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# **Evaluating Impact: Turning Promises into Evidence**

## **Community Based Health Insurance Scheme**

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***Ethiopia***

# 1. Background

## Community Based Health Insurance Scheme

- . 35% Cost Subsidy
- . PHC & Secondary Care Covered
- . Voluntary Vs Mandatory= Universal

12 Pilot districts in four Regions

4 Control districts one from Each Regions

### Pilot Design:

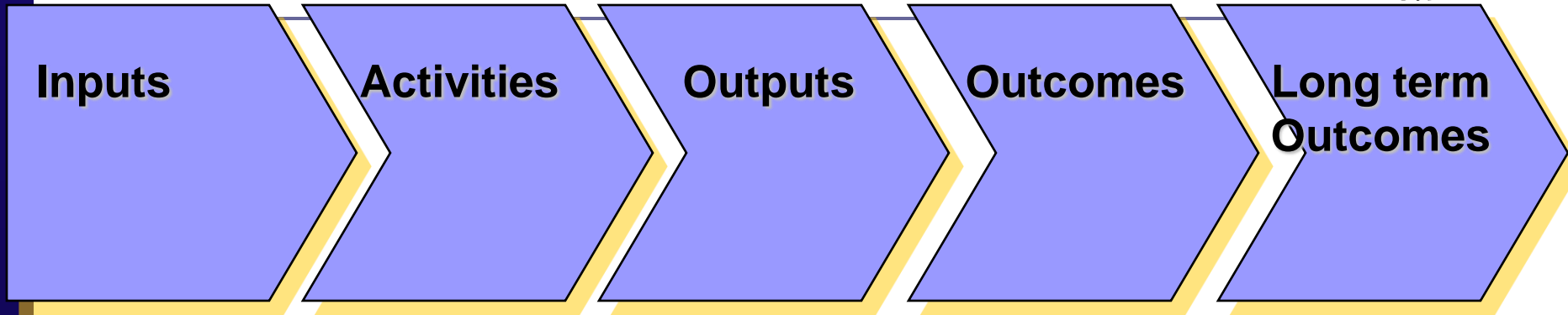
A two year pilot Scheme

Population & Benefit Coverage Clearly defined

Premium/Contribution and Subsidy Set

Institutional Arrangement and Operational Plan finalized

# 2. Results Chain



**Inputs**

**Activities**

**Outputs**

**Outcomes**

**Long term  
Outcomes**

- Legislative frame works, Directives, Proclamations and Manuals...

- Financial resources

- Trainings
- Feasibility study

- Setting premium...

- Registration

- Claim Processing and Provider payment

- Advocacy & Sensitizations

- Number of Enrollees

- No of Providers Contracted

- Amount of contributions Collected and Subsidy mobilized...

- Improved Financial Access to Health Care

- Reduced illness related out of Pocket expenditure

- Reduced Catastrophic health expenditure

- Improved health care utilization

- Improved Quality of Care...

- Sustainable Financing to Health Sector

- Improved Health Out comes thru

- Reduce Maternal Mortality,

- Improved Child Health

- Reduced Burden of communicable diseases like HIV/TB & malaria...

# 3. Primary Research Questions

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- ❑ What is the effect of a Community Based Health Insurance Scheme with defined Benefit packages and a certain proportion of subsidy on Illness related Out of Pocket Expenditure on a given Community?
- ❑ Does A community Based Health Insurance Scheme on a certain targeted group improve health care utilization?
- ❑ Does Community Based Health Insurance Scheme Lead to improved Quality of Care?

## 4. Outcome Indicators

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- Illness related out of pocket expenditure
- Incidence of Catastrophic Expenditure
- Health Service Utilization
- Patient Satisfaction
- Access to Prescribed Drugs

# 5. Identification Strategy/Method

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- ❑ Quasi experimental
- ❑ Interventions Units/pilot Community Selected Based on certain Characteristics
- ❑ Including the Capacity to roll out the scheme
- ❑ Variables in the feasibility study also considered
- ❑ Matching of 1 Control district from each regions to One of the three treatment districts in a region
- ❑ Diff-in-Diff method

## 6. Sample and data

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- Data collection
  - Routine Health Facility Data
  - Routine CBHI Scheme M & E data
  - CBHI Beneficiary qualitative data
  - Patient Exit polls
  - Focused group discussions
  - House Hold Surveys



# 7. Time Frame/Work Plan

<b>Activities</b>	Q1	Q2	Q3	Q4	End of 2nd Year
Work on/Refine the existing IE Design	X				
Amend and agree on final IE Design		X			
Do Base line Survey/when necessary			X		
FGD & Patient Exit Polls				X	
House Hold Survey					X

# 8. Sources of Financing

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- Government Budget
  - . Federal Government
  - . Local Government
- Development Partners/USAID
  
- Quality of the IE design affected by Available resources
  
- More fund mobilization
- Technical Assistance