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From Community to National Health Insurance: A new Approach to Social health Insurance in Africa?

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Introduction:

Heavy reliance on out of pocket spending reduces access to health services and often pushes families into poverty. Some countries have recently abolished the fees altogether, at least for some services. The following are known to have modified the operation of user fees, abolishing them for some services (usually at least maternal and child health): Uganda, Zambia, South Africa, Burundi, Niger, Kenya, Burkina Faso, and Sudan.

Other countries have piloted or implemented different innovations including community-based health insurance (CBHI) or mutuelles. In some African countries, these latter schemes appear to have served as pilot schemes or stepping stones to the introduction of national health insurance schemes or funds (NHIS /NHIF). We examine this apparently novel approach to introducing social health insurance (SHI) in Africa and compare the advantages and constraints in this approach.

Aim and objectives:

The overall aim of the study is to analyse the introduction of social health insurance via the route of community based health insurance schemes in a number of African countries, including Ghana, Rwanda, Nigeria, and Tanzania.

Methods used:

We use a combination of primary data (from PhD theses), administrative records, scheme data, and literature review to analyse the rise of these apparently new forms of SHI in Africa. The study examines the conditions that favoured their development, their differences with the classical social health insurance schemes that were prevalent in Africa at the time of independence and at least up until the era of

structural adjustment in the 1980s, and their advantages, constraints and prospects vis a vis the classical SHI schemes of the past.

The dimensions examined include: community ownership and control, population coverage, equity, rural versus urban focus, and sustainability.

Results:

The study provides insights into the performance of NHIS schemes in Africa, including the extent to which they remain community-owned, address equity and rural health coverage, and may be financially sustainable.