



The Abidjan Platform

Strategies to support mutual health organizations in Africa

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In June 1998, the International Labour Organization (ILO), in cooperation with the United States Agency for International Development (USAID); the Deutsche Gesellschaft für Technische Zusammenarbeit - German Development Cooperation (GTZ); the National Alliance of Christian Mutual Aid (ANMC) of Belgium; and the NGO World Solidarity (WSM), held a joint workshop on Strategies to support mutual health organizations in West and Central Africa.

The workshop brought together a variety of groups involved in the field of mutual health insurance: mutual health insurance federations from Africa and other parts of the world; international organizations; governments; technical cooperation agencies; local and international NGOs; health care providers; universities; research centres and regional labour organizations. Representatives of six governments and some forty organizations participated in the workshop¹.

It was during the workshop that the Abidjan Platform was defined. It is the product of the experience of the architects of mutual health organizations in West and Central Africa.

¹ The list of governments and organizations which participated in the Abidjan seminar can be found in Appendix I.

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The Challenge

Almost half the world's population has no access to basic health care. Most affected are those living in rural areas and those employed in the urban informal sector, yet they are the ones most exposed to the risks of disease.

Poverty, falling social and health budgets, inefficient use of resources, inadequate and poor quality health services, as well as cultural problems are some of the main reasons for the lack of access to health care. Numerous efforts have been made to remedy the situation, and although there have been major achievements, there is still much to be done.

An analysis of different experiences throughout the world reveals that two aspects need to be developed further:

- **The promotion of insurance:** The poor are the most at-risk. When it comes to protection against risks, insurance is still by far the most effective mechanism, and yet it is one of the areas where access is the least democratic. Insurance is one of the most fundamental needs of the poor, and also the most neglected up to now. Promoting equal access to insurance, for health services in particular, should be a priority in the fight against poverty.
- **The promotion of participation:** Community participation in the health sector has often been sought merely through financial contributions. Participation should be extended to include the identification of needs and priorities, and the design and management of systems to solve problems. Participation should encourage ideas and energies, and draw on traditional forms of organization and solidarity. Community participation heightens public awareness of health problems and facilitates prevention and health education. By encouraging users to express their views and defend their interests vis-à-vis authorities and service providers, health care services are improved and democratic management of the sector is enhanced.

MHOs

MHOs combine the concepts of insurance, solidarity and participation. They are independent, non-profit organizations based on solidarity and democratic participation, whose aim, mainly through their members' contributions, is to improve access to quality health care for members and their families in the form of providence and mutual aid.

MHOs fulfil several functions:

- manage risks and finance treatment through insurance;
- mobilize local resources and create a structured and affordable demand;
- promote equality by making health care available to those who have no other form of social security;
- encourage better quality health care and more efficient use of resources;
- encourage dialogue and democratic management of the sector;

- participate in health promotion and education activities;
- develop their own health care services;
- contribute to the management of public solidarity funds.

MHOs are not only health financing instruments. They also contribute to the cultural, moral, intellectual and physical development of their members and to the health status, and social and institutional development of society.

An emerging phenomenon

In West and Central Africa, MHOs are still young and few in number. Depending on their environment, they provide primary health care services and/or hospital treatment. A number of recent studies confirm their potential to enhance access to health care, which has attracted growing interest from the general public, governments and their partners.

The Challenge

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The need for support

MHOs are not yet widely known. Observers and those involved in their development agree that MHOs still require support if they are to realize their potential, become sustainable, and expand throughout the region. What support strategies should be adopted?

Multiple strategies

MHOs cannot be supported by any single strategy. Support strategies are conceived by players with differing objectives, mandates and means. They must take into consideration local conditions, the degree of development of the mutual movement and the environment in which it operates. In the emergent phase, diversity is beneficial because it encourages innovation, comparative analysis and the search for effective solutions.

Why a Platform?

As it is neither desirable nor realistic to develop a single support strategy, it is useful to evaluate past and present strategies in order to identify successes and failures. When it involves a variety of players, the evaluation allows for the comparison of different points of view. This kind of evaluation is the basis of the Abidjan Platform. It is a **collection of ideas and principles on which effective and coherent strategies can be developed**². It is an evolving instrument which allows each to benefit from the experience of all. It also encourages coordination, collaboration and synergies.

Periodic updating of the Platform

The Platform is the result of joint deliberations in Abidjan in June 1998. Its content is determined by the stage of development of the MHOs and the varying perceptions of those involved. It must be periodically updated to account for the evolution of the movement and the accumulation of new experience, ideas and know-how.

² The Platform is not a "manual for the introduction and administration of mutual health insurance schemes". Other documents fulfil this function. See, for example, WSM, ANMC, ILO. 1996: Mutuelles de santé en Afrique: Guide pratique à l'usage des promoteurs, administrateurs et gérants (Dakar, WSM/ANMC/BIT).

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MHOs: organizations created by and for their members

MHOs should not be created directly by governments or other external bodies to solve their problems. They are participatory organizations established on the initiative of their members to satisfy their own needs. Experience with cooperatives in post-independence Africa has demonstrated the bankruptcy of approaches not respecting this principle. By achieving their own objectives MHOs have a positive impact on the health sector. Nevertheless, governments and other external organizations have an important role to play in supporting their creation and development.

Safeguarding, from the outset, the autonomy, independence and responsibility of MHOs

External support to MHOs can be effective in the long term, if it respects MHOs' independence and autonomy. From the outset, members must take full responsibility for defining the future of their organization. Responsibilities, unlike skills, cannot be transferred from the outside to MHOs.

While it may be possible to encourage associations of MHOs, only MHOs themselves should take the initiative to form their own independent federations for their own purposes. The structuring of the mutual movement should be a gradual process, based on common goals expressed by individual MHOs. These associations should be built progressively, bottom-up, from the local to the national level, and should not be imposed from the outside. This is a precondition for an effective, useful and viable movement.

Provision of technical and financial support

Support to MHOs must be two-pronged: technical and financial.

On the **technical side**, members' skills, especially managers', should be strengthened through support/advisory activities and training. These should include:

- feasibility studies and setting premiums for benefits packages;
- tools and skills necessary to solve insurance-related problems (moral hazard, adverse selection, cost escalation);
- determining benefits packages and provider payment mechanisms;
- accounting, management tools and techniques, internal audit, budgets;
- organizational structure, statutes and regulations;

- negotiations and contracting with third parties and service providers;
- programming, monitoring and evaluation.

Direct **financial support** to MHOs should be treated with great caution. Financial support in the form of seed capital is sometimes necessary during the start-up phase and can lead to rapid penetration of the target group. The establishment of a guarantee fund may provide useful protection to MHOs against specific risks, such as epidemics, which might threaten their survival. This kind of protection could also be achieved through re-insurance. Whatever its form, financial support should be provided in such a way that it does not undermine the commitment or responsibilities of members, or the viability and independence of MHOs. Here again, experience with cooperatives offers useful guidance on both constructive financing methods and those to be avoided.

Emphasis on intensive support during the start-up phase

During the initial stages of MHO development, its members, and its managers in particular, need to acquire the skills and knowledge necessary for the efficient, transparent and democratic management of their organization. They have to learn how to establish new relationships with health care providers and how to support preventive health measures and health education. This is a relatively complex learning process. Moreover, it is directed at people whose standard of education is often low. That is why intensive support to MHOs is critical during the early stages of their development. However, such support must not stand in the way of members' initiative and acceptance of responsibility. At later

stages, limited and more specialized support (financial or organizational audit, for example) is sufficient. In addition, like any organization, MHOs may periodically require external support, especially for accounting or preparation of financial statements.

Follow-on support through operations research

Important methodological results exist already on support to MHOs and how they function. However, in Africa, MHOs are sparse and of recent origin. The technical base of information must be broadened to take account of the variety of environments in which MHOs are located. Some technical solutions need to be improved: for example, integrating traditional forms of organization and solidarity; local assimilation of the concept of insurance; methods of external financial support; re-insurance mechanisms; and monitoring and evaluation tools. It is therefore important that support strategies provide a significant role for operations research. To maximize the impact of operations research, fora for dissemination and exchange must be planned and supported.

Long-term, sustainable support to MHOs

The establishment and management of MHOs require capacity building and education. Communities must change their attitudes about health issues, given that health insurance is not widespread. MHOs have the potential to change relations between service providers and users and, more generally, to improve health care provision. Moreover, they participate in and are influenced by the decentralization and democratization of their societies. This is a long process, however, and it takes time for an independent and viable mutual aid movement to be established. Thus, support to MHOs must be on-going. The commitment must be long-term and adapted to the time-scales of the different players.

Developing effective monitoring and evaluation systems

To be able to make such commitments, partners need to periodically measure their progress towards their objectives through effective monitoring and evaluation systems. Such systems are also essential to validate and disseminate methods of support developed in the field and to facilitate the exchange of information and cooperation among the various players.

Participating in the improvement of health care provision

There is a strong correlation between the development of MHOs and the existence of quality health care. MHOs contribute to the improvement of health services, particularly by helping to mobilize resources, and creating a demand for affordable care and service quality. However, MHOs cannot grow where health service provision is non-existent or of poor quality. While MHOs have the intent to negotiate contracts with health care providers, the latter must have a certain degree of management independence. For all these reasons, support to MHOs will be more successful if it complements broader actions geared towards improving health care and decentralized health services.

Contributing to health promotion

MHOs are well placed to contribute to health promotion. By involving members in setting priorities, benefits and contributions, MHOs contribute to better information about health problems and priorities. Health education and preventive services have a positive impact on members' health, lower expenditures, and thus help make MHOs more viable and strengthen community support. Since insurance can increase awareness of the link between individual attitudes to health and the cost to the community, it is important to assist MHOs in developing their health promotion activities.

Seeking synergies with income-generating activities

Services provided by MHOs are financed by members' contributions. Very often, their ability to pay these contributions is low. Measures to improve people's incomes can increase this ability, and thus have a positive impact on the development of MHOs. Looking for synergies between support to MHOs and support for income-generating activities can be doubly beneficial, since people's health status has a very significant influence on productivity and, more generally, on economic growth.

Broadening support to other key actors, including other community organizations

The development of MHOs involves collaboration among multiple partners. Apart from other MHOs, key partners include governments, unions, health care providers, technical support groups such as NGOs, consulting firms and related projects. These players should form new partnerships to carry out their specific roles and the support needs which are briefly described below.

MHOs have several basic management principles in common with many other community-based organizations, especially in rural areas and in savings and credit schemes: democratic management, autonomy, services provision to members, etc. These organizations may be interested in developing health insurance activities. Such development would be greatly facilitated by the existing organization, management capacity and facilities. Informing these schemes about the aims and functioning of MHOs could encourage this expansion into health insurance.

Supporting governments to establish conditions conducive to the creation of MHOs

Despite economic crises and subsequent structural adjustment, governments' retain an important role in the formulation of health policies and the regulation of health care provision. Moreover, in most countries, the government remains the most important health care provider through its primary health care centres and public hospitals. Governments are also generally responsible for setting social protection policies in collaboration with unions and other partners.

Each of these functions can be beneficial or otherwise to MHOs. Examples of beneficial policies are those aimed at improving the quality of health care (training, periodic evaluation, accreditation, financial contributions, medical supplies) and those establishing independent management (decentralization, acquisition of legal status, introduction of efficient management procedures).

Governments can also play a role in the legislative and fiscal framework governing MHOs. Experience shows that although the introduction of a specific legal framework is not a precondition for the development of a mutualist movement, it is nevertheless important and becomes essential at some stage in the development of MHOs. During the early stages of development, the legislative framework should be flexible and formulated in consultation with

representatives of the mutualist movement. It should protect the organizations' independence while allowing the controls necessary to protect members and third parties. In fiscal terms, MHOs should benefit from a status similar to those granted to other non-profit organizations.

Governments also have a role in directing development assistance and channelling resources to the mutual movement.

In order to carry out each of these functions and activities, governments may need technical and financial support from their partners. These needs, at least in part, could be addressed within this framework for strategies to support MHOs.

MHOs are not a "magic wand" to solve the problems of financing health care. Constrained as they are by the need to maintain a balanced budget, they are in no position, in most cases, to provide a sustainable solution to the problems of caring for the poor. While they can partner with governments to address these issues, governments must not lessen their responsibilities or their efforts to care for the poor.

Helping service providers to become genuine partners of MHOs

Health care providers have an incentive to partner with MHOs because the development of MHOs creates a viable demand for health services. MHOs can also collaborate with service providers on health education and preventive services.

Efforts involving service providers and gearing towards the improvement and decentralization of health care provision can promote the development of MHOs. However, the role of service providers goes further; they must enter into contractual arrangements with MHOs and negotiate payments for services provided. This offers advantages to service providers which, in return, must provide quality services at the right price.

Alternative methods of payment for health services other than fee-for-service payments should be examined. Some of these methods, such as fee-per-episode, allow better cost control. The advantages and disadvantages of different methods of payment must be analyzed over time.

Service providers will also have a role to play in preventive health care and health education. They can also provide MHOs with the information they need to carry out feasibility studies and to set premiums for benefits packages.

The main technical support needs for service providers are:

- information on mutual insurance;
- improving the quality of health services and how to evaluate them;
- introduction of efficient, independent management;
- setting prices and analyzing different methods of payment;
- accounting/costing;
- contracting;
- preventive health services and health education;

If support cannot be given to all of these areas, partners should define priorities with service providers and look for additional sources of support and synergy.

Developing local skills and capacity

A strong mutual movement cannot emerge without adequate local skills and capacity, both within MHOs and in the groups that support them. This capacity building is essential to ensure that traditional forms of mutual aid and solidarity, sustainable local support and ownership of MHOs are taken fully into account in each country.

As the concept is new in Africa, skills in the field of MMHOs remain rare. Technical support strategies must systematically promote and develop local capacity. This means training those who are already working in the field as well as introducing the subject of MHOs into schools and universities. Training is important but not sufficient; it must be accompanied by field experience in order to develop practical skills.

In most countries, there are still few local institutions that can provide quality technical assistance or training to MHOs. Ideally, this support should be provided by mutualist federations, whose creation will take time. In the meantime, technical support must be provided by NGOs, labour organizations, consulting firms, and perhaps research centres or universities. External assistance must reinforce the capacity of these institutions to provide the necessary support. The availability of long-term funding for these services should be taken into account when formulating support strategies.

Mobilizing external assistance

Development cooperation agencies and international organizations have an important role to play in the development of MHOs.

They can:

- assist governments in their overall reforms to improve the environment in which MHOs operate;
- provide technical expertise and participate in financing technical assistance and training;
- provide direct financial support to MHOs in the form of seed capital, guarantees and the introduction of re-insurance schemes;
- help to improve the availability and quality of health care provision;
- play a significant role in the promotion of MHOs, capitalize on and exchange experiences, and more generally publish information on MHOs.

Mutualist federations from other parts of the world can provide similar support. They also have the potential to establish direct partnerships with mutualist movements on different continents.

Promoting activities at the international level

During the early stages of MHO development, it is particularly useful for players in different countries in the region to share experiences and exchange information and know-how. This will multiply the effect of successful measures and develop cooperation and synergies.

Some activities at the international level allow for a more efficient use of technical assistance and are thus more valuable. This is especially true for training of trainers, the development of methodological and teaching tools, and capitalizing on experiences and disseminating them. Actions at the international level cannot replace those at the local or national level, but they can enhance their effectiveness and impact.

List of Governments and Organizations participating in the workshop

List of participating Governments

Benin

Burkina Faso

Côte d'Ivoire

Guinea

Mali

Togo

List of participating organizations

Abidjan Health Project, French Cooperation, Côte d'Ivoire

Administration Générale de la Coopération au Développement (AGCD), Belgique

African Development Bank (ADB)

Alliance Nationale des Mutualités Chrétiennes (ANMC), Belgique

Association Burkinabée de Santé Publique (ABSP), Burkina Faso

Association Conseil pour l'Action (ACA), Mali

Association Internationale de la Mutualité (AIM)

Centre Africain de Recherche pour une Pratique Culturelle du Développement, Burkina Faso

Centre Afrika Obota (CAO), Bénin

Centre d'Enseignement Supérieur d'Administration et de Gestion (CESAG), Sénégal

Centre International de Développement et de Recherche (CIDR), France

Centre Médical - Association de Médecins Internationaux, Côte d'Ivoire

Coordination des Mutuelles de Thiès, Sénégal

Côte d'Ivoire Health Insurance Project

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)

European Union (EU)

French Cooperation

Friedrich Ebert Foundation (FES)

Groupe National sur le Système de Prépaiement, Guinée

Groupe de Recherche et d'Appui aux Initiatives Mutualistes (GRAIM), Sénégal

List of participating organizations

GTZ project for support in Public Health and Family Planning, Côte d'Ivoire

GTZ projects, Ministry of Health, Guinea

ILO/STEP Programme, Geneva

ILO/ACOPAM Programme, Dakar

ILO International Training Centre, Turin

ILO/SSMECA Project, Tanzania

International Labour Organization (ILO)

Mutual Aid Project in Mali, French Cooperation

Mutualité Sociale Agricole (MSA), France

Norwegian Agency for Development (NORAD)

Organisation de l'Unité Syndicale Africaine (OUSA)

Organisation Régionale Africaine de la Confédération Internationale des Syndicats Libres (ORAF-CISL)

Organisation Démocratique Syndicale des Travailleurs Africains (ODSTA)

Partnerships for Health Reform (PHR/USAID), United States

Union Technique de la Mutualité Malienne (UTM)

United States Agency for International Development (USAID)

Université de Liège, Centre d'Economie Sociale, Belgique

World Bank

World Health Organization (WHO)

World Solidarity/Solidarité Mondiale (WSM), Belgium