rates in the world.

OVERVIEW OF THE NHIS

NHIS was established in Nigeria in 1999 by act 35 of the Federal Government of Nigeria, with the overall goal of enhancing quality accessibility and affordability health care service to all Nigerian citizens. In 2005, it became operational and targets universal coverage of all Nigerians by 2015.The formal sector workers, the urban self-employed and families and individuals in rural areas; pregnant women and children under five years of age are all targets of the scheme.

NATIONAL HEALTH INSURANCE SCHEME

The National Health Insurance Scheme in Nigeria is also a system of financing of health expense in advance through monthly or annual contributions, premiums paid into a common pool to pay for all or part of health services specified by a policy or plan. Social (public) or private are the broad categories of health insurance.

The key elements are payment of premiums or taxes upfront or, funds pooling, and eligibility for benefits on the basis of contributions or employment without an income or assets test. Health insurance could apply to a limited or comprehensive range of health services and may provide for complete or partial payment of the expense of specific services. Benefits may include the right to certain health services or reimbursement of the enrollee for specified medical costs.

Private health insurance is coordinated and administered by a health maintenance organisation or other private agency and the government runs public health insurance. These forms of health

insurance are to be differentiated from socialized medicine and government medical-care programs, in which health workers are employed directly or indirectly by the government, which also owns the health-care facilities, especially in Britain's National Health Service.

A health insurance scheme should provide quality, accessible, affordable, equitable and efficient care which leads to a significant reduction in out of pocket expenditure. It should provide universal coverage and also provide a comprehensive good quality and cost effective healthcare services to entitled and insured persons and their dependents in the formal sector, rural communities, self employed, the poor and the vulnerable groups the benefit of prescribed (Agba 2010).

LEADERSHIP AND MANAGEMENT STRUCTURE

Leadership and management of the NHIS are provided through the National Health Insurance Scheme (NHIS), Health Maintenance Organisations (HMOs) and Health Care Providers (HCPs). The NHIS is responsible for formulation of policy, issuing of relevant guidelines, determining premiums, paying of capitations and fee-for-service rates, regulatory oversight and registration of HMOs, HCPs and granting of accreditation to insurance companies. HMOs oversees the collection and management of contributions, administration and monitoring the quality of services rendered by health providers, while HCPs involved in providing covered services to contributors. HCPs also are expected to render monthly reports to HMOs who render quarterly reports to the NHIS.

BENEFITS OF NHIS

The purpose of health insurance scheme in Nigeria is to ensure that the entire Nigerian population has access to qualitative health care services; To guard families against financial hardship of huge emergency medical bills; To control the rise in the cost of health care services; To ensure equitable distribution of health care cost among different income groups and social class; To improve and harness wider private sector participation in the provision of qualitative health care services; To ensure proper distribution of health facilities within the federation and equitable patronage of all levels of health care; To ensure the availability of funds to the health sector for improved services.

MAJOR CHALLENGES IN NHIS

There are challenges that must be sorted out if at all the goal of covering all Nigerians by 2015 is to be met. These challenges are: Government needs to cover people who cannot afford to pay premiums. Those in the rural setting and informal sector need to be covered as well and it will be good to have a reinsurance mechanism for NHIS/Managed Care for them to strengthen their pools. At State level, workers should be covered. The agencies that are involved in insurance, have to play the important roles they should like regulation, monitoring for quality improvement, efficient purchasing of services, and effective health service delivery.

Funding remain a major problem facing the scheme, the percentage of government allocation to health sector has always been about 2% to 3.5% of the national budget. In 1996 2.55% of the total national budget was spent on health, 2.99% in 1998, 1.95% in 1999, 2.5% in 2000 and a marginal increase to 3.5% in 2004 (WHO, 2007). These figures are grossly inadequate. NHIS is also impeded by outdated and inadequate medical equipment in spite of the emergent of disease like Ebola virus disease in the sub region. The country suffers from perennial shortage of modern medical equipment such as X-rays, computerized testing equipment and sophisticated scanner and where these equipments are available repair/services are always a problem.

This situation is not unconnected with corruption and misappropriation of fund by politicians and health administrators. Money meant to boost the health sector ends up in private pockets; example is the 300 million naira scam involving the Minister of health and his assistants in 2008. Also well trained and experienced man-power to handle these machines is grossly lacking.

SIGNIFICANCE OF THE STUDY

This study is designed with the intent that it will serve as an available reference source and be of good value to researchers in this field; thus updating the existing literature in this subject matter. Moreover, the study will assist government and health administrators of the scheme in policy formulation, administration and implementation for better service delivery as well as maintenance of standard in the scheme.

STATEMENT OF PROBLEM

WHO (2000), ranked Nigeria's health system as 187th out of 191 World Health Organisation (WHO) member state with an infant mortality rate ranging from 500 per 100,000 in the south West geo-political zone to 800 per 100,000 infants in the North East Zone. In many developing

countries, for instance, Nigeria, they clearly lack universal coverage of health care and little equity. They also lack Availability of quality drugs which has caused NHIS client in spending more than their 10% of their drugs charges since they obtained those drugs outside NHIS coverage and pay over 100% charges on drugs. This effect may be due corruption engaged in Nigeria from the Government.

OBJECTIVES:

The main purpose of this study is to evaluate the performance of the NHIS within Eastern Enugu metropolis while the specific objectives include:

- To determine the percentage of enrollees that have benefited from NHIS.
- To determine the level of enrollees satisfaction with NHIS.
- To identify what constitutes quality of outpatient care in the perspectives of the client, healthcare providers and healthcare managers.
- To determine the level of coverage of NHIS in Eastern Enugu metropolis.
- To make recommendations to the management on improvement of NHIS in Enugu Metropolis.

LITERATURE REVIEW

Nigerians have always expressed lack of confidence in any program or project owing to the experience with previous program in Nigeria. He viewed that one major reason for their attitude is lack of knowledge about a life insurance product. Omar (2002). Similarly, Eboh (2008) viewed his point when conducting a perceptive study of health care workers in Delta state. The findings also revealed that more than 90% said they have heard of NHIS but less than 15% could make any comprehensible description of how it could benefit the public or impact on their work, 70% don't have faith in it and strongly believe that the leaders and champions of the initiative want to use it like other white elephant project to enrich themselves.

Another 70% supported their belief on the basis that those with responsibility to implement the NHIS agenda actually receive health care service from abroad and the most equipped health care instillation in the country such as the University College Hospital (UCH) and in particular those

run by oil companies. The peoples' notion gathered from the study portends a great level of dissatisfaction in Nigeria Government project. This attributed to the ways previous projects turned out in the recent time.

Sanusi (2009) reported that respondents who have been treated under the program wanted it discontinued. This implies that people have little hope in the program. They do not think that the program is worth keeping owing to the way that previous schemes and projects turned out in recent times. However, the study did not present reason why people wanted the scheme to be discontinued. In Adeniji and Onajole (2010) study on perception of dentist in Lagos state, findings revealed that majority of them viewed NHIS as a good idea that will succeed if properly implemented and majority of them believed that the scheme will improve access to oral health service, affordability and availability of service. Onwekusi (1998) also carried out a study to assess NHIS among Nigeria health care Professional workers in Nigeria. Findings showed that Nigeria health care professionals who are main stakeholders in the program have grossly inadequate knowledge of rudimentary principle of the operation of the social health insurance scheme. This study was however carried out on healthcare professionals who are also important stakeholders in the scheme.

In a study conducted by Cafferata (1984) on knowledge of health insurance in America, findings revealed that among the population 65 years of age and above were much

Knowledgeable about health insurance coverage than the population younger than 65 years of age. This implies that those who fall ill are more knowledgeable than those that were ill. A study in Canada by Broyles et al. (1983) a national health insurance scheme: An examination of the Canada health survey, revealed that the Medicare program has resulted in an equitable distribution of physician services. However, the focus of this study is on self evaluation of the health status of Federal staff receiving health care services at Enugu State Teaching University, Enugu East, Enugu.

AREA OF STUDY

The primary area of focus for this study was the cities of Enugu metropolis, Enugu East precisely. Enugu East is a Local Government Area of Enugu State, Nigeria. Its headquarters are in the town of Nkwo Nike. It has an area of 383 km² and a population of 279,089 at the 2006 census.

The study also focused on working populace Federal staff who is adults above the age of eighteen (18) years that receive health care services at Enugu State Teaching Hospital Parklane Enugu in Enugu East Local Government Areas (LGA's) of who have enrolled into the scheme.

STUDY DESIGN

Descriptive cross sectional design was used and data collected was focused on Federal staff that have access to healthcare in Enugu State University Teaching Hospital Enugu, Enugu East, Nigeria. The study period was conducted from July to August 2014. A total of 200 out of 212 of NHIS client were eligible participants that agreed to be interviewed and 200 sample sizes were used. The eligibility criteria were (i) having been enrolled in NHIS for over 12 months preceding the study (ii) identifying the enrollees with their card for verification (iii) having accessed healthcare service in designated healthcare provider at least twice in three months. The study was used to assess the NHIS clients and healthcare providers for client satisfaction and quality of outpatient care under the National Health Insurance Scheme. Ethical approval to access the NHIS client was obtained from ESUT Hospital Ethical review board.

The data collection involved in debt Interview, questionnaire for the client. The questionnaire was 85% self administered except in about 15% of the participants in whom it was interviewer-assisted. The questionnaire tool contained information on basic demographic variables such as age, sex, marital status and occupation. The dimensions of care evaluated included accessibility, patient waiting time, patient-provider relationship, patient-provider communication, hospital bureaucracy, and hospital environment. Each satisfaction item was scored in a five-point Likert scale ordinal response, which was converted to percentage scale response as follows: excellent = 5 points (100%), very good = 4 points (80%), good = 3 points (60%), fair = 2 points (40%), and poor = 1 point (20%) with the following operational percentage range definitions: excellent (90%-100%), very good (70%-89%), good (50%-69%), fair (30%-49%), and poor (0%-29%).

Descriptive statistics were employed in the analysis of data collected from respondents. Socio-demographic distributions of respondents was analysed first in percentage for each variable and then a comparative analysis was made to ascertain the impact of NHIS on each workers' access to healthcare Osungbade et al (2014).

DATA ANALYSIS

Data analysis was done with SPSS version 16.0. Chi square was used as a tool to analyze the data. All analysis was done at $P=.05$.

Summary of responses to questionnaire statements

Statement Options Responses Percentage

1. I am aware of the NHIS.

2. I have benefited from the NHIS.
3. I am satisfied with the services I have received in the NHIS
4. Those that are not under NHIS receive better treatment than me.
5. I am satisfied with health provider service.
6. I am satisfied with health provider facility.
7. what problem have you i had with NHIS?
8. How can NHIS be improved?
9. The NHIS does not provide better healthcare services
10. would you prefer the removal of 10% contributions from my drug to Nothing.

Formula: $\chi^2 = \sum (f_o - f_e)^2 / f_e$

Where \sum = summation; f_o = observed; f_e = expected

The degree of freedom can be calculated using the formula

$df = (r-1)(c-1)$ Where r = number of rows; c = number of column

RESULT ANALYSIS

Figure 1. Bar chart showing frequency of gender involved the research

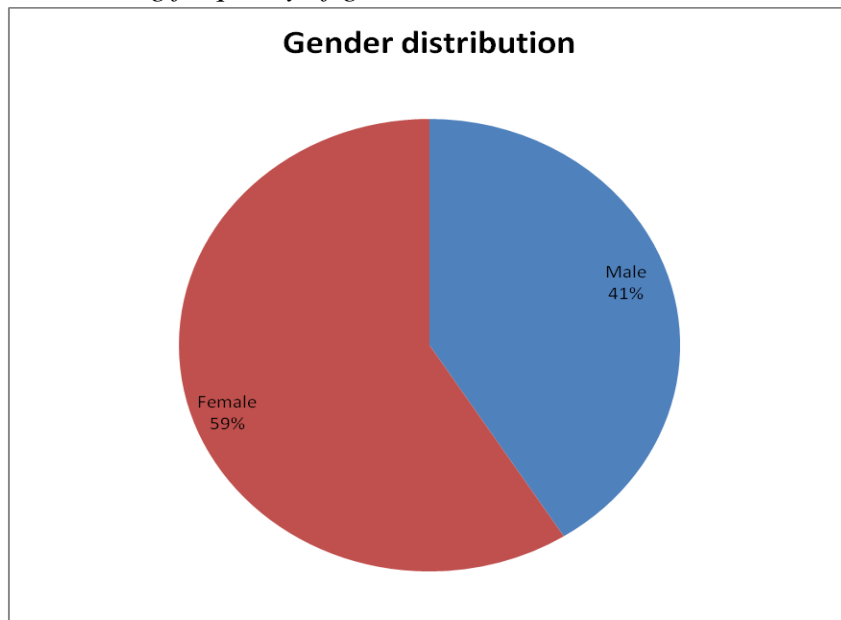


Table I. Frequency distribution of Satisfaction with National Health Insurance Scheme

	Female	Male	Total Frequency	Percentage	Cumulative %
Satisfied	106	66	172	86	86
Not Satisfied	2	6	8	4	90
not sure	10	10	20	10	100
Total	118	82	200	100	100

p-value=0.553

Table II. Frequency distribution of perceived long response time in getting service through NHIS

	Frequency	Percentage
Yes	50	25
No	132	66
Not sure	18	9
Total	200	100

Table III. Frequency distribution of perceived improvement in health status through NHIS

	Frequency	Percentage
Yes	174	87
No	10	5
Not sure	16	8
Total	200	100

Table IV. Frequency distribution of rating of service availability

	Frequency	Percentage
Poor	6	3
Fair	44	22
Good	80	40
Very Good	40	20
Excellent	30	15
Total	200	100

Table V. Frequency distribution of Respondent's understanding of the meaning of NHIS

	Frequency	Percentage
means of making healthcare available to the rich	4	2
means of making money for government	2	1
means of making money for the hospital	6	3
means of making healthcare accessible and affordable for all	186	93
I don't know	2	1
Total	200	100

Figure II. Bar chart showing respondents' understanding of the meaning of NHIS

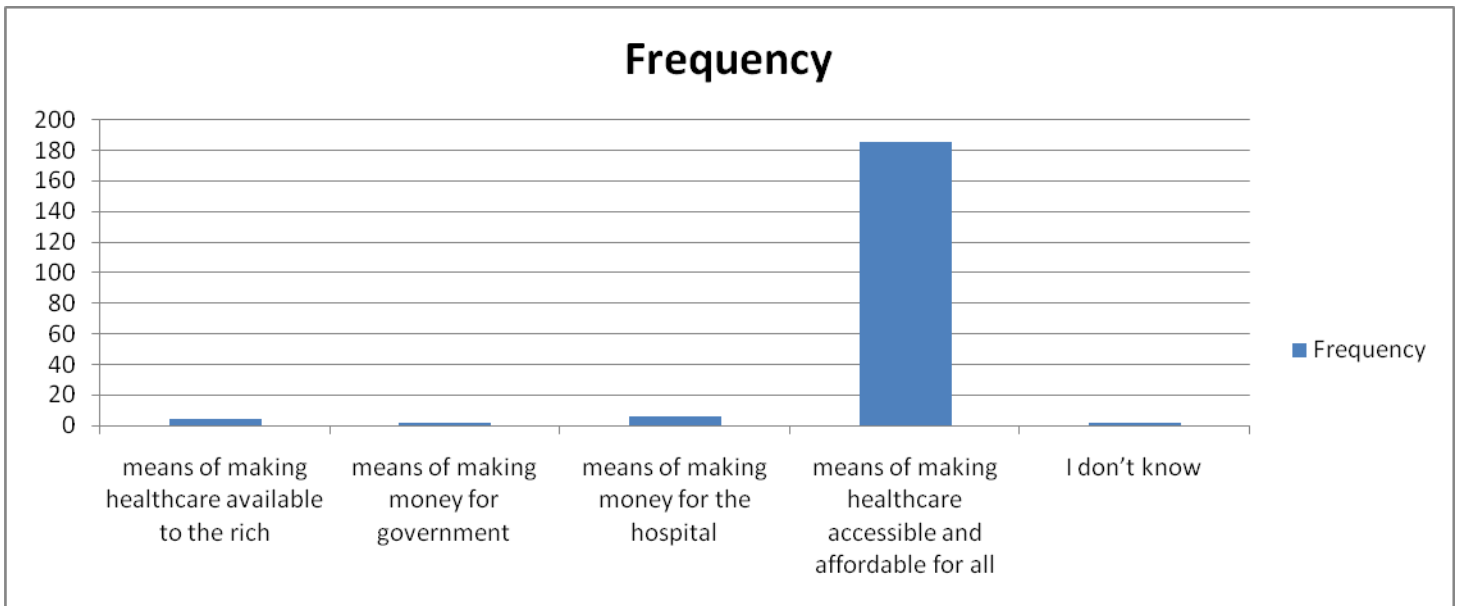


Table VI. Frequency distribution showing perceived problems observed by enrollees

Problems	Frequency	Percentage
Delay in attending to patients	56	28
Rejection of request for referral code	16	8
Inexperienced doctors and nurses	4	2
Unavailability of quality drugs	118	59
Missing information or name from data base	6	3
Total	200	100

Figure III. Bar chart showing problems perceived problems observed by enrollees

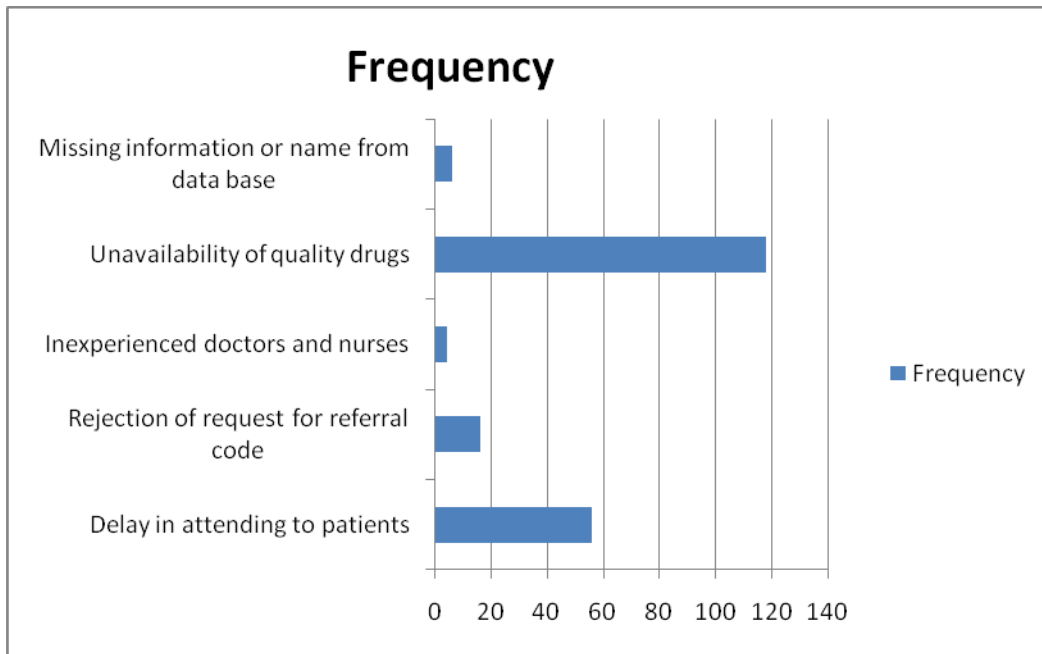


Table VII. Frequency distribution showing recommendations for improvement of NHIS services by enrollee

	Frequency	Percentage
coverage of everybody in Nigeria	128	64
creating special hospital just for NHIS clients	46	23
removal of 10% on drugs	26	13
Total	200	100

RESULT AND DATA ANALYSIS

The research was carried out through questionnaire method on 200 respondents receiving care in Enugu East Local Government Area, Nigeria 118 respondents (59%) were females while 82(41%) were males (shown Fig.I). The research done showed that majority 86% were satisfied with the health insurance (NHIS) Scheme. Similarly, 87% of respondents were of opinion that NHIS had improved their health status (Shown in table I). Females were more satisfied but no significant statistical differences in their opinion. A greater majority 94% did like Enugu state University Teaching Hospital as their health care provider but rating of health service availability in this centre showed 15% excellent,20% very good, 40% good, 22% fair and 3% poor(Table IV).

Also a significant percentage 35% was of the opinion that non NHIS patients got better medical treatment. This may be connected to perception by 25% of respondents that the protocol involved in getting health services was stressful. In terms of proper understanding of the NHIS, a majority 93% had correct understanding (Table V and fig II). The problem encountered in NHIS that may have influenced their level of satisfaction for the scheme included in descending order: unavailability of quality drug (59%), delayed response time (28%), rejection of request for referral (8%), missing information or name from data bases (2%) as shown in table VI and fig.III.

On suggestion to improve NHIS, majority (64%) feels the coverage should be improved, (25%) want special NHIS hospital should be created and (13%) wants the 10% copayment abolished(seen in table VII).

Interestingly, there was equal opinion about abolishing of 10% copayment i.e. 50:50.

DISCUSSION

In this research involving 118 female and 82 males, there was no statistically significant difference between sexes in terms of knowledge about NHIS. This may be because the entire population (male and female) are exposed to the same source of information.

The fact that majority , that is 93% were correct about the information they have about NHIS may not be unconnected to the reason that most are Federal Government Staff and have a good level of education as well as exposure, the response may be different if carried out in the rural area.

The patient satisfaction level of 86% in this research is similar to that done in Kano, Northern Nigeria but higher than that of Ethiopia. There are many factors that determine the satisfaction of

patient. It includes patient-provider relationship, communication, accessibility, and environment. Another important factor is the exposure and expectation of patient which differ from place to place. This may be due to the fact that respondents are in Enugu metropolis where there are tertiary health centres, with high standard of health care.

The dissatisfaction observed in this study in terms of bureaucratic bottle necks is similar to the researches done by Umuahia Iloh et al (2012), Benin City ,Kano, Ibadan and Eastern Ethiopia. The reason for this similarity in finding may be due to the fact that these places are in similar social status. Unavailability of quality drugs is perceived by respondents in this research as the main limitation of NHIS.

CONCLUSION

This research has exposed the level of knowledge of NHIS among enrollees which is good but can be improved. There is need to improve patient –provider relationship and reduce bureaucracy and thereby response time required to attend to patients. A good option which could improve the performance of NHIS is to create special hospitals for the scheme’s patient. This may further improve the undue protocol encountered by this research.

RECOMMENDATION

From the findings, the following recommendations are propose as a contribution towards improving healthcare system and health status of the country. The Government should imply the following:

- Coverage of everybody not only Federal workers but also unemployed, selfemployed, state and Local Government in Nigeria
- Creating special hospitals in each Local Government just for NHIS clients for easy accessibility of healthcare services, improvement of health status of the country and reduction of death rate during emergency.
- Monitoring of healthcare providers services in terms of availability of quality drugs should not be eluded out.

REFERENCES

- 1) Adeniyi, A.A and Onajole A.T (2010). The National Health Insurance Scheme (NHIS). A Survey of Knowledge and Opinions of Nigeria Dentist In Lagos. *African Journal of Medicine and Medical Science* 39.1:29-35. Retrieved Jan 7, 2011 from <http://www.ncbi.nlm.gov/pubmed>.
- 2) Agba, A.M.O., Ushie, E.M. and Osuchuchwu, N.C.(2010). National Health Insurance Scheme (NHIS) and Employee's Access to Health Services in Cross River State. *Nigeria's Global journal of human social science* 10.7 pp retrieved; June 2011.
- 3) Akande T.M, Bello O (2002) National Health Insurance Scheme in Nig. *Medilor J.* 7(1).
- 4) Broyles, W. R. Manga, P., Binder, D.A., Angus, D. A., Charette, D.(1983).The use of physician's Service under the National Health Insurance Medicare 21.111037-1054 Retrieved Dec 12,2010 from <http://www.jstor.com>.
- 5) Eboh, D. (2008). National Health Insurance Scheme: Just A Name Or A Model For Realistic Change In Health Care Delivery In Nigeria. Retrieved March 12, 2011 from <http://www.mebodomanagement.com>
- 6) Iloh G.U, Ofoedu J.N, Njoku P.U, Odu F.U, Ifedigbo C.V & Iwuamanam K.D(2012) : evaluation of patients' satisfaction with quality of care provided at the National Health Insurance Scheme clinic. *Nigeria Journal of Clinical Practice*,15:469-474.
- 7) NHIS: National health insurance scheme operational guidelines. National Health Insurance Scheme Abuja, Nigeria; 2005. Onuekwisi, N. and Okpala, C.O. (1998). Awareness and Perception of the National Health Insurance Scheme (NHIS) among Nigerian Health Care Professors. *Journal of Health College of Medicine* 3.2.97-99
- 8) Onyedibe, Goyit and Nnadi (2012). :an evaluation of National Health Insurance Scheme clinic. *Global Advanced Research Journal of microbiology*,1:005-012.
- 9) Osungbade K.O,Obembe T.A and Abidemi O. (2014): user's satisfaction with services provided under National Health Insurance Scheme in South Western Nigeria: *International Journal of Tropical disease and health* 4(5) : 595-607.
- 10) Owumi, B. E. (2002). The political economy of maternal and child health in Arica In Isiugo-Abanihe U. C., Isamah A. N., Adesina J. O. (eds) *Currents and perspectives in Sociology*. Malthouse Press Limited, p. 227-239.
- 11) Sanusi, R.A and Awe A.T (2009). Perception of National Health Insurance Scheme NHIS By Healthcare Consumers In Oyo State, Nigeria: *Pakistan Journal Of Social Service*. 6.1 48-53.