



Photo credit: Ayenew Haileselassie, Abt Associates

CBHI member presents his CBHI card to get a prescription filled at the Mehoni Primary Hospital pharmacy, Raya Azebo, Tigray

Harari launches CBHI - the first breakthrough in the eastern regions of Ethiopia

In March 2020, Harari Region launched CBHI through a regional-level scheme incorporating five of its nine woredas initially, whose combined enrollment rate was 31%, below the established enrolment rate of 50% recommended by the CBHI regulations to launch a scheme. The regional government made the bold decision so eligible households could see the benefits of CBHI membership, bearing the risk of financial deficit on itself.

Harari Region in eastern Ethiopia is home to 256,645 people in 65,760 households in three rural and six urban woredas. Of these, 47,803 households earn a living from the informal sector, the criterion for eligibility to join Community-Based Health Insurance (CBHI). Harari initiated the planning for introducing CBHI in the region back in 2017. Since then, woreda health administrations in Harari were conducting community mobilization for the advance (early) registration of eligible households in CBHI, while the Regional Health Bureau, with support from the USAID Health Financing Improvement Program, was preparing its staff with orientation workshops on CBHI activities. However, only an average of about a quarter of the eligible households in the nine woredas of the region initially enrolled for CBHI.

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A key reason for this low initial enrollment is explained by the lack of a practical understanding about the benefits of CBHI among the residents in Harari and the surrounding areas. While CBHI has gained an extensive rollout in the highland regions, its introduction in the Developing Regional States and eastern regions needs a careful consideration because of the relatively under-developed public health delivery systems there. However, Harari regional leadership felt more committed lately to launch the CBHI program, so as to boost up population demand for essential health services and motivate their better accessibility to and utilization of needed health care.

Thus, weighing on both the financial sustainability risks resulting from small CBHI pools as well as the critical importance of launching the CBHI program, Harari regional administration took the bold decision to adapt the law and create a regional-level CBHI pool - initially with the five woredas with higher enrollment numbers.

On March 11, 2020, the regional executive council approved a regulation—developed with support from the USAID Health Financing Improvement Program—to authorize the creation of a regional-level pooling with the five high-enrollment woredas initially. Under this approach, woredas will be responsible for enrolling their eligible households on behalf of the regional scheme, including identifying and registering non-paying (unable-to-pay/indigent) households. The regional scheme staff will be responsible for other major activities, such as calling a general assembly, managing the CBHI bank account, contracting with health facilities, and reimbursing health facilities for services rendered to CBHI members and their dependents. The regional scheme staff consists of three staff—

Coordinator, Finance Officer and Data Manager, while each participating woreda has a position for a CBHI Coordinator.

The five woredas for the initial regional scheme achieved an average enrollment of 31% (10,460 households) collectively. “Nevertheless, the regional government decided to launch the scheme with less than the recommended rate of enrolment—despite the potential financial viability risks—to demonstrate to the people the benefits of joining the insurance scheme,” said Abdul-Aziz Mohammed, the Program’s Regional Director for Dire Dawa, Harari, Afar and Somali regions.

The new regional CBHI scheme officially launched with a general assembly on June 6, 2020, enabling beneficiaries in Abadir, Shenkor, Erer, Sofi and Dire Teyara woredas to access health care services with financial protection. The general assembly met under modified conditions considering the COVID-19 pandemic by reducing the number of participants from 119 to 50 and enforcing the use of face masks and physical distancing. The remaining four woredas are expected to join the regional scheme in the coming years.

The USAID Health Financing Improvement Program has continued its support to the regional health bureau in adapting the CBHI financial and management manual.

Article from **Health Financing**, a newsletter produced by the **USAID Health Financing Improvement Program**. The Program collaborates with the Ethiopian government to further strengthen health financing functions and systems to support universal health coverage of quality primary health care services for Ethiopian citizens with reduced financial barriers. Abt Associates implements the Program in collaboration with core partners Breakthrough International Consultancy, the Institute for Healthcare Improvement, and Results for Development, and resource partner Harvard School of Public Health. Cooperative Agreement No.: 72066319CA00001. [USAID Health Financing Improvement Program \(hfip-newsletter.com\)](https://www.usaid.gov/press-releases/2020/03/11/usaids-health-financing-improvement-program)

This document is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.