



## “PRIORITIES OF HEALTH ECONOMICS IN AFRICA”

Inaugural Conference of the African Health Economics and Policy Association (AfHEA)  
10th – 12th March 2009 - Accra, Ghana

### **Parallel session 5: Insurance and affordability issues**

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#### **PS 05/3**

#### **Costing the Provision of Health for All in rural Tanzania and Ghana and implications for social health insurance premium pricing**

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Health for All has remained elusive for rural communities in sub-Saharan Africa since the Alma Ata declaration. The Millennium Villages Project, which works in 14 communities in 10 African countries, is committed to ensuring access to primary health services for all in their project sites. In those countries, a number of methods of community health financing have been adopted with social health insurance being one of the most heavily promoted systems. However, the premium for membership in insurance schemes is prohibitive for the majority of residents in poor rural areas leading to low rates of enrolment.

This presentation aims to communicate experiences in providing primary health services to all along with a rigorous costing of the intervention. The costing of the provision of primary health services to all community members along with a deep understanding of community health financing is then used to propose appropriate pricing for insurance premiums in rural areas. The study was conducted in sites in Ghana and Tanzania with lessons from other sites providing additional information.

The study uses time series data from comparable health facilities in each of the sites with at least one of the facilities in each country serving as a control. Utilisation rates, epidemiological data, and health insurance coverage rates were collected monthly from each health facility and community. Comprehensive primary care interventions were provided in Millennium Village sites and were rigorously costed.

Providing access to simple cost-effective interventions led to increased clinic utilization and improvement in health system goals including malaria control and increased institutional deliveries. The provision of services was conducted through a more effective use of existing funds and the inclusion of additional funds well within the per capita bounds proposed by the United Nations Millennium Project.

There is a huge latent need for improved access to health services that is not met in communities where few can afford social health insurance. Based on a rigorous analysis of costs and funding streams, a reduction in insurance premiums for rural

areas in Tanzania and Ghana would be feasible and sustainable and would lead to significantly higher enrolment rates. This provides a model for more realistic insurance premiums that can sustain rural health services. The complexity and cost of health insurance schemes in rural Africa has hampered provision of free health for all. Lessons from successful sites are valuable for policy makers and practitioners.