



State-Supported Health Insurance Conference

A CONFERENCE ON RESEARCH, LESSONS LEARNED & CAPACITY BUILDING FOR STATE-SUPPORTED HEALTH INSURANCE

21 July 2015, Ilorin, Kwara State, Nigeria

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Introduction

Since 2007, the Kwara State Government, Hygeia Community Health Care, Health Insurance Fund and PharmAccess, with the support of the Dutch Government have been implementing a state health insurance program to provide access to affordable and quality healthcare for people in rural Kwara. The services include primary healthcare, maternal and child healthcare and treatment for chronic diseases, malaria, tuberculosis and HIV/AIDS opportunistic infections. Currently, over 110 000 people are enrolled in the program.

The Kwara State Health Insurance Program has an integrated approach of addressing the demand for and supply of healthcare. By introducing standards, the program has been able to reduce risk and increase trust in the health system, which has led to an upward spiral of higher quality healthcare, more people willing to pre-pay for health and steady revenues for healthcare providers. With increased revenues, leveraged by state and donor funding, local capacity and infrastructure for healthcare is being developed. The Kwara State Health Insurance



Program is a public-private partnership, which the UN Secretary-General Ban Ki-moon described as groundbreaking and innovative.

Both public and private primary healthcare centers and hos-

pitals are involved in the provision of healthcare. Hygeia Community Health Care administers the health insurance program. Investments have been made in administrative infrastructure to ensure transpar-

ency, accountability, efficient business practices and quality control in the health system. Until December 2013, the Kwara State Government paid about 60% of the premium subsidy for the enrollees. Since 2014,



Kwara State Health Insurance Program wins FT/IFC Transformational Business Award 2016

The Kwara State Health Insurance program won the prestigious 2016 FT/IFC Transformational Business Award for its achievements in improving maternal and infant health. In the words of the FT/IFC judges, the program is 'filling a tremendous systemic need for access to quality healthcare for women and children by forging partnerships with government, foundations, the private sector and the healthcare community.'



due to the tight financial situation, the Kwara State Government has been experiencing challenges in meeting its financial obligations to the program. The partners have been working towards a solution for the long term financing of the program, which includes the setting up of a Kwara State Health Insurance Fund. Obviously, there are prospects but also challenges in transitioning into this new financing model.

A unique element of the Kwara State Health Insurance Program is the research component. Rigorous biomedical and socioeconomic impact evaluations are conducted by the University of Ilorin Teaching Hospital, Amsterdam Institute of Global Health and Development and Amsterdam Institute of International Development to continuously measure the impact of the program and stimulate effective implementation.

Also, research is conducted into the cost-effectiveness of maternal healthcare and the prevention of cardiovascular diseases as well as households' financial and health diaries to understand how low cash at hand and poverty affect people's ability to enroll in health insurance or renew their membership. The research partnership has resulted in significant research capacity building. More than 50 publications

and peer-reviewed papers have been published in internationally renowned journals.

The Conference

On Tuesday 21 July, the University of Ilorin Teaching Hospital (UIITH), the Kwara State Government, Hygeia Community Health Care and Pharm-Access organised a conference in Ilorin on the Kwara State Health Insurance Program. The conference provided an opportunity for experts from the private sector, academia, government, non-governmental organizations, donors and local communities to discuss the research and lessons learned, as well as their implications for capacity building and the delivery of affordable and quality healthcare in Nigeria. It was the first time that a state in Nigeria held a conference on research and lessons learned from a state-supported health insurance program. The research presented was carried out by University of Ilorin Teaching Hospital, Amsterdam Institute for Global Health and Development (AIGHD), Amsterdam Institute of International Development (AIID) and other research institutes in Nigeria. The Nigerian Medical Association accredited the conference, which enabled doctors to receive points towards their continuous education and training program.

Over 400 people attended the conference, including the Deputy Governor of Kwara State, His Royal

Highness, The Emir of Shonga and representatives from the Kwara State Government, National Health Insurance Scheme (NHIS), the Royal Netherlands Embassy, the World Bank, Ogun, Delta, Lagos and Ekiti States, Bill and Melinda Gates Foundation, Well Being Foundation Africa, Country Coordination Mechanism of the Global Fund (CCM), National Agency for the Control of AIDS (NACA), Nigerian Medical Association and local government areas and diverse ministries of Kwara State.



The conference was chaired by Professor Akin Osibogun, from Lagos University Teaching Hospital, and officially opened by the Deputy Governor of the Kwara State Government, Elder Peter Kishira, on behalf of the Executive Governor.

The main outcomes of the impact evaluation of the Kwara State Health Insurance Program are that more people are able to reduce out-of-pocket health expenditure as well as increased access to affordable

quality healthcare. This translated into better health outcomes as measured by the researchers for maternal and child health and hypertension. Better access to quality care through insurance led to a significant drop in blood pressure of patients suffering from cardiovascular disease, while more babies were delivered in the safe environment of a hospital.

Kwara State has become the second-best performing state in Nigeria in maternal and child care according

'People benefit from results, not (just) the input, which is why the custodians of this program should be congratulated for being results-focused'

Dr Oluwole Odutolu World Bank, Nigeria

to the 2008-2013 Heat Map analysis of Mother and Child care by the World Bank's country office in Nigeria.

Another important aspect of the research project was the research capacity building in Kwara State. The research partners invested in the research capacity of UIH and in Ogo Oluwa Clinic: new research facilities, equipment such as computers, ECG machines and other medical appliances; training health workers, nurses and researchers; provide exchange opportunities for Ph.D students; technical support for resident doctors and consultants from different fields.



Opening Statements



Deputy Governor of Kwara State, Elder Peter Kishira, on behalf of the Executive Governor

In 2007, the Kwara State Government made a visionary endeavor of engaging in a unique public-private partnership model to initiate the health insurance program. The Kwara State Health Insurance Program has contributed enormously to building health systems to deliver quality healthcare for people at the bottom of the pyramid. It has contributed towards the federal government's objective of attaining universal health coverage. The Kwara State Health Insurance Program has achieved some significant milestones. It is currently being implemented across 13 LGAs in the

state by the Kwara State Government; it has 110 000 beneficiaries; and over 600 000 clinic visits have been recorded. The State has also enacted a health insurance bill and signed a Memorandum of Understanding to expand the coverage of the program to one million rural poor in the state.

The Kwara State Government is committed to paying the premium subsidies. Moving forward, the Kwara State Government has ambitions to extend the program to all rural communities across the state and also to incorporate all Kwara State's civil servants into the program. An agreement was signed in 2013 between Kwara State, PharmAccess, HIF and HCHC to work on the long-term financing of the program. The establishment and capitalization of a Kwara State Health Insurance Fund is a key priority for the partnership. It is the first time that a state in Nigeria is setting up such a Fund so obviously there are challenges to overcome due to the tight financial situation in the country.



His Royal Highness, the Emir of Shonga, Dr Haliru Yahaya

'The results of the Kwara State Health Insurance Program and the efforts of the Kwara State Government have set the pace for other states to adopt this model to help achieve UHC in Nigeria.'

The conception and realization of the Kwara State Health Insurance Program is both an example of the proactive and commendable political commitment required to make access to affordable healthcare a reality. The quality of partnerships among different stakeholders and accountability are some of the key defining traits of the Kwara State Health Insurance Program. Such qualities position the program as a learning organization that is simultaneously evolving and adapting to key lessons drawn from research and implementation. The prospective commitment of the National Health Insurance Scheme (NHIS) is a step in the right direction. This could help strengthen the insurance program and therefore should be commended. For the program to be sustainable there is need for stimulating socioeconomic development in the rural communities especially among the target population in order to induce liquidity for affordability of the co-premium.

Context: An Overview of the Kwara State Health Insurance Program

'I advise other community members to join the insurance scheme because it gives you peace of mind. It helps save and divert money from hospital bills to other uses like educating the children.'

Issa Soma Etsu Dean - 37 years old, married with 2 children



A Paradigm Shift in the Financing and Delivery of Quality Health Care for Low-Income People: The Case of Kwara State Health Insurance Program

Mrs. Fola Laoye, Chair Hygeia Group, Dr. Kwasi Boahene, PharmAccess

While Nigeria constitutes 2% of the world's population it records up to 14% of global maternal deaths. More than 12% of children born in Nigeria will not reach their fifth birthday. Like in most African nations, the limited investment in the health sector and limited availability of health insurance lead to high out-of-pocket health expenditure (66% of total healthcare expenditure in Nigeria), less demand for healthcare services and ultimately poor quality of healthcare. Additionally Nigeria's health outcomes are also limited by generally poor infrastructure and household poverty. In Kwara State, one of Nigeria's poorest states, over 90% of the population falls within the lowest wealth quintile. Access to quality healthcare is extremely limited. These factors motivated the Kwara State Government and local insurer Hygeia to enlist the support of Dutch partners in addressing the immense challenges in this region.



The Kwara State Health Insurance Program addresses challenges on both the demand and the supply side of the health system by:

- Providing subsidized health insurance for low-income people to give them access to health insurance and healthcare;
- Improving access to healthcare by stimulating investments in the health sector;
- Setting and raising quality standards for public and private health facilities.

The development of SafeCare, a quality improvement program designed for resource-restricted healthcare facilities, has offered clinics positive incentives to move steadily upwards in quality and provided patients with insight into quality levels.

When quality improves, cross-subsidization and risk equalization in efficient state risk-pooling mechanisms can be introduced through community insurance.

The program is focused on achieving the following aims:

- To support communities to increase utilization of health services
- To reduce out-of-pocket health expenditures
- To improve health outcomes

The Kwara State Health Insurance Program has shown that the combination of state-wide health insurance, loans for clinics and clinical quality standards is making important contributions towards achieving not only the set program objectives (outlined above), but also to achieving bigger national and global targets such as reducing child mortality, improving maternal health and eradicating extreme poverty. To date over 110 000 people in Kwara State have enrolled into the health insurance program.

The Kwara State Health Insurance Program has been recognized as a model for state-supported health insurance. For instance during the Presidential Summit on Universal Health Coverage (7-10 March 2014), the Kwara program was repeatedly cited as a best practice for achieving Universal Health Coverage in other Nigerian states. It also won an OECD Award for Taking Development to



Scale (2014) and a Saving Lives at Birth Award for Innovations in Maternal Care (2014).

The Kwara Government has committed to expand the program to 600 000 people in rural Kwara. The setting up of an independent State Health Insurance Fund is critical to

mobilizing resources from diverse resources - locally and internationally - to finance the program. The Kwara State Government, Hygeia Community Health Care, Health Insurance Fund and PharmAccess are committed to working towards setting up of this fund, the first of its kind in Nigeria.

Experience from Facility Perspective

'The Kwara State Health Insurance Program has increased the capacity and skills of healthcare providers to deal with the challenges associated with the provision of better quality of care.'

Dr J. K Agbede, M.D. Ogo Oluwa Hospital, Kwara State



Investing in Healthcare Quality and Health Insurance: A Healthcare Provider's Perspective
Dr. J. K Agbede, Ogo Oluwa Hospital

Healthcare investment revolves around money, time, infrastructure and man-power. If correctly deployed, these inputs can help strengthen capacity of the health system through an improved healthcare supply chain. While private care providers serve over 50% of all the care needs, they face a lot of challenges especially in rural settings. Some limiting factors to healthcare interventions in the rural communities are the shortage of skilled man-power, general lack of basic social services and industrial presence, as well as stiff competition from quackery and illegal drug peddling.

The Kwara State Health Insurance Program (KSHIP) has stimulated a significant increase in utilization of healthcare services and improvement of health outcomes among the target groups - rural communities. Healthcare providers now have a steady income from the premiums paid by



enrollees. With increased incomes, providers are able to plan for and invest in healthcare quality. Health investments in the private sector have also created platforms for capacity building and medical trainings; health education on promotive and preventive healthcare measures; as well as health-oriented corporate social responsibility in host communities.

Further investments could foster multi-sector infrastructural development, increased employment of skilled staff and further reverse the daunting health indicators in rural communities in Kwara. Thus, the KSHIP has empowered the private providers to be better equipped to withstand the challenges of practicing in a rural settings.

Research Methodology & Findings

'The beauty of the Kwara State Health Insurance program is that research was conducted from the outset. The motivation behind doing this research was to provide evidence for program impact, opportunities for improvement and the rationale for scaling up.'

Prof T.M. Akande, University of Ilorin Teaching Hospital (UIITH)



Prof T.M. Akande, University of Ilorin Teaching Hospital (UIITH)

Research Methodology

In order to help improve capacity building on research among research and medical practitioners, the conference devoted a considerable amount of time to an explanation of the research methodology. The strength of the research program around the Kwara State Health Insurance Program is that research was conducted from the outset. This way, the research could provide evidence for program impact, opportunities for improvement and rationale for scaling up. To achieve robust research findings it is important to use an academically sound research design and methodology. The research consists of both quantitative and qualitative approaches and covers different disciplines.



Impact evaluation by Prof. van der Gaag, AIID

The impact evaluation was done using three waves of population-based household surveys conducted in 2009, 2011 and 2013, in both a program area (Afon and Aboto Oja) and a control area (Ajasse Ipo). The study measured both the impact on the program area as a whole (the intention to treat - ITT) and the impact on the people that actually enrolled in the insurance (the average treatment effect on the treated - ATET). These impacts were measured differently. The intention to treat looks at the whole population,

regardless of whether individuals actually enrolled into the program. This ensures that any spillover effects are also taken into account, such as uninsured people who make use of the upgraded program facilities. A difference-in-difference method, calculating the difference between the program and the control area between baseline and endline, is used to calculate the intention to treat. The average treatment effect on the treated looks only at the impact of the program on the individuals that actually enrolled in the insurance program. The advantage of this meth-

'The two-pronged strategy of the Kwara State Health Insurance Program- subsidized health insurance and upgrading of health-care facilities - ensures that both insured and uninsured people have access to quality health care.'

Prof. Jacques van der Gaag,
Amsterdam Institute of International
Development (AIID)



od is that it is possible to look at the effect of the specific treatment and not at the intention only. The method used is propensity score matching, which compares differences over time between the insured and comparable individuals (based on a number of observable characteristics) in the control area. Impact is measured on several socio-economic and bio-medical indicators.

Financial and health diaries by Marijn van der List, MSc, AIID

Other research approaches were also used. One example is an innovative method of collecting data: the financial and health diaries. Over the course of a full year, 120 households were visited on a weekly basis and interviewed about their financial lives. These households were also asked about their health seeking behavior, also on a weekly basis.

Having more frequent interviewing has several advantages over the regular household surveys that usually take place less frequently. The main benefits are that seasonal effects can be picked up, that weekly financial and health events can be linked directly, and the shorter recall period resulting in more accurate and complete accounts of both finance and health occurrences.

PhD students

Many students performed their PhD research using data collected within the Kwara State Health Insurance program. Two of them, Dr Deji Aderibigbe and Dr Femi Odusola, presented their work on maternal and child health and hypertension respectively.



Whilst progress has been made globally since the United Nations Millennium Development Goals (MDGs) were defined in 2001, maternal and new-born mortality remain unacceptably high in most sub-Saharan African countries, including Nigeria (Kassebaum et al, 2013; Wang et al, 2014; Bhutta et al, 2013). Easily accessible hospital delivery care, including emergency obstetric care, is generally recognized as the best way to lower high maternal and new-born mortality (Campbell et al, 2006; Bulatao et al, 2003; Bhutta et al, 2008). An estimated 74% of maternal deaths could be averted if all women had access to emergency obstetric care (Wagstaff, 2004).

Research Findings

Impact of the program on healthcare utilization and out-of-pocket expenditures by Prof. Jacques van der Gaag, AIID

Each year, 150 million households fall into poverty due to illness and injury (income loss and out-of-pocket health expenditures) (WHO, 2008). Improving access to healthcare through re-

ducing the financial barriers will help reduce these negative effects.

The research has shown the following impact:

- A doubling of healthcare utilization of any healthcare provider.
- A tripling of healthcare utilization of modern healthcare providers.
- A decrease of healthcare spending in the short term (after two years),

with a return to baseline level in the medium term (after four years), while healthcare utilization doubled.

The above mentioned effects are equally distributed among the different subgroups (gender, age, income). (Gustafsson-Wright et al, under review 2015)

Impact and costing of maternal care by Daniëlla Brals, MSc, AIGHD

The research has shown:

- High enrollment in the Kwara State Health Insurance Program (KSHIP) among pregnant women at the time of delivery, up to 69% by May 2013 and an increase of 55% in hospital deliveries after the introduction of the program.
- More hospital deliveries among both the insured and the uninsured in the program area compared to the control area, suggesting the facility upgrades of the program also

- have an effect on the uninsured.
- That the KSHIP is very cost-effective as the incremental cost effectiveness ratio (ICER¹) is well below the willingness to pay, which determines whether an intervention is cost effective. (Brals et al, under review 2015)

Impact of the Kwara State Health Insurance Program on acute malnutrition by Dr. Deji Aderibigbe, UITH

In Nigeria the infant mortality rate was 69 per 1,000 live births for the five years preceding the survey, the child mortality rate was 64 per 1,000 children surviving to age 12 months, and the under-5 mortality rate was 128 per 1,000 live births. With regards to growth and development vis-a-vis malnutrition, the Nigerian demographic and health survey shows that 36.8% children under five are considered to be short for their age or stunted, while 21.1% are severely stunted. In Kwara state, prevalence of stunting is put at 27.1% with 10.1% being severely stunted while 6.5% are wasted with 1.4% being severely wasted (DHS, 2013).

This study conducted among families with children under five has shown that:

- At the beginning of the KSHIP, the prevalence of acute malnutrition was extremely high at 10%; a prevalence greater than 5% is alarming according to the World Health Organization.
- Over 60% of the children in the sample were reached by the KSHIP and the ones that need medical care more often enrolled in the program.
- Healthcare utilization is highest

among insured children in KSHIP. This higher healthcare utilization significantly mitigated acute malnutrition in insured children who were malnourished at baseline. (Aderibigbe et al, yet to be published)

Impact of the Kwara State Health Insurance Program on cardiovascular disease treatment by Dr. Constance Schultz, AIGHD

Cardiovascular diseases (CVD) are the leading causes of death worldwide, with over 80% of CVD-related mortality occurring in low- and middle income countries. In Nigeria, 7% of all deaths are caused by cardiovascular diseases. Reducing systolic blood pressure leads to major health benefits (Hendriks et al, 2012) but requires access to care.



The studies on CVD care have shown:

- An early impact on mean blood pressures in the population with hypertension, while a sustained impact was found on mean systolic blood pressure in the population with moderate to severe hypertension. (Hendriks et al, 2014)
- That the implementation of guidelines for the treatment of CVD risk factors resulted in high quality of care, comparable to the quality of care observed in high-income countries. (Hendriks et al, 2014)
- That direct costs could be reduced by 42% through task shifting and minimizing diagnostic testing. Testing innovative service delivery models is recommended. (Hendriks et al, 2014)

Enrollment: How do poverty, low cash at hand and health shocks determine enrollment? By Dr. Kayode Osagbemi, UIH

In the absence of formal health insurance, households adopt a wide range of alternative risk management strategies to cope with health shocks (dis-saving, borrowing, selling livestock or assets, household labour reallocation, informal risk-sharing, reducing consumption) or foregoing care (Dercon,



2002, 2005). The scope for health insurance appears large. Impact studies of health insurance show large effects on health expenditures and health-care utilization (Brookings Institution, 2008; Ekman, 2004). However, enrollment rates in health insurance remain generally very low (De Allegri, 2009; Cole et al, 2010). Increasing the size of the risk pool is crucial for the sustainability of insurance schemes. The financial and health diaries were conducted to investigate the financial barriers for enrolling in health insurance.

The financial and health diaries study has revealed that:

- Clear seasonal patterns exist in financial transactions (income, expenditures, savings, etc.), health expenditures and enrollment and renewal within the Kwara State Health Insurance Program, which are confirmed by econometric analysis. Most activity is measured during the rainy season.
- Renewal is highly correlated with experiencing a health shock which makes the value of insurance more salient.
- Low cash at hand (liquidity) when falling ill leads to individuals seeking less formal healthcare, delaying their visit and spending less money

in a clinic (cost saving). These effects are most pronounced for the uninsured, indicating that the Kwara State Health Insurance Program offers partial protection from the negative effect of low cash at hand on health seeking behavior.

These findings have resulted in policy recommendations such as aligning marketing activities with seasonal trends, improving quality of care (especially softer aspects) and looking into reducing the financial barrier for the poorest. (Janssens and Kramer, yet to be published)

Plenary Discussions

Uniqueness of program and data

Discussions revealed that one of the unique selling points of the Kwara State Health Insurance Program (KSHIP) is the linkage of data and research to program implementation. This is an important feature of the project, considering the challenges pertaining to the availability, accessibility and reliability of data on demographics, disease burden and household incomes of various target groups in Nigeria. All of this data is needed to design a comprehensive and sustainable health insurance program, but is often very hard to obtain.

Involvement of partners

It is noteworthy that from the inception of the program, the Kwara State Government has been largely involved in the health insurance program. Funding responsibilities have been shared between the Kwara State Government and its partners Political will, in this case from the state and the traditional leadership, is vital to the success of any health insurance program.

Out-of-pocket expenditures

The initial reduction in the out-of-pocket expenditures within the program area was followed by an increase back to the baseline level four years after the program was implemented. Professor van der Gaag remarked that this could potentially be due to travel expenditures, as increased access to and utilization of healthcare services could have resulted in more travel time for patients. The increase in out-of-pocket expenditures could also be due to the fact that some enrollees went back to buying their drugs from patent medicine vendors to avoid lengthy travel and waiting times at the program facilities. However, the remarkable achievement here is that while healthcare utilization doubled, costs remained the same.

Scaling up/sustainability

The drive to scale-up the program has to be matched by additional funding to support quality improvements. Organizations such as the International Finance Corporation (IFC), the sister organization of the World Bank, could

be strategic partners in this regard. According to the representative of the World Bank at the Kwara conference, the IFC is vastly experienced in working with the private sector and is constantly exploring new opportunities for potential collaborations. Initiatives like the Kwara State Health Insurance Program (KSHIP) cannot depend financially on donors indefinitely, so other financing mechanisms must be explored.

Enrollment in health insurance

Mobile technologies can play a significant role in the enrollment process. The Kwara State Health Insurance Program (KSHIP) is currently experimenting with the use of mobile technologies to share information and promote the health insurance program. The goal is the recruitment and retention of more enrollees. Given the ubiquity of the mobile phones in the state, University of Ilorin Teaching Hospital, in partnership with Hygeia and Pharm-Access, conducted a study on the willingness and ability of patients to use mobile technologies for health.

Some challenges facing enrollment and re-enrollment are the attitudes and awareness of patients regarding healthcare issues. For instance, it has been observed that people expected politicians (or philanthropists) to bear the entire costs of their health insurance premiums. This was also the case at the inception of the KSHIP. These challenges were successfully addressed by continued health education and community mobilization. Among the target communities in the program, there are people who have taken ownership of the initiative and have become local advocates lobbying their neighbors to join the program. As a result, it may prove beneficial to formally adopt the idea of community-level advocates for the health insurance program.

Additional factors identified as being crucial for re-enrollment are quality of care and humane public relations between healthcare providers and patients at the facilities. If service providers do not strive to provide high quality services consistently, patients

Plenary Discussions

are unlikely to re-enroll once their contract term expires. In rural areas where the program is currently active, delivering high quality services is not always guaranteed and this impedes the level of trust clients' have in the healthcare sector in general.

Final thoughts

There is a need for constant innovation and involvement of the community, development agencies, and governments to implement and scale-up sustainable health insurance programs that deliver high quality healthcare. Stakeholders must explore innovative ways to assist those that cannot afford their premiums to ensure that programs remain inclusive. Health education and engagement of the local traditional structures can help expand the reach of the programs and reorient the attitudes of patients. It should be noted that the ambitions of the Kwara State Health Insurance Program (KSHIP) are exemplary. It took developed countries a long time to improve their health systems to the levels at which they are today

and even still they do not always get it right. As such, patience is needed to nurture programs like the KSHIP, into sustainable and robust health insurance programs that could serve as models for other states and regions in developing countries.



Lessons Learned

‘The Kwara State Health Insurance Program fulfils the aspirations of the federal and state governments towards achieving universal health coverage’

Dr. Olumide Okunola, Senior Health Specialist, IFC/World Bank

Lessons Learned from Implementation and research of the Kwara State Health Insurance Program
Dr. Peju Adenusi, Hygeia Community Health Care, Prof. T. Akande, University of Ilorin Teaching Hospital

The Kwara State Health Insurance Program (KSHIP) has proven to be a successful model of public-private partnerships in delivering quality healthcare to the low-income earners in rural Kwara State. In less than a decade since its inception, the program has grown tremendously and is currently operational in 13 Local Government Areas across the state. Strong public-private partnerships, political commitment, generous financial support from partners, operational research and the inclusion of essential healthcare services in the benefit package, have been identified as the key contributing factors to the success of the program. The evidence-based focus of the program is a significant

attribute of the KSHIP. Communicating research findings from the program to the private sector, donors, academics, the local community and all other stakeholders is essential for ensuring that continuous learning and improvement surrounding the program, and other similar future initiatives, will occur.

Through the research and implementation process, the successes and challenges encountered, a number of key lessons have been learned:

Research Lessons

Research Partnerships

Partnerships between international and local researchers were instrumental in bringing key insights from the local researchers to the attention of international researchers. In the same vein, the partnerships helped strengthen the capacities of the local researchers.



‘The lessons learned from the Kwara State Health Insurance Program are critical towards finding a sustainable financial solution to healthcare delivery in Nigeria’

Dr. Emmanuel Alhassan, Director of partnerships, NACA

Research as a unique forum

Sharing the results of the research process facilitated the creation of a unique forum for engaging different stakeholders in the healthcare process in Kwara State, which was previously lacking or not as visible as it should be.

The Necessity of Monitoring and Evaluation

In-depth operational research, parallel to implementation ensures transparency and supports evidence-based improvements in quality of service. It also helps researchers formulate their studies in a manner that ensures the usefulness and timeliness of their results to the improvement of the implementation process. Continuous monitoring and evaluation also aids in the adaptation of the program to the needs of the target community.

Administrative data

It is critical to obtain essential medical data on the target population and actuarial data on utilization and costs of healthcare services to accurately determine the size and cost of the healthcare package and to calculate the premium amounts. The benefit package must be tailored to fit the health needs of the target groups.

Implementation Lessons

Importance of Universal Health Coverage

The availability of quality medical care tends to vary inversely with the need for it in the population served, hence the relevance of the Inverse Care Law² among rural populations. By realigning the need for healthcare with the accessibility of quality healthcare, initiatives like the Kwara State Health Insurance Program can aid in the achievement of universal health coverage in the areas in which they operate, by ensuring that those at the bottom of the pyramid have access to healthcare.

The role of Government

The Kwara State Government was proactive and made a commendable choice by making access to affordable healthcare a priority on its development agenda. Programs like the Kwara State Health Insurance Program need such a strong display of political commitment to actively engage all stakeholders from the beginning.

Moving forward, there is need for stimulating socio-economic development among the target population to ensure that they can afford the

‘The Kwara State Government has demonstrated its commitment to continuity in policy and universal health coverage by implementing the Kwara program since 2007. It is an example worth emulating by other Nigerian states.’

Alhaji Abdulrafiu Ayinla, Permanent Secretary, Ministry of Health, Kwara State.

co-premiums. In addition, governments need to understand the risks involved in implementing health insurance programs in order to implement effective solvency regulations.

Scaling Up

Initiatives that leverage private-sector capacity and aim to lower the threshold for investments in private infrastructure are important. Scaling up and replication of such initiatives requires an increase in financing and the safeguarding of those finances. Concurrently, insurers, administrators and providers require considerable technical assistance to be able to effectively expand health insurance coverage to more low-income groups.



Partnerships

“The Public-Private Partnership in the Kwara State Health Insurance Program is a living proof that health insurance can be provided to low-income earners, which they have been able to implement through subsidized premium, cost-sharing, risk-sharing and provision of incentives”, Taco Westerhuis, Royal Netherlands Embassy in Nigeria.

Partnerships and collaborations yield more and better results. Public-private partnerships (PPPs³), for instance, promote risk-sharing among

a wide pool of players. They stimulate the mobilization of additional private resources by creating an enabling environment for the private sector thus avoiding the crowding-out of private resources. However, for public-private partnerships to flourish, they require the political support of the different state governments, such as the support given by the Kwara State Government to the Kwara State Health Insurance Program.

Participation of local communities

Driving active community participation through local structures ensures sustainability of the program, widens the risk pool and promotes goodwill among the community members. There is a need for timely engagement of stakeholders in program implementation, particularly from the outset of the program. Such timely engagement helps with getting stakeholders to buy-in and leverages this process to generate better outcomes for the program.

‘The Public-Private Partnership in the Kwara State Health Insurance Program is a living proof that health insurance can be provided to low-income earners, which they have been able to implement through subsidized premium, cost-sharing, risk-sharing and provision of incentives.’

Taco Westerhuis, Royal Netherlands Embassy in Nigeria

Footnotes

¹ ICER is the incremental cost per disability adjusted life year (DALY) averted in the Kwara State Health Insurance Program compared to the current practice of care.

² Julian Tudor Hart (1971) proposed that; "The availability of good medical care tends to vary inversely with the need for it in the population served. This ... operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced." (Tudor Hart, J. (1971). "The Inverse Care Law". The Lancet 297: 405-412)

³ "A public-private partnership (PPP) is a long-term contract between a private party and a government entity, for providing a public asset or service, in which the private party bears significant risk and management responsibility, and remuneration is linked to performance." (World Bank PPP Knowledge Lab). PPPs typically do not include service contracts or turn-key construction contracts, which are categorized as

public procurement projects, or the privatization of utilities where there is a limited ongoing role for the public sector. (<http://ppp.worldbank.org/public-private-partnership/overview/what-are-public-private-partnerships>)



PHARMACCESSGROUP

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