



# Identification and Integration of Indigents in Micro Health Insurance Schemes

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# PRESENTATION PLAN



- I. Context
- II. Objectives
- III. Who is an Indigent
- IV. Who defines the identification criteria
- V. Issues to consider in the identification criteria
- VI. Processes for Identifying indigents
- VII. Effectiveness of the identification process
- VIII. Insights
- IX. Consulted texts

# I. Context



- Bamako Initiative of 1987 recommended user fees in health care services by the population.
- Exemptions/third party payments to help those unable to pay.
- Very few African countries implemented it.
- Efforts made in Burkina Faso, Cameroon, Ghana, Guinea Conakry, Tanzania, and Rwanda.
- Difficulty in identification to exempt from user fees/premium payments.

# The context in Cameroon

- 125 MHOs with 10 in the North West Region
- Enrolment stands at 250,000 (42,000 in NW)
- Premiums are 7 USD per head per year for at least 04 members of a household
- The most destitute population (indigents) are unable to pay and are excluded from health insurance
- Need to design mechanisms to insure them

# II. Objective of Presentation



- To enable managers/promoters to improve on the criteria of identifying indigents for integration into MHI schemes.

# III. Who is an indigent?



- Someone who is extremely disadvantaged socially and economically, unable to look after himself (herself) and devoid of internal and external resources.
- Persons extremely poor and vulnerable needing assistance
- These include widows, orphans, handicapped, aged, PLWHA, and other chronic illnesses who are extremely poor and;
  - live in house constructed with temporary material in slumps or disaster areas.
  - Live on a meal a day
  - Do not have savings and property
  - Do not have access to health care
  - Do not have means to send children to school
  - Do not have access to clean water and electricity etc

# IV. Who defines the identification Criteria



- Administrative process
  - NGOs
  - Government
  - Group of experts
- Participative Community-based process
  - Consulting members of the general population
  - Consulting specific groups
  - Consulting community activists
  - Organization of group discussions

# IV. Who defines the identification Criteria



- Mixed Processes
  - NGOs/governments proposes criteria to community/councils
  - After discussions community modifies to fit into context.
- For example, in Cameroon GTZ proposed a criteria which was discussed and adopted by major stakeholders.

# V. Issues to consider in the identification Criteria

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- Possession of goods and means of production
- Household composition
- Income
- Condition of dwelling
- Occupational status

# V. Issues to consider in the identification Criteria

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- Food security
- Health status
- Education
- Access to basic services and credit
- Expenses
- Physical appearance and clothing

# VI. Processes for Identifying Indigents



- Pre-identification
  - Done by community leaders based just on definition
  - To save time and resources
- Development, testing, training and administration of questionnaires
- Creation of a data-base (poverty-index)

# VI. Processes for Identifying Indigents

- Selection of indigents based on position on poverty index
- Verification of selected households by selection committee
- Find list of paupers available for exemption/third party payment of premiums
- Contribution payment by Councils - Cameroon
- High premiums of 10 USD with a lower moderating ticket of 10% - Cameroon
- Management by MHOs (issue of cards, contracts with hosp, follow up etc).

# VII. Effectiveness of the identification process



- Premium exemption schemes must be implemented to help those unable to pay
- Exemption systems organized by central administrations do not really work.
- The selection of indigents using a community based process is feasible, not very costly and appreciated by the stakeholders.

# VII. Effectiveness of the identification process



- Premium exemptions should be considered where there is third party payment.
- Sustainability of premium exemptions is based on the use of indigenous funds.
- Accompanying measures necessary to enable vulnerable population come out of indigence.

# Lessons learned

- The approach leads to a more stable base in the MHO (larger risk pools)
- It creates awareness on the importance of MHOs
- The councils use the data created to plan for other welfare activities such as providing access to safe drinking water etc
- Indigents could be assisted with income generating activities to take over their premiums in future
- Assistance could easily be channelled to the needy from state, NGOs etc

# VIII. Insights



- How are indigents identified in Ghana for the NHIA to support?
- Who identifies the indigents and at what level?
- What are the identification problems faced?
- What solutions could we propose?
- How sustainable is the support from NHIA?
- What lessons from other countries?

# IX. Consulted Texts



Adobea Owusa et al(2009) Access to Micro health insurance in Gahan: Literature review and proposed analytical framework: University of Ghana

Lisa-Marie Rohrdantz (2209): “Access for all” and Reaching the poor? Integration of Mutual Health Insurance Units into public social security arrangements – Banefits and risks of Mutual schemes. Evidence from Ghana and Burkina Faso: University of Cologne, Germany

Morestin F, et al(2009): Criteria and processes for identifying the poor as beneficiaries of programs in developing countries, Universite de Montreal.

# IX. Consulted Texts



Morestin F, et al (2009): How can the poor be better integrated into health insurance programs in Africa? An overview of possible strategies. Universite de Montreal.

Njamnsi M. Integrating Paupers into Mutual Health Organisations: The community model – A report from Cameroon NWSFH, Cameroon

Ridde V. et al (2009): A Community-based Targeting Approach to Exempt the Worst-off from user fees in Burkina Faso.

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your kind  
attention.**