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Photo credit: Ayenew Haileselassie
Women CBHI members and their children access health care services at a health facility in Dillo Woreda, Oromia Region

USAID Health Financing Improvement Program Contributes to Gender Equality and Women's Empowerment in Health Care Financing Activities in Ethiopia

The USAID Health Financing Improvement Program produced a gender analysis and strategy in its first year of implementation to ensure that its core activities supporting the Ethiopian government to strengthen and institutionalize health financing functions and systems considered gender equality and women's empowerment.[1] Over the life of the Program, it has worked to advance gender equity and women's empowerment in alignment with this strategy, including advocating for the greater inclusion of women where there were observed gender imbalances.

The Program's gender analysis found that leadership, managerial, and board member representation in Ethiopia's health care system are typically male-dominated. Therefore, getting strategies, legal frameworks, and implementation manuals in place that promote and require women's representation are important steps toward institutionalizing change:

- The Program provided technical assistance to the Ethiopian Health Insurance Service (EHIS) in mainstreaming gender in its Health Insurance Strategic Plan (2020/21-2024/25). It marks the first time gender was included as a mainstreamed, cross-cutting issue in an EHIS strategic plan.

[1] USAID Health Financing Improvement Program. September 2019. *USAID Health Financing Improvement Gender Analysis and Strategy.* Rockville, MD: USAID Health Financing Improvement Program, Abt Associates.

- The Program provided technical assistance to the Ministry of Health (MOH) in revising the national-level Health Care Financing Reform Implementation Manual (2020). During the process, the Program advocated to the MOH to incorporate gender-related updates to make women's inclusion on health facility governing boards mandatory. As a result, the revised manual stipulates that health facility governing boards must have at least two women members. All regions used this manual to update their regional-level manuals. The Program also provided technical assistance to health facilities, woreda (district) administrations, and woreda health offices (WorHOs) to follow the manual when conducting HCF activities. The percentage of health facilities with two or more women board members increased from 35.8% in the first year of the Program to 46.7% in Year 4.

  Greater inclusion on boards enhances women's participation in health facility governance and decision-making processes, including how health budgets are allocated and used, the quality of service delivery, and overall health facility oversight. Women board members also tend to advocate for increased health facility budget allocations and spending to improve the quality and availability of health services geared toward women—especially if they believe the facility's budget allocation for women's services is disproportionately low.

- Under the USAID Health Sector Financing Reform/Health Financing and Governance Activity which preceded the current USAID Health Financing Improvement Program, Abt Associates provided technical assistance to EHIS in updating the Community-Based Health Insurance (CBHI) Implementation Manual (2017). It ensured that the manual stipulated that CBHI boards must have at least one woman member, a step in the right direction to promote inclusion. Building on this work, the Program advocated to woreda administrations and CBHI schemes to follow the manual. Each year over the life of the Program, 100% of CBHI scheme boards in the country have had at least one woman member.

  CBHI boards oversee CBHI scheme operations in a woreda and make decisions to address local CBHI implementation challenges. Women's participation on CBHI boards contributes to a diversity of perspectives in board decision-making and functioning, and to the likelihood that women's and gender-related issues will be elevated to the board. Women may also influence CBHI boards to escalate these issues to the General Assembly, which is the higher-level decision-making body in the woreda's CBHI structure that boards report to.

The Program's gender analysis found there is gender inequality in accessing health care services in Ethiopia due in part to gender norms that give men disproportionate control over household finances and decision-making. CBHI helps alleviate this imbalance. Recent studies by the USAID Transform: Primary Health Care Activity and MERQ Consultancy found that CBHI improves women's ability to seek and access services at health facilities without a male head of household by removing financial and approval constraints.[2,3] This is in part because CBHI members pay an annual contribution to be enrolled in the insurance program but nothing at the time of seeking care for services covered under the benefits package. The Program provided technical assistance to EHIS in refining, further rolling out, and institutionalizing CBHI, and in doing so contributed to the empowering benefits for women that CBHI also provides. Included in this work, was technical assistance in:

- The nationwide scale-up of CBHI, including its expansion to pastoral and urban settings—the number of woredas implementing CBHI increased from 351 in Year 1 to 929 in Year 4;

2 Lyn Messner, Heran Abebe Tadesse, Pragati Godbole-Chaudhuri, Dustin Smith, and Diana Santillán. 2019. Women's Economic Empowerment and Community-Based Health Insurance: Lessons from Ethiopia, Technical Brief. Rockville, MD: EnCompass, LLC.

3 Alula M. Teklu, Yibeltal K. Alemayehu, Girmay Medhin, et al. 2021. The Impact of Community-Based Health Insurance on Health Service Utilization, Out-of-Pocket Health Expenditure, Women's Empowerment, and Health Equity in Ethiopia: Final Report. Addis Ababa, Ethiopia: MERQ Consultancy PLC.

- Developing and operationalizing CBHI legal frameworks, guidelines, and strategies that underpin CBHI implementation and support its institutionalization;
- Training and coaching in CBHI implementation, governance, financial management, data management, and auditing;
- Generating evidence and learning that informs local decision-making on ways to adapt and refine CBHI, and strengthen its financial viability; and
- Increasing the number of women-headed indigent households included in the CBHI program, as described below.

To improve equity and inclusion in the CBHI program, regional governments and woreda administrations provide a targeted subsidy to cover enrollment contributions of indigent households that are unable to pay. Kebele (sub-district) administrations select indigent households using set criteria, and woreda administrations review and approve the list of households that kebeles select to receive the subsidy. When Abt Associates assisted EHIS in developing the CBHI implementation manual described above, a provision was included that requires regions and woredas to budget for the targeted subsidy. However, regions and woredas often experience budget constraints, and the amount of budget they allocate for the targeted subsidy can fall below what is needed to cover all indigent households in their areas.

- The Program provided technical assistance to regional health bureaus (RHBs) in adapting the CBHI implementation manual for use in their local contexts. When doing so, it updated the criteria kebeles must use when developing the list of indigent households to receive the targeted subsidy so that women-headed households are given priority. As a result, women-headed households are more likely to receive the subsidized CBHI membership when the number of indigent households outstrips the available subsidy budget. In addition, the Program advocated for the inclusion of more women-headed indigent households receiving the targeted subsidy to increase their overall inclusion in the CBHI program. The percentage of contribution-exempt, women-headed, indigent households enrolled in CBHI out of the total number of contribution-exempt indigent households increased from 30% in Year 1 to 43.1% in Year 4.

Maternal care services such as delivery at a primary health care facility, antenatal care, and postnatal care are included in Ethiopia's package of exempted health services, which means all women can access them free of charge at public health facilities regardless of their level of income. Each year, RHBs and WorHOs are supposed to allocate budget to reimburse health facilities for the costs they incur providing exempted services. However, due to funding shortages and competing priorities for use of the limited budget, RHBs and WorHOs often fail to allocate adequate budget to cover the costs of the exempted services. As a result, health facilities are not always reimbursed for the exempted services they provide, which can jeopardize their ability to make the services available. To help address these challenges the MOH has established a committee that includes representatives from USAID, the Program, and others that will examine the core causes and propose solutions. Currently in its fifth and final year, the Program continues to use available opportunities to advance gender equity and women's empowerment in its work.

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