

# **Cameroon German Cooperation**

**NORTH WEST PROVINCIAL SPECIAL FUND FOR HEALTH**

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**Promotion of Mutual Health Organisations**

**"To Insure the Uninsurable"**

**Integration of Paupers into Mutual Health Organisations**

Presented by

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# PRESENTATION PLAN

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1. Context/Background
2. Methodology
3. Process of Integration
4. Who are Paupers?
5. Contribution payment
6. Management by MHO.
7. Lessons learnt
8. Insights.

# 1. Context/Background

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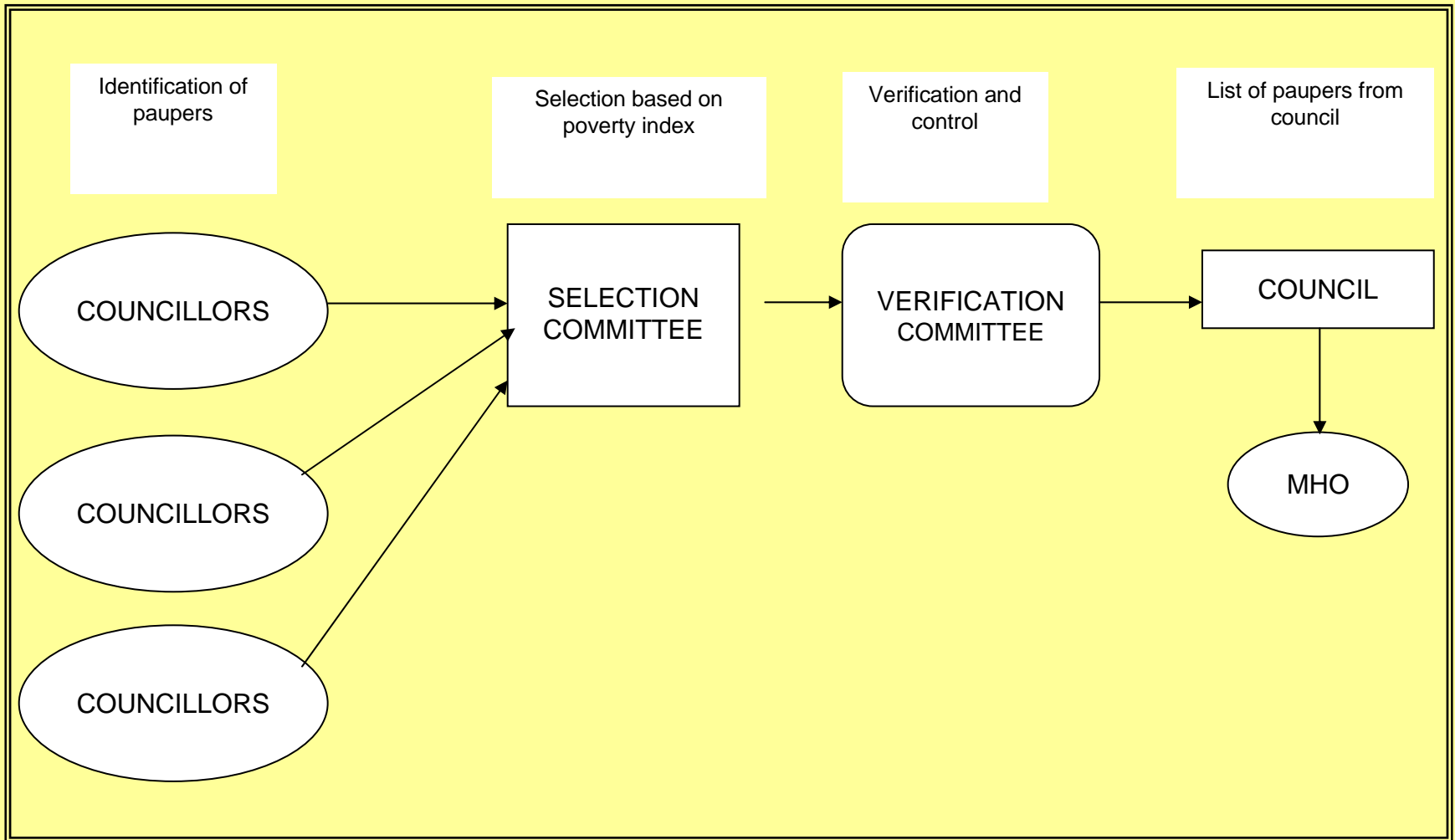
- 125 Mutual health organisations (MHOs) exist in Cameroon.
- Enrolment stands at 250,000 (2% of the population)
- Premiums are \$7 per head per year for at least 04 members of a household.
- The most destitute population (paupers) are unable to pay and are excluded.
- Mechanisms to integrate them in MHOs with the assistance of local councils.

## 2. Methodology (Scheme Design)

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- Documentary and field research to design scheme by technical partners to MHOs (GTZ, NWSFH)
- Interview with key stakeholders – government, mayors, civil society, etc.
- Pre-identification of paupers to reduce cost and gain time.
- Training of councillors and MHO staff on administration of questionnaire and creation of data base (poverty index)
- Creation of data base by MHO managers
- Selection of pauper households based on position on the poverty index (on maximum score of 60)

# 3. Process of Identification of Pauper Households



# 4. Who are Paupers?

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- 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 and do not depend on others.
  - Do not have savings and property.
  - Do not have access to primary health care.
  - Do not have means to send children to school.
  - Do not have access to clean water and electricity.

# 5. Contribution Payments (Premiums)

- Municipal councils found appropriate for the sustainability of the approach.
- High premiums of \$10 with a lower moderating ticket of 10%.
- Number of pauper households paid for depends on the capacity of the councils. For example, 22 in Bamenda II and in 22 Bamenda III corresponding to a total of 161 beneficiaries.

Premiums of paupers compared to ordinary mutualists.

| Ordinary Mutualists |                   | Paupers |                   |
|---------------------|-------------------|---------|-------------------|
| Premium             | Moderating Ticket | Premium | Moderating Ticket |
| \$7                 | 25%               | \$10    | 10%               |



# 7. Lessons Learned

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- The approach leads to a more stable base (larger risk pools) for MHOs
- Health situation of paupers improve considerable.
- It creates awareness on the importance of MHOs.
- The councils could use the data created to plan for other welfare activities such as providing access to safe drinking water, and electricity.
- Paupers 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.

# 8. Insights

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- How can this approach be improved on and adapted in other countries.
- What other groups of vulnerable/uninsurable persons are there? Why should they be insured?
- How do other MHI schemes deal with PLWHA/paupers/uninsurable groups? What other solutions are there?
- What is the sustainability of MHI schemes covering of high risk groups .

Thanks for your kind attention.

**Merci pour votre aimable attention!**