



Pictures 2 & 3: Official launch of CBHI to be done in citizen meetings



Conclusions

Rwanda's CBHI scheme continues to be a stellar example of the country's commitment to universal health coverage. As Rwanda pursues the vision of transitioning to middle-income status, CBHI will continue to adapt. A growing formal employment sector will generate new revenue through taxes, some of which can help to sustain CBHI, but a well-educated and well-paid workforce will also demand more health care services of higher quality and shift toward private insurance.

There is still a need for partners to continue their support to CBHI in the following areas:

- ◆ **Expanding CBHI membership coverage:** To continue the expansion of CBHI coverage, there is need to support innovative communication strategies to reach target audience, with a special focus on those who are not enrolled and the most vulnerable, including the poor.
- ◆ **Improved service delivery:** It is vital to continue supporting RSSB efforts to ensure that Rwandans are financially protected from catastrophic medical costs, review and design appropriate benefit packages, explore alternate provider payment mechanisms, and ensure quality of service delivery for CBHI beneficiaries.
- ◆ **Automation:** Additional support is needed to help RSSB design and implement robust information systems and develop interoperability profiles for automated data exchange among 3MS, RSSB financial systems, health information management systems, electronic medical records systems, and the CBHI M&E system. These will be important data sources for actuarial studies and financial modelling and are vital for creating the resilience needed to adjust to the potential impacts of changes in premium categories, copayment policies, pool membership, and intervention coverage for women and children.
- ◆ **CBHI financial sustainability:** Continued support is needed for RSSB efforts to achieve CBHI financial sustainability through financial modeling and projections, policy development, and regular multistakeholder performance reviews to inform decision making in the short and long term.



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REPUBLIC OF RWANDA



MINISTRY OF HEALTH



USAID
FROM THE AMERICAN PEOPLE



CBHI Mass Media campaign and theatre music and drama to educate people about protecting family health through insurance

Integrating Community Based Health Insurance into the Rwanda Social Security Board to Build a Strong Foundation for Universal Health Coverage

The Rwanda Health Systems Strengthening (RHSS) Project (2014–2019) represents the US Agency for International Development's (USAID) continued commitment to supporting Rwanda on its journey to sustainable improvements in the health of its 12 million people. The overall goal of RHSS is to improve population health outcomes by strengthening the performance of the health system at the national and decentralized levels and by increasing the resilience of the health sector to respond to new health challenges. Implemented by Management Sciences for Health (MSH) and its partners, the project supports implementation of Rwanda's Fourth Health Sector Strategic Plan (2018–2024) and contributes to Rwanda's Vision 2020 for a health system that

One of the most successful interventions designed to provide universal health coverage to the citizens of Rwanda has been the establishment of the Community Based Health Insurance (CBHI) Scheme. This provides a basic package of primary care (preventive, promotional and curative) and referral services through a wide network public and some private health facilities at an affordable cost for those who can pay. To ensure equity the government of Rwanda funds CBHI premiums for indigents. Coverage of CBHI in Rwanda is among the highest in Africa with over 80% of the population participating in the scheme.

CBHI was managed by Ministry of Health (MoH) since its inception in 2004. In July 2015, the management of CBHI was transferred to Rwanda Social Security Board (RSSB) from MoH, in an effort to consolidate the management of the country's pension and insurance schemes (RAMA, CBHI and Pension), improve the efficiency of the CBHI

scheme and reduce administrative costs.

Specific objectives for the transition of CBHI to RSSB in 2015 included:

- ◆ **To create a separation of responsibilities between institutional players:**
 - ◆ Policy maker (MoH) – policy implementation (RSSB)
 - ◆ Purchaser (insurance) (RSSB) – service provider (MoH)
- ◆ **To reduce structural inefficiencies:**
 - ◆ **Decentralized management:** Previous to 2015, each mutual insurance fund, commonly known as “mutuelle”, was autonomous and managed independently in each administrative sector serving a specific health centre catchment population – with only a portion of the funds pooled to support referral care at the district and referral levels
 - ◆ **Inadequate pooling:** there was no effective national coordination mechanism to manage 500 autonomous pools at the sector level, 30 district pools and 1 national pool

Key RHSS supported interventions

As a key partner to both MoH and RSSB, USAID – through the RHSS project—played an important role in supporting the CBHI transition from MoH to RSSB. This brief outlines key RHSS interventions supporting the transition that included:

Dissemination of the CBHI sustainability study:

Completed towards the end of the IHSSP project, the USAID-funded CBHI sustainability study was disseminated during the Year 1 of the RHSS project. The study aimed to document the CBHI challenges and propose strategies for sustainability.

The study provided specific recommendations in the strategic areas of Enrollment and Financial sustainability that are summarized in the table below:

Population awareness Campaign: Prior to the transfer, there was widespread concern over a drop in CBHI enrolment rates decreasing from an all-time high of 90.7% in FY 2011/12 to 76% in FY 14/15 due in part to the introduction of a sliding scale of pre-

tion system. The M&E system provides a comprehensive database for regular reporting and monitoring of CBHI performance at all levels (CBHI sections, RSSB Branch, RSSB central). RHSS project worked with CBHI staff to select key indicators, design reporting formats, and develop the on-line system using the DHIS-2 platform and train CBHI staff at central and decentralized level to use the system for decision making.

CBHI Consultative Group: The RHSS project team promoted the establishment of a partner coordination mechanism called the CBHI Consultative Group and served as its secretariat. Key partners, including CHAI, WHO, RHSS Access to Finance Rwanda (AF), have established a Joint Action Plan with RSSB and meet regularly to monitor progress.

CBHI Standard Operating Procedures (SoPs): To support the CBHI transition and integration into RSSB, the RHSS project supported RSSB review of relevant organizational documents, policies, laws and other policy and operational frameworks in order to develop CBHI SoP’s that align with the CBHI transition to RSSB. The CBHI SoP’s were developed for all CBHI levels and cover key business processes such as registration and mobilisation, medical access and verification.

Key results

Increased public awareness about CBHI scheme: Enrollment has gradually recovered post transition to RSSB- currently at 86.4% in FY17/18. See the evolution of coverage in Figure XX. The three colored bars reflect the time frames of USAID’s performance based financing and systems strengthening projects implemented by MSH that supported CBHI.

Better control of administrative costs: In addition, the CBHI scheme has managed to maintain its administrative costs as a percentage of CBHI revenues at about 20% for the last 3 FY’s (2015-2018)

CBHI fully Integrated under RSSB: CBHI is now operating as one scheme, with funds managed in a single pool and fully harmonized and integrated un-

der RSSB. CBHI SoP’s have been developed that align with the CBHI post transition. .

Patient roaming- Medical access easier: CBHI affiliates can easily access medical care without referral at any health centre (patient roaming) even outside the patient’s catchment zone.

3MS Fully integrated in all CBHI sections and linked to online payment and mobile payment options: The linkage 3MS with mobile payment mechanisms provides a reliable platform that eases the burden on the population to pay premiums, saves costs as the CBHI beneficiaries no longer need to purchase CBHI membership cards, and simplifies beneficiary benefits validation because payment information is automatically linked to the membership list. CBHI section staff no longer need to engage in paper-based card validation and there is better visibility at the national level of the actual enrollment coverage rates in real time.

CBHI M&E system : Performance data are now collected on a regular basis (on enrollment coverage, registration, medical services utilization and claims/invoice status). It is now possible for decision makers at different levels to know how many invoices have been received from health facilities, how many have been paid and how many are still being processed. Key performance indicators can be displayed in near real-time using DHIS 2 dashboards.

Improved partner coordination: Through the CBHI Consultative Group, RSSB has an effective platform and monitoring tools to engage collectively with partners and ensure that everyone’s efforts are well aligned with RSSB’s strategic initiatives.

Table 1: Key strategies and recommendations from CBHI sustainability study

Strategic Area	Recommendations
ENROLLMENT	CBHI should be the national basic health care system mandatory for all Rwandans . All government benefits should depend upon active enrolment in CBHI. Beneficiaries should be able to pay in several small installments and the enrolment process should be simplified .
A. Universal Risk Sharing	
B. Central and Local Management & Mobilization	Local actors (Minaloc, CBHI) will be essential to the success of the system and require clear coordination with RSSB. The roles of volunteers should be professionalized and awareness raising techniques and tools should be strengthened
FINANCIAL SUSTAINABILITY	Public and private insurers should contribute to CBHI for each insured person and the centralized pool will need to have strict spending guidelines to reach sustainability.
A. Universal Risk Sharing	
B. Automation	A robust financial management information system (MIS) should be implemented eliminate the practice of incomplete premium payments and uncleared balances at year end . Cost control mechanisms will be necessary for hospital billing and automation is required. A database for collecting information crucial for actuarial assessments must be built in tandem with the financial MIS . This should be interoperable with existing systems at CBHI.
C. Management and Insurance	Although the CBHI impacts three key ministries, RSSB should drive the management changes to reach a more financially stable CBHI system. RSSB must play a bigger role in negotiating and assessing key prices in the insurance system. In order to protect itself from excessive costs due to outlier risks, RSSB should rely on reinsurance.

2.3.1.1 Partnering with RSSB to provide health services to CBHI Members

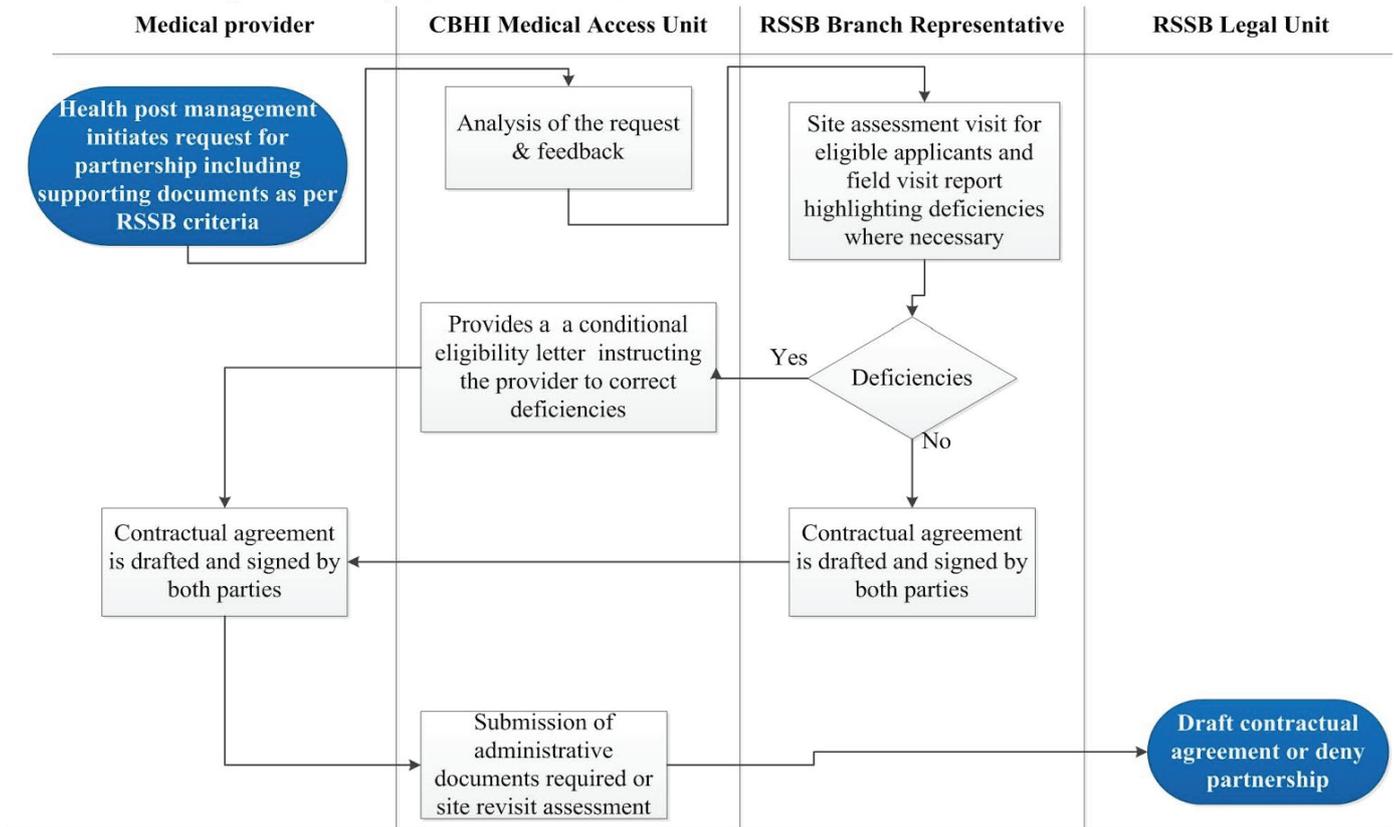


Figure 1: Sample flow chart for CBHI Standard Operating Procedure

of the RHSS project supported the RSSB to develop an initial enterprise architecture roadmap for automation to improve efficiency - prioritizing automation of key business processes, including: membership management, claims processing and overall CBHI performance monitoring.

During the third and fourth years, the project conducted a detailed business process analysis of CBHI's claims processing system and developed functional requirements for the selection or development of software. These requirements have been shared with the Price Waterhouse Coopers

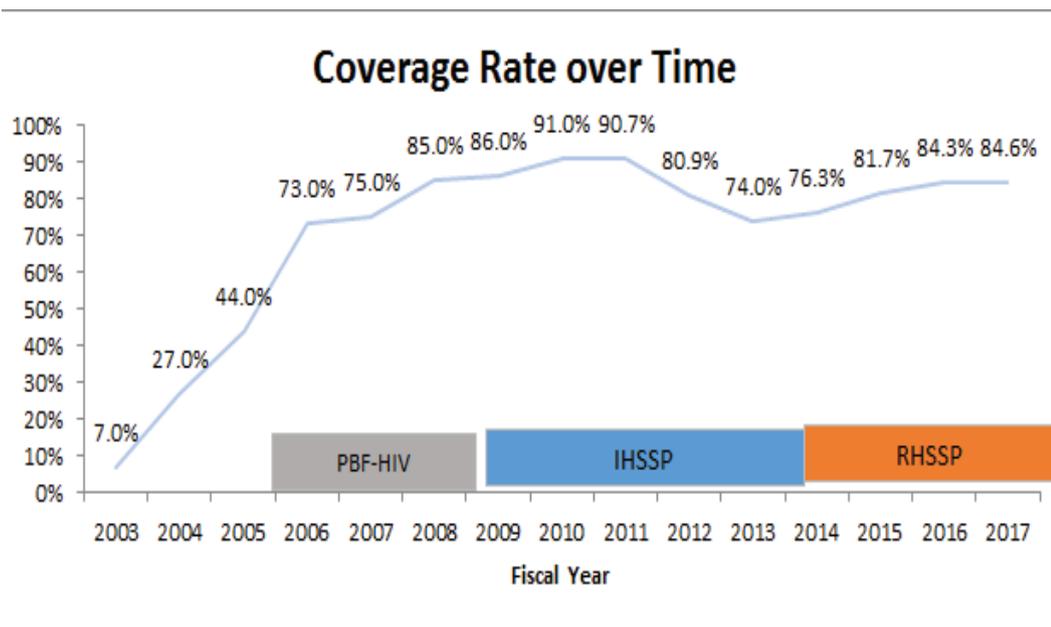


Figure 3: CBHI membership coverage rate over time

consultants who are now leading RSSB's overall enterprise architecture and business process re-engineering initiative and will lay a solid foundation for automating this critical function.

In the final years of the project RHSS supported the upgrade from Excel-based performance reporting to a fully functional web-based CBHI monitoring and evalua-