

16. Health-related Solidarity Schemes

16.1 Employee-driven solidarity schemes

Al-Saba'in-Hospital employee scheme

Setting up the scheme: The scheme started in 1999, because employees of Al-Saba'in Hospital felt discriminated compared to other hospital employees who had free access to a broader spectrum of services offered by the health care providers they worked for. As Al Saba'in hospital offers only specialised mother-child- services, employees did not find free-of-charge treatment for their needs.

Members: All personal employed by the hospital participate in the solidarity scheme. The whole staff is 400 people

Financing: The solidarity scheme has three different sources of income:

1. Monthly contribution/salary deduction of 100 YR
2. Revenue from a telephone shop run by the scheme
3. Donations from rich patients, some companies, drug companies, and others

Source of income	Amount (YR)
Contribution	40,000
Telephone shop	60,000 – 80,000
Donations	≈ 200,000
Total	≈ 300,000

Total monthly spending: 300,000 YR:

Reimbursement in cash

Benefits covered: The Al-Sabain solidarity scheme offers financial support of 10,000-50,000 YR for employees in case of sickness.

Enrolees present their monthly expenditure for health to the committee of the scheme presided by Dr. Ali Gurab. The committee meets monthly, in case of need two times a month. Colleagues of a sick employee write a letter to the committee asking for help for the affected person.

Risk management: No risk management is in place in the Al Saba'in employee scheme.

Services: Besides the health benefit, the schemes pay certain allowances for special occasions, for instance 20,000 YR for marriage, 100,000 in case of death of the employee and 50,000 YR for death of any other family member.

Health care providers: All employees have special access to the health care services granted in Al-Sabain-Hospital. For all other treatments,

Provider payment: The employees' solidarity scheme does not realise any direct payment to providers.

Education Fund of Co-Operation

Setting up the scheme: Contribution collection started in June of 2005, and the first benefits were granted in August. The creation of the Fund is the result of a bottom-up process and obeys to the need of education staff to improve their preparedness for health care expenditure.

Members: Membership is voluntary, but 99, 73 % of the employees of the Education Office Sana'a – no only teachers, but also the supportive school staff - have enrolled and are willing to pay monthly contributions. However, the barrier to opt out is very low, the Fund has even prepared a letter in which

Financing: Financing relies exclusively on the affiliated enrolees who pay a monthly amount of 100 YR for being entitled to benefits. The contribution is deducted automatically from the payroll by the Education Office of Sana'a and transferred to a bank account. Contribution payment depends on the payment of salaries that uses to be delayed so that in the forth month only two contribution rates have been accounted.

Item	Amount
Monthly income until August	2,892,000 YR
Expenditure in August	1,338,000 YR
Financial goal	> 500,00 YR

Benefits covered: The health fund of education staff in Sana'a pays a variable allowance to those enrolees who need or have needed health care. The Fund has made available a list that defines the margin of allowance for the most relevant health problems to be tackled, for instance 100,000-150,000 YR for catastrophic diseases. Decision relies on the committee that meets the 15th of each month and also in case of necessity; no clear-cut criteria are defined, the committee says to decide according to the provider used and the total costs, and the current balance of payments is also taken in consideration.

Risk management: No risk management is in place except the overall limitation of available resources of the fund. The Fund plans to contract a physician for controlling and advice.

Services: The fund pays also allowances for wedding (30,000 YR) and the death of an employee (50,000 YR). 25 % of the funds resources are used for low-interest credits accessible for enrolees.

Health care providers: The Fund does not interfere into the selection of providers neither it has any direct contact or contract with them.

Provider payment: As benefits are paid directly to enrolees, the Fund does not realise direct payment to providers. Beneficiaries receive benefits in cash via checks signed by the General Manager, the General Secretary and the chairwoman of the health committee of the Fund.

16.2 Community-based Schemes

Community-based Health Insurance Taiz

Setting up the scheme: The project to implement a community-based scheme in the Governorate of Taiz is still in preparation and has not yet started in the field. This kind of health care benefit plan is expected to build an important step towards the extension of coverage to the excluded population majority in Yemen.

Members: Affiliation will be voluntary, and according to a survey realised in 2004 about 90 – 95 % of the interviewed families expressed their willingness to enrol. However, the expected affiliation will not be above 50 % of the target population of \approx 40,000 persons in 9 out of 30 uzlas in the district about 70 kms north from Taiz. The membership unit will be the household, understood as all family members who are living in the same house.

Financing: The community-based scheme will be financed by contributions from enrolees calculated as the sum of the capitation fee foreseen ($\approx 8,2$ US-\$ per year) and the expected administration costs (≈ 0.20 US-\$ per collection). Enrolled households are assorted in four groups:²

Family	Monthly contribution per month	Number acc. survey
Up to 3 members	3,2 US-\$	331
4-6 members	4,2 US-\$	661
7-11 members	4,8 US-\$	891
> 11 members	5,2 US-\$	116

The Social Fund of Development will support the implementation of the community health insurance scheme.

Benefits covered: The community health insurance scheme will cover all benefits available in the Governorate hospital in Al-Shamaytayn. This is general and specialised outpatient care as well as inpatient care for the four basic specialties.

Risk management: The scheme excludes all unavailable and, thus, expensive services as well as ambulance and transportation. Special assets and inputs, complicated operations and drugs will not be covered. Waiting lists are foreseen in order to reduce adverse selection.

Services: The community health insurance scheme in Al-Shamaytayn (Taiz) does not foresee any additional services except health care.

Health care providers: The hospital of Al-Shamaytayn will be the only provider for the community-based health insurance scheme, and it will deliver primary, secondary as well as tertiary level services. Different from the proposal, health centres will not be included in the initial provider network. Still the limited provider supply will face a high degree of corruption, because currently cost-sharing income is not distributed according to the rules, 69 % of the drugs are purchased outside the facility, and the hospital charges a series of unofficial fees from the users that amount nearly 40 % of total income. In the preparation phase of the scheme, the ministry staff detected that the management had exaggerated the number of patients and reduced charged income in order to receive a higher payment by the insurance scheme.

Provider payment: The Governorate Hospital will be paid according to a capitation system according to the number of beneficiaries affiliated to and covered by the scheme. The rate is estimated in 8.2 US-\$ per person and year (≈ 0.69 US-\$ per month).

² According to the survey, the ability to pay was about 2,8 US-\$ per family.