Delivering health microinsurance through savings groups in Benin

A HEALTH MICROINSURANCE PRODUCT

In 2012, Catholic Relief Services—in collaboration with the Benin branch of Nouvelle Société Interafricaine d’Assurance (an international insurance company) and Caritas Natitingou (a faith-based development organization)—developed a health microinsurance (HMI) product to cover primary health care expenses. The HMI product covers 70 percent of health-related and prescription medication costs at participating health care facilities. It includes a term life insurance rider to cover expenses in case of death or permanent disability.

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HOW WE DELIVER IT

The initiative is delivering the HMI product through Savings and Internal Lending Communities (SILC), which are community-managed savings and lending groups. The SILC model offers poor households safe, convenient and frequent opportunities to save within their own communities. It helps members accumulate useful lump sums that become available at a predetermined time, and it allows members easy access to small, flexible loans or emergency grants.

Beyond their financial benefits, SILC groups strengthen the social bonds between members and contribute to holistic development, in line with CRS’ Integral Human Development approach. SILC groups become independent, or “mature,” after one cycle, at which time they no longer need external support.

SILC members regularly contribute to a social fund. Members can use the social fund for unexpected health costs, such as costs for consultations, medications and transportation to health centers. Although the social fund grant is rarely sufficient to cover all costs, it often provides critical help during emergencies.

THE HMI PRODUCT

• 70% coverage for services
• 30% co-pay
• Approximately $200 payout for life insurance
• Biannual premium payment in February and July
• Cost per month is approximately $0.58 per person
RESULTS
An initial study in 2012 showed that the HMI product decreased health care expenditures for SILC members, increased their access to health care, decreased health-related stress, improved treatment adherence and increased SILC group solidarity. The study showed that the HMI product’s paperwork was time-consuming for the health care facilities. In response, CRS used local expertise to introduce a low-cost digital system to register users, record medical visits and invoice the insurance company.

In 2015, after three years of HMI application, CRS conducted an evaluation, which revealed that the digital solution had contributed to improvements. The improvements included (1) increased availability of data in real time, (2) reduced registration costs, as enrollees no longer needed to purchase photos in advance, and (3) an improved reimbursement process for health centers. The evaluation highlighted several opportunities for improvement:

1. **Improve marketing and messaging strategies:** Ensure that clients are well informed about their rights, their responsibilities and how the HMI product works.

2. **Review product design:** Conduct a study to review the product design and pricing. Consider the feasibility of offering varied terms and services to better meet clients’ needs.

3. **Strengthen partnership:** Ensure closer collaboration among project partners to resolve organizational bottlenecks. Closely coordinate with Benin’s government to integrate the HMI product as part of the country’s universal health care options.

4. **Refine the digital solution:** Simplify the system to ensure full integration and compatibility with IT systems that are already used in health centers.