

Title

The impact of public private financing on health workers under the new National Health Insurance Scheme in Nigeria.

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Introduction

Nigeria, a Sub-Saharan country with a population of over 150 million people implemented a national health Insurance scheme (NHIS) in 1999. This national health insurance scheme was designed to increase access to health care of the citizenry and reduce the effects of out of pocket and catastrophic health payments [1]

The national health insurance scheme is funded by contributions from employers, employees in the public and private sector and is managed by health maintenance organizations [2]. However since its introduction about 10 years ago, it has only managed to cover about 4 million people.

One of the major challenges to the scheme has been funding it adequately as health care spending in Nigeria still remains stubbornly below 3% of GDP at almost 28 US dollars per capita and three-quarters of this in the private sector [3].

There have been various innovative strategies aimed at tackling this challenge and in October 2008, the NHIS launched a pilot health project titled “NHIS/MDG Maternal and Child Health Project.” This project is focused on reducing child and maternal mortality¹ and is a joint initiative of the Millennium Development Goals program (under the office of the Presidency), the national Ministry of the Health and the national parliament [4]. Funding for this project came from the World Bank’s Heavily Indebted Poor Countries Initiative which provides debt reduction by matching funds spent by countries on poverty reduction programs dollar for dollar (www.worldbank.org). The project is currently being implemented by health maintenance organizations under a public private partnership arrangement and provides free health care for enrolled women and children within the communities it operates.

A key stakeholder group in achieving success of the pilot and potential and future scale up of the program are the health workers in the primary health care centres. The authors

¹ According to the UNICEF Nigeria’s Under 5 Mortality Rate for 2009 was 138 and the adjusted maternal mortality ratio was 840.

of this paper aimed to find out what health workers involved in this pilot project felt about the project, its sustainability and their thoughts on scaling the program up to the national level.

Methods

The study was conducted by obtaining qualitative information from health workers in 2 selected primary health care centres (Ibrahim Taiwo and Okelerin)² and by the examination of health facility records and other relevant grey literature. These primary health care centres (PHCs) were purposely selected because they have a dedicated client/patient base which they serve who patronizes them because of the distance to the State capital's bigger tertiary health facility. These primary health care facilities were also involved in the pilot phase of the NHIS\MDG maternal and child health project. A focused group session was conducted and this was used in addition to a literature review to develop a guideline for the in-depth interview. These interviews were then carried out among the health workers by a member of the national youth service corps³ who was reimbursed for his time. The in-depth interview guide included questions relating to staff knowledge concerning the project, job satisfaction and personal motivation, attitudes towards patients, health care services including demand, supply, perceived effectiveness and consumption of health care and the socioeconomic status of the respondent. The patient interviews collected information on effectiveness and efficiency of the project, how they found out about the project, how they were treated by the staff. These interviews were recorded and then transcribed by the interviewer. Consent was sought from the heads of the primary health care centres and individually from those interviewed after the purpose of the interview was explained to them. The qualitative data was analyzed manually. The data was analyzed along the key points developed in the guide and this was used to interpret the findings. The database was created from the transcriptions, (which were usually done immediately after the interviews to prevent any loss of information).

² These local governments are located in Ogbomosho North local government areas, Oyo State, Nigeria

³ The National Youth Service Corp was introduced by the national government of Nigeria in 1973 following the civil war and is an organization where recent graduates participate in development of the country. It is mandatory for all graduates.

Results

In-depth interview results based on information from key variables on which information was collected:

Knowledge of program, objectives and aims

A total of 13 health workers were interviewed. The mean age of the group was 40 years and they had been working in health care provision for an average of 10 years. One doctor was interviewed; the doctor usually visited each primary health care facility on an average of once a week to attend to complicated cases and emergencies. The rest of the group included nurses, community health officers and auxiliary medical staff. The staff was quite aware of the program owing to the fact that it was implemented in their PHC and it had received a lot of publicity. However, only one person reported receiving more in-depth information on the aims and objectives of the program, how it was funded and its long term goals. All of the staff had been trained on the implementation and administrative aspect of the program.

Attitudes of health workers to program

All the health workers expressed satisfaction with the program and its positive impact on the patient, however they also complained about the increased workload and low number of qualified personnel to handle this increased workload. Figures 1 and 2 show the steady increase in the number of patients attending the primary health care centres.

One health worker expressed certain political concerns about the implementation of the pilot concerning the inadequate involvement of the opinion leaders within the community in the program.

Impact of program on daily practice

Most of the workers affirmed that the program impacted positively and negatively on their daily practice. They reported feeling increased job satisfaction as they could finally do the work they were meant to do and satisfy their conscience. They did not have to turn

patients away anymore because they could not afford it or there was no equipment within the health centre (the health care centres were provided with some equipment). Health workers however felt that they now had to do more work and were not too happy with it especially the administrative part. There were some concerns over the effective management of the administrative part of the project and the amount of 'paper pushing' involved. As one health worker put it '...there needs to be regular meetings and conferences of those involved in implementing the program in the field so as to find the best way to solve the practical issues which arose day to day during implementation and how to handle all the data filling and the forms.'

Perceived impact on patients

Health workers generally agreed that the impact on patients was positive although there was some anxiety over the level of care dispensed because of the increased volume of patients visiting the facility. Most of the health workers were quite happy with the positive feelings from the patients and were worried about what would happen if the program was suddenly stopped or the funding ran out.

Sustainability, expansion and scaling up of the program

There were strong concerns expressed over the long term sustainability of the program from the government side. One health worker stated that '... the government should earmark funds for the long term provision of the program.' However, only a few of the health workers expressed concern over being able to continue working with such high patient load. Some health workers felt the load would drop over the long term once the maternal and child health improved in the community.

Fig 1

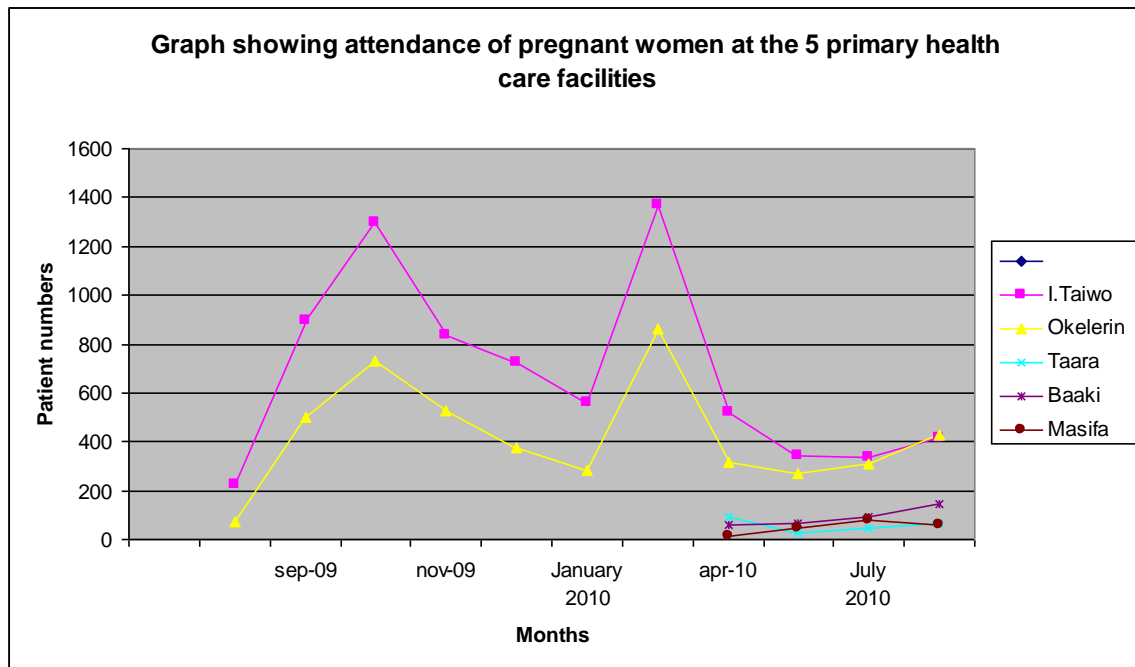
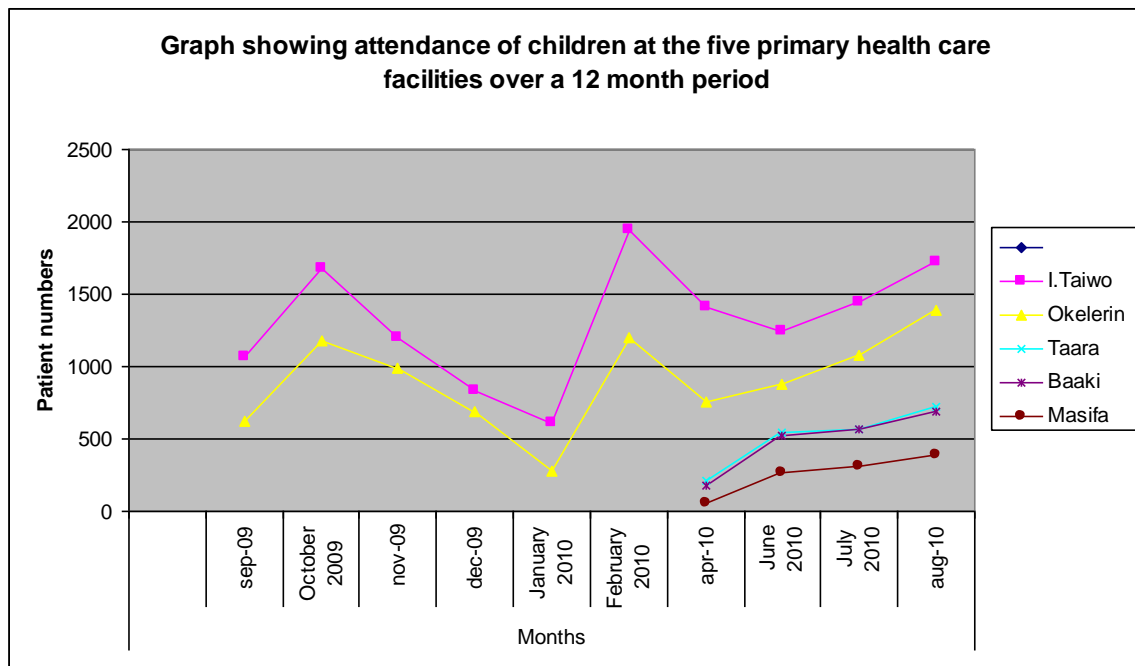


Fig 2



Discussion and Conclusion

This study was aimed at determining the impact of a public private partnership pilot project aimed at reducing the burden of maternal mortality, on health workers in the South western part of Nigeria. The results generally show that job satisfaction and motivation improved following the increased resources available to the health workers to carry out their work. This is comparable to studies carried out on health worker motivation in Benin and Kenya where it was shown that health workers often felt frustrated and de-motivated when they could not practice their profession due to a lack of resources [5].

However the challenge posed by the success of the pilot project is the overload of the primary health care centre facilities as an increased number of patients start to patronize its facilities. The interview results show that the increased numbers of patients are impacting the quality of work performed by the staff as well as their capacity to work as they have to deal with work loads the primary health care facilities were not designed for. The graphs show the increased attendance of women and children to the Primary health care centres over the period of 11 months. Ibrahim Taiwo and Okelerin were the first to implement the program and the others followed. The dips in attendance evident in both Okelerin and Ibrahim Taiwo reflect a brief period when the financing was halted for a few weeks due to administrative reasons.

Similar studies show that poorly staffed hospitals were positively correlated with burnout among hospital staff and poor patient satisfaction [6]. This could also have a long term impact on the sustainability of the project, a study on the declining subscription to a mutual health insurance in Guinea Conakry revealed that poor quality and not the individual premiums (under 2 US dollars) as the strongest reason for the lack of interest in the scheme [7].

There was a belief among the staff that a critical point could be reached where the number of patients would peak and once the maternal and child health requirements of the community were met this demand would start to fall. However studies show that

patients do not necessarily demand for only medical services alone when they patronize a health care system but health itself [8], this implies therefore that the demand for health is elastic hence the assumption by some of the health workers that the demand will fall once the maternal and child mortality rates fell is rather weak.

Most of the health workers expressed some concern over the long term sustainability of the project and the government's ability to continue funding the project. A cost benefit analysis of the project by the United States Agency for International Development (USAID) showed that the project invested a sum of 13.3 million US dollars over a period of 15 months and reaped a benefit of 85.5 million US dollars in terms of maternal and child lives saved. However they also reported that at current enrolments the program was likely to run out of funding from the HIPC initiative as early as 2014 [4]. In the report it was recommended that the Government of Nigeria leverage the scaling up and expansion of the program to funds from other sources in addition to involving other tiers of government like the local and state levels in the financing and support of this program. Funding mechanisms to ensure the sustainability are a critical necessity for the project

A critical part of the success in scaling up of the program will include aligning the needs and motivations of stakeholders like the health workers to those of the project. Evidently the pilot has shown that the project would likely lead to an increased patient load which could have a multitude of impacts on the health care system. Even though job satisfaction increased amongst health workers as a result of the project, it is not clear how much the adverse effects of increased work load will have on the health worker, patient, and the system in the long term and on the eventual scaled up program. In addition to earmarking funds to support the program the authors of this paper recommend considering both demand and supply side measures in health service provision during the scale up process. This is particularly important to ensure the quality of care does not fall. Such measures could include streaming patients and using standardized guidelines to optimize patient management and patient flow patterns In order to ensure the successful scale up of the project it is also the opinion of the authors of this paper that the project should also focus on achieving and maintaining the motivation among the health workers

that occurred in the pilot phase of the project. Training and sharing of information, knowledge and experiences across program officers and health workers in the field is important to sustain and facilitate the learning process during the implementation phase of the project among health workers and increase its acceptability.

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