

Summary

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From Knowledge
to Action



Session 4 – Linking social protection schemes with microinsurance

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The extension of coverage through linked schemes: a typology and several examples from elsewhere in the world

Today 19.5 million people are covered under the subsidized health insurance scheme in Colombia. Several features are interesting and could be replicated in other countries: central design and pricing of the product, progressive inclusion of new services for the poor in the package, creation of a solvent insurance market for insurance providers (ARS) thanks to the subsidies of the premiums, redistribution at the national level, better organization and upgrade of the health care sector, identification system of the poor and the poorest of the poor, performant information and impact assesment systems, etc.

Similar examples of linked schemes (involving several actors like the State, the communities, microinsurance schemes, the cooperative sector, health care providers, private insurers, social security institutions ...) are to be found in several other countries (Philippines, Rwanda, Senegal, India ...).

A typology of these schemes and many examples will be presented. It will be explained to what extent linkages can increase the scope of benefits, the financial consolidation, the technical management, the contracting power, etc. of microinsurance schemes.

Key messages:

1. Stand alone microinsurance schemes cannot significantly extend coverage to large numbers
2. Linkages with other institutions can increase the scope of benefits, the financial consolidation, the technical management, the contracting power, etc. of microinsurance schemes
3. Linked schemes are a promising path as shown already by several experiences in Latin America, Asia and Africa
4. Sharing information and knowledge on these experiences is key to develop microinsurance for the poor

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