

Editorial

The first Health Insurance Fund Program in Nigeria, providing insurance to farmers in Kwara State and to market women in Lagos, celebrated its first anniversary in January of this year.

Expansion of the Program is planned with support from the World Bank and the governor of Nigeria's Kwara State. The World Bank will support expansion for up to 30,000 people in Lagos (low-income workers and their dependents) through its Global Partnership for Output-Based Aid. A study of the needs of the target population has already been carried out and the program is expected to be launched later this year.

The governor of Kwara State has signed a memorandum of understanding in which he commits to providing financial support for an additional group of 71,000 people (farmers and their dependents). This is a very important milestone as it demonstrates the sustainability and the level of local support for the program in Nigeria.

Last April two board members of the Health Insurance Fund, Kees Storm en Maarten Dijkshoorn, visited Hygeia and the community programs in Nigeria. Representatives of PharmAccess and the Dutch Ministry were present as well.

On 8-9 May 2008 Hygeia with support of the Health Insurance Fund organized an international conference on health insurance. The conference aimed to promote community-based health insurance models for low-income groups in Africa.

Health Insurance Fund at Work

The Health Insurance Fund has been established to set up private health insurance programs for low-income communities in different countries in sub-Saharan Africa. PharmAccess has been contracted by the Fund to develop, manage and control the insurance programs. PharmAccess contracts local implementing partners to provide the insurance to the selected communities. Independent operational research organizations measure the impact of the insurance program. The Health Insurance Fund is responsible and accountable for the overall program in the context described above.

Celebrations in Nigeria

On 24 January 2008 festivities took place in Kwara State to celebrate the opening of the Bacita Junction health center and the one-year anniversary of the Hygeia Community Health Plan (HCHP), the First Health Insurance Fund program.

Mrs. Saraki, the First Lady of Kwara State, opened the clinic, which is located in the center of a large community. The new clinic was built and equipped by the Wellbeing Foundation, in close collaboration with the HCHP, and funded by the Health Insurance Fund. It is one of three primary healthcare centers for the Community Health Program in Kwara State. The opening by the First Lady and Professor Elebute, chairman of Hygeia (the local implementing partner), was attended by



People in line for a medical checkup as part of the festivities of the clinic opening



Professor Elebute and Mrs. Saraki open the new clinic in Kwara State

Government officials, HCHP representatives, and Hanneke Peeters, PharmAccess representative in Nigeria. Hundreds of community members participated in the celebrations, which included colorful performances of traditional dance and music. During the events people were encouraged to attend free health screenings as part of the Community Health Program.

The next day, the Emir of Shonga Emirate hosted the first anniversary of the Health Insurance Fund program in Kwara State. The festivities took place in the Shonga village square in front of the Emir's palace and included traditional dance, music, spiritual masquerades and speeches from traditional and government leaders in Kwara State. They thanked the Dutch Ministry, the Health Insurance Fund, PharmAccess and Hygeia for their commitment and the successful first year of the program.

Second Monitoring and Evaluation visit to Nigeria

Regular monitoring of healthcare facilities is an important part of the Health Insurance Fund program. Clinics and hospitals are monitored and evaluated twice a year. Of the 19 clinics and hospitals providing services to insured patients by the HCHP, 13 are being upgraded as part of the program. During each visit the overall standard of care is evaluated and the progress of upgrading activities is reviewed. Feedback is given to the healthcare providers for further improvement.

Upgrading includes the installation of (medical) equipment, training of medical and administrative staff and IT enhancements. During 2007, approximately 150 health staff was trained on topics including maternal health, HIV/AIDS treatment and care and quality management.

The second Monitoring and Evaluation (M&E) visit for the Nigeria program took place in January 2008.



The M&E team discusses medical procedures with local staff

The PharmAccess M&E team concluded that the planned refurbishments were almost complete and that over 80% of the equipment was procured and installed. The M&E team reported positively about the improvement of the health facilities and the clinic and hospital staff was also very positive about the quality improvements they had been able to achieve.

In the near future, the focus will be on staff training (medical, financial and administrative staff) in areas most relevant to the needs of the scheme members. In Kwara, for example, malaria is a major health problem, so additional training will be provided on the diagnosis, treatment and care of malaria.

Expansion Health Insurance program in Kwara State

The governor of Kwara State in Nigeria, Dr Abubakar Bukola Saraki, has signed a memorandum of understanding in which he commits to providing financial support for five years to enable expansion of the program in Kwara for an additional group of 71,000 people (farmers and their dependents). The governor is a strong supporter of the existing community health program having seen the benefits it has brought to his state so far.

The Health Insurance Fund, Hygeia, and Dr Saraki have identified a farmer community in Afon district as a potential target population. The traditional leader of Afon district, the 'Baale', said "As someone responsible for health in this LGA (Local Government Area), I want to bring change to my people. I want us to also benefit from this program."

Support from the governor will include a share of the insurance premium subsidy and resources to upgrade the Afon district hospital.



Afon General Hospital

In March, PharmAccess conducted a medical due diligence (i.e. a medical evaluation) and reviewed seven pre-selected healthcare facilities in the Afon District. The results of this due diligence will determine which facilities will be included in the scheme and what type of upgrades are needed for these facilities.

Health Insurance program for Nigerian Association of IT enterprises

In December 2007, the Global Partnership for Output-Based Aid (GPOBA), a fund of the World Bank, confirmed its support to expand the Nigerian community health program to approximately 30,000 low-income people in Lagos, Nigeria. GPOBA has approved a grant of approximately USD 6 million for a period of five years. The program is scheduled to start in the third quarter of this year. The Health Insurance Fund is currently inventorying the needs of the target population, consisting of employees of small IT enterprises, each with three to six employees and their dependents. The workers are all members of the Computer and Allied Products Dealers Association of Nigeria (CAPDAN), an association of IT enterprises based in Lagos.



IT shops at the market in Lagos

The new program will use the same healthcare infrastructure as is currently being upgraded for the existing HCHP in Lagos that provides insurance to market women.

continues to increase. By coincidence, because of a punctured tire in Kwara State, the group met with the inhabitants of a local village. To the great surprise of the delegation, all the women and children were insured through the community healthcare program!



Villagers of Tseduko showing their insurance cards

The Emir of Shonga, the religious leader of the community, welcomed the delegation and expressed his enthusiasm and support for the program. In Shonga the insurance program is available to 75,000 farmers and their dependents. Before leaving Kwara State the visitors were invited to meet representatives of the Governor of Kwara State who again expressed their support for the current program and the expansion in Kwara to an additional 71,000 people (farmers and their dependents).

Successful conference on health insurance in Africa

On 8-9 May, Hygeia organized a two day international conference on health insurance in Africa. The conference was sponsored by the Health Insurance Fund, with additional support from the International Finance Corporation, the Nigerian National Health Insurance Scheme and the Kwara State government of Nigeria.

The conference took place in Abuja, Nigeria and aimed to promote community based health insurance models for low income groups in Africa. The conference specially focused on the current pilot insurance program in Shonga, Kwara State. Among the conference speakers were the Executive

Governor of Kwara State Dr. Bukola Saraki, the Emir of the Shonga Community, the Dutch Ambassador to Nigeria Mr. Arie van der Wiel, Mr. Chris van der Vorm on behalf of the Health Insurance Fund and Dr. Michèle van Vugt on behalf of PharmAccess Foundation. The Governor shared his enthusiasm about the health insurance program in his keynote speech: "...What happened in Shonga, the dramatic turn-around in the fortune of the hitherto moribund health centre, the overwhelming subscription and patronage by the local community, and growing demand by the people for us to take this to other parts of our State, is not so much a miracle to me, but an eye opener; and an important lesson in public policy governance. [...] I have no doubt in my mind that this is the way to go. It has worked in Kwara State and I believe with careful planning, it can work elsewhere."

The number of participants was above expectation. More than 250 participants from various sections of the health community attended the conference, including officials of the Nigerian National Health Insurance Scheme, officials of the Nigerian government, community and religious leaders, medical directors of healthcare providers, professionals from the public health community and invited experts from Nigeria, Uganda, The Netherlands and the United States.

The first conference day was dedicated to lectures and discussions on scaling up, financing strategies and quality management of health insurance schemes. The discussions were open and sometimes even heated. This led to valuable insights and recommendations.

On the second day, a selection of the participants travelled to meet the Emir of Shonga, visit an upgraded clinic and interact with the beneficiaries of the Hygeia Community Health Plan.



Visit to the emir of Shonga

The board of directors of the Health Insurance Fund consists of:

Kees Storm (former CEO of AEGON)

Margreeth 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)

Marcel Levi (Professor of Medicine, Chief of Staff and Chairman of the Department of Medicine and the Division of Medical Specialisms of the AMC)

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)

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Operational research in the Health Insurance Fund projects

Independent research is carried out in order to measure the impact of the community health insurance schemes in Lagos and Kwara State and provide information to continually improve the program. This is done in two ways. Firstly, surveys of the target population are performed, consisting of a socio-economic component and a biomedical component (including voluntary anonymous testing). Secondly, analyses of medical data from the clinics are performed to provide advice on diagnoses and treatment within the program.

The biomedical research is carried out by the Center for Poverty-related Communicable Diseases (CPCD), Amsterdam Medical Center in the Netherlands.

The socio-economic research is carried out by the Amsterdam Institute for International Development (AIID) in partnership with the Lagos University Teaching Hospital (LUTH) in Nigeria. AIID is linked to the University of Amsterdam.

The first household survey of approximately 2,000 households will be carried out in Lagos in June of this year.

Progress Shree Hindu Mandal HIV/AIDS clinic in Tanzania

The Shree Hindu Mandal Hospital in Dar es Salaam, Tanzania, is building a new HIV/AIDS wing funded by a donation from the Amsterdam Dinner, an AIDS fundraiser, in 2007.

The Shree Hindu Mandal hospital is a non-profit organization that started in 1953 as a small outpatient clinic. Now, in 2008, it has become a hospital with a 24-hour in- and outpatient service for almost 300 patients per day and 60 beds for inpatient care. Over 60% of patients have HIV-related health problems and in order to provide more and better care, the hospital needs to expand.

Preparations for the construction of the HIV/AIDS wing are in full progress. The new clinic is being built on a plot that is currently used as a car park, next to the Shree Hindu Mandal hospital. A local architect company, Sumar Varma Associates (SVA), has completed a detailed design for the new building. Through a tender procedure, a construction firm will be selected by a committee consisting of members of Shree Hindu Mandal, the architect company and PharmAccess. PharmAccess is monitoring the construction together with Logistics Engineering Ltd., a Dar es Salaam-based consultant agency.

The construction is expected to begin on 1 June of this year and should be completed by March 2009.



Soil testing for the new clinic on the parking lot next to the Shree Hindu Mandal Hospital

The Health Insurance Fund installs Strategy Committee

In 2007, the Health Insurance Fund established an independent Strategy Committee as a 'think tank' to the Fund. The objectives of the committee are to function as a quality reference and to contribute to the policy and concept development of the Health Insurance Fund approach. The committee will meet once a year to discuss the results and future plans of the programs with its main stakeholders. The committee comprises approximately six permanent members with relevant international and professional backgrounds. Chairman of the committee is David de Ferranti, Senior Fellow of the Brookings Institution and former regional vice president of the World Bank. Other members who confirmed their membership are King Holmes, Professor and Chair of the University of Washington's Department of Global Health, K.Y. Amoako, President of the Economic Commission for Africa and Mrs. Caroline Kayunga, Permanent Secretary of the Ministry of Health in Rwanda.

Save the date: upcoming conference

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Health Insurance Fund visit to community healthcare program in Nigeria

Last April two board members of the Health Insurance Fund, Kees Storm and Maarten Dijkshoorn (CEO of Eureko/Achmea), visited Hygeia and the Hygeia Community Health Plan (HCHP) in Nigeria. Representatives of the Dutch government and PharmAccess were also present. During the visit Hygeia gave an update about the HCHP with a focus on enrollment, marketing and Information Technology. At present, 30,000 people are registered for the insurance program.

A field visit was made to Surulere general hospital, which is a public hospital and part of the network providing health insurance to the market women in Lagos. The upgrading of this hospital, which was financed by the Fund, has led to an increase in utilization from approximately 3,000 patients per month to approximately 7,000 patients per month. The visit continued in Kwara State where the number of enrollees