

# Access to Social Protection and Health Care for All

## STEP in Africa



International  
Labour  
Office



« Strategies and Tools  
against social Exclusion and Poverty »



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**Access  
to Social Protection  
and Health Care for All**

**STEP in Africa**

**STEP Belgium**



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## Preface

Access to social security and health care is a fundamental human right. Accordingly, governments have an obligation to implement all necessary measures (legislative, administrative, budgetary, etc.) for the realisation of that right. Such measures may include fostering the establishment of equitable social protection systems in the area of health and offering basic coverage for all without exclusion or discrimination.

However, on the global scale, it is clear that the rights to social security and health are rarely enforced. In the area of health, exclusion from social protection is widespread, affecting over 80% of the population in most sub-Saharan African countries.

The issue of access to social protection for excluded persons in developing countries is increasingly present in international debates and national policies. It is a growing concern for populations, governments, workers' organizations, employers' organizations, civil society actors, international agencies and bilateral cooperation.

The extension of social security to excluded persons has also become a priority of the International Labour Organization (ILO), as confirmed by the 89th Session of the International Labour Conference (ILC) in 2001. At the ILC, representatives of governments and employers' and workers' organizations reached a consensus that "Of highest priority are policies and initiatives which can bring social security to those who are not covered by exiting systems"<sup>1</sup>. In 2003, as a follow-up to the recommendations of the Conference, the Director General of the International Labour Office (ILO) launched a Global Campaign on Social Security and Coverage for All.

Various paths may be taken to extend health coverage and social protection in the area of health. It is up to each country to define its own extension strategy and the most appropriate mechanisms in light of its economic and institutional development within its historical and cultural context.

A new and seemingly promising approach has been emerging in recent years. It consists of designing coherent and linked national health insurance systems based on several mechanisms (insurance, universal systems, targeted social assistance), which rely on a variety of actors (community-based systems, social security institutions, public programmes) and a variety of sources of financing (direct or indirect contributions from insured persons or their employers, taxes, social transfers, etc.).

Several countries have started down that path. Senegal, for example, formulated a national strategy on social protection (Stratégie nationale de protection sociale, or SNPS) in late 2005 and has designed nationwide systems for heavy-transport drivers and people living from agriculture, animal husbandry and fishing. This trend may

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<sup>1</sup> "Social security: A new consensus". Conclusions concerning social security, §5, Geneva, International Labour Office, 2001.



also be observed in other African countries, such as Benin, Ghana, Burkina Faso, the Democratic Republic of the Congo, etc. The advantage of this approach is that, over a relatively short term, it can lead to effective development of health insurance coverage in the informal economy and in the rural sector.

The international STEP programme of the ILO Social Security Department is the operational instrument of the Global Campaign on Social Security and Coverage for All.<sup>2</sup>

The STEP programme has been supporting the extension of social security for nearly a decade, notably through advocacy aimed at public authorities, social partners and civil society. This work fosters the emergence of a strong national consensus on the issue of extension in countries where the programme operates. It also promotes the recognition of micro-insurance as a key instrument for extension.

The STEP programme provides technical assistance for public authorities and social partners in the formulation of national extension strategies and the design of coherent social protection systems. It also provides support for various stakeholders in extension (social partners, socio-professional groups, associations, microfinance networks, etc.) in relation to the establishment and daily management of community-based social protection systems.

This brochure provides an overview of the activities of the STEP programme in Africa, which are implemented in close collaboration with the STEP teams in Geneva and other parts of the world, and with the members of the Department of Social Security of the ILO.

**Assane Diop**  
Executive Director, ILO Social Protection Sector

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<sup>2</sup> *The Global Campaign on Social Security and Coverage for All* was launched by the ILO in 2003, in follow-up to the recommendations of the 2001 International Labour Conference.



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## Strategies and Tools against social Exclusion and Poverty

The international STEP programme of the ILO Department of Social Security is the operational instrument of the Global Campaign on Social Security and Coverage for All.

**STEP in Africa** develops innovative strategies aimed at extending social coverage to those excluded from present systems of social protection.

**STEP in Africa** contributes to the formulation of coherent national strategies and participates in the definition of national action plans. The programme develops advocacy activities aimed at governments and various stakeholders in order to build an enabling environment for the implementation of innovative systems designed to cover a large share of the population.

**STEP in Africa** supports the design, implementation, management and monitoring of social protection systems in the area of health, at national and local levels. The programme also aims to develop links between such systems and other existing social protection mechanism.

**STEP in Africa** works in partnership with a variety of stakeholders: civil society (mutual health organizations, microfinance networks, etc.), social partners (workers' and employers' organizations), governments (Ministers of Labour, Health, Finance, Agriculture, etc.), bi- and multilateral cooperation and French and Belgian mutual societies. The programme is also organised around a set of partner networks at the regional and international levels to promote advocacy and knowledge sharing aimed at extending social protection.

**STEP in Africa** works in close collaboration with the Subregional Offices of the ILO. Its activities in West and Central Africa are conducted principally in Benin, Burkina Faso, the Democratic Republic of the Congo, Senegal and Rwanda.

**STEP in Africa** is financed primarily by Belgium. It also receives funding from France, Italy and Sweden. In the past, it has received support from the United Nations Development Programme and the United Nations Foundation.

Access to social security and health care is a fundamental human right.

Exclusion from social protection is affecting over 80% of the population in most sub-Saharan African countries.

**Health social protection** is protection that a society provides for its members to compensate for lost or seriously reduced earnings due to illness and to guarantee access to medical care in the event of illness or childbirth, through a combination of public and private mechanisms having similar purposes.

Public mechanisms include social insurance (i.e. contributory schemes), social assistance (i.e. tax-financed benefits provided only to those with low incomes), and universal benefits (i.e. tax-financed benefits, provided without being income- or means- tested). Private mechanisms include mutual organizations, professional plans and health micro-insurance schemes.

World Labour Report.  
Income security and social protection in a changing world  
(ILO, 2000).



**Health micro-insurance** (HMI) is an insurance scheme, often initiated by civil society, whose purpose is to provide health insurance coverage to those who are excluded from formal social protection systems.

The term “micro” does not refer so much to the size of such schemes as their community-based or socio-professional foundation and the low levels of beneficiary incomes and premiums.

The term “insurance” refers to the financial mechanism used. Its aim is to pool the risks and resources of groups of individuals, in order to guarantee protection against the financial consequences of health risks for all members.

Taken in its broadest sense, the term “health micro-insurance” covers a variety of health insurance systems set in place to facilitate financial access to care for vulnerable populations. Mutual health organizations are the most widespread form of micro-insurance in Africa.



## Supporting national strategies for the extension of social protection

In Africa, the development of health micro-insurance schemes stems from a real demand by socio-professional or community organizations. These schemes make it possible to effectively improve access to health care for vulnerable populations.

Health micro-insurance schemes have developed considerably and are attracting the attention of governments and social partners, who have come to view them as an alternative to the insufficiencies of compulsory plans.

However, their development does not suffice in guaranteeing that health micro-insurance schemes alone will contribute to a large-scale extension of social protection.

A new path is emerging in a growing number of countries, where national strategies for the extension of social protection are including health micro-insurance schemes as tools for extending social protection to excluded groups, delivered within a national social protection system that is coherent, equitable, and aimed at universal coverage.

STEP in Africa supports this new approach by focusing its activities on:

- Advocacy for the extension of social protection;
- Support for the strategies of our social partners;
- Support for the development of coherent national strategies;
- Support for the definition and implementation of national action plans for the extension of social protection.

Health micro-insurance schemes as a tool within a national social protection system that is coherent, equitable, and aimed at universal coverage.

The idea of micro-insurance  
as a mechanism  
for the extension  
of social protection...

... and not merely as a  
financial risk management  
instrument.

## Boosting political will to extend social protection

STEP plays a significant role in debates and advocacy relating to the extension of social protection, both in Africa and on the global level.

The programme advocates the idea of micro-insurance as a mechanism for the extension of social protection, and not merely as a financial risk management instrument. STEP advocates the development of national strategies for the extension of social protection that include health micro-insurance schemes, linking them within context of the country's social protection system.



Advocacy aimed at governments, cooperation agencies, social partners and civil society organizations is carried out in each country of intervention through active participation in workshops on such topics as access to health care, extension of social protection, mutual health organizations and health micro-insurance schemes.

On the global level, STEP participates in conferences on the extension of social protection through health micro-insurance and publishes reference articles. The networks that STEP develops and supports heighten the impact of these advocacy activities.

In the **Democratic Republic of the Congo**, mutual health organizations are viewed by the authorities as a valid tool for improving access to quality health care.

In order to give new impetus to the actions and deliberation surrounding the development of mutual health organizations, STEP in DRC has taken the initiative of relaunching the working group on mutual health organizations (Groupe de travail sur les mutuelles de santé, GTMS) in collaboration with the national programme for their promotion (Programme national de promotion des mutuelles de santé, PNPMS) led by the Ministry of Health.

GTMS organises monthly meetings of the principal mutual organizations and partners concerned by the issue. Its objectives are to become a point of reference as a coordination centre and to take on a lobbying role with national decision-making bodies and development partners in order to promote investments in mutual health organizations.



## Supporting social partner strategies

Workers' organizations, notably during the African labour union unification movement in 2006, demonstrated their willingness to become involved in the extension of social protection for both the formal and informal sectors. Employers' organizations share the same objective in the framework of the International Labour Organization consensus on the promotion of decent and productive work. STEP in Africa works with these social partners through awareness-raising and information sharing activities and by providing support for the establishment of social protection systems.



In **Senegal**, the national union of transport sector workers (Syndicat national des travailleurs des transports routiers du Sénégal, SNTTRS) included the issue of social protection in their 2004 demand platform.

In response to a request by the Ministry of Labour, the Senegalese national committee on social dialogue (Comité national du dialogue social au Sénégal, CNDS), convened a meeting of the ministries in charge of social protection, transportation and health, along with employers' organizations and labour unions, to conduct a feasibility study for a health insurance system, with support from STEP and the ILO Regional Programme for the Promotion of Social Dialogue in French-speaking Africa (PRODIAF).

This experience was part of a proactive movement to extend social protection through social dialogue. The drafted plan calls for a system administered by social partners, financed by both employers and the workers and adapted to the diversity of the transportation sector.

In the **Democratic Republic of the Congo**, the Union nationale des travailleurs du Congo (UNTC), one of the largest workers' unions in the country, has been collaborating with the STEP programme since 2005 with the aim of updating the national social protection structure. Activities focus on health care coverage for workers in the formal and informal economies.

In partnership with STEP, the union conducted a feasibility study in the province of Kinshasa with the aim of creating a new national mutual health organization, while simultaneously reviving the initial health care infrastructure. The activities of the mutual organization, which targets low-income populations, will be subsequently extended to the other provinces of the country.



## Contributing to the formulation of national strategies for the extension of social protection

STEP in Africa supports the formulation of coherent national strategies for the extension of social protection. Support targets government representatives (Ministries of Finance, Labour, Health, Social Affairs, etc.) but is also provided to workers' or employers' federations wishing to take a coherent approach to health risk coverage.

Programme support can also be in the form of a diagnostic review of a country's social protection system, involving the formulation of recommendations for extending health coverage to those who are currently uncovered.

The reviews may be complemented by an analysis of the government's social budgets, proposing a model of needs and required resources necessary for the implementation of a national strategy supporting the extension of social protection.

STEP relies on the tools and methods developed by the ILO Social Security Department to help it complete these reviews, analyses and models, such as the Social Protection Expenditure Review and Social Budgeting.



A diagnostic review  
of a country's social  
protection system and...

... the formulation  
of recommendations  
for extending health coverage  
to those who are currently  
uncovered.





## Supporting the implementation of national action plans

STEP in Africa supports the definition of national action plans on social protection and facilitates their implementation by mobilising funds from the World Bank, bilateral cooperation, and innovative North-South solidarity mechanisms.

The programme provides technical support for the concrete implementation of these action plans. It supports the design and implementation of national social protection systems that are pluralistic yet coherent, while ensuring that the different mechanisms or systems are coordinated so as to create synergies. Other activities, such as creating an enabling environment for the development of such systems, as well as designing, implementing and managing social protection systems in health care, are also included in the framework of these action plans.



In **Africa**, the recommendations issued by the ILO in its Decent Work Agenda have achieved widespread ownership since 2001. Labour unions and civil society organizations, as well as African Union Heads of State (Ouagadougou 2005), have drawn inspiration from the Agenda to launch various activities.

Within this framework, and in parallel to the process of deliberation started in Senegal to revise its first Poverty Reduction Strategy Paper (PRSP I). During this time, Senegalese authorities became aware of a crucial fact: a lack of social protection is a major factor in the slide of households into poverty. In light of this realisation, the government of Senegal, with technical support from the STEP programme in Senegal, prepared a national strategy on social protection and risk management (Stratégie nationale de protection sociale et de gestion des risques, SNPS/GR).

Among the aims of the strategy, which was validated by the government in July 2006, is the reform and enhancement of formal social security systems and the extension of social protection to informal sector workers and rural populations. Subsequently, the SNPS became one of the main components of PRSP II in Senegal, and the Subregional Office of the ILO in Senegal further reinforced the strategy by making "the extension of social protection through social dialogue" a priority in its Decent Work Country Programme (DWCP).





## Promoting an enabling environment for the development of health micro-insurance



For the sustainable development of health micro-insurance, it is essential to promote an enabling environment that provides frameworks for the creation, organization and management of micro-insurance schemes, supporting them in their relations with their partners.

STEP in Africa conducts activities that aim to:

- Develop a legal framework for the countries of the West African Economic and Monetary Union (WAEMU);
- Define an enabling environment for contractualisation between health micro-insurance schemes and care providers.

A participatory process was set up in each of the eight WAEMU countries in order to draft a common text on mutual health organizations.



[www.itcilo.org/step/mutuelles](http://www.itcilo.org/step/mutuelles)

### Building a subregional legal framework for mutual health organizations

Since 2004, STEP has been supporting the eight Member States of the West African Economic and Monetary Union (WAEMU) in the development of a subregional legal framework on mutual health organizations. Although mutual health organizations have experienced strong development in recent years, in most countries, this has taken place in the absence of an appropriate legal environment.

In order to draft a common text on mutual health organizations, a participatory process was set up in each of the eight WAEMU countries. National workshops were organised to define the principal guiding lines that the stakeholders wished to include in the legislative text.

A subregional meeting was held to merge these positions and reach a consensus on a proposed regulatory framework, thereby harmonising the work done in the different countries. In parallel to this process, a group of experts also deliberated on appropriate prudential rules for mutual health organizations.

These efforts culminated in the production of a Draft community regulation on mutual social organizations and a Draft implementation regulations, which were submitted to the WAEMU Commission and Council in early 2007 for review prior to adoption.



## Facilitating relations with health care providers

Health micro-insurance schemes guarantee to beneficiaries access to a predefined number of health services. They must ensure that the guaranteed care is effectively provided to the persons covered in accordance with certain rules and procedures, such as the verification of the identity of beneficiaries, adherence to care protocols, etc. To achieve this goal, health micro-insurance schemes establish agreements with health care providers. These agreements are binding contracts between the schemes and the providers. Establishing and adhering to such agreements are a major factor in the technical and financial viability of health micro-insurance schemes.

Large-scale social protection systems cannot establish contractual relationships with health care providers on an individual basis. That is why STEP in Africa encourages the development of contractual approaches at the national level. This process, known as establishing contractual arrangements, is carried out in collaboration with the Ministry of Health with the aim of harmonising and simplifying the work of the health care providers.

In **Burkina Faso** and **Senegal**, STEP has initiated a process for the development of a contractual arrangement between mutual health organizations and public health care providers. The process begins with an inventory of experiences in establishing contractual arrangements. Working groups then draft proposals that are discussed by all of the stakeholders involved. The goal of the approach is to harmonise contractual practices relating to procedures for care, monitoring, guaranteeing reciprocal commitments, etc.

This process of developing contractual arrangements is consistent with the will of the governments to create the conditions for the sustainable extension of social protection in the area of health.





## Developing new approaches to the extension of social protection

The strategies presently developed by governments, social partners and socio-professional organizations aim to establish systems that guarantee social coverage for a growing population. However, the organization of wide-scale social protection systems raises some new issues, such as technical management, governance, financing, etc.

STEP in Africa supports these strategies by:

- Capitalising on and mobilising health micro-insurance know-how,
- Strengthening partnerships with microfinance institutions, and
- Seeking new financing mechanisms for social protection systems.

### **Mobilising health micro-insurance know-how**

For more than a decade, health micro-insurance schemes that have been developed in Africa, as well as in Asia and Latin America have had to invent insurance practices adapted to people in the informal economy, particularly in terms of product design, technical management and communication.

In supporting these various activities, STEP in Africa capitalises on this know-how by applying it to the development of insurance schemes on a broader scale for informal economy and rural sector workers belonging to socio-professional organizations.

However, this scaling up entails the adapting the tools and methods used, including developing appropriate software and professional management capacities, as well as designing new organizational structures.

Develop insurance schemes on a broader scale for informal economy and rural sector workers



Health expenditures can destroy the efforts of households to achieve their economic goals by the end of the credit repayment cycle...

...for this reason linkage between microfinance and microinsurance is now being developed by large microfinance networks.

In **Senegal**, the agro-sylvo-pastoral planning law enacted by the government in 2004 provides for the organization of a social protection scheme for agricultural workers, which will eventually target nearly five million people. A feasibility study coordinated by the national rural cooperation council (Conseil national de concertation et de coopération des ruraux, CNCR), with technical support from STEP in Senegal, culminated in the setting up of pilot experiences in two agricultural zones in 2007.

The scheme is based on compulsory coverage and indirect collection of contributions through various agricultural channels. The mode of governance is defined jointly with organizations representing different agricultural professions. It aims to promote a democratic dynamic and to ensure that all agricultural regions and activities are represented.

The design of the scheme is based in part on the experience of mutual health organizations developed by the national union of agricultural cooperatives (Union nationale des coopératives agricoles, UNCAS), the national federation of economic interest groups in the fisheries (Fédération nationale des groupements d'intérêt économique de la pêche, FENAGIE Pêche) and other rural organizations.

## Extending social protection together with microfinance

Health expenditures are the number one reason for misuse and non-repayment of micro-credits: they can destroy the efforts of households to achieve their economic goals by the end of the credit repayment cycle. This observation has led microfinance institutions (MFIs) to develop health insurance products in which to complement their services. MFIs have a number of assets in this area: skills in financial product management, a capital on member confidence, a distribution network through their savings and loan institutions, etc.

However, banking and insurance are two different fields. To combine them, they must be kept separate in practice. This can be achieved either by creating an independent health micro-insurance scheme supported by an MFI, or through a partnership between the latter and a pre-existing insurance scheme.

What began as a small-scale experiment, this linkage between microfinance and microinsurance is now being developed by large microfinance networks that serve tens of thousands of people.

### Designing and implementing new financing mechanisms

Most health micro-insurance schemes in Africa encounter difficulties in terms of financing and premium recovery. Direct payment is problematic for subscribers and managing monthly recovery is both costly and time-consuming for the schemes. Furthermore, the payment of premiums is often beyond the financial capacities of a great number of families in the informal economy, particularly in rural areas.

Strengthening professional management capacities of health micro-insurance schemes is essential, but it contributes to higher management costs and higher premiums. It is therefore all the more vital to seek additional sources of financing.

The new modes of collection and financing are based on mechanisms of deduction "at the source" (i.e. from the amount collected from the sale of a harvest) and on sharing costs between several stakeholders (employers, workers, cooperatives, etc.). Solidarity mechanisms are also possible within a system (graduated premiums based on income) or between systems in order to promote national solidarity, particularly between the formal sector and the informal economy.

STEP supports the process of innovating to find other sources of financing for schemes, such as allocating a share of government social budgets, allocating a share of development aid from cooperation agencies, levying new taxes (i.e. a tax on imports of agricultural produce to partially finance a health insurance scheme for farmers), etc.

In **Senegal**, the union of mutual savings and loan organizations (Union des mutuelles du partenariat pour la mobilisation de l'épargne et du crédit au Sénégal, UM-PAMECAS) is the second largest microfinance network in the country with nearly 250 000 members.

In order to secure its credit portfolio and meet a growing demand among its members, the network has created a mutual health organization with technical support from STEP. This health insurance product is presently distributed through 51 mutual savings banks across the country.

The combination of micro-insurance and microfinance has made it possible to introduce two innovative mechanisms for recovering contributions. Firstly, payment of the total amount of contributions is distributed between direct payment of premiums by members and support from the network's social fund (fed by a percentage of the interest on credits). And second, members' premiums are directly debited from their savings accounts.

After a year in operation, the UM-PAMECAS mutual health organization has over 5000 beneficiaries.





The principle of the Global Social Trust, an experiment conducted by the ILO Social Security Department in Ghana with financial support from Luxemburg, also constitutes an approach to resolving difficulties related to financing and premium recovery. Insurance members in rich countries contribute to a global solidarity fund supporting the social protection systems in developing countries.







## Strengthening health micro-insurance capacities and skills

The success of a health micro-insurance scheme, regardless of its size, largely depends on the performance and efficiency of its products, the capacities of its administrators and the communication with target groups.

STEP in Africa offers a capacity building strategy for health micro-insurance schemes based on:

- Drafting development and financing plans;
- Designing computerised management and monitoring tools;
- Developing common management and representation services;
- Training the various stakeholders involved.

### Development and financing plans

When health micro-insurance schemes begin doing business, they are faced with a paradox: achieving their objectives requires implementing the necessary means, yet they often have limited resources. In addition, they must learn how to manage their insurance product before they can distribute it to the target populations.



STEP in Africa supports the drafting and implementation of development plans that include:

- Annual growth targets;
- Financial projections and the development of a financing plan that may include a tapering subsidy for operations costs;
- Use of performance indicators to monitor the scheme's activities;

In **Benin**, the Mutuelle de sécurité sociale (social security mutual, or MSS) is a network of independent health mutuals administered by informal economy organizations. In 2006, with support from STEP, the MSS began a five-year restructuring and development plan including an overhaul of its management and service provision, as well as a merger into a single nationwide mutual organization.

In exchange for a regressive subsidy from the Ministry of the Civil Service and Labour until a predefined number of beneficiaries has been reached, the MSS commits to meeting specific growth objectives and to autonomously managing its services. Regular monitoring is conducted based on data generated by the computerised management system of the mutual health organization.

- Communications campaigns aimed at target groups (social marketing);
- Training activities for managers and elected officials.

Such planning also enables health micro-insurance schemes to apply for financial and technical aid adapted to their needs.

## Computerised management and monitoring tools

The research conducted by STEP on the technical management and monitoring of health micro-insurance schemes has led to the development of two software products, MAS Pilote and MAS Gestion, which allow users to record and process data rapidly and reliably. Spreadsheets for calculating premiums and support in developing financial plans are offered in complement to the software.

This set of effective tools helps health micro-insurance schemes to make and refine forecasts, record and manage information, and monitor and evaluate their risk portfolio.

The software may be downloaded free of charge on [www.ilo.org/gimi/ShowLogiGestion.do](http://www.ilo.org/gimi/ShowLogiGestion.do)

### MAS Pilote: health micro-insurance monitoring software

MAS Pilote is monitoring software for health micro-insurance. It includes eleven indicators to enable supporting organizations to monitor and analyse trends in health micro-insurance scheme subscriptions, premiums and services.

MAS Pilote was created primarily for supporting organizations. It provides them with a set of performance indicators enabling them to monitor the systems they support quickly and reliably, and to adapt their advisory and support roles to better ensure health micro-insurance scheme continuity and growth.

This monitoring tool was conceived of as a foundation for data restitution and analysis between administrators, scheme members, accredited health care providers and other partners involved in health micro-insurance. Tests carried out during its development and regular updates of its functions have proven the software's real capacity to adapt to the needs of its users.





### MAS Gestion: health micro-insurance management software

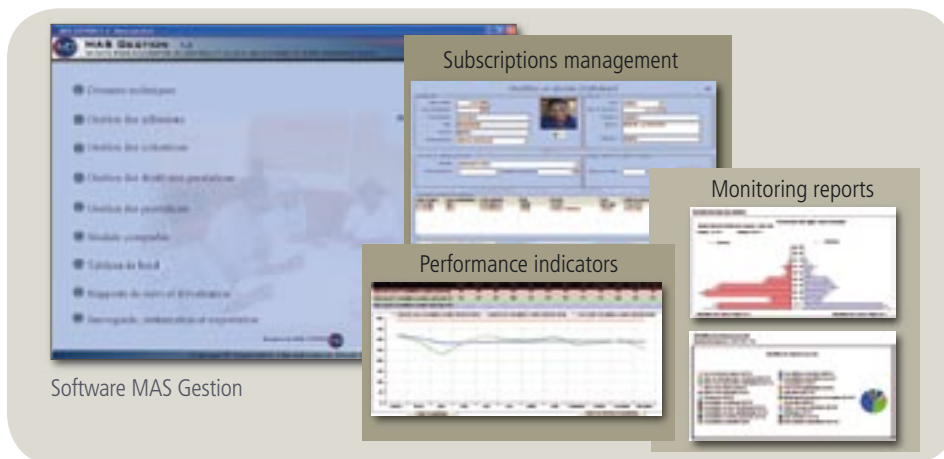
MAS Gestion was designed for the managers and administrators of health micro-insurance schemes. It enables them to quickly and easily record, monitor and check subscriptions, premiums and services. It also provides them with an effective steering and monitoring tool for their insurance scheme.

MAS Gestion can be used in conjunction with MAS Pilote software to exchange information with supporting organizations.

In the **Democratic Republic of the Congo**, thanks to the MAS Gestion software, the mutual health organization of teachers in the Catholic school system (Mutuelle de santé des enseignants des écoles catholiques, MUSECKIN) was able to record all the data on its members and their dependents and calculate the precise frequency of use and cost of coverage of the health services.

The data is used as a basis for negotiations between the mutual organization and health care providers in order to reduce the cost of care.

This will enable the mutual health organization to reduce its premiums thereby making it more affordable for teachers and their families.



### Development of shared management and representation services

In addition to the development of management tools, the organization of management and representative functions within health micro-insurance schemes is a key component of STEP in Africa's support strategy. The programme is particularly interested in the sharing of certain functions between health micro-insurance schemes. This division of roles may be implemented in two areas, representation and technical management.

First, organising mutual health organizations into networks or unions helps them achieve greater visibility and gives them more weight in negotiations with care providers, government authorities and cooperation organizations. Unions may also offer services to member organizations such as monitoring, training and management support.

In **Burkina Faso**, the Health District of Boussé, in collaboration with STEP and the Oubritenga Kadiogo Kourwéogo multisectorial project (PPOKK, financed by Belgian cooperation), has completed a study on, designed, set up, and monitored eight mutual health organizations in the Boussé area of the central plateau, which is particularly stricken with poverty.

A consolidation plan for the mutuals is under consideration, which would establish a coordination and technical support structure. By pooling their human and financial resources, the mutual health organizations should be more efficient and more professional for the day-to-day management and monitoring of their activities.

Function sharing between health micro-insurance schemes may be implemented in two areas, representation and technical management.

Second, health micro-insurance schemes are all faced with the same needs in terms of the technical resources required to deliver their services. STEP in Africa, as well as certain health mutuals, particularly large-scale organizations, are studying the possibility of setting up shared technical management centres in order to pool investments and act as management delegates. In addition to the savings achieved by pooling resources, this approach should enable health micro-insurance schemes to better concentrate on facilitation, communications, prevention and other activities for their members.



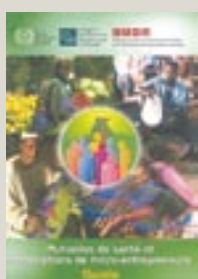
These two approaches represent a potential response to financing problems (economies of scale) and the low level of personnel skills.

## Methodological and technical assistance for stakeholders

The STEP programme capitalises on the knowledge acquired through innovative approaches and disseminates it through training, support and advisory activities, as well as through national and international seminars.

STEP has developed a series of methodological and technical guides, training manuals and presentations on specific themes relating to health micro-insurance such as its role, organization, and operation; methods for calculating premiums and conducting feasibility studies; administrative and accounting management; monitoring and evaluation, etc.

These technical and methodological tools are produced through a participatory process in which practitioners, researchers, experts, officials and teachers are brought together to form an international team. The tools are intended for various stakeholders: health micro-insurance administrators, health care providers, national authorities, supporting organizations, etc.





## Promoting knowledge management and sharing

Knowledge management and sharing between stakeholders in health micro-insurance is a key factor in the process of large-scale extension of social coverage. That is why knowledge capitalization and dissemination is an important dimension of the STEP programme's action strategy.

### Research and experience capitalisation

The STEP strategy consists of identifying the knowledge needs of the stakeholders and – in order to respond appropriately to those needs – documenting past and present experiences, and adapting and disseminating them.

This strategy can be implemented by:

- Developing a systematic method for the set up or management of health micro-insurance schemes (methodological guides), describing the process of extension of social protection in specific countries (case studies) or of establishing an enabling legislative framework for mutual health organizations, etc.;
- Creating databases on the use of health care services that can be used in setting up and monitoring health micro-insurance schemes;
- Conducting inventories to identify and describe existing schemes in order to determine the impact of these schemes within the social protection landscape and to have an accurate sense of their diversity;
- Analysing the management needs of various micro-insurance schemes and, on that basis, conducting a comparative study of software that can meet those needs.

Methods, tools, data and ideas to support the concrete implementation of projects.

Knowledge dissemination provides stakeholders in mutual organizations and the extension of social protection with methods, tools, data and ideas to support the concrete implementation of their projects.





Analysing past and present experiences in health micro-insurance and the systematic collection of lessons learned are integral tools in order to be able to participate in the design and implementation of nationwide social protection systems.

## Knowledge management and sharing platforms

STEP in Africa actively participates in the creation and development of knowledge management and sharing platforms in the field of micro-insurance and the extension of social protection. The objective of these platforms is to facilitate the identification of knowledge needs and the production and dissemination of appropriate responses, particularly by creating relationships between stakeholders and fostering exchange and online collaboration.

**The Coordination Network** (*La Concertation*, in French) is based on a shared vision for the development of mutual health organizations. Members include national stakeholders within Africa and international organizations. It promotes the direct exchange of experiences, skills and knowledge. As a centralised platform for Africa, the network operates by producing tools for all those interested in the development of mutual health organizations.

The tools are structured around a set of instruments for knowledge acquisition, sharing and communication that include a website, newsletter, health mutual development inventory and an international forum. The network also supports the emergence of organizations representing health mutuals as well as advocacy activities to contribute to the improvement of health and social protection policies.

**Global Extension of Social Security** - GESS is an Internet tool that contributes to the extension of social protection in an appropriate, flexible and inexpensive way by providing capacity building for the stakeholders involved. GESS offers a complete set of resources (including a knowledge map), tools and services (technical assistance, training) for the design and implementation of extension strategies tailored to national contexts. These tools are developed by the ILO and its partners, and supported by the experience of the Social Security Department in technical cooperation and the extension of social protection. By stimulating active collaboration between platform users, GESS generates new synergies and innovation, particularly in relation to projects for the extension of social protection.

**Global Information on Micro-Insurance** – GIMI is an Internet platform that enables a large number of stakeholders to increase their skills and abilities in the field of micro-insurance and, more broadly, in the extension of social protection. GIMI provides access to a resource library and tools (guides, notes, project spaces) to facilitate the design, management and monitoring of micro-insurance schemes and creates opportunities for exchanges and collaboration between professionals. In return, GIMI draws inspiration from experiences in the field to produce new knowledge resources.

Visit three websites:  
[www.concertation.org](http://www.concertation.org)  
[www.socialsecurityextension.org](http://www.socialsecurityextension.org)  
[www.microinsurance.org](http://www.microinsurance.org)



[www.concertation.org](http://www.concertation.org)



[www.socialsecurityextension.org](http://www.socialsecurityextension.org)



[www.microinsurance.org](http://www.microinsurance.org)



The objective of these platforms is to facilitate the identification of knowledge needs and the production and dissemination of appropriate responses by creating relationships between stakeholders and fostering exchange and online collaboration.





## For further information

- The ILO/STEP programme: [www.ilo.org/step](http://www.ilo.org/step)
- The ILO Social Security Department: [www.ilo.org/secsoc](http://www.ilo.org/secsoc)
- The ILO Regional Office for Africa:  
<http://www.ilo.org/public/english/region/afpro/abidjan/index.htm>
  - The ILO Subregional Office for the Sahel Region:  
[www.ilo.org/public/french/region/afpro/dakar/](http://www.ilo.org/public/french/region/afpro/dakar/)
  - The ILO Subregional Office for Central Africa:  
<http://www.ilo.org/public/french/region/afpro/yaounde/>
  - The ILO Office in Kinshasa:  
<http://www.ilo.org/public/french/region/afpro/kinshasa/>
- MAS Gestion and MAS Pilote Monitoring Software:  
[www.ilo.org/gimi/ShowLogiGestion.do](http://www.ilo.org/gimi/ShowLogiGestion.do)
- GIMI - Global Information on Micro-Insurance: [www.microinsurance.org](http://www.microinsurance.org)
- GESS - Global Extension of Social Security:  
[www.socialsecurityextension.org](http://www.socialsecurityextension.org)
- Guides:
  - Health Micro-Insurance Schemes: Feasibility Study Guide:  
[www.ilo.org/gimi/ShowFaisabilite.do](http://www.ilo.org/gimi/ShowFaisabilite.do)
  - Guide de gestion des mutuelles de santé en Afrique (in French only):  
[www.ilo.org/gimi/ShowGestion.do](http://www.ilo.org/gimi/ShowGestion.do)
  - Guide de suivi et d'évaluation des systèmes de micro-assurance santé (in French only): [www.ilo.org/gimi/ShowEvaluation.do](http://www.ilo.org/gimi/ShowEvaluation.do)
  - Other guides and documents are also available in the GIMI library:  
<http://www.ilo.org/gimi/ShowBibliotheque.do>
- The Coordination Network: [www.concertation.org](http://www.concertation.org)
- Project for the development of a subregional legal framework for mutual organizations: [www.itcilo.org/step/mutuelles](http://www.itcilo.org/step/mutuelles)

## STEP in Africa supports

In **Benin**: AssEF (Association d'Entraide des Femmes) health micro-insurance, Mutuelle de santé d'Abomey in the Djidja-Abomey-Agbangnizoun (DAA) Health Zone, Mutuelle de santé de Kétou in the Pobè-AdjaOuèrè-Kétou (PAK) Health Zone, Social security mutual organizations in Cotonou, Porto-Novo and Parakou... In **Burkina Faso**: Mutuelle de Komki Ipala, Mutuelle du secteur 29 de Ouagadougou, Mutuelle de Zabré, Mutuelle de Koudougou, Mutuelle de Boussé, Mutuelle de Laye, Mutuelle de Niou, Mutuelle de Toéghin, Mutuelle des étudiants, Mutuelle de Sourgoubila, Mutuelle de Zitenga, Mutuelle de Saaba, Mutuelle de Koubri, Mutuelle de Komsilga, Mutuelle de Pabré, Mutuelle de Munyu, Mutuelle des agents des Impôts et des Domaines, Mutuelle du ministère de l'Economie et du Développement... In the **Democratic Republic of the Congo**: Mutuelle de santé des enseignants des écoles catholiques de Kinshasa (MUSECKIN), Mutuelle de santé de Kisantu (MUSAKIS), Mutuelle de santé de l'UNTC (MUSU), Mutuelle de santé de l'union des mutualités chrétiennes au Congo (MUSAMUC), Mutuelle de santé de Kisenso (MUSAKI)... In **Senegal**: Mutuelle de santé Wer werlé Dakar, Mutuelle de santé Wer werlé Thiès, Bokk Faj in Keur Lahine, Aar Sa Jaboot in Fatick, Mutuelle des volontaires et contractuels de l'éducation (MVCE), Mutuelle de santé de l'UM-PAMECAS, Mutuelle de santé de Diaobé, Oyofal Paj, Mutuelle de santé de l'Union démocratique des enseignants du Sénégal (UDEN), Assurance santé de l'Union régionale des coopératives agricoles de Diourbel (URCAD), Union des mutuelles de santé de Dakar, de Diourbel et de Kaolack...





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