



Pro MHI Africa
EU-African University Network to
strengthen community-based micro health
insurance

Thème 3:

L'engagement de l'état dans le développement de la mutualité est-il nécessaire et souhaitable ?

Topic 3:

Is the engagement of the state within the development of mutual health organizations necessary and is it worth pursuing?

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Outline

1. Introduction
2. Mutual Health Insurance and its potential to social protection in Sub-Saharan-Africa
3. Advantages and Disadvantages of integration of MHI into public social security arrangements
4. Case Study: NHIS in Ghana
5. Question for workshop



1. Introduction

- Micro Health Insurance Units can not be regarded without analysing the external context
- Micro Health Insurance (MHI) usually depend on external relations on the Macro and Meso Level
- External relations are hence crucial within the sustainable development of Micro Health Insurance in Africa

- External relations and public regulation measures often determine success or failure of a MHI
- External relations on the macro level are often related to financial support which can be regarded as essential as MHI in Africa is usually very weak because of lack of adequate financial measures
- Besides financial measures a general public commitment or technical support is to be linked to macro relations of MHI



2. Mutual Health Insurance and its potential for social protection in Sub-Saharan-Africa

- Less than 15 % of global population is benefiting from any kind of social protection (**formal social security**)
- Social protection is increasingly needed to guarantee the growth of national economies (e.g. tool to fight poverty)
- Evidence has shown that Microinsurance is an emerging and promising concept in the context of sustainable poverty reduction and social protection

MHI and its potential regarding social protection in SSA

- Mutual health insurance schemes have high potential to ensure social protection in informal and/or rural sector of the society
- New promising approach of many governments in Sub-Saharan Africa: Integration of mutual health insurance schemes into public social security arrangements to reach excluded population segments
- Community-based character: potential to reach rural and remote areas of the informal sector, adequate products and premiums for the respective focus community, social and physical proximity to the community makes institutions trustworthy , ...



3. Advantages and Disadvantages of integration of MHI into public social security arrangements

Possible Advantages for Mutual Health Schemes within a public system (ideally):

- Improved access of informal sector employees and rural households to proper health care financing and therefore health care services
- Financial support of schemes
- Technical support of schemes
- National commitment – increased membership and coverage
- Professionalisation of schemes

**Disadvantages and Dangers for Mutual Schemes
within a public system (worst case):**

- Public over-regulation and centralisation
- Loss of autonomy and original character (community- and solidarity-based, non-profit, reaching the poor, relevance of trust)
- Cost increase
- No access for very poor anymore (high premiums)
- No chance of participation for community members
- No possibility to develop own adequate products
- Case of Ghana: no exchange with other mutual schemes on national and international level anymore

National Health Insurance Scheme (NHIS) in Ghana

3. Case Study Ghana: Implemented the National Health Insurance Scheme (NHIS) in 2004



YOUR NEW NHIS ID CARD

National Health Insurance Scheme



NATIONAL HEALTH INSURANCE AUTHORITY



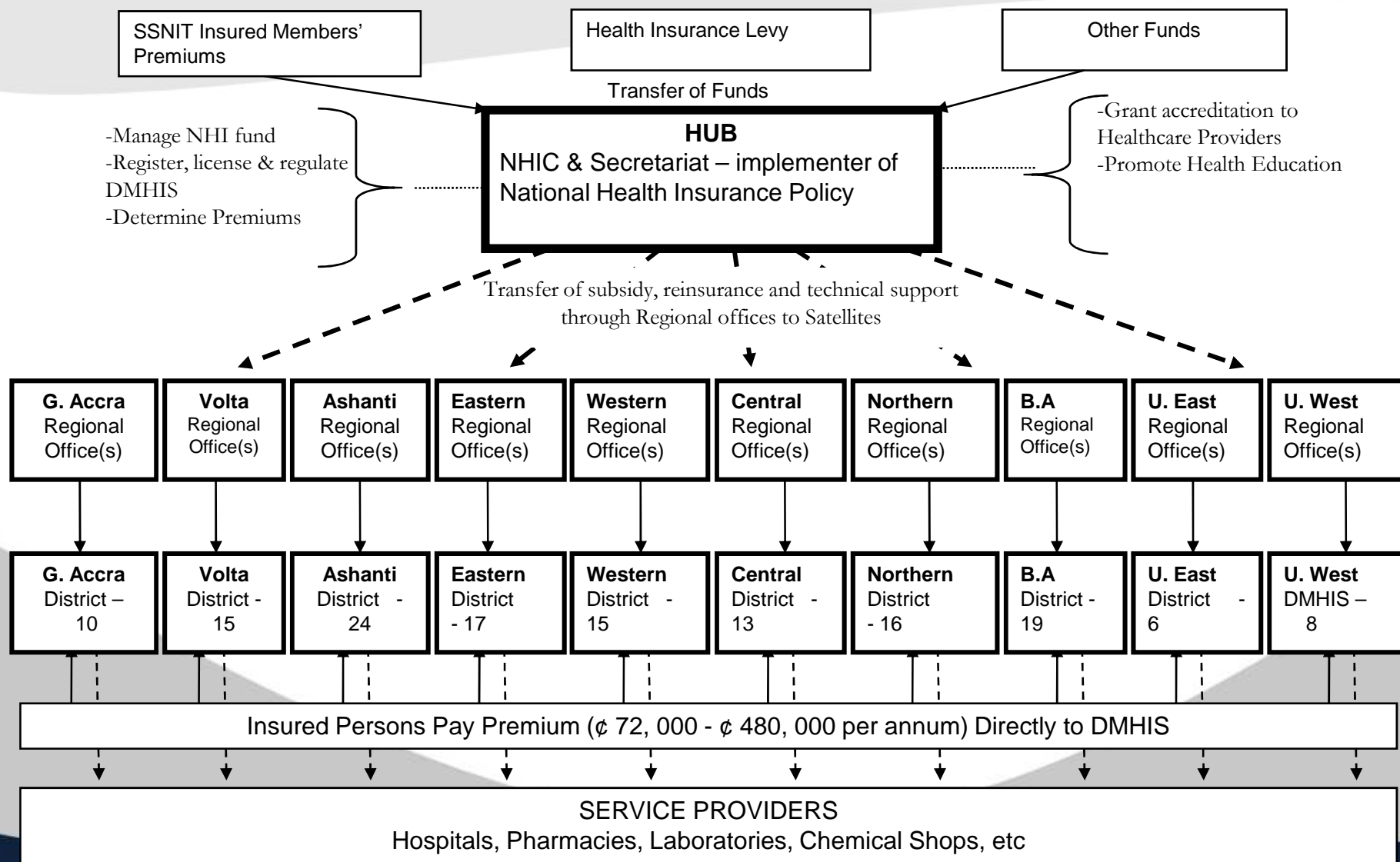
Your Passport To Health Care

NHIS in Ghana

- Situation since independence:
 - *1) post-independence welfare practices
 - *2) cash and carry system
- NHIS was implemented in 2004 with the National Health Insurance Act (NHIA)
- Number of functional DMHIS (on basis of mutual schemes): 145
- Exemptions: children below 18 when both parents are insured, very poor and elderly above 70 years

- **Financing:** SSNIT (Social Security National Insurance Trust), VAT (2,5%), NHIL (1.5%) → NHIA, premiums, schemes are getting money for administrative costs as well as for indigents and SSNIT contributors
- In the implementation process, several important stakeholders (ILO and other consultants), who were main drivers before, were excluded from the decision process
- **Quick coverage:** already 48% in 2007; current 50%; (higher numbers up to 60% has to be considered as cumulative as they include all registered members ever) – one has to differentiate between total members/active members/card bearers

Institutional Framework – NHIS Ghana



Source: Ras Boateng (2007)

Forum La Concertation, Yaoundé, 30th of September 2009 – Lisa-Marie Rohrdantz (M.A.)

NHIS IN GHANA

- In Ghana, people are already obliged to join the NHIS but Act 650 does not state how this should be realized in practice, NHIS officials should work on this so that every Ghanaian will be able and join the scheme and feel its importance, as happened in Rwanda
- Especially informal sector employees should be focused by targeted promotion and awareness raising measures about the benefits and advantages of the NHIS
- Minimum benefit package should be revised and evaluated and the NHIA should consider several packages for specific groups of the population as well to respond to everyone's specific need
- Exemption measures should be revised as well and confirmed by law to replace the current practice which is characterized by irregularities, no structure and a lack of equality
- Regarding the administration of the scheme there is a lot to do and change in Ghana as well: The new NHIS should develop a concrete plan how to implement targeted capacity building measures for the DWHIS to ensure an adequate and proper implementation of the NHIS in all districts

Common difficulties:

- No autonomy of mutual schemes anymore
- Many DMHIS are insolvent and depend on NHIA
- Multiple dependency of schemes on external finances, hierarchical structures
- NHIA settles the debts of DMHIS, but schemes have no possibility to control their costs themselves
- Enormous cost increase, unified tariff lists

Common difficulties (cont.):

- No transparency anymore (public is excluded of all processes and decision making) - NHIA representatives are not available for the public and research
- Portability within DMHIS
- Availability of health care: most major hospitals are in two main Regions (Greater Accra & Ashanti), but majority of population live in rural areas
- Poor quality of healthcare reduces confidence of people in insurance schemes (only low-quality medicine is free, people have to pay although they have their NHIS card, ...)

Common difficulties (cont.):

- Poor people are excluded again (indigents are designed insufficient)—‘**the unfortunate poor**’ episode
- Hospitals seem to profit from new tariff lists as they campaign for insured patients
- No trainings for DMHIS and no possibility for them to mobilise within the context of Unions, Federations, etc. (restrictions from NHIA – no financial flexibility of schemes)
- Managerial difficulties (up to six months waiting periods for membership cards, or longer)

Main challenges in Ghana:

- Common evaluation of the entire NHIS system
- Introduction of proper measures to cope with common difficulties that threatens the system instantly and might cause a break-down
- Recovery of the financial sustainability of the system in line with the financial flexibility of the schemes
- The implementation of the lifetime-NHIS: “pay once, get lifetime NHIS”
- To open the NHIS to the public and to common research again to make a common evaluation and further development of the NHIS possible
- To improve the administrative structure and enforce the mandatory structure of the NHIS by a specific law as done in Rwanda
- To involve all health insurance schemes existing in Ghana instantly, informal MHOs and public DMHIS, within one sole NHIS so that there can not be any competition or inequality between the different schemes anymore
- To create a proper health care infrastructure to ensure the availability of health care professionals and providers for all

Recent developments:

- children's enrollment excluded from that of caretakers, free coverage for pregnant women, recent deliveries
- „pay one – stay life time NHIS“
- Life time membership without annual payments planned for 2010 (pay once a life from age 18)
- New approach of National Democratic Congress since January 2009
- Chief Executive Officer since June 2009: Sylvester Mensah (replacing Ras Boateng)
- Financing remains unclear (VAT of 2,5% + 1.5% NHIL do not seem sufficient)

Topic for the follow-up workshop:

Which lessons can be learnt
from the NHIS in Ghana during
the implementation of the
National Health Insurance
Scheme in Burkina Faso ?



**Thank you very much for your attention! Merci
beaucoup pour votre aimable attention!**

Abui ngan!



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