

HEALTH INSURANCE TOWARDS UNIVERSAL COVERAGE IN ETHIOPIA

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Project description

- **What?** a national program in Ethiopia to launch a **social health insurance (SHI)** for the **formal sector** and **community based health insurance (CBHI)** for the **informal sector**.
- **Goal?** reduce financial barriers to access health service
- **How?** institute prepayment mechanisms that reduce financial burden for health care, improve access and quality and to ultimately lead towards universal health coverage.

Alumna role in project

- I was involved at various stages of this program.
- ✓ various studies that filled the **information gap**
 - ✓ member of the core team that developed **health insurance concept note, proclamation, regulation ...**
 - ✓ involved in preparatory tasks including **costing of health services for insurance purpose, costing and projection of the insurance premium rate, and evaluation of community health insurance schemes.**
 - ✓ part of the team that conducted **evaluation of the CBHI pilot programs** in the four piloting regions in the country.
 - ✓ **Part of a five African countries study** on pricing and reimbursement of pharmaceuticals in health insurance systems (in **CBHI** in particular) led the Ethiopian study & lead writer of a **synthesis report of the five country experiences** (WHO Africa Regional Office).
 - ✓ frequently involved in **health sector performance reviews** such as joint review missions and mid-term reviews of the Health Sector Transformation Plan.

DEVELOPMENT IMPACT

➤ **COMMUNITY BASED HEALTH INSURANCE:**

- CBHI has been implemented initially in 13 districts which was subsequently expanded to **375 districts (40% coverage)**.
- Is planned to **scale up** CBHI to the more than 800 districts
- Experience of **the pilots** has been **evaluated** and lessons and gaps have been identified to inform expansion

Some of the notable **findings** were:

- even though scaling up is going well, not all districts have started rendering service package to their members.
- although new districts are joining, household membership proportion is quite limited.
- availability of medicines within public health facilities and overall quality of care is major barrier for CBHI coverage.
- risk pooling among schemes in different districts limited.
- CBHI management poses the biggest challenge to districts

➤ **SOCIAL HEALTH INSURANCE (SHI)**

- government is **strengthening institutional set up**.
 - The Agency together with Ministry of Health is undertaking various **background studies and preparations to launch SHI**, e.g. designing legal framework, national sensitization forums, costing of services, designing benefit package etc.
- If program succeeds, it can raise very low level of **health service utilization, improve health status, equity, contribute/drive initiatives to improve quality of care, and increase domestic revenue generation** for the health sector.

What I learned at IOB?

- My education at IOB has helped me to sharpen **my skills in project design and management**.
- gained **new expertise in program/project evaluation** which has been crucial in my professional engagement and more so in my consultancy work.
- gained a lot in **strengthening analytical, research and writing capacity**.
- Overall my master gave me the **confidence** to work independently on **my own or within teams**

CONTACT PERSON(S)

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