Hospital Based Insurance Scheme of Mutolere, Uganda

Issue of financial sustainability in vertical linkages with subdistrict level

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OVERVIEW OF THE PRESENTATION

- Basic information
- Assessment of performance
- Stakeholders & Linkage
- Future perspectives
- Challenges
- Conclusion

BASIC INFORMATION

- Mutolere rural Hospital
- Population 100.000 / 240.000
- Livelihood agriculture
- Main health problems

Mutolere Prepayment Scheme

Started in 1999, stimulated by:

- Reduced patient attendance due to hospital fees
- Poor incomes for the local communities
- High patient debts
- Advice by M.O.H. with support from D.F.I.D.
- Part of pilot in various hospitals in Uganda

OBJECTIVES

- Improve access to health care for the local communities.
- Provide a stable source of funding for the hospital and reduce its problem of bad debts (long term)

Implementation

- CHI Membership based on existing ingobyi groups:

  - principle of Solidarity / Risk pooling

- Group representatives involved in design (benefit package, premiums)
- Using member groups for sensitization / promotion

BENEFIT PACKAGE

- Out patient and in patient care at Mutolere hospital.
- Chronic diseases, only when the patients attend regular clinics for their diseases.
- Complicated/abnormal deliveries and caesarian section covered at full cost.

EXCLUSIONS

- Eye glasses
- Cosmetic dental care
- Cosmetic surgery
- Ambulance
- Private rooms on ward
- Family planning
- Referral to other providers
- Transporting bodies for burial

PREMIUMS & CO-PAYMENTS;

The membership rates per three months period

Family size	**Premium 2006**
1-4 members	6,000/= ($ 3.5)
Every additional member	1,500/= ($ .9)
Co-payment: out patient	500/= ($ .3)
Co-payment: In patient	3,000/= ($ 1.8)
	The last two, are paid per episode of illness.

Requirement: 60% of the group to enroll to avoid adverse selection

year	groups	individuals
1999 - 2000	9	1040
2000 - 2001	13	2424
2001 - 2002	18	3231
2002 - 2003	19	3621
2003 – 2004	18	3288
2004 – 2005	9	2232

ASSESSMENT OF PERFORMANCE

- **Efficiency**
- **Accessibility (- equity)**
- **Quality**
- **Sustainability**

CAPACITY

- **Hospital Capacity good**
- **Scheme Coverage limited**
- **Scheme Capacity limited**
  - **HR**
  - **Management**
  - **Equipment**
  - **Budget**

Stakeholders

Community

Providers

Government (L + C)

CBHFA

Linkage with MoH (L+C)

- Mutolere Hospital is a referral for both Gov,t and NGO units.
- District officer is on the Board.
- We are invited by MOH for workshops and conferences on Health Insurence.
- MOH is to launch a Social Health Insurance .

Link with Social Health Insurance

- SHI, 1st Phase: formal sector in Kampala only
- CBHFA involvement: discussion and suggestions
- Mutolere hospital would be provider to SHI.
- Bottleneck: Competition between SHI & CHI
- SHI promotion has effect on CHI as well, and vice-versa.

FUTURE PROSPECTIVES

1) Expansion of Mutolere Scheme.

a) Inclusion of LLU

b) Increase membership by;

- sensitisation
- different units of enrolment
- right premiums

c) Capacity building ;

-training staff members and communities.

-empowering communities

=> Requisite: External support; Managerial, technical, and financial.

FUTURE PROSPECTIVES

2) Develop a collaboration of all stake holders at various levels:

. National

. District

. LLU

. CBHFA

. Communities

FUTURE PROSPECTIVES

3) Integration in SHI ??

- SHI to cover formal sector.
- CHI to cover informal sector.
- Win-win situation with the overall objective: access for all.

Challenges

- Integration with ‘free’ government service
- Increase members including the poor.
- Reduce adverse selection
- Include preventive measures (eg malaria)
- Increase financial sustainability.
- Form a district wide scheme.
- Link with SHI.