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Learning brief

Leveraging health insurance to achieve sustainable financing for family planning in Jigawa

How WISH[1] worked with the Jigawa Contributory Health Management Agency to expand access to family planning among the under-served.

Key learnings

1. To attain sustainable financing for family planning (FP), we must go beyond the focus on incremental increases in annual budget allocations and take advantage of financing mechanisms that are designed to achieve Universal Health Coverage (UHC).

2. Advocacy for inclusion of FP services in the benefit package in a setting where there is paucity of data, and FP services are not prioritized requires: first, building a relationship of trust and as an expert resource that state actors can draw on over time; and second, using a political economy lens, identify the issues that matter most to the target audience (eg the cost of the benefit package) and present the evidence-informed arguments that help decision makers to find the solutions to their primary concerns.

3. Leveraging health insurance to increase financing for FP involves a long-term process and there are some steps to go through before it will translate into increased coverage. We have succeeded in advocating for the inclusion of FP in the benefit package and now that the scheme has been launched, we need to continue to support roll out so that the scheme is fully operationalised, and it translates into increased access among the underserved.

The challenges

Jigawa state in north west Nigeria has a total fertility rate (TFR) of 8.5, far higher than the national average of 5; a Contraceptive Prevalence Rate (CPR) of 4%, compared to the national average of 27%; and a rapidly growing population. Yet, public sector investment in Family Planning (FP) in Jigawa was insignificant prior to the WISH Programme. There was no specific budget allocation for FP up until 2020 and the budget allocations in 2020 and 2021 fiscal years (N10million and N20million respectively) while an improvement, are inadequate compared to the financial requirements estimated at N593 million annually. Consequently, there are perennial stock-outs of FP commodities and consumables at public service delivery points and providers have not received adequate training, particularly in the provision of long-acting methods.

Out-of-pocket payments, backed up by donor assistance, are the mainstay of financing family planning services in a state with estimated poverty rates of 87%[2]. Since public and private providers charge user fees for FP services and commodities, women and adolescents from poor households face major financial barriers to access.

In 2015, the Federal Ministry of Health developed an innovative demand- and supply-side health financing program, the Basic Healthcare Provision Fund (BHCPF), to accelerate progress towards Universal Health Coverage in Nigeria by dramatically scaling up access to primary health care services, including family planning. While the BHCPF Programme aims to reach all Nigerians, the targeted beneficiaries of the BHCPF Program are the poor and vulnerable households.

A pre-condition for any State Ministry of Health in Nigeria to access the BHCPF is that they must have an existing State Health Insurance Scheme (SHIS) because 50% of the BHCPF will be channelled through this gateway. Prior to June 2020, Jigawa State could not access BHCPF resources as the SHIS had not been established, thus preventing millions of citizens in Jigawa from accessing critical health services.

The response

Since 2019, the WISH program has been providing technical support to the State Health Insurance Agency, Jigawa Contributory Health Management Agency (JICHMA), so that this funding mechanism can be leveraged to secure adequate and sustainable financing for FP and to ensure that financial barriers to quality FP services for poor households in Jigawa state are mitigated.

In 2019, the WISH team undertook a political economy analysis (PEA) to understand the power dynamics relating to health financing within Jigawa state. Building on this, the team oriented the JICHMA on the urgent need to accelerate progress towards UHC, emphasising the critical role that the BHCPF through JICHMA.

Through high quality technical engagement and a willingness to provide support as needs arise, the WISH team became recognised as a trusted expert by state actors. Having established this relationship, we were given the opportunity to present the role of family planning in accelerating progress towards UHC, reducing poverty and improving health indices, and we made a case for inclusion of basic and comprehensive family services in the Jigawa health insurance benefit package for primary and secondary levels, respectively.

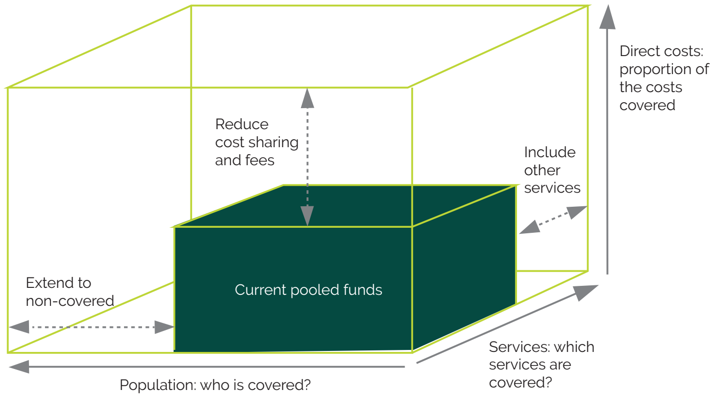
Based on the PEA findings and our ongoing collaboration with JICHMA, we understood that their primary concern relating to the inclusion of FP in the benefit package was a) how will it be funded? and b) given resource constraints, why would FP be prioritised over other service categories? We were able to set out two compelling arguments, informed by evidence, that directly responded to these concerns:

Argument 1: The inclusion of family planning in the benefit package is cost saving.

Including a broad range of contraceptives in the package leads to increased uptake among the insured, thus reducing unintended pregnancies. This results in an overall cost reduction due to the subsequent fall in costs associated with maternal and new-born care such as antenatal, delivery, postnatal, immunisation and treatment of childhood illnesses. These services often represent a significant financial burden compared to the relatively low cost of contraception. Guttmacher estimate that for every additional $1 invested in contraceptive services would save $3 in maternal and new-born care[i].

Argument 2: If the contraceptive prevalence rate doesn't see an increase, achieving population coverage becomes an unattainable goal.

In facing the task of progressing towards UHC, JICHMA needs to consider both who needs to be reached (population coverage) as well as what services to include in the package (service coverage). Based on current total fertility rate of 8.5, the population to be reached will continue to grow, as will the number of beneficiaries of the health insurance scheme. In terms of the UHC diagram, this means that the size of the cube will continue to grow making the goal of filling it unobtainable.



While the above two points were the most convincing arguments for JICHMA, we also used the following argument when engaging with other stakeholders such as the Ministry of Planning and Budgeting, Parliamentarians, and the Governor's office:

Argument 3: Investing in family planning will contribute to broader development goals such as poverty reduction and economic growth by harnessing the demographic dividend.

Increasing access to comprehensive family planning has been recognised as a critical policy priority to improve human capital outcomes and achieve the demographic dividend, alongside improving maternal and child health and nutrition and increasing female education and empowerment[ii]. The WISH team worked closely with the media in order to build widespread understanding among the political class of the critical role that FP plays in contributing to broader development goals. We held a round table discussion to sensitise the media and supported the development of a number of articles in national and state newspapers[3,4].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COULD THERE BE A LOW-COST AND SIMPLE SOLUTION TO ACHIEVING NIGERIA'S DEVELOPMENT GOALS?

Nigeria. The 'giant of Africa'. But can this giant lead the way on sustainable development?
In 2015, Nigeria signed up to the UN's Sustainable Development Goals (SDGs); a "blueprint to achieve a better and more sustainable future for all" by the year 2030. But there is a growing concern among experts and leaders that the country will not be able to meet these targets.
Economic recession, a humanitarian crisis in the north east of Nigeria, infrastructural deficits, technology gaps and the unpredictable value of crude oil, are just some of the barriers to achieving the SDGS, according to a review conducted by the Federal Government of Nigeria in 2017. The current situation resulting from COVID-19 only exacerbates these challenges.
Yet, with an annual population growth rate of 2.6%, the Nigeria population is forecasted to grow to 410 million by 2050, from the current estimate of 193 million, according to the United Nations Population Fund (UNFPA).

This raises the question: Can Nigeria ever attain sustainable development?
I believe the answer is 'yes'. Having worked in Nigeria's health sector for more than a decade, I strongly believe that the answer to helping Nigeria achieve sustainable development is 'Childbirth Spacing' (also known as family planning). By increasing access to voluntary family planning services, the positive benefits can have an impact far beyond the health sector, including economic growth and human capital development.
Family planning, if prioritized, has been found the world over to have a positive impact on the demographic dividend of a country. 'Demographic dividend' is defined by UNFPA as "the economic growth potential that can result from shifts in a population's age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population (14 and younger, and 65 and older). Simply put, family planning has the potential to optimize Nigeria's population-age structure, such that the working population is more than the dependent population. This means increased productivity, reduced poverty (SDG 1) and economic growth (SDG 8).

Op-ed written by WISH Sustainability Lead entitled "Could There be a Low-cost and Simple Solution to Achieving Nigeria's Development Goals?" Published in the Stallion Times in September 2020.

In making the case for the inclusion of family planning in the benefit package, we made sure to consistently emphasise the need for a comprehensive package including counselling, short acting methods, long acting reversable methods and permanent methods. This way, the health insurance scheme would contribute to increased uptake and continuation, thus reducing unintended pregnancies.

The Jigawa Health Insurance Scheme was successfully launched in November 2020 with 100,000 households in the formal sector enrolled. This marked a significant milestone on the path to UHC in Jigawa State. Following our ongoing advocacy, a comprehensive family planning services were included in the package.

Having achieved our goal of having a comprehensive FP package included in the benefit package, we knew that our work was not done. This would not translate into increased access among the poor and vulnerable until the scheme was up and running; that citizens were enrolled; that providers were aware of the entitlements of insurance-card holders and that BHCPF and counterpart funds were available.

So that the family planning services are not just covered "on paper", we provided technical support for important activities that were crucial to the smooth take-off of the Jigawa Health Insurance Scheme.

- We conducted sensitization sessions to religious and traditional rulers through townhall meetings to secure their buy in for the roll out of insurance scheme. These were important stakeholders to engage because of their strong influence on any health policy.
- We supported the health facility accreditation process and provided technical guidance for development of the Operational Guidelines for the SHIS which provide details of how resources will be mobilised, pooled, and how covered services will be purchased.

JICHMA principal staff and Options staff displaying Operational Guidelines and Benefit package for the Jigawa Health Scheme

- We also co-developed a Monitoring and Evaluation Plan for the Jigawa Health Insurance Scheme in collaboration with the PERL program[5]. To ensure that poor and vulnerable households are not left behind, we strengthened the identification of the poor and vulnerable in collaboration with Jigawa Social Safety Net Coordination Agency and conducted advocacy to parliamentarians and State executives for allocation of N600 million annually (or N50 million per month) as equity funds for the coverage of the poor and vulnerable households under the scheme.

The results

The advocacy efforts and technical support of the WISH program resulted in the inclusion of comprehensive family planning in the Jigawa health insurance benefit package, including counselling, short-acting, long acting reversable and permanent methods (see details in Table 1).

Table 1: FP services included in the health insurance benefit package

Primary level care
Family Planning Services Basic Package a) Counselling (Pre-acceptance and follow-up counselling) b) Short- acting methods (OCPs, Injectables, condoms, Emergency Contraceptives) c) Long-acting reversible methods (Implants and IUDs)
Secondary level care
Basic package plus: a) Vaginal rings b) Female condoms c) Bilateral tubal ligation

In supporting the design and launch of the scheme, the WISH programme paid particular attention to ensuring that it translated to coverage among the poor and vulnerable. WISH provided technical assistance to support identification and enrolment of the poor and vulnerable to access the BHCPF program and advocacy for the allocation and release of counterpart funding from the state. This resulted in the allocation of ₦480 million from Jigawa State to cover the poor and vulnerable under the scheme. Based on the premium of 12000, this will cover 40,000 beneficiaries.

Having launched the State Health Insurance Scheme, Jigawa was eligible for BHCPF funding from the Federal level. On the 17th March 2021, the Jigawa State Governor announced that he had received ₦546 million from the Federal Government through the NHIS gateway. This amount would cover 45,476 beneficiaries to be spread across all 287 political wards. While this remains a small proportion of the poor vulnerable population, it marks an important step towards UHC in Jigawa State

What have we learned?

It was clear from our advocacy engagements from 2019-2021 that there was a strong preference among political leaders to allocate scarce financial resources towards physical infrastructures (roads, hospitals, bridges). This meant that making the case for specific services such as family planning required a really strong justification. We needed to show that the inclusion of family planning in the benefit package would be cost saving and would ultimately make the insurance scheme more affordable in the long term. The table below highlights some of the critical success factors for a successful advocacy based on this experience:

What works well

Tailored arguments: We know that family planning is a 'best-buy and we had a range of evidence-informed arguments to draw on. What was critical was to ensure we used the right argument for each group of decision-makers, recognising their different interests and concerns. We knew that for JICHMA, we had to address their primary concern of how to cover the cost of the scheme while maximising population coverage and our advocacy focused directly on responding to these issues. For other political actors, we understood the importance of linking investments in FP to broader development goals such as the sustainable development goals, the social protection strategy and poverty reduction goals in the state.

Systems thinking: As part of the WISH programme, our entry point for engaging state level decision-makers was FP. However, we knew that taking a siloed approach would not enable us to deliver on our ultimate objective to increase sustainable financing for FP. We therefore used our health financing expertise to support JICHMA and other state actors to address health systems bottlenecks. By supporting the design and implementation of the health insurance scheme more broadly, we will contribute to increased access to FP among the underserved. We appreciate that FCDO as our donor understood the need to look beyond FP to the wider system.

Responsiveness and follow-through: We recognised the importance of being at the table every time critical decisions on health sector financing are being made. We also knew the importance of translating plans or agreements into action or stepping in to support where there was a risk of delay. For example, we recognised the importance the operational guidelines to support effective roll out so we stepped into to print these to ensure they were available for key actors across the state.

What does not work

Evidence alone: While all arguments must be backed up by robust evidence, the evidence alone will not convince decision makers. Instead, arguments must be presented to specifically respond to their concerns while being informed by evidence.

Sexual health right approach: Family planning is a taboo subject in northern Nigeria. This meant that, while we were careful to always ensure the use of rights-based language, we needed to be careful about being too vocal about pushing the rights agenda in this context.

Vertical thinking: Focusing on FP financing in isolation without addressing some of the key systems bottlenecks preventing the achievement of UHC will not work.

Next steps

The WISH Programme will continue to work with JICHMA to ensure that the inclusion of family planning in the health benefit package is translated into "actual coverage" so that the scheme contributes to increased uptake and that financial barriers to universal access for family planning services are reduced. We envision that universal health coverage will be achieved in phases considering the large proportion of the vulnerable population in Jigawa state. JICHMA is currently in the process of enrolling 120,000 vulnerable households in Jigawa state with our support..

The WISH Program will provide technical support to JICHMA to ensure that the operational guidelines are clearly communicated to health providers so that they understand the entitlements of the insured; that they are trained on the provision of comprehensive family planning services and that commodities are available so that a range of affordable high-quality FP services are available to the insured. WISH will also support strengthening of data management and utilisation which is important for strategic purchasing of FP services.

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About WISH

Women's Integrated Sexual Health (WISH) is a 3-year programme that aims to expand access to family planning and integrated sexual and reproductive health and rights (FP/SRHR) services for women, men and young people across Africa and Asia. Central to this ambition is the need to ensure that, by the end of three years, the government in each supported country is fully committed to and has leadership of the SRHR agenda, ensuring the programme has a catalytic and lasting impact. Sustainability is therefore built in as a core part of the design. Public sector investments are "sticky" (i.e. difficult to change once agreed and implemented) and are considered to be highly sustainable over time. The WISH financial sustainability component therefore aims to catalyse improvements in public sector investments in FP/SRHR programmes so that governments are better able to deliver on their commitments to ensuring citizens' rights to basic health care, and in particular sexual and reproductive health care.

This learning brief describes the experience of Nigeria. It aims to highlight key learning and document how the WISH programme has responded to challenges related to public sector investments in FP/SRHR that are helpful to other programmes working in this sector.

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