

# Is there “Health” in Micro Health Insurance?

**Questions that emerged from a  
VimoSEWA study in Gujarat, India**

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# VimoSEWA

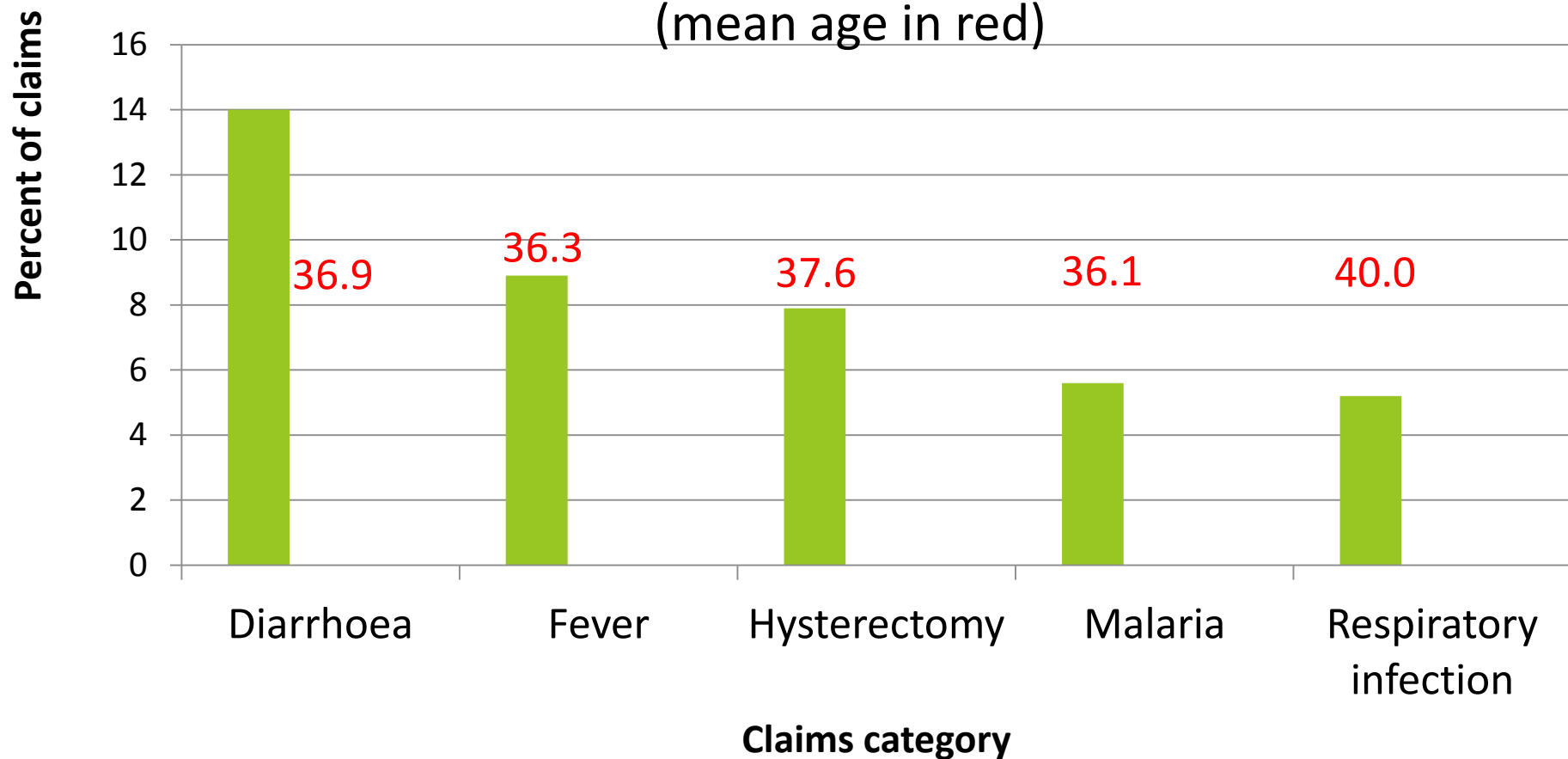
- Founded in 1991 by SEWA, a union of 1.4 million women
  - Close to 100,000 insured
- Range of products for life, and inpatient hospitalisation coverage
- SEWA Health operates in same areas
- National cooperative - 2009



# VimoSEWA health claims review

## Top 5 hospitalisation claims amongst adult women, 2007-2009

(mean age in red)



# Study Objectives

- Compare morbidity, health-seeking and hospitalisation patterns among the insured and uninsured
- Explore the role of health insurance in hospitalisation
  - Unnecessary hospitalisation
  - Improve health security
  - Provide risk protection

# Mixed Methods Approach

- Cross-sectional household survey
  - 1,980 HH in urban and rural area
    - 1/2 HH insured by VimoSEWA
  - 3,855 adult women
- Qualitative interviews and in-depth case studies
  - Urban women hospitalised for fever
  - Rural women who have had hysterectomy
  - Health care providers
  - Key informants in HH and community

# Similar household characteristics

<b>Rural</b>	<b>Insured (n=558)</b>	<b>Uninsured (n=560)</b>
HH size	5.9	5.8
Annual HH expenditure	65,472	67,279
% live in mud houses	19.0	20.0
% have toilet	40.0	45.0
% have drinking water tap	73.0	74.0

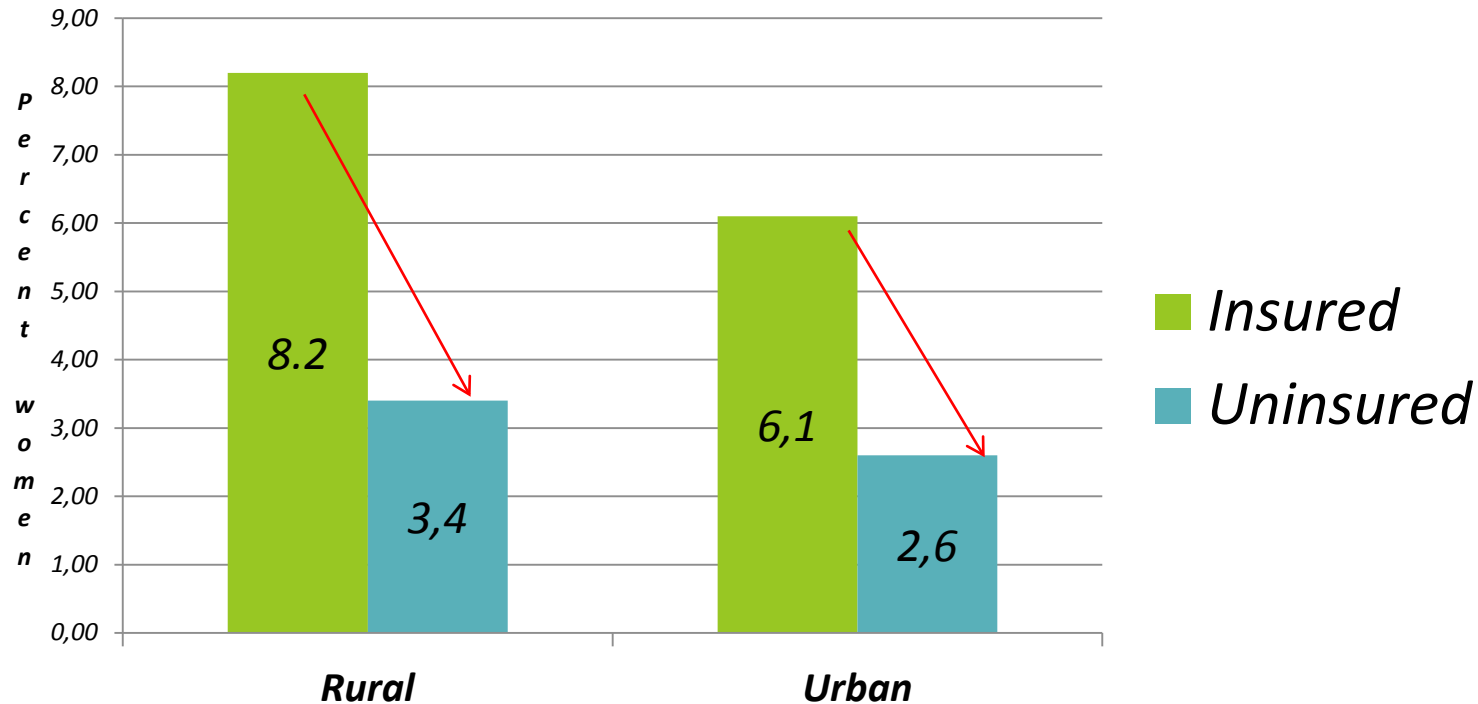
<b>Urban</b>	<b>Insured (n=396)</b>	<b>Uninsured (n=420)</b>
HH size	5.9	5.8
Annual HH expenditure	71,698	62,803
% live in mud houses	6.0	4.0
% have toilet	76.0	71.0
% have drinking water tap	78.0	79.0

# Reported 30-day morbidity, adult women

	Rural		Urban	
	Insured n=106	Uninsured n=80	Insured n=125	Uninsured n=109
Illness				
Body pain	7.5	12.5	12.8	8.3
Diarrheal	3.8	3.8	4.0	6.4
Fever	26.4	37.5	3.5	3.5
NCD	4.7	17.4	18.4	12.8

**Morbidity, place of outpatient treatment and expenditure similar amongst insured and uninsured**

# Insured women are hospitalised more



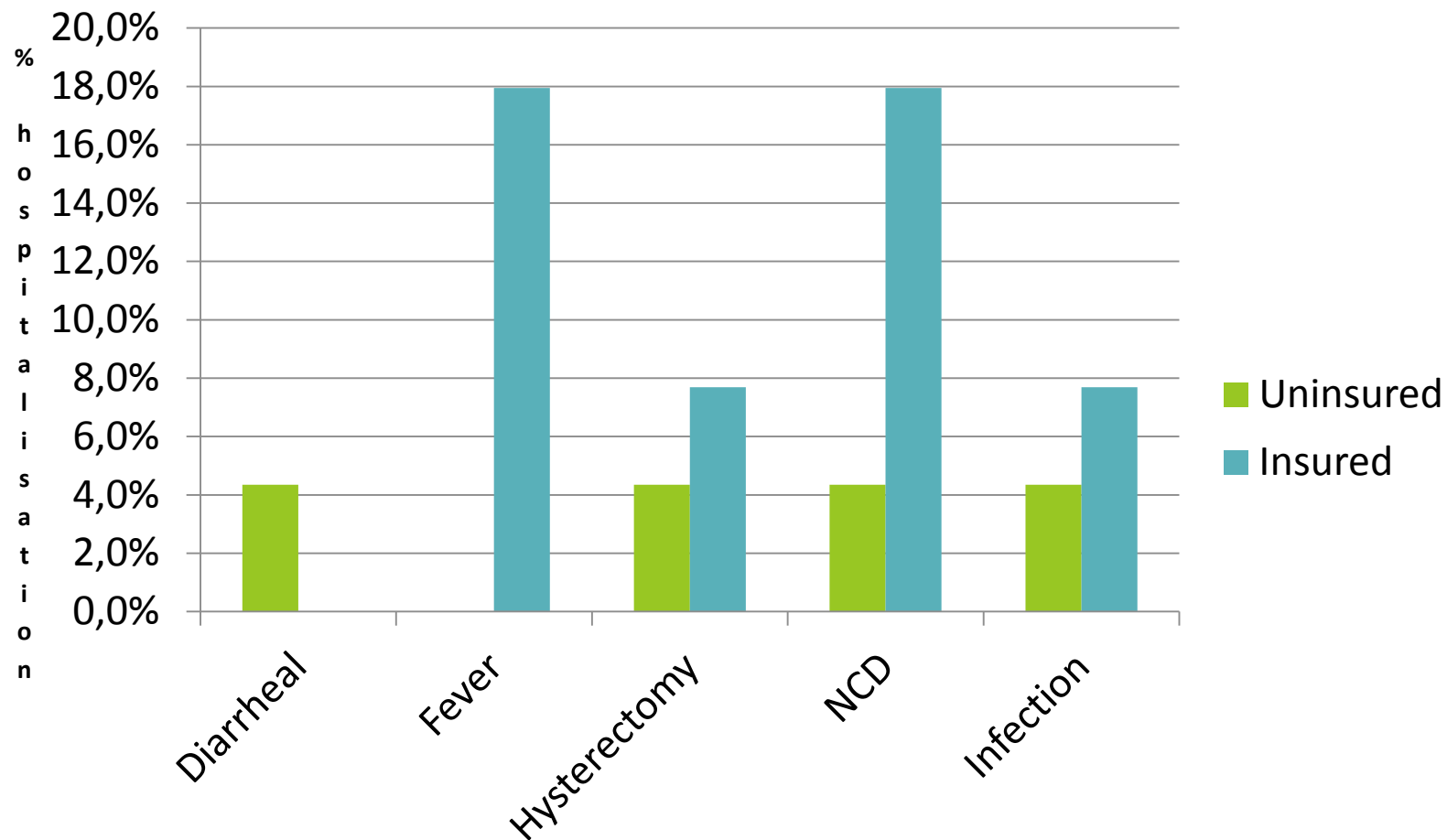
- Despite similar socioeconomic, morbidity and treatment-seeing, insurance associated with higher hospitalisation  
-adj for age, morbidity, marital status, occupation and education (OR= 2.4,  $p < .05$ )

***Does insurance promote hospitalisation?***

***What illnesses comprise the differential?***



# Reasons for hospitalisation - urban



# Why hospitalised for fever or diarrrhea?

## DETECTING FACTORS

*Fear, HH disruption  
and cost*

## PRECIPITATING FACTORS

*Minor turned acute  
Failed OP treatment  
No time to waste*

HOSPITALIZATION

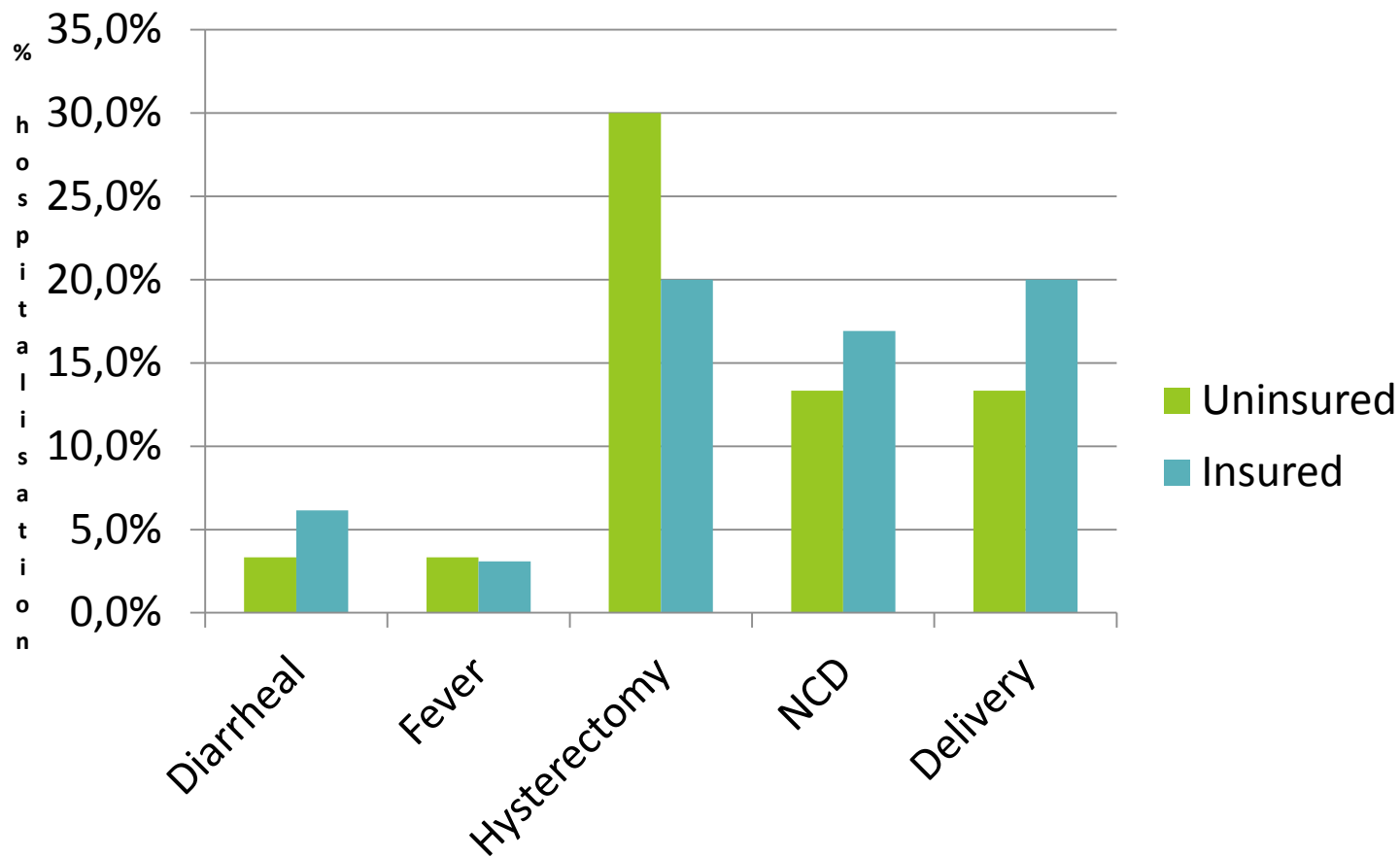
Structural position in household ?

*Older women with  
less HH responsibility*

## FACILITATING FACTORS

*Insurance = security  
Provider opinion*

# Reasons for hospitalisation - rural



# Driving factors for hysterectomy

Hysterectomy	Adult women	
	Insured n=1,128	Uninsured n=1,086
Prevalence (%)	9.9 (7.4-12.5)	7.0 (5.9-8.1)
Mean age	36.3	37.0

- Lack of primary gynecological care – *the permanent solution*
- Providers' position/no regulation
- No awareness of side effects
- Gender bias: Uterus “non-productive” after childbirth
- ***Insurance only facilitates – did not emerge as a driver***

# “Extra” hospitalisation by the insured

## *Given:*

1. Socioeconomic deterrents to hospitalisation
2. Little indication of member moral hazard
3. Provider moral hazard unclear
4. Poor primary care /social determinants

## *It seems....*

1. Hospitalisation not medically unnecessary
2. Insurance used for non-catastrophic illness
3. Insurance compensates for weak health system

# Questions for health insurance

## CONTEXT

- In a weak health system, what defines “catastrophic” illness
- Sustainability confronts Need
- Distorted continuum *Preventive – Outpatient* - **Hospitalisation**

**WEAK**

## POLICY CONCERNS

- Does increased hospitalisation improve health or financial security?
- Universal health coverage: Is insurance the way?

## ACTIONS AND ALTERNATIVES?

- Community interventions (health education) to improve prevention
- Health benefits and Loans
- OP cover and/or interventions to improve quality

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