



TRUST AS HEALTH INSURANCE

Every rural Ghanaian household has access to traditional medicine. If a family member falls ill and a healer is consulted, he will provide help—with payment deferred until the extended family can afford compensation. Trust ensures access to traditional medicine.



A traditional healer in Nkwanta District

Access to modern medicine in a typical rural setting is hindered by financial accessibility—many families cannot afford the cost of medical care due to poverty and the requirement to pay cash at time of service. It is estimated that about 80 percent of all Ghanaians earn less than \$1 a day, leaving little for medical care after essential needs are addressed. Poverty and the attendant costs of living have compelled many families to resort to unorthodox medical care including patronage for traditional treatment and self medication that can be paid for on a deferred basis, owing to the trust that exists between extended families and traditional healers. The “cash and carry” system or “pay as you call” has discouraged access to health facilities. In precarious situations, patients are even detained at health facilities for inability to pay for treatment. In the case of some district hospitals, the absence



Ms. Ntumi, CHO, providing doorstep care

of trust between health providers and patients is clearly established by the fact that patients default on payment obligations. In Nkwanta, for example, prior to CHPS, patients were indebted to the District Hospital for nearly 200 million cedis (\$25,000 US). There are no modern insurance schemes for rural households; few families can afford to pay insurance premiums.



Ms. Asemsro, CHO, during home visit

Under the Community-based Health Planning Services (CHPS) Initiative, a new sense of “caring for neighbours” is being revived that is based on the trust that exists between Community Health Officers (CHO) and the communities they serve. According to the Nkwanta District CHPS Coordinator, Mr. Constant Dedo, community liaison activities which build involvement in the health care system creates a climate of trust between CHO and people who cannot immediately pay for health services. Also, Village Health Committees (VHC) get involved in complicated cases, ensuring quick referral to the hospital, even for the most destitute family. As he puts it, “Whether there is money or not, financial resources are quickly mobilized to refer patients who are in serious condition. The VHC help in identifying those who cannot pay. They know the real paupers who need health on credit,” Mr. Dedo

said. Everyone has an extended family network, and in time, payment can be found. According to Mr. Dedo, the growing collaboration between the VHC and the CHO has led to the spontaneous evolution of an insurance scheme which may ultimately form a credible foundation for an informal health insurance system that provides financially accessible care to people living in rural areas and remote communities of Nkwanta District.

With health care services methodically built upon a base of community trust and participation, CHPS has found a way to utilize traditional social relationships as a mechanism for providing health security. Trust as health insurance was not developed by central planners or insurance companies, however. It was an invention of community members and their CHO.

Comments? Opinions? Suggestions? Please share your local experiences by writing to:

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