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 ?

Workshop

Topic 3:

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

Lisa-Marie Rohrdantz & G. A. Owusu, PhD., MPH

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Outline

1. Case Study: Burkina Faso
2. Comparison NHIS Ghana and SWAM Burkina Faso
3. Challenges and Recommendations
4. Common Conclusion and Outlook
5. Questions for discussion

1. Case Study: Burkina Faso

Système National d'Assurance Maladie (SNAM) in Burkina Faso

Source: ILO (2009)

SNAM in Burkina Faso

- At the moment: no public health insurance at all, even formal sector is not insured by a common social insurance, *mutuelles de santé* provide micro health insurance

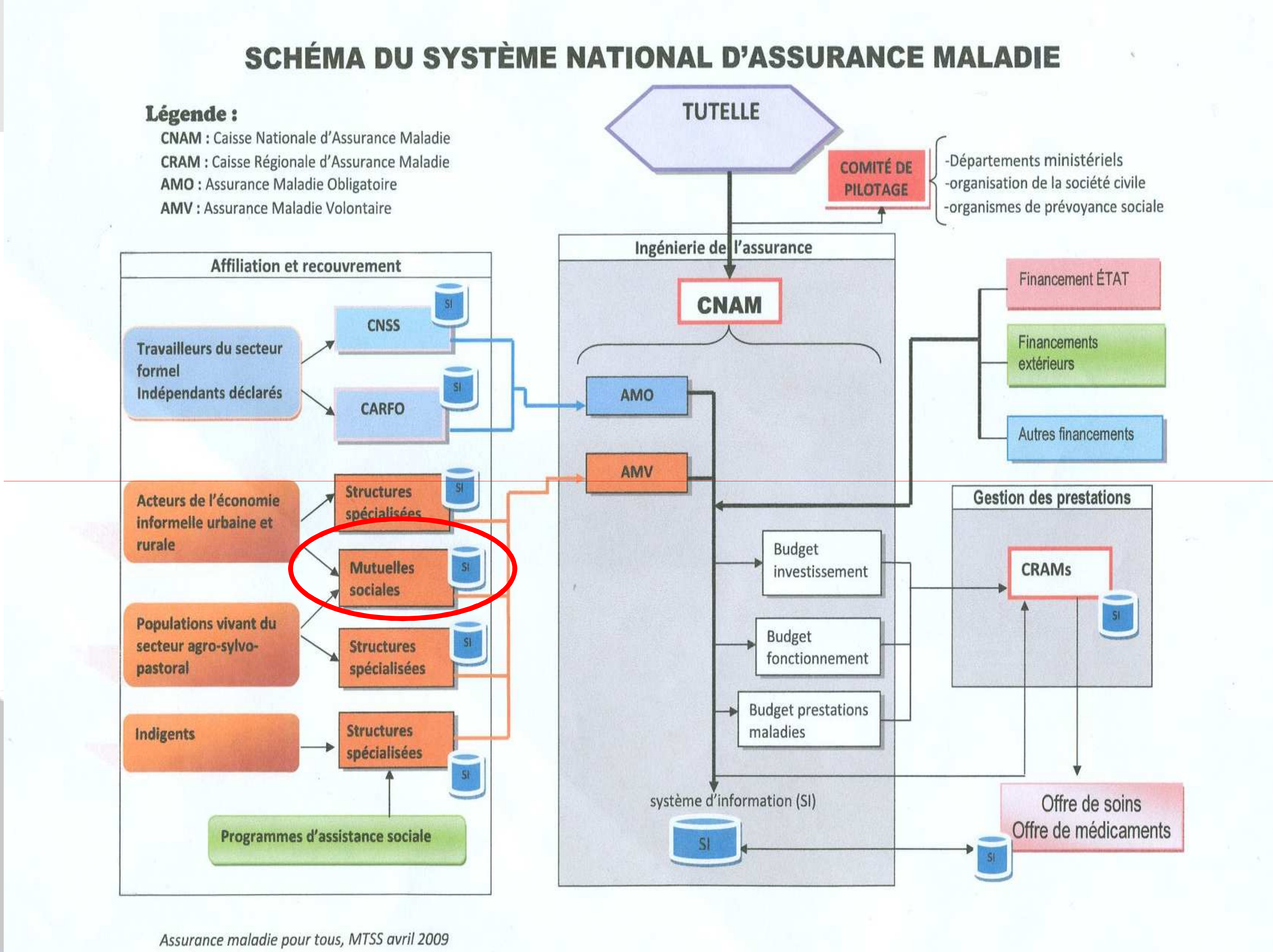
- Since February 2009 a *comité du pilotage* was established to develop a national health insurance system (Système National d‘Assurance Maladie – SNAM)

- Members of the comittee: intraministerial (ministere du travail, du finance et de santé), ILO-Step programme, and several stakeholders from the civil society,& consultants, cooperation with RAMS (Réseau d‘appui aux mutuelles des santé)

SNAM in Burkina Faso

- Part of the common health care reform PNDS (Plan Nationale du devéloppement sanitaire)
- *Mutuelles de santé* (about 81 for the moment) are supposed to be integrated in the system to cover the informal and rural sector
- SNAM will be designed as as compulsory health insurance for the formal sector and as a voluntary health insurance for the informal sector

SNAM in Burkina Faso



Source: Saïbou Seynou (2009)

SNAM in Burkina Faso

2008/2010

- Cadrage et organisation
- Etudes et construction
- Préparation

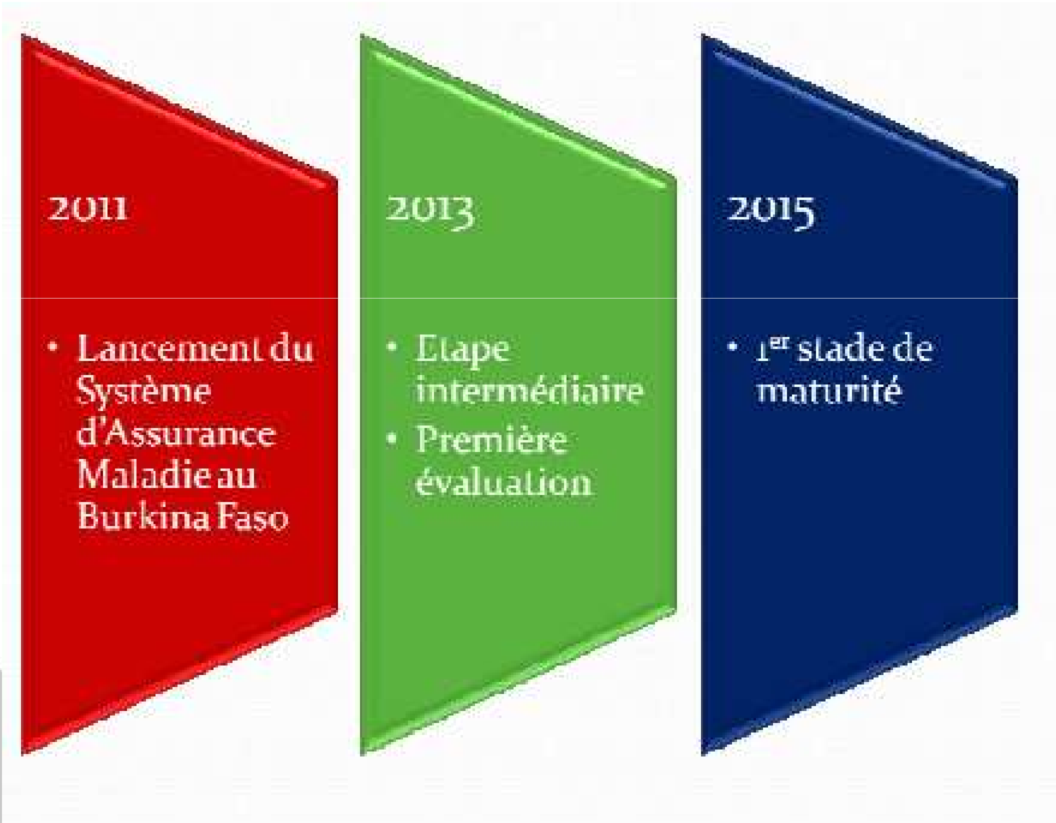
- Full implementation until 2015

- Set up of system until 2011 (Introduction)

- Main objectives until 2010:

- Design of benefit package
- Actuarial research and calculations
- Text elaboration
- Installation of operational and managerial arrangements
- Search for financing mechanisms
- Demand and willingness to pay studies
- Study amongst health care providers and local schemes

Further steps forward....



SNAM in Burkina Faso

- General approach: *mutuelles de santé* are supposed to remain autonomous
- Common benefit package, but flexibility regarding the pricing and schemes are free to develop own products as well
- BUT still in question: How they will integrate *mutuelles de santé*? (capacity building, awareness raising, etc.)
- *Mutuelles de santé* have to be considered as very weak for the moment (e.g. *Mutuelle de Saaba* = as very little infrastructural support now,e.g.: no hand outs, no membership lists or register, no marketing, poor managerial skills, etc.) - support within the SNAM implementation remains questionable

SNAM in Burkina Faso

- *Mutuelles de santé* are not really included in the process yet (e.g. just one representative of RAMS participates within the comitee)

- Neither *mutuelles de santé* nor the population of Burkina Faso is aware of the SNAM

- Generell problem of *mutuelles de santé*: no marketing or PR work, too less in radio, tv and public, …

  („ils n'ont pas des moyens“)

2. Comparison NHIS Ghana and SWAM Burkina Faso

NHIS & SWAM: comparison

- **Main Differences between NHIS and SNAM:**

  Ghana: compulsory for all (but mainly marketing)

  vs. BF: voluntary for informal sector

  Ghana: whole system based on MHIS

  vs. BF: only informal sector is supposed to be covered by *mutuelles de santé*

  Ghana: unified tariff lists and many restrcitions

  vs. BF: autonomy of mutual schemes

  Ghana: top-down approach

  vs. BF: bottom-up??? (still in question)

3. Challenges and Recommendations

Main challenges in Burkina Faso:

- Awareness raising amongst population („Insurance literacy“)
- Bottom-up or Top-down approach?
- Integration/Involvement of *mutuelles de santé* (Sensitisation, Trainings, Technical Support, ...) and other crucial stakeholders (e.g. farmers organizations*)*
- Maintain the mutual solidarity-based character of mutual schemes
- Transparency of the process
- Introduction of UMEOA legislation for *mutuelles de santé* in West Africa (developed from La Concertation), reaction from governments not clear for the moment

Outstanding problems within SHI—Ghana & B. Faso

General outstanding problems that remain for an extension of mutual health insurance to national levels:

- common consensus amongst the population about national health insurance scheme
- national solidarity amongst the target population ("financial solidarity“)
- general trust in local schemes and the national scheme in general, the delivery of care and the benefits
- trust and commitment of health care providers in the schemes (e.g. to avoid under-table-payments)
- managerial and administrative capacity of the government and the executive institutions, e.g.,actuarial

4. Common Conclusion and Outlook

Conclusions

- High potential for Burkina Faso to learn from the Ghana experience

- The integration of mutual health insurance schemes provide the potential to extend the availability of health care and health care financing mechanisms to a broader public and hence move towards access to HC for all

- BUT this approach contains several risks and problems that should not be ignored or underestimated

Conclusion

<u>General factors of success</u> for implementing social health insurance:

- adequate planning and stakeholder consultation during the design and start up phase
- realistic costing of the benefit package
- assurance that revenues from premiums will cover the costs
- the ability to identify, enrol, and collect premiums and to contract with providers
- the capacity to regulate quality
- adequate human resources and administrative skills to manage the scheme
- a general political commitment to the national scheme

Conclusion

- **<u>General challenge:</u> implementing social health insurance in a country with a high level of informal employment as well as a very low level of awareness of public social protection and insurance literacy**

- The aspired outcome of universal coverage remains always a challenging goal which can not be fulfilled by most of the existing systems even if one should consider the quite satisfying development in Rwanda that is approaching universal coverage with numbers up to 85%

- There are many outstanding problems, BUT there is a strong synergy of a functioning nation-wide social health insurance and a general poverty reduction which appears in line with a general growth of the national economy

- Synergy makes proper social protection measures in many African countries essential and indispensable

Recommendations

- A **regular and adequate involvement of all stakeholders** as happened in the scope of the *comité du pilotage* in Burkina Faso is essential

- A **transparent implementation** of the national system for all stakeholders should be assured as well

- SNAM officials should always remain **open for research** and the public in general and involve international consultants and an international expertise providing experiences from other African countries implemented social health insurance successfully, e.g. Rwanda

- **Public sessions** of the *comité du pilotage*

- **Targeted capacity building and financial support** of schemes so that they can be integrated as equal partners in line with the institutions for formal sector employees will be essential

Recommendations

- **Combine both bottom-up approach & top-down approaches**

- Increase the **involvement of common stakeholders** of the communities, trade unions, community-based organisations and international consultants

- **Need for extensive research** before the set up of the SNAM and the designing and pricing of the benefit package is essential

- **Targeted research: e.g.,-- on** willingness to pay, demand for services, health care provider issues

- Design **adequate products** and apply **proper capacity building measures at all levels**

5. Questions for discussion

General questions for discussion:

- Should we accept the abolishingof the mutual and solidarity-based character of mutual schemes for a universal coverage or is it this specific character that can ensure an equal and adequate access to health care for all?

- Could we accept public centralisation and control at a cost to the original nature of mutual health schemes?

- Is the crucial element of poverty reduction through mutual health insurance in such a centralised system still ensured as the very poor can not be reached anymore?

- Should we favor top-down-approaches given the cost/side-effects or should we insist on a bottom-up approach?

- Should we favor the general committment of the public authority or are mutual health organisations to be independent and non-governmental?

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

Abui ngan!

www.microhealthinsurance-africa.org

lisa-marie.rohrdantz@uni-koeln.de