

African  
Health  
Observatory



PLATFORM ON  
HEALTH SYSTEMS  
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A regional partnership to promote  
evidence-informed policy-making

# Health Systems and Development Research Group

VERITAS - Update



KEMRI | Wellcome Trust



Health Policy Research Group (HPRG)



15 June 2022

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# Institution of HSDRG – Health Systems and Development Research Group

- As part of the pre-requisite to be a partner of AHOP, the VERITAS team led by Professor Hyacinth Eme Ichoku constituted a team of members from different units of the University and Some Private other partners.
- Developed our profile which incorporates who we are, vision, mission, brand promise including our core services : Strategy and policy Reviews, Capacity building, Public Financial Management, Policy Analysis & Development, Monitoring, Evaluation, Research and Learning.



# Institution of HSDRG – Health Systems and Development Research Group

- Other important components of our profile:
  - Organogram
  - Core values
  - Our experience across different staff and as a group
  - And our footfall
- Proceeded with registration of the group which was successful

## Capacity Building of HSDRG Team and University Community

- In furtherance of HSDRG partnership mandate in HPRG-AHOP platform, the Health Systems and Development Research Group organized and conduct sensitization and capacity building workshop
  - On Health Policy and Systems Research (HPSR)
  - To stimulate the interest of the new team and the university community.



# Assessing the status of state supported social health insurance schemes in Gombe state, Nigeria

Activities	Status
Development of Concept Note for the Study	Completed
Development of Study Tools	Completed
Data Collection and Analysis(KII): This included pre-scoping mission to Gombe state <ul style="list-style-type: none"><li>• To familiarize the state with the study objectives and expected outcoms</li><li>• Ascertain their expectations.</li><li>• It also includes mobilization of respondents and data colection proper.</li></ul>	Completed

# Assessing the status of state supported social health insurance schemes in Gombe state, Nigeria

Activities	Status
<p>During the pre-scoping mission to Gombe state, relevant documents on level of design and implementation of the SSHIS:</p> <ul style="list-style-type: none"> <li>• SHIS Law, operational guideline,</li> <li>• Benefit package,</li> <li>• Service level agreement etc</li> </ul>	Completed
Data Analysis: Transcription of KII, cleaning, collation and analysis has been conducted.	Completed
Report Development	Draft Completed and Shared with NC - HPRG
Development of Article & Policy Briefs from the study findings	Ongoing

# Some Key Finding and Recommendations

Components	Some Key Findings	Area of TA/Recommendations
Baseline Surveys	<ul style="list-style-type: none"><li>• Design of the scheme thus far did not leverage context fit evidence</li></ul>	<ul style="list-style-type: none"><li>• Review the design component that have been completed for appropriateness and adequacy</li><li>• Conduct additional surveys, if necessary, to generate data for a contextualized design</li><li>• Strengthen the design of the scheme based on findings.</li></ul>
Resource mobilization	<ul style="list-style-type: none"><li>• Funding from government is not secure and no clear mechanisms for ring-fencing insurance funds</li></ul>	<ul style="list-style-type: none"><li>• Develop a financing strategy that looks at all realistic sources of funds to be able to finance the scheme (are the current sources feasible and will they be enough? how the gaps be funded?) Premium determination</li><li>• Develop premium collection strategies for the agency</li></ul>



# Some Key Finding and Recommendations

Pooling	<ul style="list-style-type: none"> <li>No defined financial management systems for GoHealth.</li> <li>Absence of accountability and transparency framework</li> </ul>	<p>Develop a financial management system /guidelines/processes and tools for the agency</p>
Enrolment	<ul style="list-style-type: none"> <li>No defined enrolment plan/ strategy</li> <li>No means of identification and data base for target population (indigent/ vulnerable)</li> </ul>	<ul style="list-style-type: none"> <li>Design of enrolment plan/strategy for the scheme across the various sectors</li> <li>Develop a criteria and strategy for identification of indigents</li> <li>Develop mechanism for the identification of target population.</li> </ul>
Benefit Package	<ul style="list-style-type: none"> <li>No actuary conducted</li> <li>Cost was not a consideration in the development of benefit package</li> </ul>	<ul style="list-style-type: none"> <li>Review and finalization of benefit package, costing of benefit package, determination of premium and subsidies for those who cannot pay.</li> <li>Conduct a survey/ actuarial analysis of disease burden in Gombe state</li> </ul>

# Some Key Finding and Recommendations

<p>Provider Engagement</p>	<ul style="list-style-type: none"> <li>• Private sector inclusion plan not yet defined and no involvement of PPMVs and CPs</li> </ul>	<ul style="list-style-type: none"> <li>• Develop private sector engagement plan</li> <li>• Mapping/ identification of all private sectors in Gombe State</li> </ul>
<p>People, processes, tools and systems</p>	<ul style="list-style-type: none"> <li>• No capacity development plan for the Agency</li> </ul>	<ul style="list-style-type: none"> <li>• Review Agency’s HR capacity</li> <li>• Design a capacity building plan for staff of the Agency</li> </ul>
<p>Public financial management</p>	<ul style="list-style-type: none"> <li>• Lack of PFM systems, processes and tools at non-NSHIP facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop PFM systems, processes and tools for non-NSHIP facilities.</li> </ul>
<p>Infrastructure</p>	<ul style="list-style-type: none"> <li>• Some accredited health facilities needs upgrade</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an advocacy tool for continued facility upgrade</li> </ul>

## Some Key Finding and Recommendations

### HRH

- Inadequate number and mix of healthcare practitioner particularly amongst non-NSHIP facilities
- Poor rural-urban HRH distribution
- Inadequate knowledge of health insurance amongst providers
- Develop advocacy tools to address HRH gaps
- Support with capacity building plan for HRH at the facilities
- Develop an advocacy plan on staff redistribution across all the healthcare facilities

Thank You