



# Lomé Platform

Investing in Mutuals for the XXIst century,  
A political commitment to achieving a strategy.  
From words to deeds.

This document was unanimously adopted during the international "Investing in Mutuals for the XXIst century" conference, which took place from 22 to 23 January 2019 in Lomé, Togo.



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# Foreword

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**“If you want to go fast, go alone. If you want to go far, go together.”** This African proverb embodies the spirit of the interactive review process that we applied when drawing up the Lomé Platform, basing ourselves on the solid foundations laid in the Abidjan Platform.

The initiative was first launched **twenty years ago** with the aim of preparing a policy document. It resulted in a set of principles for building effective, coherent strategies to support mutual health organisations. These principles were defined and approved during a workshop held in the city of Abidjan, from which the document took its name.

**Today**, the situation in Africa has changed profoundly, both politically and in terms of the usage of technical tools. The decisions that affect how mutual organisations operate are now made on an international, regional and national level.

**The Lomé Platform** is the result of a collective reflection and drafting process involving the various actors with an interest in the promotion of mutuals driven by both Africa and Europe.

To achieve this, several cycles of consultations were held with the different mutual insurance partners, national consultation platforms and frameworks.

This method enabled the different points of view of stakeholders who had been involved since the start of the Abidjan Platform, as well as those of newer stakeholders, to be analysed.

This Platform is a document created by the African mutualist movement and backed by the international mutualist world. It sets out proposals and positions that are addressed to supranational organisations (International Labour Organization [ILO], World Health Organization [WHO], West African Health Organization [WAHO], African Union, West African Economic and Monetary Union [UEMOA], Economic Community of West African States [ECOWAS], Economic Community of Central African States [ECCAS], etc.) as well as to policy-makers from various African countries.

The Lomé Conference offered an opportunity to exchange views with all stakeholders, resulting in the unanimous adoption of a new document that considers the development of mutual health organisations as part of an “ecosystemic” approach.

**The conditions should be such that mutuals can play a decisive role in extending the human right of universal social protection.**

**“This Platform is a document created by the African mutualist movement and backed by the international mutualist world.”**



According to ILO<sup>1</sup>, universal social protection is the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. *Social protection includes benefits for children and families, maternity, unemployment, employment injury, sickness, old age, disability, survivors, as well as health protection. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits, including social assistance.*

**Universal health coverage (UHC), an integral part of universal social protection, represents the specific sphere of activity in which the Lomé Platform and the mutualist movement that nurtured it are anchored.**

The WHO defines UHC as follows: *Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship*<sup>2</sup>.

As such, the three interrelated objectives of universal health coverage are:

- > fair access to healthcare services - everybody who needs healthcare services, whatever their financial means, should be able to access them;
- > quality - healthcare services should be of a sufficient quality to improve the health of those who use them;
- > financial protection - the cost of care should not expose users to financial hardship.

**Mutuals operate on the basis of these three objectives.**

*A mutual health organisation is a non-profit organisation. It operates on the basis of risk-sharing and resource-pooling. Unlike private insurance organisations, mutual health organisations do not refuse coverage on the basis of individual risk. This type of organisation promotes participatory decision-making and democracy. Mutuals therefore facilitate access to health services through solidarity mechanisms*<sup>3</sup>.

Rather than simply being an insurance mechanism for disease risk management, mutuals also carry out other roles such as disease prevention and health promotion.

Mutuals promote health by offering services that influence the social determinants of health. One of the promotional measures used by mutuals is health education, which is vital for improving health.

Mutuals also take on the challenge of social transformation through their democratic, association-based management, which empowers members and involves them in the decision-making process. It allows them to express and defend their choices and make their voices heard. This illustrates how mutuals are more than mere insurers; they contribute to social mobility.

On a societal level, mutuals influence the relationship between healthcare providers and the members who need their services. They demand access to the best healthcare services for their members, which strengthens good governance within the healthcare sector.

1  
World Social Protection Report 2017-19: Universal social protection to achieve the Sustainable Development Goals. International Labour Organization. Geneva. 2017.  
Available at:  
[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_604882.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_604882.pdf)

2  
WHO Library Cataloguing-in-Publication Data. Arguing for universal health coverage.  
1. Universal coverage. 2. Health services accessibility.  
3. Insurance, Health. 4. Medical economics. I. World Health Organization;

3  
Les mutuelles de santé : acteur et partenaire de la couverture santé universelle. (Mutual health organisations: stakeholders and partners in universal health coverage). MASMUT. Brussels. 2010.



# 1. Introduction

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The Lomé Platform, which was drafted through a participatory process, aims to update and harmonise stakeholders' vision for the development of mutuals and the strategies to ensure long-term success for the mutualist movement in Africa.

## 1.1. What is our vision for the future?

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The mutualist movement advocates for collective responsibility within a caring and inclusive society, with an essential condition being a political commitment in favour of a social protection floor for every citizen in order to achieve sustainable development.

When it comes to creating a truly caring and inclusive society, the mutual governance model is what makes the difference.

**The objective of the mutualist** movement is to promote universal social protection, with a particular focus on achieving universal health coverage by improving access to quality, affordable health services. It must be the vehicle for a "social transformation" and a collective emancipation via a proactive approach encompassing both individual and collective solidarity.

As always, people have come together to collectively defend the following values:

- > solidarity and healthcare for all, whether rich or poor, young or old, sick or in good health;
- > the general interest, rather than individual interests;
- > a specific means of organisation founded on a participatory approach. Democracy is often mentioned;
- > the consideration of citizens' voices in health policy debates, and particularly with regard to the quality of healthcare;
- > the promotion of social cohesion;
- > the prevention and promotion of healthcare above and beyond the curative aspect.

**As part of the Sustainable Development Goals (SDG), mutuals fall under the scope of the ILO Centenary Initiatives and the African Union's Agenda 2063 perspectives.**



Mutuals contribute to several of the SDGs.

**SDG 1**  
**“End poverty in all its forms everywhere”**

Social protection is an essential component of the fight against poverty as it reduces social injustice and therefore promotes social cohesion:

- > As mentioned in target 1.3, we need to, “implement nationally appropriate social protection systems and measures for all, including floors, and achieve substantial coverage of the poor and the vulnerable by 2030.”

Health insurance via mutuals has a positive effect not only on health:

- > Sharing the cost of healthcare helps reduce households’ direct contributions (out-of-pocket expenditure) and decrease their economic vulnerability. Extending access to better quality healthcare has a beneficial effect on household spending on care, and allows them to allocate their resources to other essential needs. Prevention and health promotion actions aim to bolster this reduction in healthcare spending (in particular, hospitalisations).

In this context, the Lomé Platform will contribute to making healthcare fairer as mutual health organisations are based on a distribution of risk and resources according to each person’s needs.

**SDG 3**  
**“Ensure healthy lives for all”**

Healthcare mutuals allow the population to shield itself from the risk of disease and reduce the cost barriers to healthcare, which is directly related to target 3.8. “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”

Members of mutual health organisations benefit from health education actions and better access to healthcare, which in turn contributes to fight malaria (target 3.3) and to reduce maternal and child mortality (targets 3.1 and 3.2).

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**SDG 5**  
**“Achieve gender equality and empower all women and girls”**

Healthcare mutuals are a powerful tool for promoting equality between women and men.

As women are overrepresented in vulnerable employment (informal or precarious work), they are more likely than men not to have health insurance.

When deciding on the package of care covered by subscriptions, particular attention must be paid to responding to the needs of women and children (targets 5.4 and 5.6).

Traditionally, women and girls are the family members with the greatest awareness about health issues, with women often playing an active role within mutual health organisations’ decision-making bodies.

All training modules developed for capacity-building purposes must take gender into account.

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**SDG 8**  
**“Promote inclusive and sustainable economic growth, employment and decent work for all”**

Healthcare mutuals are a key part of the Social and Solidarity Economy (SSE) (together with foundations, cooperatives and associations) and, more globally, contribute to implement the four pillars of the Decent Work Agenda, i.e. promoting sustainable employment, guaranteeing rights at work, extending social protection and encouraging social dialogue.

The key players of the Social and Solidarity Economy are capable of providing dignified, quality employment within the formal and informal economy as well as promoting the shift from the informal to the formal economy. They thus work for economic growth on the basis of investment in human potential and sustainable development, guaranteeing decent work and social protection for all.

With this in mind, common strategies and synergies between mutuals, cooperatives and others are applied. By way of an example, there are several African countries where mutuals and cooperatives are collaborating and implementing a “connection system” that provides all members with social protection, continuous improvements in disease risk-sharing, as well as economic and social benefits including, in particular, income-generating activities (specifically, target 8.B). Community development, human rights and advocacy initiatives also tend to be carried out jointly.

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**SDG 10**  
**“Reduce inequality within and among countries”**

In the case of political advocacy, mutuals support the adoption of policies, especially fiscal and social protection policies, that will progressively achieve greater equality (target 10.4).

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## 1.2. The ILO celebrates its 100th anniversary

In 2019 the International Labour Organization (ILO), the United Nations' oldest specialised agency, is celebrating its 100th anniversary.

Worldwide, only 27% of people enjoy a sufficient level of protection. In Africa, despite the significant progress made with regards to extending social protection, only 17.8% of the population receives at least one social benefit in cash, and coverage varies noticeably from country to country<sup>4</sup>.

Currently, several countries have achieved or are on the cusp of achieving universal health coverage.

Nevertheless, major shortcomings remain:

- > There is still a long way to go with regard to children, mothers with newborns, vulnerable people, etc.;
- > Long-established systems are facing problems with viability and adaptation.

Implementing social protection floors is therefore an urgent priority in Africa. Mutuals are a factor on the road to "equity in access to quality care and solidarity in financing [which] is central to extending health protection"<sup>5</sup>.

4

World Social Protection Report 2017-19: Universal social protection to achieve the Sustainable Development Goals. International Labour Organization. Geneva. 2017.

Available at:

[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_604882.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_604882.pdf)

5

World Social Protection Report 2017-19: Universal social protection to achieve the Sustainable Development Goals. International Labour Organization. Geneva. 2017.

Available at:

[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_604882.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_604882.pdf)

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**Recommendation 202  
concerning National Floors  
of Social Protection**

Recommendation 202 stipulates that access to essential healthcare, including maternity care, is one of the four pillars of social protection floors (Article 5a).

Mutuals must play a key role in achieving universal health coverage.

By contributing to achieving the floors, they will help reach universal health coverage.

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**Recommendation 204  
concerning the Transition  
from the Informal to the  
Formal Economy**

The informal economy is still marked by serious flaws relating, on the one hand, to precarious, unsuitable and dangerous employment conditions, and on the other hand to exclusion from the formal social security system.

Questions relating to the transition to a formal economy, social protection for workers, regulation, skills development and the fight against poverty are fundamental issues and major challenges for any society.

In order to extend social protection, the government must support the promotion of mutuals through a legal and regulatory framework.

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### 1.3. "Agenda 2063" is a major focus for mutuals

**ASPIRATION 1  
A prosperous Africa,  
based on inclusive growth  
and sustainable development**

By 2063, Africa shall be a prosperous continent, with the means and resources to drive its own development, with sustainable and long-term stewardship of its resources and where:

- > African people have a high standard of living and quality of life, sound health and well-being;
- > Economies are structurally transformed to create shared growth, decent jobs and economic opportunities for all.

Mutuals, which are key players when it comes to universal social protection, contribute to achieving inclusive growth for everyone.

**ASPIRATION 2**  
**An Africa of good governance, democracy, respect for human rights, justice and the rule of law**

Africa will be a continent where the institutions are at the service of the people. Citizens will actively participate in social, economic and political development and management.

Competent, professional, rules- and merit-based public institutions will serve the continent and deliver effective and efficient services. Institutions at all levels of government will be developmental, democratic, and accountable.

There will be transformative leadership in all fields (political, economic, religious, cultural, academic, youth and women) and at continental, regional, national and local levels.

**ASPIRATION 3**  
**A peaceful and secure Africa**

We recognize that a prosperous, integrated and united Africa, and an Africa based on good governance, democracy, social inclusion and respect for human rights, justice and the rule of law, are the necessary pre-conditions for a peaceful and conflict-free continent.

The mutualist movement wants universal social protection, with mutuals playing a key role in universal health coverage, to be integrated into the African Union's "Agenda 2063". Such integration will stimulate political and strategic decision-making in the various African countries, with a reduction in poverty and an increase in the coverage rate.

## 1.4. Feasible targets and aspirations?

Regarding the issues raised about the possibility of achieving the objective of universal social protection, international organisations, research centres, universities and others have demonstrated through studies and research carried out independently of one another that social protection is financeable bearing in mind the characteristics of different national contexts. However, in order to do so, political will is an essential pre-condition<sup>6</sup>.

On both national and international level, sufficient resources must be invested in order to establish solid social protection systems. This requires international regulations that allow developing countries to collect taxes more efficiently, to build effective social security systems, and to seriously work towards fiscal justice.

6

Affordability of social protection in developing countries: Burundi, Indonesia and Peru. Fonteneau, Bénédicte; Murray-Zmijewski, Alexandra; Silva-Leander, Sebastian; Lievens, Thomas. HIVA. Leuven. 2015-10.

Available at:

[https://lmo.libis.be/primo-explore/fulldisplay?docid=LIRIAS1899360&context=L&vid=Lirias&search\\_scope=Lirias&tab=default\\_tab&lang=en\\_US&fromSitemap=1](https://lmo.libis.be/primo-explore/fulldisplay?docid=LIRIAS1899360&context=L&vid=Lirias&search_scope=Lirias&tab=default_tab&lang=en_US&fromSitemap=1).

## 2. Recap of the African mutualist movement, 1998 to 2018

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The principles of the mutualist movement have existed across continents for centuries. In Latin America, as well as in Africa, Western Europe, Eastern Europe and elsewhere, numerous sources bear witness to the presence of mutual initiatives in different forms yet with the same spirit of solidarity and mutual aid.

Over the last 20 years, the mutualist movement has experienced a dynamic of regional or national structuration. The maps take this broader dynamic into account. The absence of a structured initiative does not mean that community mutuals do not exist.

### Map of the presence of national mutual initiatives in 1998

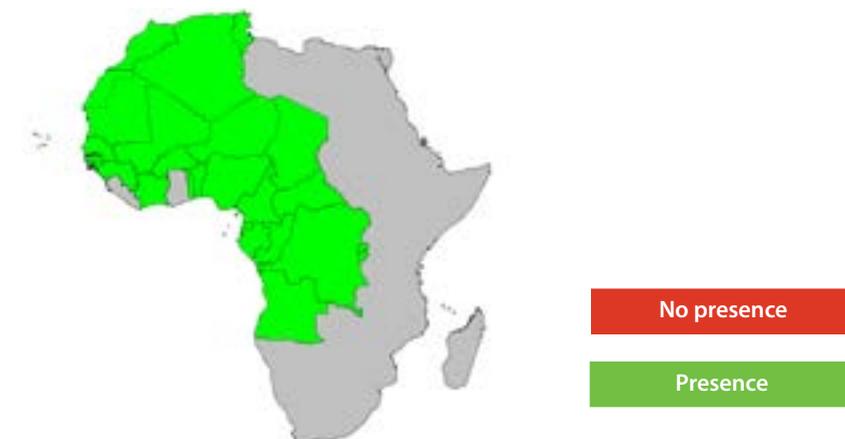
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«Over the last 20 years, the mutualist movement has experienced a dynamic of regional or national structuration. The maps take this broader dynamic into account. The absence of a structured initiative does not mean that community mutuals do not exist.»

### Map of the presence of national mutual initiatives in 2018

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It should be remembered that initiatives supported by international organisations, primarily the ILO's STEP programme, have been introduced in order to expand the African mutualist movement.

**“Numerous countries recognised mutual health organisations by granting them a clear place and roles within universal health coverage and universal social protection policies.”**

The ILO has thus worked with partner organisations and brought them together as part of a wide-reaching network that allows them to share practical knowledge and more efficiently deal with healthcare providers, support organisations, public services and donors.

One initiative that is repeatedly cited is the “Concertation between organisations involved in the promotion of Mutual Health Organisations (MHOs) in West and Central Africa,” known as “The Concertation”<sup>7</sup>. It drew up an initial international policy document, the Abidjan Platform, aiming to share knowledge across borders and work together on strategies that reduce social risks and extend social protection as part of the fight against poverty.

When taking stock and defining the perspectives, the contribution of the Abidjan Platform was assessed as “crucial” and later as “very useful” then “useful”. This contribution has declined over several years.

Today, 20 years later, the mutualist movement has considerably developed even though its systems have tended to remain on a small scale at community level due to a lack of proactive policies on the part of governments.

Mutuals have undergone a wave of structuring and organisation at national level thanks to the creation of representative platforms for mutuals within countries.

These platforms have not sat idly by. With the support of their partners, they have tackled the challenge of capacity-building. They have equipped themselves with technical and thematic skills regarding the operational management of health coverage. This expertise is essential for the role envisaged for them and required when introducing universal health coverage.

The UEMOA Commission has implemented regulation N°07/2009/CM/UEMOA governing social mutuality within the UEMOA. It is a major achievement that will help develop a regional structure for the mutualist movement. The member states, represented by their governments, met with representatives of the national mutual platform as part of a special consultation known as the CCMS (consultative committee on social mutuality). During this consultation, stakeholders ensured that the regulation was applied.

The platforms became true voices for the state actors.

The platforms worked together with healthcare providers to establish partnerships designed to improve the quality of care through arrangements such as public health service contracts.

Numerous countries recognised mutual health organisations by granting them a clear place and roles within universal health coverage and universal social protection policies. In this context, the mutualist movement developed synergies with trade unions on the subject of political action around universal health coverage, which is a pillar of social protection floors.

In light of the above, the conditions for success, both within and outside of the mutualist movement, must be identified in order to scale it up.

7

Project title - La Concertation entre les acteurs du développement des mutuelles de santé en Afrique de l’Ouest et du Centre (The Concertation between organisations involved in the promotion of Mutual Health Organisations (MHOs) in West and Central Africa).

# 3. Success factors for the development of mutuals

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Based on the recap of the mutualist movement, several success factors can be identified:

1. **Mobilisation** around the objective of Universal Health Coverage (UHC) which has helped to accelerate the development and recognition of mutual initiatives and networking.
2. **Structuring** the mutualist movement, which has helped to unionise and/or federalise community mutuals, thereby facilitating their up-scaling thanks to better collaboration and a progressive expansion of coverage.
3. **Capitalising** on the evolution of mutuals' role and place as a stakeholder in universal social protection thanks to first-hand experiences. This has enabled the movement to better define its development and promotion strategy.
4. **Sharing** best practices regularly, which has stimulated collective learning and the professionalisation of the movement, leading to an approach encompassing truly harmonised tools and procedures across the different mutuals.
5. **Scientific research** into optimising the functioning and the "potential" role of the mutualist movement within the context of universal health coverage in Africa. This has demonstrated the gains made, the difficulties encountered and the opportunities for development, thereby fuelling the political and technical debate.
6. **Periodically organising** conferences, workshops, training sessions and regional meetings within Africa, which has brought together the lessons learned by all stakeholders and thus contributed to better defining a coherent approach on a sub-regional/continental level.
7. **Adopting and applying** legislation (regulations, implementing decrees and orders) recognising the role of mutuals in providing universal health coverage and enabling standardised use of the social mutuals' accounting plan (Plan Comptable des Mutuelles Sociales), the National Guarantee Funds, the administrative bodies of social mutuals and the health cover registers.
8. **Establishing** multipartite consultations (for example, the CCMS) that regularly monitor the advances made and identify the major challenges to which mutuals must respond.
9. **Training** national experts, managers and partners, which built technical, professional and managerial skills among mutuals' staff and elected board members.
10. **Raising awareness** among the population about signing up for UHC, which allowed to fully involve them in its introduction.



## 4. The prospects for a coordinated system linking mutuals and other universal health coverage stakeholders

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The strong potential of the strategies for expanding social protection, which rely on coordination between various mechanisms, can be enhanced.

### The current state of play

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The fragmentation of health insurance schemes can be viewed from two angles:

- > On the one hand, from an internal point of view in conjunction with the diverse range of existing schemes within one State and,
- > On the other hand, from an external point of view, marked by the numerous donors who tend to support schemes without prior consultation or with no coordination with the systems that are already in place, prioritising their own vision instead.

**Overcoming the consequences of fragmentation that affect universal health coverage.**

However, universal social protection, like universal health coverage, requires coordination mechanisms. Moving beyond typologies or categorisations, a cross-cutting approach causing a shift from the existing models to an overall extension of health coverage.

**Addressing the potential of mutuals as a stakeholder and coordination as a solution.**

## **1. Towards compulsory enrolment**

No universal health coverage scheme can succeed without strong political will at every level. This involves the promotion and implementation of appropriate regulations and legislation that are able to ensure optimal development for mutual health organisations.

The State is also responsible for ensuring the health of the entire population; this objective should guide the drafting and approval of national policies.

The first step is to make it compulsory to be enrolled in a health coverage scheme from this point onwards.

## **2. Starting with a multipartite system**

In Sub-Saharan Africa, several models for expanding health insurance coexist. Within these different models, certain countries take a mixed approach which requires adaptation to the specific national context.

The success of this kind of set-up requires consultation with all stakeholders, moving quickly to implement universal health coverage.

A UHC programme may comprise several aspects depending on the national context:

- > Initiatives/policies for free coverage;
- > National funds;
- > UHC via mutual health organisations;
- > ...

By way of an example, while seeking to develop health insurance for the formal sector (partly provided by mutuals), authorities could extend health insurance to the informal sector (rural and urban) by relying mainly on mutuals.

## **3. Towards the recognition of mutuals as key players**

Since they must be established as “delegated management” bodies, mutuals fulfil specific functions the implementation methods of which must be specified, namely:

- > The enrolment of beneficiaries from the informal and rural sectors;
- > The collection of contributions;
- > The management of beneficiaries’ entitlements;
- > The oversight of services;
- > Reimbursement for services that have been paid out of pocket;
- > Accounting and financial management on behalf of the informal and rural sector population;
- > The development of mutual health organisations and mutual management schemes.

This does not exclude any other functions that may be entrusted to them depending on the national context.



The thematic studies that have been performed have identified guidelines for strengthening the mutualism movement in the context of UHC:

- > The potential of mutual health organisations in Mali and Senegal in the context of UHC dating from 2016;
- > The mutual health organisations in the DRC in the context of universal health coverage also dating back to 2016.

One of the guidelines states that the State should include funding for mutuals within its budget, for example, in the form of a support fund, so that they can fulfil the functions entrusted to them.

The coordination mentioned above is not satisfactory in a large number of countries.

- > The countries that have truly grasped the importance of mutual health organisations as part of a universal health coverage system view them as delegated management organisations (ODM) with wide-ranging functions, including paying for services on behalf of the health insurance central management body;
- > Other countries want to confine them to the functions of social mobilisation, enrolment and contribution collection (to be passed on to the central management body).

# 5. Demands of the Lomé Platform

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The demands of the Lomé Platform can be divided into three main areas.

## 5.1. Regarding political commitments

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The mutualist movement demands:

- 5.1.1. Coherent policies and actions that are favourable to the development of mutuals, as well as adequate health protection policies that integrate health financing mechanisms;
- 5.1.2. The strengthening and implementation of a legal framework for mutual health organisations, and of enforcement measures ensuring their viability from an institutional, technical, financial and operational point of view;
- 5.1.3. Recognition by stakeholders (governments / technical and financial partners) of the contribution of mutuals to universal social protection, as structural actors in the provision of UHC. This recognition could be in the form of political actions through national or regional frameworks that, among other things, favour synergies bringing together social protection stakeholders (trade union organisations, cooperatives, women's movements and youth movements);
- 5.1.4. The improvement and strengthening of policies that relate to healthcare services and infrastructure;
- 5.1.5. Financial support from States for the mutualist movement, with a view to promoting and developing mutual health organisations for the purpose of achieving UHC;
- 5.1.6. Supporting the implementation of frameworks that favour synergies between UHC stakeholders and other structures working in the field of universal social protection. These could for example include national dialogue and consultations with social partners, social economy organisations that carry out income-generating activities, and others;
- 5.1.7. Uptake of the system by the population to ensure its sustainability through information campaigns and awareness-raising activities that build trust between the population and mutuals.

**The mutualist movement demands:**  
**“The strengthening and implementation of a legal framework for mutual health organisations and of enforcement measures ensuring their viability from an institutional, technical, financial and operational point of view.”**

## 5.2. Regarding compulsory enrolment

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### The mutualist movement demands:

#### The mutualist movement demands:

**“The establishment and effective implementation of mechanisms to enrol the entire population in compulsory health cover schemes. This must consist of an evolving process ranging from design to the transition and implementation phases.”**

- 5.2.1. The establishment and effective implementation of mechanisms to enrol the entire population in compulsory health cover schemes. This must consist of an evolving process ranging from design to the transition and implementation phases. Only a precise architecture for the establishment of a compulsory enrolment system will allow us to overcome the current challenges relating to the low coverage rate, the low rate of contribution collection, the lack of coordination between the mutualist movement and other health insurance mechanisms, and the significant rate of members dropping out of schemes.
- 5.2.2. Supporting the establishment and implementation through information campaigns and awareness-raising should be the first focus area. The State, together with those in charge of managing health insurance schemes, must educate people in order to enrol the entire population and build a relationship of trust with citizens. If people do not trust in the system, they will challenge compulsory UHC.
- 5.2.3. The creation of a compulsory health/disease insurance system based on national solidarity and which is constructed rather than simply decreed, with particular attention paid to vulnerable people.
- 5.2.4. The establishment of incentivising measures (cofinancing/subsidising subscription payments), coercive measures and “soft” measures to encourage the population to fulfil their obligation to enrol. This may involve making access to certain public services (obtaining a birth certificate, licence, identity card or passport) conditional on providing proof of health coverage.

## 5.3. Regarding delegated management

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### The mutualist movement demands:

#### The mutualist movement demands:

**“The management and organisation of UHC via delegated management entrusted to mutual health organisations by the State.”**

- 5.3.1. The management and organisation of UHC by delegating management to mutual health organisations by the State (respecting the fundamental principles of mutuals), and general coordination between all UHC stakeholders.
- 5.3.2. The organisation of the legal framework for delegating management to mutuals by establishing the necessary bodies, defining the respective roles and responsibilities of the State and mutual actors, and allocating them the operating budgets needed to fulfil their responsibilities.
- 5.3.3. The preservation of mutuals’ autonomy, independence and responsibility by guaranteeing that the State respects legal and institutional provisions.
- 5.3.4. The application of measures to support the professionalisation of mutuals.

# 6. Call to action

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The Lomé Platform is neither the result nor the conclusion. It is a call to all stakeholders in the field of universal social protection, of which universal health coverage is an integral part, to take action to promote the mutualist model as a lever.

This action relies on commitments from a network of organisations:

- > supranational organisations (specialised agencies of the United Nations, including the International Labour Organization [ILO], World Health Organization - [WHO] and World Bank [WB]);
- > regional organisations (African Union [AU], African Development Bank - [AfDB], West African Economic and Monetary Union [UEMOA], Economic Community of Central African States [ECCAS], West African Health Organization [WAHO] and European Union [EU]);
- > national governments;

for its integration into agendas of all levels and for its realisation.

**Specifically, we demand that:**

## 6.1. All specialised agencies of the United Nations:

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Work to achieve the SDGs by supporting the contribution of mutuals and by ensuring that there is coherence and coordination between the strategies employed by donors, while respecting national political decisions in favour of the mutualist movement.

### 6.1.1. The International Labour Organization (ILO)

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- > Recognises and promotes the role of mutuals within the context of all of the initiatives employed, including the effective implementation of the Conventions (i.e. Ratifying and implementing the ILO Conventions into national legislation), Recommendation 202 and Recommendation 204.
- > Supports civil society initiatives in the context of national consultations and flagship programmes.

### 6.1.2. The World Health Organization (WHO)

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- > Exceeds the noted limits of voluntary enrolment in mutual schemes and self-financing by making enrolment compulsory (i.e. compulsory enrolment, compulsory contributions, etc.).
- > Promotes the shift to the mutualist model as a vehicle for achieving the three dimensions of Universal Health Coverage: expansion to people who are not covered, a reduction of the contributions made by patients towards costs and fees, and the expansion of the care package (primary care, preventative care and health promotion).
- > Supports measures to prevent non-communicable diseases by supporting mutual health organisations' actions.

**“Work to achieve the SDGs by supporting the contribution of mutuals and by ensuring that there is coherence and coordination between the strategies employed by donors, while respecting national political decisions in favour of the mutualist movement.”**

### 6.1.3. The World Bank (WB)

- > Promotes a coordinated system and grant mutuals a place within aid strategies.

## 6.2. All regional organisations:

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### 6.2.1. The African Union (AU)

- > Integrates universal social protection, universal health coverage and mutuals into Agenda 2063 and, more specifically, Aspirations 1, 3 and 4 of the African Union.
- > At the highest level where political and strategic decisions about the continent are made, support their enforcement in the different countries in order to considerably reduce the high level of poverty and raise the level of social coverage among populations.

### 6.2.2. The African Development Bank (AfDB)

- > Promotes a coordinated system and grant mutuals a place within aid strategies.

### 6.2.3. The West African Economic and Monetary Union (UEMOA)

- > Continues to support and advocate for the recognition of the mutualist movement at all levels.
- > Evaluates the implementation of the UEMOA regulations and, where adjustments are necessary, adapt the content of these regulations (among others, by modifying Article 33 of Regulation N°07/2009/CM/UEMOA to make enrolment “compulsory”<sup>1</sup>).

### 6.2.4. The Economic Community of Central African States (ECCAS)

- > The ECCAS Social Affairs Committee outlines a procedure for drafting and adopting a decision and directive<sup>2</sup> on mutuals.
- > Recognises the Plateforme des Acteurs Mutualistes d’Afrique Centrale (Central African Mutuals Platform).

### 6.2.5. The European Union (EU)

- > Strengthens the European Union’s development cooperation programmes by including a focus on the promotion of social rights by mutuals.
- > Allocate, as part of the SOCIEUX+ programme, a budget that allows not only for technical support but also for the financing of projects in the Global South.
- > Unite and ensure synergies between direct cooperation with African States and indirect cooperation with civil society in African countries.

1

Currently, Article 33 is worded as follows:

**“Any person who wishes to be a member of a mutual organisation must enrol under the conditions defined in the by-laws.**

**Notwithstanding the principle of the freedom of enrolment, it can be decided, by means of a special measure, according to the specificities of the professional situation of members, that membership of the mutual organisation is acquired by the sole fact of belonging to a professional category.**

The confirmation of membership confers either the status of a paying member or that of an honorary member.

Notwithstanding the above paragraphs, enrolment can take place in the form of a group agreement between a legal person and a mutual organisation.”

2

The reference is to Article 11 of the Treaty establishing the Economic Community of Central African States (ECCAS):

**“Decision and directive - 1. The Conference acts by decision and directive. - 2. Decisions are binding upon the Member States and institutions of the Community, with the exception of the Court of Justice. They are legally binding by rights in the Member States thirty (30) days after the date of their publication in the official journal of the Community. - 3. Directives are binding upon the institutions to which they refer, with the exception of the Court of Justice. They take effect upon notification and are published in the official journal of the Community. - 4. Unless otherwise provided for in this Treaty, the decisions and directives of the Conference are made by consensus.”**

### 6.2.6. The West African Health Organization (WAHO)

- > Promotes the shift to the mutualist model as a vehicle for achieving the three dimensions of Universal Health Coverage: expansion to people who are not covered, a reduction of the contributions made by patients towards costs and fees, and the expansion of the care package (primary care, preventative care and health promotion).
- > Supports measures to prevent non-communicable diseases by supporting mutual health organisations' actions.

### 6.3. All national governments:

- > Adopt clear measures for an ecosystemic approach: improve health governance by overcoming fragmentation, regulating and improving the healthcare offer and recognising mutual health organisations through a clear legal framework that establishes the methods for creating mutuals, how they operate and the services they offer; make enrolment in a mutual health organisation compulsory; finance mutuals' management fees via subsidies in conjunction with delegated management.
- > Establish information and communication plans that lead the Government (Heads of State and/or government) to communicate about the political commitments undertaken and the delegated management.



## 6.4. All networks constituting our “Lomé Platform Monitoring Committee”:

In order to overcome a static situation, the Lomé Platform involves a permanent and continuous mobilisation of all of the networks constituting our “Lomé Platform Monitoring Committee”.

For this purpose, the mutualist movement believes that the Lomé Conference of January 2019 constitutes an initial attempt to organise the ecosystem and actions, with the common aim of achieving universal health coverage.

**“In order to overcome a static situation, the Lomé Platform involves a permanent and continuous mobilisation of all of the networks constituting our “Lomé Platform Monitoring Committee”.”**

Consequently, the Lomé Platform wishes to regularly evaluate the progress made when holding events that bring together the various stakeholders, with the Lomé Conference of January 2019 paving the way:

- > Each year, the countries must report on developments with reference to a database that will be analysed to allow better understanding of the progress made and the challenges encountered by mutuals;  
The aspects to be included in this database must be mutually agreed by the stakeholders in the countries;
- > The African mutualist movement must also be equipped with the means to jointly prepare for the next conferences in Africa alongside partners and AIM.

EVENT	FREQUENCY	OBJECTIVES
<b>Organisation of a conference in each country between the different stakeholders</b>	Every year	Monitoring and evaluation of universal health coverage through mutual health organisations and their national platforms.
<b>Organisation of a sub-regional conference</b>	Every two years	Sharing experiences between countries. Development status of universal health coverage through mutual health organisations in the different countries. Advocacy with leaders and sub-regional organisations.
<b>Organisation of an international conference</b>	Every three years	Validation of progress made by governments: <ul style="list-style-type: none"> <li>&gt; adopting a universal health-care coverage policy in their country;</li> <li>&gt; including mutual health organisations in universal health coverage policies;</li> <li>&gt; setting aside a budget to promote and develop mutual health organisations and health coverage.</li> </ul>

# List of signatories as at 1 January 2021

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## International organisations

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## Africa

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## Europe

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This document was unanimously adopted during the international "Investing in Mutuals for the XXIst century" conference, which took place from 22 to 23 January 2019 in Lomé, Togo.

