A Review of Community-based Health Insurance Schemes (CBHIS): Lessons from Nigeria and Ghana

\*Ifeanyi Nsofor, \*\*Nanlop Ogbureke, \*\*Charles Usie

\*EpiAFRIC\_ABUJA Nigeria, \*\*Christian Aid

Background

Poverty can predispose a household to health risks, which can further aggravate their socio-economic status through decreased productivity and high out-of-pocket healthcare. Universal Health Coverage ensures people do not suffer catastrophic health expenditure by improving access, affordability and quality of healthcare.

Aims and Objectives

The objective of the study was to explore perceptions, barriers and opportunities for establishing a CBHIS.

Methods

A qualitative study with in-depth interviews and Focus Group Discussions with stakeholders of both existing and proposed CBHIS including representatives of primary health centres, HMOs, National Health Insurance Scheme (NHIS) at state and national level, community members.

Key Findings

The role of NHIS in CBHIS for Nigeria is one of both a regulator and an implementer with significant gaps in both roles. These gaps which include use of tax-funded models with co-payments, was found to be an inefficient and impractical way of funding healthcare in Nigeria. The situation is worsened by the fragmented federal structure and lack of delineation of responsibilities across the different tiers of government. Although there have been a few successful schemes, funding CBHIS remains a challenge because of the high level of subsidization by government and donors. In depth community engagement with beneficiaries is critical for enrolment, so also is the size of the risk pool to the scheme’s success. A detailed benefit package, quality of healthcare provided, administrative, monitoring and evaluation costs and the relationship of the scheme sponsor with HMOs are important to recruit and keep enrollees. Overall, political will and trust is critical to the success of a scheme.

Main Conclusions

Strong government partnership is imperative for establishing CBHIS. This is especially important considering the high odds that the primary point of service for most schemes will be a government owned and run PHC facility. The government’s role will differ by community.

Gaining the trust of members is as essential as government support. The need for actuarial, health and demographic studies cannot be overlooked.