Community Based Health Insurance

Implementation Status, Achievements and Challenges

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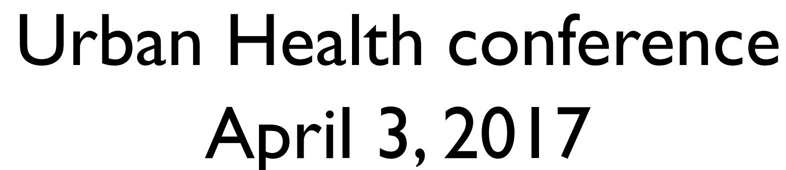
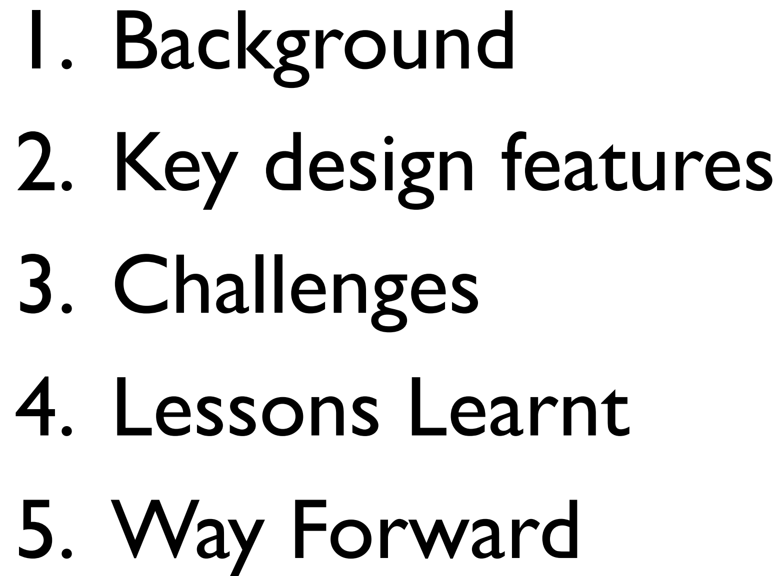


Urban Health conference

April 3, 2017

Outline



1. Background
2. Key design features
3. Challenges
4. Lessons Learnt
5. Way Forward

- A strategy on health Insurance has been developed in 2008,
- The strategy identified two types of Health insurance:
  - Social Health Insurance (for the formal sector)
  - Community Based Health Insurance (for rural & urban informal sector)
- Why Health Insurance in Ethiopia?
  - To remove financial barriers,
  - To reduce catastrophic OOP,
  - To increase health service utilization,
  - To improve quality of care:
    - By increasing resources for health facilities,
    - Through strong community involvement and ownership,
  - To enhance equity,
  - To ensure sustainability,

CBHI

- Initially piloted in 13 pilot Woredas of four regions,
- Schemes have started provision of services to their members since 2011,
- Independent evaluation conducted to learn the successes and major challenges,
- Scale up strategy developed,
- National scale up directive developed and endorsed by JSC meeting,

CBHI Expansion

Region	Total Number of Woredas	Number of CBHI Woredas			
		Functional Schemes	Schemes Under Establishment Process	Total	Cities implementing CBHI
Tigray	**52**	**17**	**19**	**36**	
Afar	34		5	5	
Amhara	169	77	50	127	6
Oromia	320	70	80	150	
Somali	99		5	5	
Benishangul G	18		3	3	
SNNP	159	40	34	74	3
Gambella	12		3	3	
Hareri	1		1	1	
Addis Ababa	116		10	10	
Dire Dawa	1		1	1	
	981	**204**	**211**	**415**	

CBHI Implementation status in Addis Ababa and Dire Dawa

- Regulation developed and enacted by cabinets of both cites,
- Implementation manual under development,
- 10 woreds in all sub cities selected for pilot implementation,
- Executive staffs deployed in all sub cities,
- Community mobilization activities undergoing,
- Contribution Collection and Registration awaiting printing,

- Directive developed and enacted by cabinets of both cites,
- Implementation manual developed and waiting RHB approval,
- Covers all eligible population,
- Executive staffs deployed in regional level waiting kebele level executives,
- Community mobilization activities undergoing,
- Orientation provided for HCP,
- ID card and Receipts printed,
- Registration will be launched soon

CBHI key design features

Benefit packages:

- Outpatient Service
- Inpatient Service
- Lab and other diagnostic services
- Generic Drugs
- OPD Service – Examination, laboratory/diagnosis, drugs
- IPD services - Examination, laboratory/diagnosis, drugs, hospitalization

Exclusions:

- Tooth implantation and
- Eye glasses for Ophthalmic cases,
- Chronic dialyses

Key design features ....

Financing

- Members' contribution
  - AA ETB 350/HH,
  - DD ETB 500/HH for city residents and ETB 240/HH for rural residents,
- Targeted subsidy for indigents by city Admin.
- General subsidy from federal government,
- Govt. treasury (admin costs)
- City Governments to provide further support in case of deficit

Key design features ….

- **Institutional Arrangement**
  - In Addis Ababa the scheme established at sub city level,
  - In Dire Dawa the scheme established at city level,
  - It is embedded in existing government structures,
  - The scheme is managed by three full time CBHI Executive staffs

Key design features ....

Membership

- Membership is voluntary but a collective decision will be made at Kebele level,
- The target is universal access,
- The target population is mainly those engaged in urban informal sector,
- Enrollment unit – household

- Low level of awareness,
- Health facility readiness: Problems in Health Service Quality (shortage of drugs),
- Conflict of Interest (Health facility staff resistance to the program),
- Delay of launching registration process,
- High health service cost and low capacity to pay,

Lessons Learnt

- Strong political commitment is crucial for the success of CBHI schemes.
  - Woreda and Kebele CBHI structures are vital for the success of program.
- Community, Scheme and Provider interface are fundamental for the success of schemes
- CBHI is still a new concept it requires a lot of
  - Sensitization and awareness creation activities
  - Technical and financial support

- Integrate the Community mobilization activities as part of urban health,
- Ensure political commitment,
- Set premium in line with national scale up directives,
- Selection of indigents and allocate targeted subsidy,
- Health facility readiness,

Thank You