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Review Article

Financing Health Systems in Nigeria: Current Trends and Prospects

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ABSTRACT

The health sector in any country has been recognized as the primary engine of growth and development because health is the basis for job productivity, the capacity to learn in school, and the capability to grow intellectually, physically and emotionally. Health care financing is the collection of funds from various sources, pooling them to share financial risk across larger population groups and using them to pay for services received from public and private health care providers. A lot of individuals do not have access to good health care services in Nigeria because they cannot afford it. The major sources of finance for the health sector in Nigeria are the three tiers of government (Federal, State and Local Government), public general revenue accumulated through various forms of taxation which is basically used to finance the Public health facilities, the health insurance institutions (private and public), the private sector (firm and households), donors and debt relief funds; and mutual health organizations. There are two main approaches to healthcare financing- the public and private approaches though the private financing approach is not yet widely spread. The use of public approach funding system in Nigeria has prevented equitable distribution of health care and for citizens to access health care, health care must be affordable through proper, appropriate and equitable financing.
The quality and quantity of health services in Nigeria will greatly improve if Public-private partnerships is embraced and Health Insurance program is expanded thus making the Nigerian Government increase their commitment to the health needs of her inhabitants.

Keywords: Health Care Financing, Resource Pooling, Out- Of- Pocket Payment, Health Insurance

INTRODUCTION

Health is wealth, so goes a popular saying and no country can have any meaniful devopment without its populace being healthy. The health sector in any country has been recognized as the primary engine of growth and development because health is the basis for job productivity, the capacity to learn in school, and the capability to grow intellectually, physically and emotionally.[1] The provision of accessible and affordable health care services on a sustainable basis in any country is an important obligation of government and the fundamental right of the citizens, through direct participation in health delivery system and good legislature on health. [1] Health financing refers to the collection of funds from various sources, (e.g. government, households, businesses,

and donors) pooling them to share financial risk across larger population groups and using them to pay for services from public and private health care providers.

In 2000, WHO defined health financing as the "function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system"; the "purpose of health financing is to make funding available, as well as to set the right financial incentives to providers, to ensure that all individuals have access to effective public health and personal health care" [2] In 2007, it expounded on the definition: "A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient". [3] Health care financing therefore does not only involve how to raise sufficient resources to finance health care needs of countries, but also on how to ensure affordability and accessibility of healthcare services, equity in access to medical services as well as guarantee financial risk protection. [4]

METHODOLOGY

A general review of literature was done searching the internet for already published works in the area of health care financing. The search words "health care financing" was used. Results gotten from Google and Google scholar were read, scrutinized and criticized. Most literature reviewed was within 10years old though a few are older.

Literature Review

Functions of Health Financing System

Health financing has three key functions: revenue collection, pooling of resources, and purchasing of services.

- *Revenue collection* is concerned with the sources of revenue for health care, the type of payment (or contribution mechanism), and the agents that collect these revenues. All funds for health care, excluding donor contributions, are collected in some way from the general population or certain subgroups. Collection mechanisms include taxation, social insurance contributions, private insurance premiums, and out-of-pocket payments. Collection agents (which in most cases also pool the funds and purchase health care services from providers) could be government or independent public agencies (such as a social security agency), private insurance funds, or public and private health care providers. [5]
- *Pooling of Resources* is the accumulation and management of funds from individuals or households (pool members) in a way that insures individual contributors against the risk of having to pay the full cost of care out of pocket in the event of illness. Tax-based health financing and health insurance both involve pooling. Note that fee-for-service user payments do not involve the pooling of resources. Some fees, however, may be set to "cross-subsidize" health care, by charging more than the cost of production for a service or a group so that less than the cost of production can be charged for another service or to another group. [5]
- *Purchasing of health services* is the mechanism by which those who hold

financial resources allocate them to those who produce health services. Purchasing of health services is done by public or private agencies that spend money either to provide services directly or to purchase services for their beneficiaries. In many cases, the purchaser is also the agent that pools the financial resources. Purchasers of health services are typically the Ministry of Health (MOH), social security agency, district health boards, insurance organizations, and individuals or households (who pay out- of-pocket at time of using care). [5]

In developing countryies like Nigeria, the health sector suffers from the lack of financial and human resources. [6] The level of government expenditures in the Nigerian health sector over the years tells a story of neglect. Evidence reveals that by the early 1980s, the annual government allocation to health was estimated at 533.6 million US dollars [7,8] but nose-dived, reaching a trough of 58.8 million US dollars in 1987. [8,9] Nevertheless, between 1996 and 1999, there was a significant increase in national health expenditure, and by 2002 it rose to 524.4 million US dollars, [7] then climaxing to about 1.79 billion US dollars in 2013. [10] While there may have been increases in allocation to health, the irregularity in budgetary allocation to health reflects in the percentage of total annual government budget, as evidence reveals a pattern from as low as 3.6% in 1996 increasing to 5.0% in 1997; then declining to a paltry 2.7% in 2000 and then rising marginally to 5.6% by 2013. [7,11,10] Overall, the percentage of health budget which falls at about 5% of Gross Domestic Product (GDP) is a far cry from the WHO's recommendation of 15% of the total national budget for African countries [7,10,12] Some other reports even reveal that it remained at about 1% in the 1990s to just under 5% in the last decade. [9,13,2]

Furthermore, microeconomic analysis shows that the per capita expenditure on healthcare in Nigeria is a meager 80 US dollars. [14] While there have been marginal increments by 13 US dollars from 2010 to 2013, [14] on the contrary, some other countries in the Sub-Saharan African region, such as South Africa and Angola, spend seven and three times more per capital on healthcare respectively than Nigeria does. [14]

Interestingly, the private sector of the health system continues to grow in Nigeria and there is evidence that it plays a crucial and significant role in healthcare financing in the country. [15] For instance, of the Total Health Expenditure (THE) in the country between 1999–2002, Private Health Expenditure (PvtHE) accounted for between 65.5–78.2%, while government expenditure ranged between 21.8–33.5% of THE. [15] The situation barely changed by 2010 with PvtHE accounting for 62% of the THE. [16] Further analysis showed that private households' out-of-pocket payments accounted for 90–94% of private payments, while prepaid and risk pooling constituted only 2.4–6.7% with minimal changes by 2012. [16]

3. Sources of Funding in Nigeria

There are two main approaches to healthcare financing in Nigeria- the public and private approaches. The major sources of finance for the health sector in Nigeria are the three tiers of government (Federal, State and Local Government), public general revenue accumulated through various forms of taxation, the health insurance institutions (private and public), the private sector (firm and households), donors and mutual health organizations

The public approach includes general tax revenue (direct and indirect tax), loan-

deficit financing, grants and insurance; while the private approaches include user fees i.e. fees-for-service, employer-financed scheme, insurance (employee or individual paid), and community financing options. [17]

- *Public general revenue (Economic growth and tax revenues)*

Public health facilities in Nigeria are financed primarily by the public through tax revenue. The federally collected revenue consist of crude oil and gas export proceeds, petroleum profit tax, royalties and the related proceeds of domestic crude oil sales/other oil revenues, companies' income tax, customs and exercise duties, value-added tax (VAT), tax on petroleum products, education tax, and other items of independent revenues to the federal government. On the other hand, as part of the internally generated revenues, states have rights to capital gain tax, personal income tax excluding those on armed forces, (external affairs officers, residents of Federal Capital Territory and Nigerian police), stamp duties, capital transfer tax, pools betting and betting taxes, motor vehicle and driver licenses. Similarly, sources of internal revenue for Local Government Areas are license fee on television set, wireless radio and market and trading fees/licenses.

The share of the Federal Government from the federation account has created a lopsided budgetory allocation amongst three tiers of government and this has equally affected the allocation from lower tiers of government to the health sector. [1]

Facts show that the average annual percentage change in GDP (at constant prices) for Nigeria between 2004–2012 was at 6.6%. [18] Such growth provides the potential for further resources to be made available for financing health priorities and improving outcomes. Notably, steady economic growth patterns encourage foreign direct investment, which can contribute to the creation of fiscal space indirectly, thereby generating tax revenue for health in the country, increased budgetary allocation to health service delivery through increased taxation rates remains at a level of rhetoric in Nigeria. [19]

- *The health insurance institutions/ resource pooling.*

Health insurance is a system where individuals prepay certain amounts to a company, which assumes responsibility for the costs of health care rendered. [17] In other words, health insurance is a social security system that guarantees the provision of needed health services to persons on the payment of token contributions at regular intervals. Health insurance increases welfare by spreading the risk of financial loss due to illness and therefore maintains income. It also relieves a consumer of concerns about health care prices and income constraint at the time of illness. [17]

Health insurance scheme has two prime functions. The first is a financial function - to provide a pool of funds to cover all or (in government subsidized schemes) part, of the cost of health care for those who contribute to the pool; and to encourage providers and consumers to use health services in a cost-effective manner. One essence of "health insurance" is the pooling of funds and spreading the risk for illness and financing. [1]

The second prime function is social, including social equity. It removes financial barriers to obtaining health care at the time of illness for the vulnerable groups in the society, i.e. the very young and elderly, and the chronically ill, most of who are in the low-income groups and/or require expensive health care. [17]

Resources pooling mechanism or pooling of resources refers to "the accumulation of health assets on behalf of a pooling group in which the financial resources are no longer tied to particular

contributor. The various types of resources pooling mechanism are social insurance (such as the National Health Insurance Scheme (NHIS), Private insurance and community based insurance scheme. [1]

a *National Health Insurance Scheme.* The National health insurance scheme (NHIS) is a corporate body established under act 35 of 1999 by the federal government of Nigeria to improve the health of all Nigerian at an affordable cost. In order to ensure that every Nigerian has access to good healthcare services, the Nigerian NHIS was structured to cover all groups in society. Thus, there is the formal sector health insurance program; urban self-employed health insurance program; rural community program; the under-five children insurance program; the permanently disabled social health insurance program; the prison inmates program, and the international travel health insurance program. [20] NHIS implementation in Nigeria started with compulsory enrollment of employees in the public sector. [21] The stakeholders in the NHIS include the Federal Government, the employees, the employers, the Health Maintenance Organizations (HMOs), Boards of Trustees (BOTs), and the Health Care Providers. The payment system is by capitation or fee-for-service. The former is the payment to a primary health care provider by the HMOs on behalf of a contributor for services rendered by the provider. This payment is made regularly in advance for services to be rendered. The later payment mechanism is made by HMO to non-capitation receiving health care providers who render services on referral from other approved providers.

The scheme is about resource pooling and risk sharing in order to drastically reduce the pressures on the government for funding of health services. Ironically, with the current design of the scheme, it has been receiving substantial allocations from the Federal budgets, ranging from N0.4 to N4.5 billion annually. [17] The NHIS approach was proposed to significantly improve access to health services by majority of Nigerians; unfortunately this is unlikely to be so since the scheme presently targets mainly those in the formal sector of employment. This category of people constitutes only about 4.5 million, a rather insignificant number compared to the nation's population of 140 million. [17]

At present, the program majorly covers federal government employee. Contributions are earnings related and currently represent 15% basic salary. The employer is to pay 10% while the employee will only contribute 5% of basic salary to enjoy the benefit package. The contributions made by/for an insured person entitled him or herself, a spouse and four children under the ages of 18 years to full health benefit.

b *Community health insurance.* Community based health financing or community financing for health is referred to as a mechanism whereby households in a community (the population in a village, district or other geographical area, or a social-economic or ethnic population group) finance or co-finance the current and/or capital costs associated with a given set of health services, thereby also having some involvement in the management of the community financing scheme and organization of health services. [1]

It is essentially a household co-financing system which is a more viable option in rural settings when compared with other health insurance schemes which have problems of inefficiency in premium collections, bureaucratic obstacles, tedious claiming processes, and poor coverage. [19]

c *Private health insurance.* Private health insurance (PHI) is funded through direct and voluntary pre-payments by insured members. Benefit packages depend on insured people's contributions. In Nigeria, approximately one million individuals hold private insurance, that is, around 0.8% of the population. However, the private health sector is expanding across the country. [1]

Private health insurance in one way might reduce the out-of-pocket (OOP) expenditure and evolve in the long run towards a broader social health insurance system. Unless majority of the people is covered by the social health insurance or tax based financial health systems, there is a need to have appropriate regulation of private health insurance schemes to ensure the basic principles of solidarity, solvency requirements, cross-subsidization and control of exclusion. [22] Private health insurance financing may also be in the form of servicing of medical retainer-ship. This is an arrangement under which workers and specified dependants obtain medical treatment in designated hospitals at the expense of their employers. [1]

- *Out-of-pocket health financing*

Out-of-pocket health expenditure is another form of private health financing. Out-of-pocket health expenditures are payments for health services at the time of illness (that is, out-of-pocket expenditures), often levied on essential interventions. Out-of-pocket health expenditures can represent a large and sometimes catastrophic burden on a household. In Nigeria, majority of health care is currently financed privately. Private expenditure on health as a percentage of total health expenditure is 63.3% [23] which is about two-thirds of the total amount spent on health care. And out of this, prepayment through private health insurance plans is only 3.1% and a huge 95.4% is paid out of pocket.

An overall trend on OOPs is that consultations and medications are the most costly to individuals relative to other health related expenses. A health system where most of the health care costs are paid by individuals out of their own pockets at the moment of seeking treatment is not equitable as it undeniably limits access to only those who can afford it (the rich), and leave out the poorest members of the society. [24] This has grave implication to health care delivery for a country where majority of its people, in fact 70%, live below 1USD per day. [25]

- *Strategic purchasing*

Strategic purchasing requires that the insurance agency or agency managing insurance fund must make various arrangements for purchasing services from health care providers on behalf of insured consumers. Health care providers from national public or private health care systems should ensure that the health care packages which they provide have to be responsive and financially fair. This can be achieved through strategic purchasing. [1]

The successes in strategic purchasing depend not only on what types or mixes of health care interventions to buy, but also from whom to buy and how to buy them. Good purchasing contributes to achieving health sector policy goals by ensuring that funds are allocated and used effectively. Strategic purchasing of an appropriate set of interventions requires a continuous search for the best interventions to purchase, the best providers to purchase from and also the

establishment of the best payment mechanisms and contracting arrangements. The provision of competition, either between providers or, more rarely, between financiers of health care, is already being used as a strategy to finance health reform programmes in Nigeria. There are evidences across the country of the effective implementation of public -private-partnership in financing and provision of health services. [1]

- *Donor/foreign aid health financing.*

Donor health funding is a form of health financing which is required to fill the domestic health sector savings-investment gap. Even if poor countries allocate more domestic resources to health, this would still not resolve the basic problem, because poor countries lack the needed financial resources to meet the most basic health needs of their populations. At $30 to $40 per capita for essential interventions, basic health costs would represent more than 10% of GNP of the least developed countries, far above what can be mobilized out of domestic resources.

With the return of the country to democratic governance in 1999, and subsequent lifting of economic sanctions, donor interest in Nigeria has been increasing. This is likely to reverse the declining trend in external assistance and hence lead to increased funding to the Nigerian economy. In particular, total external assistance, which was estimated at $375.1 million in 1994, declined to $83.4 million in 1998 and rose by 87% (to $156.0 million) in 1999 and $185.9 million in 2000. Aids assistance to Nigeria has been through investment projects with technical cooperation component, free standing technical cooperation (FTC), and concessional loans and grants. Investment project assistance remains the major source of external assistance to Nigeria, with its share at 52.4% in 1997, increasing to 56.5% in 1998 and 58.2% in 1999. Government macroeconomic reforms attracted some support under programme budget assistance; which amounted to 1.4% external assistance in 1998. [7]

- *Debt relief health financing.*

Debt relief is another method of health financing in low-income countries through deeper debt relief with the savings allocated to the health sector. The Heavily Indebted Poor Countries (HIPC) initiative will reduce debt servicing by around 2% of GNP for some 30 heavily indebted poor countries, and perhaps around one-fourth of that will be allocated directly to the health sector. Given the outstanding results of the first phase, in terms of channeling debt savings into social expenditure, there seem to be additional initiatives worth taking, although it would entail further bilateral financial support for strengthening the HIPC initiative. [1]

Nigeria was able to negotiate her exit from the burden of debt overhang of her various creditor institutions, which created about $18 billion in savings from debt servicing. Government has committed itself to spending such savings on social and economic development such as health, education, agriculture, and infrastructure. [7]

- *Public-private partnerships (PPP):*

PPP refers to the establishment of on-going relationship between public and private actors. In Nigeria, concerns on the quality and financing of health-care delivery especially in the public sector have initiated reforms including support for public-private partnerships (PPP) at the Federal Ministry of Health. [26] Some PPP initiatives domiciled in public health institutions are already thriving at the Lagos State University Teaching Hospital and National Orthopedic Hospital, Igbobi, both in Lagos, Nigeria [27] though this method has failed at some point primarily due weak monitoring. [28]

4. Prospects

For our country to grow and be productive, healthy citizens are a great tool needed to achieve this. It is therefore imperative that Nigerians are able to access health care. This then means that health care must be affordable through proper, appropriate and equitable financing. Some of the ways to improve health care financing are to this effect discussed below.

- *Public-private partnerships (PPP):* There are facts that reveal PPPs will provide a strong measure to address the challenges facing health systems in this regard [28,29] if it is done appropriately. This will mean reviewing and analysing hospital data and negotiating budgets with health facility managers with regular audits conducted by the state or independent bodies to review contract compliance periodically. More so, establishing robust processes of standardised cost-accounting systems in PPPs service centres will enhance transparency. [19]

One of the ways that government can achieve this is to enter into Joint Venture (JV) agreements with private investors or NGOs with social investment money. The JV company will then own and operate government hospitals. The private sector/NGO brings in equipment, capital and expertise and also provides funding and expertise towards creating a Community Health Insurance Program, which will essentially be the anchor revenue source for the hospital(s) under management by the JV. The government provides the facility and commits to appropriating a certain percentage of the budget into a Health Insurance Trust Fund, which will fund the Community Health Insurance Program (CHIP).

CHIP makes it possible for subscribers to access healthcare at a government hospital, without the need to pay out of pocket. CHIP, apart from providing services to the elderly and indigent, will also be heavily marketed to the almost 93% of Nigerians currently not covered under NHIS. [30] People will be encouraged to subscribe through their various affinity groups – Community Development Association, Okada Riders Association, Welders, Mechanics, and other self-employed groups. Because the groups guarantee a larger risk pool, the premiums could actually be as low as N4,000 per annum for basic coverage. An additional advantage is that because the affinity group bears responsibility for premium collection, subscribers can even pay month to month. [30]

- *Expansion of the Health Insurance Program:* To improve health care funding, reliance on out-of-pocket payments must be reduced. Health sector funding in Nigeria is likely to receive a tremendous boost if government develops social security fund and further encourages the improvement of prepaid and risk pooling amongst people in the private sector and rural areas. [25]
- *Increase committment from the government:* Up till now, Nigerian Government has never allocated 15% of the total government budget on health; which is against the Abuja Declaration, 2001; rather only 5.6% of the total government budget has been allocated to health at the federal level. [31] If the health of the populace is to improve and if we must achieve our health related Milleniun Development Goals; it is important that the government is responsible for the largest share of spending on health, rather than

individuals, otherwise the poor may be denied access to healthcare and others may be pushed into poverty through expenditure on health.

Also, the bill for an act to repeal the National Health Insurance Scheme (NHIS), and enact the National Health Insurance Commission and to ensure a more effective implementation of a health insurance policy that enhances greater access to health care services by all Nigerians which is currently sitting in the National Assembly alongside with the National Health Bill which pledges a budget of N 60 billion ($380 million) for primary healthcare each year, and promises to ensure the provision of free medical care for the most vulnerable should be passed and implemented as appropriate.

The bill, which has been languishing in the National Assembly, promises to establish minimum guarantees of basic healthcare services for select groups – such as children below the age of five, pregnant women, adults above the age of 65 and people with disabilities – and help extend primary healthcare to 60% of Nigerians living in hard-to-reach rural communities.

- *Creating fiscal space:* A potential way to increase domestic funding is through creating fiscal space. Fiscal space refers to the availability of budgetary room that a government can use to provide resources for health in a sustainable manner, i.e. without crowding out other priority sectors or increasing government debt. One way of creating fiscal space is through strengthening tax administration. [32] This can help raise additional funds that can be spent on the health of the Nation.

CONCLUSION

In conclusion, as nothing good comes free, the provision of good health care for all requires a concerted effort and structure for the funding of health care in Nigerian system and this must be backed by both political and administrative will.

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