

# 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

- Koungheul
- Foundiougne
- Passy
- Sokone

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

**64%**

Health insurance coverage rate after two years: 64% (more than 300,000 people).

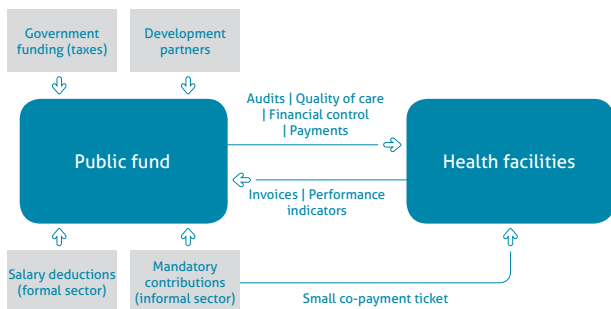
**30%**

Health insurance is financially viable at 30% coverage.

**x2**

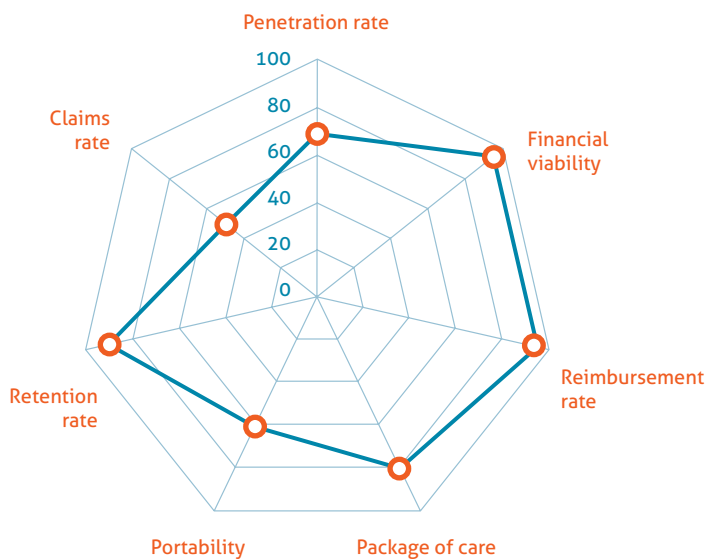
Utilisation of primary care up from 0.6 to 1.2 consultations per person per year (insured people).

## General health system theoretical model



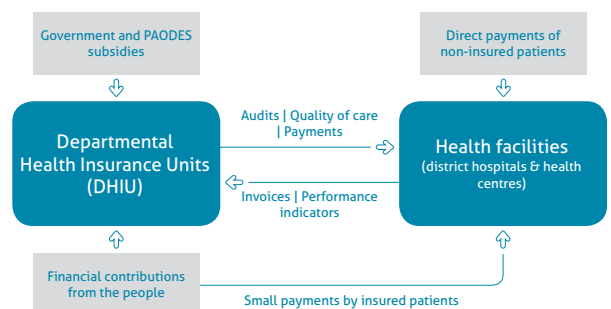
## Health insurance evaluation

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



## The PAODES pilot model

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



## 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 nationwide institution



it has a public purpose