

The Way forward for Community-Based Health Insurance Scheme in Funding Health Care among the Rural Communities of Sokoto State, Nigeria

Garba, Ibrahim, T. ^{1*} Azhar Harun ² Salihu, Abdulwaheed A ^{1,3}

1.School of Government, Universiti Utara Malaysia

2.Azhar Harun School of Government, Universiti Utara Malaysia

3.Salihu, Abdulwaheed A, Department of Business Administration, Ibrahim Badamasi University, Lapai, Nigeria

*Email:garibtan65@gmail.com

Abstract

Health care financing in most of Sub-Saharan Africa is based on out-of-pocket payment from the rural dwellers."This out-of-pocket payment has caused a lot of health troubles such as premature deaths, maternal problems, deficiencies in health issues in Sub Sahara countries. This report examines issues pertaining to health financing in Nigerian rural areas in order to encourage people in SSA to implement "Community-Based Health Insurance Scheme in the rural regions." "It's been significant because it offers a chance for the citizenry to be out of poverty as a result of high money paid whenever they are assessing health care through out-of-pocket payment at the point of service delivery. "This schema is a raw area of health financing in the developing countries supported by the World Health Organization (WHO), World Bank (WB) and the International Labor Organization (ILO) among others." Few of the SSA countries like Ghana, Mali, and Burkina Faso are doing well using the scheme to finance health care delivery in the rural regions. "In Nigeria, this concept of community-based health insurance plan is a new development. Thus, an attempt should be attained to create consciousness about this commendable project." The management of the CBHIS should focus on the rural dwellers on one hand, and government should provide enabling laws on the other.

Keywords: Health Financing, Out-of-Pocket, Sokoto, Community-Based Health Insurance

1. Introduction

Health policy is considered as a means of distributing the financial risk associated with the variation of individual's health care expenditures." "By pooling costs over time through pre-payment and other people with risk pooling (OECD, 2004)." "The health insurance policy seeks to remove monetary barriers to receiving an acceptable layer of wellness care." And requires the wealthy to share in the cost of maintenance of the demented; the element of cross-subsidy is essential (Enthoven, 1988). Furthermore, 'when a society considers providing for health care by offering health insurance, to some significant degree, at the public's expense. "Such insurance programs provided through taxes or regulations called social insurance programs' (WHO, 2010; Carrin and James, 2004; Folland et al., 2004)." "According to (Churchill, 2006), community-based health insurance is an outline of insurance that protects low-income people against specific disease in exchange for regular premium payments balanced to the likelihood and cost of the risk concerned." In the prospect of this, there need arises for the government to put in motion policies and patterns that will advance the employment of community health insurance scheme. "According to Rosenthal (2001), rural dwellers may be less disposed to seek health services owing to the growing costs of medical services if the integrated health insurance system as set up by the province."

The need to prepare a comprehensive health insurance scheme dated back to the middle ages." The duty of providing medical care for the sick and the injured rest within the family, Neighbors, Church, big businessman. (For his people), master (for his servants) and employer (for his employees). "The important point is to establish medical care available to everybody through the private resources for upkeep, but with national public funding, with a total funding to be set by national insurance."

The social health insurance scheme has been broken for more than a century following its constitution in Germany by Bismarck in 1883 (Saltman and Dubois, 2004). "It is on record that twenty-seven (27) states have recognized the standard of general coverage by way of Social Health Insurance (Carrin and James, 2005)." "This procedure took one hundred and thirty-one (131) years to achieve the social health insurance scheme in Germany, one hundred and eighteen (118) years in Belgium, seventy-nine (79) years in Austria, seventy-two (72) years in Luxembourg, forty-eight (48) years in Japan and twenty-six (26) years of the Republic of Korea."

The social health insurance (SHI) scheme is equally being implemented so many underdeveloped nations such as Thailand, Philippines, Kenya, Ghana and lately in Nigeria." "These states have been implementing social health insurance in their different countries, and some of these nations were capable to attain universal health coverage while some are even struggling to introduce and enforce the health insurance system."

“Therefore, community-based health insurance system is becoming an emerging concept in financing health care services.”

2. PROBLEM STATEMENT

Poor funding on the part of the government and poverty of substance on the constituent of the rural dwellers are issues impeding good quality health maintenance service delivery in Nigeria. Therefore, government most often do not budget enough resources for wellness care services on one hand, and the rural dwellers most often will not able to pay for wellness care services. Scholars such as Sanusi and Awe (2009), Johnson and Stoskopf (2009), World Health Organization (2007a), Ichoku (2005), Yohason (2004), etc. “Have taken studies on methods of improving health care services financing across the earth.”

Studies are on-going on ways to improve on health care financing. “However, this is what informed the authors of this survey to conduct a survey of community established health insurance scheme as a path forward in health care funding.”

3. RESEARCH QUESTIONS

Two research questions are pertinent in this survey. That is,

1. Does the government really need to finance health care service delivery in Nigeria?
2. Does CBHIS improve the health financing, and in turn improve the welfare of the rural dwellers?

4. OBJECTIVES OF THE STUDY

The work sets out to accomplish the following aims:

1. To analyze the rationale behind health care funding by the Nigerian government.
2. To test the roles of CBHIS on health care financing in providing health care to the rural dwellers in Nigeria.

5. LITERATURE REVIEW

Community-based health insurance system is an emerging scheme designed with the exclusive purpose of improving access to quality health services for low-income rural families who are excluded from the National Health Insurance Scheme.”

Sound health is necessary for the health of the rural inhabitants. Sound health is similarly required for economic and societal growth (World Health Organization, 2000). “Workers have to be good for you to cultivate, and kids have to be healthy to attend school and partake in other actions.” Inadequate health facility is regularly related to disease and injuries among the rural inhabitants. At the same time, poor health has another critical impact: it causes poverty, in that large health expenditure can bankrupt families. According to WHO (2000) the main causes of poor health are insufficient prevention and lack of practical access to primary health maintenance. Along with inadequate nutrition and impure water.” While health-related poverty consequences beginning a lack of risk pooling and insurance Underfunding of healthcare by government and private organization are key to both of these negative effects. “Furthermore, many countries compound these troubles by making inefficient use of the resources they have for health care and risk pooling.” The results could be required through the utilization of the workable health insurance program that can improve the well-being of the rural inhabitants.

Scholars are of the view that the success of community-based health insurance system be premised on the existence of social capital in the community.” It is postulated by (Woolcock, Narayan, 2000) that social capital refers to the norms and networks that leave individuals to work jointly. “Fukuyama (1995) insisted that the social capital is the existence of a certain lot of informal values or norms shared among the members of a group that permits cooperation among them.” Sobel (2002) confirmed their position by describing social capital as conditions in which individuals can benefit from group membership. “This means that the social capital refers to the social life-networks. Norms and trust that allow families to move together more successfully to follow communal objectives (Putnam, R.D., 1993; Coleman, J.S., 1990).” “Thither is a broader harmony amongst scholars that social capital can be utilized as a breakthrough to achieve community-based health insurance program in the community among the rural inhabitants.”

Regarding the idea of Social Health Insurance in Nigeria, it is first debated in 1962 by Haevi Committee, which authorized the proposition through the Lagos Health Bill presented to Parliament. “The measure was not snuffed it, until 1984 when the campaign re-ordained. The desire to source for funds on health care services.” Made the National Council on Health under Admiral Patrick Koghoni, (the Minister of Health) set up a commission led by Professor Diejomoh, which advised the regime on the desirability of Health insurance plan in Nigeria and recommended its acceptance as a means to fund the health sector. “In Nigeria, the Formal Sector, Social, Health Insurance Programmed was first presented in 2005.” Priorities include reducing the morbidity and mortality rates due to communicable diseases to the barest minimum; reversing the increasing

prevalence of non-communicable diseases; meeting the global targets for the elimination and eradication of diseases, and significantly increasing the life anticipation and quality of life of Nigerians (Federal Ministry of Health, 2004).

Nigeria's over-riding objectives since independence in 1960 has been to achieve stability, material prosperity, peace and societal advance." Nevertheless, this has been hampered as a consequence of national troubles. These include inadequate human capital development, weak infrastructure, and uninspiring growth Health sector, the manufacturing sector, unemployment, the poor regulatory environment and mismanagement and misuse of resources.

The continuity of these troubles is not unconnected with institutional failure. The institute is entirely the lack of or weak capacity for efficient service delivery by organizations." It is a fact that the degree of growth of any society is determined by many genes, including functional institutions (Ubi, Effiom and MBA, 20011). Institutions are understood as "formal and informal rules. Enforcement characteristics of rules, and criteria of behavior that structure repeated social interaction", between individuals, within or between organizations." Through incentives, disincentives, constraints and enhancement (North, 1989) Thus, the central component of any local government, state or national level is service delivery to its citizenry through its creations. "Hence, due to successive failure of the previous governments in Nigeria to provide its community with affordable health maintenance services across all the three grades of government there is a need to bring in health care reform in the strain of social security in which emphasis should be placed on both the formal and informal sector."

6. RESEARCH METHODOLOGY

This paper is premised on the qualitative approach where ten stakeholders are interviewed on the way forward to finance health care delivery in Nigeria.

The stakeholders that are interviewed were the Permanent Secretary, Sokoto State Ministry of Health, Director in charge of Finance and Administration, Sokoto State Ministry of Health, three staff, Department of Medical and Clinical Service, Sokoto. State Ministry of Health and five outstanding members of the rural areas in Sokoto State of Nigeria.

7. ANALYSIS

The instructions made by the interviewees were transcribed, and categorized into two strategies in order to answer the research questions and seek to recognize whether the objectives of the study are achieved or not.

It was found that the rural dwellers cannot fund the health care services alone. The regime has to interfere in order to argument whatever that is bestowed by the rural dwellers.

8. DISCUSSION

From the above, this paper is urging the three levels of government in Nigeria to embrace the mechanism of community base health insurance." Plan as the only direction forward of providing quality and accessible health care for the majority of Nigerians that resides in the rural regions. Likewise, a workable subsidy should be offered by the Nigerian regime. It is equally on records to facilitate since the official flag up of the insurance scheme in the formal sector in 2005, the Nigerian rural dwellers are not enjoying any insurance scheme. The Nigerian government as a matter of urgency embraced CBHIS as a kind of an alternative insurance scheme for the rural inhabitants.

8. CONCLUSION

In closing, the writers of this report are strongly recommending the Community-based health insurance scheme (CBHIS) as an alternative health insurance system for the rural dwellers in Nigeria.

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