

Editorial

In June 2006 the Dutch Ministry of Foreign Affairs awarded the Health Insurance Fund with € 100 million grant for a period of six years. The Fund subsequently went full steam ahead in the first months of 2007; the first insurance program was started in Nigeria in January 2007 and a new proposal for a second country, Tanzania, is currently being developed.

The **Health Insurance Fund** is a foundation that aims to increase access to quality basic health care, including HIV/AIDS treatment, by supporting group-based private health insurance for currently uninsured low-income groups. This is accomplished through an innovative approach in which the Fund subsidizes part of the insurance premiums and applies an output-based (performance-oriented) approach. The long-term objective of the Fund is to contribute to the achievement of Millennium Development Goal 1 (MDG 1; reducing poverty) and MDG 6 (halting the spread of HIV/AIDS, tuberculosis, malaria and other diseases).

The Health Insurance Fund has contracted **PharmAccess Foundation**, a Dutch not-for-profit organization supporting AIDS treatment embedded in general health care in resource-limited settings, to manage the programs supported by the Fund. PharmAccess is responsible for the selection and contracting of local executing partners, overall management and coordination, technical support and monitoring and evaluation, as well as medical and administrative quality control.

This newsletter describes the progress made in the Health Insurance Fund's activities since October 2006. In January 2007, Nigeria's President Obasanjo officially launched the first insurance program in Abuja, Nigeria. Enrolment of clients into the insurance scheme started in February through a pro-active enrolment campaign and a quality improvement system to upgrade the quality of health services delivered under the program was designed and is currently being implemented. Preparations for a Health Insurance Fund program in Tanzania have also started and are currently underway. This newsletter concludes by presenting details about the annual Amsterdam Dinner in support of the fight against HIV/AIDS organized by "De Grote Onderneming" (DGO; in English: "The Big Enterprise").

The Health Insurance Fund in Nigeria

Introduction

In the Nigeria program, entitled "Community Health Plan", PharmAccess works with Hygeia, a local Health

Maintenance Organization (HMO) and executing partner of the program. The program targets two groups: 75,000 farmers and their families in the Shonga region in Kwara State, and 40,000 market women and their families in Lagos. The latter group includes women from the "Lady Mechanic", an initiative in which women from different backgrounds are trained to become a car mechanic. Scheme members pay 5-10% of the annual premium themselves – i.e. approximately \$6 per person in Lagos and \$2 in Kwara State – and the Health Insurance Fund subsidizes the rest of the premium.

Prior to the launch of the schemes, Hygeia and PharmAccess worked closely together in approaching the target groups through their leaders and other stakeholders. The joint PharmAccess/Hygeia team visited the Emir of Shonga, the Oba (king) of Lagos, and the president of the Lagos market organization to familiarize them with the program and inform them in more detail about it. Furthermore, the team visited the Ministries of Health in Lagos and Kwara State as well as the National Health Insurance System (NHIS), the Nigerian government's insurance initiative, in order to establish a link with the public health sector agencies. In collaboration with the Health Insurance Fund and PharmAccess, Hygeia developed insurance benefit packages for the schemes that cover basic health care including AIDS treatment.

Launch of the Community Health Plan in Nigeria

In January 2007 Nigeria's President Obasanjo launched the Community Health Plan in the presence of his ministers of Health and Social Development and representatives of Hygeia, the Health Insurance Fund, PharmAccess, the Royal Netherlands Embassy in Abuja, and the Dutch Ministry of Foreign Affairs. President Obasanjo stated that he would match the program funds and provide support to additional target groups. He emphasized that this approach would cover workers in the informal sector for whom such facilities had not been available in the country until now. Before the official launch, a round table took place with Nigerian and Dutch representatives to exchange information and have more in-depth discussions about



Launch in Lagos, Mr. A. van der Wiel symbolically hands out Insurance ID (A. Opara)

the Fund, including the alignment of the program with the Nigerian health system.

On 25 and 26 January, the program was also launched in Lagos and Kwara State. In Lagos it was launched in the presence of representatives of the Lagos target groups: market women and the “Lady Mechanic”. The first insurance policies were symbolically issued by the Dutch Ambassador in Nigeria, Arie van der Wiel, to one of the market leaders and to the founder and leader of the “Lady Mechanic”. In Kwara State the program was launched in front of the palace of the Emir of Shonga. Thousands of people from the surrounding communities gathered to participate in the festivities with the Emir and the Governor of Kwara State.

Enrolment campaign

Since the launch of the insurance scheme in Nigeria, an active enrolment campaign is underway to mobilize and enroll target group members. Enrolment in the program is voluntary; registration is done per family. Special Hygeia ‘marketing’ teams go out into the field and assist people in the process of signing up for the scheme. The teams use laptops to register beneficiaries of the program on the spot. After a person has paid, a photograph of him/her is taken, personal identification data are entered into the computer, and within a few minutes the portable printer produces the insurance ID card, giving the person access to health services in the designated health facilities nearby.



Enrolment in Kwara State

In Kwara State the ‘marketing’ team moves from village to village where it is assisted by local villagers. The team stays in each village for a couple of days to enroll as many people as possible before moving to the next. Since most of the Shonga people are Muslim, the husband and wife usually do not present themselves simultaneously at the enrolment site. In most cases the husband registers first and pays for the family, his wife and children follow later on.

So far the number of people enrolled in Kwara State is promising. The Emir has mobilized the people in his community and it has proven quite easy to locate the people around their houses and farm land and to enroll an entire family at once. The enrolment in Lagos started with the Lady Mechanic initiative; in two days all of its members and their families had been enrolled. Yet overall

enrolment in Lagos has so far been slower than expected. One reason for this is that families live farther apart and that the market women do not have their families with them at their workplace, which means that they have to bring them in separately or bring their photographs.

Moreover, in a large city like Lagos people tend to be more suspicious and cautious before they sign up for a new initiative than in a rural, more traditional environment, where the Emir as a traditional leader still has substantial authority. On the other hand, it has already been demonstrated that when the women do enroll and experience the good care they receive, they are effective in marketing the product to their peers, stimulating other market women to sign up.

Since the enrolment has started, clinics have already begun to notice an increase in the number of patients. The Shonga clinic hardly had any patients before the insurance program started, but since the scheme is running the clinic is seeing up to 50 patients a day. In this initial phase of the program many of the people are coming to the health facilities – not for treatment of medical problems, but merely to check whether the services are available as promised. When these clients experience that the program delivers what it promises, they indicate that they will come back for treatment when they really need it.

Quality improvement of health services

Specific measures are taken to improve the quality of services provided as part of the Health Insurance Fund programs. At the start of each Health Insurance Fund program, PharmAccess performs a baseline quality measurement through a ‘Medical Due Diligence’ of health facilities to determine their suitability for inclusion into the program. This due diligence measures the providers’ capability to deliver the required quality health services to the target populations. The following criteria are used for the selection of providers:

- The health facility is accessible to and/or preferred by the target populations
- The health facility is (or can be) included in the insurer’s provider network
- The health facility delivers a minimum quality level of care
- The providers are private and public facilities
- The providers deliver all health care required for the insurance scheme.

Next step is the design and implementation of upgrading plans for each of the selected providers. This process will be repeated periodically. The upgrading plans are designed by the insurer (HMO) and the providers and must be endorsed by PharmAccess. As the Health Insurance Fund program progresses, the scope of quality improvement will generally expand from improving the availability of the required assets (buildings, equipment etc.) to improving the skills and organizational processes. Assets



Upgraded hospital laboratory



Upgraded hospital, Shonga, Kwara State

are upgraded by providing or replacing equipment and improving facilities. Skills are improved through training of medical and administrative staff, organized by the insurer and PharmAccess. Improvement of processes is accomplished by designing and implementing protocols and guidelines.

In order to monitor this continuous upgrading process, PharmAccess has developed a monitoring and evaluation (M&E) tool, consisting of a number of function-related modules. This tool is based on PharmAccess' existing quality assessment tools, complemented with essential elements from American and South African quality management standards (Joint Commission International and COHSASA, the Council for Health Service Accreditation of Southern Africa). Each module contains a list of assets, processes and skills, each of which will be scored on a 1-5 rating scale. The scores express quality levels ranging from 'complete absence or great shortage' (1) to 'according to European quality standards' (5). Eventually, all providers should perform according to at least level 4 ('above the average observed level of care in the country'). PharmAccess will undertake biannual M&E visits to the clinics to measure the status and effect of the upgrading activities and to define the priorities for the next upgrading plans.

Implementation of these measures has recently started in Nigeria. As part of the quality improvement process in Nigeria, PharmAccess performed a 'Medical Due Diligence' of 22 health facilities in April 2006, 19 of which were selected to be included into the provider network of Hygeia for the program.

Thirteen of these providers, including ten facilities in Lagos and three in Kwara State, have been included in the quality improvement program. Of these facilities two are public and eleven are private providers, while eight of them are primary care providers and five are referral centers. In November 2006, Hygeia and the providers developed first-phase upgrading plans. These are currently being implemented. Within the program a

small fund is allocated for improvement of the physical infrastructure. In Kwara State the governor has allocated \$75,000 per health facility from the state budget to rehabilitate these up to the required standards. In February PharmAccess and Hygeia organized the first introductory medical and administrative training for the medical directors, nurses, pharmacists, laboratory technicians and administrative staff of all health facilities involved in the program.

Health Insurance Fund proposal for Tanzania

In December 2006 a scoping study was executed in Tanzania as a first step to determine whether Tanzania is a suitable country for implementation of a Health Insurance Fund program. This scoping study was based on three criteria:

1. A favorable macro context: that is, the national government's policies, legislation and regulations are conducive to the program; commercial insurance markets exist in the country, etc.
2. Availability of reliable, active and potential local executing partners such as Health Maintenance Organizations (HMOs) or health insurance companies with a managed care component.
3. Availability of suitable target groups: economically active people with a low to medium level income who are administratively organized.

The scoping study has demonstrated that Tanzania offers the right environment and opportunities for a Health Insurance Fund program. The health insurance market is growing, the Tanzanian government explicitly welcomes involvement of private actors in health care, and it also supports public and private health insurance and aims to further stimulate both. For example, each year a national health insurance day is organized by the government to stimulate people to acquire health insurance. There is also a national health insurance program targeting Tanzania's civil servants. This program currently covers around 2.3 million people and is growing.



Announcement of the launch



Potential target group at the fish market in Dar es Salaam

Following this scoping study, PharmAccess is currently developing a proposal for a program in Tanzania and has identified several potential local insurers who could implement the program. These companies have already expressed their interest in participating in a Health Insurance Fund program. PharmAccess is now in the process of selecting one company that offers the best perspectives, both in terms of business economics and in terms of coverage, medical quality and capacity. This process includes a financial due diligence carried out by a reputable, internationally recognized accountancy firm.



Dar es Salaam fish market

Potential target groups whose members match the criteria of having a low income (some income is necessary to be able to pay part of the insurance premium) and being part of a group that is administratively organized (which is necessary to facilitate the collection of the co-payments) have been identified. These groups include market traders in Dar es Salaam (vendors at the Kariakoo market, the largest market selling fruits, vegetables, electronics, etc.), workers at the Dar es Salaam fish market (fishermen, auction workers, cooks), micro-loaners in Dar es Salaam and Arusha/Moshi, and coffee farmers in Arusha. The scoping study indicates that the added value of a Health Insurance Fund program for the potential target groups is essential: the quality of the health centers they use now is below acceptable standards and the direct out-of-pocket expenses for health care are high, which places a heavy burden on people's household budgets.

Awaiting a positive outcome of the preparatory studies, PharmAccess will submit a program proposal for approval to the relevant stakeholders. Once approved, PharmAccess will, together with the selected local partner, develop the insurance benefit package in detail as well as all operational processes for enrolment and premium collection, among others.

The board of directors of the HIF consists of:

Kees Storm (former CEO of AEGON)

Margreth de Boer (Chairperson CSR, former Minister of VROM)

Maarten Dijkshoorn (Chairman of the Executive Board and CEO of Eureka/Achmea)

Sjoerd van Keulen (CEO of SNS Reaal)

Peter van Rooijen (Board member of the Global Fund, former director of the Dutch AIDS Fonds and STOP AIDS NOW!)

Advisors:

Jacques van der Gaag (Professor of Development Economics at the Faculty of Economics and Business, University of Amsterdam, Distinguished Visiting Fellow of the Brookings Institution, Washington DC)

Joep Lange (Executive Director, Center for Poverty-related Communicable Diseases, AMC/UvA, former President of the International AIDS Society)

The Health Insurance Fund at the Amsterdam Dinner

Each year "De Grote Onderneming" (DGO, in English: "The Big Enterprise"), a collective of companies and organizations that support HIV/AIDS-related initiatives, organizes the so-called "Amsterdam Dinner". The Amsterdam Dinners aim to raise awareness about HIV/AIDS among the business community and to support projects related to the fight against HIV/AIDS. The Amsterdam Dinners Foundation collaborates with the Dutch AIDS Fonds and STOP AIDS NOW!

For 2007 DGO has decided to make the Health Insurance Fund the prime focus and beneficiary of the Amsterdam Dinner. The Health Insurance Fund and its programs will be presented during the dinner. The Amsterdam Dinner 2007 will take place on June 23rd.



Dar es Salaam

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