



**Lessons learnt and lessons to learn in the field of Micro  
Health Insurance in Africa**  
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# **Combating HIV/AIDS-related problems in Botswana: the potential role of micro health insurance**

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# Outline



## I. Introduction

- a) Effects of HIV/AIDS
- b) Insurability of HIV/AIDS
- c) MHI and HIV/AIDS

## II. Study

- a) HIV/AIDS in Botswana
- b) Data and methods
- c) Discussion of findings

## III. Conclusions and outlook



# I. Introduction

# Effects of HIV/AIDS



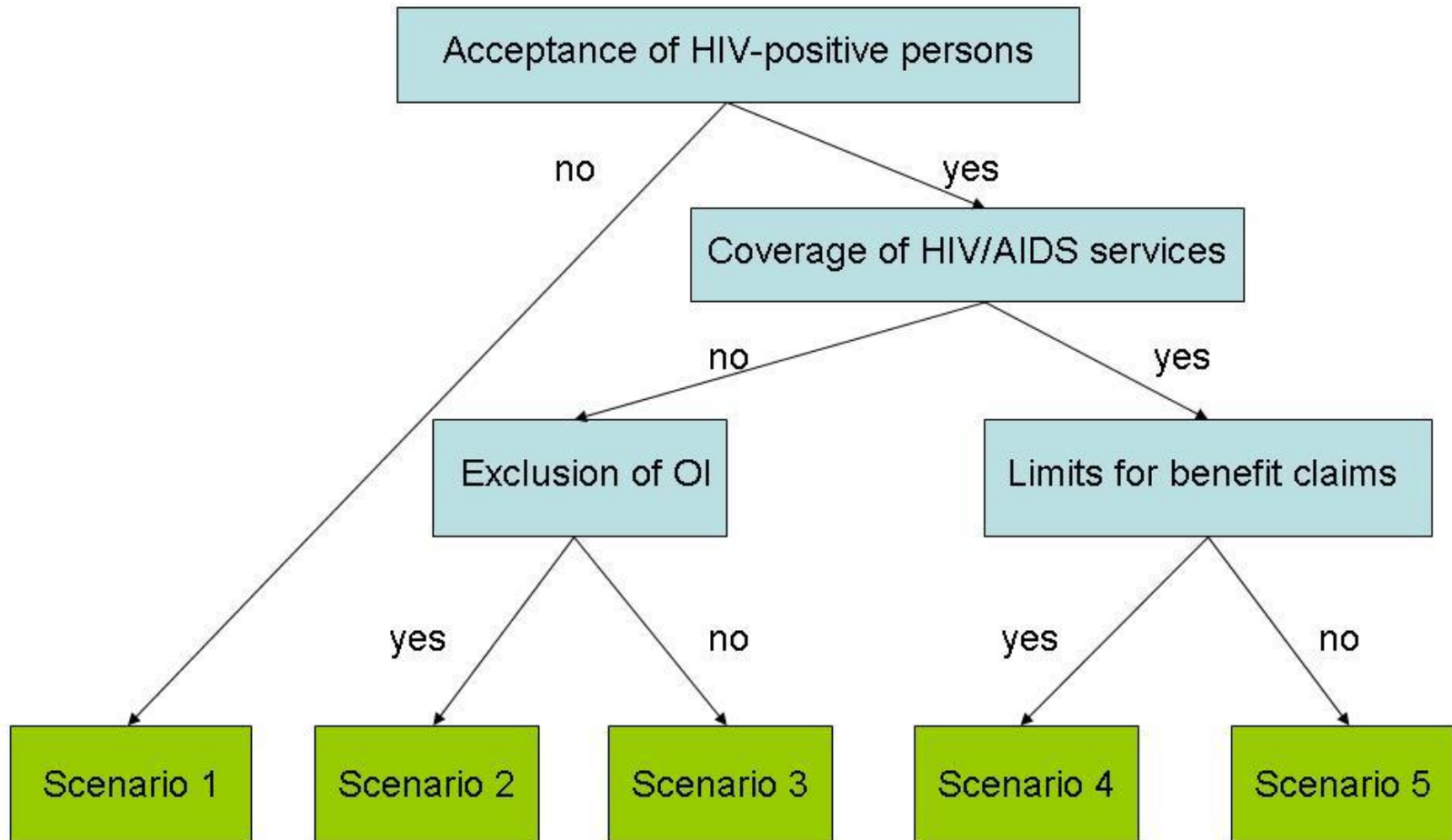
- HIV-infected people face:
  - Increased health care expenditures
  - Decreased income
  - Low quality of life
  - Early death
- MHI could alleviate these effects by:
  - Supporting financing of health care → protect against catastrophic healthcare expenditures
  - Facilitating access to treatment → improve health status, improve ability to work, prolong life

# Insurability of HIV/AIDS



- Epidemic extent in some countries → not independent
- Cost-intensive treatment → increased maximum and average loss
- Chronic condition → high frequency of losses
- Lack of a cure → constant burden for the risk pool
- → → HIV/AIDS cannot be covered by risk pooling alone, MHI need external support when covering comprehensive HIV/AIDS services

# MHI and HIV/AIDS



# MHI and HIV/AIDS



- Find balance between:
  - Being attractive for (potential) members
  - Provide financial protection
  - Maintain financial sustainability
- Potential areas of activity:
  - Prevention
  - Health services (comprehensive care only with external subsidies)
  - Social support



## II. Study

# HIV/AIDS in Botswana



- Prevalence: 27 % (2001)
- National response:
  - National program on HIV/AIDS (2001)
  - Prevention (awareness campaigns, free testing, free PMTCT)
  - Health services (free treatment)
  - Social support (food baskets, orphan care)
- Results:
  - Decrease of HIV adult prevalence rate (23 % in 2007) and mortality rate
  - Increase of patients with access to antiretroviral treatment

# HIV/AIDS in Botswana



- Despite positive developments: indications of possible shortcomings of the program
- Research questions:
  - Which are the shortcomings of the current national program on HIV/AIDS in Botswana?
  - How could MHI intervene to overcome these problems and to complement the national program?

# Data and methods



- Qualitative explorative study
- Study population
  - Low-income PLWHA in Botswana
- Informants:
  - PLWHA and persons without HIV-infection
  - Health care professionals
  - Others
- Data collection
  - Semi-structured one-on-one interviews
- Data analysis
  - MaxQDA

# Discussion of findings



Area	Deficits of the NP	Possible intervention of MHI
Prevention	Limited access to IEC in rural/remote areas	Offer IEC in rural/remote areas
Health services	Overload of public health care facilities and compromised care	Cover health care in private facilities (with restrictions for members, not useful when no access to private facilities)
	Limited access to tests and drugs	

IEC: Information, Education, Communication

# Discussion of findings



<b>Area</b>	<b>Deficits of the NP</b>	<b>Possible intervention of MHI</b>
Social support	Indirect costs (transport and food) with impact on access to health care, adherence to the treatment and financial situation of the patient	Provide critical illness insurance (payout in case of 1. infection with HIV, 2. outbreak of AIDS, 3. death)



# III. Conclusions and outlook

# Conclusions and outlook



- MHI can engage in a number of HIV/AIDS-related activities
- However: comprehensive coverage only possible with external subsidies
- In Botswana:
  - Unique situation because of high prevalence rate and comprehensive national program
  - High number of potential complementary services
  - Problems to be addressed:
    - Comprehensive feasibility study necessary
    - Willingness to pay for coverage of HIV/AIDS services among non-infected Botswana
    - Sustainability of current national program in doubt



# Thank you for your attention!

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# Discussion



- Botswana is a special case because of its national program; how is the situation in other countries?
- How do other MHI deal with HIV/AIDS?
- How can the sustainability of MHI covering HIV/AIDS services be guaranteed? Who could provide external support?