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POVERTY, DISABILITY AND HEALTH: HOW PERSONS WITH DISABILITIES CAN BE ASSISTED HEALTHWISE WHEN FACED WITH AN UNCERTAINTY

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INCLUSION, AND TRANSFORMATION:
Social Protection for Persons with Disabilities in the SADC

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OUTLINE OF THE PRESENTATION

- Introduction and Problem Statement
- Hypothesized Solution
- Micro health insurance schemes
- Case studies on micro health insurance
- Conclusion
Most sub-Saharan African countries are characterised by low income and hence low standards of living.

The poverty among persons with disabilities is worse because of stigma, discrimination and exclusion that happen in society exposing them to high likelihood of living in cycle of poverty.

Human beings desire or demand health because it makes them feel good and increases the number of days available for work and hence increasing their income.

Health is a durable good, and hence, it lasts for more than one period. Though this may be the case, demand for health care is uncertain since nobody knows what and when the demand will be in future and hence sicknesses are a shock normally.
Poverty and disability become a cause and effect. Some disabilities can easily be averted only if such an individual had enough to meet own daily living standards including paying for medical attention. A fact sheet by the WHO (November 2016) states that disability rates are increasing partly due to ageing populations, and an increase in chronic health conditions.

Persons with disabilities have a high probability of demanding medical attention than the able-bodied (e.g. often times, persons with albinism need to go for skin screening and eye check up).
In cases where PWAs seek medical attention due to an uncertainty, they will have 2 options: either making an out of pocket payment or an insurance scheme would pay for their medical attention. Asfaw et al (2002) states that poor households have many risks and health risks to them are very crucial as they have destabilising effects on household finances by directly forcing health expenditures and indirectly affecting income-earning capacity of the household. It is against this background that micro-health insurance schemes need to be introduced. A study by the African Development Bank No. 225-July 2015 found out that micro-health insurance schemes significantly increases the likelihood of utilising medical consultation and screening services.

Proper arrangements need to be made to register and regulate the economic activities that PWDs engage in e.g. village savings and loans, farming and some other major economic activities so that insurance benefits are deducted from such.
**WHAT IS A MICRO-HEALTH INSURANCE**

- Micro health insurance is a risk management institution for low-income population mostly working in the informal sector.
- Some of the typical features of a micro insurance scheme include: risk pooling, regular payment of (small) premiums in advance, pre-defined benefit package, affordable to low income individuals, often based on community-based organizations and local institutions (groups, cooperatives etc.)
- Doyen et al. (2004) states that micro-health insurance fulfils other tasks besides insurance. They further state that sharing of risk offers social protection among members and that members’ contributions keep the system going.
Similar project aiming at ensuring access to health care and social security but for poorest families was done by Inter Aide in the cities of Antananarivo and Mahajanga in Madagascar. They used an approach where the subscriptions were collective, compulsory and systematic. Beneficiaries of the project were satisfied with the project as it fulfilled their needs, lifted the financial, psychological and social barriers of access to healthcare and reduced their catastrophic costs.

In rural Cambodia, they implemented a programme that was aimed at covering primary and hospital care using compulsory subscriptions. After 10 years of its implementation, coverage reached to 70 000 people and people`s needs were met.

In Cameroon a project called “Health care, opportunities for young people and women and literacy” was implemented. There was improved health care in the region as most people seeked medical attention early and participation in district health policy increased, among others.
“The purpose of any insurance policy is to convert an uncertain, but potentially large, loss into a certain, small loss. Such a conversion benefits the consumer if greater losses cause progressively larger declines in utility (that is, if there is diminishing marginal utility of wealth)” Newhouse 1978

Micro insurance institutions have many benefits to the population e.g. giving an opportunity to show their solidarity and voice opinions. Such being the case, since PWDs are most times vulnerable groups and voiceless, this could be a way of integrating, empowering and making them have a sense of belonging and eventually becoming an inclusive society. Therefore these should be encouraged
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