FINANCIAL PROTECTION AND IMPROVED ACCESS TO HEALTH CARE:
PEER-TO-PEER LEARNING WORKSHOP
FINDING SOLUTIONS TO COMMON CHALLENGES
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ACCELERATING UNIVERSAL HEALTH COVERAGE

The Role of Private Health Insurance

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The body of evidence on UHC outcomes agree that:

– There is no single prescriptive pathway to achieving UHC, rather, approaches are context specific, based on the subsisting health system and a recognition of the complementary roles that public and private actors play over time in achieving UHC
Conceptual Framework for UHC PPPs

Primary

Private or community-based health insurer (CBHI)

Substitute
HMI services a population that is a) ineligible for public coverage or b) does not receive effective public coverage

Organic demonstration
Existing HMI experience informs the design of national initiatives

Government
No reform in place

Reform designs underway

Supplement
HMI provides products covering additional benefits to public scheme (e.g. outpatient benefits, lost wages, travel, etc.)

Universal health coverage

Secondary

Partnership
Government outsources a specific piece of the insurance value chain to a private partner (private insurer, CBHI and other organized groups)

Foundation
CBHI is at the origin of health social protection; government decides to scale and exerts regulatory authority over CBHIs

Planned demonstration
HMI acts as an ongoing laboratory for piloting new operational models and policies

Maturity (e.g. time, political commitment, management capacity, infrastructure, resources)

Source: Kimball et al, 2013. ILO Microinsurance Paper #23
Substitution

- Emerge based on market demand/entrepreneurial drive/social solidarity schemes
- Self regulation
- Catalyst/Advocate for Reform
• Reforms leverage on the **existing CBHIs** as a **Foundation** to scale up UHC

• Focus is coverage of the large informal sector worker population and poor

• Public regulation of CBHIs
  – Mandates
  – Integration/Consolidation of risk pools
  – Governance structure
Partnership

• Reforms precedent viable private health insurance industry
• Bridges administrative/technical capacity gap requirements for efficient UHC scale-up
• Structured partnership with credible private health insurance/institutions
• Outsourcing of key insurance value chain functions
• Strong government regulation
  – Enabling legislation
  – Minimum standards (benefit package, provider payment model, equity fund)
Supplemental

- Regulated national UHC framework (private/public insurers)
- Mandated national benefit package/policy in place
- Private health insurance schemes offer “top-up” plans that Supplement government benefits
Nigeria: Potential Pathway to UHC

Primary

HMOs (with few CBHIs)

Substitute
HMOs serviced Organized Private sector employees under Managed Care schemes

Organic demonstration
Existing HMO experience informs the design of Nigeria’s NHIS scheme with PPP model adopted for coverage of different population segments

Government
No reform in place

Reform designs Underway (NHIS FSSHIP launched in 2005)

Supplement
HMOs provide products covering top up benefits to public scheme (e.g. Mobile Hospital Cash back plan – MTN-Mansard/Airtel etc.)

Secondary

Planned demonstration
HMOs/State Governments pilot models for informal sector coverage and policies
Retail plans (THT/Clearline,/MHS etc) Market Women Initiatives,(Hygeia/PharmAccess) Mobile Health Plans(AXA Mansard, kosi Isheri Mutual Health Plan)

Universal health coverage

1997 1999 (NHIS Act) 2005 2008 2015 (State laws)

Adapted from: Kimball et al, 2013. ILO Microinsurance Paper #23

Partnership
NHIS/State schemes can outsource specific functions in the insurance value chain to existing private partner institutions to extend coverage to informal sector

Foundation
CBHI is at the origin of health social protection; government decides to scale and exerts regulatory authority over CBHIs
Critical Success Factors for UHC PPPs

- Political Economy (unitary versus federation)
- Equity concerns (coverage of Informal sector/poor)
- Public Trust Matrix
- Institutional capacity for UHC scale up
- Alignment of Incentives for participation
- Government Regulation versus Operations