

SCIENCE FOR HEALTH – ENSURING UNIVERSAL ACCESS TO HEALTH (A VIEW FROM NIGERIA)

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Some facts about access to health care: (WHO, 2010)

- About a billion people suffer each year because they cannot obtain the health services they need.**
- About 150m of the people who do use health services are subjected to financial catastrophe annually & 100m are pushed below the poverty line as a result of paying for the services they receive.**
- In the next 20years, 40-50m new health care workers will need to be trained and deployed to meet the need.**

Access has three dimensions: (Shengelia, Tandon, Adams, & Murray, 2005; Thiede et al., 2007)

- **Physical accessibility**
- **Financial affordability; and**
- **Acceptability**

Physical accessibility

- This is understood as the availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organization and delivery that allow people to obtain the services when they need them.
- Services available must be relevant and effective if the population is to 'gain access to satisfactory health outcomes' (Gulliford et al., 2002)

Financial affordability

- This is a measure of people's ability to pay for services without financial hardship.
- It takes into account not only the price of the health services but also indirect and opportunity costs (e.g. the costs of transportation to and from facilities and of taking time away from work)

Financial affordability cont'd

- **Health insurance also has the potential to promote access to quality health care. (Ibiwoye & Adeleke, 2008)**
- **Short term impact assessment of NHIS in Kwara State showed that it enhances financial protection in that it reduces out-of-pocket health expenditures by on average 1000 Naira per person per year (despite increasing utilization) representing an average reduction of 40% (Akande, Aderibigbe, Osagbemi, Uthman, & Durowade, 2013)**

- **Recently, attention has shifted to what the goal should be: whether universal coverage or universal access.**
- **Universal health coverage (UHC) is the goal that ALL people obtain the health services they need without risking financial hardship from unaffordable out-of-pocket payments.(Evans, Hsu, & Boerma, 2013; Vega, 2013)**
- **Improving access is thus a step to attaining UHC.**

- **Access to health services makes people more productive & active contributors to families & communities, also ensures children can go to school**
- **UHC is attained when people actually obtain the health services they need and benefit from financial risk protection. Access, on the other hand, is the opportunity or ability to do both of these things. Hence, UHC is not possible without universal access.**

Acceptability

- This captures people's willingness to seek services.
- Acceptability is low when patients perceive services to be ineffective
- Social and cultural factors such as language, age, sex, ethnicity or religion of patients or health provider also influences acceptability.

Acceptability cont'd

- Disparities have been observed in the acceptability of health care services among different racial and ethnic groups in spite of similar level of income and health insurance coverage. (Weinick, Zuvekas, & Cohen, 2000)

Making Universal Access to Health (UAH) possible

- **Health systems financing – that include: raising funds for health; reducing financial barriers to access through prepayment & funds pooling (Insurance) in preference to direct out-of-pocket payments; & allocating /using funds in a way that promotes efficiency & equity. (WHO, 2010)**
- **Health workforce - A knowledgeable, skilled and motivated health workforce is critical for reaching UHC. (WHO, 2010)**

Making UAH possible cont'd

- **Health statistics & information systems – They are critical & vital for public health decision making, health sector reviews, planning & resource allocation as well as programme monitoring & evaluation.**
- **Health systems service delivery – People-centered care & integrated services that is focused on the health needs of people & communities, rather than on diseases.**

- * Affordability – a system for financing health services so people do not suffer financial hardship when using them. Forms of financial risk protection that pool funds to spread the financial risks of illness across the population, allow for cross subsidy from rich to poor & from healthy to ill will increase access to both needed services and financial risk protection.(e.g. NHIS)**

- * Access to essential medicines & technologies to diagnose/treat medical problems. The requirement that services be physically accessible is fulfilled when these are available, of good quality and located close to people.**

- * A sufficient capacity of well-trained, motivated health workers to provide the services to meet patients' needs based on the best available evidence.**

It also requires recognition of the critical role played by all sectors in assuring human health, including transport, education and urban planning.

NATIONAL INSURANCE HEALTH SCHEME (NHIS)

DECREE 35, 1999

- **A. Determine overall policies of the scheme**
- **B. Ensure their effective implementation**
- **C Assess periodically research, consultancy and training programmes of the scheme**
- **D Arrange financial and medical audit**
- **E Set guidelines for effective cooperation**
- **F Ensure public awareness of the scheme**
- **G Any other relevant matter**

NHIS OBJECTIVES

- **ensure every Nigerian has access to good healthcare services**
- **protect families from financial hardship**
- **limit the rise in healthcare services costs**
ensure equitable distribution of costs
- **maintain high standards and efficiency of healthcare delivery**
- **improve and harness private sector participation**

NHIS OBJECTIVES-2

- **ensure adequate distribution of health facilities in the federation**
- **ensure equitable patronage of all levels of healthcare**
- **ensure availability of funds to the health sector for improved services**

NHIS RESPONSIBILITIES

- **Registration of HMOs and HCFs of the scheme**
- **Issuance of appropriate guidelines**

Approval of format of contracts proposed by HMOs for all HCFs

Determination of capitation fees

Advice on inter-relationship with other social security services

Advice on continuous service quality improvement

Determine and pay staff salaries and allowances

NHIS VISION

- **“A strong, dynamic and responsive National Health Insurance Scheme that is totally committed to securing universal coverage and access to adequate and affordable healthcare; in order to improve the health status of Nigerians, especially for those participating in the various programmes/products of the Scheme”**

NHIS MISSION

- **MISSION To facilitate fair-financing of healthcare costs through pooling and judicious use of financial resources to provide financial risk protection and cost-burden sharing for people against high cost of healthcare through prepayment prior to their falling ill and provide regulatory oversight to Health Maintenance Organizations and participating Healthcare Providers**

NHIS ACTIVITIES

- **Production of comprehensive operational guidelines to include programmes to achieve universal coverage, standards and accreditation requirements, records to be kept and offences and penalties**
- **HMOs and HCFs accredited and functioning**
- **By Sept. 2013, of 5.2m enrolees, 2.5m were public servants, mainly Federal**

NHIS ACTIVITIES 2

- **Leadership change in November 2013**
- **Enrolment reached 7.4m one year later**
- **Additional 24m primary school children to join in Jan 2015**
- **Mobile telephone enrolment is being experimented upon**
- **Community based schemes have mushroomed**
- **New programmes for tertiary education students have been rolled out**
- **Twenty one states have embraced the scheme**

NHIS CHALLENGES

- **Alternative practitioners**
- **Medical ‘Quacks’**
- **Faith based healers**
- **Funding**
- **Policy consistency or lack thereof**
- **Educational-no scientific base, lack of insurance culture**
- **Social inequities**



NIGERIAN ACADEMY OF SCIENCE

- **Fostering a science based culture**
- **Forum on Evidence based health policymaking**
- **Public lectures/Symposia**
- **Award of prizes**
- **Youth Programmes**
- **Preparation and dissemination of statements**

CONCLUSION

- **UAH is ensured when all people irrespective of social or economic status is able to access health services at all times and financial risk protection systems are accessible, affordable and acceptable. Thus, universal access to health makes UHC an attainable goal.**

- **“I regard universal health coverage as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care.”**

Dr Margaret Chan, WHO DG



THANK YOU

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