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Concertation entre les  
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des mutuelles de santé en  
Afrique de l'Ouest et du  
Centre

## Are we all partners ?

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Partnership is a word in fashion, but we have to be careful: it's a trap-word probably as equivocal as the notion of development itself. Are there not as many definitions of partnership as partners?

A partner, at the beginning was "a person one allies with, against other players" It's the opposite word for opponent, rival. In "Developers" jargon, partners are groups or persons allied for a project achievement.

As far as MHOs are concerned, partnership can be financial, can express itself through activities, programmes, training sessions and events organisation, pool of expertise or exchanges of experience. We can already fancy that a variety of partnerships exist, from the anecdotal collaboration, indeed opportunistic up to the mutual commitment in a long-term working relationship. Besides it's interesting to notice how many organisations call each other partner whereas their real collaboration in the field is insignificant.

### Conditions for a successful partnership ?

First of all, partnership should mean

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**Un programme appuyé par  
WSM, ANMC, BIT/STEP,  
GTZ/assurance maladie,  
PHRplus, AIM et RAMUS**

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«The MHO movement has greatly contributed within our countries to social wealth creation even though it's often forgotten. It's the social capital gathered along years that ensures today men and women permanent mobilisation for an equitable and solidarity social model. Spreading such values is essential for eastern and southern countries' future. As regards our experience, knowledge and convictions, we are in a position to supplement mutual insurance movement emergence in those countries».

**Jean Hermesse, National Secretary, ANMC**

## International mutual insurance partnership : A dream that comes true : Elwitj international conference

*Christian mutual aid movements support projects and form co-operation links with African and Eastern Europe countries. An international conference organised by the National Alliance of Christian Mutual Aid (ANMC) brought together in June, foreign partners from 11 countries as well as 12 Belgian Mutual insurance movements involved in a partnership relation. A unique opportunity to show the activities of Christian Mutual federations at the international level, to make an assessment of these activities and outline prospects in the scope of a foreseeable extension. This conference constituted also an important moment of exchanges among foreign partners, different project leaders who came from abroad, projects and Christian Mutual movements whether involved in these projects or with other organisations intervening in the field.*

### Mutual insurance in africa: Imported concept or local reality?

At the beginning of the conference, cases of dynamic mutual movements have been presented (Senegal, Poland, Congo, Guinea Republic, Romania). Then African participants' viewpoints on the mutual insurance concept were highlighted. At the cultural level, according to Dr Fernand Bationo (Executive secretary of Burkina Faso MHOs' support network) it's possible that social and cultural reading of situations related to risks of illnesses constitute barriers to MHOs development:

- Is saving money not an individual rather than a collective strategy ?
- Saving money to be able to face possible illnesses is it not a way of attracting them ?
- Illnesses being an individual breaking off of balance can it be borne by the community ?
- Therapeutic routes being various, don't MHOs have to adapt to them and integrate traditional medicine ?

Even if people are reluctant to join such types of groups because of social and cultural weights, other factors can also explain it: the fear of the unknown, failure of similar past experiences, influence of assistance, low level and precariousness of incomes. That's why explains Aboubacar Koto Yerima PROMUSAF co-ordinator in Benin, communication techniques are very important. MHOs development and promotion in Africa require large information and awareness campaigns according to a coherent and appropriate communication programme. However communication programmes conception and implementation in African rural areas require integrating two key-factors that are oral tradition and illiteracy.

This vision highly influenced the Benin experience but it tries also to integrate some modern communication patterns.

To debates, songs, tee-shirt printing are added other communication tools such as radio plays, mobile video, radio and television programmes.

Both approaches in complementarity are also being implemented in Mali where, as it has been explained by Issa Sissouma, UTM Development Executive "we have adapted our approach as regards social marketing to the two targets previously identified as of the utmost importance, urban areas and rural areas, and whose economic and social realities are very different."

Nowadays social marketing is indispensable to MHOs growth in Africa notably in urban areas so as to reinforce solidarity framework that is eroding.

### Importance of the relational field

For Bart CRIEL, Public Health lecturer at the Antwerp Tropical Medicine Institute, MHOs are not neutral socially speaking; they influence the battle of wills between beneficiaries and service providers. Then it's difficult to have true partnership between MHOs and Health Services.

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If for professionals there is a feeling of discomfort and resistance, for MHOs members, it's disappointment as they were expecting a better status.

MHOs as an "anti establishment force" to health structures is not enough. Health care quality and human relations must be improved at the same time.

The second day was dedicated to discussions on some set of problems common to all participants.

### **Mutual insurance and access to drugs**

MHOs impact was analysed in relation to an affordable drugs offer for their members. Limits can be placed at two levels: either drugs are too expensive for important sections of populations or there are no pharmacies or products available. In both cases MHOs can set up their own pharmacy.

Participants to the different workshops rapidly expressed the fact that due to this situation, MHOs were facing a dilemma: in one hand, achieve a sufficient turnover to cover operational costs, on the other hand, lay emphasis on a reasonable use of (generic) drugs which are more affordable.

MHOs should disseminate better information about use of drugs to their members, a role they have to share with the Authorities. Essential and generic drugs promotion have to go with a more elaborated control as far substitution issues are concerned.

### **Mutual insurance and voluntary work**

Voluntary work problematic in southern countries MHOs arise at two levels: how their ruling organs function and day to day management.

The limited number of their members does not allow MHOs to recruit professional managers nor to cover all the costs inherent to an MHO functioning.

Other limiting factors are volunteers' lack of training, low incomes for those who volunteer and their mobility because very often they're just doing it while seeking for a better opportunity.

Actions to be taken will consist in:

- developing income-generating activities,
- developing awareness activities to broaden MHOs basis for volunteers better support (transportation, communication costs...),
- Intensifying training sessions and support/advisory most in favour of MHOs voluntary workers,
- Developing common management services (co-ordination, unity etc.),
- Taking inspiration from Christian voluntary work system: giving incentives while putting emphasis on the non-profit aspect.
- Therefore, it's important to clearly define this concept in a detailed and unambiguous agreement to avoid real disappointments. In the West where writing culture is dominant, this is called "contract" or agreement. In Africa where oral tradition is predominant, this could be derived from a good discussion.

**Valérie Van Belle, responsible for information and communication, ANMC International Cooperation**

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sharing an ideal: previous discussions between future "partners" should define common values on which to base partnership. That seems to be obvious but still, it's the stage often forgotten in the face of the desire to rapidly do something that brings about results.

Next, partnership can find expression in programmes in which objectives are fixed in common. Means to be brought by each partner should be discussed and agreed in transparency. For the programme execution, a common decision-making mechanism should be set up as well as a monitoring and programme planning procedure, in which each partner has his say.

Partnership means exchange of resources : this is only possible when both sides are convinced that they have something to give and something to receive. Highlighting differences and seeking complementarity is then part of the process.

Each partner's expectations must be clearly exposed : most of the time, it's a matter of money, but it would be too simplistic to limit partnership to its financial aspect only.

Talking of which, it's high time to wring the neck to a too widespread myth on partnership principles: No, partners do not work on equal terms.

The relationship is more often unequal and it's better to recognise it right away and take it into account than to pretend to erase differences. In fact differences are striking, not only with regard to financial means but also to human resources, access to information, political influence capacity (lobbying).

This being noticed, one of partnership key-word becomes then respect of differences. Partnership is above all, a human experience, a relationship to be woven between people. And if, as for any human relation, success is based on recognition and respect of differences ?

**Dominique EVRARD, ANMC International Cooperation Co-ordinator**



## Institutional partnership : Verviers/ Thies experience

*A twinning is not a matter of organisations leaders but a community members commitment in search for a real fraternity. Both sides must give to themselves opportunities for discovery and knowledge of each other's values. That's why family visits and reception are recommended, cultural exchanges, in short a true sharing out.*



Since 1996, ANMC/WSM give support to African MHOs, first through the BIT/ACOPAM joint programme and then through the launching of the Africa MHOs Development Programme (PROMUSAF).

THIES MHOs leaders wished to benefit from Belgium experience as regard to mutual insurance. Verviers Mutual insurance proposed the offer of its services to join this initiative.

The 13th of January 2001 and the place FANDENE were chosen to pay tribute to THIES first rural MHO that was celebrating its tenth anniversary.

Mutual Insurance National Day was celebrated along with the objective of generating commitments, in prospect of MHOs better consideration in the government health programmes.

All partners' joint efforts (CRMST, PROMUSAF, CAMICS, PHR, STEP, FANDENE) allowed for success of this day. The protocol of twinning was signed in front of the Health Department principal private secretary and CAMICS co-ordinator

**André Demba WADE CRMST Secretary General**

## Decentralised partnership between northern and southern institutions : From expectations to achievement (Bonn)

German Development Cooperation (GTZ) and AOK mutual health organisation arranged a round-table conference June 25, 2001 on "Decentralised partnership between northern and southern institutions : from expectations to achievement"

For those institutions the objective was to set out Senegalese MHOs activities, in particular PROMUSAF experience that makes easier partnership between THIES and VERVIERS and Concerted Action of MHOs development actors.

## New partners join concerted action

### RAMUS : a MHOs' support network

Created in 1998 under the aegis of the French Cooperation, RAMUS is an organised exchange, co-ordination and services system, with vocation to get together all French operators intervening to support MHOs in countries of the Priority Solidarity Zone.

To date, six organisations are members: the Association Nantes Guinée, the Caisse Centrale de la Mutualité Agricole, the Centre International de Développement et de Recherches, the Centre de Recherches et d'Etudes pour le Développement et la Santé (CREDES), the Fédération Nationale de la Mutualité Française (FNMF) and the Institut Belleville. RAMUS members are a range of MHOs support operators based in France. They agree on a set of principles to apply as regard support process and organisations to be supported.

## World solidarity (wsm)

*"Fight against inequalities Third world populations are victims of, for children to remain children, for men and women to get decent incomes, for freedoms to be never violated"* here is WORLD SOLIDARITY's goal.

World Solidarity (WSM) is the **Mouvement Ouvrier Chrétien** (MOC) non-governmental organisation which comprises different social entities such as the Confederation des Syndicats Chrétiens, the Alliance Nationale des Mutualités Chrétiennes, Vie féminine, the Equipes populaires, the Jeunesse ouvrière chrétienne, the groupe ARCO. Therefore WSM has direct links with the Internationals of these organisations such as the Confederation mondiale du travail, the JOC internationale and the Mouvement Mondial des Travailleurs Chrétiens.

World Solidarity has ambition to reinforce social movements in countries of the South for them to become actors for change and development agents in favour of local populations.

Financing of southern countries development actors is done with support of the DGCI and the European Union. WSM provide support to MHOs emergence and sustainability and/or organisations setting up insurance systems for affordable healthcare services and of quality based on mutual aid and solidarity.

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