



A Model of Community Health Insurance for Nigeria

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Summary

BACKGROUND

The increasing population pressure in African countries coupled with dwindling financial resources calls for new measures to improve health care financing. Health insurance is one of the strategies advocated by World Health Organization in health care financing and organizational reforms in developing countries [1]

OBJECTIVE

To have health insurance policy reach district and village levels of a community.

METHODOLOGY

Organization of community health insurance committee members should include; district head, councilor for accounts/finance, councilor for health, religious leaders, lawyer, accountant, medical officer and representatives of associations

CONCLUSION / RECOMMENDATIONS

Community health insurance based on partnership between governments and communities might address health care financing shortfalls. It will benefit individuals and families by improving their access, utilization and sustainability of quality health services, ultimately translating into good health, wellbeing and social security. Hence, it requires good organizational and managerial leadership for success.

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The increasing population pressure in African countries coupled with dwindling financial resources calls for new measures to improve health care financing. Health insurance is one of the strategies advocated by World Health Organization in health care financing and organizational reforms in developing countries [1].

The National Health Insurance Policy in Nigeria [2] was expected to improve health care financing with good consumer satisfaction, but in the current situation, it is mainly accessible and beneficial to those in the formal employment sector.

The majority of urban and almost all rural dwellers do not know the concept of health insurance and are embarrassed when they have to pay out of pocket at point of care for treatment.

The aim of community health insurance is to have health insurance policy reaching the district and village levels. Organizations of community health insurance requires people from various professional groups. Each Local Government should have a committee to supervise the operations of the policy.

The membership of the committee should include;

1. District head
2. Councilor for accounts/finance
3. Councilor for health
4. Religious leaders
5. Lawyer
6. Accountant
7. Medical officer
8. Representatives of associations.

The conditions necessary for success includes:-

- Provision of a minimum fully functional general/cottage hospital in each local government, comprehensive health care center in each district and primary health care centers in all wards.
- The local government must consider the strength of its resources, its priorities, how much it is prepared to spend on health and how much it expects individuals to contribute. Capability to shoulder the responsibility of tactical planning.
- Proper adherence to referral systems must be encouraged to ensure efficient utilization of health resources.
- Directorate of health insurance is needed in the ministry of health of each state of the federation to supervise the take off and running of the programme in the local governments. The directorate should in turn coordinate with the National Health Insurance Commission. In addition, feedback from the community could follow the same channel. The above agencies should thus cooperate in strategic planning.
- Donations from individuals and religious organizations' could be encouraged.
- Strict rules must be adhered to in financial disbursements and the money collected should never be used for any purpose e.g. loan advancements.

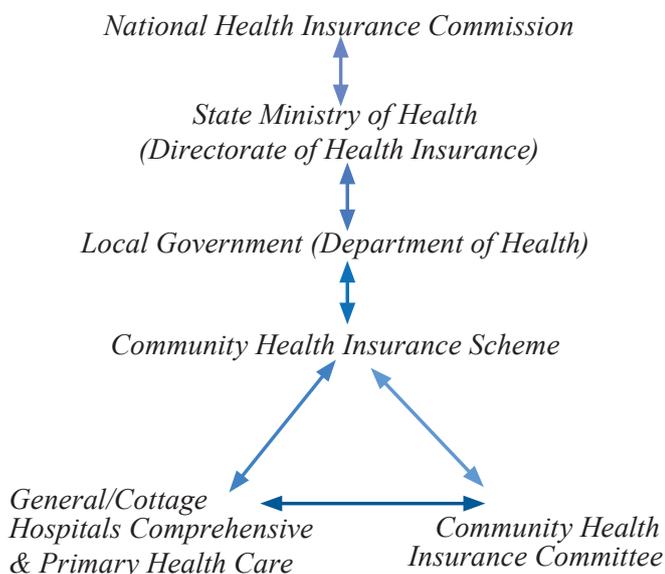


Figure 1. A Community Health Insurance Model.

Community health insurance will benefit individuals and families by improving their access, utilization and sustainability of health services. This ultimately translates into quality health, wellbeing and social security.

Economically, they will benefit by protection from catastrophic medical expenses and medical impoverishment. A rural co-operative medical scheme introduced in rural areas of China has been seen to reduce the incidence of catastrophic health payment (house hold health expenditure by more than 40% of the household's capacity spending) as well as medical impoverishment (household per capita income falling below the poverty line due to medical expenses) [3].

In conclusion, a community health insurance based on partnership between governments and communities will go a long way in addressing the problems of health care financing. But it needs good organizational and managerial leadership for success.

Author contribution

The conception and write up was done by SRA.

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Limitations

This a short communication on a very important topic. Obviously, a study to get opinions of communities and stakeholders on community health insurance would be desirable.

Competing Interest

There are no competing interests to declare in the conception and writing of this article.

References

1. **Kutzin, J.** Experience with organizational and financial reforms in the health sector. WHO/SHS/CC/94.3 (Current concerns SHS Paper 8), 1994.
2. **Federal Military Government of Nigeria.** *National Insurance Decree No.1. of 1997. Laws of the Federal Republic of Nigeria, 1997.*
3. **Shi W, Chongsuvivatwong V, Geater A, Zhang J, Zhang H, Brombal D.** The influence of the rural health security schemes on health utilization and household impoverishment in rural China: data from a household survey of western and central China. *Int J Equity Health* 2010; 23(9): 7.