AN ANALYSIS OF THE ROLE OF NATIONAL HOSPITAL INSURANCE FUND ON HEALTH CARE FINANCING IN KENYA: A CASE STUDY OF MAJOR HOSPITALS IN NAIROBI COUNTY

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ABSTRACT

One of the challenges common to health systems in developing countries is achieving fairness in the distribution of the financing burden, and the protection of households from the risk of financial loss. In recent times, much of the public discussion in countries undertaking health sector reform is focused on designing a health care financing system and achieving fairness. In most of sub-Saharan Africa, Botswana and Lesotho included, many households, especially poor ones, are not part of any form of medical insurance scheme. Developing countries have to spend a substantial share of their income financing health services to the extent that they are driven further into poverty. This situation makes it impossible for WHO member states to attain their target goals of health for all, equity and fairness in financing the health system. The foregoing discussion highlights the challenges facing sub-Saharan African policy makers. To be able to design the financing of an efficient and fair health system as part of the ongoing drive towards achieving the Millennium Development Goals. Its assumed that every person shall pay for their medical bills and those who are unable to pay the Hospital should have their bills waived by the hospitals. The NHIF pays flat rates for in-patient days by category of hospital as opposed to the total Hospital bill incurred by a patient hence there is a gap in financing Health. The objective of the study is to analyze the role of NHIF on health care financing in Kenya hence establish the average medical bill paid by patients, determine the patient charges covered by NHIF, find out what happens to patients who cannot afford to clear the hospital bill and establish an association between members contribution to NHIF and the cost of healthcare financing. The study has taken an in-depth analysis on patient bills specifying the methods and procedures for collecting and analyzing the needed data and drawing conclusions coming up with information out of the data. The descriptive survey allows researchers to gather information, summarize, present and interpret it for the purpose of clarification. Patient's data was collected based on hospital records and opinion of the patient. Four hospitals were involved in the survey. A total of 739 records were accessed in the four hospitals. 49% (n=126) of respondents membership duration less than five years presented less satisfaction on NHIF meeting cost of healthcare compared to those who have never been members 13.3% (n=2) The respondents membership duration was associated with satisfaction on NHIF meeting the cost of healthcare (P=0.0001). In cases where the participant has used NHIF ones, there was more satisfaction reported (66.3%; n=112) as compared to instances where the participant had used NHIF more than five times (30%; n=6). This was statistically significant (P=0.0001). The government should consider paying bills for indigent, ensure that before a business permit, work permit is issued individual members have registered with NHIF. Churches and other religious institutions should be allowed to register members to NHIF

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