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Making community health insurance equitable and pro-poor – lessons from the Dangme west health insurance scheme

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In Ghana, it is current government policy to replace out of pocket fees at point of service use with health insurance through district based mutual health insurance schemes. Using data from a household survey and community group discussions of the performance of the Dangme West Mutual health insurance scheme, this paper examines the possibilities and way forward to make sure that health insurance in a developing country like Ghana is pro-poor and equitable. Selected proxy indicators of economic status of households in the survey suggest that less poor households are insuring in disproportionately higher numbers than the poorest households. Providing the option of health insurance - even with a subsidized premium - may not be enough to improve equity and make health insurance more pro-poor if efforts to get poorer households to join the scheme do not succeed. Other specific interventions are required to make this happen and they need to be simultaneously addressed. Interventions to improve geographic access to health services for poorer families who tend to live in more remote and underserved areas, more information and communication to help people understand and voluntarily enroll in insurance schemes and improvements in quality of health services, including their customer friendliness are all needed to provide an incentive for enrolment for poor and non-poor alike.

Key Words: Community Health Insurance, Pro-poor, Equity, Developing Country, Ghana