

Supporting health insurance solutions for low-income women after Covid-19 March 24th, 2021

In developing countries, up to 95% of women's employment is in informal jobs unprotected by labor laws

Source: UNWOMEN

Out-of-pocket health expenses pushed 100-200 million people below the poverty lines

Source: World Health Organization

Low income population does not have formal safety nets Health is the biggest financial risk

Barriers for insurance uptake



- Limited understanding of the concept of risk and health insurance
- Limited positive experience/reference of insurance resulting in lack of trust
- Don't know how to buy and use insurance



- Limited understanding of unique risks of the customer segment (low and middle income/ mass market), resulting in ineffective product design
- Distribution costs are high without an aggregator
- Perception that the segment has high risk and hence lower profitability



- Insurance not a strategic priority
- Limited technical expertise and capacity to launch insurance business
- Perception that bundling insurance will make their core products (e.g. loan) unaffordable

How we remove these barriers

We take human-centered design approach to understand the customers' unique needs for product design and delivery model Insurance product is commercially viable in less than 24 months, insurers can launch with little to no upfront investment



We build aggregator's capacity through technical advisory, insurer selection and IT platform to make them ready to launch insurance in 6 months

Impact of Covid-19 on low-income women livelihoods in Uganda

Women customers, working in the informal sector, were not working during the lockdown, and still had to take care of the family

Many low-income women customers diversifed their business not to rely on one unique source of income It affected me so bad because we were not working and yet I had to look after my son, we had to eat and meet our bills"

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I was able to diversify my business. I started a piggery project and ventured into local chicken [...] I will continue to grow the local chicken business so that I do not have to depend on only one source of income again."

A woman's journey through Covid-19

Early understanding and response

Life after Covid-19

⁶⁶ I was normal. I thought that it won't come to our town.

What should I do? Should I leave my children without food? Should I stay at home? No, I will go out regardless of anything.

Diagnosis and hospitalization

⁶⁶ I didn't have money to follow up the pregnancy and examine this sickness. So, I said [to myself] "I will take medicine for the flu and I will be ok".

⁶⁶ [biggest worry] To be neglected. I was afraid to get into the hospital and then died and no one come to bury me.

⁶⁶ I didn't work during this time, I also have to pay rent. While I was in the hospital, people paid on my behalf. Once I got out of the hospital, I repaid them.

Insurance experience 66 I v

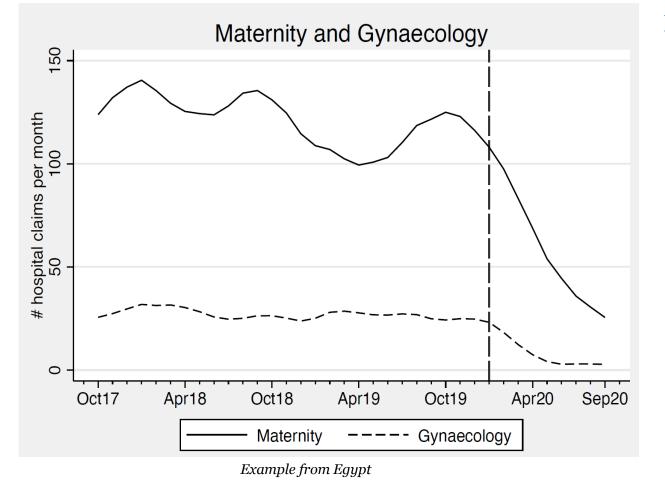
I wasn't expecting that I would file a claim and receive any money. But Rs. 1800 was a good amount for me during the lockdown because there should be some money at home to buy food for family.

I also learned that poverty is so bad. I have seen people buy stuff to boost the immunity of their children. I can't do this for my children.

66 Some people treat us badly. They now don't care for us. When we went to the hospital, they said: "It is because of you that COVID-19 entered the village."

⁶⁶ The doctor told me that COVID-19 left "its footprints" in my lungs and digestive system.

Low income women were disproportionately affected by Covid-19; products need to be adjusted to answer to their changing needs



Key recommendations:

- Conduct further research on how Covid-19 has impacted usage of insurance for low-income women
- Develop value-added services for low income women customers such as telemedicine
- Develop new services meaningful for women low-income customers such as providing a birth benefit