



The Essential Package of Health Services and Health Benefit Plans in Senegal



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 the 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 Senegal

Mandatory Schemes

Health Insurance for Civil Servants

The Ministry of Finance has implemented a mandatory nationwide health insurance scheme for current and former civil servants and their families since 1972. The scheme is funded by the national government budget and covers 80 percent of service costs incurred at public facilities and contracted private facilities. Enrollees pay the remaining 20 percent to facilities at the time of service. Some public sector agencies have created voluntary supplementary health insurance schemes like the *Mutuelle de Santé des Agents de l'Etat* (MSAE) that cover some of the costs that the mandatory scheme does not cover (Tine 2014).

The mandatory scheme covers services that include consultations, paramedical, examinations, cesarean sections, hospitalization, surgery, and dental care (République du Senegal 2013). Medicines are not covered.

The HFG team did not identify a detailed list of services covered by this scheme and therefore could not perform a corresponding crosswalk analysis. However, although the list of covered services is quite high level, it is noteworthy that delivery by caesarean section is explicit and is also listed in Senegal's EPHS.

Social Health Insurance for Private Employees

Social Health Insurance Systems (*Institutions de Prévoyance Maladie*, IPMs) were created in 1975 to provide health insurance to private sector workers and their families. IPMs are fully financed by direct payroll contributions from the employee and employer and equal 6 percent of the employee's salary. It is mandatory for a business with at least 100 employees to create an IPM or join an existing IPM if the numbers are low. IPMs pool the contributions of employees and employers from one or more IPMs. After registering with the Ministry of Labor and the Old-age Pension Fund (IPRES), companies manage their own IPMs as autonomous health funds. Depending on its capacity, an IPM covers 40-50 percent of claims cost. According to Senegal's National Health Accounts, IPMs account for 51 percent of spending at private outpatient clinics (République du Senegal 2013). The challenges of these schemes are weak management and governance, and small, fragmented risk pools.

Services covered under IPMs include consultations, paramedical, examinations, delivery cesarean sections, hospitalization, surgery, dental care, generic and specialty medications, and eyewear (République du Senegal 2013).

The HFG team did not identify a detailed list of services covered by this scheme and therefore could not perform a corresponding crosswalk analysis. However, although the list of covered services is quite high level, it is noteworthy that delivery by caesarean section is explicit and is also listed in Senegal's EPHS.

Health Insurance for Students

The mandatory health insurance scheme for students is implemented by the Ministry of Education and funded by the national budget. Under the scheme, students receive free care at university clinics and free hospitalization in public health facilities. The government is obliged to cover 100 percent of the service cost, but students sometimes have to pay for drugs and other additional costs.

Community-Based Health Insurance: *Mutuelles de Santé*

Community-based health insurance (CBHI) schemes (*mutuelles de santé*) have existed in Senegal since at least the 1980s. They provide financial risk protection for informal workers and rural populations who are not eligible for the mandatory health insurance schemes (Mbengue 2014).

A CBHI scheme is funded by premiums collected from individuals. Funds are pooled at the community level, and managed by the Ministry of Health's CBHI Technical Support Unit (*Cellule d'Appui à la Couverture Maladie Universelle*, CACMU).

In accordance with Senegal's Universal Health Coverage Strategic Plan 2013-2017, a National Health Solidarity Fund (*Fonds National de Solidarité Santé*, FNSS) will manage government subsidization of *mutuelles* and the development of partnerships between *mutuelles* and decentralized financing institutions that provide guarantee mechanisms such as credit and savings. This reform could also facilitate the sharing of larger risk pools.

The services covered by the scheme include a basic package, provided at health posts and health centers, and a complementary package, provided at hospitals:

Basic package:

- Outpatient care (consultations, nursing care, and minor surgery)
- Generic drugs
- Specialty drugs
- Maternity /childhood (antenatal and postnatal cares, family planning, birth delivery in health facilities)
- Hospitalization
- Transport (medical transportation for transfer from one health facility to another)
- Outpatient care in private health facilities

Complementary package:

- Outpatient care (consultations, nursing care, and minor surgery)

- Outpatient care (biomedical analysis and exams, radiography)
- Generic drugs
- Specialty drugs
- Maternity /childhood (antenatal and postnatal care, family planning, birth delivery in health facilities)
- Caesarean, surgical care, hospitalization
- Transport (medical transportation for transfer from one hospital to another) (Tine 2014)

The HFG team did not identify a detailed list of services covered by this scheme and therefore could not perform a corresponding crosswalk analysis. However, although the list of covered services is quite high level, it is noteworthy that maternity/childhood, nursing care and family planning are explicitly listed as benefits covered by *mutuelles*. This suggests that *mutuelles* prioritize family planning, maternal and newborn services which are listed in Senegal's EPHS.



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.

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