

CBHI Implementation in Ethiopia

21th Annual Review meeting

Addis Ababa

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MINISTRY OF HEALTH-ETHIOPIA

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In 2008 Ethiopia has developed HI strategy to guide the roll-out of two types of HI schemes

Community-Based Health Insurance

- Targets Informal Sector (~80-85%)
- Contribution waived for Indigents,
- Voluntary

Social Health Insurance

- Targets formal sector employees and pensioners (<20%)
- Compulsory

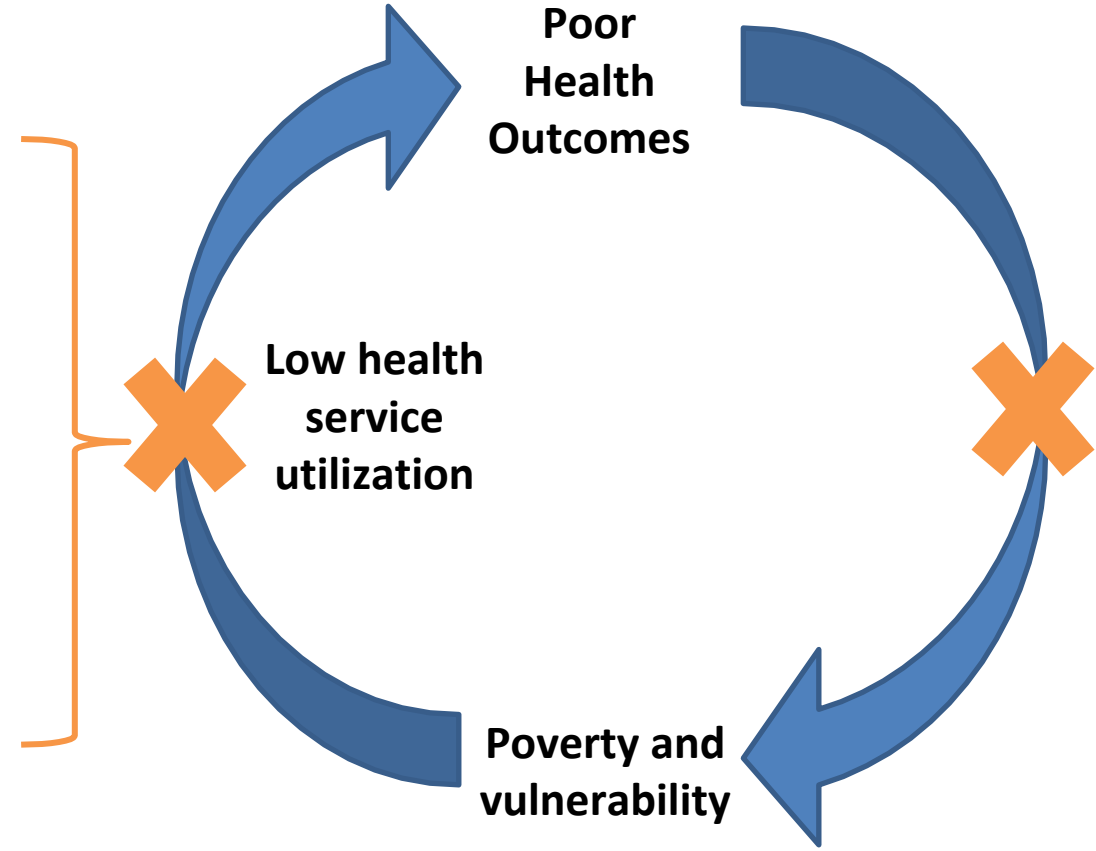
Solidarity
Equity
Participatory/
ownership

Target of 80% enrollment in 80% of woredas by 2020

In line with HSTP EHIA has developed five year strategic plan towards sustainably move to UHC

EHIA Strategic Plan Objectives

- *Improve efficiency and sustainability in health spending*
- *Improve financial protection and increase health service utilization*
- *Improve quality of health services*



Goal: Ensure quality health care services are accessible to and used by all citizens without them suffering a financial burden

CBHI implementation Progress

- Implementation started as a pilot in 13 woredas in 2011,
- Scale up strategy developed,
- Scale up initiated in 2015 based on encouraging results of pilot implementation,
- As per Independent evaluation findings of the pilot period:
 - Increased health service utilization,
 - Decreased financial hardship
 - Improved health outcomes,
 - More predictable and sustainable financing for HFs,
 - Empowered women

Achievement: CBHI enrolment rate

Regions	Woreda that started service provision	Eligible HHs	Total Number of Members			Number of Beneficiaries	Enrollment rate
			Paying Members	Indigents	Total		
Tigray	29	669,459	275,651	77,850	353,501	1,626,105	53%
Amhara	149	3,629,622	1,737,094	387,760	2,124,854	9,774,328	59%
Oromia	201	4,936,139	1,105,163	525,188	1,630,351	7,499,615	33%
Benshangul Gumuz	2	25,485	4,751	1,560	6,311	29,031	25%
SNNP	88	1,670,107	616,630	98,273	714,644	3,287,362	43%
Addis Ababa	40	89,294	52,893	18,953	71,846	330,492	80%
Total	509	11,020,106	3,792,182	1,109,584	4,901,766	22,546,932	44%

- Enrolment rate in 509 CBHI functional woreda is 44% while further compared with total eligible it is 28%.
- In 2010 EFY a total of 4.9 Million HH (22.6 million population) covered, of which 3.8 Millions are paying members and 1.1 millions are indigents where by regional government covered their contribution,

Other Achievements

- Total premium collected from members significantly increased from time to time,
 - Increased to ETB 1.15 Billion in 2019 from ETB 14.6 Million In 2012,
- CBHI has contributed to improvements in quality of health care services through:
 - Increased flow of resources that are predictable,
 - More active Engagement of the community,
- The likelihoods of CBHI members visiting a health facility is much higher than non members, /three fold/
- Contributing to Empowerment of Women,

Major Gaps and Challenges

- Low population coverage 28% compared to the target set in HSTP, 80%
- Coverage of the poor is not adequate compared to eligible indigents, 41%
- Too many fragmented woreda schemes: no cross-subsidization between woreda's ,
- Financial sustainability of some schemes;
- Challenges in Health Service Quality (shortage of drugs, medical supplies, reagents, laboratory and diagnostic services)
- Paper based data management and reporting,
- Difficulty in Photographing & ID Distribution particularly for the very poor,
- High CBHI scheme executive staff turnover,

Discussion points

- How to improve population coverage in general and indigents in particular?
- To ensure equity, what types of health care reforms should be implemented to maximize the role of health insurance?
- What should be done differently to ensure sustainability of health insurance?

Thank You



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