



Social Health Insurance and the Importance of Community Ownership

Some comments

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TRUST

- Health Insurance needs trust
 - You need to be sure that when you need health insurance coverage the scheme will provide
 - You need to trust those people whom you give your money to that they will use it only for the agreed upon expenditures, that is providing benefits and only the absolutely necessary administration

TRUST 2

- Trust in (Government) Institutions has never been widespread in Ghana (GTZ report 2002, Nkoranza evaluation, TI, afro barometer, etc)
- Trust in health service providers to manage health insurance is viewed with contempt (Nkoranza evaluation)
- However, one may trust some community members, outstanding individuals, “accountable and transparent” people – whom you can meet when necessary!

SIZE matters

- If trust matters, then how big can a community be to have generally accepted “accountable and transparent” people?
 - Is it a group of relatives?
 - A community or a paramountcy?
 - A district?
 - A region?
- And what about the risk pooling?

ACT 650

- Until Parliament finally passed Act 650 in 2003 there were many discussions about how the national health insurance system should be organized:
 - Some groups asked for a centralized national health insurance scheme
 - Others supported the district wide schemes while again
 - Others asked to make use of even smaller groups of insured persons – what has been called MHOs.

For more details: Prof. Irene Agyepong: Historical Context of Health Insurance in Ghana (1) + (2) – Daily Graphic 24/02/2010:29 + 03/03/2010?

Act 650 cont'd

- **Section 32—Members of a district mutual health insurance schemes**
- A district mutual health insurance scheme established in a district shall be composed of the enrolled members and shall be operated in accordance with this Act and the Regulations.
- **Section 33—Benefit of members and subsidy**
- (1) A district mutual health insurance scheme shall be operated exclusively for the benefit of the members.
- **Section 54—Governing body, appointment of scheme managers and other employees**
- (1) A scheme shall have a governing body which shall be responsible for the direction of the policies of the scheme and appointment of employees.

The LI 1809 adds on

- **Regulation 3—Contents of constitution bye laws or rules of a scheme**
- (1) The constitution, bye-laws or rules referred to in regulation 2 shall provide among others for the following:
 - (a) the conditions required for membership;
 - (e) that the scheme is a body corporate capable of suing and being sued;
 - (f) the method of appointment or election of the governing board of the scheme;
 - (g) the method of appointment of the principal officer or manager of the scheme;
 - (i) the manner of calling the annual general meeting and special or extraordinary meeting of members, the quorum of meetings and the manner of voting;
 - (j) the method for ratification of decisions of the governing board by the members; and
 - (k) the method for the amendment of the constitution, bye-laws or other rules that govern the scheme.

What we would need to answer:

- Do DWMHISs with well known and trusted boards do better than others?
 - Coverage?
 - Adverse selection?
 - Fraudulent use of health services
- Do DWMHISs which provide regular and transparent financial information to their members do better than others?
- Do regular general assembly meetings and discussions help to do better?

Or is it

that even with an accepted board:

- no member considers him or herself to be an owner of the scheme?
- members think it is a political thing which they have nothing in common with?
- members think “Why should I as a member care at all – I only want benefits”?
- And what happens when there is not even an accepted board?

What we know for sure

- The NHIA
 - dissolved the boards a year ago – illegally most probably – and called in the DCD & DFO
 - submitted to Cabinet a proposal for a new HI bill that dissolves the DWMHISs
- Politicians and “their” pressure groups can lock out or even remove scheme staff despite their being employed by an independent company
- Scheme staff would anyway more like to be civil servants instead of small company employees

Obviously Member Owned Health Insurance has not been achieved yet!

Do we think it should be achieved – despite all hazards?

Or is it just one and the same whether we own our health or not?

Thank you