



Better Health Systems Strategies that Work

A series of briefs exploring the impact of Health Systems 20/20 worldwide

Scaling Up Health Insurance Coverage Across Africa

DECREASING FINANCIAL RISK

The World Health Organization’s call for universal health care coverage in 2005 accelerated interest among developing-country policymakers in health insurance and other forms of risk pooling. Africa, in particular, has been called the last frontier for health insurance. Since the 1990s, USAID has supported the expansion of health insurance in Africa to improve access to health services and offer protection against potentially catastrophic health care costs. USAID, for example, launched mutual health organizations (MHOs) in Ghana. MHOs became a key element of the country’s national health insurance system, which began in 2003.

Through Health Systems 20/20, USAID also assisted dozens of countries to complete National Health Accounts to accurately measure the burden of health expenditures on households and provide important evidence to advocates of health insurance.

Health Systems 20/20 broadly defines health insurance as any risk pooling mechanism that distributes the financial burden of medical care among its members. It includes social or national health insurance, private commercial health insurance, and community-based health insurance (CBHI). These mechanisms can be financed by public funds (general taxes, sales taxes, payroll taxes), the private sector (employer contributions), or individuals (premiums). Countries often rely on a mixture of all three sources.



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Mr. Hugues Tchibozo, focal point at Benin’s Ministry of Health
for the Régime d’assurance maladie universelle (RAMU) Story page 3.

Worldwide, political leaders can enact a myriad of policies to expand health insurance coverage to their citizens. These policies include removing user fees for specific services and/or populations, waivers, vouchers, block grants, and geographic re-allocation formulas. Often, however, countries lack a comprehensive health financing policy to ensure coherence, consistency, and rational forward movement.

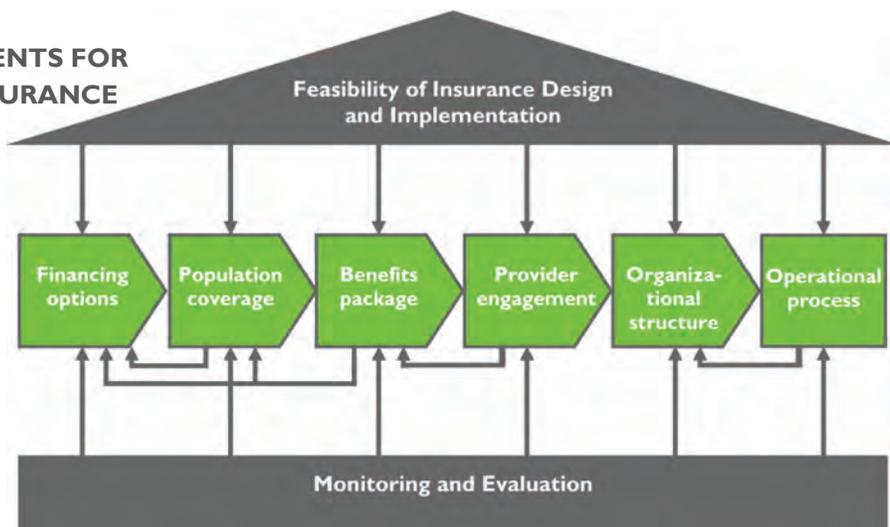
In Africa, what was missing was a country-centric, hands-on, pragmatic approach to learning and planning that confronted the complexities behind the aspirations. In response, Health Systems 20/20 designed and delivered the Africa Health Insurance Workshops in Ghana and Rwanda in collaboration with the World Bank, the African Development Bank, the World Health Organization, International Labor Organization, and R4D's Ministerial Leadership Initiative. Our philosophy was to not be dogmatic, ideological, or prescriptive, but rather tailor what is feasible to the country's political, economic, and sociocultural environment.

PRACTICAL, RESULTS-ORIENTED SUPPORT

The first workshop took place in Accra, Ghana in October 2009 with 75 participants from Ethiopia, Kenya, Liberia, Nigeria, Sierra Leone, Tanzania, Uganda, and Zambia. In May 2010, the francophone workshop in Kigali, Rwanda gathered 79 participants from Benin, Burkina Faso, Cameroon, Cape Verde Guinea Bissau, Mali, Mauritania, and Senegal. By design, each team included members of the government, public, and non-profit sectors.

The countries were at various stages of designing and implementing approaches to scaling up health insurance coverage. The teams used the *Health Insurance Handbook: How to Make It Work*, which was developed by Health Systems 20/20 to break down the complex topic of health insurance into eight design elements (Figure 1): feasibility of health insurance; choice of financing mechanisms; population coverage; benefits package and cost containment; engagement, selection, and payment of health care providers; organizational structure; operationalizing health insurance; and monitoring and evaluation of health insurance schemes. The handbook, which was produced in English and French, was recently re-published by the World Bank.

**FIGURE 1:
DESIGN ELEMENTS FOR
A HEALTH INSURANCE
SCHEME**



BLUEPRINTS FOR ACTION

By the end of each workshop, the teams had in hand realistic, concrete steps to take upon returning to their country as well as medium-term actions to expand health insurance coverage.

The **Mali** delegation, for instance, pinpointed the need for advocacy to promote greater political support for scaling up health insurance as well as the need for a specific budget line item to finance the push towards universal coverage. Health Systems 20/20 then partnered with Malian stakeholders, the World Bank, and the Ministerial Leadership Initiative to help develop a strong national CBHI strategy and policy.

Advocacy steps outlined during the workshop led to the government's adoption of this policy, the decision to pilot-test implementation in three regions, and a commitment to dedicate public funds to subsidize premiums. Recently, the Malian government put that new policy into action by rolling out new CBHI schemes in the three regions. It has committed \$5 million to subsidize the premiums for new members who will enroll in the first year. Mali is only the third African country to directly support CBHI schemes.

In **Benin**, President Thomas Boni Yayi and the Cabinet recently approved an action plan and budget to move towards nationwide health insurance coverage. "We used the action plan we developed and what we learned from the Health Systems 20/20 health insurance workshop to galvanize our team at the Ministry of Health. Once we returned to Benin, we finalized a feasibility study and submitted our universal health coverage proposal to the Cabinet for approval," said Mr. Hugues Tchiboza, who attended the workshop and is the RAMU focal point at the Ministry of Health. President Yayi announced that coverage should be available in April 2012.

Each country continues to make progress in designing and implementing health insurance schemes to meet the health needs of their citizens.

Benin's President Endorses Universal Health Insurance Plan

Recently, President Thomas Boni Yayi launched Benin's first universal health insurance plan, the Régime d'assurance maladie universelle (RAMU). This achievement comes after several years of effort, beginning in 2008 when the Cabinet decided to develop a universal health coverage plan.

Representatives from the Ministry of Health attended the Africa Health Insurance Workshop in Rwanda where they developed a vision and action plan to extend health insurance coverage. They learned how to design an institutional framework for RAMU and engage national stakeholders from the first stages of policy development. The government also created an agency dedicated to health insurance and appointed a high-level Ministry of Health staff person to direct it.

Insurance coverage will be open to all formal sector and informal sector workers. Premiums are estimated to range from \$3 to \$30 per month. Proposed benefits cover primary care, hospitalization, pharmaceuticals, lab tests, mandatory vaccines, and pre- and postnatal care for expecting mothers. The Ministry of Health expects RAMU coverage to be available in April 2012, once legislation and implementation plans are finalized.



NO “ONE SIZE FITS ALL” SOLUTION

Although many African countries face similar challenges to improving financial access to health care, there is no “one size fits all” solution. While HS20/20 effectively distilled global evidence on a spectrum of insurance models, the best road map for scaling up health insurance is one developed by each country within its political, economic, historical and cultural context. No matter what mix of policies and approaches is ultimately chosen, strong political will is an essential ingredient. To ensure success in moving towards universal coverage, political decisions should be informed by best practices and clear evidence, and rooted in a process that involves politicians, patients, and health care providers.

Looking Ahead

In more than 50 countries, Health Systems 20/20 has partnered with governments and local organizations to build better health systems. We recognize that each country’s story is unique. Our staff combines expertise and flexibility to craft solutions that strengthen individual health systems and eliminate barriers to the use of priority health services, such as for HIV/AIDS, tuberculosis, reproductive health, and maternal and child health care.

At this time of global economic uncertainty, health systems need to be even more efficient and, increasingly, must provide more services with fewer resources. To meet these challenges and build sustainability, Health Systems 20/20 collaborates with our partners to assess their health system, identify its strengths and weaknesses, and then choose the most effective strategies and tools to build a more effective health care delivery system.

Strengthening health systems is a process, not an outcome. Since 2006, Health Systems 20/20 has worked hand-in-hand with our partners to cultivate and grow the next generation of health leaders in their countries. While each country will progress at its own pace, depending on its health care needs, resources, and leadership, our goal remains the same everywhere – healthier men, women, and children.

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About the Better Health Systems: Strategies that Work Series

The Better Health Systems briefs explore Health System’s 20/20 strategies and tools, why they work, and how they contribute to better health systems. Collectively, the series will distill valuable lessons learned in an effort to share the project’s wisdom with our partners and colleagues. For more information, please visit www.healthsystems2020.org.

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About Health Systems 20/20

Health Systems 20/20 is USAID’s flagship project for strengthening health systems worldwide. By supporting countries to improve their health financing, governance, operations, and institutional capacities, Health Systems 20/20 helps eliminate barriers to the delivery and use of priority health care, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

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