COMMUNITY BASED HEALTH INSURANCE Rwanda

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8/1/2012
Content of Presentation

1. Concept of CBHI and Background
2. Design of CBHI and organizational structure
3. CBHI funding and payment mechanisms
4. CBHI Results
5. CBHI new Policy
6. CBHI main changes with the new Policy
Concept of CBHI

- Working definition of a CBHI scheme:
  - Any scheme managed and operated by an organization, other than a government or private-for-profit company, that provides risk pooling to cover all or part of the costs of health care services (Bennett 2004)

- Development of CBHI in Rwanda:
  - CBHI increasingly seen as a solution to improving (financial) access to health services
  - Rwanda have embraced CBHI as part of the Government health financing policy

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Background

- 1999, First phase of CBHI (3 Districts: Kabwayi, Kabutare & Byumba: 52 HC & 3 Hospitals)
- 2004, the CBHI Policy document was elaborated
- 2005, Introduction of CBHI in the 30 districts
- 2005, CBHI law elaborated
- 2009, Functional analysis conducted (detailed analysis on the CBHI in view of improvement)
- 2010, CBHI Policy reviewed
- July 2011 implementation of the new CBHI

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Design of CBHI Scheme

Reasons to start CBHI in Rwanda:

- Very low levels of utilization of health services (0.3 visits/C in 2001) and studies showed that barriers related to access finance were causing this.
- Financial losses in health centers due to unpaid bills (as a result) precarious financial situation in health centers
- Need for Social Protection of the Poor
- Need to create a mechanism for Health Insurance for those in informal employment

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utilisation rate Progress

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CBHI Funding

Payment

Referral Hospital

MOH

Source of Financing

- Government
- Civil Insurance
- Military Insurance
- Private Insurance
- Donors

District Hospital

District Level

- District
- Mutual Section
- National Pooling Risk
- Donors

Health Center

Sector Level

- Contributions
- Sector Level
- Donors

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CBHI - Principles for Coverage and contribution

- Principles of equity, risk-sharing and solidarity
- Membership based on ability to pay (stratification)
- Strengthen subsidy schemes for the poor
- Reduction of co-payments for vulnerable groups
CBHI – Benefit package

- Minimum health care package to be reinforced in all partner health facilities
- Ensure members are well informed about CBHI benefits and rights
- Introduce feedback mechanisms for members

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Covered Health Services Packages

- Health Center Level: Minimum Health Services Package
- District Hospital: Complementary Package
- Referral Hospital: Tertiary Package

N.B: The referral system must be respected except emergency

- Ambulances cost is also covered

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Payment Methods

- Fee-for-service payments. In this case, the provider receives a payment from the mutual after producing an invoice.

- Copayment:
  - HC : 200RwFr only
  - DH & RH: 10% of the bills

- Vulnerable people are exonerated and Donors/GOR pay an estimated 25% of CBHI contributions for them.

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Enrolment to cbhi and utilization of health services rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrolment into CBHI</th>
<th>Utilization rate (OPD Utilization)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>7%</td>
<td>31%</td>
</tr>
<tr>
<td>2004</td>
<td>27%</td>
<td>39%</td>
</tr>
<tr>
<td>2005</td>
<td>44.10%</td>
<td>47%</td>
</tr>
<tr>
<td>2006</td>
<td>73%</td>
<td>61%</td>
</tr>
<tr>
<td>2007</td>
<td>75%</td>
<td>72%</td>
</tr>
<tr>
<td>2008</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>2009</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>2010</td>
<td>91%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Main challenges of CBHI within the old policy

- Insufficient funds at both district and national risk pooling level (comparing the contribution of 1,000frw);
- Insufficient staff and limited management capabilities;
SOLUTIONS

- New approach of contributing according to the stratification into categories for the population
- Reinforce the quality of health care packages at the different level of health care in Rwanda
- Computerization of CBHI management system
CBHI New Policy (Objectives)

• Favor the membership in CBHI for people in the non-public sector and rural areas
• Strengthen the financial viability of CBHI;
• Strengthen management capacities of the CBHI system;
• Reinforce equity and fairness in contributions payment

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CBHI New Policy (Main Change)

- Stratification:
  - Categorization of the population by UBUDHEHE program
  - Common Data Base for the social stratification
  - Creation of CBHI Interface to access the Data Base
- Add staff at section and District level
- Reinforcement of management of Patient Roaming
- Distribution of Contributions to all levels

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## CBHI population categories and fees to be paid

<table>
<thead>
<tr>
<th>UBUDEHE Categories</th>
<th>CBHI Categories</th>
<th>Amount per capita (RwF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&amp;2 (Those living in abject poverty &amp; the Very poor)</td>
<td>1</td>
<td>2,000 (To be paid by Government)</td>
</tr>
<tr>
<td>3 &amp; 4 (Poor &amp; Resourceful poor)</td>
<td>2</td>
<td>3,000</td>
</tr>
<tr>
<td>5 &amp; 6 ((Food rich &amp; Money rich)</td>
<td>3</td>
<td>7,000</td>
</tr>
</tbody>
</table>

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## Estimation of Population/ Category 2011/12

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total pop</td>
<td>10,329,517</td>
<td>10,598,085</td>
<td>10,873,635</td>
<td>11,156,350</td>
<td>11,446,415</td>
</tr>
<tr>
<td>Population CBH</td>
<td>8,883,385</td>
<td>9,383,115</td>
<td>9,783,272</td>
<td>10,152,278</td>
<td>10,530,722</td>
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<tr>
<td>Group 1 (Ubedehe 1+2)</td>
<td>2,300,797</td>
<td>2,415,516</td>
<td>2,534,644</td>
<td>2,629,440</td>
<td>2,727,452</td>
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<tr>
<td>Group 2 (Ubedehe 3+4)</td>
<td>5,170,130</td>
<td>5,427,915</td>
<td>5,685,610</td>
<td>5,908,626</td>
<td>6,128,368</td>
</tr>
<tr>
<td>Group 3 (Ubedehe 5+6)</td>
<td>1,412,458</td>
<td>1,482,884</td>
<td>1,556,017</td>
<td>1,614,212</td>
<td>1,674,382</td>
</tr>
</tbody>
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Questions/Comments

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