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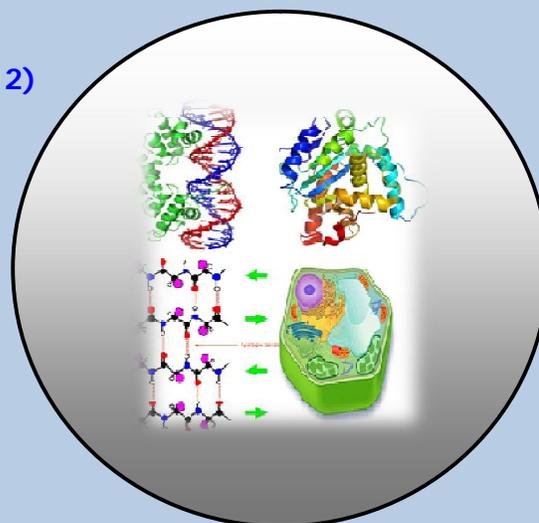
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Assessment of the Tertiary Institution Social Health Insurance Programme at the University of Jos Health Center

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ABSTRACT

The National Health Insurance Scheme (NHIS) is a social health security system where the health of employees in the formal sector is paid for from funds pooled together through the contributions of employees and employers. A large segment of the Nigerian population cannot adequately finance the basic cost of healthcare services and students in institutions of higher learning are no exception. The Tertiary Institution Social Health Insurance Programme (TISHIP) came handy to address the health challenge faced by the students. This study was aimed at determining the prospects and challenges of the student targeted NHIS in University of Jos health center.

A facility based cross sectional study was conducted to obtain a quantitative data from the clinic records of students of the University of Jos registered under the TISHIP scheme between its inception in July 2010 to April 2013 (the study period); and a qualitative assessment of the programme package was obtained through an in-depth interview with the NHIS desk officers and of both the University Health Center and TISHIP of the University of Jos.

Only the full time students were considered eligible and registered under the TISHIP. Variety of health services ranging from preventive care to diagnosis and treatment are provided at the health centre. About 6308 students have being enrolled under the TISHIP scheme from its inception. Referrals were made to other tertiary institution where the enrollee pays 10% of charges incurred.

All full time students of the University of Jos are enrolled into the NHIS through the TISHIP whereby they enjoy a variety of free medical and surgical services. However a few challenges need to be addressed to ensure effective and efficient delivery of health services in the university Health center.

Keywords: *Prospects, Challenges, National Health Insurance Scheme and Student Enrollees.*

INTRODUCTION

Health insurance is financial protection against the risk of incurring medical expenses by individuals. By estimating the overall risk of health care and health system expenses, among a targeted group, an insurer can develop a routine finance structure, such as a monthly premium or payroll tax, to ensure that money is available to pay for the health care benefits specified in the insurance agreement (Adesina D 2009).

Health Insurance is defined as the ability to get health services when the need arises without having to pay fully because a fixed and regular amount is being contributed by the insured, his/her employer or both (prepayment plan). The money is pooled by the provider of the insurance to pay for all those needing health care. Widespread "out-of-pocket" spending on health was seen as a great challenge to attaining a good state of health for the general public; thus the need to eliminate the "out-of-pocket" payment as the main goal of health insurance (Business eye administrator 2012). Health insurance is now regarded as probably the most common form of healthcare finance worldwide (Business eye administrator 2012). The National Health Insurance Scheme (NHIS) is a social health security system in which the health care of the formal and recently the informal populace are catered for at the point of need without having to pay fully for the services received. For the employees in the formal sector, the premium is paid for from funds created by pooling the contributions of employees and employers. It represents a very promising sustainable healthcare financing strategy. The agency has a mandate to work progressively towards achieving universal health insurance coverage for all Nigerians by the year 2015 (Business eye administrator 2012). Under the NHIS, a principal beneficiary is the employee etc who was primarily registered and who stands to benefit from the health scheme together with the spouse and four biological children below the age of 18 years having made the necessary contribution towards the health scheme. More dependants would be covered on the payment of additional contributions from the principal beneficiary. However children above 18 years who are in tertiary institution such as the undergraduates are considered to be covered under a different Scheme (NHIS. 2005, Toscani Academy. 2013). A large segment of the population has been described as vulnerable and lacking the financial ability to pay for their basic healthcare services, such are; people residing in rural communities (Mechanic D. 2007), under-fives, permanently disabled individuals and students in institutions of higher learning. These groups therefore may solely rely on their families, philanthropies and government on issues pertaining to their health needs. As a means of catering for the health needs of these people, and also as a result of evolving demands and health needs of persons not adequately catered for under the pioneer NHIS, more schemes were established to particularly address these peculiar needs. These schemes are the Formal Sector Social Health Insurance Programme (FSSHIP), Urban Self Employed Social Health Insurance Programme (USESHIP), Rural Community Social Health Insurance Programme (RCSHIP), Children Under 5 Social Health Insurance Programme (CUSHIP), Permanently Disabled Persons Social Health Insurance Programme (PDPSHIP), Prison Inmates Social Health Insurance Programme (PISHIP), Tertiary Institutions/Voluntary Participant Social Health Insurance Programme (TISHIP), Armed Forces/Police and other Uniformed Forces Social Health Insurance Programme (AFSHIP). The health care needs of the undergraduate in Nigeria tertiary institutions are piloted under the TISHIP; which pays attention to their health needs at a very low cost. This scheme applies to students in universities, colleges of education, polytechnics, schools of nursing and midwifery, and other specialized colleges (Prohealth HMO. 2013).

Funds for the TISHIP healthcare are generated by pooling together the contributions made by the students (NHIS. 2005, Toscana Academy 2013, Doetinchem et al. 2010). The registered student can now access health care at an affordable cost at any designated NHIS centers across the Nation by using the TISHIP identity card provided. Healthcare providers under the scheme provide a variety of health packages to the students which range from preventive services (like immunization, family planning, antenatal care) to diagnostic and curative services (like consultations with specialists, outpatient and inpatient care, laboratory investigations, pharmaceutical care) and also rehabilitative services (like provision of prosthesis (Toscana Academy. 2013, Joint Learning Network for Universal Health Coverage. 2013, NHIS.2013). The University of Jos health center, through its NHIS, provides cheap and affordable health services to its NHIS enrollees. The major stake-holders involved in the scheme are the authority of the University of Jos including the management of the University health center which serves as the primary care giver, the enrollee, the operator of the scheme or Health Maintenance Organization (HMO) known as the Integrated Health Service Limited, and the regulator of the scheme or Government agency (NHIS). The main objective of this study was to assess the TISHIP scheme at the University of Jos health center; with the specific objectives to assess the general structure of NHIS in University of Jos health center; to determine the services offered to the students enrollee; to determine the number of students enrolled under the TISHIP/NHIS Scheme in University of Jos health center from its inception; to assess the frequency/conditions that determine referral of NHIS student enrollees and the centers of referral.

MATERIAL AND METHODS

Study Area: The study was carried out in the University of Jos Health Center located at permanent site, adjacent the permanent site staff quarters. It is located in Jos North Local Government Area (LGA) along Farin Gada road (Bauchi State-Kaduna State bye pass). It is the health facility that offers medical services to both staff and students of the University of Jos, their dependents and neighboring communities.

Study population: Records of all the students of the University registered with the University health center irrespective of course of study, sex, ethnic, socio-cultural and economic differences were studied.

Study design: A facility based cross-sectional descriptive study was employed to obtain information on student NHIS from its inception in November 2012 to 17th April, 2013 (the study period).

Data collection technique: Qualitative information on the student TISHIP status over the stated period above was collected through an in-depth interview with the NHIS desk officers at the University Health Center and TISHIP officer of the University and quantitative information also from the health records.

Limitations of study: Personal contact with the student enrollees was not possible hence information on personal experiences and personal challenges with the scheme was not assessed.

RESULTS

Overview of NHIS in University of Jos

The registration of members of staff started in July 2006 but programme was implemented in 2008, all members of staff, single and married (with a maximum of four dependent children below 18 years and a spouse) were enrolled into the scheme. Members of Staff pay 10% as their contribution which is deducted directly from the salary while the University authority pays the remaining 5% counterpart funding. The total amount contributed is then remitted to the HMO. Having excluded the student population all this while from the insurance scheme, the students were left with the only option of out-of-pocket fee-for-service rendered at the health center or other health institutions as their needs demands. This unhealthy trend thus came to a partial halt in November 2012 when all students of the University though with the exception of part-time, post-graduate and diploma students were registered into the TISHIP under its NHIS. There is however no provision for students' dependants such as spouses, children and others under the TISHIP scheme. The full time students are mandatorily registered under the TISHIP during their medical examination and registration at the health center; which also serves as a pre-entry medical examination a compulsory step in the registration process of the newly admitted. As a prerequisite for registration, students are to present their matriculation numbers and receipt of payment of school fees which includes the fixed premium of two thousand five hundred only. Upon registration, a waiting period of three to four weeks is needed for the complete documentation and full enrolment into TISHIP with the issuance of a TISHIP identity card. However, student in need of medical attention are attended to during this period. Subsequent annual renewal attracts a sum of two thousand five hundred naira only, which is incorporated and paid alongside their school fee.

Services offered under the TISHIP

All students who have registered under TISHIP have their primary care giver as the University of Jos Health Centre. Under the TISHIP provision is made for consultations on all health and health related matters; laboratory diagnosis and drug prescription in any situation of illness, students can enjoy a variety of free laboratory tests (such as full blood count, microscopy for malaria parasites, stool/urine microscopy, culture and sensitivity, retroviral screening, hepatitis screening, blood sugar test) and available drugs; preventive care including health education, family planning, antenatal and postnatal services, immunization services such as immunization against hepatitis B virus and others as the health situation may warrant; emergency care which could be offered at both in-patient and out-patients (at their various hotels) basis. The health center runs 24-hour services both during the week days and at weekends and the medical doctors take 24-hour calls while nurses and other staff run shifts. The in-patient services take care of all illnesses; other services are the maternity services; surgical services such as appendectomy, incision and drainage, caesarean section; eye and dental care and referral services.

Number of students enrolled under TISHIP Scheme in University of Jos from its inception

The data was obtained for all the student enrollees (old and newly admitted students). From the total number of 6308 students covered under the TISHIP from its inception in November

2012 to April 2013 (period of the research), 4033 (36%) and 2275 (64%) were the newly admitted and old students respectively in the 2013 academic session into the various full-time programmes of the University.

Frequency and conditions for referral

Enrollees are referred to other secondary and tertiary health care providers like the Jos University Teaching Hospital (JUTH) which is the main referral centre, Plateau State Specialist Hospital (PSSH) and Bingham University Teaching Hospital (BUTH) when the assessed management is beyond the scope of the University health centre. Upon referral, the referred student bears (10%) of the charges incurred at the referred centre. Twenty one students on TISHIP (Table 1) were referred to tertiary health centre accounting for (17.9%) of the total number of patients under the University NHIS referred to other higher facilities for continuation of care in the year under review.

The cases referred were complicated appendicitis, fractures, tumors; complicated diabetes mellitus, upper gastro-intestinal bleeding, fulminant hepatitis, angina pectoris; complicated labour, threatened abortion, chronic pelvic inflammatory disease; pterygium, cataract, refractive errors; foreign body in airway, chronic otitis media, partial deafness; dental caries and tooth loss.

DISCUSSIONS

Prior to the introduction of NHIS, the health center of the University of Jos operates a free health policy for all its staff and students with the exception of their dependents and spouses. With the advent of the Federal Government social health security system of employees in the formal sector, funds are created by pooling the contributions of employees and employers. It consist of the public sector, organized private sector, Armed Forces, Police and Allied services, students of tertiary institutions and voluntary contributors (NHIS. 2013). The University of Jos in its strife to meet with the current health challenges of its students, also queued into the special scheme for undergraduate students (TISHIP), which undoubtedly will alleviate the health challenges faced by a significant proportion of these students. It would have made a greater and better impact if all admitted students were enrolled rather than its present restriction to only its full time students. This could possibly be explained that the implementation of the scheme is still at a pilot stage and also the duration of time it takes for final documentation after the initial registration of a student, may account for the selection of the full time student on a longer duration of stay than their counterparts on part-time programmes. In contrast however, some Nigerian Universities offer all its admitted students the opportunity to register under the TISHIP irrespective of the duration of their courses.

Different countries may operate a slightly different scheme but with a similar aim to secure and sustain the health of its students in institutions of higher learning. For example, the Singapore government in its bid to cater for the well being of its scholars, introduced the Tertiary Institutions Health Promotion Grant (TIHPG), a new funding scheme introduced by its Health Promotion Board (HPB) which aims to provide financial support for tertiary institutions to plan and implement comprehensive health promotion programmes/projects for their students and staff (Tertiary Institution Health Promotion Grant. 2012).

All the services stipulated under the NHIS by the Nigerian government are offered to the enrollee at the University Health Centre. The case is slightly different in Singapore, the TIHPG advises the institution to use the resources provided to fund programmes/projects that seek to raise awareness of pertinent health issues such as smoking control/smoking cessation; sexually transmitted infections (STIs)/AIDS prevention education; mental wellness; nutrition education and physical activity(Tertiary Institution Health Promotion Grant. 2012).

Generally, TSHIP is worth commending because most students of tertiary institutions in Nigeria are beneficiaries of the programme. This comes as a great relieve considering the challenges most students in our Universities, Polytechnics and Colleges of Education undergo in the quest for quality education and a thought of paying out-of-pocket for their health needs, one will readily agree that the TSHIP, if fully harnessed, could potentially serve as the required remedy for attaining a healthier developing workforce for the country (Ocheja. 2012). It is worthy of commendation that all qualified newly admitted are mandatorily enrolled into the TSHIP scheme, this will give all the students an equal opportunity to a basic health care.

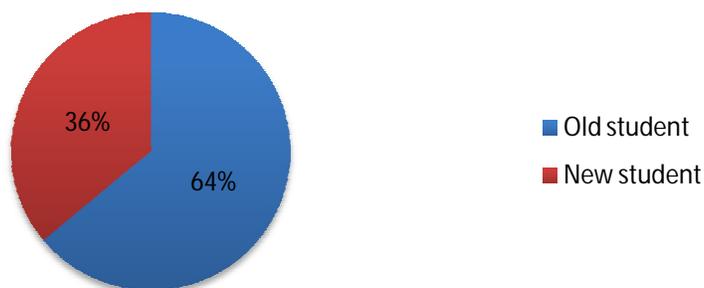


Figure 1. TSHIP enrollees between November 2012 to April 2013.

Table 1. Cases referred within July 2010 –April 2013.

Year	Referrals		
	Members of staff & dependants	Students	Total referrals
July 2010 – June 2011	77	N.A*	77
July 2011 – June 2012	171	N.A*	171
July 2012 – April 2013	96	21	117
Total	344	21	365

* **Data not available**

The relatively low number of referred cases seen among the student enrollee may be explained by; skilled manpower at the University Health Center, delay in receiving the referral codes from the HMO without which an enrollee cannot be attended to once referred, unwillingness of the referred enrollee as a result of perceived inability to pay 10% of the cost to be incurred at the referred hospital, immediate health seeking behavior of the students at an early stage of their illness or may be due to low patronage by the student which may be attributed to the location of the school clinic which places clinical medical students and other students on the temporary campus on Bauchi road at an easier access disadvantage.

CONCLUSION

The introduction of TISHIP programme for students of the University of Jos is no doubt a welcome idea considering the importance of good state of health in the pursuance of academic, social and psychological well being. To achieve the desired benefit of the NHIS concept, all the students admitted students, irrespective of their admission status ought to be enrolled into the TISHIP.

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