



INTERVIEW : CHRISTIAN JACQUIER

COORDINATOR OF THE STEP PROGRAMME, SOCIAL SECURITY
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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



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intermediate-income country where the poor make up "only" 50 per cent of the population, unlike in Burkina Faso

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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.

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



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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, 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}