CBHI Implementation in Ethiopia

21th Annual Review meeting
Addis Ababa
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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 a five-year strategic plan towards sustainably moving towards 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

<table>
<thead>
<tr>
<th>Regions</th>
<th>Woreda that started service provision</th>
<th>Eligible HHs</th>
<th>Total Number of Members</th>
<th>Number of Beneficiaries</th>
<th>Enrollment rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Paying Members</td>
<td>Indigents</td>
<td>Total</td>
</tr>
<tr>
<td>Tigray</td>
<td>29</td>
<td>669,459</td>
<td>275,651</td>
<td>77,850</td>
<td>353,501</td>
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<tr>
<td>Amhara</td>
<td>149</td>
<td>3,629,622</td>
<td>1,737,094</td>
<td>387,760</td>
<td>2,124,854</td>
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<tr>
<td>Oromia</td>
<td>201</td>
<td>4,936,139</td>
<td>1,105,163</td>
<td>525,188</td>
<td>1,630,351</td>
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<tr>
<td>Benshangul Gumuz</td>
<td>2</td>
<td>25,485</td>
<td>4,751</td>
<td>1,560</td>
<td>6,311</td>
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<td>SNNP</td>
<td>88</td>
<td>1,670,107</td>
<td>616,630</td>
<td>98,273</td>
<td>714,644</td>
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<tr>
<td>Addis Ababa</td>
<td>40</td>
<td>89,294</td>
<td>52,893</td>
<td>18,953</td>
<td>71,846</td>
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<tr>
<td>Total</td>
<td>509</td>
<td>11,020,106</td>
<td>3,792,182</td>
<td>1,109,584</td>
<td>4,901,766</td>
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</table>

- 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