UTILIZATION OF LAGOS STATE HEALTH INSURANCE SCHEME (Ilera Eko)

BY

NIMR PARTNER

BACKGROUND

- Universal Health Coverage (UHC) has a goal to obtain good health services without fear of financial hardship from unaffordable out-of-pocket (OOP) payments by the people (Evans et al., 2013)
- Realizing this goal is only possible when quality health services are accessible, affordable and acceptable.
- The UHC monitoring report of 2019 showed that many people lack essential health services and more people are pushed into poverty due to much spending on health care services (Ebrahim et al., 2019).

BACKGROUND

- In order to achieve UHC there is the need to ensure that health care is accessible to all through various forms of Health Insurance.
- To fulfill this aspiration, the Lagos State government developed the health financing policy in year 2014 to bridge the health financial gaps and develop sustainable health financing directions, with focus on alternative sources of health financing.
- In furtherance to this, the state established the Lagos State health scheme and the Lagos State health fund.

BACKGROUND

- Although the current health insurance scheme covers urban, rural and unemployed population in the state there could be problem of utilization among the populace as demonstrated by previous studies (Nageso et al., 2020; Odeyemi 2014; Jütting, 2004).

GOAL AND OBJECTIVES

The Goal

- To determine the facilitators and barriers in utilization of health insurance among people in the informal sector in selected communities in Lagos state

GOAL AND OBJECTIVES

Specific Objectives

- To assess knowledge, attitude and practice of those in informal sector about health insurance scheme in Lagos.
- To identify factors facilitating the utilization of health insurance scheme among those in the informal sector.
- To identify barriers to utilization of health insurance in Lagos State

METHODOLOGY

Study Location

Study Design

- This is cross sectional mixed-method design that triangulates both quantitative and qualitative approach

METHODOLOGY

Study population

- Household heads (the primary target population), adult male and female members of the communities, community leaders, opinion leaders, health facilities managers and medical officer in-charge of health of the LGA.

METHODOLOGY

Sample Size Determination

- The desired sample size for the study was determined using Cochran's formula (1977);

$$n_0 = \frac{z^2 pq}{e^2}$$

- Where n = minimum sample size, using the prevalence of community participation, p = 12.3% (Abiola et al., 2019), level of significance, 0.05, considering 5% non-response rate, and design effect of 1.5. Margin of error or precision (e) is set at 0.05.
- The yielded sample size is 265.

METHODOLOGY

Sampling

- A multistage sampling technique was adopted for selecting participants for the quantitative survey.
- This involves 3 stages and random sampling was employed at each level
- At first stage, 3 LGAs were selected from the 3 senatorial districts in Lagos State.
- One community providing each LHIS was picked at stage 2. They are Iba (Ojo LGA), Itire/Ikate (Surulere) and Abule Parapo (Ibeju Lekki LGA); and
- Households/participants were recruited randomly at stage 3 until required sample size was completed

METHODOLOGY

Data collection

- Interviewer administered questionnaires using KoboCollect was designed to capture the needed data
- A day training was conducted for data collection team
- Data collection was carried out for 2 weeks in 2021.
- The collected data were cleaned and vetted for completeness and accuracy

METHODOLOGY

Qualitative Data Collection

- Focus group discussion (FGD): 2 sessions were conducted among men and 2 among women using FGD guide.
  - Their voice/discussions were recorded using tape recorder
- In-depth interview (IDI): this was conducted for the community leaders, religious leaders, and healthcare professional using Key Informant Interview guides.
  - Each session was recorded for analysis

DATA ANALYSIS

- A convergent parallel mixed-methods design was used to collect, analyze and interpret both quantitative and qualitative data

Quantitative Analysis

- Following data collection, the vetted data were then exported and analyzed using SPSS v27
- Descriptive statistics such as frequencies, percentages, mean and median were used to summarize the demographic characteristics
- Chi Square and regression analysis were used to determine relationship between variables

Qualitative Analysis

- The qualitative data from the FGDs and KIIs sessions were transcribed, coded and analyzed using the NVivo Software V12
- Framework analysis was employed which allows for theme-based analysis and is better suited for analyzing the specific questions asked from community leader and other key stakeholders
- Results from the qualitative data analysis were triangulated with those from the quantitative analysis for a holistic picture.

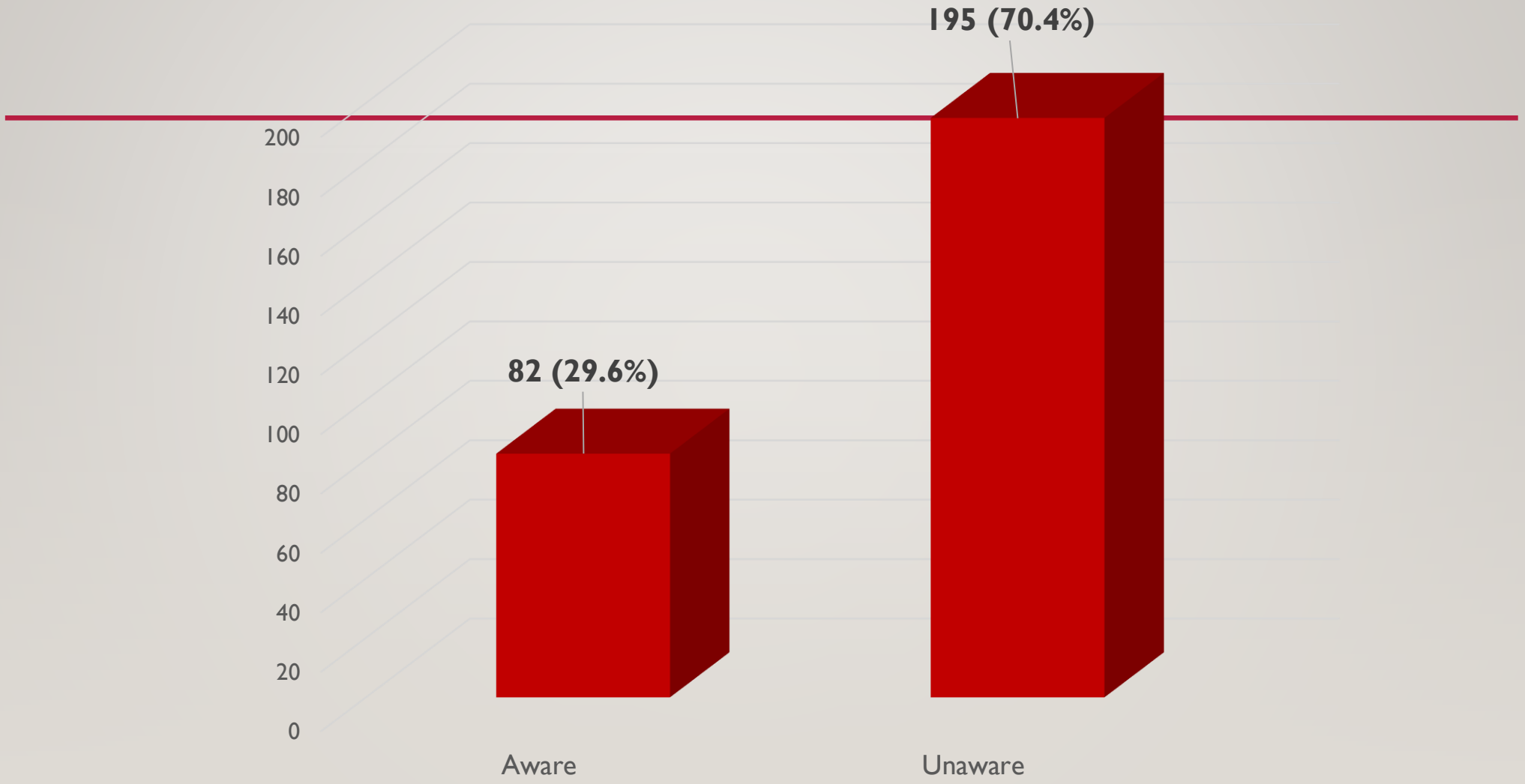
RESULTS

- Majority 92 (33.2%) of the respondents falls between 31-40 of age with mean age of 42.53 ± 13.57.
- Most of the respondents (51.3%) had secondary school education while only 57 (20.6%) had a tertiary level of education.
- The majority of the respondents 221 (79.8%) were married while 12.6% and 5.4% were never married and widowed respectively.
- The family income of a greater percentage of the respondents (45.5%) was below ₦30,000.00

KNOWLEDGE OF PARTICIPANTS ON LHIS

- Majority (70.4%) of the participants have not heard about the Lagos State health insurance scheme
- 7.6% among those that have heard of the scheme know the enrolment centre and only 2.5% were actually enrolled
- Very few (14.1%) could described Lagos Health Insurance scheme as an insurance scheme that helps to access free health services and 6.1% described it as monthly contribution of money to pay for health services while others could not describe it.
- On a lickert scale of 1 to 5 majority of the respondents agreed that they understood very little about the Lagos Health Insurance Scheme (mean= 3.9)

AWARENESS OF LSHIS



KNOWLEDGE OF PARTICIPANTS ON LHIS (Qualitative)

- Also, very few respondents of qualitative were aware of Lagos state Health Insurance - just about 6 of them ever heard of the Scheme. They all claimed the awareness of the scheme was poor and not enough at all.
- Their knowledge about the scheme was very poor. Only two of the respondents could tell us what the scheme was all about.
  - *"The awareness is not enough, we are just hearing about it this morning. I saw the information on the Health centre board about 3weeks ago". (Elderly male FGD participant at Itire/ikate community)*
  - *"I have not heard of the scheme". (Young male FGD participant at Iba community)*

ATTITUDE OF PARTICIPANTS TO LHIS

- Among the respondents, 76.2% feel that Lagos Health Insurance will help to improve health outcomes
- On a lickert scale of 1 to 5, majority of the respondents strongly agree (mean = 4.44) that health insurance is a good idea
- The mean responses of 4.32, 4.18 and 4.14 indicated that respondents strongly agreed that LSHS (Ilera Eko) is a good scheme if it is managed well;
  - Most of the respondents felt the scheme is a good one if it can be sustained or fulfill its mandate but don't trust the government.
    - *"It is a good policy but I'm skeptical about it because of the way things are done in Nigeria. They ask us to pay but on getting to the hospital, one may not get the health care service promised" (Young female FGD participant – Itire/Ikate Community)*

ATTITUDE OF PARTICIPANTS TO LHIS

- Also agreed that health insurance can help reduce Out-of-Pocket (OOP) expenses and allows individuals to get the care they need without incurring the exorbitant cost of treatment, respectively

UTILIZATION OF HEALTH INSURANCE

- Only 2.5% of the participants enrolled for Lagos Health Insurance Scheme and it took 1.4% of the participants 2 years to get enrolled.
  - None of the participants for qualitative survey used the scheme.
- All the participants that enrolled have been accessing health care but only 1.6% have been accessing healthcare with their families.
- Among the enrolled participants, 71.4% of them were satisfied with their plan while the remaining were not satisfied
- All the 2.5% enrolees among the participants claimed they were happy with those running the scheme and will be willing to choose a health facility outside their community as their health provider.

UTILIZATION OF HEALTH INSURANCE

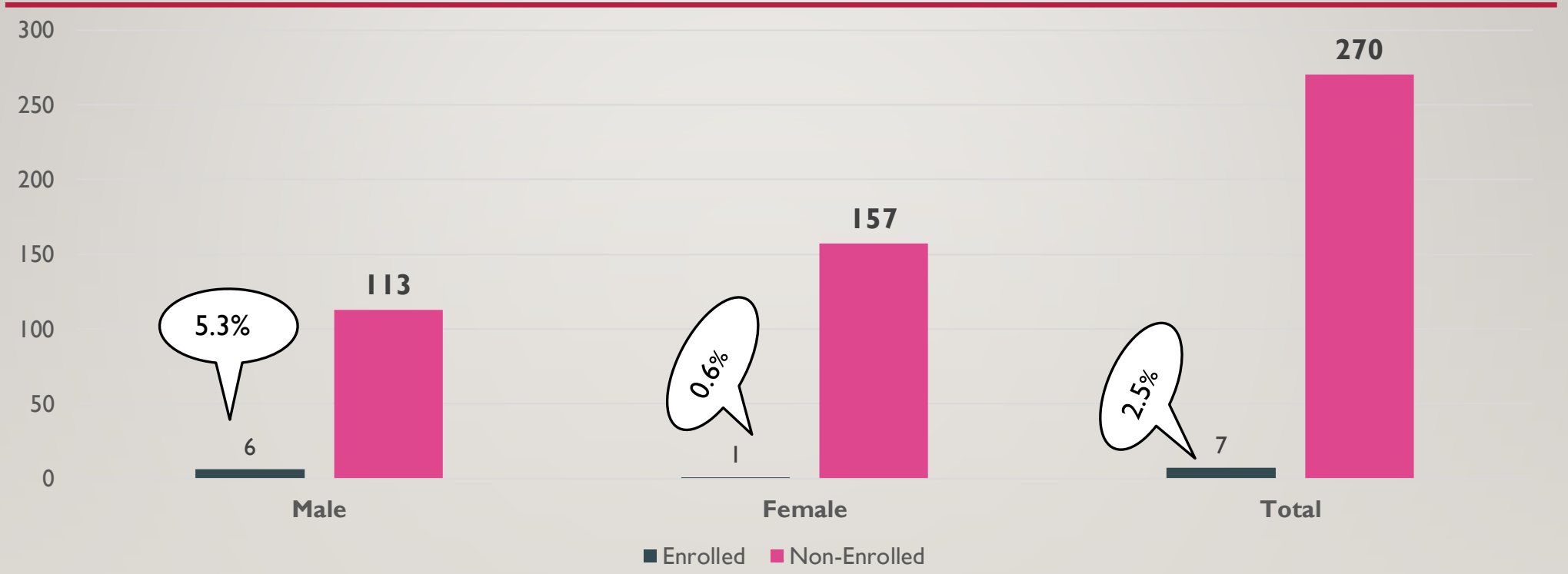


Table 1. Relationship between Factors (Socio-Demographic and Others) and Utilization of Health Insurance.

	Utilization of LSHIS				
Variable	Yes (%)	No (%)	χ^2	**df**	*P*-value
Agegroup (years)					
≤20	-	3 (1.1)	8.16	5	0.15
21-30	1 (14.3)	51 (18.9)			
31-40	-	92 (34.1)			
41-50	2 (28.6)	60 (22.2)			
51-60	3 (42.9)	31 (11.5)			
≥61	1 (14.3)	33 (12.2)			
Gender					
Male	6 (85.7)	113 (41.9)	5.36	1	0.02**
Female	1 (14.3)	157 (58.1)			
Educational status					
No formal education	-	20 (7.4)	2.26	3	0.69
Primary	1 (14.3)	57 (21.1)			
Secondary	4 (57.1)	138 (51.1)			
Tertiary	2 (28.6)	55 (20.4)			
Marital status					
Divorced	-	1 (0.4)	2.14	4	0.71
Married	6 (85.7)	215 (79.6)			
Never married	-	35 (13.0)			
Separated	-	5 (1.9)			
Widowed	1 (14.3)	14 (5.2)			
Monthly family income (Naira)					
less than #30,000	2 (28.6)	124 (45.9)	6.86	4	0.14
#30,000- #50,000	1 (14.3)	81 (30.0)			
#51,000- #100,000	4 (57.1)	49 (18.1)			
#101,000 – #200,000	-	10 (3.7)			
#201,000 and Above	-	6 (2.2)			

UTILIZATION OF HEALTH INSURANCE

- The results presented in Table 1 shows that the utilization of the LHS was higher among the age group 51 to 60 years, 3 (42.9%) when compared to others. There were more males 6 (85.7%) than females that utilized the LHS.
- Utilization of LHS was significantly associated with gender (P=0.02), duration of enrolment and Satisfaction with plan ($P \leq 0.01$).
- There was no significant relationship between socio-demographic variables (such as age, educational status, marital status and family income) and health insurance utilization
- The utilization of health insurance was more among males than females (P=0.02).
- The socio-demographic variables (age, educational status, marital status and family income) were not found to be predictors of utilization of Health insurance.
- 2.8% of the enrolees were satisfied with the plan and their satisfaction is significantly related to Utilization (P=0.0001).

Risk Analysis for Socio-demographic Predictors of Utilization of LSHIS among Respondents.

Variable	Odds ratio	95% CI (LL - UL)	P-value
Gender			
Male	8.34	0.99 – 70.20	0.05*
Female	1		
Agegroup (years)			
≤ 40 years	0.14	0.02 - 1.19	0.07
>40 years	1		
Education			
Tertiary	1.56	0.30 - 8.28	0.60
No tertiary education	1		
Marital status			
Married	0.65	0.08 – 5.52	0.69
Not married	1		
Monthly family income (Naira)	1.13	0.53 - 2.39	0.76

- The results in Table 2 shows that that male respondents were eight times likely to utilize the LHS than female respondents, this observation was statistically significant ($p \leq 0.05$).

BARRIERS TO UTILIZATION OF HEALTH INSURANCE

- Long waiting time at the health facility will not make me use the health insurance scheme in my community",
- "Poor quality healthcare facility is a reason I will not use health insurance scheme in my community" the majority of the participants agreed and strongly agreed that these two factors may discourage their utilization of health insurance.
  - They complained of inadequate facilities/equipment and poor human resources in their health centres.
  - *"We need adequate facilities and equipment, enough staff strength because when we have equipment, we would be able to attend to cases whenever they come in." (key informant interview participant - Nurse, Abule Parapo)*

BARRIERS TO UTILIZATION OF HEALTH INSURANCE

- "Unavailability of drugs and other supplies is one reason I don't use the health insurance scheme in my community" majority of the participants agreed to the statement (mean = 3.43) and therefore could be a reason for not using health insurance scheme in their community.

In addition, other barriers that were stated in the qualitative:

- *Place of residence/distance to Health facility*
- *Type/personality of head of household*

BARRIERS

- *Lack of trust in Government/programme*
- *Poor Sensitization and awareness*
- *Lack of Money to enrol/unemployment*
- *The Premium is too expensive*
- *Nearest Health facility issues*

BARRIERS

- *"Sensitization is the main factor. If they sensitize enough and convince people, people will participate. It's a good thing." (Young female FGD participant – Itire/Ikate Community)*
- *"People do not trust the government anymore. They would say something but they won't implement/fulfill their promise. That's why it's good to incorporate private hospital. People believe in private hospital." (Elderly female FGD participant – Itire/Ikate Community)*
- *"No work, the unemployed can't afford it" (young man at abule parapo)*

BARRIERS

- *"Distance or nearness of health facility to people can affect because if accredited government health facility is far, people will not enrol because of time, energy & money to the place when one is sick would be an issue."(Young female FGD participant – Iba Community)*
- *"We said the family package is #40k and we want people, the common man on the street to participate, it is too expensive. Iya oloja, Iya alata, they can't afford it and it's too expensive for them. That would scare them away, since it's a state government thing. Government should bring it down, they should take care of their people/masses."*

THE PERSPECTIVE ON THE USE OF LSHIS

- Most of the respondents felt the scheme is a good one (if it can be sustained or fulfill its mandate) but don't trust the government.
- Some said it's a way of collecting money from the commoners,
- Some said those services in the scheme would not be rendered on getting to the hospital,
- Some even felt it could be politicized as time went on while some said there will be lack of continuity after change of government

	RESPONSES	HOW MANY PARTICIPANTS MENTIONED IT
Awareness of LSHIS		
Yes	+	6
No	++	26
Knowledge of LSHIS		
Yes	+	2
No	++	30
Perspective about LSHIS		
Good programme	++	10
Bad programme	+	1
(Good programme but) Don't trust Government	++	15
Use of LSHIS		
Yes	--	0
No	+++	32
Factors affecting Participation		
No of household members	+	8
People's occupation	+	11
Place residence/distance to Health facility	++	16
Barrier at family level	+	8
Barrier at community level	+	8
Believe system against use of modern medicine	--	0
Type/personality of head of household	++	17
Lack of trust in Government/programme	++	16
Religion factor	+	1
Poor Sensitization and awareness	+++	32
Lack of Money to enrol/unemployment	+++	32
The Premium is too expensive	++	15
Nearest Health facility issues	++	24
Fear of discontinuity of the scheme after change of government	+	8
Lack of testimonials from people	+	8
COMMUNITY ADVISORY BOARD		
Good innovation	++	24
Bad concept	+	3

Way forward (Suggestions) **Government should:** • *Intensify sensitization and awareness creation* • *Reduce the cost of premium* • *Leverage on LASRA number. That is, everybody with LASRA number should pay small amount and have access to health care* • *Assist in contributing part of the premium for citizen* • *Equip the hospital and health centres closest to people properly and accredit as LSHIS centre* • *Increase the number of family member for the family package* • *Create more employment opportunities for citizen* • *Include private health facilities as part of accredited LSHIS centre for to easy accessibility to care*	 +++ ++ + ++ ++ + ++ ++	

Key:

+++: all respondents agreed with statement

++: majority of the respondents agreed

+: minority (less than half) of the respondents agreed

_: no respondent agreed

DISCUSSION

- The study, in a similar pattern to earlier studies in the southwestern part of Nigeria majority of the respondents were in the age group 30-40 years.
- It revealed a very low level of utilization of health insurance , which is the bane of the community health insurance scheme initially piloted in the state before the current health insurance scheme
- The low level of utilization was as a result of low awareness of the Lagos state health scheme as revealed in the knowledge of the respondents of the LSHS

DISCUSSION

- According to respondents the low understanding was not because the policy was difficult to understand but rather lack of communication between the scheme and the people
- Contrary to the observation of Adebiyi and Adeniji (2021) more male enrolled for health insurance than females, this could be because male are the head of the house and are in the position to take decision for the household.
- This study indicated no significant association between the socio- demographic characteristics such as age, level of education and marriage.

DISCUSSION

- The positive attitude of the people such as feeling that health insurance will help improve health outcomes and that it is a good idea are factors that could be used to drive the enrollment and utilization of health insurance in Lagos
- Other factors include properly introducing the scheme to them, which will in turn create good intention - that LHIS is cost effective and their enrollment will help improve their health seeking behavior
- Also the people believe that the scheme is good if well managed and will also reduce their out-of-pocket expenses on health

DISCUSSION

- Majority of the respondents will be discouraged from using the scheme if the health workers had negative attitude to the enrollees. According to Adebiyi and Adeniji (2021) the attitude of healthcare workers to the patients was significantly related to utilization
- The utilization of health insurance among the respondents was low. This could be related to the level of awareness among the respondents
- The distance from respondents homes to the point of care is a driver of utilization.

DISCUSSION

- Walking distance to the health facility created accessibility to healthcare and therefore it facilitates utilization of health insurance.
- The positive attitude of most members of the community that health insurance is beneficial to them and reduces OOP expenses could positively drive enrollment and utilization of health insurance in the community
- According to Odeyemi (2014) and Roberts et al., 2018 this prevents catastrophic health expenditure which the people believe could lead to the need to sell assets or borrow money or even result to begging.
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DISCUSSION

- According to WHO (2010) medical fees is a significant obstacle to healthcare coverage and utilization.
- It is an obstacle to the achievement of UHC in many developing countries
- Poor quality of healthcare facility and long waiting time were factors identified by respondents as barriers that could discourage their utilization of health insurance.

DISCUSSION

- This was also buttressed by the majority that unavailability of drugs and other supplies could prevent them from utilization of health insurance.
- According to Shobiye et al., (2021) all the above identified barriers would prevent quality care to patients in the public facilities and thereby discouraging utilization.

RECOMMENDATION

- The followings were suggestion to the government :

  - Intensify sensitization and increase awareness creation,
  - Reduce the cost of the premium,
  - Equip the hospital and health centres (PHCs) closest to the communities properly and accredit them as LSHIS centre,
  - Increase hospital staff strength.
  - Create more employment opportunities for citizen,
  - Include private health facilities as part of accredited LSHIS centres for easy accessibility to care.

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THANK YOU