



Micro Health Insurance Community-Based Model

Bénédicte Fonteneau, University of Leuven (Belgium)



1. What is a community-based model ?

- Definition Problem :
 - Literature review: as many definitions of « community-based model » as the number of community-based approaches/organizations/specialists
- In this presentation:
 - Ideal-Type : Mutual Health Organisations (*Mutuelles de santé*)
 - Main geographical reference : French-Speaking Africa



2. Essential features

- Focus on health risks
- Main objective: Improve access to health care through solidarity mechanisms:
 - risk-sharing/resources-pooling
 - Not-For-Profit
- Mutual interest organizations (owners/deciders/policyholders = members). Which implies:
 - Participation mechanisms (design of the insurance product, and organisational options)
 - Control mechanisms (organisational and financial)
- No selection of the members on their individual risks



2. Essential features

- Voluntary membership
- Based on groups sharing common characteristics (members of a same organisation, trade unionists, villagers, etc.)
- Promotion of solidarity, democracy, social cohesion, etc.



2. Consequential features

- Institutionalisation process
 - set-up often implies the creation of a new organisation independent from the initiating organisations (CBOs, NGOs, professional organizations, etc.)
- Self-Management and voluntary work
 - As a way to ensure continuity between the members and the organisation
 - Low cost
- Trust and social cohesion factors ↔ homogeneity of the membership



3. Advantages

- Emphasis on accessibility
- Not as such an insurance-model exclusively «for the poor»
- Embedded Control & Participation and decision-making mechanisms
 - Potential better satisfaction of the members (products manufacturing, involvement in decision-making, etc.)
- Functions beyond insurance :
 - Health Education
 - Representation of health care demand-side
 - Opposing power



4. Challenges

- Find the balance between the needs and the possibilities...
- Stress on financial accessibility: low premiums
- Complex setting due to the diversity of involved actors
 - Initiating Organization (social mobilisation and technical support)
 - Technical Support Organization (distant and sporadic intervention)
 - Union/Federation (when existing)
- Social participation-based process = slow process
- Limits of self-management and voluntary work
- Social factors play a role in several areas: membership and determinants of adhesion; leadership profile ; strict management, etc.
- Limited scaling-up potential
- Achieving vertical solidarity: cross-subsidization between richer and poorer people



5. Under which conditions does the community-based model work best ?

- Enabling environment
 - Strong commitment of health authorities, health care workers, hospital managers, etc.
- Coordination among external support organizations and other involved actors (due to the complex setting)
- Long-term access to actuarial services must be available + access to regular training sessions
- Size and openness of initial target groups
- Commitment and profile of initiating organization (strong and experienced in similar management and participation process)
- Appropriate organizational options (related to the size and physical dispersion of target-group)
- Adequate level and mechanisms of participation (not time-consuming)
- Follow-up and knowledge of determinants of adhesion/ non-adhesion, drop-outs causes, etc.
- Temporary external financing (need of short-term attractiveness due to i.e slow social participation process)
- Networking/unionization with other systems (heterogeneity of membership, vertical solidarity, scaling-up, re-insurance mechanisms, etc.)