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Case Study of

Nationwide Mutual Medical Insurance

The First Health Insurance Company in Ghana

A Summary

Private *Initiatives* for Primary Healthcare Project
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FORWARD

As populations increase and competition for shrinking public resources becomes more fierce, governments around the world are urgently seeking ways to maximize quality health care delivery while reducing costs Ministries of Health in many developing countries are exploring how the private sector can meet health needs of their growing populations Though the private health sector operates in most developing countries little is known about who it serves, its efficiency and effectiveness in service delivery and the quality of the services it provides The Private Initiatives for Primary Heath Care project (Initiatives) was designed to examine how private providers can deliver quality basic health services to low-income urban residents and remain financially viable

Initiatives prepared case studies of five organizations in Africa and Latin America to better understand the factors influencing their success Case studies are an appropriate approach to documenting and disseminating the organizational and development process By recording an organization's genesis and development case studies allow insights into how and why the private provision of basic health services is a viable approach for reaching low-income urban populations

The subject of each case study is a social enterprise, or a private organization that is dedicated to providing social services to largely disadvantaged populations that are not adequately served by public agencies or private markets Social enterprises maintain or improve social conditions in a way that goes beyond the financial benefits created for the organizations funders managers or employees Concurrently, such enterprises must find effective ways to address financial pressures including decreasing dependence on donors as they develop ways to continue meeting their social objectives

These case studies focus on the effectiveness sustainability and replicability of each enterprise In looking at effectiveness the studies place emphasis on service delivery, specifically on the enterprises ability to remain

focused on the target population, blend health needs with client demands, and merge technical quality with superior service In examining sustainability or the capacity of the enterprise to continue to provide services the studies explore factors including efficient enterprise management and operation financial viability adaptability, and, community support Replicability determining whether or not the initiative group models can be transplanted is both a function of effectiveness and sustainability as well as external factors that include markets the policy environment in which the groups operate external assistance in terms of technical and financial aid and the presence or degree of the government support or opposition

The case studies integrated both quantitative and qualitative data analysis and utilized multiple data collection methods such as facility studies focus groups, medical records participatory research observation, interviews market surveys and project documents

Initiatives is making the series of five case study summaries available This case study of Nationwide Mutual Medical Insurance, Ghana was prepared by Joseph Akuamoah-Boateng A synopsis of the study was prepared by Sharon Shultz The summary contained in this booklet was based on the report synopsis and edited by Stephanie Joyce and Raisa Scriabine

INTRODUCTION

Nationwide Mutual Medical Insurance (NMMI) the first medical insurance plan in Ghana began operating in June 1994 NMMI seeks to provide quality affordable health care to Ghanian citizens as well as to furnish a cost-effective option for employers wishing to contain their medical costs NMMI was established in response to increasing health care costs which limit peoples access to health care and increase employer health care benefits costs

NMMI operates as a partnership among Vanguard Assurance Company (VAC) Nationwide Mutual Insurance Company (NMIC, which underwrites NMMI s operations) and the Society of Ghanian Medical and Dental Practitioners (SGMDP) NMMI was conceived as a social enterprise that would also meet its partners business objectives of expan' g product lines for VAC/NMIC and increasing the patient base for SGMDP

Since achieving independence in 1957 Ghana has undergone a political evolution from multi-party democracy to dictatorship (1981) to constitutional democracy (1993) Since independence Ghana has followed a mixed-economy strategy involving both the private and public sector Until 1983 when the country embarked on economic recovery and structural adjustment programs with privatization as a major component direct state participation in industrial and commercial enterprises was pervasive The privatization policy has greatly enhanced the private sector s role in the economy

These policies however have had little impact on the average Ghanian Inadequate infrastructure, inefficient marketing strategies high population growth (about 3 3 percent) and depreciation of the country s currency hamper national growth The economy is characterized by low disposable personal income (DPI) high unemployment and a high rate of inflation Economic woes contribute to serious social problems including large numbers of street children high rates of teen pregnancy drug abuse and child labor The health sector is adversely affected by inadequate budgetary allocations and the high cost of services and supplies (particularly drugs)

The government health policy is to make primary health care available to the whole population But continued population growth and resource constraints have made this goal virtually unreachable

Both public and private health care access require payment for the cost of services In public health facilities patients pay full costs for all services except consultations Fees at government clinics are lower between US$0 27 and US$0 55 as opposed to US$1 94-US$5 55 in private clinics Most Ghanians cannot meet these costs partly because of their low DPI and also because the average Ghanian views health care as a non-priority luxury cost

Ghana s epidemiological picture is characterized by the predominance of communicable diseases malnutrition poor reproductive health and the growing importance of non-communicable diseases such as neoplasms cardiovascular disease and diabetes Malaria is the most prevalent health problem

Unsanitary living conditions lack of clean drinking water and inadequate nutrition as well as overcrowding in urban and peri-urban slums contribute to rampant disease High medical costs have made good quality care beyond the reach of most Ghanians Many resort instead to self-medication and reliance on the services of traditional medical practitioners They seek medical care from physicians only when their condition becomes critical

HEALTH CARE AND INSURANCE

A more efficient and affordable means of financing health care is needed in Ghana Health insurance is a viable option There is public support for the government to introduce a universal social health insurance plan The government indicated that it would pilot test such a scheme in 1997 In the meantime the private sector has dominated the insurance market

The private-sector insurance market is growing in Ghana Twenty-one insurance companies and 17 brokers are active in the general insurance market NMMI however was the first insurance plan to focus on health

Ghana s health care providers include 110 mission hospitals an unknown number of clinics run by non-government organizations 1 512 private hospitals and clinics, 700 pharmacies and 404 midwives as well as company clinics and traditional health practitioners

Although the government sees private health care institutions as vital players in achieving its health objectives

the private sector has not been involved in national health policy formulation and its contributions to health have not been fully recognized The government seeks to promote partnerships between public and private health service providers and facilitate private health services where the private sector has a comparative advantage

Apart from legally required workmen's compensation employers in Ghana are not obliged to offer health insurance to their employees NMMI corporate clients did so to find a cost-effective means to meet their social responsibility toward employees Under the government s proposed social health insurance plan employers would be required to provide workers with health insurance

Providing health benefits for employees is usually part of collective bargaining agreements with unionized staff and conditions of service of non-unionized staff The services provided are mostly general medicine and prescribed drugs but may also include pediatrics laboratory tests basic dental care surgical operations and hospitalization Health services of a specialized nature such as maternity care eye glasses, and dentures are expensive and therefore are not usually covered

Employers are motivated to buy medical insurance policies for employees to control the cost of medical care For them medical insurance can help reduce employee medical bills and replace frequent (and time-consuming) bill payment with yearly premium payments This provides a means of ensuring effective financial planning and control in Ghana s current economic environment which is characterized by increasing levels of inflation and high cost of capital Medical insurance also helps transfer the burden of managing employee health care plans to an insurance company which can provide more efficient and effective service

Despite a generally positive attitude toward health insurance most large-scale employers still operate under the

old system of meeting employee health needs through their own clinics and/or retainer contracts with private providers Medical insurance is likely to become more popular when the government s plan goes into effect More insurers will enter the market More promotional activities will increase public awareness

The average Ghanian tends to view insurance as an unsought good ' an unaffordable luxury Ghanians see insurance expenditures as a waste of scarce capital especially if no illness occurs They are willing to spend money on medical care but only in the event of sickness The general public perception of insurance companies as unreliable and dishonest may have a negative effect on the development of private health insurance in Ghana The public may see the government as a more dependable provider The current high cost of medical care however is contributing to the development of a more favorable attitude toward health insurance

DEVELOPING THE NMMI CONCEPT

NMMI is underwritten by Nationwide Mutual Insurance Company (NMIC) a subsidiary of Vanguard Assurance Company (VAC) NMIC was originally set up to underwrite general insurance particularly life and personal accident policies It was not specifically aimed at medical insurance The initial idea to enter the medical insurance business was conceived in 1986 by VAC for the purpose of expanding its service mix

The NMMI concept was initially opposed by the government However as liberalized and market-oriented policies became more pronouned the government permitted private sector involvement in medical insurance This paved the way for Vanguard to team up with the Society of General Medical and Dental Practitioners (SGMDP) to operate the medical insurance plan SGMDP was the only association of private medical practitioners in Ghana that had as its mission the expansion of primary health care for poor patients in urban and peri-urban areas

VAC/NMIC would handle the underwriting while a Technical Committee made up of members of SGMDP and NMIC management would address medical and operational issues The cooperation and active participation of SGMDP members were considered crucial to the plan s ultimate success because of their role as service providers

NMMI was conceived as a pilot project with both financial and social goals The plan would enable its partners to diversify their product line and to increase the client base of SGMDP members while providing affordable health care for the average Ghanian

The expectation was that payment for medical treatment by the plan s contributors would be spread over long periods This would improve the cash flow of participating companies and spread the risk of the incidence of high medical bills over a large number of people thus reducing each contributor s risk burden

The plan originally targeted large companies whose larger lump-sum premiums would provide working capital to support NMMI s operations In addition the larger beneficiary base provided by these companies would help to spread risk This initial customer strategy was also seen as a convenient means of gaining quick, valuable experience in managing medical insurance in Ghana and generating useful actuarial data for future planning and control

SGMDP requested market research assistance from the USAID-funded Private Initiatives for Private Healthcare Project *(Initiatives)* in 1993 *Initiatives* sponsored a survey of large employers and associations assessing their interest in purchasing health insurance for their employees *Initiatives* survey included four recommendations educate the target audience about the benefits of medical insurance increase market advantages by providing more employee protection than present plans provide services normally not covered such as eyeglasses and maternity benefits and minimize red tape NMMI attempted to incorporate these recommendations into policy options

The founders of NMMI based on their combined experiences as insurance professionals and as private medical practitioners identified a number of principles as basic to NMMI s success including smooth working relations between partners efficient management structure employment of entrepreneurial skills in policy formulation effective monitoring (including client feedback) of service quality and operations and eventually improved health status (and thus reduced health care costs) among populations served

FUNDING

NMMI was financed initially with funds provided by Vanguard, subscriptions by participating service providers and premium income Internally generated funds consist of

insurance premiums paid by policyholders Vanguard provided about US$ 4,600 for computer facilities and approximately US$ 9,000 as a working capital loan for fuel expenses and salaries for the Operations Manager and General Manager Subscriptions by service providers amounted to approximately US$ 9,500 Other financing sources in 1994 were premium income of approximately US$ 27,700, and US$ 2,500 in investment income

The only external source of financial support has come from the *Initiatives*, which donated US$11 385 for a file server and monitor and paid consultants to develop the software package for the insurance claims management information system

NMMI's founders did not develop a formal business plan The basis for NMMI's creation was its principals belief that Ghana urgently needed a medical insurance mechanism and that when this appeared, business would grow Company principals hoped to build a clientele of about 100,000 by the end of the first year of operation, and to double this client base n the third year

The need they felt, was for a good, reasonably priced and well promoted policy package and an assurance of value for money The participating service providers had to be assured of prompt payment of claims This required an efficient and effective claims management system It was assumed that if the providers saw real benefits in participation, they would remain committed and contribute to NMMI's long-term success

DECISION MAKING

Decisions on NMMI's operation and management are the province of an eight-member board of directors including five representatives from Vanguard/ NMIC and three representatives from SGMDP

The board is responsible for major strategic and policy issues, including determination of corporate mission objectives, and long-term product market and growth strategies The board also oversees the appointments of key management personnel

NMMI's daily operations are based on a simple line organization structure built around marketing operations actuarial analysis and claims management The ten staff members include a general manager, an operations manager, a marketing/public relations manager an accounts/claims officer, an executive assistant insurance officer, a

stenographer a receptionist/typist a typist a service provider officer and a regional representative based in the city of Kumasi

TARGET MARKETS

Although NMMI's plan initially targeted large corporate clients, the experience gained during its first two years led management to diversify the client base to expand the risk pool by targeting medium-sized companies, individuals and families, and informal groups such as artisans taxi drivers, and market women Large employers tend to either have their own company clinics or sign retainership contracts with private medical practitioners Not much effort has gone into promoting the plan among individuals and families and informal-sector markets Most of NMMI s current corporate clients are small and medium-scale employers

Most NMMI company-client employees are considered low-income earners These include laborers, clerical officers secretarial staff, security guards, messengers, cleaners store-keepers, drivers, some first-line supervisors miners, and factory workers

NMMI has so far promoted its policies mostly through personal sales and contacts with prospective clients This has proven quite effective, in view of the nature of medical insurance as a regularly unsought good Marketing approaches include limited newspaper advertising, lectures to organized groups and presentations

NMMI does not have a written marketing plan with detailed objectives and strategies especially for promotion of a new business However the marketing/public relations manager claims to set sales targets subject to periodic review, and prepares marketing expense budgets, especially for advertising The company is in the process of finalizing a comprehensive five-year business plan including a marketing plan, which will be reviewed by the board of directors

PARTICIPATING SERVICE PROVIDERS

Service providers participating in the plan are mostly members of SGMDP They are mostly private medical practitioners who own and operate their own clinics

Seven non-SGMDP members provide service under the plan NMMI does not consider them participating members They became involved with the plan as a result of client requests Employees of participating companies who want to continue receiving the services of own physicians sometimes persuade them to join the plan as providers Three of these NMMI providers are government hospitals These facilities register with the plan's managers to provide service to NMMI clients and submit expense claims for reimbursement The government hospitals in the Central and Western Regions are providing services under the plan mainly because of absence of private physicians in those towns

All 200 facilities providing service under the plan are located in urban and peri-urban areas mostly in regional capitals There are no participating facilities in the Upper-East and Upper-West regions, in the extreme north of the country Half the participating physicians serve low income populations

There are problems in achieving provider participation Many physicians do not like the plan's format, some even discourage client participation Typical provider complaints include cumbersome claim procedures unacceptable vetting of claims forms delays in issuing payment disputes over prescriptions and potential loss of existing clientele because the plan offers a choice of physicians

There are, nevertheless, a number of positive incentives for physicians to support the plan including the potential for increasing a client base and clinic use improved financial circumstances, and the opportunity to become a plan shareholder

SERVICE PLAN

NMMI provides six basic levels of benefits under its health policies All six packages provide comprehensive health care subject only to the maximum allowable benefit limits as well as certain specific exclusions Custom-made policies that include higher benefit levels or additional services are also available NMMI policies include basic eye and dental care while maternity benefits and fitting for hearing aids or eyeglasses are available on request Services are limited by exclusions including treatment not recommended or provided by a registered medical practitioner, treatment of sexually transmitted diseases including the human immunodeficiency virus home nursing certain pre-existing conditions and injuries related to substance abuse

NMMI policies limit the total amount of benefits for each beneficiary per year Any excess claims are refunded to NMMI by the beneficiary s employer In addition each benefit has a specific amount allocated for the year which cannot be used for any other purpose For example if the drug benefit is exhausted the beneficiary cannot use unused laboratory money to meet the drug claims

NMMI patients are normally not required to pay for medical services except where the employer s policy makes provision for a deductible or co-payment Service providers submit claims to NMMI for reimbursement of expenses including referral expenses by specialists Beneficiaries who receive services outside participating clinics/hospitals have to pay for such services and submit claims to NMMI for refund provided the amount involved meets policy stipulations

Beneficiaries have the option to select service providers of their choice from a list of participating facilities Most employees remain with their companies previous retainer-doctors

Beneficiaries of NMMI policies can receive services outside of the participating clinics/hospitals if such facilities don t offer the needed services If the cost of these services exceeds the allowable benefit limit under the insurance policy the beneficiary is required to refund the excess claim

Beneficiaries who require services not covered by their employer s NMMI policy can go to any facility that provides such services including private clinics/hospitals (including those run by NGOs/religious organizations) government clinics/hospitals or private maternity homes In such cases the employees may bear full responsibility for the cost involved although some companies share the cost with their employees Where employees are unable to pay for their share immediately their employers normally pay the total cost and spread the employees share over a period to be deducted from their monthly salaries

REQUIREMENTS FOR PARTICIPATING PROVIDERS

NMMI s Technical Committee has developed formal protocols for patient care by participating providers These include guidelines for therapeutic treatment basic and supplementary drug lists essential services and claims procedures Guidelines to participating providers state that providers are expected to keep good records and that NMMI may call at clinics to inspect facilities and records However no one from NMMI has ever visited any provider

Providers are also required to submit claims to NMMI within 60 days of the beginning of treatment but most do not adhere to this guideline Instead they tend to submit their claims when they feel they have accumulated enough money to make this process worthwhile This contributes to sometimes considerable delays in the arrival of claims for reimbursement NMMI asks participating physicians to

monitor clinic utilization but most do not Physicians also frequently express disagreement with NMMI requirements complaining about cumbersome claims procedures unacceptable claims vetting and delays on NMMI s part in issuing payment

NMMI has a policy of vetting claims to ensure that providers adhere to stipulated service charges, therapeutic guidelines and drug lists The measure was considered necessary to reduce medical expenses and achieve a reasonable benefit utilization to guarantee the plan s viability and sustainability NMMI initially vetted 100 percent of claims However since late 1996 claims of providers known to adhere strictly to the guidelines as well as those involving small amounts are no longer subjected to vetting This change of policy was informed by the need to speed up claims processing Claims payment is regarded by management as the most important expenditure item for any perception that the plan is unable to meet its obligations could undermine confidence in the enterprise and jeopardize its future viability and sustainability

Since January 1997 NMMI has employed a Service Provider Officer to liaise with providers and client companies on claims administration His responsibilities include checking all claims forms to ensure that no claims are being made for exclusions that all claims forms are completed properly and that claims are not being made on behalf of non-members He liaises with the providers and/or the client organizations representatives to try to resolve problems before completed claims forms are submitted for vetting

MANAGEMENT INFORMATION SYSTEMS

NMMI developed an automated system to manage claims information in 1995 This replaced the original manual system which could not keep up with the volume of data that need to be collected processed analyzed and

stored The previous system could only track benefit utilization for each patient A local consultant designed the automated system and trained NMMI staff on its use in creating databases and reports The system s components include databases on client information treatment procedures service providers and treatment and payment records as well as reports on benefit utilization diagnosis statistics and claims and premium payment The system is not yet fully operational and has on-going technical problems Provider delays in reporting and submitting claims contributes to the problem

NMMI has not purchased a more powerful computer which could handle databases more easily due to cost constraints

Internally NMMI operates a simple computerized financial accounting system which produces standard reports like internal audits trial balance summaries budget analyses ledger histories and financial statements While NMMI has depended so far on external auditors to prepare its profit-and-loss statements and balance sheets the company expects to hire a permanent accountant as it expands

NMMI uses an informal personnel management system because of its small staff It provides simple briefings and orientation to new hires pays for job-related training and education, and offers salaries that include allowances for transportation lunch and rent The company also covers social security entitlements and medical insurance

CLIENTS

NMMI s corporate client base grew from 4 in 1994 (about 1 000 employees) to 14 in 1995 (about 2 500 employees) and 27 in 1996 (over 5 000 employees) At the end of February 1997, there were 27 organizations holding policies under the plan with a total of over 5 000 employees (85 percent male and 15 percent female) No data on dependents were readily available However, it is estimated that the total number of beneficiaries under the plan is between 15 243 and 25 405 NMMI did not meet its goal of expanding its patient base to 100 000 by the end of the first year

FINANCIAL DATA

The plan has been financially viable/profitable with a net profit after tax performance of approximately US$ 5 000 US$ 4 700 and US$17 000 in 1994 1995 and 1996 respectively and accumulated profit of US$27 000 NMMI s return on owners capital is therefore estimated at 13 4 percent (1994) 11 0 percent (1995) and 57 4 percent (1996) with an average of 27 3 percent over the period 1994-96

IMPACT ON PROVIDERS

In view of the fact that fees charged by participating SGMDP member-owned facilities are lower than those of non-participating facilities financial incentives for participating providers would result from substantial increases in their clinic utilization rates So far health insurance does not appear to have made a noticeable impact on these utilization rates

IMPACT ON MANAGEMENT OF HEALTH BENEFITS

Employers generally feel that the purchasing of NMMI health insurance coverage has made it easier to manage employee health benefits Employers feel that with insurance coverage they do not have to worry about the basic health needs of their employees because these are being taken care of by the insurance company The burden of vetting claims has also been shifted to the insurance company Planning and budgeting for staff medical care have been simplified through payment of fixed premiums at the beginning of each year

Corporate clients note the positive impact of the NMMI plan on their medical expenses Their medical costs decreased either absolutely or when the amount of premium is compared with the level of benefit under the plan

Employees perception of their association with NMMI is mixed influenced by the level of coverage enjoyed under the plan compared with what it was before their employers took NMMI policies

Health care recipients generally perceive the quality of service at private clinics/hospitals as higher than at public facilities especially with respect to interpersonal relations Those interviewed however generally do not see any significant difference in quality of health care provided by NMMI and non-NMMI service providers

MONITORING SERVICE

While the vetting process examines diagnoses and treatments for given complaints, the insurance company itself has no mechanism for monitoring service quality at participating facilities The technical quality of services is taken for granted by NMMI especially since there have not been many complaints from service recipients

SERVICE QUALITY

NMMI s impact on service quality is also difficult to gage since the plan has no formal system in place to measure it The impact of the therapeutic guidelines on service quality cannot be isolated Occasional patient complaints relate mainly to interpersonal relationships, mostly with support staff and some paramedics rather than the technical quality of service

CONCLUSION

NMMI faces a number of challenges to maintain and improve its operating performance, economic viability sustainability and effectiveness It faces potential competition from the government s social insurance plan whose low premium might create a competitive advantage over NMMI Even if NMMI is better managed and has higher coverage the government plan will still appeal to large segments of the population

A more serious challenge is the emerging negative attitude of some physician providers They have objected to service protocols drug limits and claims processing delays and some have discouraged their corporate clients from joining the plan NMMI s problems with its computerized claims management system only compound this problem as feedback to clients is frequently late and sometimes inaccurate This problem jeopardizes not only NMMI s relations with clients but also its timely retrieval of revenues

Under-capitalization is preventing NMMI from improving its operations through the purchase of new equipment (such as a better computer) and the hiring of necessary personnel (such as a full-time accountant) It has also limited the public education which might improve public perception of the benefits of medical insurance

EFFECTIVENESS

NMMI was reasonably effective considering that medical insurance is a novelty in Ghana Participating providers continue to be interested The number of clients and beneficiaries is growing as is the economic performance of NMMI itself

NMMI s services however have not provided a visible increase in participating physicians' client base It is difficult to conclude overall that NMMI increased availability of medical services to the target population as corporate clients generally provide such services to their employees NMMI provided higher levels of coverage for some employees But for others whose employers assumed full responsibility for staff medical expenses the NMMI plan may be a disadvantage, since all excess claims must be refunded to NMMI by the insured

NMMI however can be said to have made positive impact on the health care costs of employers, either in absolute terms or when premiums are compared with the higher levels of benefits provided The vetting process and the inclusion of pharmacists as providers are mostly cost-control measures which should benefit both employers (by reducing future premiums through lower benefit-utilization ratios) and employees (by reducing over-payments and refunds) Employers generally admit that NMMI had a positive impact on employee health costs

SUSTAINABILITY

NMMI s performance to date shows that its operations can be sustained even if its expansion were affected by its low capitalization Although its initial expectation of 100 000 beneficiaries in the first year of operation rising to 200 000 by the third year was not met its clientele base was large enough to achieve an acceptable risk position Its revenues fully covered expenses in managing the plan Its net profit as a percentage of total income was 23 7 percent in 1994 8 4 percent in 1995 and 18 8 percent in 1996 an average of 17 percent

Available data also show that VAC provided working capital support of US$ 8 900 US$ 15 600 and US$ 18,800 in 1994 1995 and 1996 respectively but these were fully covered by the plan s annual revenues Thus the assistance merely served as a bridging fund meant to tide over the plan while awaiting payment of accrued premiums

NMMI should increase its revenues and/or reduce the benefit-utilization ratios once it is able to correct the problems in its claims management system This improvement will result from improved expense/claims monitoring and control and timely provision of feedback on over-payment of claims

REPLICABILITY

A number of factors have contributed to the success so far achieved by the plan These include favorable market factors (such as perceived need for a more efficient health financing mechanism), employer needs favorable government policy, and the general public's attitude towards private initiatives

NMMI has so far penetrated only the corporate market Companies are easier to attract because they already provide medical care for their staff and have the financial capacity to pay assessed premiums The same cannot be said for the individual and family market because of the generally low DPI and high cost of living which make the cost of premiums above the average Ghanian s ability to pay

One factor that has been instrumental in NMMI's achievement is the technical skill of its General Manager and Actuary complemented by the insurance experience of the Chairman and other top management staff of Vanguard serving on NMMI s board Also the commitment and enthusiasm exhibited by the SGMDP members on the Technical Committee as well as the participation of SGMDP members as providers have contributed greatly to NMMI s survival and growth

Where such conducive factors exist NMMI s plan should be replicable However it should be remembered that NMMI s penetration into the corporate market has not yet brought about a growth of physicians client bases or a measurable change in the health status of the average Ghanian

ABOUT *INITIATIVES*

Private Initiatives for Primary Healthcare (*Initiatives*) is a project funded by the U S Agency for International Development (USAID) and managed through a cooperative agreement with JSI Research & Training Institute The project promotes access to quality basic health services in developing countries by strengthening local private groups' abilities to provide basic health services The project specifically targets low-income residents of urban and peri-urban areas

Working in Ecuador, Guatemala, Nigeria and Ghana, *Initiatives* strengthens the financial and institutional capabilities of local provider groups In these countries, the local groups encompass a range of service models, including independent physicians and nurses, networks of providers, and traditional and non-traditional insurance schemes *Initiatives* provides technical assistance through business development workshops and individual consulting in the areas of strategic, business and financial planning, marketing assistance and capital acquisition