"Center of Excellence"

CIVIL SERVICE INSTITUTE

RESEARCH PAPER

Affordable Health Care for Somaliland Civil Servants

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ABBREVIATIONS

CSC	Civil Service Reform
CSR	Civil Service Reform
EPHS	Essential Package of Health Services
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GDP	Gross Domestic Product
HC	Health Centre
MCH	Maternal and Child Health
MDAs	Ministries, Departments and Agencies
NDPII	National Development Plan II
ODK	Open Data Kit
PHU	Primary Health Unit
SCSSP	Somaliland Civil Service Strengthening Project
SDG	Sustainable Development Goals
SPSS	Statistical Package of Social Science
USD	United States Dollar
WB	World Bank
WHO	World Health Organization

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EXECUTIVE SUMMARY

Somaliland's health system is characterized by extreme underfinancing, low protection mechanism for the poor's, lack of ways of risk pooling, and cost-sharing. This has resulted in inequality access to health care. Some of the significant challenges of Somaliland civil servants is a low level of salaries and outdated pay and grading structure. According to Somaliland Head Count Report (2018) 94% of the total civil servants pay payroll tax. Almost 71% of civil servants have confirmed that they don't receive any allowance and benefits. Moreover, 87% of government staff do not make contributions to any form of social security. Notably, 98% have stated that they don't contribute from their salaries towards medical insurance. Similarly, Somaliland National Development Plan I and II 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

Therefore, the overall aim of this study was to examine the willingness and contribution of new health insurance schemes for Somaliland Civil Servants. The government can use the findings of this study to guide the successful development and implementation of the newly proposed health insurance for civil servants. The study was carried out in Hargeisa, Somaliland. Both quantitative and qualitative approaches. These types of approaches will not only facilitate triangulating the study results but also, will provide more holistic picture of a phenomenon by approaching it different ways. A survey was conducted where 367 civil servants' participants participated the study. Key interview was conducted from five service providers (one public hospital and four private hospitals) and also, a FGD was conducted for 16 Directors of Administration and Finance and Human Resource from 8 MDAs using purposive sampling.

The study shown that Somaliland civil service is predominantly dominated by men. The older people are few compared to young and middle-aged people. The study revealed that vast majority of the participants are graduates. The pay of Somaliland Civil Servants is based on their qualifications rather than the job they are performing. Almost half of the study participants got an injury, condition or illness that needed a care for the last 12 months. The study also revealed that half of participants' have never done any check-ups for the last 12 months. Going check-ups regularly helps people avoid many diseases and catch other conditions early on. From those with illness or a condition that needed care, most received out-patient care, while the remaining while the remaining participants had required in-patient services. Some of the conditions these participants had were Gastritis, Diabetes, Gynecological & Obstetric, and heart problems. Quarter of those participants with illness or a health condition had chronic conditions such diabetes, followed by Hypertension. Few have Asthma, Tonsillitis, Heart Problems, Thyroid, and Gastritis. Few participants went outside Somaliland for medical purposes such Ethiopia, followed by Turkey, Djibouti, India, and Kenya. Most required medical specialization followed by medical equipment which were not available in Somaliland. Although healthcare costs can be unpredictable, it is still important to budget for them. By having money set aside for treatment, you will be better prepared to pay for unexpected medical costs if you have an accident or illness. Therefore, the study found out that half of the total participants had financial challenges that stopped them from seeing or visiting a hospital which had forced some of them untreated and later faced chronic conditions and sometimes deaths. The study also exposed that the vast majority of participants paid their medical expenses out-of-pocket.

One way of making health care affordable is to establish a national health insurance for civil servants with the aim to ensure access for all and equity in the use of health care services and remove financial barriers. The vast majority of participants strongly agreed the necessity of establishing health insurance. Similarly, all interviewed service providers (hospitals) as well as middle level management of MDAs have reacted in the same way. Vast majority of participants were either highly willing or willing to join if health insurance is established. The study discovered that half of the participants were willing to contribute a percentage of their income to the health insurance while a quarter of the total participants were not willing to pay at all. This is mainly because the basic salary of employees is exceptionally low. Therefore, it is recommended that raising civil servants' incomes will increase the revenue collection and their willingness to contribute more. The study recommends that there is need for establishing Somaliland health insurance for civil servants which will aim 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.

CHAPTER ONE

1.1. Somaliland Context

1.1.1. Geo-Political and Demographic Situation

The Republic of Somaliland is situated north of the equator in the Horn of Africa. The total area of the Republic of Somaliland is 137, 600sqkms, and it has a coastline that is 850kms long. It is semiarid. The average daily temperatures range from 25oC to 35oC. The state's administrative structure consists of the judiciary, legislative (the House of Elders and the House of Representatives), and the executive arm. The country is divided into six regions, and these are sub-divided into electoral districts. The population of Somaliland was estimated at 3.85 million in 2009, with an annual population growth rate of 3.14%. Life expectancy at birth is between 49 to 60 years. The population consists of nomads (55%) and urban and rural dwellers (45%) (Somaliland National Health Policy, 2011). Somaliland has committed itself to the state-building process in a relatively secure and peaceful environment. Since post-independence, Somaliland has made remarkable progress, such as creating and implementing a functioning governance and judiciary system, free and fair elections, and a multiparty legislative system. (MoP&ND, 2019).

1.1.2. Economic and Social Situation

Somaliland's GDP increased by 10.6 percent from 2012 to 2017. GDP in 2017 amounted to 2,573 million US Dollars, while GDP per capita amounted to 675 US Dollars. However, real GDP decreased by 1 percent in 2017 due to a substantial decrease in livestock exports (Somaliland Figure, 2019). According to Ministry of Planning, (2016) the prices of food and non-food were not primarily sustainable; they were rising over the last six years (from 2012 – 2017. Overall the prices rose particularly sharply from 2014 to 2017. Sustainable Development Goal (SGD 11) indicates in its outcome that by 2021, increase access for all residence to adequate, safe, and affordable housing by 20%, and the priority intervention states

that the government establishes government employee housing schemes. However, the rent prices were gradually increasing. Factors that determine the costs of renting depends on the accessibility. Somaliland has a good health infrastructure with a different tier of health care delivery system and health workforce. It consists of a Public and private sector delivery system.

The public sector health system consists of the Essential Package of Health Services (EPHS) framework, which includes the Primary Health Unit (PHU), Health Center (HC), Referral Health Center (RHC), and the Regional hospitals. Furthermore, there are Specialist hospitals (TB, Mental and FGM) and the Hargeisa Group Hospital. (Somaliland National Health Policy, 2011).

There is also a private-sector health delivery system that consists of (for-profit and non-profit) pharmacies, clinics, laboratories, and traditional medicines. Over 60% of the health market is dominated by the private sector (Somaliland National Health Policy, 2011).

The following table describes the number of both public and private hospitals in 2014-2017. Both private and public hospitals increased in number in 2014-2016, while both decreased in 2017 compared to the previous years. The data also shows that the number of MCHs, Health Posts, and Mobile Clinics has drastically increased each year.

Table 1. *Health Service Facilitates (2014-2017)*

Health Facilities	**2014**	**2015**	**2016**	**2017**
Public Hospitals	22	26	29	24
Private Hospitals	12	15	20	17
MCHs	12	15	20	129
Health Posts	162	135	158	159
Mobile Clinic	6	6	10	16
Number of Beds	1150	1375	1580	N/A

Source: Ministry of Health Development

Hence, Budget 2019 allocated the ministries leading in the social services sector (Health, Education and Employment and Social Affairs) a combined $23,106,912, about 10% of the total budget. Particular attention is given to budget Allocations made to the Ministry of Health and related commissions stand at 3.8% of the national budget, an amount equivalent to 8

million USD (ISIR, 2019). According to Somaliland Ministry of Finance Development (2021) the social service sector particularly the health services is only 5.23% from the total Somaliland national budget. However, the budget is insufficient to address the health services of Somalilanders' needs (Mohamed B., 2021).

1.1.3. National Development Plan II

The NDPII is aligned directly to Somaliland's existing Coordination Architecture as approved and endorsed through the Somaliland National Planning Commission. Under the 5 Pillars of the National Vision 2030, the NDPII is strategically centered on the nine development Sectors of Health, Education, Environment, Production, Governance, Energy and Extractives, WASH, Economy, and Infrastructure. Each sector has its vision, objectives, outcomes, and interventions that collectively contribute to achieving the Somaliland National Vision 2030 and NDPII Goals. (NDP II, 2017-2021).

1.1.4. Civil Service Reform

The overall goal of Somaliland Civil Service Reform (CSR) is to enhance the quality of life of the people on a sustainable basis by creating a competent, professional Civil Service workforce that will be responsive, effective, and efficient. The objective of the CSR is to develop a professional and adequately compensated Civil Service that effectively and efficiently delivers high-quality services to the people aimed at improving and sustaining their quality of life. On November 24, 2016, the World Bank and the Somaliland Civil Service Commission (CSC) launched the Somaliland Civil Service Strengthening Project 2016-2020 (SCSSP) in Hargeisa. The Somaliland Civil Service Strengthening Project aims to strengthen basic payroll, human resources, and policy management functions in selected agencies and line ministries in Somaliland.

The project contains four major components:

- Strengthening the policies, procedures and systems for civil service management.
- Strengthening the core capacity of targeted ministries.
- Strengthening policy management capabilities at the centre of government and;
- Project management and support in delivery.

The main achieved deliverables included Career Development Framework, Civil Service Retention Schemes, Civil Service Administrative policies, Rules and Procedures, Somaliland Records Management Policy Framework and Systems, and Code of Conduct for Republic of Somaliland Civil Service. The implementation of CSR work plan entirely focuses on identifying existing talent pools and use them for capacity injection.

Employees' compensation is essential by providing transportation, housing, pension, and health insurance to retain employees and avoid expensive recruitment and training.

1.1.5. Overview of Somaliland Civil Service

Referring to the Comprehensive Head Count Report (2018), the total number of Somaliland Civil Servants is 14,057. Female civil servants contain 26% of the total number of employees. Women are significantly less represented in Somaliland Civil Service. From the total number of civil servants, Maroodi-Jeex region has the highest number of employees with 58%, followed by Togdheer and Awdal with 11% each, respectively. Among others, Saahil and Sool have the lowest number of employees with 6% each accordingly. Also, 27% of employees have a bachelor' Degree, followed by 23% with a diploma. A similar score of 23% of the total employees has stated that they lack basic education. Also, 14% of the total employees have secondary certificates. Above 60% of the total employees are below higher education level.

In line with the above empirical investigation, table 2 is mentioned the fixed salary paid to each Somaliland civil servant based on their monthly salary and monthly allowance.

Table 2. *Civil Servants by Sex and Grade*

Grade	Figures of staff	Salary in Shiling	Salary in USD	Allowance in Shillings	Allowance in USD	Total Salary +Allowance	Total
A	25%	1,110,000	$119.33	1,166,667	$139	$258	21667 86.3
B	49%	912,912	$108.90	933,333	$111	$220	18463 53.9
C	13%	703,560	$83.90	633,333	$75.50	$159	13369 76.9
D	13%	411,840	$49	480, 000	$57	$106	41188 9

Source: Somaliland Civil Service Commission (Current exchange rate)

Table 2 indicates that the monthly scale salary structure paid to the national civil servant is based on both the monthly Somaliland shilling, allowance and is exchanged to Dollar rate, which means that Grade A is paid 258$ including monthly salary along with the monthly allowance. Grade B is paid 220$ including their total of the monthly salary and allowance. Grade C is paid to 159$, including their total monthly salary and allowance. Grade D is also paid to $160 including his/her total of monthly salary and allowance. Therefore, this clarifies that Somaliland civil servants are paid low salary and they cannot afford to pay their medical service which is considered to be more expensive in Somaliland.

Also, the Head Count Report (2018) stated that 28% of the total civil servants are aged between 31-40, followed by age group 21-30 and 41-50 with 23% each. Worth mentioning, employees that reached beyond retirement age in Somaliland civil service are 9% (61-91+). Employees with older age need special attention and caring

Table 3. *Age Distribution of Civil Servants*

Age	Freq	%
<=20 years	75	0.50%
21-30	3335	23%
31-40	3975	28%
41-50	3183	23%
51-60	2468	17%
61-70	769	5%
71-80	203	1%
81 Plus	49	3%
Total	**14,057**	100.00%

Source: Civil Service Commission, 2018.

1.1.6. Overview of Health Insurance

Access to primary healthcare is central to the development and overall human welfare. Along with vital needs such as food, water, sanitation, housing, and education, healthcare is regarded as a necessity and a fundamental human right. Health insurance, which is coverage against the risk of incurring medical and related financial costs, is one of the ways that people in various countries pay for their medical needs. In every country, some people are unable to pay directly or out of pocket for the healthcare services they need, or financially they may be seriously disadvantaged by doing so. In lower-income countries, many forms of health insurance – whether public or private – cover only a minimum set of services, such that they do not provide full financial risk protection. The World Health Organization (WHO) estimates that out-of-pocket expenditure of over 15–20 % of total health expenditure or 40 % of household net income of subsistence needs can lead to financial catastrophe (Doetinchem et al. 2010). When people on low incomes with no financial risk protection fall ill, they face a dilemma: they can use health services (if available) and suffer further impoverishment in paying for them, or they can forego services, remain ill, and risk being unable to work or function.

Internationally, health insurance improves service utilization and protects households against impoverishment from out-of-pocket expenditures (Spaan et al. 2012). The WHO considers health insurance a promising means for achieving universal health coverage. Analysis of how health insurance schemes function in a particular country, especially in relation to other funding aspects and health outcomes, can provide a glimpse of the performance of the whole healthcare system.

The history of health insurance has evolved internationally. Delivery of medical care, particularly in industrialized countries, is no longer confined to primary care physicians' offices. As medical technologies become increasingly advanced, acute and critical care can now treat many catastrophic, complex, chronic, and severe conditions and injuries that used to be fatal or disabling. While the development of new treatments that can restore functioning and extend life is welcoming, the costs of these interventions and accompanying hospital stays can be prohibitively high for many people. In 2015, 926.6 million people incurred catastrophic health spending, defined as out-of-pocket health spending (out-of-pock payments) exceeding 25% of the household budget (WHO & World Bank 2019). According to WHO (2021) About 930 million people worldwide are at risk of falling into poverty due to out-of-pocket health spending of 10% or more of their household budget (WHO, 2021). Therefore, Out-of-pocket health spending continuously contributes to increasing global poverty.

Different countries have been utilizing various insurance and financing schemes to pay for medical services based on their respective socioeconomic realities and cultural contexts. Whether public or private, these insurance plans have different components and payment requirements depending on the nature of the insurance plan and the services being covered. Some insurance plans require members to pay premium costs for enrolling in the program and have various levels of out-of-pocket payments such as deductibles, co-payments, or coinsurance. They may also require prior authorization from insurance companies to activate

coverage for specific procedures or impose coverage limits for enrollees. Some insurance companies may also utilize payment capitation for healthcare providers to control costs by motivating providers to provide only needed services in the lowest-cost setting. In general, there are three salient categories of health insurance. Nonetheless, variations abound for each type, and some countries with diverse populations across vast geographical areas (e.g., China) have multiple insurance programs even for primary healthcare.

Public, private, and traditional actors provide health care in Somaliland. The health care system in Somaliland faces enormous challenges, and the government cannot guarantee sufficient health care provision for its citizens. One cause of these challenges is the limited national budget available for public health facilities.

There is a National Health Policy that was meant to address the overall provision of health care services for its citizens and enhance the cooperation between government and community to increase community ownership. There is an existing cost-sharing mechanism only functional in Hargeisa Group Hospital in Hargeisa. There are successful measures in place that make the system successful. However, these cost-sharing mechanisms are not similar to public health insurance. It is just a way of exempting many patients from payments so that most patients can afford to pay the costs (Ibid).

1.2. Problem Statement

Almost half the work population lacks essential health services. One of the Sustainable Development Goals (SDGs) goals is to ensure healthy lives and promote well-being for all ages. The goal targets to achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines for all.

Article 17 of the Somaliland Constitution states that the state shall have the duty to provide free medicine and care for the public welfare. Also, the statement shall be responsible for the promotion and extension of health care and private health centers. (Somaliland Constitution, 2001).

In 2017, the WHO reported that an estimated 800 million people, 12% of the world population, paid at least 10% of their household budget for healthcare. As a result, more than 100 million people are pushed to poverty due to catastrophic health spending (Sahilu, et al., 2018).

The source also states that a steady drip of medical bills forces people with chronic diseases or disabilities into poverty. Catastrophic spending or healthcare, defined as "paying more than 40% of household income directly on health care after basic needs have been met", occurs in countries at all income levels. Still, it is most remarkable in those that rely most on direct payments to raise funds for healthcare. In most low-income countries where government expenditure on health is low, 85% of healthcare is covered by the out-of-pocket payment.

Somaliland's health system is characterized by extreme underfinancing, low protection mechanism for the poor's, lack of ways of risk pooling, and cost-sharing. This has resulted in inequality access to health care (Somaliland Headcount Report, 2018).

Some of the significant challenges of Somaliland civil servants is a low level of salaries and outdated pay and grading structure (World Bank, 2016). According to Somaliland Head Count Report (2018) 94% of the total civil servants pay payroll tax. Almost 71% of civil servants have confirmed that they don't receive any allowance and benefits. Moreover, 87% of government staff do make contributions to any form of social security. Notably, 98% have stated that they don't contribute from their salaries towards medical insurance. Similarly, Somaliland National Development Plan I and II show no social security systems and supporting

legislation and policies. People rely mainly on traditional social protection structures (NDP I, 2016 & NDP II 2018-2021).

From the total 10% of the 2019 National Budget allocation (equivalent to $23,106,912) for the Social Development Pillar under NPDII, only 3.8% has been allocated for the Somaliland health sector (equivalent to USD 8 Million) (ISIR, 2019). Also, the Somaliland Civil Service Strengthening Project (CSSP) doesn't aim to provide any medical schemes 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. The Government of Somaliland has made a lot of initiatives towards the health sector. The President of Somaliland, H.E Muse Biihi Abdi has recently issued an executive order to establish a National Insurance body.

Little is known about the demand for new health schemes. Developing a new health scheme depends on individual needs and willingness to pay off employees' and governments' contributions, service providers, and other stakeholders. As a result, a sound understanding of factors associated with demand for health schemes for civil servants. The overall aim of this study is to examine the demand and willingness of new health schemes for Somaliland Civil Servants. The government can use the findings of this study to guide the successful development and implementation of the newly proposed health insurance for Somaliland civil servants. The study was carried out in Somaliland in particular the capital city of Hargeisa. The study was aimed to focus on the affordable healthcare of Somaliland Civil Servants.

1.3. Study Objectives

The overall aim of this study is to examine the demand and willingness of new health schemes for Somaliland civil Servants. Therefore, the study specifically aims:

1. To find out the challenges of Somaliland Civil Servants' access to Medical Service.

2. To explore willingness and contribution by stakeholders (Civil Servants & Service Providers) towards establishing a new health insurance
3. To provide policy recommendations

1.4. Limitations of the Study

In the process of implementing this investigation, a number of limitations were met. These limitations obstructed the speed at which the research was full filed. The study concentrated on Maroodi-Jeex region, particularly civil servants in Hargeisa (all MDAs were reached out) where the biggest proportion of civil servants reside. There was a limited ability to gain access to all civil servants at all regions in Somaliland (Geographical Scope). In some ways, this might not be representative of the general civil servants in the whole country. Another obstacle was lack of previous research studies similar to this study at local level. Also there was a limited secondary data sources in Somaliland. Finally, some of the selected Health Service Providers (particularly private hospitals) refused to take part the study and provide crucial and relevant information.

CHAPTER TWO: RESEARCH METHODOLOGY

2.1. Research Design and Study Area

This study used a descriptive survey with the aim to get a full picture of the current status and describe the nature of existing conditions. Both quantitative and qualitative were used. These types of approaches will not only facilitate triangulating the study results but also, will provide more holistic picture of a phenomenon by approaching it different ways. Expansion of approaches also were sought to extend the breadth and range of inquiry by using different methods for different inquiry components. The study was conducted in Hargeisa, the capital city of Somaliland.

2.2. Target Selection and Sample Procedure

The target population of the study was Civil Servants and Health Service Providers in Maroodi-Jeex, Somaliland. The total civil servants in Maroodi-Jeex region are 8163. Using Slovan's Formala, a sample of 367 were selected through stratified sampling (using simple random sample from each strate). A questionnaire survey was used to collect data from civil servants. Also, Focus group Discussion was held for 16 Departmental Directors from 8 MDAs. Key Interview was held for 5 Hospital managers from both Private and public Hospitals in Hargiesa through purposive sampling.

Table 4. *Sample Distributions*

Gender	**Target**	**Sample**
Male	5923	266
Female	2240	101
Total	8163	367

Source: Civil Service Commission, 2018

2.3. Data Sources and Data Collection Tools

Both secondary data and primary data were used. While documents such as Somaliland Constitution, Civil Service Law N.7/96, National Health Policy 2011, Somaliland National Budget 2019, NDP I & II, Health Sector Strategic Plan 2016, Somaliland Civil Service Strengthening Project Document, Somaliland in Figure 2019, etc were used as a secondary data.

Primary data were collected from civil servants and service providers through multiple methods of data collection in order to improve the data quality and get the whole picture of the study, Questionnaire, Key Interview and FGD were used. Questionnaires was used for 367 civil servants using mobile data collection app while the key interview was used for 5 Hospital Managers or Directors from (with only public hospital). Those hospitals were Hargeisa Group Hospital, Kaah Community Hospital, Manhal, Edna Adan and Cigaal Dental Clinic. While for the FGD is used for 16 Administration Finance and HR Directors from 8 MDAs. These MDAs included Ministry of Finance Development, Ministry of Interior, Ministry of Employment, Social Affairs and Family, National Health Professional Commission, Civil Service Commission, Civil Service Institute, Ministry of Justice and, Ministry of Information, Culture and Awareness.

2.4. Data Analysis

The qualitative data analysis method was content analysis which involves systematically examining the data and other notes in order to identify themes and develop categories. We went through the process of systematically reducing the massive raw data to identify concepts and themes relating to our research question. Each transcript was coded. While the quantitative data analysis method was descriptive statistics which was presented in graphs and tabular forms. Both excel and SPSS were used to provide the descriptive data.

CHAPTER THREE: RESULTS

3.1. Introduction

This chapter describes the analysis of ability and demand of a cost-sharing mechanism of Somaliland Civil Servants medical care by examining the profile of civil servants and the challenges they face. It also investigates potential ways to address these problems by establishing a cost-sharing mechanism between civil servants, service providers, and the Government of Somaliland. This chapter draws on information from 367 civil servants. The questionnaires were collected through ODK, and all questionnaires were filled in. The Data were analyzed in Excel and SPSS. A simple descriptive statistics were used to explore distributions of each numerical variable. Cross-tabulation is used to identify patterns, trends and correlations between variables under study.

3.2. Profile of Interviewees

This section provides profile information about civil Servants in Hargeisa and examines their age, gender, marital status, education level, family size, and dependents.

3.2.1. Gender

The breakdown of participants by gender is given in table 5. Most of the participants were male compared to female. Similarly, the Civil Service Commission Head Count Report (2018) says that women constitute only 26% of Somaliland civil servants, showing that males predominantly dominate civil service.

Table 5. *Gender*

Gender	**Freq.**	**%**
Male	248	67.6
Female	119	32.4
Total	367	100.0

3.2.2. Age of the Respondents

More than half of the respondents are aged 20-30 years, followed by 31-40 years old. Few interviewees are older than 51 years. In the same way, a comprehensive headcount report conducted by CSC in 2018 shows that 75% of Somaliland civil servants are aged below 50 years, where few are above 60 years. Of those aged 20-30 years, 47% were men compared with 69% of women. In contrast, of those aged 31-40, 36% were men compared to 21% of women. The study shows that older people are few compared to young and middle-aged people, but also there is a clear difference in age between men and women. Most of women participants fall 20-30 years of age.

Table 6. *Age of the Respondents*

Age	**Freq.**	**%**
20-30	199	54.2
31-40	113	30.8
41-50	38	10.4
51 and above	17	4.6
Total	367	100.0

3.2.3. Education Background

Table 7 illustrates the level of education of research participants. A significant number of participants hold bachelor's degrees followed by master's degree, whereas very few have undergraduates. Also, very few have never been to school. According to the Civil Service Head Count Report (2018), 30% of Somaliland Civil Service are graduates. The study revealed that 88% of the participants are graduates, unlike the CSC Head Count Report. The main reason for this difference is that the study only focused on Civil Servants at the National Level based in Hargeisa, where most of them are graduates compared to other regions and districts.

Table 7. *Education Level*

Education Level	Freq.	%
Intermediate	9	2
Secondary Certificate	23	6
Bachelor's Degree	236	64
Master's Degree	89	24
Others	10	3
Total	**367**	**100.0**

3.2.4. Marital Status

There are reasons to suspect that health care utilization patterns may differ according to marital status. The health care costs among married are approximately half of those unmarried. Table 8 describes the marriage status of the participants, of which half of the participants were married, while a significant number of 42% stated that they are single. Being married increases the family size, and this, in turn, increases the need for more medical care.

Table 8. *Marital Status*

Marital Status	Freq.	Percent
Married	207	56
Single	154	42
Divorced	5	1
Widowed	1	.3
Total	**367**	**100**

3.2.5. Family Size

Family size refers to the number of persons in the family. Most participants have 1-2 persons in their family, and a similar score has more than six people. Of those married, 80% have 3-5 persons in their family compared to 11% of those unmarried. Also, the study reveals that 63% of single have more than eight persons in their family compared to 37% of those married. There is no significant difference between married and unmarried respondents with family sizes of 1-2.

Table 9. Family Size

Family Size	Freq.	Percent
1-2	140	38
3-5	105	29
6-8	76	20
More than 8 children	46	13
Total	**367**	**100**

3.2.6. Dependents

A dependent is a child, spouse, parent, or particular other relative to whom one contributes all or a significant amount of necessary financial support. Participants were asked if they have dependents they financially contribute to. Most participants have 0-2 dependents, followed by 3-5. The more dependents one has, the more medical bills are expected.

Table 10. *Dependents*

Marital Status	Freq.	Percent
0-2	146	40
3-5	109	30
6-8	53	14
More than 8	60	16
Total	**367**	**100**

3.2.7. Salary Grade

All civil service jobs are classified into four grades, namely A, B, C, and D. Each grade has a fixed-point salary. The pay of civil servants is based on their qualifications rather than the job they are performing. Therefore, it does not allow for differentiation between occupational groups that require more or less specialized skills and competencies, except senior management. Thus, the Majority of participants interviewed are Grade A.

Table 11. *Salary Grade*

Marital Status	Freq.	Percent
A	294	80.1
B	34	9.3
C	21	5.7
D	18	4.9
Total	**367**	**100**

3.2.8. Salary Grade and Level of Education

The pay of Somaliland Civil Servants is based on their qualifications rather than the job they are performing. The study exposed some participants are graduates with Grade C and D while on the opposite, there are undergraduates with Grade A and B.

Table 12. *Salary Grade vs. Education Level*

Level of Education	Salary Grade				
	A	B	C	D	Total
Intermediate	1	1	6	1	9
Secondary Certificate	7	8	5	3	23
Bachelor's Degree	200	18	8	10	236
Master's Degree	85	4	0	0	89
Others	1	3	2	4	10
Total	294	34	21	18	367

3.3. Assessing Challenges and Medical Conditions of Civil Servants

3.3.1. Civil Servants Condition, Injury or Illness that Need Care in a Hospital

Participants were asked if they had been hospitalized for an injury, illness, or condition that needed care right away from the last 12 months. Most of the participants didn't have an injury, disease, or condition that required care right away. Also, a significant number have stated they have been in a clinic or hospital for a medical condition for 12 months.

Table 13. Did participants faced an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office

	Freq.	Percent
Yes	150	41
No	217	59
Total	**367**	**100**

3.3.2. Civil Servants Condition, Injury or Illness that Need Care in a Hospital plotted against Salary Grade

Among participants with salary grade A, B, C and D participants, those who have been to a clinic or had an emergency and those who haven't are almost the same.

Table 14. *Sickness vs. Salary Grade*

Sickness vs. Salary Grade	Salary Grade				
	A	B	C	D	Total
Yes	117	12	11	10	150
No	117	22	10	8	217
Total	294	34	21	18	367

3.3.3. The Number of Visits in a Hospital or Clinic for the Last 12 Months

Among those who visited in a clinic or hospital for an injury, illness, or condition that required care right away, participant visited a hospital or a clinic one time, two times and three times for the last 12 months. Few participants needed to see a hospital or clinic every month.

Table 15. *How often did you need to visit a Hospital or Clinic for the Last 12 Months?*

	Freq.	Percent
One time	40	11
Two times	45	12
More than three times	55	15
Every Month	10	3
Never	217	59
Total	**367**	**100**

3.3.4. The Number of Medical Check-Up Civil Servants have made

Going for a medical check-up regularly helps people avoid many diseases and catch other conditions early on. It also serves better advice and consultation about your health. Table 16 illustrates the number of times they have made a check for the last 12 months. Half of the participants have never done any check-ups. Few have done it once a month and once in three months.

Table 16. *For the last 12 months, how often did you go for a check-up?*

	Freq.	**Percent**
Never	155	42
Once in a month	71	19
Once in three months	**52**	**14**
Once a year	**87**	**24**
Total	**367**	**100**

3.3.5. Medical Services Civil Servants Needed

Knowing the difference between in-patient and out-patient care can give you the edge when it comes to managing your health care and planning for out-of-pocket medical expenses. Generally speaking, in-patient care requires you to stay in a hospital at least one night depending on your condition and, out-patient care does not. In out-patient, you don't need to be hospitalized. Of that 41% (150) who have been ill or had an injury or condition that required care, 61% had out-patient care, while the remaining 39% had in-patient services. There was no significant difference in gender on which service was received by the participants.

Table 17. *Medical Services Needed by the Civil Servants*

	Freq.	**Percent**
Out-Patient	96	26
In-Patient	54	15
None	**217**	**59**
Total	**367**	**100**

3.3.6. The Type of Medical Conditions Have Civil Servants Faced

Interviewees were asked the type of medical conditions they have faced. Among those being sick, Gastritis, Diabetes, Gynecological & Obstetric, and heart problems were among the health issues participants have met for the last 12 months.

Table 18. Type of Medical Conditions Civil Servants have

	Freq.	**Percent**
Influenza	7	2
Gastritis	30	8
Physical Injury	11	3
Gynecological & Obstetric	25	5
Urinary Tract Infection	3	1
Diabetes	28	8
Asthma	10	2
Heart Problem	15	4
Dental Problems	6	2
Optical Problems	5	1
Others	10	4
None	217	59
Total	**367**	**100**

3.3.7. Medical Prescriptions for Chronic Conditions

The participants were asked if they take any medications for their chronic condition, and a quarter of them take medicines for chronic diseases. In contrast, majority have don't take prescriptions at all. But when looking at those 41% (150) participants who have been sick for the last 12 months, 59% have chronic diseases. The most chronic disease those participants have include diabetes, followed by Hypertension. Few have Asthma, Tonsillitis, Heart Problems, Thyroid, and Gastritis.

Table 19. *Do you take any medicine prescribed by a doctor for a chronic condition?*

	Freq.	**Percent**
Yes	88	24
No	279	76
Total	**367**	**100**

3.3.8. Access to Medical Treatment

When asked about the accessibility of care or treatments they needed from service providers, almost half of the participants stated that it was sometimes easy to get the care or treatment they needed. Another significant number (32%) said it was never easy to get the necessary treatment.

Table 20. *How often was it easy to get care tests or treatments you needed?*

	Freq.	**Percent**
Never	120	32
Sometimes	179	49
Usually,	68	19
Total	**367**	**100**

3.3.9. Medical Conditions that Caused Civil Servants to Go Outside Somaliland

As table 21 illustrates, few (16% from the total) went outside Somaliland for medical purposes from the total participants. However, from those 41% participants who were sick for the last 12 months, 39% have gone outside Somaliland. Most of those participants went to Ethiopia, followed by Turkey, Djibouti, India, and Kenya.

A similar finding drawn from the FGD shows that there were cases were sick employees' condition or disease couldn't be treated at local level. There were few cases were some of those sick employees' MDAs management helped them financially but was not enough to cover the all the expenses. Most participants of the FGD indicated that Somaliland Presidential Office manages the Somaliland Civil Servants Health Treatment Headcount. When a sick employees with a critical condition requests a financial assistance from the Presidential Office, the process takes too long most of the times which sometimes results the ill person pronounced dead or even his/her condition gets more critical.

Table 21. *Did you go outside Somaliland for Medical purposes?*

	Freq.	Percent
Yes	58	16
No	309	84
Total	**367**	**100**

3.3.10. Medical Reasons for going outside Somaliland

Table 22 illustrates the medical reasons participants went outside Somaliland. From those who participants (58) who went outside Somaliland for medical purpose, 40% of them required medical specialization followed by medical equipment not available in Somaliland.

Table 22. *Reasons for going outside Somaliland*

	Freq.	%
Required Medical Specialization	23	6
Required Medical Equipment not available in Somaliland	21	6
Further Investigation for cross-checking	14	4
Never Went Outside	309	84
Total	**367**	**100.0**

3.3.11. Financial Challenges

Although healthcare costs can be unpredictable, it is still important to budget for them. By having money set aside for treatment, you will be better prepared to pay for unexpected medical costs if you have an accident or illness. Participants were asked if they had any financial challenges that stopped them from seeing or visiting a doctor. Half of the participants have never had any financial challenges, while a close number of participants, in contrast, have financial challenges that stopped them from seeing a doctor.

Almost all participants of FGD talked about the fact that most civil servants have financial challenges that forces some of them untreated and later developed chronic conditions and sometimes death. They provided examples with specially Ministry of Education and Science and Ministry of Information and Cultural Awareness. There are large number old staff whom

are teachers and musicians working in their MDAs for long time. Some of them needed treatment outside Somaliland but, couldn't even manage to be treated at local hospitals because of economic issues. Staff of their MDAs had collected money among them and contributed to them.

One participant stated that "*One of our middle level management staff collapsed while he was on duty."*

Table 23. *Did you encounter any financial challenges that stopped you from seeing or visiting a doctor?*

	Freq.	**Percent**
Yes	167	45.2
No	200	54.5
Total	**367**	**100**

3.3.12. Average Medical Costs Spent For the Last 12 Months

When asked about how much they have spent on doctor's visit cards, the minimum was $5, while the maximum amount paid was $300. The mean average interviewees paid for the visit card was $52.

Table 24. *Average Medical Costs*

	N	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
How much did you pay for Doctor's Card?	**78**	$5	$300	52.8	60.027
How much did you pay for diagnoses for the last 12 months?	83	$10	$8000	$400.07	1000.807
How much did you pay for treatment for the last 12 months?	88	$6	$800	$115.27	150.506

3.3.13. Financial Assistance to Civil Servants Medical Expenses from their Ministries, Departments, and Agencies

Participants were asked if they had received any financial assistance from their MDA. Their Ministries or Agencies had financially assisted very few. The minimum amount their MDAs supported was $250, while the maximum amount was $5000. However, the average amount of money they received was $1144. The FGD data revealed that there are three ways employees are financially supported when they become sick.

Similarly, most participants agreed that majority of Somaliland civil servants with a health condition or disease do not receive any financial assistance from their MDAs. Few participants stated that their MDAs top management assist when an employee gets sick and needs treatment outside Somaliland. Their medical reports serve as the base for deciding on how much support is required. Also, there were few cases where the Presidential Office of Somaliland financial assistance is needed by an individual employee regardless of his/her MDAs. Some participants stated that the health budget count of Presidential Office most of the time serves top management or middle level management employees.

Table 25. *For the last 12 months, did your MDA support you financially for your health care?*

	Freq.	**Percent**
Yes	28	**7**
No	338	**93**
Total	**367**	**100**

3.3.14. Who Pays Civil Servants' Medical Expenses?

The vast majority of participants paid their medical expenses out-of-pocket while few stated that their families do. The study also found that the interviewees hardly received any health benefits from their employer. Almost all participants of FGD talked about the importance of assisting Somaliland civil servants in their medical expenses since their salary

does not satisfy their living standards and medical costs. They stated that staff spends their medical expenses on out-of-pocket money, forcing some untreated and later developing chronic conditions and sometimes death.

Table 26. *Who pays your Medical Expenses?*

	Freq.	**Percent**
Out-of-Pocket	327	**89**
Family	35	**9.5**
Government	4	**1.1**
Private Insurance	1	**.3**
Total	**367**	**100**

3.3.15. Current Health Condition

When asked about their current health condition, 56% stated that their health is excellent, while 23% are incredibly good.

Table 27. *Current Health Condition*

	Frequency	**Percent**
Excellent	212	57
Very Good	87	23
Good	37	10
Fair	31	6
Poor	8	2
Total	367	100

3.4. Employees Willingness and Contribution in Establishing Health Insurance

3.4.1. Agreement on Establishment of Health Insurance will contribute to Affordable Health Care through Steady Payment

One of the ways of making health care affordable is establishing a national health insurance scheme for civil servants. The national health insurance scheme aims 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 vast majority of participants have strongly agreed that establishing health insurance makes health care affordable.

Majority of FGD participants has advised that the establishment and implementation should be done carefully. Another critical factor drawn from the respondents is that one of the ways of stimulating willingness to join the health insurance system is to increase employees' salary in the public sector so that their contribution and willingness to health insurance is significant and impactful. They also agreed that if social health insurance is to be introduced, the fund allocated for the insurance and the overall management of the policy to be administered by a separate organ.

Table 28. *Establishment of Health Insurance for Civil Servants*

	Freq.	**Percent**
Strongly Agree	311	85
Agree	46	12
Disagree	10	3
Total	**367**	**100**

3.4.2. Willingness to Participate in the Establishment of Health Insurance for Civil Servants

When asked if they were willing to participate, the vast majority of participants were either highly willing or willing to join if health insurance is established for civil servants. Few participants were unwilling to participate. When asked about the reasons, they stated that their pay was exceptionally low and insufficient to manage their basic needs. Similarly, all participants in the FGD have agreed that establishing a cost-sharing mechanism such as health insurance is essential. Still, there were concerns about the cost deduction from civil servants as their payment is low.

Table 29. Are you willing to participate in establishing health insurance for civil servants?

	Freq.	Percent
Highly willing	244	66.5
Willing	86	23.4
Unwilling	15	4.1
Highly Unwilling	22	6.0
Total	**367**	**100**

3.4.3. Employees' Grade Scale Plotted against Willingness to join

One of the National Health Insurance System (NHIS) is a direct payment of premiums for membership from workers. Thus, when compared willingness to join with the salary grade scale of Somaliland civil servants, participants with Grade C and D willingness is higher than those of Grade A and B. However, regardless of salary grade, all participants wanted to join the establishment of health insurance. There was no gender difference based on this question.

Similarly, the FGD results revealed all respondents showed their interest and importance in establishing a national health insurance scheme. Few respondents showed a concern that Somaliland civil servants, particularly those with lower grades (C & D), cannot pay or provide any insurance contributions. Reasons included low salary and allowances of civil servants.

Table 30. *Employees' Grade Scale Plotted against Willingness to Join*

	A	B	C	D	Total
Highly willing	193	23	14	14	244
willing	71	7	5	3	86
Unwilling	12	1	1	1	15
Highly Unwilling	18	3	1	0	22
Total	294	34	21	18	367

3.4.4. Contribution of Civil Servants to Health Insurance

Employees were asked about their willingness to contribute a percentage of their payment of premiums for membership. Almost half of the participants were willing to participate 2-3% of their basic salary, while a quarter of the participants were not willing to

contribute at all although willing to participate. Very few were willing to contribute more than 5% of their basic salary—one of the main reasons for not pay included low income. FGD responses were much higher where all respondents said they were ready to pay for health insurance. It has been mentioned that employees already pay contributions among them to assist each other financially. Few others stated that helping civil servants on living standards rather than medical assistance would make a difference.

Table 31. *Contribution of Civil Servants to Health Insurance*

	Freq.	**Percent**
None	124	33.8
2-3%	180	49.0
4-5%	40	10.9
More than 5% of your basic salary	23	6.3
Total	367	100

3.4.5. The Percentage to Contribute Plotted against Gender

Table 31 illustrates if there is a gender difference in the percentage of participants are willing to contribute. The results show that among the male, half of the male participants wanted to pay 2-3% of their basic salary in contrast to 34% who were not willing to contribute at all. Few of the male participants wanted to pay more than 4-5%. While among female participants, those who were willing to pay 2-3% and those who didn't contribute were the same, respectively. Few female participants wanted to pay more than 4-5%, similar to men.

Table 32. *Percentage to contribute plotted against gender*

	Gender	
	Male	**Female**
None	74	50
2-3%	131	49
4-5%	25	15
More than 5% of your basic salary	18	5
Total	248	119

3.4.6. The Percentage to Contribute Plotted against Grade Salary

Grade C and D are a bit more willing compared to A and B. Among participants with Salary Grade A, 34% are willing to contribute 2-3%, while 19% are willing to pay more than 4%. Among Grade B, half of them are willing to pay 2-35, while 32% are not willing to pay at all. The same is true with Grade C and D. The most important thing is that most participants want to spend 2-3% of their salary. If these percentages are converted into Somaliland Shilling-2-3 percent constitute 22,00-33,200 SShl with Salary Group A, 18,258-27,387 SShl with Group B, 14,01-21,106 SShl with Group C and, 8,236-12,255 SShl with Group D. If these deductions were made from their basic salary from each salary group, the contribution amount of civil servants regardless of their salary grade is insufficient especially with Group B, C and D. This is mainly because the basic salary of employees is exceptionally low.

Table 33. *The percentage to contribute plotted against grade salary*

	A	**B**	**C**	**D**	**Total**
None	102	11	7	4	124
2-3%	135	19	12	14	180
4-5%	37	2	1	0	40
More than 5% of your basic salary	20	2	1	0	23
Total	294	34	21	18	367

Table 34. *The percentage to contribute plotted against grade salary in Somaliland Shilling*

	A	**B**	**C**	**D**
None	0	0	0	0
2-3%	22,200-33,200	18,258-27,387	14,071-21,106	8,236-12,355
4-5%	44,400-55,500	36,516-45,645	21,106-35,178	16,473-20,592
More than 5% of your basic salary	+55,200	+45,645	+ 35,178	+20592
Total	294	34	21	18

3.5. Service Providers' Willingness and Contribution about Establishing Health Insurance for Somaliland Civil Servants

3.5.1. Service Providers' Willingness to Establish Health Insurance for Civil Servants

Initially, eight service providers both public and private were planned to be interviewed however, only five have been interviewed. The remaining three hospitals rejected to participate the research. Those five hospitals were Hargeisa Group Hospital (Pub), Kaah Community Hospital (Priv), Manhal Specialty Hospital (Priv), Edna Adan Hosptial (Pub-Priv) and, Cigaal Dental Hospital (Priv). It was realized from the interview that all the five selected health institutions had welcomed the establishment of social health insurance. On the other hand, one interviewee has emphasized that the government should improve the civil servants' living standards because the government pays low salaries to these civil servants. The interview also confirmed that private health insurance like Manhal Specialty stated that they have a traditional agreement between the national army and the defense ministry. In the meantime, all the private health institutions have agreed that health insurance is a high cost for private companies

3.5.2. Service Providers' Contribution to New Health Insurance for Civil Servants

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 the development of health institutions and contributed to better service provision to their community. KAAH Community Hospital provides 20% 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.

CHAPTER FOUR: CONCLUSION AND RECOMMENDATIONS

4.1. Conclusion

This research aimed to investigate the willingness and contribution of Somaliland Civil Servants and Health Service Providers towards health insurance for civil servants. Findings show that men predominantly dominate Somaliland civil service. The older people are few compared to young and middle-aged people. The study revealed that majority of participants are graduates. Half of the participants were married, while a close number were unmarried. The study also discovered that almost half of the participants have a family size between 3-8 persons. Most participants interviewed have grade A salaries. There are few participants with grade misplacement. The pay of Somaliland civil servants is based on their qualifications rather than the job they do.

One of the objectives of the study was to assess the medical challenges Somaliland civil servants face. 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. Going for a medical check-up regularly helps avoid many diseases and catch other conditions early on. 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 faced included Gastritis, Diabetes, Gynecological & Obstetrics, and Heart Problems. A quarter of the participants have chronic conditions for which they take regular medications for. These chronic conditions include 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 about why they went outside, they required medical specialization followed by medical equipment not available in Somaliland. Few 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 their MDAs financially assisted few participants. The minimum amount they were supported with was $250, while the maximum amount was $5000 with an average of $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 MDAs. But there are small contributions 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. They use traditional methods, but there are no written policies or procedures they follow when making such arrangements. The vast majority of participants pay their medical expenses out-of-the-pocket.

The second objective of the study was to assess the willingness and contribution of stakeholders for establishing health insurance for civil servants. 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 will contribute to remove their health financial barriers. Also, vast majority of civil servants are willing to patriciate and contribute if health insurance is established. Half of the participants are willing to pay 2-3% of their basic salary while a quarter of total participants are not willing to contribute at all because of their basic salary are extremely low and does not even cover their basic needs.

There is a gender difference in how much to contribute. 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 that much difference among grouping participants with their salary grade.

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. All these hospitals stated that they frequently assist Somaliland citizens in general and in particular the Somaliland civil servants and Somaliland National Army from their health spending by giving discounts and other arrangements.

4.2. Recommendations

A significant number of Somaliland civil servants are struggling with health issues and chronic conditions. They don’t also make any medical check-ups which if done, helps them avoid many diseases and catch other conditions early on. They also have financial challenges that had stopped them from seeing or visiting a hospital. Most of participants didn’t receive any financial assistance from their MDAs, ending up using out-of-the-pocket. All participants are willing to participate a cost sharing mechanism or establishing health insurance but there are significant number which are unwilling to contribute a certain percentage of their basic salary. As a result, Civil servants' income is directly and positively related to the amount they are willing to contribute as a health care insurance premium. The payment of Somaliland civil servants is very low. Therefore, it is recommended that raising civil servants' incomes would increase the revenue collection and their willingness to contribute more.

It is essential that civil servants get financial assistance and support to reduce out-of-the-pocket spending. Therefore, the study recommends that there is need for Somaliland health insurance

for civil servants which will aim 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 study also recommends that if health insurance is established, the potential target group should be specifically for civil servants only. Also, the study recommends that the 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 Agency to manage and run the civil service health insurance with tight legal frameworks and regulations and define the services that will be provided to the insured civil servants.

Finally, it is recommended that a similar study to be carried out with 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.

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