

# Viable health insurance for the rural poor in Africa

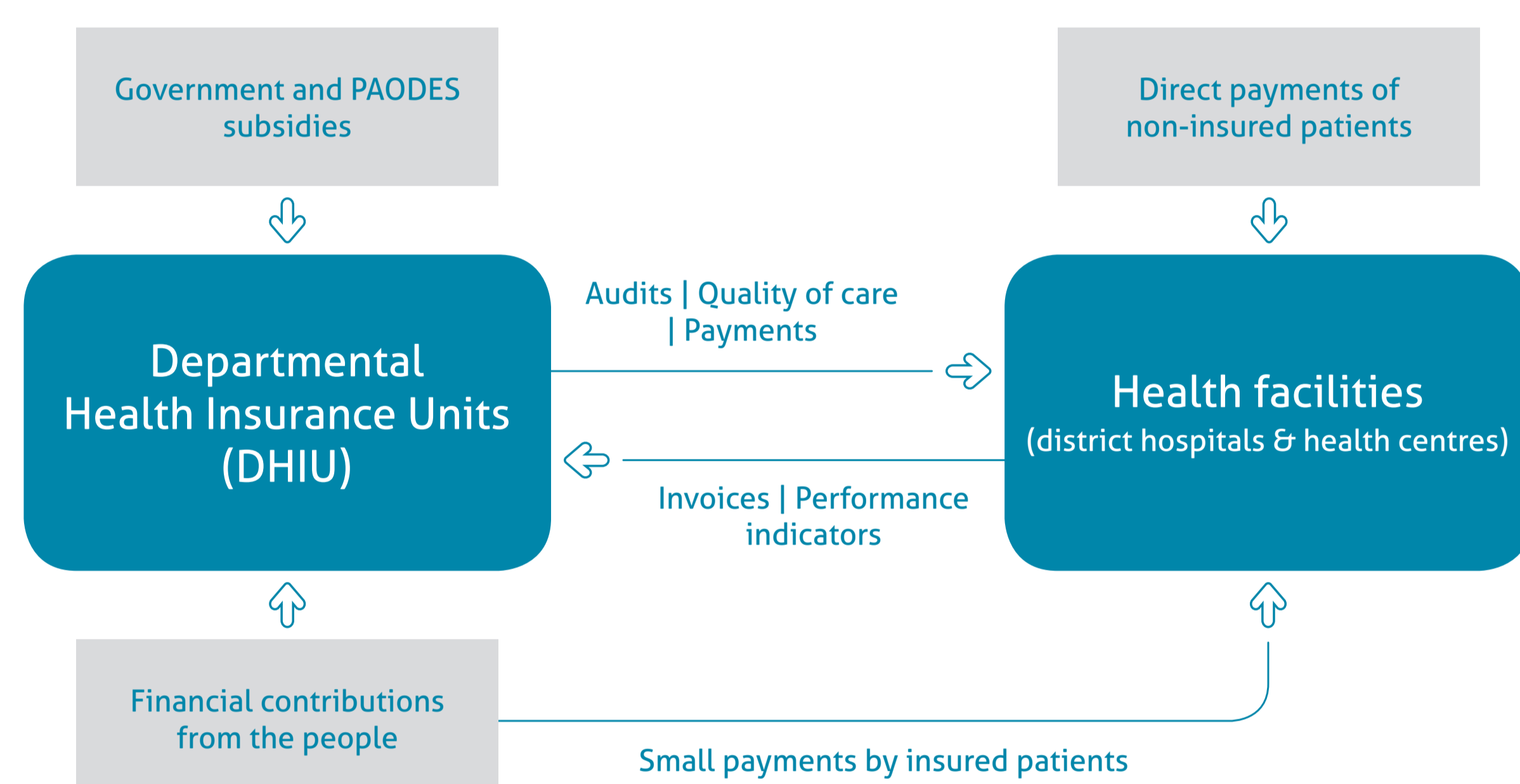
Experimenting a new model beyond the limits of community health insurance

## Takeaway

**Large-scale health insurance** for the informal sector can be efficient if it is **operated by professional teams** (and digitally managed), if it is **significantly subsidised by government** so as to allow poor people to adhere, if it is **embedded in a nation-wide institution** and if it has a **public purpose**.

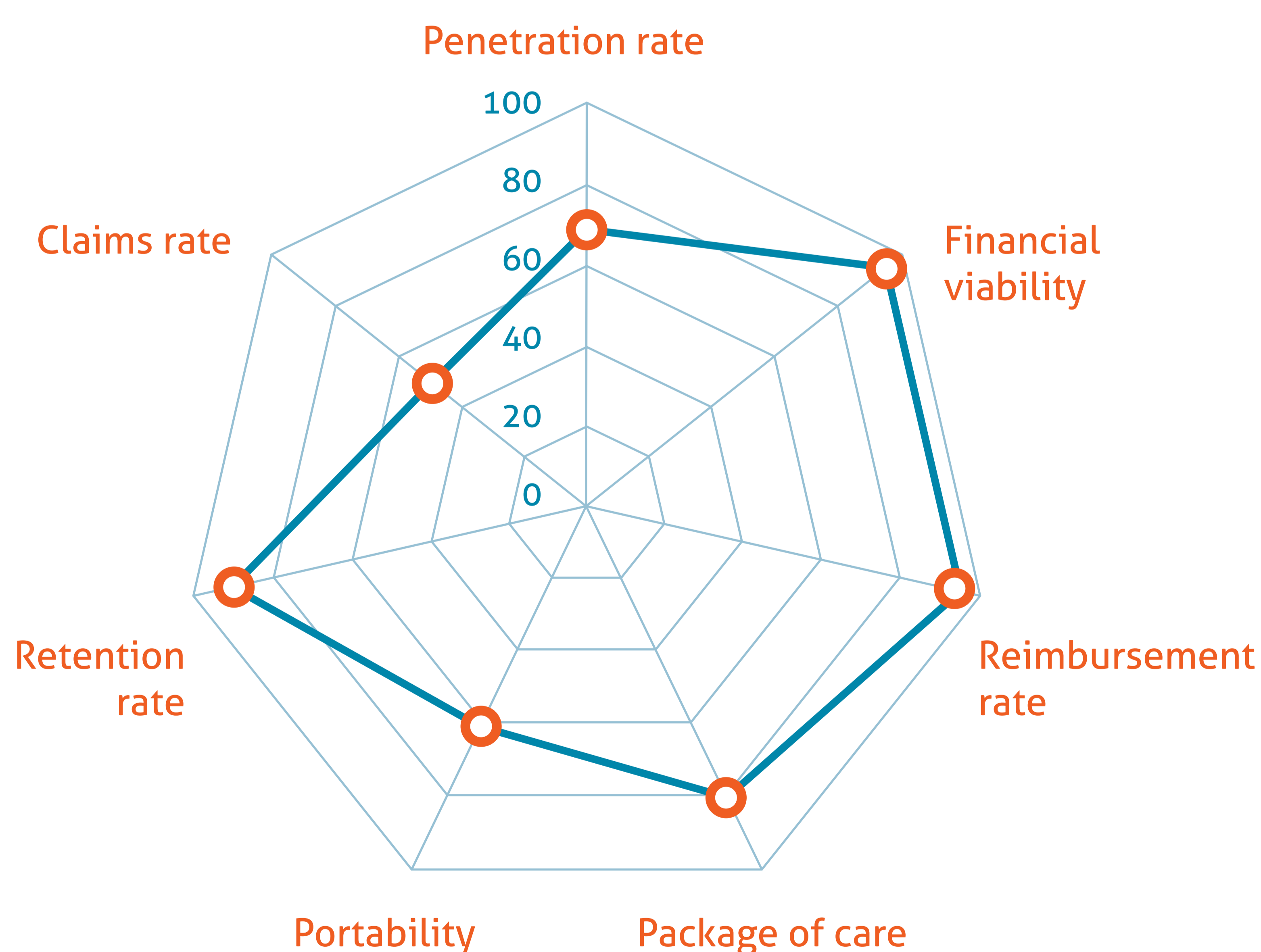
## Piloting the operational unit

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



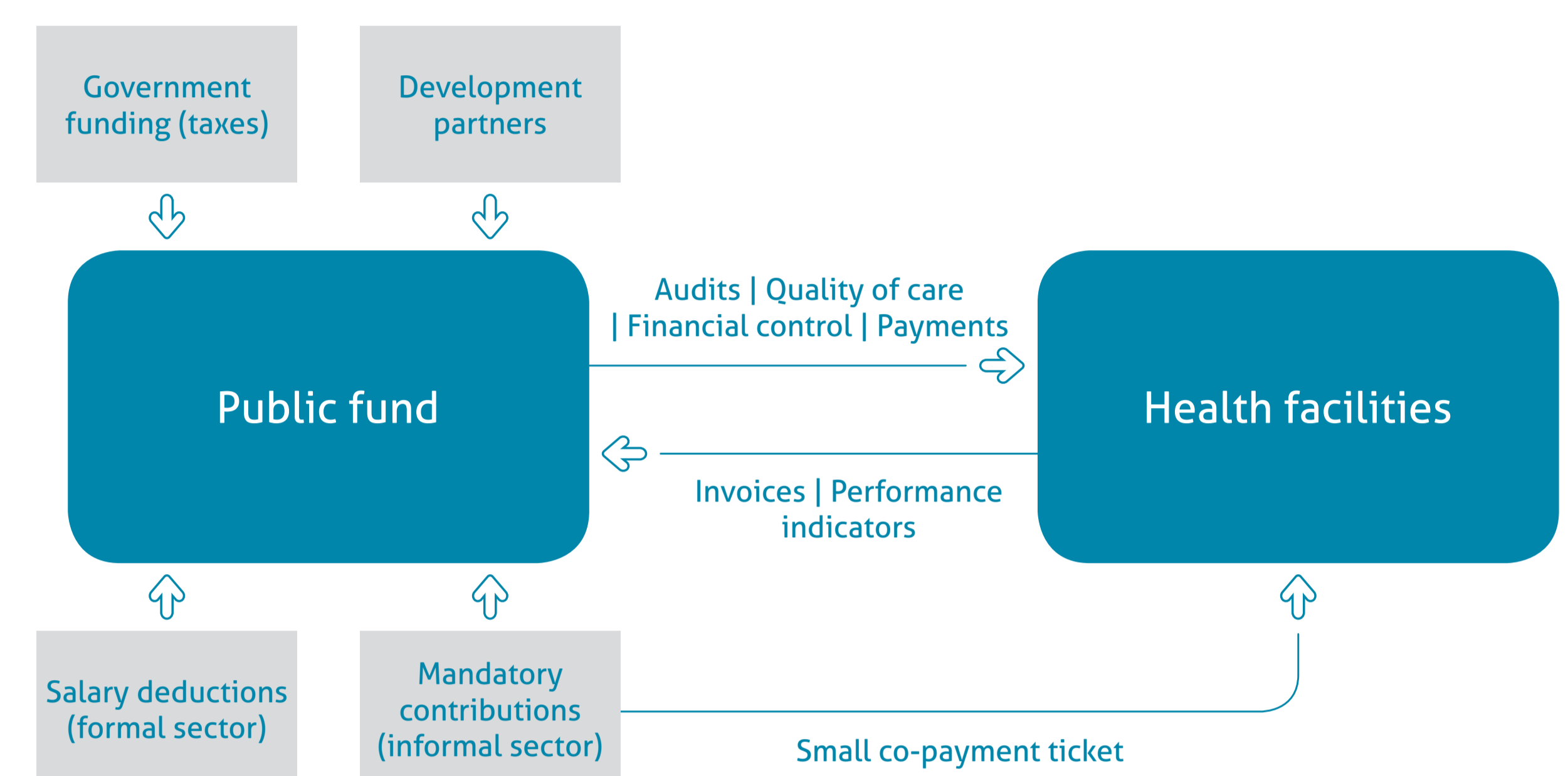
## Health insurance evaluation

Seven interdependent parameters

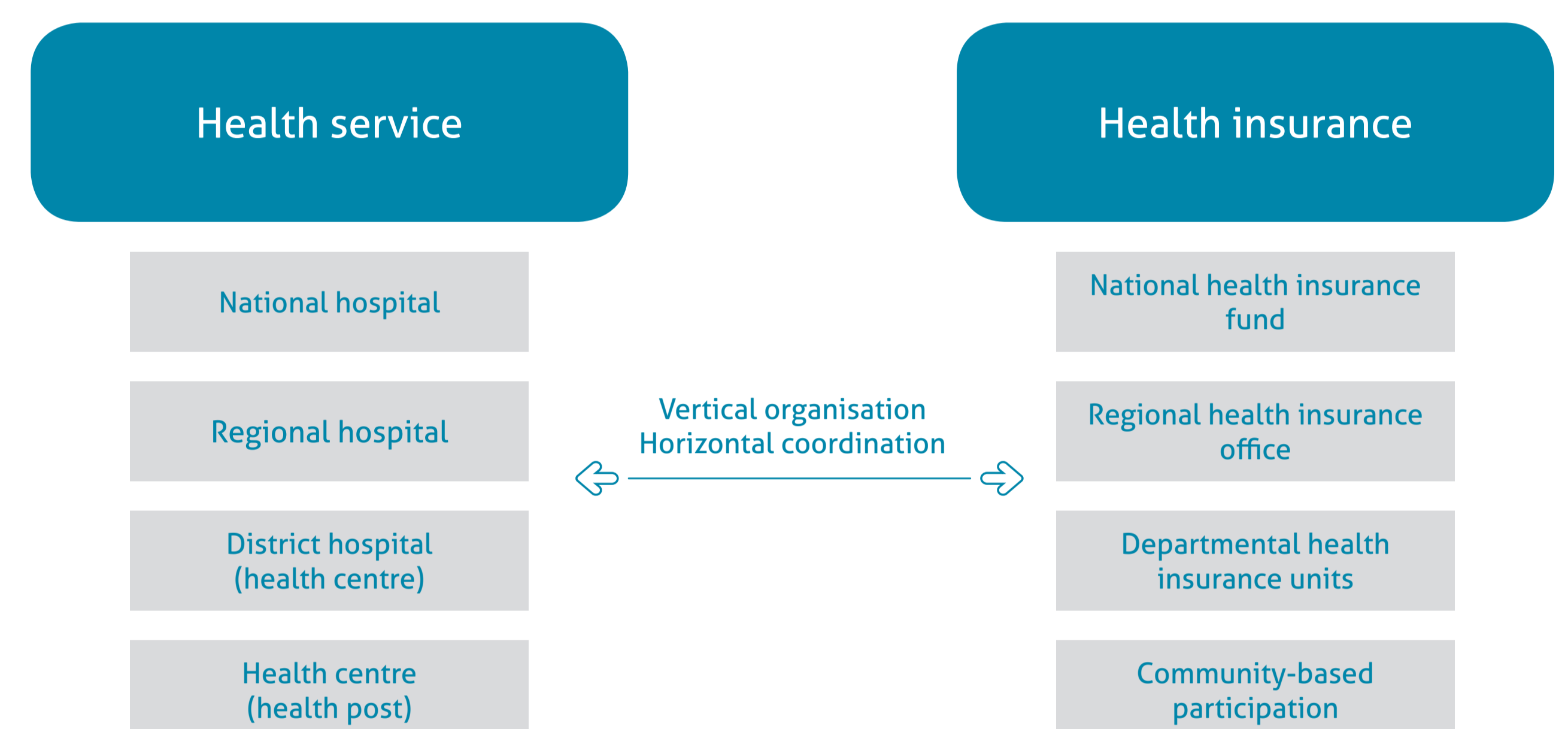


## Modelling the initiative

General health system model



A tiered health insurance articulating with the tiered health service



## Results

- **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).**

## Conditions

- An inclusive fee-paying system (flat fees) protects health insurance schemes against ever increasing invoices as a result of medicalisation of patients and commercialisation of health care.
- Health insurance and quality of care go hand in hand and should be addressed simultaneously.
- Governance determines all systems. Large-scale health insurance cannot exist and function without the government addressing at least technical and procedural matters with regard to governance.