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.

Modelling the initiative
General health system model

Health service
- National hospital
- Regional hospital
- District hospital (health centre)
- Health centre (health post)

Health insurance
- Vertical organisation
- Horizontal coordination
- Payment mechanisms
- Site and structure

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.