Extending social protection in politically unstable contexts: the contribution of micro-scheme when the state cannot

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SYNTHESE

Problem. A significant proportion of healthcare needs are not met in low and middle-income countries, because of the lacking public protection mechanisms and the globally low enrolment rate in voluntary health insurances schemes.

Approach. A microfinance institution developed a partnership with a microinsurance NGO to provide compulsory and subsidized health insurance to its members.

Local setting. Our study takes place among the beneficiaries of a microcredit institution in Ouagadougou, Burkina Faso.

Relevant changes. Through a 2-year randomized controlled trial with a population of 2,000 individuals, we observe more appropriate health behaviours in insured households, as well as decreased financial consequences of illness and improved emotional health.

Lessons learned. In a politically unstable context, providing compulsory health insurance to members of an existing organization is a promising way to protect households from the consequences of illness, and to increase the use of appropriate healthcare care services in the medium and long term.

Introduction

Health Insurance schemes appear to be an effective way to achieve Universal Health Coverage, adopted at the national level by several countries in the past decade (for instance in India (Saxena, Trivedi, Shroff, & Sharma, 2022) or Indonesia (Pratiwi, et al., 2021)). In contexts of conflict, however, the lack of funds and political instability challenges the implementation of health policies, affecting access to health care (Druce, et al., 2019) (Wesley, Tittle, & Seita, 2016). NGOS and/or private companies can then offer concrete solutions to help protect households from the consequences of a disease or an accident.

Burkina Faso is a typical example of a country experiencing political turmoil and struggling to implement drastic reforms to meet the growing health needs of its population (Druetz, Browne, Bicaba, Mitchell, & Bicaba, 2020). A national network of health insurance organizations (mainly community schemes) has existed since 2006, but still less than 10% of the population is covered by any type of health insurance. In 2015, the government launched an ambitious policy towards Universal Health Coverage, relying on the combination of a project of Universal Health Insurance and the removal of user fees for maternal and infant care and family planning services (Bicaba, et al., 2020). However, the implementation of the

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National Health Insurance has been postponed several times (Kiendrébéogo, et al., 2022) (Kagambega, 2020), and is challenged in two ways.

First, since 2020, the security situation has been highly volatile, with large pockets of the country controlled by non-state armed groups. The country is now struggling to establish a stable political agenda (2 coups in 2022). Second, the success of the envisioned model, relying on an ecosystem of insurance institutions supported by a national agency, is questionable, according to the literature. Informal workers (the vast majority of Burkinabe workforce) have so far only access to unaffordable private insurance products, or voluntary community schemes with poor benefit packages. Indeed, insurance schemes need a large population to mitigate risk among subscribers and become financially viable. As the enrolment rate is low (James & Acharya, 2022), they can only propose mediocre benefits, which is one reason why the literature is inconclusive on the impact of health insurance on access to healthcare (Ridde, et al., 2018).

Local Setting

Our study is anchored among the beneficiaries of a microcredit NGO, Yikri, in the capital, Ouagadougou. Yikri aims at supporting poor households in their projects to improve their living conditions, through savings, credit and training activities. It covers 9 941 families by the end of 2022, which represents 37 730 people organized in groups of about 40 members. Based on our 2,000 respondents baseline sample, the microfinance members are mostly women working in the informal sector, with limited access to any formal banking system. Small-scale merchants, whether sedentary or ambulant, represent the huge majority of members (more than 83%). The education level is quite low, with half our study sample never gone to school, and two-thirds of them cannot read or write.

These beneficiaries are financially vulnerable to the occurrence of a disease or an accident, as health expenditures are almost exclusively out-of-pocket payments (Bocoum, Grimm, & Hartwig, 2018). To meet their health needs, and in the absence of public capacity to ensure health coverage, households rely on coping strategies. Many may have to spend money that was not devoted to health (53% of the respondents of our baseline survey who declared difficulties to finance their health expenses used their overall household savings, and 18 % use money from a loan contracted for a productive activity) or contract debts to meet their various health expenses (33% of the aforementioned population). To minimize expenses, and due to non-financial barriers, households do not always seek for appropriate care: self-medication is widespread (used in 28% of cases where people sought care when sick), and people do not always seek all the care prescribed to them (for instance, they cannot afford to pay all the medicines or the medical examinations).

Approach

To enlarge the social protection of its members and offer them financial protection against illness and accidents, Yikri has developed a partnership with a health microinsurance NGO, Tond Laafi. The distinct micro-insurance product offered by Tond Laafi has several specific characteristics, designed from a pilot study and experience with other health insurance schemes. First, it is compulsory for any member of Yikri willing to contract a new loan to enrol

in the micro-insurance for the duration of the loan. Second, the microcredit institution takes part financially in the partnership, paying for a part of each subscription (until the health insurance is financially sustainable). Those first two elements ensure the financial viability of the NGO even with a wide range of benefits and affordable fees. Third, alongside financial protection, this product provides medical and social support to its enrolees, based on the hypothesis that removing financial barrier is not enough to spur appropriate healthcare seeking. Fourth, this product aims at covering both inpatient and outpatient care, for the enrolees and three other people of her/his choice. All features of the micro-insurance are detailed in Table 1.

Operationally, the two institutions are separate but work closely together: the groups are already formed by Yikri and they are used to gather regularly, and the two teams coordinate the meetings with their common members, which is a valuable asset for promoting assiduity at outreach meetings, and dissemination of information regarding Tond Laafi's services, and the content of meetings.

Table 1. Characteristics of the micro-insurance product

Parameter	Description
Eligibility	Members of NGO Yikri: compulsory for a new credit, voluntary if only savings
Premium	1000 FCFA per month for 1 subscriber + 3 other benficiaries
Coverage Period	Time of the credit
Covered services	Consults, drugs, Deliveries, C-section; In-patient services; Medical tests; Diagnostic tests; Hospitalisation;
Not covered services	Specialized consults (ophtalmologist, dentist...)
Deductible/Co-payment	No deductible, 60% copayment
Prior authorization	Not needed
Payment modality	prepayment if empanelled facilities, reimbursement otherwise
Service Provider	Public and private
Management	Tond Laafi, Burkinabé NGO

In order to assess the impact of the micro-insurance service on subscriber's health behaviours and outcomes, a research-action project was set up. The aforementioned project consists of a Randomized Controlled Trial (RCT) that spanned over 2 years between 2020 (baseline survey) and 2022 (endline survey) and followed a treatment group of 1000 (randomly selected) microfinance members, who were allowed to benefit from the health insurance scheme, and a group of 1000 microfinance members who had no access to the health insurance scheme. The research questions were designed to fit the unique context and format of this intervention: a holistic approach to social and health protect protection, designed to fit into national policy when rolled out.

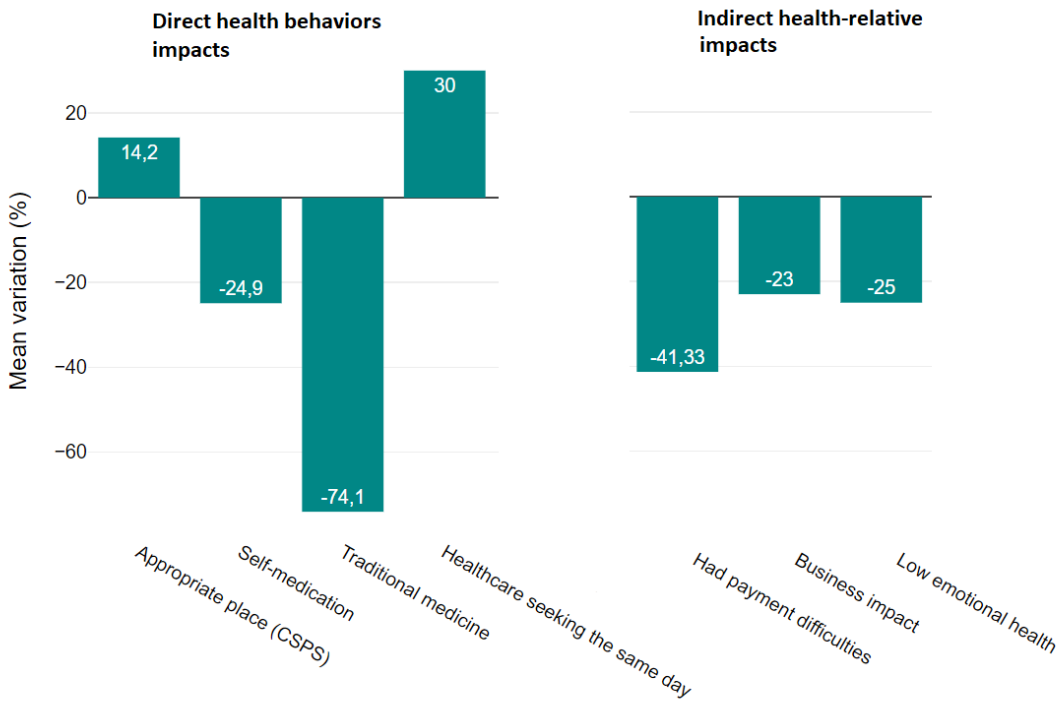
Relevant changes

Between 2019 and 2022, the number of microfinance members with access to the health insurance scheme grew substantially from 0 to 10,000 people. As each subscriber can register

up to 3 people as her/his beneficiaries, approximately 40,000 people were insured by the end of 2022.

The results of the RCT show that the micro-insurance service has improved access to appropriate healthcare services among its subscribers. When symptoms appear, enrolees are 14% more likely to go to an appropriate health facility, the CSPS (*Centre de Santé et de Promotion Sociale*), while they are 74% less likely to go to a traditional healer, and 25% less likely to self-medicate (use of drugs from previous disease or individual purchase of drugs). Enrolees are also more responsive: they are 30% more likely to seek care on the same day of symptoms, not later. In terms of financial impacts, the micro-insurance scheme reduces the out-of-pockets expenditures of the insured and, more specifically, reduces the consequences of disease episodes on households' internal generating activities. The proportion of respondents who declare having difficulties paying their health expenses in the year preceding the survey is 41% lower among enrolees, and the proportion of those whose internal generating activity suffered from health expenses is 23% lower among the enrolees. As an ultimate outcome of the health insurance, beneficiaries of the micro-insurance scheme exhibit better emotional health[7] than non-enrolees. This concurs with the finding that protection against health risk can release households from the stress caused by the possibility of a disease or an accident. Finally, there is a learning-by-doing process in the use of health insurance: the longer a respondent has been insured, the greater the probability he uses the micro-insurance services when sick.

Graph 1 : Impacts of micro-health insurance on healthcare behaviors



[7] The emotional health index encompasses frequencies of loneliness and anxiety feelings, of lack of sleep and energy, difficulties to focus

Lessons learnt

Emerging from the needs of an NGO to provide health protection to its members in a challenging context, the results of this action-research enrich the literature on health insurance. The microinsurance service offered by Tond Laafi demonstrates strong positive results in terms of changing health habits and reducing vulnerability. Those results are valuable in several dimensions.

First, the aforementioned service appears to be a viable contribution to Universal Health Coverage in countries where the informal economy is prevalent, even in an unstable macroeconomic and/political context. The association with a « Big Sister » organization, that provides an audience, an organizational frame, an existing operational system of cash transfers to and from beneficiaries and financial support to the project, combined with a compulsory membership appears to be a promising health insurance model in unstable contexts. The partner organisation can take various forms such as companies, microfinance institutions, local administration, etc.

Second, the increasing health care utilization with subscription duration advocates for compulsory protection, arguing that individuals do not initiate the subscription but benefit from it. Besides, compulsory subscription allows the health insurance system to be financially viable in the long term since risk can be mitigated among members.

Third, these results provided new evidence to the literature on the impact of health insurance. This one usually suffers from low numbers of beneficiaries due to its voluntary form, which makes it difficult to identify its impact. The compulsory design is a perfect feature to assess the impact of health micro-insurance.

Summary of main lessons learnt:

- Coupling a health microinsurance NGO to an existing microfinance NGO, to offer a mandatory health insurance, is a viable solution to addressing the health needs of a large group of people living in a politically unstable context without national health insurance.
- Even when it is compulsory, healthcare utilization increases with the length of the subscription. The longer a person subscribes to a micro insurance product, the more likely he is to use health care services.
- Protection against health risk can help households seek appropriate care and release them from the financial consequences of a disease or an accident.

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