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The Essential Package of Health Services and Health Benefit Plans in Democratic Republic of the Congo



About the health benefit plan crosswalk analysis

An essential package of health services (EPHS) is a broad policy statement that identifies the services that a government has prioritized. The government seeks to ensure that these essential services reach the population equitably. A health benefit plan (HBP) specifies an explicit set of services and the cost-sharing requirements for beneficiaries to access those services.

In 2015, the USAID-funded Health Finance and Governance (HFG) project completed a landscape analysis of the EPHS in the 24 USAID priority countries for Ending Preventable Child and Maternal Deaths (EPCMD).¹ The analysis found that the government in most of these countries intends for the public and/or private not-for-profit facilities in the country to deliver the services in the EPHS. It also showed that several governments were implementing major HBPs (such as social health insurance schemes) as a primary strategy for moving toward universal health coverage. Yet it remained unclear how the EPHSs and HBPs are formulated, how they are modified, and the extent to which they overlap.

HFG conducted a second landscape analysis in 2016 to identify existing HBPs in the countries, and the services they cover. It then did a crosswalk analysis – a mapping of items on one list to equivalent items on another list – of the services specified in the country’s EPHS and those identified in an HBP. This companion analysis to the EPHS country snapshot documented the degree of alignment between the EPHS and HBP.

This brief presents HFG’s findings and observations for policymakers and program managers seeking to promote alignment of services in the EPHS with services covered in the HBP and move toward universal health coverage.

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¹ See HFG’s series of country snapshots on EPHS here:
<https://www.hfgproject.org/ephs-epcmd-country-snapshots-series/>

Health benefit plans in the Democratic Republic of Congo

There are multiple HBPs in the Democratic Republic of Congo (DRC) but detailed lists of services covered by these schemes are not readily available in the public domain.

Over the years, the government of the DRC has taken steps to provide health services through HBPs to the population. Enrollment in community-based health insurance is growing in the country. In 2005, the government initiated a National Program for the Promotion of Mutuelles (PNPMS), which aims to promote and institutionalize community-based health insurance in the DRC. With the help of UN organizations and international NGOs, the PNPMS is working with local organizations to achieve its goal of having one scheme per health district (Baleka 2015). Also in 2005, the government launched the National Social Protection Support Programme (PNPS) to oversee programs that support vulnerable population groups (EPRI no date, McConnell 2010). Since then, the PNPS has developed its own community-based health insurance program (ETPS 2013). As of 2013, there were 102 community-based health insurance

schemes in the DRC, managed by non-governmental organizations, with approximately 500,000 members enrolled (ETPS 2013). The National Insurance Company (SONAS) is a public sector insurance company that offers health insurance. However, the majority of the population cannot afford to enroll in SONAS' health insurance (ETPS 2013).

Apart from the aforementioned HBPs, DRC's labor law officially guarantees the working population access to health services. The labor law, which was last amended in 2001, requires that all employers guarantee certain health services to employees and their families for the period of their employment contract (Ron 2006, ETPS 2013). These health services include medical care, dental care, surgical care, medicines, hospitalization, transportation fees (if the employee is incapable of transporting him/herself), spectacles, orthopedic appliances, prostheses (except dental prostheses). Prices for these services are set by the responsible government ministry (ETPS 2013); however, only large enterprises comply with this law (Ron 2006).

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About HFG:

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a six-year (2012-2018), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit www.hfgproject.org.

The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

Cooperative Agreement Number:
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Agreement Officer Representative Team:
Scott Stewart (GH/OHS) sstewart@usaid.gov
Jodi Charles (GH/OHS) jcharles@usaid.gov



Abt Associates
abtassociates.com
4550 Montgomery Avenue, Suite 800 North
Bethesda, MD 20814

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