Viable health insurance for the rural poor in Africa
Experimenting a new model in Senegal beyond the limits of community health insurance

The PAODES project
- Belgium and Senegal
- 2012 – 2017
- € 17 million
- Health insurance for the rural poor
- Organising health services

Partner: Senegalese Ministry of Health
- Reforming the financing structures of health care
- Installing a health insurance system
- Rationalising basic health care services

The PAODES pilot model
Departmental Health Insurance Units (DHIU) are the building-blocks of the health insurance scheme.

General health system theoretical model
- Audits
- Quality of care
- Financial control
- Payments
- Invoices
- Performance indicators
- Small co-payment ticket

Health insurance evaluation
A health insurance system should be designed and evaluated taking into account seven interdependent parameters.

Takeaway
Large-scale health insurance for the informal sector can be efficient if:
- operated by professional teams
- digitally managed
- significantly subsidised by government so as to allow poor people to enroll
- embedded in a nation-wide institution
- it has a public purpose

Health insurance coverage rate after two years: 64% (more than 300,000 people).
Health insurance is financially viable at 30% coverage.
Utilisation of primary care up from 0.6 to 1.2 consultations per person per year (insured people).

Public fund
- Government funding (taxes)
- Development partners

Health facilities
- Audits
- Quality of care
- Financial control
- Payments
- Invoices
- Performance indicators
- Small co-payment ticket

PAODES intervened in four health districts totalling 480,000 people.

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30%
x2

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Government and PAODES subsidies
- Government (
- PAODES

Direct payments of non-insured patients
- Health facilities
- (district hospitals & health centres)

Financial contributions from the people
- Small payments by insured patients

Smaller co-payment ticket

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Portability
Package of care

Utilisation of primary care up from 0.6 to 1.2 consultations per person per year (insured people).

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Penetration rate
Retention rate
Reimbursement rate
Financial viability