



# Financial Protection and Access to Health Care Workshop

CBHI Rwanda experiences

# CBHI Summarized in phases

	Phase 1 (1999-2003)	Phase 2 & 3 (2004-2008 -2009)	Phase 4 (2010-2015)
<b>Enrollment</b>	7%	27% - 86%	91% - 76.4%
<b>Premiums</b>	Not harmonized in different pilot schemes	Flat fee: <ul style="list-style-type: none"> <li>• Contribution by the government: 50%</li> <li>• Contribution by members 50%</li> <li>• Subsidies for the poorest</li> </ul>	<ul style="list-style-type: none"> <li>• Stratification: Premiums according to Socio Economic categories:</li> <li>• Indigents fully subsidized around 25%</li> </ul>
<b>Pooling</b>	Section levels	<ul style="list-style-type: none"> <li>• Sections (more than 450)</li> <li>• Districts (30)</li> <li>• National Pooling Risk</li> </ul>	<ul style="list-style-type: none"> <li>• Sections (more than 450)</li> <li>• Districts (30)</li> <li>• National Pooling Risk</li> </ul>
<b>Benefit Package</b>	<ul style="list-style-type: none"> <li>• Health center (Primary Care)</li> <li>• Limited package at District Hospital level (C section, non-surgical pediatrics services, malaria)</li> </ul>	<ul style="list-style-type: none"> <li>• Health center (Primary Care)</li> <li>• District hospital (Secondary care)</li> <li>• Tertiary health care</li> </ul>	<ul style="list-style-type: none"> <li>• Health center (Primary Care)</li> <li>• District hospital (Secondary care)</li> <li>• Tertiary health care</li> <li>• Patient Roaming</li> </ul>

# CBHI: Expanding Coverage practical strategies

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# Financial Sustainability

## Practical strategies

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- Increased Resources:
  - Diversification of resources (Population contributions, Government, SHI & PHI);
- Cost containment measures:
  - Control on abuse & over-utilization: Co payment & mandatory referral system;
  - Mitigation of insurance risks:
    - Adverse selection: Enrollment by HH and no Individuals
    - Overbilling: Rigorous bills verification
- CBHI sustainability study scenarios: Revision of premium levels, universal mandatory enrollment

# Move of CBHI scheme from MoH to RSSB:

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- Rationale:
  - Separation of functions: Providers Vs Purchaser;
  - Improve CBHI management: Financial management and enhanced insurance management skills;
  - Move from fragmented pools to one pool.

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Thank you

