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Propositions attached to the thesis:

Evaluating Health Care Financing Reforms in Africa

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1. Health shocks pose a significant risk to poor households and pre-payment mechanisms are necessary to provide protection against the financial consequences of illness (Chapter 2).
2. In most African countries, the use of health care is determined by people's ability to pay as opposed to their need for care (Chapter 3).
3. Increased enrollment in Ghana's National Health Insurance Scheme is likely to improve utilization of necessary maternal health care (Chapter 4).
4. Performance based financing is especially effective in improving the quality of care provided when the patient is already in the clinic and to a lesser extent in attracting new patients (Chapter 6).
5. When implementing a voluntary health insurance as a means towards Universal Health Coverage, careful design of supply side interventions is warranted to limit negative effects on those who did not enroll in the insurance (Chapter 7).
6. A supply side intervention without accompanying access incentives for poor people is unlikely to improve equity.
7. Voluntary health insurance schemes can increase insurance literacy but are unlikely to lead to Universal Health Coverage.
8. In the debate about Universal Health Coverage, the focus should not only be on the expansion of health insurance coverage but also on improvements in quality of care.
9. The low enrolment and high dropout rates of voluntary health insurance schemes can be considered a demonstration of the low effectiveness of such schemes.
10. Development aid organizations should move away from selecting interventions based on what is "in fashion" and focus more on programs for which the effectiveness has been demonstrated.
11. Although doing PhD research is often portrayed as a solitary activity behind a desk, for me the field work and conferences provided a great opportunity to explore parts of Europe, Asia, North America, Oceania and of course Africa.