Policy Brief

How stakeholder roles influence adoption of the formal sector programme of the NHIS by states

About the authors
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Background
The National Health Insurance Scheme (NHIS) in Nigeria was established by law in 1999 as a programme for ensuring universal access to financial risk protection in the country. Overall, only 4% of Nigerians (mainly federal government employees and their households) are covered with health insurance and this is largely through the formal sector social health insurance programme (FSSHIP) of the NHIS. Implementation of the programme involves HMOs, NHIS regional officials and public and private health care providers.

Following the mandatory inclusion of federal government employees working in all parts of the country into the FSSHIP, state governments were expected to adopt the same programme to cover their employees and their dependents, an action which would have greatly expanded the breath of coverage. However, only three states (Bauchi, Cross River and Enugu) have adopted the programme in Nigeria. This policy brief reports how the roles played or not played by stakeholders (actors) who were involved in promoting and making the decision for adoption of the FSSHIP by states influenced the decision of states to adopt or not to adopt the programme.

Methods
Focus states: Two states (Enugu and Ebonyi) with similar, political, geographic, and cultural characteristics were chosen as case studies. Enugu had adopted the FSSHIP, while Ebonyi had not.

Document review: Documents that were relevant to the adoption process were reviewed including state health sector policies and plans, health financing documents, and laws and guidelines for NHIS programmes.

In-depth interviews: 48 in-depth interviews were conducted with state level actors including policy makers, leaders of health care providers’ associations, civil servants’ leaders, managers of FSSHIP and managers of health maintenance organizations (HMOs) that were or should have been involved in the adoption process.

Data analysis: Data were analysed within and across cases, and the outcome was discussed at state level post study workshops (involving interviewees and relevant stakeholders).

Related policy brief:
Why are states not adopting the formal sector programme of the NHIS and what strategies can encourage adoption?
Unlike in Ebonyi state where leadership of the adoption agenda was provided by the ministry of health, the leadership provided by the state governor in Enugu, was seen as a critical enabling factor to adoption. The governor initiated and drove the agenda for provision of health insurance for civil servants.

The willingness of the Enugu state government to release funds for employer contributions was seen as critical to stirring the interest of other actors towards adoption.

The unwillingness of the Ebonyi state government to ignore the medical allowance already paid to civil servants (equivalent to 10% of basic salary), and to release fresh funds for employer contributions at the expense of the welfare of other citizens constrained adoption.

Policy makers in Ebonyi ignored requests made by the NHIS and HMOs managers to better inform the state executive council about FSSHIP benefits, arguing that government’s concerns which were known (as stated above), were not about benefits, and no request had been made to discuss the strategies to address them.

Civil servants

- Civil servants’ leaders in Enugu seemed better informed than their Ebonyi state counterparts about the way health insurance operates and the potential benefits of enrolment. They attributed their knowledge to the frequent interactions they had with some HMOs that organized workshops for their members, and frequently provided answers to the questions they and their members occasionally had.

- Uncertainties amongst civil servants’ leaders in Enugu about the effectiveness of the scheme made them unwilling to make employee contributions. However, the NHIS was willing to overlook employee contributions in the interim for the adoption process to proceed.

- In Ebonyi, a negative perception about a lack of local evidence that current enrollees were benefiting from the existing FSSHIP made them unwilling to demand adoption.

- They were also resistant to the withdrawal of the medical allowance (equivalent to 10% of basic salary) they receive for reallocation as employer contribution for the FSSHIP.

- They also felt neglected by HMO and the NHIS who they felt were more concerned about winning the government over instead of engaging with civil servants’ that could pressurize the government to adopt the programme.
ROLES PLAYED BY VARIOUS STAKEHOLDERS

- The willingness of the Enugu state government to release funds for employer contributions encouraged other actors (NHIS, HMOs, civil servants) to invest in further advocacy visits to the governor and other relevant policy makers and to sponsor workshops for civil servants. The NHIS also provided support to a technical committee set up by the government to examine the requirements for adoption.
- On the other hand, the decision of the Ebonyi state government against the release of fresh funds as suggested by HMOs and NHIS programme managers made the latter to judge the state governor (seen as the prime determinant) and his government as uninterested in adoption. It also made HMOs and NHIS unwilling to invest in further advocacy visits to policy makers and civil servants in the state.
- HMOs were reluctant to invest significantly in Ebonyi state because of the alleged disinterest of policy makers and uncertainties about the process of HMO selection.

Enugu state—Adopted the FSSHIP
Ebonyi state—Did not adopt the FSSHIP


Health care providers

“I don’t think I am convinced that we are getting it right with the NHIS to come and push the state government to get involved. Until we get it right, I will be reluctant to write to the state government to queue into the programme”

(Leader, medical association)

Enugu
- Unlike other actors, professional and practice associations of health providers were not involved in the adoption process in Enugu state. They were not included in the technical committee set up to consider adoption and were unaware of the public hearing at the state house of assembly to consider adoption. This meant their concerns (which pitched them against adoption) were not taken into account. Policy makers considered their non inclusion an oversight, but believed the outcome of adoption should be acceptable to providers being the primary economic beneficiaries of adoption.

Ebonyi
- The position of doctors’ unions not to pressurize the state government to adoption the FSSHIP was attributed to the frequent complaints by members implementing the FSSHIP for federal employees working in the state about the inadequacy of capitation (which had not been revised six years after implementation started).
- Additionally, patients’ dissatisfaction with services (which doctors attributed to an outdated, six-year old drug list that left patients buying needed drugs out-of-pocket) was believed to negatively affect the reputation of members, while leaving HMOs with more profits.

About case studies

Case studies are preferred when "how" or "why" questions are being posed, and when the focus is on a contemporary phenomenon within some real-life context. Multiple case studies enable comparisons between two or more case units with similar or different contexts and thereby help facilitate generalization.
CONCLUSIONS AND RECOMMENDATIONS

1. **Effective engagement with state level policy makers is necessary**: There is need to recognize the importance and interests of policy champions such as the governor of a state in pushing health reforms and to engage with them effectively to solve problems peculiar to their states rather than seeing them as uninterested because they do not support a particular policy prescription. Thus, rather than dismissing the Ebonyi state government as uninterested in FSSHIP adoption, the NHIS and HMOs should actively support them to address the peculiar challenges that constrain adoption in the state.

2. **Adoption is enhanced when various actors play complementary roles**: Complementary roles played by other actors (NHIS and HMOs) in Enugu state helped provide opportunities for engagement with policy makers and civil servants for clarification of concerns that otherwise would have hinder adoption. These roles are important and should be encouraged in states that are being courted to adopt the FSSHIP.

3. **Provider interests should be addressed to earn their support for adoption**: The findings that the disinterest of providers seemed to deny the adoption process of the needed support in Ebonyi state, and their exclusion appeared to keep conflicts away and helped enable adoption in Enugu state, highlight the need to critically address their concerns about capitation and the drug schedule to incentivize them to actively support adoption. Overlooking them may reduce the resistance to adoption, and reserve such resistance for the implementation phase of the programme. Revising capitation rates and the drug schedule will also help ensure that providers do not compromise quality of services offered to beneficiaries which indirectly influences perceptions about the FSSHIP and the interest of intended beneficiaries in the adoption process. Notwithstanding, the cross-subsidy nature of insurance should be made clear to healthcare providers to make them better appreciate the reimbursement method used in the scheme.

4. **Adoption is affected by perceptions about an existing corresponding programme making it imperative to effectively communicate evidence of the programme’s effectiveness**: Programme managers and implementers need to be aware that policy adoption could be influenced by perceptions about effectiveness of an existing corresponding programme and such perceptions may hinder adoption outrightly, or shape the outcome of the adoption process. Hence, they should pay attention to getting implementation of such programmes right, and develop strategies to effectively communicate the evidence to potential beneficiaries.

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In conclusion, these case studies show that the roles played or not played by relevant stakeholders influenced the decision for or against adoption of the FSSHIP by states, thus supporting the argument that adoption of a programme is not only dependent on the design of the programme, but also on the interests and roles of actors who are involved in the adoption process. Those developing and promoting policies need to take understand and respond appropriately to actor concerns, in order to enhance the chance of policy adoption.