

Achieving Universal Health Coverage through NHIS Voluntary Contributors Social Health Insurance Programme (VCSHIP): Implication for Nursing Education and Practice

Ogundeji Kolawole Damilare

Clinic Nurse (ISON BPO Site Clinic), Axa Mansard Health Limited (HMO), Race-Cross Road, Sabo, Ibadan, Oyo State, Nigeria

ABSTRACT

Voluntary Contributors Social Health Insurance Programme (VCSHIP) is a flagship programme of the National Health Insurance Scheme (NHIS) under the informal sector and it is Nigerian government's way of scaling up universal health coverage based on World Health Assembly resolution of 2005. Before the emergence of the scheme, out of pocket (OOP) expenditure or user fee was the principal way of settling healthcare expenses, therefore; the scheme is aimed at providing accessible, affordable and quality care for the targeted Nigerian population at a reduced cost. However, the awareness of this important NHIS programme is low among the targeted population which invariably can be attributed to poor dissemination of the benefits of the scheme as against the traditional out of pocket payment by the healthcare workers to the clients. Specifically, Nurses are the largest component of healthcare workforce and have more contacts with the clients therefore they play central role in advocacy, counseling and educating the clients about the scheme. It is recommended that nurses diverse tutorial programmes should be step-up to accommodate current health care policies and programmes to improve nurses' awareness thereby improving clients access to healthcare services.

Key words: Health, Coverage, Voluntary, Social, Insurance, Nursing

INTRODUCTION

Health care coverage is an essential building block of sustainable development and it is an important index in measuring the growth of a nation. [1, 2, 3, 4] Achieving universal health coverage in Sub-Saharan

Africa has been dragging particularly in Nigeria. [5] Few success stories were only recorded in Ghana, Kenya and Rwanda. [6] Successive Nigeria government's health policies of providing health care financial security for the citizens have received scholars' attention for critiquing and appraisal. [3, 7]

Out of pocket payment was the primary means of settling healthcare bill in Nigeria [3,8,9,10,11] until 2005 when Nigerian government launched the National Health Insurance scheme (NHIS) under Act 35 of 1999 to provide available, accessible, affordable and quality healthcare for all Nigerians irrespective of their ethnic affiliation and socio-economic background. [12,13] In other words, the government optimized that the scheme will provide healthcare financial cover for the citizens and reduce the burden of out of pocket (OOP) payment [1, 2, 3, 5, 14, 15, 16]

NHIS has a mandate of providing health care financial security for both formal and informal sectors of the Nigerian social system. [17] This becomes imperative to improve the well being of the Nigeria citizens. [14] Therefore, NHIS has organized various social health insurance programmes to relieve her subscribers from the healthcare financial hardship. Some of the NHIS programmes include the formal sector which comprises of the public sector (federal, state and local governments) and organized private sector health insurance programmes. The informal sector comprises of Community-based social health insurance programmes (CBSHIP) and the voluntary

contributors social health insurance programmes (VCSHIP) [12]

Organisation and Content of Voluntary Contributors Social Health Insurance Programme (VCSHIP)

Recently the NHIS broke the ice when it fully implemented the voluntary contributors' social health insurance programme (VCSHIP) as a flagship programme aims at assisting vast majority of Nigerians who are not cover under the formal sector to be fully insured in the informal sector of the scheme. The participants include viable Nigerian business men and women with staff strength less than ten which is not categorized under the formal sector, an active self employed Nigerian not cover and categorized under the formal sector social health insurance programme (FSSHIP) but willing to participate in the scheme, individuals who have retired from government service and wish to continue under NHIS FSSHIP, extra dependants registered under the formal sector, political office holders, foreigners legally living in any part of Nigeria, individual with temporal residency status and Nigerians in Diaspora. [12]

According to NHIS operational guidelines (2012), the VCSHIP essentially allow Nigerians to contribute a premium of fifteen thousand naira (N15, 000 ≈ 41.7248USD) for health care coverage per annum which can also be renewed in the subsequent years. The accumulation of pre-payment revenue from the contributors is a pool of fund to cater for their health care consumptions. [1, 9, 18] Though expert opinion differs on the capacity of the VCSHIP fund to sustain the healthcare needs of the target population in the face of escalating health care cost emanating from improved health technology and advances in medical sciences.

The drawbacks of the scheme include: Firstly, the premium flat rate does not take into cognizance the very poor in the society since income distribution in most societies is highly skewed with a significant

proportion in low income bracket. [9, 14, 18] Nigeria is a 10/90 income country indicating a wide inequality between the rich and the poor and between the urban and the rural dwellers. [19] Whether the very poor in the communities/rural areas that live below the poverty line can afford the VCSHIP charges has generated heated debate.

Secondly, under the formal sector social health insurance scheme, the insured person is cover (till retirement) together with the spouse and four children (less than 18 years old). Conversely, under the informal sector, the voluntary contributors social health insurance programme only insured an individual within the specify period of health care coverage and additional premium will be required to cover the spouse and the children. This requirement for extra charges to cover the entire family divided scholars' opinion on its advantages over the regular out of pocket (OOP) mode of healthcare financing.

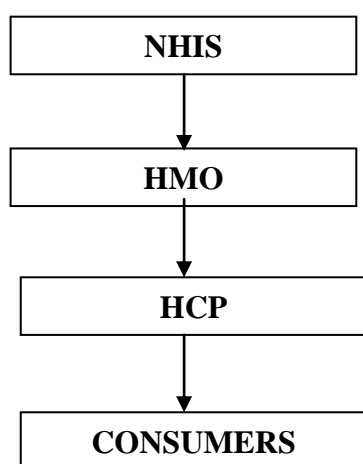
Notwithstanding, the VCSHIP has been seen as a crucible of social justice, fulfilling the mandate of the World Health Assembly (WHA) resolution of 2005 that all member states should make effort to ensure that citizens have access to needed healthcare services without falling risk of financial catastrophe. [8,19,20,21] The VCSHIP was meant to meet this mandate and it is a step in achieving universal health coverage [6, 9]

Again, VCSHIP basically aims at achieving wider health care coverage in Nigeria and report has shown that the scheme has indeed helped the few Nigerians who are aware to escape from the financial embarrassment of healthcare services. [2] The Health Maintenance Organizations (HMOs) serve as an intermediary between the NHIS, health care providers (HCP) and the enrolees who are the ultimate health care consumers. In essence, the health insurance scheme is a network of stakeholders who are responsible for the healthcare management system.

The National Health Insurance Scheme (NHIS) is the regulator of the

Nigerian health insurance scheme and the financier of health care services, the HMOs are licensed by the NHIS as middlemen to coordinate the mechanism of health care services rendered by the health care facilities and finally, the health care facilities (providers) provide health care services to the healthcare consumers. This typifies the usual public-private-partnership (PPP) as recognized by Chukwurah; [21] Campbell, Korie & Nnaji [13] and is a veritable and sustainable mechanism for attaining universal health coverage if properly coordinated.

Chain of Healthcare Financing In Nigeria Health Insurance Scheme



VCSHIP Awareness and Implication for Nursing Education and Practice

Essentially, as the voluntary contributors' social health insurance programme is laudable, there is low awareness about this scheme among the targeted Nigerian population. [2, 3, 15, 22] The programme since inception is only popular among the civil servants and organized private organizations [11] whereas this scheme is meant to cater for the individuals who are categorized under the informal sector. The utilization of this programme by the targeted population is quite low. This has been attributed to inadequate publicity in media and other social communication networks. [11] However, a significant perspective is the dissemination of the NHIS voluntary contribution scheme to clients by

healthcare workers in all spheres of health care services.

Nurses in particular form the largest percentage of the healthcare workforce and they are the healthcare workers the clients mostly come in contact with each time they visit the hospitals for health care needs. So, nurses' role is central to the achieving universal health coverage through proactive, continuous dissemination of NHIS programmes to clients. Nurses are expected to have first-hand information about health care services. Therefore, it becomes imperative for nurses in all care settings to extend their knowledge of NHIS programmes to healthcare consumers

Unfortunately, very little is known about nurses' awareness about the voluntary contributors social health insurance programme (VCSHIP) despite the proliferations of nurses' educational programmes throughout the federation. Ndie [22] study on NHIS awareness among the civil servants in Enugu and Abakaliki, Nigeria revealed 64% nurses awareness and concluded that the percentage is low since the scheme has to do with health care service in which nurses play a vital role in its implementation. Similarly, Lar Mafwalal, Ozoilo, Dakum and Ode [23] indicated 67% nurses' awareness and 78% active participation in NHIS.

There is a complete dearth of studies that specifically examined nurses' awareness and participation in voluntary contributors social health insurance programme (VCSHIP). Oral interview revealed that most nurses have heard about NHIS but do not know about VCSHIP as a programme by the NHIS. This implies that nurses have poor knowledge about the scheme and they could not impact what they themselves do not aware or understand to clients. This creates critical knowledge deficits and has ravaged the extent to which this essential health care information and services reach the target population.

There is a growing argument that most Nigerian nurses do not bother to update their knowledge about healthcare

services and health related programmes after graduation from nursing schools. This assertion is known to give birth to the mandatory continue professional development programme (MCPDP) for nurses to equip them about the current trend in healthcare. Universal health care coverage will remain a mirage where nurses (who are the largest healthcare work force) have inadequate knowledge about government health policies and programmes.

Furthermore, there is an assumption that the nurses' in-service training has not captured some of the important aspect of healthcare reform in Nigeria such as the introduction of NHIS voluntary contribution scheme for the patients. It can be inferred that the nurses' in-service training units lack dynamics and nurses have not benefited much from the units. Nurses are not only responsible for preventing adverse patients' outcomes. They are also saddled with the responsibilities of being the patients advocate, counsellors and educators. Nurses are expected to inform health care consumers that are "out of pocket payers" an alternative means of healthcare financing that can help them to get out of the financial hardship of healthcare needs.

Again, before the emergence of the scheme, out of pocket health care spending was the principal source of healthcare financing among Nigerians which intricately affects the household budget. Though recent studies in Nigeria still ranked out of pocket payment to be more than 90%, [2,7,16] the author hopes that the introduction of the VCSHIP as a special financing system will compliment other low income earners' friendly health insurance scheme and ultimately help to reduce the percentage of Nigerians involving in catastrophic healthcare expenditure.

CONCLUSION

Achieving universal health coverage is the corner stone of socio-economic development. The pre-payment social health insurance scheme has been introduced in

most African countries to overcome the low healthcare coverage that have bedevilled the region for several years. The Nigeria government like some other African countries such as South Africa, Kenya, Rwanda and Ghana flagged off the National Health Insurance Scheme in 2005 to provide healthcare financial security for the teeming Nigerian population. The system involves risk sharing through compulsory and voluntary contribution of capital to finance the health care bill.

Significantly, studies have shown that there is gross inadequate awareness about the voluntary social health insurance scheme (VCSHIP) among the targeted Nigerian population. Also, there is paucity of data that specify the extent of nurses awareness about the scheme therefore the author suggest that a cross – sectional studies should be conducted to verify nurses awareness of the voluntary contributors social health insurance programme (VCSHIP) as a tool for scaling up universal health coverage in Nigeria.

REFERENCES

1. Popoola O.E, Irinoye O.O and Oginni M.O: Financing Health System in Nigeria: Trends and Prospects. *International Journal of Health Sciences and Research*.2015; 5(2):343-353.
2. Eboh A, Akpala G.O & Akintoye A.E: Health Care Financing in Nigeria: An Assessment of the National Health Insurance Scheme (NHIS). *European Journal of Business and Management*.2016; 8(27)
3. Olakunde B.O: Public health care financing in Nigeria: Which way forward? *Annals of Nigerian Medicine*. 2012; 6(1):4-10. DOI: 10.4103/0331-3131.100199
4. Bernard K: The role of NHIS in the provision of equitable access to healthcare delivery. A thesis submitted to the Kwame Nkrumah University of Science and Technology. 2011; Ghana
5. Odeyemi I: Community-based health insurance programmes and the national health insurance scheme of Nigeria: challenges to uptake and integration. *International Journal of Equity in Health*. 2014; 13(20). Doi: 10.1186/1475-9276-13-20
6. Obalum D.C and Fiberesima F: Nigerian National Health Insurance Scheme (NHIS): an

- overview. The Nigerian postgraduate medical journal.2012; 19(3):167-174
7. Odeyemi I, Nixon J: Assessing equity in health care through the national health insurance schemes of Nigeria and Ghana: a review-based comparative analysis. *International Journal of Equity in Health*.2013;12(9).Doi:10.1186/1475-9276-12-9.
 8. Onwujekwe O.E, Uzochukwu B.SC, Obikeze E.N et al.: Investigating determinants of out-of-pocket spending and strategies for coping with payments for healthcare in southeast Nigeria. *BMC Health Service Research*.2010 Doi: 10.1186/1472-6963-10-67
 9. Okpani A.I, Abimbola S: Operationalizing universal health coverage in Nigeria through social health insurance. *Nigerian Medical Journal*.2015; 56(5):305-310. Doi: 10.4103/0300-1652.170382
 10. Sanwald A and Theurl E: Out-of-pocket payments in the Austrian healthcare system – a distributional analysis. *International Journal of Equity in Health*.2015; 14(94).Doi: 10.1186/s12939-015-0230-7
 11. Adewole D.A, Dairo M.D and Bolarinwa O.A: Awareness and Coverage of the National Health Insurance Scheme among Formal Sector Workers in Ilorin, Nigeria. *African Journal of Biomedical Research*. 2016; 19
 12. National Health Insurance Scheme (NHIS): Operational Guidelines; Revised Edition; 2012 Website: www.nhis.gov.ng
 13. Campbell P.C, Korie P.C & Nnaji F.C: Risk management assessment of Health Maintenance Organizations participating in the National Health Insurance Scheme. *Nigerian Medical Journal*. 2014; 55(5):399-405. Doi: 10.4103/0300-1652.140380
 14. Yunusa U., Irinoye O. Suberu et al.: Trends And Challenges Of Public Health Care Financing System In Nigeria: The Way Forward. *Journal of Economics and Finance*; 4(3):28-34.
 15. Usoroh E.E: Achieving universal health coverage in Nigeria: The National Health Insurance Scheme as a tool. A Thesis submitted for Award in Public Health. Royal Tropical Institute, Development Policy & Practice.2012: Amsterdam. The Netherlands
 16. Ilesanmi O.S, Adebisi A.O, and Fatiregun A.A: National health insurance scheme: how protected are households in Oyo State, Nigeria from catastrophic health expenditure? *International Journal of Health Policy and Management*.2014;2(4):175-180.Doi: 10.15171/ijhpm.2014.39
 17. Akporiaye A.E: Managed Care in a Low-Resource Economy- The Nigerian Experience. *Annals of Health Law*. 2010; 19(1)
 18. Kutzin, Cashin, Jakob: Implementing Health Financial report, lessons from countries in transition. World Health Organization on behalf of the European Observatory on Health Systems and Policies.2010
 19. Aregbesola B.S: Enhancing Political Will for Universal Health Coverage in Nigeria. *MEDICC review*. 2017 <http://dx.doi.org/10.1590/medicc.2017.190100010>
 20. Carrin G, Evans D and Xu K: Designing health financing policy towards universal coverage. *Bulletin of the World Health Organization*.2007;85(9). <http://dx.doi.org/10.1590/S0042-96862007000900004>
 21. Chukwurah C.E: Utilization of National Health Insurance Scheme (NHIS) among Healthcare Providers Working at University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu. MSc dissertation submitted to Department of Nursing Sciences, Faculty of Health Science and Technology, University of Nigeria, Enugu Campus.2015
 22. Ndie, E. C. Evaluation of National Health Insurance Scheme (NHIS) Awareness by Civil Servants in Enugu and Abakaliki. *International Journal of Medicine and Medical Sciences*.2013; 5(5):356-358.
 23. Lar L.A Mafwalal B.M, Ozoilo J.U et al.: Participation in the National Health Insurance Scheme Among Nurses in a Tertiary Teaching Hospital, North central Nigeria. *Journal of Community Medicine and Primary Health Care*.2012; 24(1-2)

How to cite this article: Damilare OK. Achieving universal health coverage through NHIS voluntary contributors social health insurance programme (VCSHIP): implication for nursing education and practice. *Galore International Journal of Health Sciences & Research*. 2017; 2(4): 14-18.
