Solidarities for Speculative Future Sickness: Ethiopian *Əddərs* as Health Insurers?

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Abstract

In this paper, we explore the potential for integrating the *əddər*—an Ethiopian approach to social solidarity and form of social organization that in the contemporary period has most commonly seen people collectively pooling money to defray costs of burying loved ones—into the federal government's population health planning. Specifically, while the state is investigating whether or how to initiate a national health care system, the issue of how to subsidize it is a central problem. Our work emerges from a literature review and fieldwork in Ethiopia. The former was structured to answer questions about how *əddərs* have been used to offset burial and health care costs from 1958 to 2013. Exploratory fieldwork was shaped by two lines of questioning: how do *əddərs* organize and sustain activities related to financing or insuring members' health care costs, and how do *əddər* members characterize their relationship with the state's health care system? Results from both of these inquiries demonstrate that *əddərs* have been and continue to be key actors in healthcare financing over time. Since Ethiopians possess both the knowledge and experience in collective pooling of monies for mutual benefit, and since there is not yet a federal tax redistribution system able to benefit all, a pressing question remains: might *əddərs* be useful insurers to offset costs related to speculative future sickness? We conclude that *əddərs* are contextually relevant thus strong sites of practice from which to situate community-level health insurance programming, either as alternatives to or as part of the Ethiopian federal health care system.

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Introduction

With a population of more than 109 million persons as of 2018 (United Nations Department of Economic and Social Affairs 2019),[4] Ethiopia is the second most populous country in Africa next to Nigeria. The 2019 Human Development Index ranked the country 173rd of all countries and territories in the world. Nearly 62 percent of the population lives under "severe multidimensional poverty" and 27 percent of the population below the poverty line.[5]

Ethiopians' overall health status is poor compared to low-income countries in sub-Saharan Africa. The national health care system is generally underdeveloped and underfinanced, and its services are scarcely able to meet people's health care and services needs. As we see, the Ethiopian government, bilateral and multilateral donors, non-governmental organizations, the private sector, and resident and diaspora family funds finance the health sector in Ethiopia. 36 percent of health financing in Ethiopia comes from donors, 33 percent from households, 30 percent from the government, and only one percent from the private sector (Federal Democratic Republic of Ethiopia Federal Health Insurance Agency 2015). A strategy on health insurance was developed since 2008 aimed at increasing health care and reducing household vulnerability to out of pocket expenditures for health care.

The *əddər* (otherwise written in the literature as "*iddir*" or "*eddir*") is an indigenous form of community-level social organization in Ethiopia that carries with it the symbolic values of solidarity and reciprocity. From its inception in the early twentieth century, the *əddər* has been used as a vehicle to defray costs associated with burial. Through time, the use of *əddərs* has evolved to subsidization of more generalized human needs, including in the areas of health, education, community mobilization, and social development. Membership to *əddərs* is voluntary, and most Ethiopians, particularly the urban poor, are noted to belong to at least one *əddər.* There are at least fifteen types of *əddərs* recorded in Ethiopia, including those organized around peoples' occupations, place of residence, and ethnicity (Pankhurst and Damen

[4] United Nations Department of Economic and Social Affairs, "World Population Prospects: The 2019 Revision," https://www.un.org/en/development/desa/population/index.asp (accessed 13 February 2020).

[5] United Nations Development Program, "Human Development Report 2019: Beyond Income, Beyond Averages, Beyond today: Inequalities in Human Development in the 21st Century," http://hdr.undp.org/sites/default/files/hdr2019.pdf (accessed 15 February 2020)

2000). *Əddərs* are found to transcend divisions organized by socioeconomic status, age, gender, ethnicity, religion, and geography (Ephrem 2010; Pankhurst and Damen 2000; Dejene 1993a; Shiferaw 2002).

In this article, we argue for how *əddərs* might be used as a mechanism through which to introduce health care insurance in Ethiopia. We illustrate our particular concern for the potential to use the *əddər* in health financing activities in ways that stand to favorable impact on the lives of the most socially disadvantaged Ethiopians. To illustrate our point, we draw on findings from our scoping fieldwork, carried out in Ethiopia in 2013 in association with results from a literature review of published and unpublished sources (for annotated bibliographies compiled from the literature review, see Desalegn 2018 or Desalegn, Bisaillon, and Yordanos 2020).

This article is organized into three parts. We begin with an analytic overview of our review of the literature organized thematically and temporally. This review is aimed to document, track, and produce understandings about how *əddərs* have been used and continue to be used in health care activities in Ethiopia. We then turn to discussing the social health care strategies in Ethiopia, and within this, we advance the ideas that *əddərs* are valuable sites of practice to fold into the formal health care system. In the last section, we describe ways to move forward with our proposal. This article will be particularly useful for those interested in considering how to use the *əddər* to deliver health care service in Ethiopia.

We carried out fieldwork scoping in Ethiopia for four weeks in July and August 2013. We organized in-depth discussions with informants from academia, federal and municipal governments, non-governmental organizations, *əddər* associations, and savings and credit associations in Aqaqi, Shashämäné and various neighborhoods in and in the urban periphery of Addis Ababa. To learn about health-related practices and services offered by *əddərs*, we met with groups with differing organizational structures, sizes, social histories, and socio-demographic characteristics. We consulted *əddər* members and representatives of the following four organizations in Addis Ababa: Səlassie Development *Əddər* located in Aqaqi, Färänsay Neighborhood Women's *Əddər* Union located in Färänsay, Täsfa Social and Development Association located in Kolfé Qäranio, and Addis Ababa *Əddərs* Development Association as well as Addis Ababa City Administration Bureau of Labor and Social Affairs.

Our scoping fieldwork exercise culminated in a research debrief meeting in Addis Ababa. Sixteen informants from the list of people working in the *əddər* associations noted above accepted to meet to discuss and debate our findings from the scoping fieldwork exercise, and to imagine the way forward for actual implementation of the use of *əddərs* for healthcare financing.

Scoping review

The first journal publication in which *əddər* is mentioned is in 1958. Since then, scholarship on the *əddər* has produced an enormous corpus of documents of various kinds, including scholarly, popular, and government reports. The findings of the review show that quantitatively *əddər* can be regarded as one of the most studied topics in Ethiopian studies. Students, scholars, local and international non-governmental organizations, and, to some extent, governmental organizations constantly chose to work on or with *əddər*. The volume of work we were able to collect to our extent possible is shown in the following table.

Table 1: Work on the *əddər* by type of publication (as of 2019)

Type	Number of features
Government and non-government reports	32
Bachelors' essays	27
Scholarly articles	28
Newspaper articles	13
Conference proceedings	12
Masters theses	9
Magazine articles	6
Doctoral dissertations	2
Book chapters	1
Miscellaneous [6]	13
Total	143

Source: Authors' literature review, 2019

Research on and working with *əddər* has the experience of three regimes: the Imperial Regime (1958 to 1974), the Därg Regime (1974 to 1991), and the regime of Ethiopian People's Revolutionary Democratic Front (EPRDF) (since 1991). Depending on their ideology, the regimes laid some patterns on

[6] They, for example, include encyclopedia and dictionary entries and novels.

the *əddər* literature. Mainly, we can see patterns in terms of quantity of materials produced during each regime and thematic focus.

Table 2, Work on the *əddər* under contemporary state regimes

State regime	Number of features	%
Imperial, 1958 to 1973	28	20
Därg, 1974 to 1990	22	15
EPRDF, 1991 to 2019	93	65
Total	143	100

Source: Authors' literature review, 2019

Yet, a major development in the *əddər* literature and that can also account for variation in number as shown in the above table is thematic trend. Since its first journal publication in 1958 (Pankhurst and Andreas 1958) during the Imperial Regime and as a subtopic within a broader subject of voluntary associations, the literature on this topic has evolved into a wide range of thematic areas. Broadly, there exist materials focusing on socio-historic dimension, on health care and health care financing, on community development in general, and miscellaneous.

But, a thematic thread that commonly characterizes the great majority of the literature is the argument for the use of *əddərs* for social development. The first publication itself (Pankhurst and Andreas 1958) has its points on this, including the use of these social organizations as platform to provide social health insurance. When the first article fully dedicated to *əddər* was published ten years later in 1968 (Alemayehu 1968), it paid considerable attention to the potential role of the institution beyond consolation and bereavement.

The 1960s and 1970s were remarkable periods of the Imperial Regime, both in terms of the quantity of materials produced and "developmentalization" of the *əddər* literature. Particularly in the late 1960s and the early 1970s, the regime showed an "interest" in *əddərs,* and structurally and functionally, it linked them with state institutions. Following this influence, many academic and non-academic writings focused on the use of them for community, social, and structural developments (examples include Mekuria 1973; Mulunesh 1973; Fekadu 1976; Mekuria 1976). State newspapers such as *Ethiopian Herald* and *Addis Zämän* also documented a number of news, articles, and editorial declarations. For example, the former posted *əddər* related text two times in

1968,[7] once in 1970,[8] again once in 1971,[9] and three times in 1972.[10] The same number of posts can be estimated for *Addis Zämän*, the Amharic counterpart of the *Ethiopian Herald*. These entries have information on amount of monetary or labor contributions used to be made by *əddərs* to constructing, often, schools or roads. They also documented consultative meetings made between the state and these organizations. The same can also be learnt from statements issued by Ministry of National Community Development and Social Affairs, or Ministry of Interior, the then concerned state organs pertinent to community development or *əddərs* (For example, see the Ministry of National Community Development and Social Affairs Urban Community Development Program Section 1971). Indeed, the use of *əddərs* for social development was the fashion of the day during this regime and the literature is dominated by this state-lead discourse.

During the Därg regime, this trend continued but with some setback. The regime saw *əddərs* as a hub of reactionary forces. At best, it wanted them to endorse socialist ideology and support the state, and at worst, be eliminated. The government confiscated their properties and destroyed their structure (Mesfin 2002; Bustorf and Schaefer 2005; Pankhurst 2008; Pankhurst and Damen 2000; Feleke 1998). This ensued in reduction of the production of literature into less than what we find for the Imperial Regime. Some existing ones are also oriented towards socialist ideology of the time (see for example; see Yitfesah 1988; Kibebew 1978; Bacha 1983).

The period after 1991 opened a new chapter for multi-faceted "developmentalization" of the *əddər* literature. For this period, we can find the publication of reports that for the first time introduce specific development priorities. This includes the role of *əddərs* in health insurance (Frankowska 2019; Kloos and Damen 2000; Shiferaw 2002; Wubalem 2003; Garom 2007; Shimelis et al 2009; Dejene 2010b), in informal banking service (Dejene

[7] "35,000 Addis Ababans are Members of *Ǝddər*," *Ethiopian Herald,* 17 September 1968; "Lədäta Residents Raise Fund," *Ethiopian Herald*, 17 September 1968.
[8] "Minister Cites Need for Co'ops," *Ethiopian Herald*, 25 December 1970.
[9] "Kolfe Residents Help to Furnish Local Meeting Hall," *Ethiopian Herald*, 14 October 1971.
[10] "Seminar for *Ǝddərs*," *Ethiopian Herald*, November 10, 1972; "Seminar for *Ǝddərs* Here Opens at Municipality," *Ethiopian Herald*, 9 November 1972; "Seminar for *Ǝddər* Leaders Here Called Beneficial," *Ethiopian Herald*, 16 November 1972.

1993a; Tigist 2000; Israel 2010), in conflict resolution (Getinet 1999), [11] and in democratization process and social accountability [1] (see for example Sisay 2002; Butcher 2007). This also means the period after 1991 has introduced new methodological paradigms, ranging from sociological studies (For example, see Alamayehu 1968) to econometrics (Tigist 2002; Israel 2010). Besides, the period after 1991 has introduced into the literature concepts from different fields such as "social capital" (Pankhurst 2003), "capacity building" (Shiferaw 2002), and "empowerment" (Shiferaw 2002; Muir 2004).

In fact, there are materials in the *əddər* literature partially or fully devoted to topics other than development as such, for example, which focus on historical and/or structural perspectives (Pankhurst 2008; Mekuria 1976; Salole 1982; Sime 1986). But not only are they a few in number to represent the overall trend but also are inevitably "developmental" as they discuss origin and transformation of *əddərs* in relation to the role of this institution in alleviating social problems (Pankhurst 2008). It is possible to say that albeit at varying degrees, writers are heavily and increasingly influenced by the view that *əddər* can be a fertile ground to meet developmental needs. The overall trend shows, indeed, there is a very great advance in accumulation of knowledge regarding this institution and there are persistent recommendations for its use to solve social problems.

The literature invariably calls not only for the use of *əddərs* in development but also in almost all dimensions of social development. Researchers call for the use of them for prevention and control of HIV/AIDS (Pankhurst et al 2008; Garoma 2007; Wubalem 2003; Pankhurst and Damen 2000) for community development (such as planning, implementation, financial or labor contribution as well as management of development projects) (for example, see Atnafe 1973; Geleta 1995; Shiferaw 2002) for informal banking and insurance services (see for example Israel 2010; Dejene 1993a; Dejene 1993b). Can *əddərs* bear burden of supporting all these aspects of development? If they can do, it means they become the state itself. The whole body of *əddər* literature on the topic of development can be characterized as too ambitious.

[11]See also chapters in the edited volume *Grass-Roots Justice: the Contribution of Customary Dispute Resolution*, ed. Alula Pankhurst and Getachew Assefa (Addis Ababa: Centre français des études éthiopiennes, 2008).

We did not have the chance to see which aspect of development *əddərs* can be most efficient and effective. Yet, it is an indisputable claim to say that *əddərs* can be best effective in addressing health care needs more than any other duty. In more than half a century's time, *əddərs* have been dealing with health-related issues and this gives them an ample experience to build on for an effective healthcare financing program. In addition to their function, the structure and the time honored values inherent in the institutions are more favorable to addressing health care needs of its members. Several case studies have also been already produced showing the health care function of *əddərs* to be efficient.

Social health insurance strategy in Ethiopia

In 1998, the government of Ethiopia implemented a health sector reform strategy followed by a health policy and financing initiative (United States Agency for International Development Ethiopia (USAID) 2011). This initiative aims to increase efficiency of allocation and use of public resources; expand the role of the private sector in dispensing health care services; and, assist in developing risk-sharing mechanisms for delivery of these services (Pankhurst and Damen 2000). The new financing strategy includes a health insurance initiative, which is intended to be a step toward universal health care coverage across Ethiopia (Amanuel 2014). The three goals of the health insurance initiative include: improving access to health care; providing financial protection from health care costs; and, mobilizing additional resources to improve the quality of health care.

This insurance initiative has two parts. The first is the Social Health Insurance Strategy, which, according to the Ethiopian federal government proclamation, is a mandatory health insurance program for pensioners and employees participating in the formal Ethiopian economy (Federal Democratic Republic of Ethiopia 2010). The second is the Community-Based Health Insurance program (hereafter referred to as CBHI), which is a voluntary insurance strategy for people who participate in the informal economy (USAID 2012). Evidence from West Africa suggests that CBHI strategies have not achieved meaningful levels of coverage or enrollment (Anno-Marie et al 2012; Onwujekwe et al 2009). Although the success of CBHI programs in low-income countries is debated (Ekman 2004) empirical reports indicate that such programs have successfully protected households financially and in terms of improved access to health care services and health outcomes (Carrin, Maria-Pa

and Criel 2005; Mossialos 2008; Sulzbach and Smith 2008; Franco et al 2008; Jutting 2003; Reinhard, Hohmann, and Huber 2002; Hadad 2012).

In 2011, the government of Ethiopia, supported by the United States Agency for International Development and other international agencies, launched a pilot CBHI program in thirteen selected rural *worädas* (lower-level government administrative and jurisdictional units) throughout Ethiopia. This pilot program successfully implemented the health financing initiative described above, but it faced challenges with resource mobilization, stakeholder capabilities, and low level of awareness about CBHI, as per the mid-term project evaluation (USAID 2011). As is often the case with donor-led CBHI strategies, such initiatives are by nature top-down interventions, and their long-term sustainability is questionable (Mladovsky and Mossialos 2008). Hence, it is here that the role of *əddərs* becomes an indispensible potential for the realization of the CBHI in Ethiopia.

***Əddərs* to subsidize cost for health care?**

According to the latest Ethiopian national census in 2007, nearly 90 percent of Ethiopians earn their living in the informal sector (Population and Census Commission (PCC) 2007). While the mandatory Social Health Insurance discussed above covers health care costs of those people who participate in the formal labor market, most Ethiopians will not benefit from this program because their work is associated with informal sector revenue generating activities. With increasing support for CBHI strategies in Ethiopia from the World Health Organization and United States Agency for International Development, among other agencies, *əddər*-based health insurance would seem to represent an excellent opportunity and means through which to provide health care coverage to the bulk of the population.

As already indicated, findings from studies by Ethiopian public health researchers suggest that using traditional community-level organizations such as *əddərs* for health care financing purposes holds the promise of being viable in the long-term (Shimelis 2009; Damen 2002; Wolde 2010). This is partly attributed to the point that the *əddərs* are noted to have been involved in health care and service since the late 1960s. *Əddərs* initially defrayed members' medical expenses (Dejene 1993a), and their role progressively expanded to include health care financing (Shimelis et al 2009; Damen 2003), and care for people living with HIV and AIDS (Kloos et al 2003; Wubalem 2003; Kloos and Damen 2000). They have historically enjoyed high degrees of social

cohesion, mutual trust, and reciprocity among members; generating the social capital needed to create conditions for the success of CBHIs (Mossialos 2008). The willingness of members to join *əddərs*-based health insurance strategies is noted to be very high in both urban (Shimelis 2009) and rural (Damen 2002; Damen 2003) areas of Ethiopia.

In particular, the existing studies identify illness as one of the most troublesome shocks in Ethiopia, with a significant effect on consumption, especially among low-income people (Damen 2002). This was supported by our preliminary fieldwork as illness was among the most frequently mentioned shocks and that accessing health care services has become extremely challenging, especially for poor households. Moreover, the recent reform of the Ethiopian health sector has introduced user fees for health care and services. Although there are protections for the socially disadvantaged such as fee waivers, inadequate financing and highly bureaucratic systems limit the quantity and quality of health care or render it inaccessible due to high out-of-pocket payments (Federal Ministry of Health (FMOH) 2010). When combined with the recent economic crisis, these problems make illness a major risk for the poor, necessitating the search for alternative health care financing strategies, such as through the *əddərs*.

Some *əddərs* have the experience of responding to illness shocks and integrated health needs by showing their potential and readiness for expansion, albeit in a rather ad hoc and unsystematic way, while others have created separate health care institutions under the rubric of *əddər*.[12] In a study on the involvement of *əddərs* in health care, twenty-two percent of household survey respondents and sixteen percent of exit survey respondents in two regions of Ethiopia were using *əddərs* for health care financing, while more than fifty percent of the sampled *əddərs* were engaged in activities addressing HIV/AIDS (Damen 2002). Evidence also suggests indirect involvement of *əddərs* in other health care issues (Pankhurst 2008), such as cash payouts deducted from death benefits or loans to pay for health care services, purchase food, access health education and counseling, or connect with service agencies (Pankhurst and Damen 2000; Dercon et al 2006). *Əddərs* also help the ill by waiving certain membership dues such as monthly contributions (Pankhurst 2008). Such efforts have proven effective in absorbing illness shocks. For example, Dercon and colleagues' study that assessed the effect of illness on household consumption reported that households with *əddər*-based health

[12] Field note, July 2013.

insurance had a lesser reduction in per capita consumption than households where no *əddər* provides support for health care (Dercon et al 2006).

Əddərs are ideal vehicles for expanding health insurance services, as they still enjoy the highest and most widespread membership of diverse populations, especially in central Ethiopia (Kiros 2012). Studies indicate that traditional risk-pooling arrangements with higher levels of trust generate higher enrollment rates in CBHI programs. Thus, as social institutions that specialize in insurance, *əddər* should find it natural to upgrade and diversify their products. Several empirical studies have credited *əddər* for their favorable institutional framework for health insurance programs and have documented strong willingness to participate in such schemes (Haile Mariam 2003; Asfaw and Braun 2004; Shimelis et al 2009; Dercon et al 2006). Moreover, the current government policy of adopting CBHIs and creating a policy environment conducive to social insurance (FMOH 2015) should benefit research on the potential for *əddər* to offer CBHI programs.

The hitherto findings by scholars have also been corroborated by our own scoping fieldwork in 2012 and 2013. During 2012, we cultivated a research partnership to investigate, based on our first-hand experience, the role the *əddər* and other cognate community-level indigenous social organizations in the country have played and continue to play in the lives of many Ethiopians. At the same time, we have also a troubling experience about features of the living conditions of people among whom we had lived and worked as professionals and researchers in Ethiopia. Notably, there are perceived and actual barriers associated with health and social goods in Ethiopia, including access to and affordability of services, care, and life-saving medicines. Concerned as we were about the real-life consequences for people of such barriers, we reflected on the possibilities for harnessing the know-how of *əddərs* for application in the area of health broadly defined, and then set a course for empirical inquiry.

In 2013, we secured funding from the Global Health Research Capacity Strengthening Program to carry out empirical work in the form of a project we called "Beyond Bereavement: Investigating How to Use the *Əddərs* for Social Development and Healthcare Financing in Ethiopia." Our aim was to understand how and whether *əddərs* could potentially be used as mechanisms through which to organize and deliver health care insurance and to participate in the introduction of today's national health care financing in Ethiopia more broadly. We sought to lay the groundwork for later stage work that would

identify and explore how *əddərs* could partner with government to implement community-level health insurance strategies in Ethiopia. Further, we anticipated that this groundwork would be useful in setting the stage for work focused on documenting and exploring contextual factors enabling or inhibiting the introduction and eventual success of *əddər*-based health insurance programs.

The findings of this scoping review show both opportunities and challenges. Let's start with opportunities. From the scoping empirical exercise, we were able to find out that most of the opportunities, which we noted above from the empirical studies in the literature, are also found to be still strongly relevant to the role of *əddərs* for healthcare financing. Firstly, the *əddərs* we consulted have experimented with a range of development activities including micro-credit or micro-financing programs. Numerous *əddərs* in Addis Ababa have already integrated health care financing services to mitigate members' anticipated health issues and tackle health-related problems. A first example is a group of women with whom we met who organized into formal cooperation to offset and share costs of anticipated health care and services. Women are members of the non-governmental organization called the Organization for Women in Self Employment in Addis Ababa. Their health savings collective began in 2001 as an extension of the Savings and Credit Cooperatives organized through this Organization. While this collective mentioned here is not formally an *əddər* as conventionally understood, this health savings association shares many of the organizational features of a community-level health insurance program. To our knowledge, this group is the only one of its kind in Ethiopia.

The organizing and leadership skills of members of the Səllassie *Əddər* in Aqaqi provide a second illustration of interesting existing experiments with and engagement in health care financing. An informant told a story about how, a short time prior, *əddər* members began contributing five birr towards health insurance. When this contribution is not enough to cover a member's health care expenses, the *əddər* attracts matching or contributing monies from local non-governmental organizations. In this same *əddər*, approximately 100 members have benefited from eye care treatment from visiting specialists. We were told there is a future plan to raise members' contribution level with the aim of being in a position to defray all members' health care costs, coupled with the strategy of expanding membership to increase the pool of funds. The organizational characteristics of *əddər* discussed here inform our belief that

əddərs are stable organizations through which it would be possible to introduce CBHI programs for the benefit of poor people in Ethiopia.

In addition to the already continued experiments of *əddərs* with healthcare services, another opportunity we found out from the scoping review is the state interest in addressing healthcare problems of Ethiopians. The third priority listed in the 2012 “Ethiopian National Social Protection Policy” (Ministry of Labor and Social Affairs 2012) is the introduction of social insurance throughout Ethiopia. This policy includes health insurance and makes space for considering alternative or different forms of channels through which to provide health care financing for Ethiopians. The government of the Federal Democratic Republic of Ethiopia has also enacted a proclamation governing social health insurance to provide quality and sustainable universal health care coverage though this proclamation covers only beneficiaries of formal sector employees and their families (Federal Democratic Republic of Ethiopia 2010).

On the other hand, our scoping fieldwork experience also shows some challenges. The first one is with regard to the relationship between *əddərs* and the state. Participants raised the issue that *əddərs* are very suspicious about external intervention. When even researchers go for data collection, they become disinterested because they fear government representatives spy on them. There is a practical and theoretical fear of government intervention as *əddərs* strive to maintain their autonomy and independence from any form of control. For example, an experience was shared that one of the *əddər* organizations was required to put money it generated from non-governmental organizations into a government account, which potentially subjected them to a firm control by the government bodies when they want to withdraw the money. Participants emphasized that government should not have any other role than licensing and facilitating certain bureaucratic procedures.

On the other hand, collaboration with the government should not be deemphasized. There are some *əddərs* that are already working with the government on crime prevention, prevention of illegal human trafficking, peace and security, and the like. So, government may not have so much more interest than supporting *əddərs* for their betterment. The autonomy of *əddərs* can be seen today that all *əddərs* have their memorandum of association they drafted with their own free will. The consensus is that without infringing the internal autonomy of *əddərs*, government collaboration is important and mandatory. Likewise, *əddərs* can work with the government without

involvement into political affairs. A related point to this issue is that relations that could exist between the *əddər* and the state within the specific context of CBHI programs remain still speculative. What is clearer is that in Addis Ababa, at least, there is an existing infrastructure of relations and rules governing the relationship between the state and *əddərs*. For example, interview with leaders of the union of *əddər* associations in Addis Ababa showed that as of August 2013, there were more than 7,000 *əddərs* in Addis Ababa, of which 5,200 were formally registered with the city. *Əddərs* are now required to register and report financial status to the city administration to receive recognition and support. As of the same date, there was a union of *əddər* associations at the city level and ten unions at the Addis Ababa sub-city levels (one union for each of the ten sub-cities at the time), and still more such unions organized at the level of each *woräda*.

The financial constraints were also put as potentially putting set back to the role of *əddərs* in healthcare services. Lack of financial and technical capacity was raised that there were *əddərs* that are dissolved because of lack of money. There were times (in the hay days of the HIV epidemic) that they must participate in three burials in a day and they have to contribute additional money every time a member died. There is also lack of awareness among *əddər* members and their leaders on how the roles of *əddər* can be expanded without altering the essence of the organization. They think *əddər* is a religious association and an introduction of a slightest change (for example, a change in the memorandum of association) is equated with changing laws of their religion. According to a representative from the Addis Ababa *Əddər* Development Association, there are some *əddərs* that retain their traditional role of bereavement at burial despite this Associations' potentials and promises to awaken them to new realities.

There was consensus among informants we met during our fieldwork that the *əddər* and its use for social development purposes have been sufficiently studied. Informants were eager to move from theory to practice, expressing interest in participating in a pilot health insurance intervention. It was suggested that more research on how to use the *əddər* for specific development activities is unwarranted. This seemed to us to be at once an important and compelling point. After all, as we knew from our prior experience in Ethiopia, and as we learned from informants in this scoping exercise, health care and services costs are major concerns for people, not least of all because such costs represent a large proportion of disposable household revenue. It is not surprising then, that informants were eager to identify how *əddər*-based

insurance programs might function. There was interest in the logistical details about what health insurance would look like in practice: how it would be managed; how much money people would have to contribute; and other related practical matters.

Ideas for moving forward

Despite there is a large volume of literature including on *əddərs'* healthcare rules, there still remains an urgent need to explore the extent to which *əddərs* are currently engaged in health insurance functions. Although all *əddərs* offer similar funeral insurance products (Dercon, et al, 2006), their health care services differ widely, revealing a still existing knowledge gap. Research generating a comprehensive profile of existing *əddərs* and their current health care-related practices is needed to explain the diversity of member experiences. Have members demanded this or is there an urge to diversify for their (*əddərs'*) sake? More specifically, we need to know factors that have driven *əddər* to engage in health interventions and under which conditions *əddər*-based health interventions can succeed.

Information on how *əddərs* engaged in health insurance function manage their services is also scarce at best. Research must evaluate the administrative and financial capacities of *əddərs* for managing such functions and examine the coping mechanisms they use when facing challenges. Insurance contracts in general and health insurance contracts in particular are complex, and it has not been studied how *əddərs* manage contracts.

The demand for health insurance also begs an in-depth further analysis to elaborately figure out existing experiences, challenges and opportunities. Some sources, including our research, suggest that health care issues are significant for many households. For example, some empirical studies have assessed the willingness of *əddər* members to buy health insurance products. In a research, 86 percent of main survey participants and 90 percent of exit survey participants reported a willingness to participate in *əddər*-based health insurance programs (Damen 2002). Similarly strong results were found in a small-scale study in Jimma (Shimelis et al, 2009). These studies are useful indicators of possible demand for health insurance through *əddər*. However, additional research using ethnographic methods is necessary to assert to the policy makers the role of *əddərs* beyond doubt.

It is also imperative to explore the notion of illness and how it is addressed with in the broader socio-cultural context. One question to ask is whether illness is a priority risk in the Ethiopian context. For many poor people, who have other priorities, illness may be often felt as "a disaster" that people address when it happens rather than as a "risk" for which they need to prepare. On the other hand, death itself is considered, at any given time, a risk that is costly (both financially and socially) if it occurs. People whose behavior reflects this cultural perception of risk are more inclined to join *əddər* for funeral insurance than for health insurance, even when sick. For example, funeral attendance, the number of *əddər* to which one's family belongs, and overall attendance at a mourning ceremony indicate social status. Local proverbs such as "amuamuatén asaməräw" (literally, "Make my death beautiful") also point to the perceived importance of planning for death. This observation has serious implications for using *əddərs* as health insurance vehicles since the success of an *əddər* is associated mainly with the risk it addresses. A thorough understanding of illness perception, risk assumption, and the notion of risk-sharing will be indispensable to informing relevant design features and managing health insurance programs in Ethiopia. Such an exploration will also help to tease out other underlying sociocultural and economic realities informing such decisions. This is particularly important in view of Ethiopians' lack of familiarity with any model of insurance or appreciation of the idea of risk pooling for health shocks.

As indicated above, there have been also few studies to document the potential for partnerships between *əddər* and the government health care sector (Kloos et al 2003). There is, to our knowledge, no national study that documents how and with what consequences *əddər* have integrated health supports into their practices and services. There is also no systematic knowledge about how to use collaborative partnerships to promote a national system of health care financing in Ethiopia. There are a few studies (Garoma 2007; Damen 2002) on the *əddər* that speak to the promise they hold to strike partnerships with government toward universal health care coverage. What invites further exploration is the engagement of *əddər* in CBHI strategies and considering their institutional strengths and weaknesses when used in this way.

There are also generalized calls for raising people's "awareness" about logistical and applied details of what CBHI programs could entail; about specific social contexts of health and illness and practices associated with these as popularly initiated. For example, informants wondered about how and whether *əddər*-based health insurance would, in addition to covering clinical

health services, defray costs of specific cultural rituals, including holy water to ward of disease or traditional medicines to remedy acute illness. Within this same line of inquiry about social context was the idea that setting aside money for something as intangible as potential illness and future costs for health care and service is a historically exogenous idea in Ethiopia. Informants suggested that education around savings of this sort would need to take place if *əddər*-based health insurance collectives were to succeed.

Conclusion

Despite a widespread existence of *əddərs* across all parts of Ethiopia, and the fact that *əddərs* are embedded in the country's social fabric, the efforts and accomplishments of them have tended to be overlooked, fragmented, and unsystematically tracked. We emphasize that *əddərs* have the advantages of strengthening indigenous risk-sharing arrangements for social protection policies and focusing on the potential for *əddər* being a feasible institution. *Əddərs* are strikingly autonomous, voluntary, and historically all-inclusive associations. Making use of this widely available institution supports broader development goals through greater economic security and to lower health care costs. The socio-political context also makes the time ripe for considering *əddərs* for the healthcare service. Our informants also insisted that the time was ripe for action rather than study. However, further studies need to be made to address potential challenges in this regard, for example, challenges with regard to the small size and limited umbrella organizations or federations/unions of *əddərs*, whereas health insurance by its nature requires large numbers. Detail studies need to be also conducted to figure out specific ways and aspects by which *əddərs* could be involved and collaborate.

Acknowledgements:

We are grateful to the following people who participated in a debriefing meeting on using the *əddərs* for health insurance on July 30, 2013 in Addis Ababa: Prof. Damen Haile Mariam, School of Public Health, Addis Ababa University; Dr. Alula Pankhurst, Young Lives Organization; Dr. Melese Getu, Organization for Social Science Research in Eastern and Southern Africa (OSSREA); Dr. Wakgari Deressa, School of Public Health, Addis Ababa University; Dr. Getenet Tadele, Department of Sociology, Addis Ababa University; Dr. Moges Shiferaw, Agency for Co-operation and Research in Development (ACORD); Mr. Daniel Andugna, ENDA-Ethiopia; Mrs. Sister Gebremeskel, Organization for Women in Self Employment *iddir* for health

group (WISE); Mr. Dawit, Tesfa Social & Development Association; Mr. Andamlak, Tesfa Social & Development Association; Mr. Getatchew Mekonnen, Selassie *Iddir* Association; Ms. Zinash, Ya Ferensay Women's *Iddir* Association; Mr. Tamrat, Addis Ababa *Iddir* Development Association; and Mr. Ketema, Addis Ababa *Iddir* Development Association.

References

Alemayehu Seifu. 1968. "Eder in Addis Ababa: A Sociological Study." *Ethiopia Observer* 12(1): 8-18 and 31-33.

Amanuel Dibaba, et al., 2014. "Executive Sumary: Improving Ethiopian Health Sector Financing and Insurance." https://www.who.int/evidence/sure/esimprovinghealthcarefinancingethiopia.pdf?ua=1

Anne-Marie Turcotte-Tremblay, et al., 2012. "Mapping of Initiatives to Increase Membership in Mutual Health Organizations in Benin." *International Journal of Equity in Health* 11, 74:1−15.

Asfaw, A. and J. V. Braun. 2004. "Can community Health Insurance Schemes Shield the Poor against the Downside Health Effects of Economic Reforms? The Case of Rural Ethiopia." *Health Policy* 70: 97−108.

Atinafe Beyyene. 1973. "The Role of *Ǝddərs* in Urban Development." *Student Papers Miscellanea 17*, Institute of Ethiopian Studies, Addis Ababa University.

Bacha Hai.1983. The Role of *Ǝddər* in the Socio-economic Life in Addis Ababa, with Particular Reference to Mahəbärä Fəqər *Ǝddər*. Bachelors thesis, Addis Ababa University.

Bustorf, Dirk and Charles Schaefer. 2005. "Ǝddər." *Encyclopedia Aethiopica*. Vol. 2. Wiesbaden: Harrassowitz Verlag.

Butcher, Catherine.2007. "Understanding the Role of Informal Institutions in Social Accountability." *A Report Presented to the World Bank* October 2007, https://pdfs.semanticolar.org/ad10/481db7d5c74da1de62b2a4c499c91dae831a.pdf (accessed 13 February 2020).

Carrin, Guy, Waelkens Maria-Pa, and Bart Criel. 2005. "Community-based Health Insurance in Developing Countries: Study of its Contribution to the Performance of Health Fnancing Systems." *Tropical Medicine and International Health* 10(8):799−811.

Damen Haile Mariam. 2003. "Indigenous Social Insurance as an Alternative Financing Mechanism for Health Care in Ethiopia (the Case of Eders)." *Social Science and Medicine* 56(8):1719−26.

Damen Haile Mariam. 2002. “Ethiopia: Potential of Traditional Social Insurance for Supporting Health Care.” *IK Notes No 48*. World Bank, https://openknowledge.worldbank.org/bitstream/handle/10986/10790/multi0page.pdf;sequence=1 , accessed October 11, 2021.
Dejene Aredo. 2010. “The *Ǝddər*: An Informal Insurance Arrangement in Ethiopia.” *Savings and Development* 34(1): 53−70.
Dejene Aredo.1993a. “A Study of an Indigenous Informal Financial Institution in Ethiopia.” *Savings and Development* 17(1):77−90.
Dejene Aredo.1993b. “The Informal and Semi-Formal Financial Sectors in Ethiopia: A Study of the *Ǝqqub*, *Ǝddər*, and Savings and Credit Cooperatives.” *African Economic Research Consortium, Research Paper Twenty-One*. Nairobi, African Economic Research Consortium.
Dercon, Stephan et al., 2006. "Group-based Funeral Insurance in Ethiopia and Tanzania." *World Development* 34: 685−703.
Desalegn Amsalu, Laura Bisaillon, and Yordanos Tiruneh. 2020. *“I Have Risen from the Place I Always Used to Be”: An Annotated Bibliography of the Ethiopian Iddir*. Available at SSRN: https://ssrn.com/abstract=3662537 or http://dx.doi.org/10.2139/ssrn.3662537, accessed October 25, 2021.
Desalegn Amsalu. 2018. *Annotated Bibliography on Iddir.* Addis Ababa: Queen Sheba Printers.
Ekman, Björn. 2004. “Community-based Health Insurance in Low-income Countries: A Systematic Review of the Evidence.” *Health Policy and Planning* 19: 249−70.
Ephrem Shiferaw. 2010. “The Role of Community-based Organizations in Local Development: A Comparative Study of Three *Iddirs* in Addis Ababa, Ethiopia.” MA Thesis, Institute of Social Studies, Addis Ababa University.
Federal Democratic Republic of Ethiopia Federal Health Insurance Agency. 2015. “Evaluation of Community-based Health Insurance Pilot Schemes in Ethiopia: Final Report.” https://www.hfgproject.org/wp-content/uploads/2015/05/CBHI-Evaluation-5-2015.pdf (accessed 15 February 2020).
Federal Democratic Republic of Ethiopia.2010. “Proclamation Number 690/2010: A Proclamation to Provide for Social Health Insurance.” Federal Negarit Gazeta, 16th Year No 50, Addis Ababa.
Federal Ministry of Health (FMOH). 2010. *Health Sector Development Programme IV 2010/11 – 2014/15*. Addis Ababa: Federal Ministry of Health.

Feleqe Taddele.1998. "*Ǝddərs* in Urban Areas: Retrospect and Prospects." *Paper presented at the Workshop on the Role of Indigenous Associations and Institutions in Development.* Addis Ababa: Ethiopian Society of Sociologists, Social Workers and Anthropologists.

Feqadu Gedamu.1976. "Urbanization, Polyethnic Group Voluntary Associations and National Integration in Ethiopia." In *Urbanization in Ethiopia: A Text with Integrated Readings,* edited by Marina Ottawa. Addis Ababa: Department of Sociology and Anthropology, Addis Ababa University.

Franco, Lynne et al., 2008. "Effects of Mutual Health Organizations on Use of Priority Health-care Services in Urban and Rural Mali: a Case–Control Study." *Bulletin of the World Health Organization* 86(11):830−8.

Frankowska, Agata. 2019. "Selected aspects of Social Protection", in *Rural Ethiopia in Transition: Selected discussion briefs, 2018.* Addis Ababa: PDRC. http://ethiopiawide.net/publications/wide-bridge-discussion-briefs/ accessed October 12, 2021.

Garoma Käna. 2007. Exploring Partnerships with Civil Society Organizations in Health Development: The Case of *Ǝddərs* in Addis Ababa. Master's Thesis, Addis Ababa University.

Geleta Tesema.1995. "*Ǝddər*: Its Role in The Development and Social Change with Particular Reference to Woreda Five." Bachelors thesis, Department of Sociology and Anthropology, Addis Ababa University.

Getinet Assefa. 1999. "A Study on Indigenous Institutions and Local Development Initiatives. Case Studies from selected Gurage Areas of Ethiopia." Master's Thesis, Addis Ababa University.

Hadad, Slim, et al., 2012. "An Evaluation of the Outcomes of Mutual Health Organizations in Benin." *PLoS One* 7(10). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3471907/ (accessed 15 February 2020).

Huber, Götz, Jürgen Hohmann, Kirsten Reinhard. 2002. "Mutual Health Insurance: Five Years Experience in West Africa." Bonn:Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH. https://www.findevgateway.org/sites/default/files/mfg-en-paper-mutual-health-insurance-mho-five-years-experience-in-west-africa-concerns-controversies-and-proposed-solutions-2003_0.pdf (accessed 15 February 2020)

Israel Fekede. 2010. "A Study on the Feasibility of Health Insurance Schemes for Community-Based Groups Addis Ababa City: A Case Study of *Ǝddərs*." Master's thesis, Addis Ababa University.

Jutting, Johannes. 2003. "Do Community-based Health Insurance Schemes Improve Poor People's Access to Health Care? Evidence From Rural Senegal." *World Development* 32(2):273−88.

Kibebew Daka. 1978. *The Cooperative Movement in Ethiopia*. Addis Ababa: College of Social Sciences, Addis Ababa University.

Kiros Habtu. 2012. "Classifying Informal Institutions in Ethiopia." *Social Science and Medicine* 56: 1719−1726Kloos, Helmut and Damen Haile Mariam. 2000. "Community-Based Organizations and Poverty Alleviation Programs in HIV/AIDS Prevention and Control in Ethiopia: A Preliminary Survey." *Northeast African Studies* 7(2): 13–33.

Kloos, Helmut and Damen Haile Mariam. 2000. "Community-Based Organizations and Poverty Alleviation Programs in HIV/AIDS Prevention and Control in Ethiopia: A Preliminary Survey." *Northeast African Studies* 7(2):13−33.

Kloos, Helmut et al. 2003. "Community-based Organizations in HIV/AIDS Prevention, Patient Care and Control in Ethiopia." *Ethiopian Journal of Health Development* 17:3−3

"Kolfe Residents Help to Furnish Local Meeting Hall," *Ethiopian Herald*, 14 October 1971.

"Lədäta Residents Raise Fund," *Ethiopian Herald*, 17 September 1968.

LeMay-Boucher, Philippe. 2009. "Beninese and Ethiopian Informal Insurance Groups: A Comparative Analysis." *Development Policy Review* 27:333−347.

Mekuria Bulcha. 1973. "Eder: Its Role in Development and Social Change in Addis Ababa." Bachelors thesis, Hailä Silassie I University.

Mekuria Bulcha.1976. "The Social and Historical Background of *Ǝddər*." In *Urbanization in Ethiopia: A Text with Integrated Readings,* edited by Marina Ottawa. Addis Ababa: Department of Sociology and Anthropology, Addis Ababa University.

Mesfin Bantayehu. 2003. "A Preliminary Study on *Ǝddər* Institution in Addis Ababa." Final Report for the City Government of Addis Ababa.

Ministry of National Community Development and Social Affairs Urban Community Development Program Section. 1971. "Urban Community Development in Ethiopia." In *Social Science Miscellanea* 2, Institute of Ethiopian Studies, Addis Ababa University.

Ministry of Labor and Social Affairs. 2012. "National Social Protection Policy of Ethiopia." https://www.academia.edu/36312576/THE_FEDERAL_DEMOCRATIC_REPUBLIC_OF_ETHIOPIA_NATIONAL_SOCIAL_PROTECTION_POLICY_OF_ETHIOPIA, accessed October 11, 2021.

"Minister Cites Need for Co'ops," *Ethiopian Herald*, 25 December 1970.
Mladovsky, Philipa and Elias Mossialos.2008. "A Conceptual Framework for Community-Based Health Insurance in Low-Income Countries: Social Capital and Economic Development." *World Development* 36(4):590–607.
Mossialos, Mladovsky. 2008. "A Conceptual Framework for Community-Based Health Insurance in Low-Income Countries: Social Capital and Economic Development." *World Development* 36(4): 590–607
Muir, Anne. 2004. "Building Capacity in Ethiopia to Strengthen the Participation of Citizens' Associations in Development: A Study of the Organizational Associations of Citizens." (International NGO Training and Research Center (INTRAC) for the World Bank).
Muluken Yewondwossen. 2012. " Mandatory public health program starts July." *Capital*, 16 April 2012.
Mulunesh Tenagashaw.1973. "A Study of the Changing Role of Ǝnṭoṭo Worӓda Ǝddər Associations." Bachelors thesis, Haile Silassie I University.
Onwujekwe, Obinna et al. 2009. "Is Community-based Health Insurance an Equitable Strategy for Paying for Healthcare? Experiences from Southeast Nigeria." *Health Policy* 92(1):96−102.
Pankhurst, Alula. 2008. "Emergence, Evolution and Transformations of *Ǝddər* Funeral Associations in Urban Ethiopia." *Journal of Ethiopian Studies* 41(1-2): 143−183.
Pankhurst, Alula and Getachew Assefa eds. 2008. *Grass-Roots Justice: the Contribution of Customary Dispute Resolution*. Addis Ababa: Centre français des études éthiopiennes.
Pankhurst, Alula et al. 2008. "Social responses to HIV/AIDS in Addis Ababa, Ethiopia with reference to commercial sex workers, people living with HIV/AIDs and Community-Based Funeral associations in Addis Ababa." In *The HIV/AIDS Challenge in Africa: An Impact and Response Assessment*. Addis Ababa: Organization for Social Science Research in Eastern and Southern Africa.
Pankhurst, Alula, ed., 2003. "*Ǝddər*: Participation and Development." *Proceedings of the Ethiopian National Conference*. Addis Ababa: ACORD-Ethiopia.
Pankhurst, Alula and Damen Haile Mariam, 2000. "The Iddir in Ethiopia: Historical Development, Social Function, and Potential Role in HIV/AIDS Prevention and Control." *Northeast African Studies* 7(2): 35−57.

Pankhurst, Richard and Andreas Esheté.1958. "Self-help in Ethiopia." *Ethiopia Observer* 2(11): 354−364.

Population and Census Commission (PCC). 2007. *Population and Housing Census of Ethiopia: Statistical Report at National Level*. Addis Ababa: PCC.

Salole, Gerry.1982. "The Development of *Əddər* and *Mahəbär* in Addis Ababa." *Northeast Africa* 1(3): 233−245.

"Seminar for *Əddərs*," *Ethiopian Herald*, November 10, 1972

"Seminar for *Əddərs* Here Opens at Municipality," *Ethiopian Herald*, 9 November 1972

"Seminar for *Əddər* Leaders Here Called Beneficial," *Ethiopian Herald*, 16 November 1972.

Shiferaw Täsfaye.2002. "The Role of Civil Society Organizations in Poverty Alleviation, Sustainable Development and Change: The Case of *Əddərs* in Aqaqi, Nazareth and Addis Ababa." Master's Thesis, Addis Ababa University.

Shimelis Ololo, et al., 2009. "Indigenous Community Insurance (*Əddərs*) as an Alternative Health Care Financing in Jimma City, Southwest Ethiopia." *Ethiopian Journal of Health Sciences* 19(1): 53−60.

Sime Tadele. 1968. "Origin and Development of *Əddər* in Nazareth Town." Bachelors thesis, Addis Ababa University.

Smith, Kimberly and Sara Sulzbach.2008. "Community-based Health Insurance and Access to Maternal Health Services: Evidence from three West African Countries." *Social Science and Medicine* 66:2460-73

Sisay Gebre-Egziabher. 2002. "The Role of Civil Society Organizations in Democratization Process in Ethiopia." *Paper Presented at the Fifth International Conference of the International Society for the Third-Sector Research (ISTR)*, University of Cape Town, July 7−10, 2002) http://constitutionnet.org/vl/item/role-civil-society-organizations-democratisation-process-ethiopia (accessed 14 February 2020);

"35,000 Addis Ababans are Members of *Əddər*." *Ethiopian Herald*, 17 September 1968.

Tigist Lemma. 2002. "Economic Analysis of Social Networks: Empirical Study on Selected Women *Əddər* in Addis Ababa." Master's Thesis, Addis Ababa University.

United States Agency for International Development Ethiopia (USAID). 2011. "Health Sector Financing Reform Midtern Project Evaluation." https://vdocuments.mx/evaluation-ethiopia-health-sector-financing-reform-midterm-pdfusaidgovpdfdocs.html, accessed 15 February 2020.

United Nations Department of Economic and Social Affairs. 2020. "World Population Prospects: The 2019 Revision." https://www.un.org/en/development/desa/population/index.asp, accessed 13 February 2020.

United Nations Development Program. 2020. "Human Development Report 2019: Beyond Income, Beyond Averages, Beyond today: Inequalities in Human Development in the 21st Century." http://hdr.undp.org/sites/default/files/hdr2019.pdf, accessed 15 February 2020.

Wolde Ephrem Shiferaw. 2010. "The Role of community-based organizations in local development: A comparative study of three "Iddirs" in Addis Ababa, Ethiopia." Masters thesis, Institute of Social Studies, Erasmus University, https://thesis.eur.nl/pub/11135 accessed 14 February 2020.

Wubalem Negash. 2003. "The Role of Indigenous Voluntary Associations in Community Based HIV/AIDS Intervention Activities: The Case of *Ǝddərs* in Addis Ababa." Master's Thesis, Addis Ababa University.

Yitfesah Alemu. 1988. "Traditional Methods and Forms of Cooperation in Ethiopia." *Proceeding of the 9th International Congress of Ethiopian Studies* vol. 2, edited by. Taddesse Been. Moscow: USSR Academy of Sciences.