

[Health product diversification and improvement of institutional efficiency -- CIDR](#) [1]

About the Project



Project Name: Health product diversification and improvement of institutional efficiency -- CIDR

Type of Facility Project: Microinsurance innovation grantee

Country of Operation: Guinea

Region: Africa

Sub Topics: Business models, Health

Type of Risk Carrier: Mutual or community-based

Type of Distribution Channel: Mutuels, community-based organizations

Organizational Overview

Centre International de Développement et de Recherche (CIDR - International Centre for Development and Research) is a non-governmental organization (NGO) created in 1961. Its mission is to strengthen the capacities of local institutions and informal economy micro-enterprises through activities promoting microfinance, microinsurance, service enterprises and territorial development. CIDR is currently working in 15 African countries. CIDR supports mutual health insurance programmes in eight of these.

Project Description

In Guinea, CIDR has been supporting the development of mutual health insurance schemes since 1999, and the Union des Mutuelles de Santé de Guinée Forestière (UMSGF) was created in 2005. In order to enhance the autonomy and outreach of the mutual insurance organizations and the Union, CIDR began to diversify its products beyond the classic family health product. CIDR and the Union planned to create and test two new products (a safe motherhood product at village level and a product providing he...[READ MORE](#) [2])

Beneficiaries

CIDR expects to reach 21,000 women through the maternity coverage and 50,000 school children with the accident and illness coverage.

Learning Agenda

- What is the value of basic health insurance for the rural poor and especially of maternity coverage?
- To what extent can the poor benefit from health insurance in the context of inadequate health services infrastructure?
- What are key strategies for sustainability of MHO? Is a product diversification strategy sufficient? What are other ways to improve efficiencies and stabilize MHO financial performance?
- What are the specific mechanisms to reduce adverse selection, moral hazard and frauds?
- What is an efficient marketing strategy to promote these kinds of products?
- How an innovative group product, as village based maternity coverage, could boost the current individual products?

Project Status

Key Performance Indicators

School product

Indicators	31/12/2009	01/07/2010	01/07/2011
Number of schools subscribing	6	16	38
Number of beneficiaries	1,807	3,523	12,242
Growth rate		50%	250%
Claim ratio	43%	37%	52.3%
Renewal rate (in number of schools)		83%	69%

Safe motherhood product

Indicators	31/12/2009	01/07/2010	01/07/2011
Number of villages	8	14	16
Number of beneficiaries	1,000	4,357	8,087
Growth rate		77%	85%
Claim ratio	87%	95%	59%
Renewal rate (in number of villages)	47%	50%	94%

Family health product

Indicators	30/06/2009	30/04/2010	01/07/2011
Number of policies	2,334	2,027	2,290
Number of beneficiaries	14,355	12,273	12,528
Growth rate		-14%	2%
Claim ratio	83.2%	118%	89%
Renewal rate	n/a	n/a	55%
Penetration rate	4.6%	4.1%	4.2%

Project Updates

March 2008?June 2009 A household survey and a Guinean population report revealed a high maternal and infant mortality rate, prompting CIDR and the Union to develop a safe motherhood product aimed at reducing maternal and infant mortality. It was also decided to develop a school product to cover children's health risks while at school. Target villages and schools were selected according to predefined criteria (such as the proximity of a health centre or post, the social dynamics of the vil...[READ MORE](#) [2]

Project Lessons

[On the product \(coverage and procedures\)](#) Safe motherhood product: Covering delivery costs only in case of complications does not seem sufficient to guarantee the product's attractiveness and have an impact in terms of public health. On the other hand, covering all antenatal visits does not make it possible to define a product that is affordable to families. External sources of financing need to be secured. Hence, at the request of UNFPA in one of the in...[READ MORE](#) [2]

[On the membership conditions and attractiveness of the products](#) Safe motherhood product: Village size and the credibility of elected officials are determinant factors with regard to village affiliation. The smaller the village, the greater the social cohesion?a requirement for the success of the programme. The quality of leadership and involvement of elected officials in the project are decisive in gaining the collective membership of a village. Vill...[READ MORE](#) [2]

[On the impact of the safe motherhood product on the reduction of maternal morbidity](#) The coverage of ANVs and the training of village birth attendants make possible an increase in the number of deliveries attended by medical personnel, emergency transfers to hospital and caesarean deliveries, although the indicators overall are still below the national average. For the period, deliveries attended by medical personnel (not including village birth attendants) ro...[READ MORE](#) [2]

[On the mutual economic model](#) The technical equilibrium of health products heavily depends on medical inflation. In the context of limited pay capacity, a major increase in medical costs places the viability of microinsurance health products in jeopardy. In the case of Guinea, the 50% increase in the cost of care could not be completely integrated. At the end of the fiscal year 2010-2012, a majority of mutuals (13 out of 23) were in deficit. The strategy o...[READ MORE](#) [2]

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Date of last update: September 2012

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