

Challenges and Prospects of the National Health Insurance Scheme and Medical Service Delivery in the Nigerian Navy.

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Abstract

Background: The National Health Insurance Scheme (NHIS) was introduced into the Nigerian Navy (NN) in December 2006. It was meant to provide the alternative funding and technical imputes needed to revive the ailing medical service delivery in the NN. However, 5 years after the implementation of the Scheme, there are still problem of 'out of stock syndrome' of drugs while the quality of medical service delivery is still sub optimal. Hence, many NN personnel prefer to seek healthcare outside the Nigerian Navy Medical Service (NNMS). The aim of this study was to investigate the contributions of NHIS to medical service delivery in the NN, also to find out the challenges and prospects for optimizing the implementation of NHIS for enhanced medical service delivery in the NN.

Method: This study was a descriptive survey research. Primary data was collected using questionnaire and consultations. Secondary data was collected from books, official documents and publications, journals, internet, published and unpublished material. The data collected were analyzed and expressed as frequencies and percentages and thereafter presented in tables.

Results: The research findings showed a statistically significant relationship between NHIS and medical services delivery in the NN. It also revealed that the NHIS has contributed to the improvement of the NN medical service delivery. However, inadequate staffing, inadequate and obsolete medical equipment were found as challenges to optimal implementation of the Scheme for enhancing medical service delivery in the NN. Other challenges include poor attitude of medical personnel, insincerity in management of NHIS and exclusion of operational/occupational injuries.

Conclusion: In conclusion the study was able to establish a significant relationship between NHIS and medical services delivery in the NN. It also ascertained the various contributions of NHIS to medical service delivery in the NN. The study identified significant improvement in the quality of medical service delivery in the NN within the 5 years of implementation of the Scheme.

Keywords: NHIS, Nigerian Navy, Healthcare, Medical services,

Introduction

The Armed Forces of a nation plays a central role to the attainment of its national security. In order to fulfil their role, the Armed Forces source and recruit or enlist fit and able-bodied young adults. Subsequently, the fitness of the employees or personnel of the Armed Forces need to be maintained throughout their career. Accordingly, the Nigerian Navy (NN) being an arm of Service need medically fit and able-bodied personnel to fulfil her role. Healthcare is a major factor that is needful to keep the man fit. Hence, the process of recruitment/enlistment and maintenance of the personnel throughout their service life requires a sound Medical Service. However, the quality of healthcare invariably depends on the type of medical service delivery package in place. NHIS is a type of health insurance that insures a national population for the costs of healthcare. It is usually established as a program of healthcare reform enforced by law. The Scheme may be funded from the National coffers or contributions from the populace via taxation. Health insurance comes

in different packages and under different names in various countries. It was first introduced in Germany by Otto Von Bismarck in 1883 to revive the German ailing health sector at the time (J.E. Imosili 2009). Great Britain followed suit in 1911. Consequently, health insurance became the mainstay of medical service delivery system in Western Europe. It practically funds medical service delivery in Belgium, France, Germany, Luxemburg, Netherlands and Switzerland. The Canadian Prime Minister once said that the Canadian Health Insurance is a health system that has 'comprehensiveness, universality, portability, public administration and accessibility' (Government of Canada 1999). Thus, health insurance is programmed to provide available, affordable and standardized medical services delivery. This has been largely achieved in the developed countries. However, it is only recently that poorer nations and developing countries started adopting it as a means to address the inadequacies in healthcare financing. The down turn of global economy made many African nations to adopt Health Insurance because they could no longer adequately fund the health needs of their citizens (J.E. Imosili 2009). Hence, many African nations such as Democratic Republic of Congo, Senegal, Ghana and Kenya have adopted one form of health insurance or the other to enhance medical service delivery to their nationals. The need for a health insurance scheme in Nigeria became obvious, when the Federal Government of Nigeria (FGN) could no longer adequately fund the health sector. Health spending as a proportion of federal government expenditures shrank from an average 3.5 per cent in the early 1970s to less than 2 per cent in the 1980s and 1990s (Federal Ministry of Health 2001). Coupled with poor socio-economic status, it became increasingly difficult for the populace to pay for their health needs (I Ogunbekun 2007). Additionally, there was an average of one doctor to 30,000 people and 2 hospital beds to 1,000 people (J.E. Imosili 2009). Again, over 70 per cent of drugs dispensed in Nigeria were substandard (NAFDAC 2003). Thus, there was dearth of manpower, inadequate facilities, poor maintenance of equipment, low efficiency and diminished confidence from the public on the health sector (Chukwuma Muanya 2010). The Nigerian version of health insurance, the NHIS, came on stream in June 2006. It was adopted as part of government effort to address the problems in the health sector. It covers government employees, the organized private sector and the informal sector (F. Monye 1998).

There was so much expectation when the Scheme was introduced into the NN. It was hoped to address the challenges that hindered medical service delivery in the NN. However, there are still some unacceptable level of inefficiencies in medical service delivery in the NN, 5 years after the Scheme came on stream. The NN is yet to derive much of the expected benefits from the NHIS because of presumed inadequate implementation. It is therefore necessary to make an appraisal of the Scheme in order to proffer solution for a better implementation.

The aim of this study was to examine the impact of NHIS on Medical Service Delivery in the NN with a view to ascertaining the challenges and prospects. This study will Establish the relationship between NHIS and medical service delivery in the NN. It will determine the contributions of NHIS towards medical service delivery in the NN. It will also find out the challenges and the prospects of optimizing the implementation of NHIS for enhanced medical service delivery in the NN.

Methodology

The data used for this research work were generated mainly through questionnaire. Hence, a total of 400 questionnaires were distributed out of which 280 were recovered. This gives a total of 70 per cent response. Additional information was obtained through consultations. The questionnaire was divided into 4 sections. These include socio-demographic segment and relationship between NHIS and medical service delivery in the NN. Others are impact of NHIS to medical services delivery, challenges and prospects of optimizing the implementation of NHIS and finally, strategies for better implementation of NHIS. The data obtained were analysed and expressed as percentages. The association between NHIS and medical service delivery in the NN was tested using the Chi-square test.

Results:

Relationship Between NHIS and Medical Service Delivery in the NN.

The data from the respondents presented in this section were meant to establish the relationship between NHIS and medical service delivery in the NN. The data shows that about 75 per cent of the respondents affirm that the NHIS has affected medical services delivery in the NN. Additionally, 80 per cent agreed that there is improvement in the quality of medical services delivery in the NN since the implementation of NHIS. Besides, about 66 per cent of the respondents think that the implementation of NHIS has improved

the provision of drugs in NN medical units. This implies that NN personnel and their families have access to greater and better healthcare in the NN medical units with the implementation of NHIS. There is therefore a positive relationship between NHIS and medical services delivery in the NN. Table 1

Table 1:Data Collected On The Relationship Between Nhis And Medical Service Delivery In The Nn

Serial	Option	Frequency	Per cent
(a)	(b)	(c)	(d)
NHIS Affected the Quality of Medical Service Delivery in NN Medical Units			
1.	Yes	210	75.00
2.	No	70	25.00
	Total	280	100.00
NHIS Improved the Provision of Medical Services in NN Medical Units			
1.	Yes	272	97.14
2.	No	8	2.86
	Total	280	100.00
The Implementation of NHIS Improved the Provision of Drugs in NN Medical Units			
1.	Yes	186	66.42
2.	No	94	33.57
	Total	280	100.00

Contributions of NHIS to Medical Service Delivery in the NN.

A total of 172 respondents, representing 63 per cent admitted that they visit NN medical units more often with NHIS in place. Furthermore, 89 per cent indicated that they were attended to by a doctor each time they visit the medical units. It therefore implies that the NN community access and obtain more care from the medical units with the implementation of NHIS. In addition, 71 per cent of the respondents revealed that they no longer pay for medical services in the NN medical units. Similarly, 73 per cent accepted that NHIS has reduced the amount of money they spend on healthcare per month. Hence, it could be deduced that the NHIS has reduced the financial burden of healthcare on the NN personnel. Further examination of the data showed that 73 per cent of the respondents believe that medical service delivery in the NN is better with the implementation of NHIS. Similarly, 66 per cent of the respondents revealed that NHIS has improved the state of medical infrastructures in the NN. It is observed that the NHIS pay monthly capitation to the NN medical units through the DHML. The medical units use the capitation to purchase drugs and other medical consumables. They also use it to employ additional staff and upgrade medical infrastructures and facilities. From the foregoing, the data obtained showed that the implementation of NHIS has reasonably enhanced medical service delivery in the NN. Table 2

Table 2:Data Collected On Contributions Of Nhis To Medical Service Delivery In The NN

Serial	Option	Frequency	Per cent
Do you Visit the NN Medical Units More Often With the NHIS Than Before the Implementation of the Scheme			
1.	Yes	176	62.86
2.	No	104	37.14
	Total	280	100.00
Are you Attended to by a Doctor Each Time you Visit NN Medical Units			
1.	Yes	248	88.57
2.	No	32	11.43
	Total	280	100.00
Do you Pay for Medical Services When you Visit NN Medical Units			

1.	Yes	82	29.29
2.	No	198	70.71
Total		280	100.00
Has NHIS Reduced the Amount of Money you Spend on Healthcare Every Month			
1.	Yes	206	73.57
2.	No	74	26.43
Total		280	100.00
Do you Think Healthcare Delivery in the NN is Better with the Implementation of NHIS			
1.	Yes	206	73.53
2.	No	74	26.43
Total		280	100
Has NHIS Improved the State of Healthcare Infrastructure in the NN Medical Units			
1.	Yes	186	66.43
2.	No	94	33.57
Total		280	100.00

Relationship Between Nhis And Medical Service Delivery

There is a significant relationship between NHIS and medical service delivery in the NN. NHIS could therefore be said to have significantly improved medical service delivery in the NN. This is further demonstrated by the increase in the number of patients that access the NN medical units. The statistical analysis therefore shows that NHIS is significantly related to the provision of medical services in the NN.

Table 3: Observed Frequencies On The Relationship Between Nhis And Medical Service Delivery

Serial	Question	Yes	Chi-square value	p-value
1.	NHIS affected the quality of medical service delivery in NN medical units	210	0.72	< 0.5
2.	NHIS improved the provision of medical services in NN medical units	272	10.93	< 0.5
3.	the implementation of NHIS improved the provision of drugs in NN medical units	186	6.04	< 0.5

Challenges To Optimizing The Implementation Of National Health Insurance Scheme In The Nigerian Navy

Despite the contributions of NHIS towards medical service delivery in the NN, some challenges have hindered the optimal implementation of the Scheme. Some of these challenges include inadequate staffing and inadequate training of medical specialists. Others are inadequate and obsolete medical equipment holding poor attitude of medical personnel and exclusion of operational injuries. Furthermore, the study revealed problem of exclusion of some diseases and insincerity in the management of NHIS fund. These challenges are expressed in table 4

Table 4: Identified Challenges

Serial	Problem	Frequency	Percentage
1.	Inadequate staffing	228	81%
2.	Inadequate training of medical specialists	192	69%
3.	Inadequate and obsolete medical equipment	144	36%
4.	Poor Attitude of Medical Personnel	120	51%
5.	Exclusion of Occupational Injuries	68	24%

6.	Exclusion of some Drugs and Diseases	82	29%
7.	Insincerity in the management of NHIS Fund	124	44%

Table 5:Suggested Way Forward by Respondents

Serial	Way Forward	Frequency	Percentage
1.	Employment and Training of Medical Staff	84	60%
2.	Improving Medical Infrastructure and Equipment	72	53%
3.	Removal of Restriction on NHIS	112	80%
5.	Provision of Motivation for Medical Personnel	25	18%
6.	Reorientation of Medical Staff	22	16%
7.	Improved Supervision	105	5%

Discussion:

The interviews conducted revealed that the NNMS did not comply with some provisions of the NHIS provisions. For instance, the NHIS demands that the enrolees make payment of 10 per cent for the cost of drugs dispensed apart from the normal payment of premium (NHIS Handbook 2005). This is not complied with in the NN. On the contrary, NN personnel are not required to make any form of payment in the form of 10 per cent or premium. Currently, the federal government make these payments for the naval personnel (NHIS Handbook 2005). This may partly be the reason for the increased patronage of NN medical units. This study clearly shows that there is a significant relationship between NHIS and medical service delivery in the NN and that the NHIS has enhanced medical service delivery in the NN. It also shows that the NHIS has significantly reduced the burden of health care expenditure by NN personnel. And that many personnel are not aware of the provision of NHIS. Most assume that there is monthly deduction of NHIS premium from their salary.

Some of the heads of NHIS units complained of inadequate funding as part of the challenges to the implementation of the Scheme. It is however noted that the NHIS monthly capitation to various medical units have increased by more than 100 per cent since inception. Although counterpart funding is needful to enhance the implementation of NHIS, transparency and accountability in the management of the current capitation would ensure achievement that is more remarkable.

There is no special incentive or motivation to the NN medical staff despite the increased work load occasioned by the increase in patient attendance. This could have attributed to the lackadaisical attitude of some medical personnel to the patients. It would be desirable to create some form of incentive to the medical personnel to motivate them to greater commitment. It is also observed that the NN personnel are often affected by frequent appointment or draft to places far away from NN medical units. In such instance, they are unable to access the medical units of sister services for free NHIS medical services. Harmonization of NHIS medical service delivery among the 3 services is therefore necessary.

This study also discussed the strategies required to alleviate the challenges hindering the implementation of NHIS for the provision of medical services in the NN. The strategies include improving medical staffing and provision of well-equipped medical infrastructure. Others are implementation of policy guideline, reorientation of medical personnel and provision for occupational injuries. Thereafter, the study will highlight the timeline for the implementation of the recommended strategies. These strategies are in keeping with the suggested way forward identified by the respondents during the field survey conducted for this research in Table 5.

Conclusion:

The study was able to establish a significant relationship between NHIS and medical services delivery in the NN. It also ascertained the various contributions of NHIS to medical service delivery in the NN. The study identified significant improvement in the quality of medical service delivery in the NN within the 5 years of implementation of the Scheme. For instance, the study showed that the amount of money that the NN personnel pay for healthcare per month has drastically reduced. The out of stock syndrome which characterised the pharmacies of many NN medical units have also reduced. Despite the impact of NHIS on medical services delivery in the NN, the study observed that NN personnel sometimes pay for services which the Scheme was responsible. Moreover, the coverage of the Scheme excluded some medical conditions and injuries sustained in the course of military operations. Furthermore, there is the problem of inadequate staffing, poor attitude of medical personnel and inadequate equipment. The study also identified insincerity in the management of the Scheme as a challenge. Consequently, the objectives of the Scheme have not been fully realised in the NN. However, the study identified the strategies that could be put in place to optimize the implementation of NHIS for enhanced medical service delivery in the NN. In addition, the study proposed a timeline for the implementation of these strategies. It could therefore, be said that the implementation of the Scheme has progressively enhanced the quality of medical service delivery in the NN. If the implementation of the Scheme is optimized, the NN stands to benefit much more. The prospects of NHIS in the NN are quite bright. The Scheme therefore needs to be sustained.

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