



**AIM** Healthcare and  
social benefits  
for all

**ACHIEVING UNIVERSAL HEALTH COVERAGE FOR ALL**  
*For a common vision between mutuals, social movements,  
public authorities and economic actors*

**DAKAR DECLARATION**

**Our calls:**

- a. For a sustainable financing of universal health coverage based on the principles of solidarity, equity and non-profitability
- b. For an inclusive and participatory governance to achieve social justice
- c. Refocusing on the demands of the Lomé Platform
- d. Achieving a common vision for access to UHC for all: the commitments of the mutualist movement

Mutuality has experienced a strong development in Africa over the last 25 years, notably through the launch of the Abidjan Platform in 1999; the structuring of the movement into national platforms, its professionalisation; the involvement of mutuals in the process of extension of Universal Healthcare Coverage (UHC) in many African countries; the adoption of Regulation No. 07/2009/CM/WAMEU on the regulation of social mutuality within the West African Economic and Monetary Union (WAMEU) the organisation of the Lomé conference in January 2019 which led to the adoption of the Lomé Platform, a political and technical document containing the demands and proposals of the mutualist movement for its full participation in UHC. Nevertheless, in view of the challenges that the COVID-19 crisis has revealed and posed in the framework of the constitution of health systems<sup>1</sup>, we note that formal support from the states to mutuals is not enough and that it must be transformed into a deep partnership between the State and mutuals, but also into a common commitment between mutuals, social movements, public authorities and economic actors so that everyone has access to universal health coverage.

This is why we, representatives and partners of the mutualist movement in Africa, have co-constructed during two preparatory mutualist workshops and formally adopted the following declaration at the Dakar conference “Achieving universal health coverage in Africa through mutuals: articulating new partnerships between social movements, economic actors and public authorities”, organised by the International Association of Mutual Benefit Societies (AIM) and its partners active on the African continent<sup>2</sup>:

**Reaffirming** that health is a right for all, a human and economic necessity that brings about social justice and individual and collective fulfilment, and that access to it for all remains a challenge to be met in many countries, particularly on the African continent;

1. “The COVID-19 crisis demonstrates the importance of social protection and access to health care, and the role that mutuals can play in this respect” Declaration of the African and Middle eastern mutualist movement in the context of the fight against covid-19 and the post-pandemic recovery

[https://www.aim-mutual.org/wp-content/uploads/2021/03/Declaration\\_Mutuals-recommendations-on-COVID-19-response\\_20012020.pdf](https://www.aim-mutual.org/wp-content/uploads/2021/03/Declaration_Mutuals-recommendations-on-COVID-19-response_20012020.pdf)

2. The Synergy Mon Assurance Santé Mutuelle (MASMUT), the Programme d'Appui aux Stratégies Sociales (PASS Programme) and their mutualist partners in Africa

**Noting** that the achievement of universal health coverage (UHC) is the objective on which the major strategies for development and access to health are focused in the context of strengthening national health systems;

**Recalling** the United Nations (UN) Sustainable Development Goals (SDGs) and in particular SDG 3.8 on universal health coverage for all, including financial risk protection and access to quality essential health services and safe, effective, quality and affordable essential medicines and vaccines;

**Noting** that well-functioning health systems are essential to the achievement of UHC, based on a triad of appropriate health service provision, beneficiaries and a system of pooled and solidarity-based financing;

**Noting** that healthcare mutuals are mechanisms for facilitating access to health, ensuring the financing of individual health care in a supportive, non-profit and democratic manner, and carrying out health promotion and prevention activities for the population;

**Noting** that the eruption of COVID-19 has challenged health systems worldwide, halted decades of progress towards universal health coverage, set back the achievement of health-related development goals, and reiterated the importance of strong and accessible health care systems for all;

**Welcoming** the adoption in September 2019 of the UN High Level Political Declaration on Universal Health Coverage;

**Recalling** the International Labour Organisation (ILO) recommendations 202 and 204 concerning national social protection floors and the transition from the informal to the formal economy;

**Recalling** the African Union's Agenda 2063 which sets out a strategic framework for the continent to achieve its goal of inclusive and sustainable development;

**Reiterating** the objective of the 2001 Abuja Declaration to allocate at least 15% of national budgets to health systems;

**Noting** that the ILO World Social Protection Report 2020 - 2022 finds that only 17.4% of the African population enjoys at least one social protection benefit;

**Following** the publication of the ILO's Regional Strategy for Social Protection in Africa, 2021-2025, which sets the objective of ensuring that 40% of the African population has access to at least one basic social protection benefit by 2025, with a particular focus on "short-term" benefits such as health;

**Observing** the European Union-African Union summit of 17 and 18 February 2022, which resulted in the adoption of an investment package of 150 billion euros, including a health package;

## Our calls

### *a. For a sustainable financing of universal health coverage based on the principles of solidarity, equity and non-profitability*

We call on the **States** to draw all the consequences from the fact that only solidarity and non-profit orientation as a technical and political choice are able to give access to health protection to the greatest number of people, and that healthcare mutuals match with these criteria.

The political commitment of the **States** in favour of the constitution of health and social protection systems is necessary. This expected support must, for mutuals, take the form of financial support in addition to contributions, insofar as the financing of the demand for health care by the sole self-financing of mutuals through contributions is

illusory and unfavourable to the challenges of universal access to care.

We call on the **economic actors**, in their role as employers, to intervene in the financing of health care. This can be done by paying part of the contribution to a mutualised financing system.

We call for the generalisation, by the **States**, of reflections on the scenarios of coverage by healthcare mutuals of COVID-19 patients after the pandemic and its consequence for the economic balance of mutuals, as well as the adoption of adequate measures, in order to enable mutuals to play their full role in this new period.

We call on the **States** to set up support mutuals and their centres and to integrate them into national health response mechanisms, both in terms of training and prevention.

We call on **international organisations and development agencies** to take into account, in a logic of articulation of national social protection mechanisms favourable to an extension of UHC, mutual health insurance as a privileged mechanism of coverage and sharing of social risks linked to the human person in all development projects and programmes financed in support of national authorities.

We call on **international organisations** to maintain and strengthen international solidarity in the absence of sufficient and stable national income, and to support the strengthening of national policies for financing social protection.

### ***b. For an inclusive and participatory governance to achieve social justice***

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We call for a coalition of interests between civil society organisations, economic actors and States, in order to make universal access to health a reality.

We call on **States** to fulfil their role at the institutional, legal, administrative and financial levels to enable mutuals to contribute fully to the deployment of UHC and, more broadly, to promote the right to health. The States, responsible for the implementation of UHC in their country, must create an enabling environment that will favour the scaling up of the mutualist movement.

In view of the limited resources available for investment in health care, we call on the **States** to facilitate and ensure a good articulation of the actions of mutuals and civil society in general in the national strategies for the extension of social health protection. The creation of structures for institutional dialogue between the States and civil society will also allow for proximity, affinity, citizen involvement, proactivity in the organisation and financing of health, and participation in the development of health care services and goods provision.

On the specific point of the partnership between **States** and mutuals, we note that formal support for mutuals is not enough. It must be carried out through a virtuous continuum including :

- The adoption and implementation of an appropriate legislative framework, recognising the existence of mutuals and encouraging their development
- The institutionalisation of a structured dialogue between mutuals and States, where mutual benefit societies are recognised as partners of the State in the field of health, from the design to the implementation of policies for access to health and social protection
- The adoption of a governance architecture for UHC in which mutuals are recognised as partners, which translates into their presence as members of the management bodies (Board of Directors, Management Committee) of local, regional and national public health facilities as representatives of health care consumers, as well as a defined role, accompanied by sufficient resources

- The application, in countries where it is not yet in place, of WAEMU Regulation N°07/2009/CM, or the adoption and implementation of such a regulation in economic areas outside the WAEMU (ECCAS, CEMAC among others)
- The creation or designation of a supervisory ministry with a strategic plan for the development and promotion of mutuas, a plan for partnership with mutuas and for the promotion of communities' ownership of mutuas.
- Support for the development of information and management systems for mutuas linked to national information systems for UHC in order to facilitate the management and steering of mutualistic structures and health policies
- Recognition of the added value of mutuas in areas other than insurance. Mutuas fulfil or could fulfil multiple functions such as prevention and health promotion, social entrepreneurship by organising services to protect their members against the various social and professional risks in the event of an absent, insufficient or inaccessible service offer, the defence of their members' interests or community development by strengthening the participation and inclusion of all social groups. Finally, a digital service offer can help to fill the gap of health professionals in rural areas.

We call on **international organisations**, under the expertise and leadership of the ILO, WHO and the European Commission, as well as development agencies and technical and financial partners to:

- Adopt strategies for the development of universal health coverage and social protection that contribute to virtuous economic development and social justice
- Support states in their strategies to promote universal health coverage and social protection, particularly by promoting synergies between state and mutualist interventions
- Finance the development strategies of civil society, mutuas and UHC strategies, in particular by supporting training and promoting access for mutuas to expertise in the field of strengthening social protection

We call on **international organisations** to be vigilant about the coherence and good coordination of their actions in the context of the development of national social protection and universal health coverage systems, in order to ensure that optimal, sustainable and equitable results are achieved.

### *c. Refocusing on the demands of the Lomé Platform*

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We call on African states, **international organisations, technical and financial partners, development aid agencies** and **mutual health organisations** to implement or promote the implementation of the demands of the Lomé Platform:

1. The implementation and strengthening of legal provisions recognising mutual health insurance and their specificities. These mechanisms must be put in place through implementation measures, thus guaranteeing the viability of mutual health insurance schemes from the institutional, technical, financial and functional points of view, so that they can develop their full potential to contribute to the Universal Health Coverage (UHC).
2. The establishment and effective implementation of mechanisms for the compulsory enrolment in health coverage for the entire population, based on an evolutionary process, from design, to transition phases and implementation.
3. The management and organisation of the CSU based on a delegation of management to the mutuas by the State.

It is the responsibility of the States to establish appropriate consultation frameworks in order to put in place adequate strategies to ensure that these objectives are achieved, in accordance with the realities of each country.

#### *d. Achieving a common vision for access to UHC for all: the commitments of the mutualist movement*

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The **mutualist movement** is committed to promoting access to UHC and social protection for all.

The **mutualist movement** is committed to promoting solidarity, non-profitability and equity as the only sustainable means of achieving UHC and social protection for all.

The **mutualist movement** will continue to professionalise, strengthen its expertise, structure itself into national platforms and play a transformative role in society, in order to establish itself as a credible partner in policies to extend UHC and social protection.

The **mutualist movement** will participate in the bodies for structured institutional dialogue on UHC and social protection that exist between civil society, the State, technical and financial partners and economic actors, in order to take its full place.

The **mutualist movement**, gathered in national structures, will sign the Lomé Platform, accelerate the process of appropriation by the mutualist actors in the countries as well as accelerate their dissemination to governments and technical and financial partners.

The **mutualist movement** will promote the signing of the Dakar Declaration after the Dakar conference and accelerate its dissemination to governments and technical and financial partners.

The **mutualist movement** will follow-up on to the commitments and demands of this declaration. Such follow-up will involve the development, presentation and adoption of concrete objectives to move towards the realisation of the calls made in this Declaration.

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## Signatory partner organisations



Union Nationale des Mutuelles de Santé  
Communautaire du Sénégal (UNAMUSC) -  
Sénégal



Actions pour la Protection Sociale  
Bénin



ONG ASMADE  
Burkina Faso



Concertation des Acteurs de la Mutualité Sociale  
du Burkina-Faso (CAMUS - BF) - Burkina Faso



Centre de Gestion des risques et  
d'Accompagnement Technique des mutuelles de  
santé (CGAT)  
République Démocratique du Congo



Caisse Mutualiste Interprofessionnelle  
Marocaine (CMIM) Maroc



Cadre National de Concertation de la Mutualité  
au Togo (CNCMUT) - Togo



Comité de Réveil et d'Accompagnement des  
Forces Paysannes (CRAFOP)  
République Démocratique du Congo



Conseil National des Structures d'Appui à la  
Mutualité Sociale (CONSAMUS) - Bénin



Emmaüs International  
France



ESSENTIEL  
France



Fédération Nationale de la Mutualité Sociale au  
Bénin (FENAMUS-BENIN) - Bénin



Fédération Nationale de la Mutualité Française  
France



Louvain Coopération  
Belgique



Mon Assurance Santé Mutuelle (MASMUT)  
Belgique

## Signatory partner organisations



Mutualité Chrétienne  
Belgique



Mutuelle Générale des Fonctionnaires et  
Agents de l'Etat de Côte d'Ivoire (MUGEF-CI)  
- Côte d'Ivoire



Mutualités Libres - Belgique



Mutuelles Communautaires de Santé (MCS) -  
Action pour le Bien-être de l'Homme (ABIHO)  
Cameroun



Mutuelle de Santé des Magistrats du Niger  
(MUSAMAN)  
Niger



Mutuelle de santé LONALO  
République Démocratique du Congo



Mutuelle de Santé Préfectorale de Téliélé  
République de Guinée



Programme d'Appui aux Stratégies Sociales  
(PASS)  
Côte d'Ivoire



POMUCO  
République Démocratique du Congo



Mutuelle de santé Vahatra - Madagascar



Réseau Education et Solidarité (RES) - France

« La mutuelle de santé Vahatra intervient à Madagascar, auprès des familles vulnérables bénéficiaires d'une institution de micro finance ; majoritairement issues du secteur informel et privées de protection sociale, nous réitérons nos appels à l'Etat :

D'intégrer les mutuelles de santé dans l'opérationnalisation de la CSU,

De soutenir la fédération des mutuelles de santé en facilitant la mise en place d'un cadre légal adapté/confortable aux spécificités des mutuelles de santé.

Nous appelons les organisations internationales pour soutenir les mutuelles de santé. »

« Trois ans après la plateforme de Lomé, le Réseau Education et Solidarité salue l'adoption de la Déclaration de Dakar. En accord avec cette vision commune entre mutuelles, mouvements sociaux, pouvoirs publics et acteurs économiques, le Réseau Education et Solidarité continuera à œuvrer pour la réalisation de la couverture santé pour toutes et tous par la création de synergies entre le mouvement mutualiste, les syndicats de l'éducation et les partenaires de la société civile et de la recherche en Afrique. »



Union des Mutuelles du Ministère de l'Economie  
et des Finances (UMEF) - Sénégal :

Mutuelle des Douanes Sénégalaises  
Mutuelle des Agents de la Direction générale des  
Impôts et des Domaines  
Mutuelle du Trésor

## Signatory partner organisations



PAMUSAB – Burundi



R éseau d'Appui aux Mutuelles de Santé (RAMS)  
Burkina Faso



Réseau des mutuelles de santé communautaire  
de Bukavu (REMUSACO) – République  
Démocratique du Congo



Société Fraternelle de Secours Mutuels et  
Orphelinat du Personnel de la Sûreté Nationale  
(SFSN) – Maroc



Solidaris  
Belgique



Solsoc  
Belgique



Institut Tropical et de Santé Publique Suisse  
(Swiss TPH) – Suisse



Union Technique de la Mutualité  
Malise



We Social Movements  
Belgique