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Facilitators and Barriers of Health Insurance in Eye Morbidity in Makwanpur District, Nepal

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ABSTRACT

Introduction: National Health Insurance Program is a financing mechanism of health system that enhance the utilization of health care services and reduce out-of-pocket expenditure in eye health care which can contribute towards universal health coverage. Eye Morbidity is one of the common morbidities in Nepalese population.

Objective: Objective of this study is to assess the facilitators and barriers of health insurance program on eye morbidity of Nepal.

Methods: This was a qualitative study in which Focus Group Discussion, Face-to-face Interview, Key Informant Interview was conducted to collect qualitative data. Well written informed consent was obtained before data collection. Analysis was done using Dedoose software. Intercoder reliability was checked by research team members to come to an agreement. Socio-ecological model was adopted to access the facilitators and barriers.

Results: Long term membership duration, minimal fee of enrollment and renewal, dedicated enrollment assistant and government support as facilitator of eye Health Insurance. Similarly, improper behavior at eye healthcare delivery center, time consuming procedure, inadequate knowledge and awareness, high cost of insurance ticket, inadequate quality and quantity of medicine, negative peer influence, unfriendly health care professional behaviors, difficult and lengthy referral system as major barriers in health insurance program covering eye health and morbidity.

Conclusion: Special priority and expansion of coverage to eye health in Health Insurance Program is to be given. and to ensure fundamental rights of citizens.

Keywords: Eye Morbidity; Health Insurance Board; National Health Insurance Program.

INTRODUCTION

Health insurance is a financing mechanism of health systems to enhance the utilization of health care services including eye health care to reduce out-of-pocket expenditure. It has been estimated that more than 100 million people fall below poverty and more than 150 million people face healthcare financial catastrophe annually.[1]

Ocular disease is a common term which covers group of ocular morbidities that hinders the health and proper functions .[2] World Health

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Organization (WHO) has reported that only 1% of world health spending is allocated to low-income countries. In SEAR reason only 5-10% of people are covered by the social security program, while in developed nations it ranges from 20-60%.[3] Nepal government has prioritized the expansion of Health Insurance Program despite of many challenges.[4]

Nepal Out of pocket has been the major source of health financing.[5,6] World Health Organization (WHO) has identified and suggested establishing pooling arrangements in order to minimize financial risks owing to health uncertainty that can be spread across populations.[7,8] This study aims to identify the facilitator and barriers to Health Insurance Program covering eye health morbidity in Makwanpur district.

METHODS

A Qualitative cross-sectional study was conducted from October 2022 to May 2023 at Makwanpur district among health insurance service seeker and provider at different level of district. In which Purposive Sampling Technique was adopted to recruit 40 people participated in the Focal Group Discussion who share the common characteristics, 12 people participated in the Key Informant Interview (enrollment assistant), 24 insured people participated in the face-to-face interview, seven people participated in the Key Informant Interview from the service provider, and seven people participated in the policy level. Since the study was qualitative sample size was achieved through saturation point and the total Sample size of the study was 90. Purposive Sampling was carried for this study in the community level and at government and private health care centers that offered health insurance programs. Similarly, we conducted four Focal Group Discussion (FGD) at community level with the objective of identifying the perspectives from both insured and uninsured individuals.

Well Written Informed Consent was obtained before the data collection. Data was collected in their local language Nepali it was then translated in English language with help of professional to maintain data trustworthiness and credibility. A senior researcher conducted the focus groups and key informant interviews before transcribing and translating the recordings. The study team was the only one who could access the Dropbox where it was then secured. Qualitative data thus collected were analyzed using qualitative data software named Dedoose software. Three members of the study team reviewed intercoder reliability to reach a consensus. According to the ecological model, thematic analysis was used to determine the barriers and facilitators at various levels

Similarly, Ethical Clearance letter was obtained before the data collection from Nepal Health Research Council. All the ethical principles of health research were followed in the study. Brief data collecting technique, frequency of

participants and designation of participants is shown in Table 1 as shown below.

Table 1: Data collection technique, designation and frequency of study participants.

Qualitative data collection method	Level/ Designation	Frequency
Key Informant Interview	Enrollment Assistant	12
FGD	Community people	40
Key Informant Interview	Service provider	7
Key Informant Interview	Policy level	7
Face to Face Interview	Insured Individual	24

RESULTS

This study had identified facilitators and barriers of health insurance program in eye health care or eye morbidity in different level as per socio-ecological model which can be further discussed following the format of socio-economic model as shown in figure 1 below.

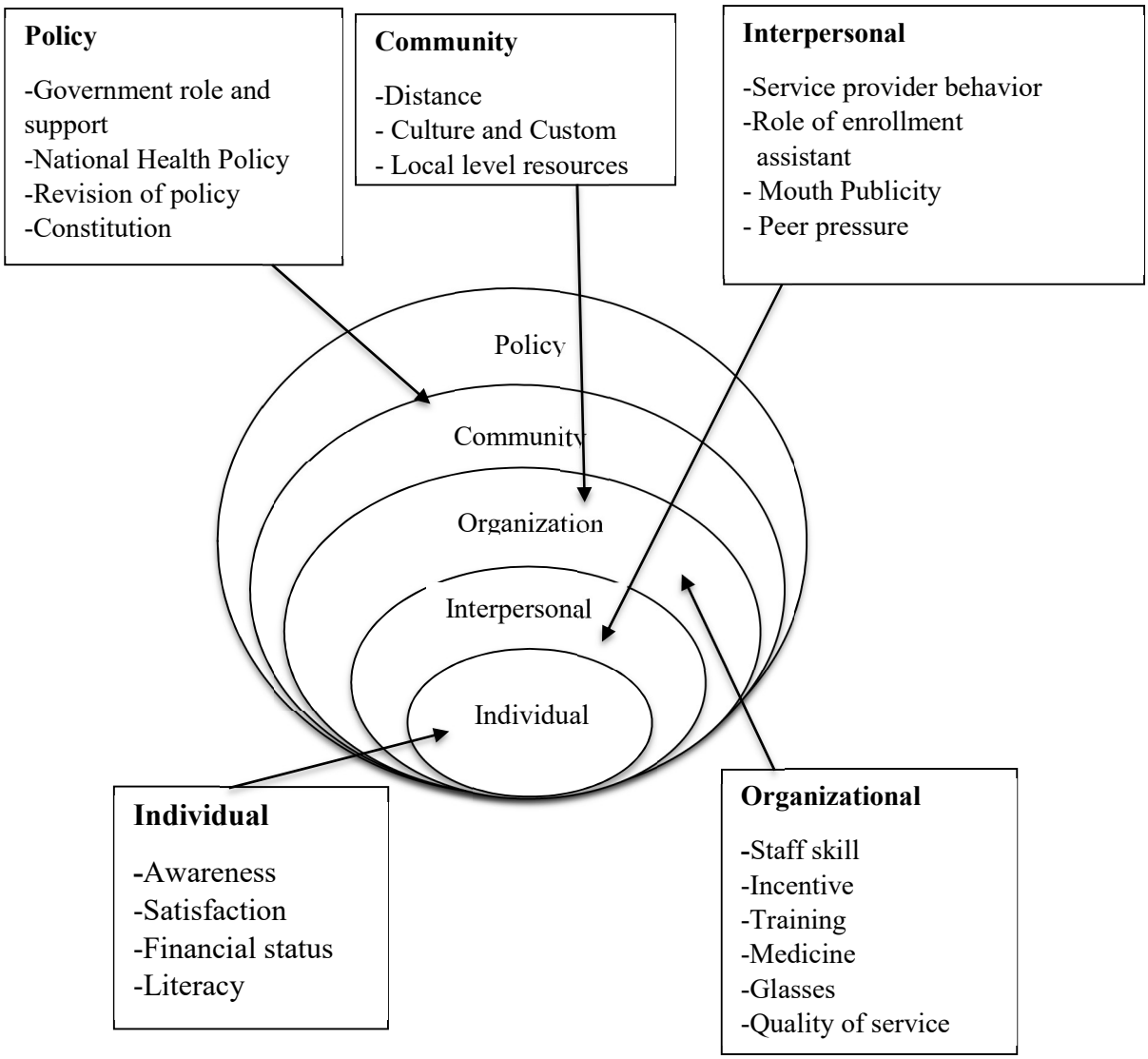

Figure 1: The socio-ecological model of health by Mc Leroy and colleagues in 1988.

Facilitators and Barriers of health insurance program for eye health care and eye morbidity has been identified by this study in format of socio-ecological model of health.

Facilitators of health insurance program for eye morbidity of the study are found as below:

i) Individual level:

1. Adequate knowledge and awareness: Individual with adequate knowledge and awareness regarding eye health coverage in National health insurance program were more interested to enroll and renew the health insurance program.

   One of the insured individuals responded as: "Health Insurance have saved us from a huge catastrophic expenditure, we get quality health care service in minimal insurance premium. I am a teacher and I am aware about eye morbidity coverage from health insurance program"
2. Health centers within reach: Individuals who were near to first contact point were more likely to enroll and renew the health insurance program

   One of the insured individuals responded as: "My home is just fifteen minutes away from this hospital, so I come to this hospital every time when I need to get checkup for any health problem. Through health insurance the service is easy and affordable enough"
3. Membership duration: Individual who were long term member of the health insurance program were more likely to renew in the health insurance program.

ii) Interpersonal level:

1. Educated and aware head of household: Family with educated and aware household head were more interested in enrollment and renew of the health insurance program
2. Positive peer influence: Family friend, relative who had enrolled in health insurance program were more interested and were enrolled in health insurance program to treat eye morbidity.

iii) Organizational level:

1. Staffs from top to grass root level: Health insurance programs have hired its staff from central level to local level. Even at local level every ward had Enrollment assistant at local level
2. Dedicated staff: Enrollment assistant were skilled enough to create awareness and counsel community people to enroll in the health insurance program.

   One of the insured individuals responded as: "It is our role, responsibility and duty to make aware, enroll and renew community people in health insurance program. We do it at any cost. There is no any problem from outside to enroll in the program. Every year we are increasing number of insured individuals."

iv) Community level:

1. Local level government giving priority to health insurance program: Many of the local level government had given high priority to

health and health insurance program which was one of the best means to provide equitable health care services to individual.

One of the insured individuals responded as: "Our ward has announced to enroll 100 new individuals in health insurance program. Chairperson have passed policy of renew of health insurance scheme of those individuals every year now onward."

2. Community involvement in decision making: Community in which there was active involvement of individuals in planning, implementation and evaluation in every aspect including health insurance were more likely to enroll in the health insurance program.

v) Policy level:

1. Government support: Government have included eye health and morbidity in health insurance program. Moreover, recently health insurance policy had been formulated.
2. Payment arrangement service: One of the insured individuals responded as: "Enrollment Assistant are provided TOR to make community people aware of health insurance program and to collect premium money of enrollment and renew of health insurance from household."

Similarly, **barriers** of the insurance program covering eye health morbidity as per socio-ecological model at different levels have been categorized into individual level, interpersonal level, organizational level and policy level.

i) Individual Level:

1. Individual dissatisfaction: Individual who were not satisfied with the services being received from the health insurance program.

a. Delay in procedure: The process of receiving service from hospital was reported to be delay and tedious. Almost all the respondents told that it was too lengthy and time-consuming procedure.

One of the insured individuals responded as: "umm…, It almost takes three day for a single person to complete a simple checkup through this health insurance scheme. It takes whole day to reach to a doctor for OPD checkup. As you can see…. for referral and investigation, we have to separate other day. Alash! for report collection we have to spend other day too. It takes complete three days to have a complete check up for a simple eye health issue."

b. Cost of Ticket from Health insurance Card: The cost of OPD ticket from health insurance card was four time higher than general OPD ticket. Individuals were not satisfied with the inequality.

One of the insured individuals responded as: "Oh, let's not talk about cost as there is vast difference between the cost of general ticket and ticket from insurance scheme. It takes five times higher cost for health insurance than for a general ticket. Oh, it costs Rs. 200 for insured individual while it is only Rs. 40 for general OPD ticket."

2. Poor financial status: Some of the individuals in the community were not even able to afford the cost to join the Health Insurance Program nor renew of the program.

One of the insured individuals responded as: "Well, I am not from this district, I stay in rent and I have no active source of income, I only get to eat if I got some task on daily basis. For me Rs. 3500 is total income of a week. I cannot collect that much of money. So, I do not have any chance to get enrolled in the health insurance program."

3. Medicine: Most of the service receivers complained in availability, quantity and quality of medicine received through health insurance program.

a. Availability of the medicine: Health center were not providing the medicines as enlisted in eye morbidity and health insurance program Individuals had to buy medicine from other pharmacy rather than hospital pharmacy.

One of the insured individuals responded as: "I am shocked… we do not get all the medicine prescribed from this health insurance scheme. I only got two types of medicine where doctor had prescribed me eight different types of medicine."

One of the insured individuals responded as: "Haha…see I am a health assistant; I went to hospital's pharmacy with this prescription of medicine. The health professional working there gave me only half dozens of pantoprazole, I argued with him, why he did give me a whole file of pantoprazole as per prescribed in prescription. After which, he took back the half file of Pantoprazole and gave me whole single file of medicine."

One of the insured individuals responded as: "Well look... I was being told to buy medicine from outside the hospital pharmacy, he told me the name of private pharmacy outside the gate. Later on, I came to know that the pharmacy belonged to one of the members of hospital management."

b. Low quality of medicine: Some of the drugs being provided from health insurance program were complained to have low quality by service receivers.

One of the insured individuals responded as: "Oh god! the medicines we get from this hospital pharmacy have short expiry dates. Some of the medicines are from companies that do not manufacture quality drugs."

c. Expensive drugs not covered: Health insurance program had not included many of the expensive drugs and medicines. Individuals had expected all medications to be covered by health insurance program. They were disappointed not to receive the expensive drugs from the health care center.

One of the insured individuals responded as: "Umm... We have to buy costly medicine from pharmacy outside this health care center. We only get cheap medicines from this scheme."

4. Demographic characteristics

a. Home far away from first contact Point: First contact point for Health Insurance were not near for many of the service receiver. It was found that an individual had to travel eight hours from difficult topography to receive health care service from health insurance.

One of the insured individuals responded as: "Well… I am from Rakshirang, it took me almost nine hours to come to the hospital. I do not know whether or not I will come back again for health checkup as now I have to stay here in hotel for two days. Hospital is too far for me."

ii) Interpersonal level:

1. Household head characteristics: Household which head were illiterate or unaware about health insurance program were less interested to enroll or renew in the health insurance program.

One of the insured individuals responded as: "Oh my god… my father-in-law is head of our family; he is above 70 years and he do not have formal education. He is autocratic man and do not listen to us. He is not interested in renew of health insurance scheme."

2. Unfriendly provider behavior: Health care providers were found to be irritated and rude with individuals who were seeking eye health care through health insurance program.

iii) Organizational Level:

1. Unsatisfied enrollment assistant: Enrollment assistant who were actively working for the counseling, enrolment, renew and premium collection were not satisfied towards the National Health Insurance Program.

a. Minimal Incentive: Health insurance board had provided them only 10% of the premium/money they collect at time of enrollment or renew of Health Insurance. They do not receive any other incentive or salary or remuneration from their job.

b. Inadequate training: None of the staff involved in Health Insurance program received training. In lack of training they cannot upgrade their knowledge and skill regarding health insurance program

2. Staff skill: Individuals working as staff in Health Insurance Program had not adequate skill regarding human relation, counseling, license of transportation. Similarly, most of them were not higher educated so they had limited skills to flourish and expand the health insurance program in their catchment area.

3. Service provided from health care center: One of the major hurdles of sustainability of health insurance program was service provided at health care center.

iv) Community level:

1. Inadequate resource, effort and priority of local level government: All the local level government do not have adequate enough financial, administrative and technical resources to support health insurance program in their catchment area.

2. Unfavorable Culture and custom: Some community have their own cultural practices

and custom which do not recognize modern health care system.

One of the insured individuals responded as: "Well…. we belong to Chepang indigenous group, we rarely go for eye checkup as it is against our culture and custom."

v) Policy Level:

1. Inadequate Government role and support:

a. Inadequate National Policy: Nepal do not have adequate enough and clear health insurance policy to cover and maximize eye health and morbidity in national insurance program.

b. Inadequate implementation: There is no proper and adequate implementation available health insurance policy in Nepal to cover eye morbidity.

c. Not timely update and revision of the health insurance policy: Insurance policy need to be timely revised and updated, due to improper revision and update it may lead to discontinuation of the program

2.Promotion strategies: There was not proper promotion of health insurance program in the community. Health Insurance Board and its line agencies were not properly formulating and implementing strategies for the promotion of Health Insurance Program

DISCUSSION

This study intended to look for the facilitators and barriers of the insurance program covering eye morbidity in Nepal. As per our study we have found facilitators and barriers as below:

Table 2: Facilitators and barriers of health insurance in eye morbidity.

SN	Components	Facilitators	Barriers
1.	Individual level:	a. Adequate knowledge and awareness b. Health centers within reach c. Membership duration	a. Individual dissatisfaction on Procedural delay, cost of ticket for insured individuals b. Poor financial status of individuals c. Demographic characteristics
2.	Organizational level	a. Dedicated and motivated staff b. Penetration of program up to grass root level	a. Minimal incentive to staff b. Inadequate training to staff
3.	Interpersonal level:	a. Educated and aware head of household b. Dedicated staff	a. Inadequate literacy of head of household member b. Unfriendly behavior of service provider
4.	Community level	a. Local level government giving priority to health insurance program b. Community involvement in decision making	a. Inadequate resource at community level

5.	Policy level	a. Government support through health insurance program b. Payment arrangement service	a. Ambiguous and Unclear health policy b. Inadequate promotional strategy

This study found that individual dissatisfaction towards the health insurance program in aspect of covering eye morbidity. Procedural delay was found to be one of the major dissatisfactions among individuals who had insurance policy. The finding is being supported by the previous study conducted at South India and at Rautahat district in Nepal .[9, 25] In our study we found that insured individuals were highly dissatisfied regarding higher cost of ticket for insured individuals. This finding was also supported by a study conducted in Nepal and Bangladesh .[10,26] Our study revealed that poor financial status of an individual was one of the main factors of individual not to enroll in the program and to dropout from the insurance scheme. Similar result was found in another study conducted in Nepal and Srilanka .[11, 27] The finding of this study reported that there was huge lack of medicines regarding eye diseases in availability, quality and quantity received through health insurance program. The finding of the study was supported by previous study conducted in Nepal .[12] It was reported that health insurance program only covered cheap medicines and glasses which was similar to a study conducted in Nepal and India.[13, 28] This study revealed that individuals who were far away from the first contact point health care facility were unsatisfied not happy from the health insurance program to have eye diseased checkup. They had to spend more money in travel and also have to take leave from their job. This was also one of the factors of barrier of health insurance. The finding was supported by similar study conducted by previously in Nepal and India.[14, 29]

Individual who had recently joined the health insurance program were not fully aware about the benefit of the health insurance program covering eye health also and they were complaining regarding the health insurance scheme and its benefit regarding coverage of eye morbidity. They were even making their mind not to continue the scheme in upcoming year. The finding of the study was supported by a similar study conducted in Nigeria.[15] Our study has found that unsatisfied enrollment assistant who are backbone of the health insurance program due to minimal incentive, inadequate training, inadequate recognition and no special facility to enrollment assistant were found to be barriers of health insurance program of eye morbidity. If those grass root staff are not satisfied there might be question in the success of health insurance program. Unsatisfied enrollment assistant is one of the major barriers of health insurance program and eye morbidity. The finding was supported by a previous study conducted in Nepal and Srilanka .[16,27] This study revealed that inadequate policy regarding health

insurance to cover eye diseases and effective implementation of the available health insurance policy were also major barrier of health insurance program in Nepal. The finding of the study was supported by multinational systematic review previously conducted .[17]

Our study revealed that individual with adequate knowledge and awareness that eye diseases and glasses were covered in health insurance program were more interested in enrollment and renew of the health insurance policy. The finding of the study was supported by similar study conducted in Nepal.[18] One who had better understand of catastrophic expenditure in health due to out-of-pocket expenditure in health were more interested in enrollment and renew of the health insurance scheme. The finding of the study was being supported by previous study conducted in Nepal and Bangladesh. [19,26.] This study revealed that one who had been involved in health insurance program for longer time were interested to further continue the renewal of the health insurance policy and the finding was supported by a similar kind of study previously conducted in Nepal .[20] This study revealed that household with educated and aware head of the family regarding the health insurance policy and its benefit were more involved in enrollment and renewal of the health insurance policy. The finding was supported by similar study conducted in Kailali district of Nepal and India.[21,28] This study also reported that dedicated enrollment assistant at grass root level was one of the facilitators of increasing in number of insured individuals. The finding of the study was supported by previous study conducted in Baglung and Kailali.[22] This study also identified that government support and favorable policy as the facilitator of health insurance of eye morbidity which was supported by study within Nepal.[23] It was reported that all the three tier of government were giving high priority to health insurance program for quality and equitable health care service and the finding was supported by study conducted inside and outside Nepal and south India .[24,25]

CONCLUSIONS

In conclusion this study have identified procedural delay, cost of ticket at every visit to hospital, poor financial status, low quality and inadequate of medicines/glasses, far distance between residence and health care center with health insurance program, rude behavior of service provider, minimal incentive for enrollment assistant, inadequate training for enrollment assistant, cultural stigma and immature/unclear national policy as barrier of health insurance program for eye health care and morbidity. Similarly, the study has identified adequate knowledge regarding coverage of eye health and morbidity in health insurance program, long membership duration, higher education status of head of household, positive peer influence, dedicated and hardworking enrollment assistant, high priority to health insurance program from local level government

as facilitator of health insurance program of eye morbidity. Thus, All the three tire of Government, line Agencies and concerned stake holders need to maximize facilitators identified by the study and minimize the barriers identified by this study for the betterment of health insurance program in order to improve eye health of citizen.

Conflict of Interest: None.

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