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
February 15-19, 2016
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>
<thead>
<tr>
<th>Community supports</th>
<th>Community itself, defined by geographic, professional, or ethnic characteristics</th>
</tr>
</thead>
</table>
| 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

<table>
<thead>
<tr>
<th>Community supports</th>
<th>At <strong>multi-community/regional</strong> level with local government political endorsement</th>
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</thead>
<tbody>
<tr>
<td>Revenue collection</td>
<td>Participation</td>
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<td>Service coverage</td>
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<td>Purchase mechanism</td>
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**Country cases**

Rwanda, Uganda, Mali, Senegal etc.
Table 5. The key characteristics of a **nationwide model** of CBHI

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<th>Community supports</th>
<th>Political commitment and stewardship at national level with legislation backup</th>
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Evolution of CBHI schemes toward UHC in LMICs

Support to Community

- Community initiation and operation
- Voluntary participation
- Membership contribution

Generic model

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?