



RESEARCH PAPER

Affordable Health Care for Somaliland Civil Servants

Executive Summary

Introduction

Somaliland's health system is characterized by extreme underfinancing, low protection mechanisms for the poor's, lack of ways of risk pooling, and cost-sharing (CSC, 2018). This has resulted in inequality access to health care. Some of the significant challenges of Somaliland civil servants are a low level of salaries and outdated pay and grading structure. According to Somaliland CSC Head Count Report (2018), 94% of civil servants pay payroll tax. Almost 71% of civil servants have confirmed that they don't receive any allowance and benefits. Furthermore, 87% of government staff do not contribute to any form of social security while notably, 98% have stated that they don't contribute from their salaries towards medical insurance. Similarly, Somaliland National Development Plan I (2012-2016) and II (2017-2021) does not address any social security benefits and supporting legislation and policies. People rely mainly on traditional social protection structures. Also, the Somaliland Civil Service Strengthening Project (CSSP) doesn't aim to provide any medical schemes or benefits to attract and retain

the morale of the civil servants and reduce the level of talented and qualified civil service turnover in the public sector.

This research, "Affordable Health Care for Somaliland Civil Servants," was prepared by Civil Service Institute. The overall objective of this research is to examine the willingness and contribution of new health insurance schemes for Somaliland Civil Servants. The study was carried out in Hargeisa, the capital city of Somaliland, where more than 58% of total Somaliland civil servants are located. This research was carried out in Jan 2020-October 2021. The specific objectives of the study are:

- i. To find out the challenges of Somaliland Civil Servants' access to Medical Service.
- ii. To explore willingness and contribution by stakeholders (Civil Servants & Service Providers) towards establishing new health insurance.
- iii. To provide policy recommendations.

Methodology

The study adopted both quantitative and qualitative approaches. These types of approaches facilitate triangulating the study results and provide a more holistic picture of a phenomenon by approaching it in different ways. A survey was conducted where 367 civil servants' participants participated in the study. The Key structured interview was carried out from five service providers (one public hospital and four private hospitals).

Initially, eight service providers, both public and private, were planned to be interviewed; however, only five have been interviewed.

Key Findings

I. Challenges and Medical Conditions of Somaliland Civil Servants

Nearly half of the respondents have been sick and needed care or treatment right away for the last 12 months. Almost half of participants of each grade scale (A, B, C, and D) have been in a clinic or hospital for the last 12 months. The most significant number of times they have visited a hospital or clinic ranged from more than three times followed by two times. Also, nearly half of the participants have never made a check for the last 12 months.

Of those sick for the last 12 years, 64% had required out-patient care while the rest had needed in-patient care. The most frequent conditions participants

facied included Gastritis, Diabetes, Gynecological & Obstetrics, and Heart Problems.

A quarter of the participants have chronic conditions for which they take regular medications. These chronic conditions included Diabetes, Hypertension, Asthma, Tonsillitis, Heart Problems, and Thyroid issues. When asked if it was easy to get the care treatment they needed, half of the participants stated that it was sometimes easy to get the care or treatment they needed.

Few participants went outside Somaliland for Medical purposes. Most of those participants went to Ethiopia, Turkey, Djibouti, India, and Kenya. When asked why they went outside, they required medical specialization followed by medical equipment not available in Somaliland or needed further investigation for cross-checking. The study revealed that nearly half of the participants had encountered financial challenges that stopped them from seeing a doctor. The study discovered very few participants were financially assisted by their MDAs with minimum amount of \$250, while the maximum amount was \$5000, but the average amount was \$1144. It also revealed that there is Somaliland civil service health care budget allocated for civil servants' health expenses, but those budgets only reach the senior management of the MDAs. There are small contributions which are mainly traditional, made among staff within the MDAs, and those contributions cover when one of the staff members marries, dies or when

a relative dies and any other disaster that might happen to someone. These traditional methods do not have any written policies or procedures when such arrangements occur. The vast majority of participants pay their medical expenses out-of-the-pocket.

II. Civil Servants' Willingness and Contribution towards Establishing Health Insurance

One of the ways of making health care affordable is establishing health care insurance for Somaliland civil servants to ensure access for all and by removing the financial barriers. The vast majority of participants strongly agreed that establishing health insurance for civil servants would remove their health financial barriers. Also, the vast majority of civil servants (90%) are willing to participate and contribute if health insurance is established. Half of the participants are willing to pay 2-3% of their basic salary. In contrast, a quarter of the participants are unwilling to contribute any portion of their salary because their basic salary is extremely low and does not even cover their needs.

There is a gender difference in how much to contribute. Among male respondents, 29% are not willing to contribute any percentage of their salary compared to 42% among female participants. Half of male participants are willing to contribute 2-3% compared to 41% among female participants.

Almost half of the female participants didn't want to pay anything as a similar

percentage is willing to pay 2-3%. Most of the male participants are willing to pay 2-3%. There is no difference among grouping participants with their salary grade.

III. Service Providers' Willingness and Contribution towards establishing Health Insurance

All service providers (Edna Adan Hospital, KAAH Community Hospital, Hargeisa Group Hospital, Manhal Speciality Hospital, and Egal Dental Clinic) are similarly willing to participate and contribute if health insurance is established for civil servants. They stated that they have frequently assisted Somaliland citizens in general, particularly the Somaliland civil servants and Somaliland National Army, from their health spending by giving discounts and other informal arrangements.

Existing Role and Contribution of Service Providers to Civil Servants.

Service providers were asked if they have been contributing to the medical costs of civil servants. The selected public and private hospitals have mainly taken part in developing health institutions and contributed to better service provision to their community. KAAH Community Hospital provides 20% discount of the patients who come to the hospital, citizens, or civil servants. In comparison, Hargeisa Group Hospital delivers an 80% discount to the military, including operations and other medical services, for free. In addition, Adna Adan

Hospital stated that they give 10% for a discount for Somaliland civil servants, while Cigal Dental Clinic indicated that they have no specific discount given to the civil servants. Finally, the role of Manhal Specialty Hospital pointed out that they utilize ministerial agreement with armed forces and police, which cover 30% discount.

Recommendations

- Therefore, it is recommended that raising civil servants' incomes would increase the revenue collection and their willingness to contribute more.
 - The study recommends that there is also a need for establishing Somaliland health insurance for civil servants aiming to ensure access for all and equity in the use of health care services by removing financial barriers to access at the point of use.
 - The potential target group should be specifically for civil servants if health insurance is established. Moreover, political impact of including or excluding the different levels of management groups must be pre-determined.
 - It would also be necessary for policymakers to define the term family as they design the benefits package. In Somaliland, the number of people in a family is large.
- The study also recommends that policymakers decide on the range of benefits under the insurance scheme (In-patient, Out-patient, Maternity, Dental, and Optical). The ideal package should depend on the existing infrastructure and quality of health services, the cost of health care services, the pattern of diseases among the civil servants, and methods of providing that health care benefits.
 - It is recommended that the Somaliland National Insurance Authority to manage and run the civil service health insurance with tight legal frameworks and regulations and define the services provided to the insured civil servants.
 - The study suggests that donors and other international health stakeholders to contribute and support the establishment of the proposed new health insurance scheme in Somaliland.
 - Finally, it is recommended that a similar study be carried out on a much broader scale, covering all regions in Somaliland to get general conclusions on willingness to join and contribute new health insurance for civil servants.