Author’s response to reviews

Title: A checklist for designing health insurance programs - A proposed guideline for Nigerian states

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Version: 1 Date: 17 Feb 2019

Author’s response to reviews:

Dear Reviewers,

The authors will like to thank you for your candid and insightful comments. Based on your suggestions and recommendations, we have edited the manuscript, and we believe your contributions have made the manuscript more robust.

Please see our itemized response below.

Reviewer 1 comments

• The background section of the abstract needs to include the purpose of the work.
  o The background now reflects the purpose of the work Please see P1 L23-28

This paper seeks to develop a checklist based on concepts, theoretical and empirical evidence which can inform and guide scheme designers and implementers on design options to maximize the effectiveness of the scheme.

• P2L13 "scheme" is missing from the acronym.
  o This has been corrected in this in the manuscript

• P2L31 "assess readiness/suitability of SHIS" … the tool demonstrates SHIS design considerations but may not be suited to assessing readiness and suitability of SHIS.
We conducted a review of literature to explore relevant concepts to develop a framework and checklist to identify the key factors or variables to inform the design of SHIS.

- P2L36 "examine conditions for readiness and appropriateness" of?

The developed checklist was then used to examine conditions for readiness and appropriateness of SHIS design in two states in Nigeria

- P3L9-14 the statement here is out of place as the paper does not evaluate SHIS as a health reform strategy

The introduction of SHIS, if properly designed and implemented can be a significant first step towards improving the accessibility, equity and efficiency of healthcare in Nigeria.

- P4L7-12 reference needed

Current thinking in Nigeria and many low and middle-income countries (LMICs) construes social health insurance schemes (SHIS) as one of the key mechanisms to achieving financial protection and universal coverage for health care (UHC) for its citizens (Obermann, Jowett, & Kwon, 2018).

- P4L15 "OOP" is missing "E" (expenditure).

One of such reforms is the National Health Act signed into law in 2014 with a key aspect of a basic health care provision fund made up of not less than 1% of the federal consolidated revenue fund (CRF), which will partly (about 45% of the fund) be disbursed to all eligible States (in addition to the annual budget allocation to health) (Aregbeshola & Khan, 2018)

- P4L43-56 consider shortening the sentence

We have reflected the change in the manuscript Please see P3 L17-27
Social health insurance schemes indeed have the potential to effectively help move a country in the direction of UHC by mobilizing additional domestic resources for health through premiums/contributions, introducing essential organizational change needed for improved health system quality and efficiency, and providing better coverage through increased financial risk protection especially for the poor (Name et al., 2014).

- P5L12-14 how many states?
  
  o We have indicated the number of states Please see P3 L42

As a result of the implementation of health reforms in Nigeria, about 18 states have signed or are considering signing into law and adopting social health schemes.

- P5L17 is there any evidence to support this assertion?
  
  o The available evidence regarding this is mostly anecdotal. We have reviewed the sentence in light of this. Please see P3 L45-47

However, anecdotal evidence suggest that these states often lack the capacity to design an optimal and effective scheme.

- P5L32-40 please provide reference
  
  o The appropriate reference has been included in the manuscript Please see P4 L14

For example, SHIS may be unrealistic in countries with stagnant economies and relatively large proportions of workers in the informal sector because collection of contributions can be extremely difficult, which means insufficient funds for the SHI and consequently, financial unsustainability (Santana, 2016).

- P6L28-30 again, the authors did not sufficiently demonstrate how the tool can be used to assess both readiness and suitability of SHIS. Table 1 is mislabeled as Table 2.
  
  o We have addressed this in the manuscript. The primary aim of the checklist is to inform design, which can subsequently help implementers make decisions on whether or not they should implement the scheme based on current design options or seek to first, put some key design options in place before implementing. Please see P4 L41-44

This checklist can be readily applied by states to inform their preparation and design for the implementation SHIS

Table 1 has been labeled correctly

- P7L20-22; 27-29; and 37-42 references are needed
  
  o The appropriate references have been included in the manuscript Please see P6 L25
Thus, contributions from these sources alone might not be sufficient to fund SHIS especially if the informal sector is large (Reis, Urdinola, & Torres, 2009; Wedderburn, Chiang, & Rhodd, 2011).

- P14L19-21 reference needed
  o The appropriate reference has been included Please see P6 L43-44

Evidence suggest that one of the ways to overcome underfunding in tax-funded SHIS is to earmark taxes (especially taxes generated progressively) to ensure protected funds for SHIS (Cashin, Sparkes, & Bloom, 2017)

- P16L55 "IT" needs definition
  o This has been corrected in the manuscript

- P18L7-12 authors need to provide evidence that political pressure more profoundly affects publicly managed SHIS
  o The appropriate reference has been included Please see P17 L34

However, publicly managed SHI schemes are likely to be exposed to political pressure, which could limit their capacity to make purely rational decisions in the best interest of the SHIS (Sonalini, 2016).

- P19L18-26 in producing a separate paper that speaks to the application of the tool, the authors may consider providing more socioeconomic context of the states where the tool was applied. The authors also need to give an indication of the categories and number of individuals/organizations that were consulted.
  o This has been addressed in the manuscript Please see P19 L53-60

As at 2018, only about 6% of Kaduna’s working population were formally employed whilst 36% were informally employed. Similarly, in Niger, only 4% of the population were formally employed whilst 41% were informally employed in 2018 (Health Strategy and Delivery Foundation, 2018).

- We have also provided an indication of the people consulted during the study. Please see P18 L47-52

We report the results of the application of the checklist on planned SHIS in 2 states in Nigeria (Kaduna and Niger), which is summarized in Table 2. Data used to inform the checklist include draft health insurance bills and consultations with SHIS planning committee and planners which included but not limited to officials from the State Ministry of Health, State Primary Health Care Development Agency, and representative from the NHIS.
However, this checklist is not without its limitations. First, it does not provide a comprehensive guide on how to solve inefficiencies relating to design. In addition, the checklist is only limited to design variables even though there are other critical factors such as legislature and political economy that could enable success and sustainability of social health insurance scheme. Despite the limitations of the checklist, it presents an important first step towards the use of evidence to inform SHIS design. The checklist consists of six domains that focuses on the source of funds, benefit packages, provider payment mechanisms, contributing population and level of compulsion, pooling of funds and administration and management of the insurance schemes.

- P22L17 the authors need to define the "fiscal realities". Providing a bit of context on the states should help
- The benefit packages being proposed in both states were essential benefit packages, which seems reasonable given the fiscal constraints in these states (Giedion, Sakuma, & Smith, 2016)(Niger State House of Assembly, 2017).

- The authors may wish to consider including a question on sustainability of funding sources on the 'Source of Finance' variable in Table 1 (2). The authors may also wish to include a question on administrative autonomy on the 'Administration and Management' domain of the tool

- Funds from loans and donations from international and multilateral organizations have also been shown to go a long way in financing SHIS especially in the form of paying subsidies for the poor (Katz, Routh, Bitran, Hulme, & Avila, 2014; Wexler, Valentine, Kates, & Family Foundation, 2013). However, there is strong evidence that suggests that these sources of funding are unsustainable in the long term, especially with donor funds declining steeply in the past few years especially in developing contexts (MSH, 2002; OECD, 2004)
• The manuscript failed to demonstrate the utility of the tool in assessing state of readiness for SHIS in the states where it was applied

o This comment is well noted and addressed in the manuscript

The primary aim of the checklist is to inform design, which can subsequently help implementers make decisions on whether or not they should implement the scheme based on current design options or seek to first, put some key design options in place before implementing. We also recognize that there are other factors which may influence readiness to implement SHIS such as legislative factors, which though beyond the scope of this paper, was highlighted in the discussion section.

• For greater transparency in the methods section, the authors may need to clarify how the reviewed literature was selected. Were they inclusion and exclusion criteria?

o We have included a sentence to further clarify the methodology. This was more of a traditional desk review. Please see P5 L9-22

There were no strict inclusion and exclusion criteria. We included studies that described or evaluated SHIS across low- and middle-income countries. Key words were used to search electronic databases (such as PubMed, EMBASE, EconLit, and google scholar,) grey literature, and websites of development partners such as WHO, the World Bank, and USAID. Key words used included: contributory health insurance, social health insurance, pooling, revenue generation, strategic purchasing, risk pools, and provider payments. We also assessed bibliography of included studies to identify potential literature to inform our study.

Reviewer 2 comments

• The article type show me is research article but not show research methodology.

This article was used qualitative research (document research) to review of literature and concepts but not show keys methods such as: population and sample of this study, instrument, step of collecting of the data, analysis of data, and etc.

The examine methods in 2 states not show How to selecting Kaduna and Niger ? and what is process in the examine?

o Whilst this paper specifies original research, it deviates from a typical primary research study. The paper draws its methodology heavily from a traditional review approach, which is specified in the methodology section. Consequently, population, sample size and data analysis sections were not relevant. Instead we report all the steps taken to create the checklist in a
transparent way in the manuscript, which follows that of a review. However, we have included selection criteria for the two states. Please see P5 L27-37

The criteria for selection of the states included constituted SHIS planning committee, public availability of draft bill, and commitment to evidence-based health financing strategies.

• What is research in the future of this study? The results of this study needs to continue study in the future such as: analysis from stakeholders, confirm from expertise, evaluate of this checklist program

  o We agree that this is an important point. We have included the implications for future research in the conclusion section. See P 23 L20-28

Whilst this checklist may serve as an important first step towards designing sustainable social health insurance schemes, the checklist may be improved and further refined informed by further research, which may include evaluation of the checklist and expert consultation.

Reviewer 3 comments

• Page 4-Line 40-I believe there should be a reference

  o The appropriate reference has been included. Please see P3 L4-7

One of such reforms is the National Health Act signed into law in 2014 with a key aspect of a basic health care provision fund made up of not less than 1% of the federal consolidated revenue fund (CRF), which will partly (about 45% of the fund) be disbursed to all eligible States (in addition to the annual budget allocation to health) (Aregbesola & Khan, 2018).

• Page 12-Line 34- insert 'from'---Lessons learnt from countries....

  o This has been corrected in the manuscript

• Page 13- For a better reading flow, I would place the 'Pooling' function after revenue generation (Sources of finance) before the Purchasing function

  o Agreed, the manuscript has been edited to enhance the reading flow

• Page 16- Line 55- Write IT in full the first time

  o This has been corrected in the manuscript
The ability and information technology (IT) expertise to identify, register, and enroll members from both formal and informal sector (determining which informal sector workers are to be exempted from contributions)

Studies have shown that since the establishment of clinical audit in 2010 by the authority, it successfully identified weaknesses and challenges in quality and cost, which led to the recovery of over $11 million (Fusheini, Marnoch, & Gray, 2016).

We report the results of the application of the checklist on planned SHIS in 2 states in Nigeria (Kaduna and Niger), which is summarized in Table 2. Data used to inform the checklist include draft health insurance bills and consultations with SHIS planning committee and planners which included but not limited to officials from the State Ministry of Health, State Primary Health Care Development Agency, and representative from the NHIS.

As at 2018, only about 6% of Kaduna’s working population were formally employed whilst 36% were informally employed. Similarly, in Niger, only 4% of the population were formally employed whilst 41% were informally employed in 2018 (Health Strategy and Delivery Foundation, 2018).
This has been corrected in the manuscript. Please see P20 L23


This has been corrected in the manuscript

- Page 21- Line 48- ...evidence suggests that.... (insert 'that')

We have included this in the manuscript

- Page 22-line-...given the fiscal realities in these states... Not all readers may be aware of the fiscal realities in these states (Any references?)

This has been addressed in the manuscript and references have also been provided. See P21 L55-58

The benefit packages being proposed in both states were essential benefit packages, which seems reasonable given the fiscal constraints in these states (Giedion, Sakuma, & Smith, 2016)(Niger State House of Assembly, 2017).

- Page 22- Line 42- change to two states

This has been changed this in the manuscript

- Page 22-Lines 40-57- Providers are already being payed in the NHIS in these states, so there is a precedence which can be referred to and lessons learnt carried forward and applied to the State SHIS, especially it may still be the same set of Providers, giving institutional memory

Thank you for this useful insight. We have included a sentence to reflect the suggestion. Please P22 L29-32

In addition, as some providers are already being paid by the NHIS in these states, the States can leverage on lessons learnt and institutional memory.

- Page 23- Line 4, delete 'the' (...the both states)

This is noted and deleted

- Page 23- It may be appropriate to summarise the study limitations after the Conclusion

The study limitations have been captured in the first paragraph of the discussion section. Please see P20 L52-P21 L17

However, this checklist is not without its limitations. First, it does not provide a comprehensive guide on how to solve inefficiencies relating to design. In addition, the checklist is only limited to design variables even though there are other critical factors such as legislature and political economy that could enable success and sustainability of social health insurance scheme.
- Page 26- Line 7 should read Table 1 and not Table 2
  o This has been corrected in the manuscript.
- page 26- Line 51- Column 3---but this depends (insert ’ depends’)
  o This has been included this in the manuscript