



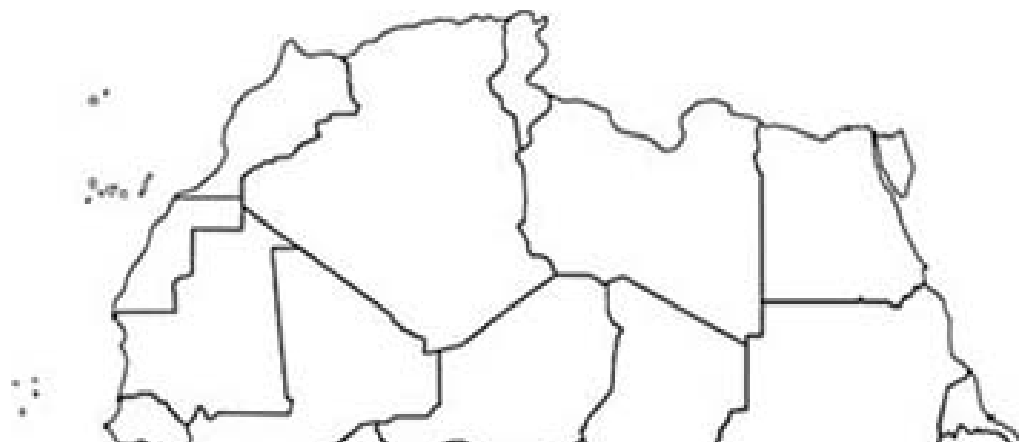
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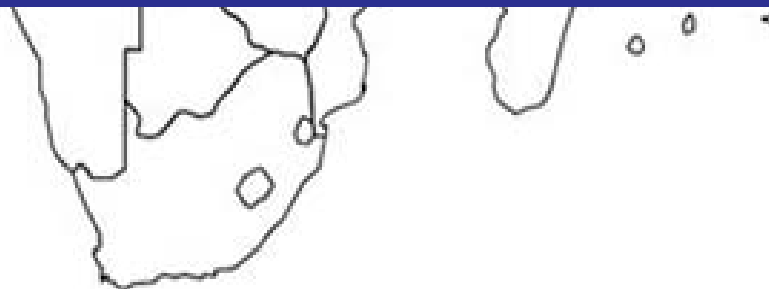


**FINANCIAL PROTECTION AND IMPROVED ACCESS TO HEALTH CARE:
PEER-TO-PEER LEARNING WORKSHOP
FINDING SOLUTIONS TO COMMON CHALLENGES**

FEBRUARY 15-19, 2016

ACCRA, GHANA

Day IV, Session III.





Evolution of CBHI towards Universal Health Coverage (UHC) - Achievement and Challenges -

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Financial Protection and Improved Access to Health Care
Accra, Ghana



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From Insight to Impact – Worldwide

Universal coverage of health care

- **Universal health coverage (UHC):** is defined as **access** to key promotive, preventive, curative and rehabilitative **health interventions for all** at an **affordable cost**.
- **Pro-poor UHC:** There is a determination to **include poor people** in service provision **from the outset** (Lancet Commission on Investing in Health(CIH), July 2015)

Community-based health insurance:

- Applying the **principles of health insurance** at the **community level** for social protection purpose.
- 19th Century: developed in Germany, Japan, UK
- 20th Century: Introduced to low-income countries to provide **financial risk protection** to the people in the **informal sector**
- More than 30 years experience gradually reveals the potential **pathways/challenges of CBHI towards UHC** in low-income countries

Objective of this presentation

- Discuss the possibility of using CBHI to achieve UHC based on existing evidence **by extending tax-based/social insurance characteristics into CBHI scheme.**
- Three types of CBHI schemes:
 - **Generic model**
 - **Enhanced model**
 - **Nationwide model**

Table 1. The key characteristics of a **generic model** of CBHI

Community supports	Community itself , defined by geographic, professional, or ethnic characteristics			
Health Financing functions	Revenue collection	Participation	Voluntary	
		Source of revenue	Membership prepayment	
	Risk pooling	Risk pooling	Within a community	
		Fund management	Managed by community committee or local health provider	
	Service purchasing	Service coverage	Outpatient, inpatient, or both at local level	
		Purchase mechanism	FFS, Capitation	
Country cases	Philippines, China (before 2002), Uganda, Kenya, Tanzania, and etc.			

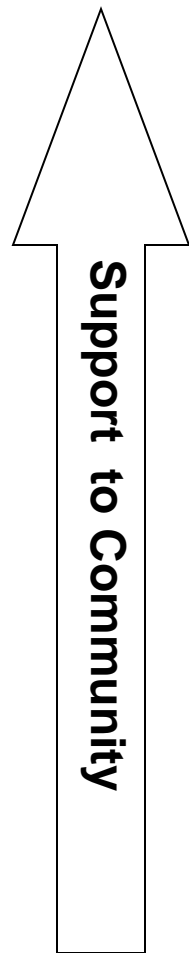
Table 3. The key characteristics of a **enhanced model** of CBHI

Community supports	At multi-community/ regional level with local government political endorsement		
Health Financing functions	Revenue collection	Participation	Poor are covered through government subsidy
		Source of revenue	Government subsidy (for the poor, or for catastrophic, or re-insurance)
	Risk pooling	Risk pooling	Re-insurance within the network of communities
		Fund management	Managed by community with network of technical support
	Service purchasing	Service coverage	Strengthening the links with provider network
		Purchase mechanism	Capitation, case-based payment
Country cases	Rwanda, Uganda, Mali, Senegal etc.		

Table 5. The key characteristics of a **nationwide model** of CBHI

Community supports	Political commitment and stewardship at national level with legislation backup		
Health Financing functions	Revenue collection	Participation	Majority targeted population at national level
		Source of revenue	Government subsidy (administration and premium)
	Risk pooling	Risk pooling	Cross-subsidy among communities with Risk-equalization mechanism
		Fund management	Professional management with community participatory roles
	Service purchasing	Service coverage	Standardized, comprehensive benefit package
		Purchase mechanism	Capitation, case-based payment. Global budget, and PBP
Country cases	Rwanda, Ghana, China, etc.		

Evolution of CBHI schemes toward UHC in LMICs



Generic model

- Community initiation and operation
- Voluntary participation
- Membership contribution

Enhanced model

- Government political endorsement
- Government subsidy to the poor and to catastrophic risk
- Network for management and service delivery

Nationwide model

- Government political commitment, stewardship, legislation, and funding support
- Regional level professional management
- Community level mobilization, abuse and fraud control

Tax-based/social insurance characteristics

Key messages and questions

- If your country already has sustainable CBHI schemes, they can be a good platform for expanding coverage to the poor, rural, and informal sector, with further potential improvements
 - Public financing supports
 - Risk pooling at higher level
 - Potential pathways to integrate CBHI with other prepaid schemes
- If your country does not have CBHI, don't begin with generic model – skip to national model (pro-poor UHC scheme from beginning)
- Ethiopia, Rwanda, Senegal, and Nigeria:
 - What model is each country? Generic, enhanced, national?
 - What are they doing to mitigate the challenges of CBHI?