



World Health
Organization

REGIONAL OFFICE FOR **Africa**



Assessment of Medicine Pricing and Reimbursement Systems in Health Insurance Schemes in Selected African Countries

Assessment of Medicine Pricing and Reimbursement Systems in Health Insurance Schemes

Summary of Findings, Lessons and Recommendations

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Acronyms

| | |
|----------------|---|
| CBHI | Community-Based Health Insurance |
| CNAMGS | Caisse nationale d'assurance-maladie et de garantie sociale (National Social Health Insurance Fund of Gabon) |
| DRG | Diagnosis-Related Group |
| EFY | Ethiopian Fiscal Year |
| ERP | External Reference Pricing |
| ETB | Ethiopian Birr |
| FMHACA | Food, Medicine and Health Care Administration and Control Authority |
| FMOH | Federal Ministry of Health |
| GNI | Gross National Income |
| GOE | Government of Ethiopia |
| HAI | Health Action International |
| HC | Health Centres |
| HF | Health Facility |
| HH | Household |
| HIC | High-income Country |
| HP | Health Post |
| HTA | Health Technology Assessment |
| IRP | Internal Reference Pricing |
| IMF | International Monetary Fund |
| LIC | Low-income Country |
| MDG | Millennium Development Goals |
| MIS | Medical Insurance Scheme |
| MPDD | Medical Procurement and Distribution Department |
| MSH | Management Sciences for Health |
| NEML | National Essential Medicines Lists |
| NHA | National Health Accounts |
| NHIA(S) | National Health Insurance Authority (Scheme) of Ghana |
| OOP | Out-of-pocket |
| PE | Pharmacoeconomic (analysis) |
| PFSA | Pharmaceutical Fund and Supply Agency |
| PHC/U | Primary health care/Unit |
| RAMA | Rwanda's Medical Insurance Agency ("Agence Rwandaise d'Assurance Maladie") |
| RSSB | Rwanda Social Security Board |
| RWF | Rwandan Francs |
| USD | United States Dollar |
| WB | World Bank |
| WHO | World Health Organization |

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Concepts and definitions

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| Benefit package | The term 'benefit package' describes how services are organized into different levels of care in the public sector. It also defines the types of services that are considered as achievable for the country commensurate with its resources. |
| Capitation | Fixed payment to providers per person enrolled in the insurance scheme. Providers paid by capitation bear the financial risk of providing a defined package of services to their beneficiary population. |
| Case-based reimbursement (DRG) | Retrospective payment of an administratively predetermined amount per case or episode of illness. Individual services are bundled into distinct case categories that are reasonably homogeneous with respect to resource cost, and providers are reimbursed a fixed amount per case in each category. |
| Coinsurance | Percentage of the total charge for a service that those covered must pay for out-of-pocket. |
| Contribution mechanism | The means by which funds are mobilized for insurance. Sources of funds include allocations from general tax revenues, mandatory contributions for an identifiable insurance fund, and voluntary contributions. |
| Co-payments | Flat amounts that those covered must pay out-of-pocket for each service used. |
| Cost sharing | Any direct payment the users of health services make to the providers of services. Modalities of cost sharing include co-payments, coinsurance, and deductibles. |
| Coverage | This refers to the beneficiary population, for instance, the percentage of people who are covered by insurance or defined population groups (such as employees and dependents) who are covered. |
| Covered services | See benefit package. |
| Deductibles | Amount that those covered must pay out-of-pocket before the benefits of the insurance programme become active. |
| Excluded services | Services or methods of using services that are not covered in the benefit package of an insurance scheme. Individuals are liable for the full costs of excluded services. |
| External Reference | Also called cross-country referencing and international price comparison – |

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