Part One: (C) Insurance as a Means to Improve Access to Care

Tania Dmytraczenko

Dr. Dmytraczenko, Sr. Economist, Abt Associates discuss the role of insurance in improving access to health services in developing countries. Dr. Dmytraczenko discusses the implications of high levels of out-of-pockets expenditures in developing countries and the benefits and challenges of risk pooling and prepayment. The presentation also covers how various forms of risk pooling and prepayment affect access to health services for the poor.

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Susan Mitchell
Nov 13 2006 2:23PM
Much of Africa has lower per capital GNP, a large percentage of out-of-pocket payment for health, and limited access to insurance. What types of programs can donors support to reduce the burden on individuals and their families?

Tania Dmytraczenko
Nov 13 2006 2:30PM
Though insurance is more common in middle- and high-income countries, there are examples of community-based health financing schemes in low-resource settings (e.g. in West Africa). Some countries, like Ghana and Rwanda, are now attempting to increase the scale of these programs so that they cover a larger share of the population. It remains to be seen how successful these efforts will be. Beyond insurance, there are examples of countries rolling out programs that provide a direct subsidy to specific target populations to alleviate financial barriers to accessing health services. For example, in Kenya and Uganda KfW has been supporting voucher programs. Though evaluation results are not yet out, early indications are promising.

Richard Amenyah
Nov 14 2006 10:58AM
In Ghana, the National Health Insurance Scheme (NHIS) is still in its infantile stage however, it has proven to be a popular replacement for the 'Cash and Carry system' which was implemented by the previous government. The NHIS was born out of a strong political will on the part of the current government. As a clinician, I think the NHIS is 'God sent' as the previous system did not have a human face. It has increased access to health care by the rural poor tremendously. However, it has quadrupled workload of health providers in the face of limited workload and this resulted in a lot of strikes by health workers for adequate compensation. The NHIS is however, mainly limited to public health facilities and some private not-for profit health institutions (Mission hospitals) leaving out all private self-financing facilities. This has concomitantly resulted

in a swing of client load from the private sector to the public sector and indeed most private facilities are now struggling with client numbers as well as competing with public sector for human resource. People will have to travel long distances to access public sector facilities because of NHIS. How do we now balance the strengths of the NHIS for the public sector with those of the private sector.
The NHIS covers treatment for opportunistic infections but not for antiretroviral therapy (which is $5/month in public sector and $30-40/month in private self-financing facilities). There are mutual health insurance schemes which complements the NHIS (like the Nkoranza mutual health scheme and Dangbe West-East Mutual health insurance schemes which were the John the Baptist of the NHIS. I think these schemes have a great future if they are well nurtured with government commitment and support and then rapidly scaled up across the length and breath of Ghana and in particular covering HIV treatment with antiretroviral therapy for the 71,000 people who currently need it.

Tania Dmytraczenko
Nov 17 2006 3:05PM
Thank you, Richard, for sharing the Ghana example with us. I would be interested in knowing whether other community-based health financing schemes cover ARV treatment. Please contribute examples.