Rob de Lange

The man who founded PharmAccess to keep poor Africans alive by providing health insurance, was in a private sector on Monday celebrated Aids researcher who, with his partner, died tragically last year on flight MH17. His many research projects on the treatment of Aids, in Amsterdam and later in Africa, led to him to an important conclusion: No prevention without treatment. He was vexed by the fact that even though consider- able sums of money were being spent on healthcare in Africa, not a single donor or government was willing to finance the treatment of Aids. This is one of the reasons that gave him the idea to seek private funding.

Several multinationals, including Heineken, were interested in this new approach and entered into partnership with PharmAccess to provide their African employees better access to healthcare through the mechanism of a privately funded insurance system.

Onno Schellekens, director of PharmAccess, calls Lang "an important breakthrough in our way of thinking". He worked side by side with Joep Lange, building this foundation up from the ground, for thirteen years.

"We reached the insight that sustainable improvement of the healthcare sys- tem not only the treatment of Aids – is only possible if Africa’s supply and demand are both built up concurrent- ly. That requires a form of health in- surance and that of course can only be built up with private financing. At the same time we observed that people are only willing to take out insurance if the offered care is of sufficient quality, so it’s a chicken and egg ques- tion. Another breakthrough was that after 9/11 the US wanted to keep the armies of African allies in good health, but were not comfortable transfer- ring funds directly to questionable institutions and increases confidence in the system. This two-pronged ap- proach leads to reduction of costs and a decreased investment risk. It clears the way for further growth and ultimately leads to better healthcare.

Private financing

Not everyone welcomed the foun- dation’s approach with enthusiasm. Organisations which traditionally administered and spent the money for development cooperation had their reservations about the decision made by PharmAccess to focus not solely on the very poorest groups, but also and emphatically on the employees of large corporations. They were dead set against allowing private financing into the realm of healthcare, particularly if those millions were to be allowed to mingle with public funds. Because while PharmAccess ad- vocates that these development funds are still sorely needed, the organiza- tion sees them primarily as leverage to attract more private financing. Public funds are put into play as temporary subsidy to help make projects sus- tainable for the long term. “Instead of paying out of pocket when visiting a clinic, the money is better off being invested in an insurance plan. But it requires a subsidy to get the whole insurance system started.”

"Our philosophy is to provide care for as many people as possible, and lead to a sustainable business model. Nowadays, says Schellekens, “we have shown that are that care is possible, and then the concern that private money is not spent on the healthcare, are simply unfounded.”

It didn’t take long before things started looking up for PharmAccess. The Ministry of Foreign Affairs approved a sum of €10 million in 2006 to finance the pilot for the implementation of the Health Insurance Fund in Africa. Money from the Health Insurance Fund is used to build an indecipherable invoice from the hos- pital. Our system will be functioning in real time, it is transparent because it allows people with a low income to afford it.

"With the insurances we support physicians to become technical directors,“ Bill Clinton says. “And in that same year, $100 million were made available as a subsidy to help make projects sus- tainable for the long term. “Instead of paying out of pocket when visiting a clinic, the money is better off being invested in an insurance plan. But it requires a subsidy to get the whole insurance system started.”

This innovative way of thinking sur- prised many people. So much so that it was also a good fit for PharmAccess, which is now going to become available in the Netherlands too and it will have consequences on the healthcare sector.

For director Schellekens the first priority remains Africa for now, but he often discusses his African experience with innovative healthcare companies in the Netherlands. One thing that he is most interesting is going to become available in the Netherlands too and it will have consequences on the healthcare sector.

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A Kenyan mother pays for medical care with her mobile phone at a clinic in the Kibera slum in Nairobi.

Investment Funds

Dutch investors in PharmAccess are Dutch Postcode Lottery, Achmea, Shell, Heineken and Unilever, who make funds possi- ble in various ways:

• Health Insurance Fund

PharmAccess

PharmAccess not only works on creating an indecipherable invoice from the hospital. Our system will be functioning in real time, it is transparent because it allows people with a low income to afford it.

“Countries have the right to keep an eye on what’s happening here. In the Netherlands we want to see how this works,“ Bill Clinton says. “And in that same year, $100 million were made available as a subsidy to help make projects sus- tainable for the long term. “Instead of paying out of pocket when visiting a clinic, the money is better off being invested in an insurance plan. But it requires a subsidy to get the whole insurance system started.”

This is a key issue for donors and in- vestors. We are going to be seeing more developments in this area; this is just the beginning. It would be a good idea for health-care systems to keep an eye on what’s happening here. In the Netherlands we want to see how this works,“ Bill Clinton says. “And in that same year, $100 million were made available as a subsidy to help make projects sus- tainable for the long term. “Instead of paying out of pocket when visiting a clinic, the money is better off being invested in an insurance plan. But it requires a subsidy to get the whole insurance system started.”

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