

Challenges of Access to Affordable and Qualitative Healthcare Services Among Federal Government Workers in Kano State

By

Mohammed Idris Alhaji

Department of Political Science,
Nasarawa State University, Keffi

Idrismohammed858@gmail.com,

Mohammed Bello Baban'Umma'

Department of Political Science,
Nasarawa State University, Keffi

muhammedbello2244@gmail.com

&

Jahco Sunday David

Department of Political Science,
Nasarawa State University, Keffi

bovisunday60@gmail.com

Abstract

National Health Insurance Scheme (NHIS) aims at ensuring that every Nigerian has access to affordable and qualitative healthcare services, hence the commencement of Formal Sector Social Health Insurance Programme Implementation for Federal Government Civil Servants in 2005. The objective of this study is to examine the challenges of access to affordable and qualitative services among the Federal Workers in Kano State. The study employed mixed survey design in administration of questionnaires to the registered NHIS enrolees and conducted interviews for the Desk Officers in Healthcare facilities; HMOs' Quality Assurance Managers and NHIS Heads of medical departments. Three theories were reviewed, and the research adopted institutional theory because NHIS as a public institution is responsible for the implementation of health insurance policy in Nigeria. Findings from the study showed that, the NHIS pool of funds (contributions) had significantly reduced Out of Pocket Expenses (OPE) and enhanced affordability. Also participation of private facilities enhanced provision of qualitative healthcare services among Federal workers in Kano State. On the challenges of access to affordable and qualitative health care services, the study observed that programme implementation involved multi-level stake holder engagements, while the identifiable challenges include lack of proper referrals; irregular quality assurance visits, delay in payment of fee-for-service claims and low level of awareness. The study recommended that risk sharing through PPP arrangements in the implementation of the NHIS programmes not only in the formal sector will address the challenges and ensure achievement of Universal Coverage in Nigeria.

Keywords: National Health Insurance Scheme, Healthcare Services, Qualitative, Affordable Services



Introduction

National Health Insurance Scheme Act 35 of May 1999 (CAP N 42, LFN 2004) is to promote, regulate and administer the implementation of National Health Insurance in Nigeria. It is also to drive the processes that will facilitate access to affordable and most cost effective health care services. The scheme is equally to facilitate the achievement of Sustainable Development Goals (SDGs) aimed at reducing child mortality, improve health maternal health and help in tackling other diseases in Nigeria (NHIS, 2004).

The scheme developed various programmes targeted at covering different segments of the Nigerian population. The aggregate goals are to ensure that every Nigerian is being covered by one programme or another in order to achieve Universal Health Coverage in Nigeria (NHIS, 2004).

In spite of these efforts by the government to improve healthcare service delivery by providing comprehensive benefit package and detailed exclusions as contains in the NHIS Operational Guidelines, there is no clear evidence to show that the Federal workers in Kano State have enjoyed qualitative and affordable healthcare services from the pool of funds (contributions) to address issue of Out of Pocket expenses. This study is to investigate the challenges of access to affordable and qualitative health care services among federal workers in Kano State.

The study asked these research questions: How effective are the Health Care Facilities in providing qualitative and affordable health care services among Federal workers in Kano State?; What are the challenges of access to affordable and qualitative Healthcare Services among Federal Government Workers in Kano State?; The study seeks to achieve the following specific objectives: To examine the effectiveness of Health Care Facilities in providing qualitative and affordable health care services among Federal worker in Kano State; ascertain the effectiveness of NHIS' pool of fund (contributions) in reducing Out of Pocket Expenses (OPE) and enhances affordability of health care services among Federal workers in Kano State; To outline the challenges of access to affordable and qualitative healthcare services among Federal Government Workers in Kano State.

Research Propositions

The following Research Propositions were for validation by the research findings: Healthcare Facilities were effective in providing qualitative and affordable health care services among Federal worker in Kano State; NHIS' pool of fund (contributions) has reduced Out of Pocket Expenses (OPE) and enhanced affordability of health care services among Federal workers in Kano State; there were challenges to implementation of National Health Insurance Programme to the Federal Government Workers in Kano State.

Conceptualizing National Health Insurance Program

Johannes (2003) define National Health Insurance Programme as a responsibility of government to provide a system that ensures a healthy nation where all the citizens enjoy the programme(s) put by it for a healthy living (Johannes, 2003).

Contrary to the definition given by Johannes, Collins, Davis, Doty, Kriss & Holmgren (2006), defined Health insurance as a social security arrangement that guarantees provision of



the needed health care services to a person on the contribution of a token to provide financial protection to the participants. Health insurance is a mechanism for protecting families against the unexpected high cost of illness by sharing risks of future cost among healthy and sick populations in form of regular predictable payments. In terms of benefits, health insurance was discovered to have two sides to its coin.

Agba, (2010) in a contrary opinion defined health insurance as a contract between an insurance provider (e.g. an insurance company or a government) and an individual or his sponsor (e.g. an employer or a community organization). The contract can be renewable (e.g. annually, monthly) or lifelong in the case of private sector insurance, or be even mandatory for all citizens in the case of national health plans. It involves resource mobilization (generation and collection), pooling and allocation and purchasing. A health insurance scheme should provide quality, equitable, accessible, affordable and efficient care; it should assure a significant reduction in out of pocket expenditure and it should provide universal coverage. It should also provide a comprehensive good quality and cost effective health services to entitled and insured persons and their dependents in the formal sector, as well as self-employed, poor and vulnerable groups in rural communities (Agba, 2010).

Aderoumu (2010) defines National Health Insurance as a social security arrangement which combines the principles of socialism (being one's brother's keeper) with that of insurance (pooling of risk and resources). This definition also aligns with the National Health Insurance Scheme in Nigeria because, it is aimed at providing health insurance to the insured person and their dependents to enable them have access to good quality and cost effective health care services from the pooling of risks and resources.

Literature Review

Adefolaju (2014) in his paper on "Repositioning Health insurance scheme in Nigeria: Prospects and Challenges" recommended further reforms with a view to meeting its set objectives of providing qualitative and accessible health care delivery system. The study reveals that, the health insurance scheme in Nigeria since its inception, has to a large extent positively affected the lives of its enrollees. The study reveals the benefits of the scheme to include; reduction in the rising cost of health care among the participants; fair distribution of contributions for health; ensuring that socio-economic groupings do not constitute a barrier to somebody to access health care where he wants; and restoration of confidence in primary and secondary levels of health care. The study further shows that there are problems of distribution and provision of medical facilities; poor implementation of programmes; poor health facilities and lack of infrastructures such as good road network, water and electricity supply; Rural/Urban and class differential in access to quality health care. The poor and rural population are less likely to access quality health care than the rich and urban dwellers. Traditional and religious belief precluding many Nigerians from taking advantage of health service delivery are all part of challenges facing the health sector.

Iloh, Ofoedu, Njoku, Okafor, Amadi, and Godswill-Uko, (2013) assessed satisfaction with quality of care received by patients without National Health Insurance (NHI) attending a primary care clinic in a resource. Poor environment of a tertiary hospital in South. Eastern



Nigeria. Cross-sectional study carried out on 400 non NHI patients from April 2011 to October 2011 at the primary care clinic of Federal Medical Centre, Umuahia, Nigeria. The result of the study shows that, the overall satisfaction score of the respondent was 3.1. Specifically, the respondents expressed satisfaction with patient-staff relationship (3.9), patient-staff communication (3.8), and hospital environment (3.6) and dissatisfaction with patient waiting time (2.4), hospital bureaucracy (2.5), and cost of care.

Alawode, and Adewole (2021) explored the perspectives of sub-national level actors/ stakeholders on the design and implementation challenges of Nigeria's NHIS. Descriptive case study design was used in their research. Findings from the study revealed some implementation challenges which included abject poverty, low level of awareness, low interest (in the scheme), superstitious beliefs, inefficient mode of payment, drug stock-out, weak administrative and supervisory capacity. The scheme is believed to have provided more coverage for the formal sector, its voluntary nature and lack of legal framework at the sub-national levels were seen as the overarching policy challenge and only NHIS staff currently make required financial co-contribution into the scheme, as all other federal employees are being paid for by the (Federal) government.

Theoretical Framework

This study adopts Institutional theory as its tool of analysis. The proponents of institutional theory were Meyer and Rowan (1964) but adopted by DiMaggio and Walter (1983). They examined the growth of three administrative services in California public schools (school health, psychology, and curriculum) from the standpoint of institutional theory.

The structure of various government institutions contributes to the context of public policy implementation. The Constitution serves as the highest kind of policy to which all other policies must subscribe. Laws passed by legislature, executive orders and judicial decisions come second in terms of relevance and priority.

An institution is a set of regularized patterns of human behaviour that persist over time. As such they can affect decision making. Rules and structural arrangements in organizations are not usually neutral in essence; they tend to favour some interests in society over others, some policy results rather than others.

Many macro level political institutional conditions might shape broad patterns of domestic politics. Overall authority in state political institutions might be centralized or decentralized.

The legislative, executive, judicial, policing and other governmental functions within given political authorities are located within sets of organizations each with their own autonomy and operating procedures.

Some of the assumptions of the theory are;

- i. Social actions
- ii. Individuals have little impact
- iii. structure/design affects outcomes

Institutionalism theory is sometimes criticized as being "structurally biased," though this is a feature of institutional arguments that has distinctive explanatory advantages as well as disadvantages. Institutionalism typically have problems in explaining social and political change, notably in institutions themselves, and often resort to claims about exogenous and unpredictable shocks or the actions of various agents.

This theory is relevant to this study because it helps to provide an explanation for institutional decisions and activities. Public administration is driven by societal visions and political projects. Therefore, organizations that handle public affairs should be ‘conceptualized as institutions rather than as instruments. National Health Insurance Scheme operate within an organizational environment where a variety of external constituencies are defined. When institutions operate within the guidelines and accepted notions, external constituents such as (workers, citizens, other stakeholders) view the National Health Insurance Scheme as a legitimate organization within the Health sector. National Health Insurance Scheme as an institution is to ensure implementation of Social Health Insurance programmes intended to cover the entire country for the provision of access, qualitative and affordable health services. For the purpose of this study, institutional theory was adopted based on multiple stakeholders’ engagement in the formal sector.

Methods and Materials

The study employed mixed survey design, the survey administered questionnaire and interview to generate data in order to validate the research propositions.

The target population of the study comprised of the following

- i. Federal Workers (Enrolees) in Kano State
- ii. Desk officers in Health Care facilities (Nurses and Doctors) in Kano State.
- iii. Quality Assurance/Medical Managers of Health Maintenance Organizations (HMO) in Kano State
- iv. Head Quality Assurance/Medicals, NHIS, Kano office

The total population of the study is Four Hundred and Fifty-Two Thousand, One Hundred and Fifty-Six (452,156). This comprised of Four Hundred and Fifty-Two Thousand, One Hundred and Twenty-Seven (452,127) Federal Workers Enrolled; Eighteen (18) Desk officers in Health Care Facilities; Ten (10) Quality Assurance/Medical Managers of Health Maintenance Organizations (HMOs); One (1) Quality Assurance/ Medical Manager (NHIS) in Kano State.

Smith (2008), simplified formula for calculating sample size from a large population was used for Federal Workers (Enrolees) questionnaire respondents as given below:

$$\frac{N}{3 + N (ME)^2}$$

Where:

N is the total population size

- 3 is constant

- 0.0025 is the margin of error.

$$\frac{452,127}{3 + 452,127(0.0025)^2}$$

$$\frac{452,127}{3 + 1130.3175}$$

$$\frac{452,127}{1133.3175}$$

$$n = 399$$

For this Study, systematic sampling technique was used to locate the respondents (principal enrollees) for the distribution of questionnaire using population list. Cluster Sampling Technique was used to locate the respondents for interview. This sample was adopted because the populations are unique. The population interviewed are; Desk officers attached to Healthcare Providers and Quality Assurance Managers of Health Maintenance Organizations (HMO), and Head of QA/Medicals of NHIS Office in Kano State.

Both primary and secondary sources of data were used in this study. Primary method generates quantitative and qualitative data. Quantitative Primary data were numerically generated through the instrument of questionnaire while qualitative Primary data were generated from interviews.

This study used descriptive statistics to present and analyse the data. The descriptive statistics such as, tables, frequencies, percentages were used to present the data. While Weighted Mean Score were used to validate the research propositions under a defined rule.

Model for calculating Weighted Mean Score was as follows:

$$\frac{\sum \text{Total Weighed Score}}{\text{Total Number of Responses}}$$

Health Care Facilities were effective in providing qualitative health care services among Federal workers in Kano State

Table 1 below showed the analysis on whether the Health Care Facilities were effective in providing qualitative health care services among Federal workers in Kano State.

Table 1: Calculation of Critical Value of Weighted Mean Score

Variable	SA	A	D	SD	U	Total Number of Respondents/ Score	Weighted Mean
Responses	113	165	50	15	18		1423/361
Grading	5	4	3	2	1		
Total Value	565	660	150	30	18	1423/361	3.94
Decision							Accepted

Source: Author's Computation, 2021

Table 1 above showed the result of the calculated value of weighted mean score to validate the proposition on whether the Health Care Facilities were effective in providing qualitative health care services among Federal workers in Kano State. The result of the analysis showed that, the calculated value of weighted mean scores is $X^{cal.} = 3.94 \geq X^{estimated} = 3.00$. The study accepted the research proposition which stated that, the Health Care Facilities were effective in providing qualitative health care services among Federal workers in Kano State has been valid and scientifically significant. The study concluded that, the Health Care Facilities were effective in providing qualitative health care services among Federal workers in Kano State.

NHIS' pool of fund (contributions) had reduced out of Pocket Expenses (OPE) and enhanced affordability of health care services among Federal workers in Kano State.

Table 2 below showed the analysis on whether the NHIS’ pool of fund (contributions) had reduced Out of Pocket Expenses (OPE) and enhanced affordability of health care services among Federal workers in Kano State

Table 2: Calculation of Critical Value of Weighted Mean Score

Variable	SA	A	D	SD	U	Total Number of Respondents/ Score	Weighted Mean
Responses	147	144	45	15	10		1486/361
Grading	5	4	3	2	1		
Total Value	735	576	135	30	10	1486/361	4.11
Decision							Accepted

Source: Author’s Computation, 2021

Table 2 above showed the result of the calculated value of weighted mean score to validate the proposition on whether the NHIS’ pool of fund (contributions) has reduced “Out of Pocket Expenses” (OPE) and enhanced affordability of health care services among Federal workers in Kano State. The result of the analysis showed that, the calculated value of weighted mean scores is $X^{cal.} = 4.11 \geq X^{estimated} = 3.00$. The study accepted the research proposition which stated that, the NHIS’ pool of fund (contributions) had reduced Out of Pocket Expenses (OPE) and enhanced affordability of health care services among Federal workers in Kano State had been valid and scientifically significant. The study concluded that, the NHIS’ pool of fund (contributions) had reduced Out of Pocket Expenses (OPE) and enhanced affordability of health care services among Federal workers in Kano State.

There were challenges to the implementation of National Health Insurance Programme to the Federal Government Workers in Kano State.

On the challenges to the implementation of National Health Insurance Programme to Federal Government Workers in Kano State, Health Maintenance Organizations (HMOs), Healthcare facilities and NHIS in Kano State outlined the following: Military and Police Officers participation had been based on regimented arrangements; payments to their facilities has to be according to the facility arrangements for access to health care services by the officers; lack of proper medical knowledge on referral in some of the health care facilities; lack of routine sensitization and awareness interactions by some HMOs; non automation of NHIS processes; lack of regular quality assurance visits and on the spot assessment as well as delay in submitting of these reports from healthcare facilities through HMOs to the NHIS; delays in authorization/issuance of referral codes due to lack of referral details and procedures from the referring hospitals; HMOs marketing drive had been more on their private plans rather than NHIS programs; delays in HMOs vetting processes and subsequently payment of fees-for-service to providers (Personal Communication, 2021).

Discussion of Findings

- i. Finding from the study revealed that, the Health Care Facilities were effective in providing qualitative healthcare services among Federal workers in Kano State. The study also revealed that, with the accreditation of private facilities to participate and provide health care at primary, secondary and tertiary/specialty/professional levels, the



quality of health care services to Federal workers in Kano State had improved tremendously. Also, participation of private facilities hand in hand with public facilities encouraged competition in the provision of qualitative and most cost effective health care services. In a bid to improve on provision of qualitative healthcare services to Federal workers in Kano State, the NHIS had encouraged providers to use their operational surpluses to improve on their existing healthcare equipment/infrastructure and reposition their personnel for effective service delivery in both public and private hospitals. Some facilities in Kano State for instance, Aminu Kano Teaching Hospital (AKTH) had established a special consultation centre for NHIS enrolees as well as furnished the waiting area. This finding conformed with the study conducted by Garba & Ejembi (2015) whose findings also showed that, the pattern of funding, the levels of hospital infrastructure, and manpower in the facilities has demonstrated an almost three-fold increase in financial resources availability to the health facilities following enrolment into the NHIS, with the private facilities having a higher increase (300%) than the publicly owned facility (261%). Funds from the scheme, now constituting up to 36% of the total revenue, accounted for almost half (47%) of the increase. The facilities also witnessed improvement in physical infrastructure, staff strength, and diagnostic capability with variable statistical significance.

- ii. The NHIS' pool of fund (contributions) had reduced "Out of Pocket Expenses" (OPE) and enhanced affordability of health care services among Federal workers in Kano State. It was equally discovered that the health care services have been affordable in line with the NHIS benefit package, price list and essentials drug list. The prices were affordable compared to the prices in Non-NHIS accredited facilities. Prices affordability seem to be addressing the issue of Out of Pocket Expenses (OPE) except in a situation where enrolees are expressing their preferences for branded drugs rather than generic which subsequently attracts differential payments. The finding revealed that, "NHIS' pool of fund (contributions) has reduced Out of Pocket Expenses (OPE) and enhanced affordability of health care services among Federal workers in Kano State". This finding conformed with the study conducted by Ibe, Honda, Etiaba, Ezumah, Hanson and Onwujekwe, (2017) whose finding also showed that, mechanisms exist to reflect people's health needs in purchasing decisions, including quantitative and qualitative needs assessment, mechanisms to raise awareness of benefit entitlements and allow choice. The study concluded that, responsiveness and accountability to beneficiaries were undervalued by purchasers in both financing mechanisms. In the tax-funded system, civil society organizations can facilitate engagement and accountability of purchasers to the beneficiaries.
- iii. On the challenges to implementation of National Health Insurance Programme to Federal Government Workers in Kano State, Health Maintenance Organizations (HMOs) Facilities and NHIS in Kano State maintained that: Military and Police Officers participation had been based on regimented arrangements; payments to their facilities has to be according to the facility arrangements for access to health care services by the officers. It was discovered that lack of proper medical knowledge on referral in some of the health care facilities; lack of routine sensitization and awareness interactions by some HMOs; non automation of NHIS processes; lack of regular quality assurance visits and on the spot assessment as well as delay in submitting reports from



health care facilities by the HMOs; delays in authorization/issuance of referral code due to lack of referral details and procedures from the referring hospitals; HMOs marketing drive has been more on their private plans rather than NHIS programs; delays in HMOs vetting processes and subsequently payment of fees-for-service to providers are the challenges to the implementation of National Health Insurance Programme to Federal Government Workers in Kano State. This implied that, there were challenges to the implementation of National Health Insurance Programme to Federal Government Workers in Kano State. This finding agreed with the study conducted by Inyang & Bassey (2018) whose work also revealed that, the impact of the scheme was slow and low due to inadequate funding and poor awareness creation.

Conclusion

The study concluded that the Implementation of National Health Insurance Programme had provided access to affordable and qualitative healthcare services to FGN workers in Kano State. The desk officers in both public/private healthcare facilities in Kano; Quality assurance Managers of HMOs and Head quality assurance/Medicals in NHIS Kano, the facilities interacted with were (public and private) accredited by the scheme to provide primary, secondary and or tertiary levels care to the enrolees in Kano State. The facilities and access to healthcare services had registered and covered principal enrolees, spouses, biological dependents, additional and extra dependents at an extra cost. Access to health care services was according to the needs of enrolees, this was estimated to cover about 75% of the entire panel lists, according to HCFs. Payments for services at primary, secondary and tertiary levels of care were made from the Pool of Funds maintained by the NHIS and paid to the providers at each level through HMOs in the form of capitation and fee-for-service. The findings confirmed that, challenges manifested at various key stakeholder levels and the research made recommendations to address them for the provision of qualitative and most cost effective healthcare services in Kano state.

Recommendations

On the basis of the above findings, the study recommended that, The enrolees should be sensitised on their rights and privileges; The HMOs should be carrying out quality assurance and on the spot checks on the providers; HMOs private plans and premium charges must be reviewed and approved by the NHIS to provide quality and affordable services. Participation of private facilities should be highly encouraged to provide variety of choices to enrolees. In countries, such as Nigeria, where the states have not been providing its citizens with adequate access to affordable and qualitative health care services, the solution to addressing implementation challenges and facilitate achieving UHC may be in risk sharing through PPP arrangements in the implementation of the NHIS programmes not only in the formal sector which ensures sustainability in healthcare financing.

References

- Adefolaju, T. (2014). On Repositioning Health Insurance in Nigeria: prospects and Challenges. *International Journal of Health Sciences*, 2(2), 151-162.
- Aderomu, A (2005). Standard Treatment Guideline and Referral Protocol for Primary Healthcare Providers, NHIS.



- Agba, A.M. & Agba, M.S (2009). Human Development Trend in Nigeria: The Need for Concrete Implementation of Seven-point Agenda. *Nigerian Journal of Social and Developmental Issues* 2009.
- Alawode, G.O. & Adewole, D. A. (2021). Assessment of the Design and Implementation Challenges of the National Health Insurance Scheme in Nigeria: a qualitative study among Sub-national level Actors, Healthcare and Insurance Providers. *BMC Public Health*, 21 (124).
- Andrew, C.T. (2007). Access and Utilization of Health Care Services in the Petroleum-Producing Region of Nigeria, *Social Science and Medicine*, 10:241-255.
- Collins, S. R., Davis, K., Doty, M. M. Kriss, J .L. & Holmgren, A.L. (2006). Gaps in Health Insurance: An All-American Problem. Findings from the Commonwealth Fund Biennial Health Insurance Survey. *Journal of Health Science*, 4(3), 12-19.
- DiMaggio, P. J. & Walter, W. P. (1991) (Eds.). *The New Institutionalism in Organizational Analysis*. Chicago: University of Chicago Press
- Gumede, V. (2008). "Public Policy in a Post-Apartheid South Africa: a Preliminary Perspective". *Africanus*, 38(2):7-23.
- Iloh, G.U.P. Ofoedu, J. N., Njoku, P. U., Okafor, G. O. C. and Amadi, A. N. & Godswill-Uko, E.U. (2013). Satisfaction with quality of care received by patients without national health insurance (NHI) attending a primary care clinic in a resource. poor environment of a tertiary hospital in South. Eastern Nigeria, *Annals of medical and health science Research*, 3(1).
- Johannes, J. (2003). Are the poor too poor to demand health insurance? Age con Search. University of Minnesota.
- National Health Insurance Scheme. (2004). National Health Insurance Scheme annual report. Abuja, Nigeria.
- Sanusi, P. A & Awe, A. T. (2009). Perception of National Health Insurance Scheme (NHIS) by Health Care Consumers in Oyo State Nigeria. *Pakistan Journal of Social Sciences*. VOL.6 Issue 1, 48-58.
- Thomas, S. & Gilson, L. (2014). Actor management in the development of health financing reform: health insurance in South Africa, 2004–2009, *Health Policy and Planning*; 19(5): 279–291.

Bio-Data of Authors

Dr. Muhammed Bello Baban Umma is the current Head of Department of Political Science in Nasarawa State University, Keffi

Dr. Jahco David Sunday is a Senior Lecturer in the Department of Political Science Nasarawa State University, Keffi

Mohammed Idris Alhaji is a doctoral student in the department of Political Science, Nasarawa State University, Keffi.