MARCH 2008- N°03

SOCIAL SECURITY EXTENSION AND MICROINSURANCE NEWSLETTER

G-NEWS is produced by the STEP Programme (Strategies and Tools for the Extension of Social Protection) of the Social Security Department of the ILO (International Labour Office). Available in English, French and Spanish, G-NEWS is based mainly on contributions from users of the GIMI and GESS platforms. The third edition of the letter No. 3 includes news posted by users from September 2007 to February 2008. You may contribute to the newsletter by clicking on "Community News" on the GIMI (www.microinsurance.org) or GESS (www.socialsecurityextension.org) homepage. You may also send in your contributions to gimi@ilo.org or gess@ilo.org.

Knowledge sharing and development process

The GIMI and GESS platforms provide a knowledge base on the extension of social security and microinsurance including a library, a glossary, an inventory database of microinsurance schemes, questions and answers, training contents, etc.

This knowledge base includes also thematic and country pages (country profiles). It is dynamic and constantly developed through research, thematic discussions between experts and the monitoring of a number of projects on the extension of social security in the world.

New! Create your own workspace

You can create your own collaborative workspace in less than five minutes. From the homepage click on Workspaces > Create your own space.

GIMI's homepage has changed... Have a look at it!

www.microinsurance.org

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WHAT'S NEW?

INNOVATIVE HEALTH FINANCING MECHANISMS FOR THE POOR IN BANGLADESH

Bangladesh is one of the world's poorest countries, with half of its population living below the national poverty line. Poverty is particularly severe in the rural areas, where 75% of Bangladeshis live. The Government of Bangladesh is currently implementing the 2004-2010 Health, Nutrition and Population Programme (HNPSP). The programme focuses on increasing access to and utilization of efficient and effective quality health services which are equitable and affordable. The second annual review of the HNPSP indicates a lack of progress regarding key objectives of the programme: statistics reveal significant inequity in utilization of services and provision of essential services for the poor.

MORE INFO
See the GTZ's website

To face this challenge a project on "Developing Innovative Health Financing Mechanisms for the Poor in Bangladesh" was created. A preliminary mission in April 2007 concluded that the development of an area-based insurance for those most in need focusing particularly on the migrants' families, rural poor, and women is both relevant and of interest to potential partners. Following this preliminary mission a feasibility study was conducted in October 2007.

The main outcomes expected from the project are: improving access to quality health services and financial protection for the beneficiaries, improving the quality of health services, improving voice representation of users, and improving the governance of such health schemes.

Several organizations are involved in the project: the International Labour Office (ILO), the German Development Cooperation (GTZ/KfW) and the OECD Development Centre.

{Contribution from Marc Socquet, Social Security Expert, ILO-SRO New Delhi, India}

INTERNATIONAL HEALTH INITIATIVES

As was stressed during the Paris Conference in March 2007, universal access is a priority for development and a responsibility shared by populations, governments and the international community.

However, achieving the health Millennium Development Goals (MDGs) by 2015 remains unlikely in many countries for several reasons:

- donor competition among international, multi- and bilateral institutions and private funds resulting in planning and management issues in recipient countries;
- concentration of funds in certain "donor-favourite" countries;
- verticalization of financing through focus on specific diseases (HIV/AIDS, tuberculosis, malaria) resulting in negative impacts on health infrastructures and the delivery of primary health care.

In order to accelerate progress on the health MDGs several international new initiatives have been taken in 2007:

The **International Health Partnership** (September 2007, London) aims to improve the way that international agencies, donors and poor countries work together to develop and implement health plans, creating and improving health services for poor people and ultimately saving more lives.

MORE INFO
See the DFID's website

Providing for Health (P4H) (June 2007, Berlin) will help countries develop their national financing systems that offer financial social protection for health, while at the same time increasing donor funding.

Norad (September 2007, Norway), among its various activities and projects, aims to design and implement innovative solutions to improve health care systems in low-income countries - focusing on maternal and child health (MDG 4 & 5). Norway's initiative and its general maternal and child health efforts are multifaceted, integrating maternal, newborn and child health programmes. They focus on the need to provide a "continuum of care". The tools used to reach the MDG target a wide range of aspects from building sustainable health systems, providing vaccines and clean water, expanding education for girls, the empowerment of women, to establishing international alliances and partnerships.

MORE INFO
See the website of Norway's mission to the UN

Canadian Initiative to Save a Million Lives (November 2007) will accelerate progress toward saving the lives of children in developing countries in sub-Saharan Africa and elsewhere, by building up the capacity of national health systems to deliver essential primary health care services for children and pregnant women to combat preventable childhood diseases and by supporting community-based education initiatives to inform parents about how best to protect their children from disease and ill-health.

MORE INFO
See the initiative page on the Canadian prime Minister's website

{Contribution from Valérie Schmitt-Diabaté and Christian Jacquier, ILO/STEP, Geneva, Switzerland}

RISK-POOLING OR CO-MANAGEMENT OF RISKS

Within the context of development of the mutual health system, several questions arise concerning the long-term existence of the system because of the small size of certain mutual health organizations (MHOs). It is within this framework that it can be useful to propose a solidarity mechanism: 'risk-pooling or co-management of risks'.

The sharing or co-management of sickness risks is the operation by means of which several MHOs undertake to pool their resources within the framework of a single agreement, in order to equitably share

MORE INFO
See details on GIMI

WHAT'S NEW?

certain risks, the necessary procedures being accepted by all.

Co-management enables an MHO to partly or completely cover a risk which it would never have agreed to undertake alone without a substantial additional premium. Joint risk management requires each member MHO to pay a quota of the global premium base.

Thus solidarity between MHOs will be based on the large number of participating organizations.

In practice, the pooling process is achieved within the framework of an agreement proposed by a federation or union of MHOs that can ensure their technical and financial management by assessing the risks. This is done by evaluating the risks proposed to be covered, setting the contributions, choosing the health care providers and paying the bills in accordance with the mandate received from the members.

This agreement system, based on sharing of risks, is very often used by insurers in managing large risks, such as coverage of physical damage from catastrophes, or coverage of damage to goods/merchandise after a shipwreck.

{Contribution from Alioune Niasse, President of ASADEP, Saint-Louis, Senegal}

IMPROVING SOCIAL PROTECTION IN AZERBAIJAN

In recent years, oil revenues have opened new possibilities for the poor in Azerbaijan. According to official data, the proportion of the population living under the poverty line has decreased sharply from about 50% in 2001 to about 20% in 2007. However, much work remains to be done in order to fight poverty.

In 2006, the Ministry of Labour and Social Protection of the Population decided to introduce targeted social assistance for the poor. The Ministry set up the Programme for social rehabilitation for low-income families with technical assistance from the European Union's EuropeAid Tacis Programme. This project was implemented by a consortium of three European organizations: Helsinki Consulting Group Ltd. (Finland), Emergences (a French non-profit association), and BBJ Consult AG (Germany).

MORE INFO
- See Emergences' website (in French)
- See the project's website

As a first step, Emergences arranged for officials to go to France to study the European experience in the field of social assistance mechanisms aimed at sustainable poverty reduction. Currently, the pilot initiatives are being tested in a number of regions and include case management practices and close collaboration between public institutions and civil society organizations. The recent developments are optimistic: in general the financial resources are available in Azerbaijan, however coordination of all the social actions poses a major challenge.

{Contribution from Andrei Tretyak, Expert in economic and social development, Emergences, Montreuil, France}

FOCUS ON...

Constituent general assembly of the African Mutual Union of the Mutual Health Organizations: 28 November 2007, Dakar, Senegal

His Excellency Mr. Ambassador of Morocco in Senegal opened the constituent general assembly of the African Mutual Union of the Mutual Health Organizations (MHOs), held on 28 November 2007 in Dakar.

In total, 81 mutual entities (MHOs, federations, unions and networks) representing 24 countries took part in this assembly. Also present were entities such as AIM, FNMF, 'Concertation', ILO / STEP programme, the Belgian Socialist Mutual Organization, MGEN (France), USAID, ILO, GTZ, WSM, Louvain Development, 3ASE, AFUA, Social Alert and HAC (WHO's representation).

Presidency of this assembly was entrusted to Morocco, in the person of Mohamed El Farrah, president of the board of directors of the MGPAP (mutual organization for public administration staff).

As MGPAP was the founding member of the Union, Morocco was designated country headquarters of this new organization.

{Contribution from Nadia Semlali, International Cooperation, MGPAP, Rabat, Morocco}

CLASS (COMMUNITIES-LED ASSOCIATION FOR SOCIAL SECURITY)

Facilitating access to social security for over 900 million people in India is a very daunting challenge. While many community-based organizations have risen to this challenge with all sorts of innovative ideas, expansion through cooperation is an issue; working together is along overdue need. Realizing that reaching out to millions requires working together, 30 organizations from various parts of India met for the first time in Pune (Maharashtra) and then in New Delhi last June, to define a common vision for this people/community-led association.

Following six months discussing the form, structure, members and functions of the association, a national platform was conceived: Communities-Led Association for Social Security (CLASS), registered as a non-profit public company (Section 25 of the Companies Act, 1956).

CLASS members commit to cooperating and combining their resources in order to design and implement a

WHAT'S NEW?

MORE INFO
- See the News section on GIMI
- See the CLASS collaborative website

people-led social security model (where members have a say) allowing informal sector workers access to social security. These social security risk management systems must be inclusive, need-based, and easy to implement.

The member organizations already currently working in health insurance outlined the need to work on issues in social protection in health within the CLASS network.

At the time of fixing CLASS priorities, members outlined three areas of work responding to people's needs: all-round advocacy, improving quality of care, and developing a collaborative online database.

There are several types of members: communities and organizations working together within CLASS – the permanent members; these have the right to vote within CLASS. Other types of members are associate members – donor and support agencies but these do not hold voting rights.

At the time of creation, CLASS's permanent members comprise: SEWA, SHEPERD, PREM, RAHA, Healing Fields Foundation, Karuna Trust, IPH, BAIF, Annapurna Parivar, Parvati, SSP, Uplift, FRCH, Chaitanya, PCI, and BANDHAN, and more will join soon. The associcate members are: PLAN International, ILO, GTZ and HSS.

{Contribution from François-Xavier Hay, CLASS member, Pune, India}

HEALTH PROTECTION NEEDS ASSESSMENT SURVEY IN SRI LANKA

Sri Lanka is still home to a large group of population left without any kind of protection against social risks. Recognizing that microfinance could be used as an efficient tool to fight poverty, the country has already built over the last few years a unique development experience using various methodologies and approaches to reach poor communities, especially poor women. Many organizations dealing with microfinance activities have already expanded the scope of their interventions to other areas, including insurance services. The need for an effective health protection mechanism is a top priority everywhere. The ILO has therefore conducted a health protection needs assessment survey to fully explore the possibility of developing a new innovative microfinance and microinsurance approach.

{Contribution from Marc Socquet, Social Security Expert, ILO-SRO New Delhi, India}

PLANET FINANCE ANNOUNCES THE LAUNCH OF PLANET GUARANTEE, FOR THE DEVELOPMENT OF MICROINSURANCE

Paris, November 14, 2007. PlaNet Finance, international organization specialized in the development of microfinance, announces the launch of PlaNet Guarantee, an entity specialized in microinsurance.

While microcredit today concerns 150 million people, microinsurance barely protects half of them. Yet, more than all other people and so as not to fall back into insecurity, micro-entrepreneurs must be able to protect themselves against accidents, diseases, natural disasters, that could lead to them finding themselves unable to pay back their loans.

MORE INFO
- See the brochure on GIMI
- See the press release on GIMI

Officially created on 5 November 2007, PlaNet Guarantee, a simplified joint-stock company affiliated to the PlaNet Finance Group, has the aim of supplying technical assistance services to insurance companies, reinsurance companies, banks and all other third-parties, in order for them to set up microinsurance products, micro-term and invalidity insurance and micro-surety.

"It is crucial for the microfinance sector to implement products and services that protect the fragile financial equilibrium of the very poor. PlaNet Guarantee should reach 7 million micro-entrepreneurs in the next three years, in around twenty countries," declared Jacques Attali, President of the Supervisory Committee of PlaNet Guarantee.

{Contribution from Mathieu Dubreuil, PlaNet Guarantee, Paris, France}

A PUBLIC HEALTH CARE FACILITY IN CAMEROON CREATES A MUTUAL HEALTH ORGANIZATION

There has recently been a completely new development in Cameroon by a public health care facility: the creation of a mutual health organization (MHO).

On 13 November 2007, the constituent general assembly to set up the MHO of the Nkongsamba provincial hospital took place in Nkongsamba in the Mungo region in the Littoral province.

The Nkongsamba provincial hospital is a third degree public health care facility. Within this is a mutual aid fund created by the staff, which offers financial assistance to its members in the event of the death of a member, spouse, parent or legitimate child and in the event of marriage. However, it does not handle matters related to health.

MORE INFO
- See the News section on GIMI
- See the Mutual Organization Platform of Cameroon (in French)

Following complaints from hospital staff about lack of health cover, Dr Mouangué Antoine, its new director, proposed to restructure the aid fund to turn it into a mutual health organization.

Premium amounts, technical arrangements, and administrative and financial management of the MHO were established thanks to data analysis from a feasibility study carried out by ASSA, an NGO.

The Nkongsamba province hospital's MHO has several characteristics which other organizations do not have:

WHAT'S NEW?

- premiums are commensurate with income;
- members pay one monthly premium which covers six persons in his/her family;
- the MHO is also health care provider;
- the ceiling of health care charges is commensurate with premiums;
- there are four premium levels corresponding to the socio-professional categories.

{Contribution from Muhammad Ntock and Kom Dolesse, ASSA NGO, Cameroon}

OVER 400 MILLION PEASANTS SUBSCRIBE TO CHINA'S RURAL COOPERATIVE MEDICAL SYSTEM

Health equity is an issue which preoccupies China's public health policy makers. The country's spectacular economic growth has been accompanied by a "slowdown in improvements in the health of the population and an increase in inequalities," says Tang Shenglan, health and policy advisor to WHO in Beijing. According to Shenglan, this is due to a rapid increase in health care costs (a system where fee-for-service payment is the norm), a population poorly-covered by health insurance (less than 40% of the urban population), and no medical safety net.

MORE INFO
- See the article on BMJ's website
- See China workspace

Out-of-pocket payments have risen gradually over the past 25 years and now account for 54% of total health care expenditure. This has put health care beyond the reach of many and impoverished many more. China's recently-launched new health reforms aim to improve equity and health care access, especially for the more vulnerable population groups. Reforms undertaken four years ago aimed at increasing the coverage of health costs by local governments, have already assisted over 400 million peasants thanks to China's rural cooperative medical scheme, according to Shenglan. He also insists on the need for greater recognition of community-based primary health care systems.

CREATION OF A MUTUAL HEALTH ORGANIZATION FOR THE TRANSPORTATION WORKERS IN SENEGAL

The constitutive general assembly of the Transportation Workers Mutual Health Organization took place in Dakar, Senegal, on 16 February. It is the final act of a process that started in December 2004, when the National Union of the Transportation Workers in Senegal (SNTTRS) chose the social protection isssue as a key element of its platform. Several institutions supported the creation process of this mutual health organization, notably the Ministry of Civil Service, Labour, Employment and Professional Organizations, the National Committee of Social Dialogue (SNDS) and the International Labour Office.

MORE INFO
See the article published in *Le Soleil* of 20 February (in French)

Last minute!! Application form and guidelines for the Innovation Grants from the Microinsurance Innovation Facility (deadline for submissions 16 May 2008): Click here

TRAINING

FLAGSHIP TRAINING COURSE ON HEALTH SECTOR REFORM AND SUSTAINABLE FINANCING, 16 December 2007, Washington D.C., USA

The World Bank, in collaboration with the Harvard School of Public Health, created a re-designed version of its course on Health Sector Reform and Sustainable Financing. The course was a practical and comprehensive framework for understanding health systems and their performances, and a structured approach to developing health system reform policies to achieve better results.

MORE INFO
- See the World Bank's training programmes
- See the Harvard School 's training website

Specific modules were proposed to tackle reform strategies from theoretical and empirical standpoints in diverse areas such as financing, payment systems, organizational changes, regulation, and population and provider behaviour. In support of this several country case studies were used, representing different levels of development and regions.

The course was attended by middle to high level government officials involved in the health sector, NGOs, health managers, donor representatives represented by academics, and finally, World Bank representatives.

They learned how to speak "a common language" about the different dimensions of health sector reform and managed to come to a deeper understanding of health financing issues and the possibility of sustainable financing solutions.

NATIONAL WORKSHOP – TOWARDS IMPROVED SYSTEM PERFORMANCES: MONITORING AND EVALUATION OF HEALTH MICROINSURANCE SCHEMES

A recent survey conducted in 2004-2005 by the National Sample Survey Organization (NSSO) shows that India's total number of workers in the informal sector is approximately 434 million people (94% of the total active workforce).

These workers and their families are deprived from any access to basic health care, and, when in need of more sophisticated health care, they are often pushed into debt and into further deprivation and poverty.

Over the last few years various community-based microinsurance schemes have emerged in India as an organized and collective response to the problem of access to a minimum of social protection in health.

In the response to the daunting challenge of having to provide social protection to close to a billion people, the Indian Government followed suit and adopted an innovative strategy encouraging both public and private insurance companies to develop health insurance products that fulfil specific needs for disadvantaged groups.

Benefiting from this support, microinsurance schemes have begun to proliferate in India and have committed to responding to health protection requirements of the very poor.

Today there is a need for better interaction between the various microinsurance organizations. Most of them work independently and do not share their respective experiences nor their data, which does not allow for knowledge development and speedy replication of experiences.

There is also a need for administration and monitoring support as many schemes do not know exactly how to estimate their operating costs. Basic performance indicators are lacking and even in those schemes that do have sophisticated information and management systems, considerable information gaps remain.

In response to these needs, the ILO has recently taken several initiatives such as the publication of a technical guide (*Health Microinsurance Schemes: Monitoring and Evaluation Guide*, ILO-STEP, 2007) and provision of support through a partnership with GTZ to CLASS, a people-led association which aims to promote the extension of social security benefits to informal sector workers (called "unorganized" in India).

These latest developments provided a unique opportunity to organize a training course for microinsurance practitioners.

ILO SRO in New Delhi and GTZ jointly with the ILO International Training Centre (Turin) organized a training course with the goal of reviewing and analysing the processes and tools that could contribute to significantly improving the monitoring and evaluation of health microinsurance schemes. The training course took place in New Delhi from 12 to 14 December 2007.

{Contributions from Marc Socquet, Social Security Expert, ILO-SRO New Delhi and Ashita Abraham, secretary of ACYM, New Delhi, India}

KNOWLEDGE-SHARING WORKSHOP ON SOCIAL PROTECTION FOR VULNERABLE GROUPS

The workshop was organized by ILO's STEP and SFP programmes from 15 to 17 October 2007 in Bangkok, Thailand. Approximately 30 microinsurance and social protection experts met from several countries: the Philippines, Senegal, Thailand, Vietnam, Cambodia, Laos, India, France, Switzerland, Tanzania and Burkina Faso.

The workshop aimed at developing common knowledge on microinsurance and the extension of social protection. It enabled the participants to:

- share knowledge, experiences and lessons learned from each other's projects and experiences;
- identify the strengths and weaknesses of microinsurance as a tool for the extension of social protection;
- formulate and share concrete proposals, such as:
  - strengthening linkages between actors and between the mechanisms;
  - the drawing up and implementation of national strategies for the extension of social protection;

TRAINING

- search for innovative financing and implementation of management information systems.

Following the workshop a collaborative workspace on the GIMI / GESS platforms was created containing the programme and all the presentations shared during the workshop.

MORE INFO
See the collaborative workspace

{Contribution from Valérie Schmitt-Diabaté, ILO/STEP, Geneva, Switzerland}

THE ACTUARIAL METHODS AND SOCIAL SECURITY FINANCING TRAINING PROGRAMME (QUATRAIN - AMERICAS) HAS BEEN LAUNCHED AS A PILOT PROJECT IN CHILE

From November 2007 to May 2008, senior officials from the Chilean Ministry of Finance, the Pension Fund Administrators Superintendency, the Estimates Standardization Institute (INP) and the Insurance and Values Supervisory Agency (SSV) are participating in an advanced course on quantitative methods applied to social security.

MORE INFO
See complementary information on GIMI

The course is an initiative deriving from ILO's QUATRAIN – AMERICAS project, in conjunction with the Ibero-American Social Security Organization (OISS), the ILO International Training Centre and the Subregional Office in Santiago.

It is aimed at developing competence in the areas of actuarial methods and social security financing. The modules are dealing with the following subjects:

- role, functions and responsibilities of actuaries in social security systems ;
- economic and financial aspects of social protection;
- financial mathematics applied to actuarial calculation;
- probability and statistics;
- demography;
- international actuarial practice.

The course comprises 180 hours of sessions and 130 hours of online distance learning. In the second half of 2008 the project will be extended to other countries in the Americas.

{Contribution from Vinicius Pinheiro, ILO, Social Security Department, Geneva, Switzerland}

THE QUATRAIN-AMERICAS PROGRAMME IS ORGANIZING COURSES ON ACTUARIAL METHODS FOR SOCIAL SECURITY IN PORTUGESE AND SPANISH FOR NON-SPECIALISTS IN RECIFE (BRAZIL) AND CARTAGENA (COLOMBIA)

The programme is aimed at training decision makers and social actors in the basic concepts of financing and actuarial methods applied to social security in order to strengthen the institutional capacity of governments and other social actors in the Latin American countries to evaluate the financial and actuarial viability of social protection systems.

MORE INFO
See the course brochure

By the end of the courses participants should be able to:

- know the principal financing methods, types of plans, financial regimes and international trends in the financing of social security;
- explain the economic and financial aspects of social protection;
- understand the role, functions and responsibility of the actuary in social security systems and in the context of the Decent Work Agenda;
- understand the basic concepts used in actuarial valuation models;
- define the data necessary for actuarial valuation and the principal sources of information and statistical methods for dealing with deficit or information reliability problems;
- formulate hypotheses, know methods and interpret results.

The course in Portuguese is intended for the Community of Portuguese Language Countries (CPLP) and will be held in Recife (Brazil) from 25 to 28 March 2008; the course in Spanish will be held in Cartagena de Indias (Colombia) from 19 to 29 August 2008.

{Contribution from Vinicus Pinheiro, ILO, Social Security Department, Geneva, Switzerland}

COURSE ON STRATEGIES FOR THE EXTENSION OF SOCIAL PROTECTION: 26 November to 7 December 2007, Turin, Italy

The ILO International Training Centre in Turin organized the 'Strategies for the Extension of Social Protection' training course in English and French. Thirty-nine people attended the English course and 24 the French course. Three members of the STEP Programme participated in the training as resource persons.

Christian Jacquier, coordinator of the STEP Programme, introduced the STEP Programme and its role in the extension of social protection, the decentralized community-based social protection systems and the linked systems.

See the presentation

Luis Frota, expert on social inclusion, introduced the Global campaign on the extension of social security for all. He also led a training session on the multidimensional factors of social exclusion.

- See the presentation on the Campaign
- See the presentation on multidimensional factors

TRAINING

Victoria Giroud-Castiella, online activities assistant,

See the presentation

presented the GIMI, GESS and CIARIS platforms.

She also organized a practical-work session on the platforms.

Two work spaces were opened in the GESS and GIMI

See the workspace on GIMI

platforms to enable the participants in the English and French courses to continue to exchange ideas after the completion of the course.

The whole documentation, which includes other papers and presentations, is gathered in a CD.

MORE INFO
- ILO Training Centre, SocPro
- Contact Miriam Boudraa

{Contribution from Victoria Giroud-Castiella, ILO/STEP, Geneva, Switzerland}

WORKSHOP ON SOCIAL HEALTH INSURANCE

The ILO International Training Centre organized a technical workshop on Social Health Insurance in Turin, 3-14 March 2008.

The aim of the workshop was threefold: (i) to enhance the capacity of planners and managers to design and implement a social health insurance scheme; (ii) to increase the understanding of financing health insurance; (iii) to develop an international perspective on social health insurance through comparative analysis and sharing experiences of other schemes.

The ILO / STEP programme provided a brief presentation on linkages between community-based schemes and statutory or other nationwide programmes.

MORE INFO
- See STEP presentation
- See the brochure on the Traning Centre website

STEP also gave an overview of the GIMI and GESS platforms.

GIMI IN FIGURES

You are now **602 users** from **76** different **countries** who have registered with GIMI.

Thank you for your contribution to the life of the platform!

How many members will there be in three months? To find out, don't miss G-News N° 4.

GIMI is on the move!

- **51 CVs** in the expert database in different areas concerning microinsurance and the extension of social security
- **630 resources** published in the library, from which **86 links** to interesting websites
- **353 document** downloads on average per month
- **275 terms** and their definition in the glossary
- **1128** G-News readers

CONFERENCES

FOURTH FEDERAL CONGRESS ON THE SOCIAL ECONOMY: 4 and 5 October 2007, Rosario, Argentina

The Congress was organized by the General Coordination of the Federal and Regional Council of INAES (National Institute of Economic and Social Associations) and the *Mutuales de Entre Rios* Federation.

MORE INFO
- See the INAES' website (in Spanish)
- See the News section on GIMI

{Contribution from Brenda Rial, ACYM secretary, Montevideo, Uruguay}

SOCIAL SUMMIT OF MERCOSUR: 10 to 13 December 2007, Montevideo, Uruguay

The RECM (Special Meeting of Cooperatives of Mercosur) held its 16th plenary session in Montevideo on 10-12 December 2007. In the context of the Social Summit of Mercosur several activities and seminars were co-organised by the RECM.

On December 11, national, foreign and integration process of MERCOSUR representatives took part in the workshop-seminar "Cooperatives in the integration process: impact and proposals".

MORE INFO
- See MERCOSUR's website (in Spanish)
- See the News section on GIMI

In the same framework the 3rd International Seminary "Impacts of the regional integration of Mercosur on the cooperative sector" took place, with the participation of researchers committed to the project.

Finally, the seminar "Cooperatives and politics" took place on December 12.

{Contribution from Brenda Rial, secretary of ACYM, Montevideo, Uruguay}

THIRD NATIONAL MEETING OF MUTUAL ORGANIZATIONS: 3 and 4 November 2007, Mar del Plata, Argentina

The meeting's theme was: "Mutual system and services: quality, excellence, variety", and was organized by ADIM (Mutual Leaders' Association).

MORE INFO
See the ADIM's website (in Spanish)

The meeting focused on how to improve the provision of health insurance coverage and related services to members (including marketing methods and tools).

{Contribution from Brenda Rial, secretary of ACYM, Montevideo, Uruguay}

FOCUS ON...

First Meeting of ACYM Network: 9 November 2007, Montevideo, Uruguay

The regional network ACYM (Cooperative and Mutual Americas) was set up by ILO / STEP Programme and by social protection actors having a regional dimension: AMA (*Alianza Mutualista de America*), the IHCO (International Health Co-operative Organization) and the AAC/MIS (American Association of Cooperative/Mutual Insurance Societies).

ACYM was officially set up on 9 November 2007 in Montevideo. Its secretariat was also set up in Uruguay in the headquarters of one of AMA's member organizations.

The objective of ACYM is to promote the extension of social protection in Latin America by developing and documenting ongoing experiences and innovations, and by facilitating exchanges between the various actors and the setting-up of partnerships for research, training, etc.

ACYM is closely linked to the GIMI/GESS platforms through the exchange of information, the establishment of inventories and several other joint activities.

{Contribution from Brenda Rial, secretary of ACYM, Montevideo, Uruguay}

MORE INFO
- See ACYM's website
- See ACYM's founding document: "A global strategy for joint action"

2007 CONCERTATION'S FORUM: 26-27 November, Dakar, Senegal

On 26-27 November, the coordination network *Concertation* held its fourth Forum in Dakar on the following subject "Networks of mutual health organizations in the extension of social protection and fight against poverty".

More than 300 participants from 25 French-, English- (Ghana, Liberia, Tanzania, Kenya, Uganda), **and Portuguese-** (Cape Verde) **speaking countries** debated and exchanged ideas on the subject. A significant delegation from the World Bank headquarters was present as well as other donors: Belgium, France, Germany, USAID and the

MORE INFO
See the Forum's schedule and presentations on the Concertation's website (in French)

CONFERENCES

president of the AIM (*Association internationale de la Mutualité*).

The 2007 Forum confirmed the growing importance of mutual health organizations in Africa within the framework of the Millennium Development Goals, in the fight against poverty and in the improvement of basic health care access.

{Contribution from Alain Coheur, National Union of Socialist Mutual Organizations, Belgium}

WORKSHOP ON EXPANDING ACCESS TO INSURANCE: 16-17 January 2008, Beijing, China

The workshop was organized by the China Insurance Regulatory Commission, IAIS, World Bank and CGAP Working Group on Microinsurance.

Experienced professionals, leading experts and academics gathered in Beijing to provide training on microinsurance theories and practices. They analysed microinsurance development in China and in other Asian countries using case studies and presentations which explained and compared different growth and legislation models of various countries. Chinese authorities also shared with the audience their experiences and lessons learned in extending insurance coverage to the least privileged populations in China.

MORE INFO
Several presentations available online

{Contribution from Valérie Schmitt-Diabaté, ILO/STEP, Geneva, Switzerland}

MICROINSURANCE CONFERENCE 2007: 13-15 November, Mumbai, India

This third International Microinsurance Conference was the fruit of a collaboration between CGAP (Consultative Group To Assist the Poor), the Working Group on Microinsurance and the Munich Re Foundation, with the support of the IRDA (Insurance Regulatory and Development Authority in India). Around 300 experts from 50 countries exchanged experiences and discussed the challenges of microinsurance. They included representatives from international organizations, NGOs, aid agencies, private insurance companies and policy makers. The conference held plenary and parallel sessions on health microinsurance, regulation and supervision issues, group insurance vs. individual insurance, information technology, etc.

MORE INFO
- See the Microinsurance page of the CGAP's website
- See a summary of the conference

{Contribution from Sabbir Patel, ICMIF, Manchester, UK}

ILO / STEP WORKSHOP: 14-15 November 2007, Dakar, Senegal

On 14 and 15 November 2007, the ILO's Subregional Office in Dakar, with the support of the STEP Programme (Strategies and Tools for the Extension of social Protection) organized a workshop in Ngor Diarama on improving the understanding of strategies of social protection extension via social dialogue, and on ILO's activities in Senegal.

MORE INFO
See the News section on GIMI

{Contribution from Christine Bockstal, ILO/STEP, Dakar, Senegal}

ASSURING QUALITY HEALTH CARE THROUGH SOCIAL HEALTH PROTECTION: THE ROLE OF PUCHASING AND QUALITY MANAGEMENT: 31 October - 2 November 2007, Kigali, Rwanda

The conference was organized by the GTZ / ILO / WHO Consortium on Social Health Protection in Developing Countries in conjunction with the Rwanda Ministry of Health. The Kigali Conference is a follow-up to the 2005 Berlin Conference of the GTZ / ILO / WHO Consortium and the 2006 Manila Conference on Extending Social Health Insurance to Informal Economy Workers, which focused on the issue of extending financial risk protection through resource generation and prepayment for health as well as risk pooling.

The focus of the Kigali Conference lay on the question of how to assure quality in health care through social health protection mechanisms, with a specific focus on the role of purchasing and quality management.

Social health protection mechanisms (tax-based health financing, social health insurance, community-based health insurance, other forms of prepayment, pooling and financial risk protection) can impact on quality in health care by three channels which were addressed in the conference: Strategic purchasing, demand-side strengthening and quality management.

MORE INFO
See the conference's schedule, presentations, and summaries on the Conference's website

Over 150 participants from Ministries of Health, health financing institutions, civil society, academic institutions and bi- and multilateral donors and agencies took part in the conference. Participants discussed and shared their working experiences and knowledge on different strategies of how to improve the quality of health care services through social protection mechanisms in several plenary and parallel sessions, panel discussions and a number of workshops .

{Contribution from Veronika Wodsak, Social Security Department, ILO, Geneva, Switzerland}

2007 REM'S – SYMPOSIUM ON "MUTUALIST DYNAMICS", ORGANIZED BY THE HUMAVIE MUTUAL UNION: 20 and 21 November 2007 in Marseilles, France

ILO / STEP programme participated in the 2007 Mutualist Meetings (ReM's) and stressed the importance

CONFERENCES

MORE INFO
- See the Symposium's summary on Humavie's website (in French)
- See C. Jacquier's and V. Schmitt's interviews (pp. 20-24)

of the commitment of French mutual health organizations beyond French borders. Providing technical and financial support for the extension of social security in the countries of the South would be a concrete means of restoring its universal vocation to the mutual system.

{Contribution from Valérie Schmitt-Diabaté and Christian Jacquier, ILO/STEP, Geneva, Switzerland}

ILO DISCUSSES THE FUTURE OF SOCIAL PROTECTION IN LATIN AMERICA

The International Labour Office in Geneva, through its Department of Social Security, the Regional Office in Lima and the ILO Subregional Office in Santiago, Chile, convened a regional tripartite meeting on "The future of social protection in Latin America". It brought together the representatives of governments, employers and workers of 10 countries of the region, various international observers and experts to discuss various subjects relating to the future of social protection schemes, the progress of reform processes undertaken in a number of countries and future challenges. The meeting was held from 12 to 14 December 2007 and was addressed by Mr. Juan Somavia, Director General of the ILO. The meeting analysed the reform processes, and new trends and experiences in the area of social security in Latin America and in Europe.

MORE INFO
See the meeting webpages (in Spanish)

The aim of the meeting was to lay the foundations for a medium and long-term plan of action for social security in the context of ILO's Decent Work Country Programmes and the Hemisphere Agenda adopted in Brasilia in 2006. The meeting ended with a consensus on priorities to be included in social security policies and on the setting of a social floor to promote the extension of social security. For ILO this constitutes one of the essential elements in order to face the challenges of globalization and the decent work deficits in the region.

{Contribution from Carmen Solorio, ILO, Social Security Department, Geneva, Switzerland}

SYMPOSIUM ON "STRATEGIC CONTRACTING IN HEALTH SYSTEMS"

This symposium was organized from 9 to 11 January in Geneva by WHO's Department of Health Systems Financing. More than 60 experts from 27 countries attended.

The symposium provided an opportunity for the presentation and discussion of a large number of examples of cooperation and contracting between the supply of public care and the private sector: subcontracting of certain health services in Morocco, implementation of specific antituberculosis programmes, role of the Church in Ghana, delegation of management of the subsidized health insurance system in Colombia to mutual health organizations, performance contracts in Mali, etc.

MORE INFO
See the relevant thematic pages on the WHO's website

It tried to find answers to key questions such as: Does contracting lead to privatization and the disengagement of the State? How to prevent regulation (of contractual practices) from being perceived by health actors as a straitjacket that inhibits initiatives?

{Contribution from Jean Perrot, WHO, Department of Health Systems Financing, Geneva, Switzerland}

FOCUS ON...

First AMIN Meeting: 11-12 December 2007, New Delhi, India

Despite being a fundamental human right, social protection remains inaccessible to most of the world's poor, a large majority of whom reside in Asia. In recent years, many civil society actors have played a significant role in providing social protection to those who were previously excluded from it. Microinsurance is one solution for this need. Since 2003, the ILO / STEP Programme has conducted national inventories on microinsurance initiatives in Asia. The Asian Micro Insurance Network (AMIN) was created to bring together such initiatives and now includes 400 schemes in eight countries insuring 30 million people.

The aim of AMIN is to bring together local initiatives to advocate and move towards national solidarity systems. The first meeting enabled AMIN members to discuss the functioning and strategy of the association, and also to share their local and international experiences with each other.

{Contribution from Ashita Abraham, secretary of AMIN, New Delhi, India}

MORE INFO
See AMIN's website

RESOURCES

All the resources presented below are available in the GIMI library that regroups about 630 resources (guides, manuals, reports, database, software, etc.)

PROTECCIÓN SOCIAL EN SALUD EN CHILE

Published by FONASA (Chilean national health fund), Ministry of Health, 2007.

A study on social protection in the area of health in Chile. It analyses the progress achieved during the last years with regard to different social protection themes.

MORE INFO
Download the study from GESS

It notes that one of the Government's priorities is the extension of health coverage to the poorest sectors of the population (horizontal coverage) and evaluation of the type of effective benefits guaranteed to beneficiaries (vertical coverage), and the financial aspects relating to equitable and effective social protection.

The study concludes that, despite the enormous progress achieved in this area, including the gradual inclusion in the AUGE project of guarantees covering 56 health problems, great challenges remain to be confronted.

{Contribution from EQUIDAD, Pan-American Health Organization/WHO}

LEARNING FROM EXPERIENCE: HEALTH CARE FINANCING IN LOW AND MIDDLE-INCOME COUNTRIES

By Diane McIntyre, Health Economics Unit, University of Cape Town, South Africa (Global Forum for Health Research, June 2007).

Health care financing is once again prominent on the global health policy agenda. The difficulty that low- and middle-income countries have in providing for health care needs of their populations remains a major problem. At the same time, the current focus on poverty reduction, as reflected in the Millennium Development Goals (MDGs) and other international initiatives, has spurred a growing emphasis on the need for health care financing mechanisms that protect the populations of these countries from the potentially impoverishing effects of health care costs.

MORE INFO
- See the document on the Global Forum Health's website
- See the document on GIMI

This report reviews **health care financing** in low and middle-income countries as it relates to three main functions:

- **Revenue collection -** sources of funds, their structure, and the means by which they are collected.
- **Pooling of funds** which addresses:
  - the unpredictability of illness, especially with regard to individual;
  - the inability of individuals to mobilize sufficient resources to cover unexpected health care costs; and, consequently;
  - the need to spread health risks over as broad a population group and period of time as possible.
- **Purchasing**, which transfers pooled resources to health service providers so that appropriate and efficient services are available to the population.

FIRST EDITION OF "KEY ISSUES", THE NEW SERIES ON MICROINSURANCE

The **Key issues** series, launched by GIMI, consist of two page texts that offer a synthetic vision of the state of knowledge on a specific theme: legislation, linkages and so on. The "key issues" entail:

- a synthetic presentation on the knowledge advancement on the theme and identification of knowledge gaps;
- initiatives to reduce this deficit: creation of collaborative workspaces of experts, new research and experimental projects, concrete actions on the field;
- links towards different on-line resources and collaborative tools to go deep into the subject. These links can be towards GIMI or other web sites.

The first issue, entitled *Key issues of legislation on microinsurance in the social protection field*, points out the advantages of a legislative framework adapted to microinsurance:

- It increases the protection of the insured.
- It enhances the development of microinsurance institutions and increases the viability and sustainability of these institutions.
- Thanks to the regulation, governments may recognize the role of these institutions in the fight against poverty and the extension of social protection.

MORE INFO
Download the first issue

The second issue, which will come out soon, will be dedicated to the theme of Linkages.

{Contribution from Valérie Schmitt-Diabaté, ILO/STEP, Geneva, Switzerland and Sabrina Régent, ILO/STEP, Dakar, Senegal}

DESIGNING AND IMPLEMENTING SOCIAL TRANSFER PROGRAMMES

By M. Samson, I. van Niekerk and K. Mac Quene, 2006, Economic Policy Research Institute, South Africa.

A comprehensive guide that addresses the major elements of "management arrangements" (selection, design, implementation, monitoring, evaluation and impact assessment) that allow managing social transfer programmes. It takes into

MORE INFO
Download the guide from GESS

RESOURCES

consideration the interrelationships with social and policy priorities of governments. The guide includes special features of specific classes of social transfer programmes, namely conditional cash transfers and public works.

{Contribution from Céline Félix, ILO/STEP Dakar, Senegal}

SERIES: SOCIAL SECURITY EXTENSION – INNOVATIONS IN INDIA

This series, published by the ILO Subregional Office for South Asia, aims to document innovative approaches that could contribute to the progressive extension of health protection to all in the region.

Two papers present developments concerning following health insurance schemes: the Dairy Co-operatives Health Insurance Scheme (Rajasthan) and the Yeshasvini Co-operative Farmers Health Scheme (Karnataka).

MORE INFO
- See the document about Rajasthan
- See the document about Karnataka

They both demonstrate how effective it can be to develop partnership arrangements, or build linkages between community-based initiatives and government programmes in social security extension for all.

{Contribution from Marc Socquet, Social Security Expert, ILO-SRO New Delhi, India}

ICMIF MEMBERS MAKING A DIFFERENCE

Case studies, published by ICMIF, 2007.

This publication brings together several short case studies on how ICMIF (International Cooperative and Mutual Insurance Federation) members are successfully extending the outreach of insurance to the low-income population.

Not only do these case studies demonstrate the unique benefits of the cooperative and mutual structure at the grass root level but also show how long-established members are maintaining their values by supporting the development of microinsurance schemes outside of their market and geographical area.

MORE INFO
- Download the publication from GIMI
- See the ICMIF's website

The publication gathers 16 case studies, which include examples from North America, Latin America, Europe, Asia and Africa.

{Contribution from Sabbir Patel, ICMIF, Manchester, UK}

FOCUS ON...

Expert of the month: Alex George

Mr. Alex George is Doctor in Sociology with 17 years of experience in social protection in India. His areas of expertise include: policy research, advocacy, programme designing, programme support, monitoring and programme evaluation in the field of health and, more recently, adult literacy and women's employment as well. His current major areas of interest are health microinsurance, HIV/AIDS, rural health, reproductive and child health, private health care supply and quality assurance.

He has undertaken consultancies and research projects for several international donor organizations such as the Mac Arthur Foundation, Department for International Development-India, the European Commission and the International Labour Organization. He has done collaborative work with the Harvard School of Public Health (HSPH) and the Harvard Centre for Population and Development Studies.

The GIMI resource centre gives you access to a database of experts and training specialists in various subject areas linked to microinsurance and the extension of social security.

{Contribution from Griet Cattaert, ILO/STEP, Geneva, Switzerland}

MORE INFO
- See GIMI's expert database
- See Alex George's CV from GIMI homepage

E-EVENTS

A NEW GIMI HOMEPAGE

This month, come and discover in the GIMI homepage:

- the expert of the month;
- Michael Cichon's interview;
- the results of the permanent inventory of health microinsurance schemes in Africa;
- a selection of resources;
- the definition of the month: "cash transfers", upon which you can give your opinion;
- and many other interesting news.

See-you soon on GIMI !

E-DISCUSSION ON HEALTH MICROINSURANCE FOR DISADVANTAGED GROUPS IN INDIA

At the end of October 2007, Marc Socquet (ILO, New Delhi) launched a discussion on the Solution Exchange Microfinance Community in order to gather information on all previous, ongoing and planned Central and State-Government sponsored health insurance initiatives in different States in India.

This discussion sought to inform Government policy making on the proposed micro-health insurance initiative of the Central and State Governments which plans to provide health insurance coverage to 300 million poor people over the next five years.

MORE INFO
See the discussion summary

While the Central Government will provide technical and financial assistance to the States implementing the scheme, the State Governments will be responsible for the design and the implementation of their schemes.

More specifically Marc Socquet asked participants to answer following questions:

- What has been the practical experience of some households who have received benefits provided under Central and State Government health insurance schemes developed in different States?
- In what specific areas can there be improvement to the services provided to insured persons (information, orientation, access to quality health care, claims settlement, etc)?
- What are the views of service providers (public and private health facilities), at all levels, who have been associated with the implementation of these schemes?
- What has been the concrete role and contribution (positive or negative) of the various Third Party Administrators (TPAs) involved in the administration of these schemes?
- What are the practical tools (education, management, monitoring, etc.) that are already available in relation to health insurance?
- What are the main conditions explaining the success (or failure) of some Central or State Government health insurance schemes?

{Contribution from Marc Socquet, Social Security Expert, ILO-SRO New Delhi, India}

THE RESULTS OF THE 2007 INVENTORY OF MUTUAL HEALTH ORGANIZATIONS IN AFRICA ARE AVAILABLE ONLINE

Thanks to a search module, you can calculate online a number of frequencies. **Please, consult the results!**

NEW! INVENTORY OF MICROINSURANCE SCHEMES IN ASIA

Do you work for a health microinsurance scheme in Asia? Please fill in the new online questionnaire of the inventory which is displayed on the AMIN's website.

MORE INFO
- See the Asia questionnaire online
- Contact Ashita Abraham, secretary of AMIN

MODULE FOR THE CREATION OF COLLABORATIVE WORKSPACES

On GIMI / GESS you can now create your own workspace, a kind of collaborative minisite to facilitate the execution of your project. You can also participate in a collaborative workspace created by other GIMI / GESS users. Several types of spaces may be set up:

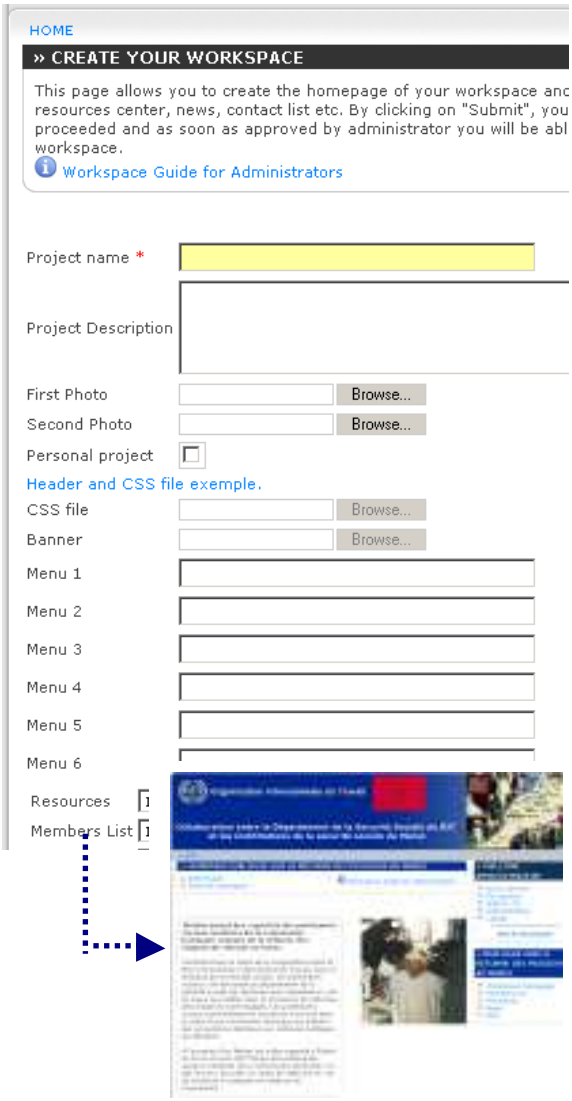
- spaces dedicated to social protection extension projects;
- spaces dedicated to execution of research projects;
- spaces dedicated to sharing of statistical information or the exchange of good practices in specific areas.

To create your personalized space takes only a few minutes by completing the following stages:

E-EVENTS

Stage 1: Creation of the homepage and the project structure: once you have signed in click on 'Create your space' and fill in the form.

Stage 2: Viewing of the homepage and any changes: Once the creation of your space is validated by the GIMI / GESS administrator, you will see the name of your project in the list of projects. You can then change and add to the content of your various project headings.



NEW TERMINOLOGY DISCUSSION GROUP ON G-FORUM

The purpose of this discussion group is to discuss the definition of an expression or word linked to microinsurance and/or social protection in general. The discussion group will regularly treat a different expression or word. The conclusions of the discussions will be summarized in the Glossary. The first expression under discussion is "**cash transfers**". Not only the definition but also the effectiveness of cash transfers in the extension of social security is open to debate. If you are interested in this issue, please subscribe to the discussion list on 'Terminology discussion group' (terminological@step.ilo.org), share your knowledge and view points. You can post your messages in English, French or Spanish.

MORE INFO
See the webpage dedicated to the discussion on GIMI

{Contribution from Griet Cattaert, ILO/STEP and John Woodall, ILO, Social Security Department, Geneva, Switzerland}

ICMIF NEWSLETTER

The International Cooperative and Mutual Insurance Federation (ICMIF) is a long established and unique global organization representing cooperative and mutual insurers from around the world.

With 195 members (in turn making up more than 400 distinct organizations) in 72 countries it is the voice of the sector. Through the delivery of a distinct range of dedicated member services the Federation aims to be actively involved with members and key external spheres of influence, thereby creating a sustainable environment for the cooperative and mutual insurance industry and ensuring its growth and prosperity.

MORE INFO
See the newsletter on the ICMIF website

The ICMIF team is pleased to inform that the second issue of the ICMIF Development Newsletter "Prosper" is now available online.

{Contribution from Sabbir Patel, ICMIF, Manchester, UK}

E-EVENTS

THEMATIC AND GEOGRAPHIC MAPPING

Country profiles

The GIMI/GESS platforms provide a thematic and geographic knowledge and experience map in the areas of microinsurance and extension of social security.

- Thematic: A number of theme pages are developed and updated by experts and specialists from ILO and other organizations. They comprise resources and key questions on the theme (basic documents, technical support mission reports, databases, etc.), links to targeted training, possibility of contacts with experts, etc.
- Geographic: For each country, a page is developed and updated: it shows the current extent of social security coverage, the chief reforms and initiatives undertaken in the country, extension projects, etc.

Mapping identifies knowledge shortfalls in subjects where research questions are in abeyance or in countries where existing experience and ongoing initiatives are insufficiently documented.

The aim is then to remedy these shortfalls through research work and thematic discussions between experts.

The GIMI / GESS platforms provide researchers, experts and experimentation project leaders with a site to create and develop this new knowledge.

Willing to help us to update GIMI & GESS thematic pages or country profiles, or create new pages? Please send your suggestions to gimi@ilo.org

{Contribution from Valérie Schmitt-Diabaté and Christian Jacquier, ILO/STEP, Geneva, Switzerland}

UPCOMING EVENTS

GENEVA FORUM: TOWARDS GLOBAL ACCESS TO HEALTH: 25-28 May 2008

The Geneva Forum brings together all actors involved in access to health, including international, national and local organizations; government agencies; the private sector; hospitals; universities; civil society; and most importantly those who need care. It provides an interactive and dynamic platform for critical reflection on the complexity of global access to health.

MORE INFO
See the Geneva Health Forum website

2008 STANDARD COURSES – INTERNATIONAL TRAINING CENTRE OF THE ILO

The Centre has 42 years' experience of providing training and learning opportunities and services to decision makers, managers, practitioners and trainers from governments, workers' and employers' organizations and their partner institutions.

To date, more than 150,000 women and men from 180 nations have benefited from the Turin Centre's training and learning services.

MORE INFO
See the courses calendar of the Training Centre

The annual number of programmes and projects exceeds 450. The annual number of participants exceeds 11,000.

The Centre offers standard courses, customized learning events, comprehensive training projects, support-advisory services, and training material design and production. Around half the activities take place on campus and half in the field or at distance. The Centre uses information technology, including the Internet, to offer distance learning and tutoring services.

Besides the standard courses described in this calendar, the Centre organizes customized programmes that meet the specific needs of countries in the following regions: Africa, the Americas, Arab States, Asia and the Pacific, and Europe. Courses are held in Arabic, English, French, Portuguese, Russian and Spanish.

{Contribution from Miriam Boudraa, ILO International Training Centre, Turin, Italy}

THE NUMBER OF THE LETTER

127 health microinsurance schemes in Africa have filled in the questionnaire of the online inventory.

They cover around 2 million people in 13 countries.

THE ARTICLES : MUTUAL ORGANIZATIONS INVENTORY AND MUTUAL HEALTH ORGANIZATION IN CAMEROUN

2007 INVENTORY OF MUTUAL HEALTH ORGANIZATIONS IN AFRICA

The initial results of the 2007 inventory of mutual health organizations (MHOs) in Western and Central Africa were presented at the *Concertation* Forum held in Dakar on 26 and 27 November 2007.

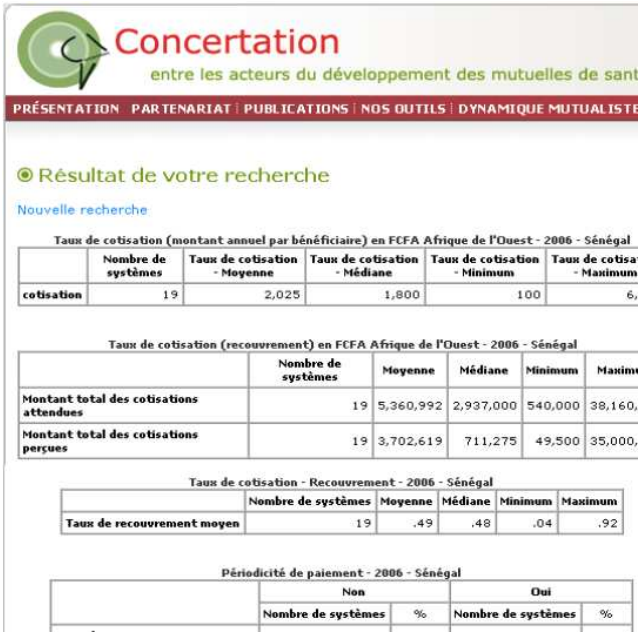
This third inventory differs from the preceding ones (2000 and 2003) in its methodology. Henceforth there will be a continuing inventory, updated annually through an online questionnaire on the Concertation website.

MORE INFO
The results of the 2007 inventory are available on the Concertation website. (in French)

This inventory has several objectives: first, to pursue follow-up and to give visibility to MHOs in Africa, networks of MHOs and support structures; second, to provide a certain amount of information immediately online and updated annually; and third, to support action to promote MHOs. The new inventory technique is aimed at making the inventory more efficient, establishing the responsibility of MHOs and support organizations, and incorporating the inventory of MHOs in Africa within a broader framework at the global level (the same questions will be asked in the inventories of the microinsurance schemes in Asia and Latin America).

This new inventory technique has been welcomed by the MHOs themselves, and also by the support structures, which appreciate the permanent nature of the information and the visibility of the MHOs. In 2007, 127 functional MHOs were recorded, covering around 2 million people in 13 Western and Central African countries.

{Contribution from Griet Cattaert, ILO/STEP, Geneva, Switzerland, and Olivier Louis dit Guérin, ILO/STEP, Dakar, Senegal}


Concertation
entre les acteurs du développement des mutuelles de sant
PRÉSENTATION | PARTENARIAT | PUBLICATIONS | NOS OUTILS | DYNAMIQUE MUTUALISTE
Résultat de votre recherche
Nouvelle recherche
Taux de cotisation (montant annuel par bénéficiaire) en FCFA Afrique de l'Ouest - 2006 - Sénégal

	Nombre de systèmes	Taux de cotisation - Moyenne	Taux de cotisation - Médiane	Taux de cotisation - Minimum	Taux de cotisa - Maximum
cotisation	19	2,025	1,800	100	6,

Taux de cotisation (recouvrement) en FCFA Afrique de l'Ouest - 2006 - Sénégal

	Nombre de systèmes	Moyenne	Médiane	Minimum	Maximu
Montant total des cotisations attendues	19	5,360,992	2,937,000	540,000	38,160,
Montant total des cotisations perçues	19	3,702,619	711,275	49,500	35,000,

Taux de cotisation - Recouvrement - 2006 - Sénégal

	Nombre de systèmes	Moyenne	Médiane	Minimum	Maximum
Taux de recouvrement moyen	19	.49	.48	.04	.92

Périodicité de paiement - 2006 - Sénégal

	Non		Oui	
	Nombre de systèmes	%	Nombre de systèmes	%

THE ARTICLES : MUTUAL ORGANIZATIONS INVENTORY AND MUTUAL HEALTH ORGANIZATION IN CAMEROUN

THE WUM MUTUAL HEALTH ORGANIZATION: AN INNOVATIVE AND UNIQUE EXPERIENCE IN CAMEROON

This mutual health organization originated from a comment made at the meeting of the Wum Businesswomen's Savings and Loan Cooperative by the attending team from the Integrated Development Foundation (IDF). It is a savings and loan cooperative jointly financed by ILO and the Wum commune to promote women's business initiatives, in the commune with the highest rate of HIV/AIDS infection in Cameroon. Many women were unable to reimburse their debts, having spent all or part of their loan on their own health bill or that of relatives. These women were thus doubly poor after obtaining the loan. IDF negotiated with GTZ-MAMS the financing of certain costs for the setting-up of a mutual health organization in Wum to enhance the viability of development activities in the commune.

The mutual organization came into being on 17 April 2007 and covers four catchment areas (49,000 inhabitants) out of the 12 comprising the district (142,000 inhabitants). The environment is very favourable: support and involvement of the inhabitants and the authorities, encouragement by the mayor, agreement between public and private health care facilities, existence of a savings and loan cooperative mainly for women, whose members are also legal entities (associations, cooperatives, trade unions). Within the organization there are two types of beneficiaries: the members of the group itself and their dependents.

This method of organization has many advantages:

- It facilitates premium collection, which is undertaken by the groups themselves.
- It ensures that activities are sustainable since they are based on the actual situation on the ground and endogenous organization, thereby integrating the habits and customs of the target population.
- It promotes and reinforces the local cooperative fabric on which other development activities may be based.
- It reduces the organization's management costs.
- It strengthens internal dynamics and the spirit of belonging and solidarity within the groups, which are now obliged to submit to the school of democracy and transparency for the purposes of increased efficiency, confidence and participation.

The mutual organization is managed professionally. It is both an association with all its statutory bodies, and also an enterprise run by a female manager, a cashier and a book-keeper, all of whom are at the same time responsible for educating and recruiting members.

What difficulties have been encounteres?

The Wum Mutual Health Organization is a new venture for many people. Its principles and methods of operation are new, and require patience in the learning process in order to avoid conflicts between the persons involved. Some groups have held back because of unfavourable experiences. There are also the attempts by the political leaders to regain ascendancy, the inadequacy of resources to mobilize the community and the strengthening of the groups' capacity to play their true role as partners.

What are the prospects?

A number of actions are needed to strengthen these groups' internal cohesion and capacities so as to ensure that they play their role effectively:

- management system to be improved;
- strategic planning needs to be introduced to increase membership and to avoid ad hoc management decisions;
- a social marketing plan needs to be introduced on the basis of a business plan, and social marketing and communication are needed in order to increase the number of members;
- financial partners need to be found to continue IDF's technical follow-up, a local organization to promote the organization and to ensure local follow-up;
- the management, book-keeping and technical systems need to be strengthened;
- the base groups' capacities need to be strengthened for greater involvement in the organization;
- links to be established with the Businesswomen's Savings and Loan Cooperative; a workshop on this question was held from 26 to 29 December 2007.

{Contribution from Oussematou Dameni Thérèse, IDF Coordinator}

MORE INFO
See the Newsletter of the Cameroon Mutual Organization Network (in French)

INTERVIEW #1 : CHRISTIAN JACQUIER

COORDINATOR OF THE STEP PROGRAMME, SOCIAL SECURITY DEPARTMENT, ILO

THE ROLE OF HEALTH MUTUAL ORGANIZATIONS IN THE EXTENSION OF SOCIAL SECURITY

The interview took place at the Second Mutual Meetings, 20 and 21 November 2007 in Marseilles, France. The interview (in French) can be seen in Youtube: First part and Second part.

Good day, Mr. Jacquier. Yesterday I met someone who works in the Ministry of Labour in Burkina Faso, and she explained to me how social security was developing in her country. It is not a lost cause because there is a lot of optimism, but it seemed to me to be a very difficult challenge...I feel that you could perhaps enlighten us on that question and tell us how social protection could develop in the countries of the South....

Christian Jacquier : Yes, as you say, it is a very complicated subject for the countries of the South, but quite obviously social protection is of fundamental importance for development. One cannot contemplate sustainable economic development without social protection, but it is obviously difficult because at present only 20 per cent of the world's population enjoy social protection. It had been neglected in development policies and in the fight against poverty. It was believed that social protection was a luxury reserved for the rich countries.

And that for the poor, it was something that would come later....

Christian: Exactly. But today there is awareness that social protection must be developed, that that must be done immediately, that it is feasible, that it is not a cost but a profitable investment in terms of development. And so it is interesting to see that there are a number of countries that are making progress, especially in Asia and Latin America. In the context of West Africa, it is more difficult because this requires substantial financing, and hence the establishment of solidarity mechanisms.

And so is it the only solution?

Christian: Yes, it is the only solution because there cannot be universal coverage unless solidarity is organized between the rich and the less rich, between young and old, between the healthy and the less healthy.

Yes, and that is a problem for the Western countries too...

Christian: Yes, because if in our countries we have been able to move gradually towards universal coverage, it is because we have put that machinery in place and must in fact preserve it because it is never a completely finished product. In a country like Burkina Faso, where between 80 and 90 per cent of the population is poor; it is in fact quite difficult to get only the remaining rich 10 per cent to pay, on the assumption that the system will work with a good basic package. So it is difficult, but it is possible. What is happening in Senegal, for example, is a significant step forward. They have set up a nationwide health insurance scheme for all farmers. Taking a very pragmatic approach, we are estimating a basic package for Senegal that would, according to WHO, enable 80 per cent of health problems to be treated, which is not insignificant.

Especially since in sub-Saharan Africa there are many "local" diseases, such as malaria, which have to be treated. We have to deal with that at least, don't we?

Christian: Yes, and we can do it with 15 or 20 euros a year per person, which is not an astronomical amount. It is a lot for Senegal and Burkina Faso, but on an international scale it should be possible. And so financial arrangements are needed. We have observed that people have the desire and the capacity to assume the costs, but up to 5 euros a year per person, let's say. And so the State has to organize a national solidarity system through taxation or other means. These systems will, however, also require international solidarity, since many States cannot finance them alone. This financing is well within the reach of the international community.

Has Colombia requested international solidarity in order to make progress?

Christian: What Colombia has done is quite exemplary, although the context is very different from that of Burkina Faso. Colombia is an intermediate-income country where the poor make up "only" 50 per cent of the population, unlike in Burkina Faso where the figure is 80 per cent. In Colombia the State has organized a subsidized system which covers 20 million of the country's 26 million poor. It is financed by taxes on hydrocarbons and the national lottery.

MORE INFO
- See GESTARSALUD web-site (in Spanish)
- See the Colombia page on GESS

INTERVIEW #1 : CHRISTIAN JACQUIER

COORDINATOR OF THE STEP PROGRAMME, SOCIAL SECURITY DEPARTMENT, ILO

And so it is not solidarity if it is the State which subsidizes with funds from elsewhere?

Christian: It is still a form of redistribution... In fact, they have two systems, one subsidized and the other non-subsidized (for the informal economy). The one applying to the formal economy takes 12 per cent of income, of which 1 per cent goes to subsidies for the system intended for the very poor. But as these subsidies are not sufficient, they are supplemented by taxes, which is a form of redistribution organized by the State. In Uruguay, under the system chosen the same organization collects the tax and finances the social security. They have succeeded in achieving universal coverage by taking 13 per cent of the gross domestic product. So we can see that it is possible and that there are countries which are making progress.

And can this give hope to the poorest countries, such as those in Africa?

Christian: Of course.

But in what way is the mutual system concerned? We speak of "social security" even though it may be called something else in other countries, but it is a long way from the mutual system in the sense of complementary protection. So how is the mutual system concerned?

Christian: We have seen that in health matters a genuine political will on the part of the State is needed in order to organize this financing and solidarity mechanism. Then, for the actual management of the systems, there is a choice. The choice lies between a French-style system, where there is State-run national security and where the supplementary insurance market is open to mutual organizations among others, and a system like that in some countries where the compulsory scheme is managed by mutual systems. And so there are different options, and it is interesting to see which different paths and choices are followed internationally. In Colombia, they had created a market for the poor, who are becoming solvent, and allowed the health insurance operators to take over the market.

You mean private operators?

Christian: Yes, private operators, which means commercial operators, mutual organizations and joint entities, which are pseudo-mutual organizations. And so these three types of operators went into competition in the market 15 years ago. It is very interesting to see that today this market is stable, since the market shares of each type of operator have not changed in four or five years. The mutual societies have 60 per cent of the market, the joint entities 20 per cent and the commercial operators 20 per cent again, essentially in the cities or in very specific areas. In the rural areas the mutual organizations have cornered the market. This shows that mutual organizations have specific characteristics and a clear comparative advantage in health terms. Health does not just mean selling an insurance product, it also means being in contact with people, it means all the organization with care providers, it is prevention, education. But as regards poor people, what is very important in those countries is that because of exclusion a poor person, even when he has a right, has difficulty in exercising it. Even if he has free hospital treatment, for a number of reasons, he has a problem with negotiating ability, dignity, etc. And so the fact that the mutual organizations make those people solvent and organize them strengthens their negotiating ability and access, and gives them more dignity. And so there are many elements which contribute to the fact that mutual organizations have specific characteristics and carry a fairly clear comparative advantage. This is not just an ideological view since it can be seen in very concrete terms. What is very interesting at the present time is that it might have been thought in the past that the mutual system was a very European concept and did not concern the rest of the world.

That was what I was thinking, and it was for that reason that I was surprised that it could be developed elsewhere....

Christian: It might even have been asked whether it was not somewhat misguided to try to bring this concept into an African context. And what is very strange is that with the extension of social protection to those countries, the mutual solution has tended to emerge just about everywhere, which tends to demonstrate that it is after all a universally applicable concept which has its specific character but which has genuine advantages, at least in the area of health.

The mutual system in the West, and in France in particular, has real know-how and so I imagine it could be very instructive for those people in terms of training and experience.

Christian: Yes, in fact yesterday afternoon we organized a small round-table on that very subject. There is a need, at the technical level, to assist mutual organizations in the South to do their feasibility studies, to set themselves up, to set up management systems, to train managers and so on. And then there is also what we were talking about just now, a need for financial support to help the very poor to pay their premiums in some countries that really need it. So I think there is a real opportunity for the international mutual system to help with the setting-up and development of systems in the poor countries because even for European mutual organizations, the fact that the mutual approach is becoming a universal concept, that mutual organizations are developing just about everywhere, is positive. At present we are carrying out a worldwide inventory and we have found mutual organizations in over 100 developing countries,

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covering at present some 80 million people, and this figure is doubling practically every two years. So there is real enthusiasm and I think that this can also help the mutual system in terms of advocacy at the European level. This can help it to regain its vocation, principles, values and roots, and it may even bounce back and show that the mutual system is still relevant in the modern context.

This is a new form of globalization, and it might be... a fair one. Thank you very much.

{Interview transcribed by Olivier Arnaud-Fréaud, ILO/STEP, Geneva, Switzerland}

See the interview transcription on GIMI

INTERVIEW #2 : VALÉRIE SCHMITT-DIABATÉ

SOCIAL PROTECTION EXPERT OF THE STEP PROGRAMME, SOCIAL SECURITY DEPARTMENT, ILO

THE ROLE OF MUTUAL HEALTH ORGANIZATIONS IN THE EXTENSION OF SOCIAL SECURITY

The interview took place at the Second Mutual Meetings, on 20 and 21st November 2007, in Marseilles, France. The film of the interview can be found in Youtube here.

We are at the Second Mutual Meetings and the International Labour Office is attending for the first time, I think to present a particular project.

Valérie : Indeed, we have come in the context of the workshop entitled "Mutual organization members of all countries, Unite!" We want to explain what the ILO is doing, and in particular its STEP Programme. We are working on the extension of social security in developing countries, where, generally speaking, 80 per cent of the population has no health coverage.

So we are talking mainly about the countries of the South?

Valérie : Yes, Africa, Latin America and Asia. The objective of the STEP Programme is to support certain initiatives, notably in the area of the mutual health organizations, from technical and political standpoints. We are working in different countries, either with teams in place or by developing partnerships.

MORE INFO
See the STEP website

Just now I was talking to a lady who works in the Ministry of Health in Burkina Faso who was telling me that they have a substantial public health problem, because at least 80 per cent of the population have no sickness coverage. She thought that the mutual system was the only solution for her country, since the State does not have the means to finance this social coverage.

Valérie : Yes, in those countries it is initiatives by civil society that enable progress to be made in this area. I am thinking of mutual organizations, cooperatives and others (these initiatives may take different forms). The challenge today is to support the development of these systems, and above all to integrate them into a national strategy for the exten-sion of social security so as to ensure that there is a certain coherence between initiatives. At the round-table, the lady you were talking about stressed the importance of the regulation of mutual organizations. This is particularly relevant because it raises all the problems of the commitment of the State to the process of extending social security. After the initiatives by civil society therefore, we are witnessing a real political awareness on the need of extending social security. But for worldwide coverage more is needed, namely, legislation, perhaps management centres of the kind that lady was speaking about, in order to improve the efficiency and effectiveness of the systems. It is also essential to work on the provision of care. This requires the setting-up of partnerships, improving the quality of supply, or simply acting to ensure that a supply is available. In these countries, the supply of public care is deficient; in other words, health centres exist, but the staff is not always available, or there is a shortage of medicines. And so we have to work in the same time on the organization and solvency of the demand –the user demand, and also on the supply.

Finance is another important question because in countries where a lot of people live on less than a dollar a day, it is not possible to finance social security with user contributions alone. So redistribution mechanisms will have to be set up at the country level, through cross-contributions between the richer and poorer sectors of the population, or for countries like Burkina Faso where the rich sector is very small, international solidarity mechanisms will have to be set up. It is there, for example, that the French mutual system can have a role to play. The purpose of the round-table was to explain needs and to understand what is at stake. At the political level, the international community is learning that there is a need to extend health insurance in these countries, and in that community, the mutual system has a role to play in developing international solidarity. This is a crucial problem because health is a public asset, and it is essential that everybody should have access to health insurance.

The French mutual system has great expertise in the management and setting-up of schemes, expertise from which these countries could benefit. That person from Burkina Faso for example, was very eager to have technical support too, and she wanted to know whether in French mutual organizations there are training centres, and whether there are people who would pass on their expertise.

Is there a demand for training?

Valérie : Yes, training, practical technical support for an on-site project, adapted to the context, which is different and covering the important questions while at the same time providing expertise.

INTERVIEW #2 : VALÉRIE SCHMITT-DIABATÉ

SOCIAL PROTECTION EXPERT OF THE STEP PROGRAMME, SOCIAL SECURITY DEPARTMENT, ILO

Within the STEP Programme, will you deal with all these problems? How do you respond?

Valérie : We have various methods of action. In West Africa, in five countries, we are working directly in the field, providing technical and political support. We are supporting mutual health organizations and mutual networks, we are developing arguments to convince the State that the extension of social security is a priority and that it should be included as a genuine element in budget plans. We really act at different levels. In countries where there is less of a need for technical support, we act through established networks and support advocacy. To that end, we are trying to put the various actors in touch with each other, because we think that certain activities in Colombia or India for example, may be useful for other countries, such as Senegal, Cambodia or Laos. So we are trying to document the experiences which seem to us to be interesting, so that the information is shared as widely as possible, and to encourage partnerships or exchanges of ideas.

The job seems enormous. Are you optimistic about the idea that these countries can succeed?

Valérie : Certainly ! In Colombia it has succeeded. What is needed is a subtle mixture of political will, financial resources, the existence or setting-up of civil-society movements, and the progressive development of on-site expertise. There are many examples of where this has worked. Colombia, in 15 years, has covered 80 per cent of the poor population through a linked system, that is regulated and subsidized by the State and mainly managed by mutual organizations (they have 60 per cent of the market). There are also countries like India where cooperatives have developed systems covering millions of people.

And all that is based on solidarity? Everybody pays, regardless of the risk?

Valérie : Yes, absolutely ! Even if different models emerge. We are very optimistic. But there are countries where things are going more quickly, and others where they are going more slowly ... *(chuckles)*

Lastly I should like to add that for all these purposes we are developing internet platforms, which constitute one of our tools.

Ah yes, and this brings us back to the point that information is important...

Valérie : Especially since our platforms are very cooperative. We rely on networks of actors, and we have partners in different countries who can create pages or set up discussion and exchange forums.

Thank you.

{Interview transcribed by Olivier Arnaud-Fréaud, ILO/STEP, Geneva, Switzerland}

See the interview transcription on GIMI

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WHAT IS THE STEP PROGRAMME ?

Strategies and Tools for the Extension of social Protection

STEP, a global Programme of the Social Security Department, is a key tool in the "Global Campaign on Social Security and Coverage for All" launched by the ILO in June 2003.

More information : http://www.ilo.org/step

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