Structure, Function & Accountability Framework for SSHIP

Structure & Function

- Autonomous(corporate) Agency backed by law with a competent management & part time representative & independent board with a principal objective for mandatory health insurance coverage for all
- The enabling law must align with the NHIS law & NHA 2014-Areas of conflicts are voided.
- Board drawn from Labour, Head of service, NHIS, Public. For private sector confidence, the private sector is recommended.
- Agency with the respective department to carry out insurance functions with internal audits
    - » Human Resources
    - » Planning, research & statistics
    - » Programmes/operations-marketing, programmes, enrolment & claims processing, Accredutation
    - » Financial management- contribution management, finance & account
    - » Others

Structure & Function 2

- Functions of provider engagement, policy & regulation, marketing & communication, insurance functions (fund mobilization & Pooling/strategic purchase)
- Agency to operate as a QUASI public organisation at the long term
- Agency through the departments must ensure compulsion
  - CIN to enforcement mandatory participation including the organised private sector
  - Available platforms for collection of premiums, pooling, etc.
  - Cordinating linkages with LGAs, groups, etc
- Interoperable ICT database linked to the NHIS database +HMIS of FMoH
- Agency to operate a scheme with various programmes targeting all stratas

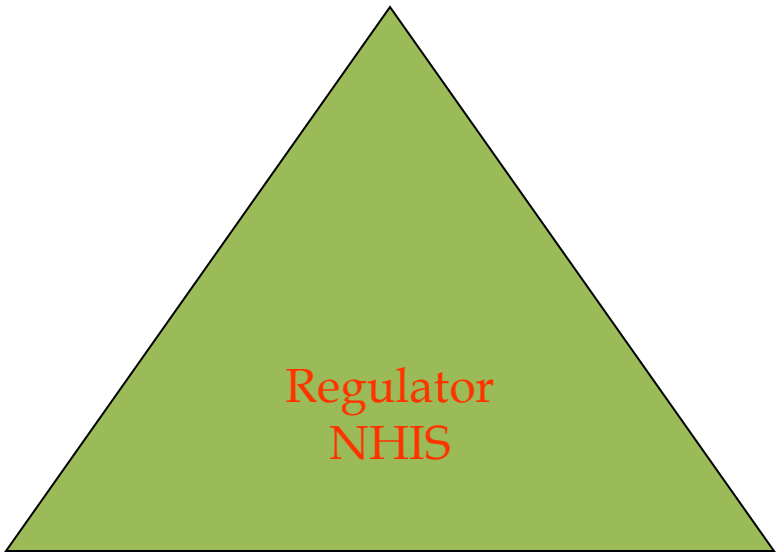
Structure & Function 3

- Pluralistic funding sources (Bismarck and Beveridge models are incorporated)-compulsory budget line, Free MCH, Donor such as SOML, Contributions (progressive?) from Formal & Informal economy, Equity funding, etc
- Unitary pool including equity funds for the vulnerables. Pool should as much as possible be shielded from tax, creditors in bankruptcy, etc.
- NHIS to support equity funds to expand pool, catalyse investment & efficiency
- Funds disbursement to HCFs, recurrents, administration is approved by the board only. Single digit administration advised

Structure & Function 4

- Single universal benefit package for all residents or groups with top up by TPAs (at least BMHCP)-Not discriminatory, ease of management, etc
- Strategic purchasing (using TPAs only for areas of weaknesses) in chosen accredited private/public HCFs for enrolees and targeted vulnerables-community rated, categorical mechanisms
- Secondary laws in operational guidelines to further accountability-enrolee forum, etc
- Financial audits of operations and annual reports to be rendered to stakeholders (the Government) & NHIS as captured in the enabling law
- Sanctions for all erring operators & enrolees.
- Linkages with Judiciary, NPHCDA, etc for enforcement of sanctions

KEY STAKEHOLDERS



OTHERS
SMoH
Banks
Insurance Coys
Ins. Brokers
Media, etc

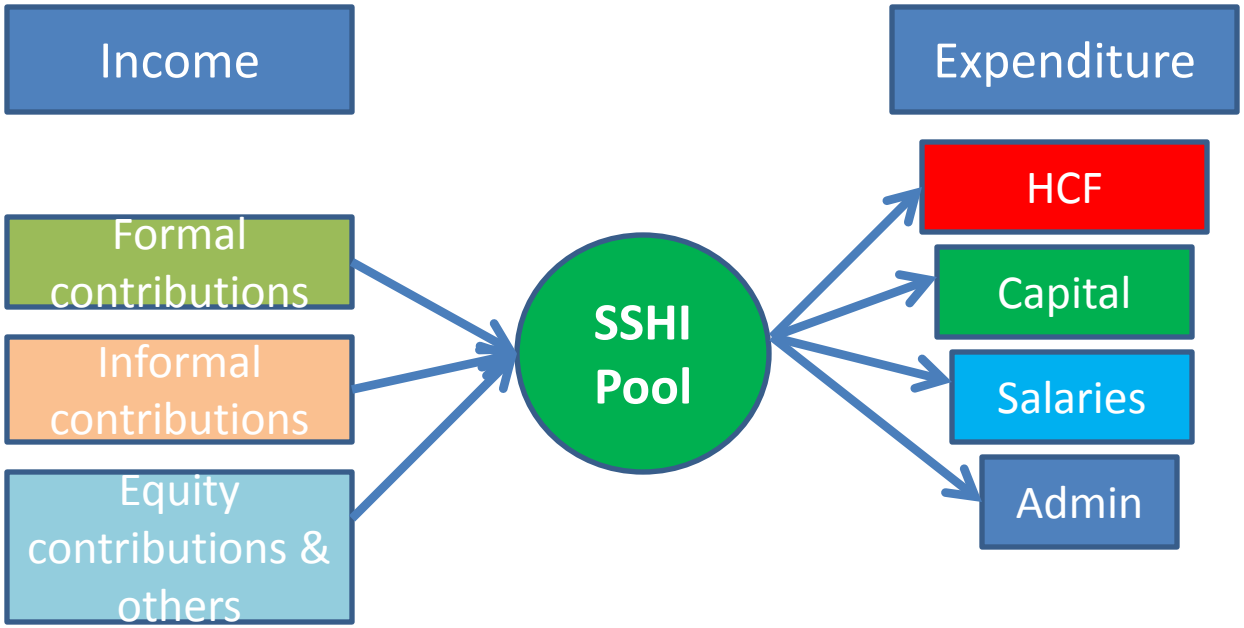
Accountability

- Actors within the ecosystem interact for efficiency and effectiveness (accountable actor & overseeing actor)
- Financial- concerns tracking and reporting on allocation, disbursement and utilization of financial resources.
- Performance-demonstrating results in the light of agreed set targets(objectives)
- Political - government deliverables from program e.g Impact of program on vulnerables

Accountability of SHIA-Financial

- NHIS/state agency interactions
  - MIS
  - Equalization
- Representative board accountable to stakeholders-Governor, etc
  - without those institutions to be regulated
  - Interactions with laid down rules-Ouorom, etc
- Internal management controls of agency
  - Audits
  - ICT/Contribution management/finance tracking
  - Actuarial forecasting
  - Stewardship in other operations including personnel, materials, equipments & environment
- Provider/purchaser-OA including accreditation, reaccreditation & user satisfaction, Reinsurance for improved health care service
- Enrollee forum, choice of HCFs to facilitate enrolee voice and power
- External Audits & Annual financial reports to stakeholders
- Sanctions & Enforcement as well as arbitration/incentives
  - Deregister TPAs, HCFs, etc

Financial Indicators 2



Performance Indicators

- Population coverage- number enrolled, no of groupings participating-communities, schools, etc (database)
- % out of pocket payment among residents
- No covered in the formal Vs the informal sector
- No of vulnerables covered
- No of public & private facilities participating
- Levels of utilization of health services by levels of healthcare
- % Increase in funding health by the Agency
- Number of payments made (capitation, per diem etc.) regularly made by the Agency to HCFs
- User satisfaction

Performance indicators 3

- Total fund in pool
- Administrative charges/funds for service
- % investment of idle funds
- % recovery of unpaid provider funds, etc

Closing Remarks

The structure, functions and accountability mechanism of SSHIP enhances efficiencies & effectiveness .

Proper implementation would definitely accelerate our move towards UHC.

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