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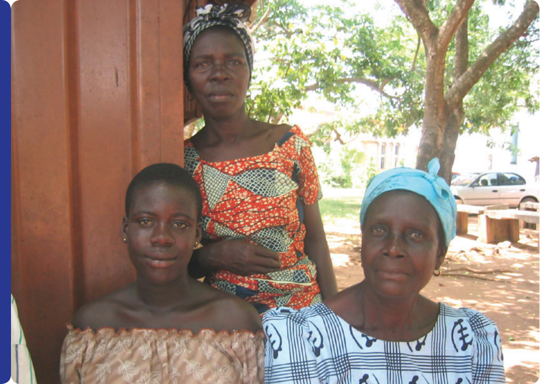
Political Winds Blow a New Life into Senegal's *Mutuelles de Santé*



Senegal has been implementing various forms of health insurance (private, public, and community-based) for decades. Renewed political will has energized the use of community-based health insurance (*mutuelles de santé*) as a key element in the government's push for Universal Health Coverage (UHC) by 2022. While this government support is laudable, financial, technical, and organizational challenges to the scale-up of *mutuelles* still exist. The brief summarizes experiences and lessons learned around mutuelles in Senegal.

Overview

Mutuelles de santé, community-based health insurance organizations, have existed in Senegal since the late 1980s. With the election of President Macky Sall in April 2012, however, administration support for Universal Health Coverage (UHC) jump started the expansion of mutuelles as a key part of reaching rural and informally employed populations with health insurance coverage. The approach of the Strategic Plan for Developing Universal Health Coverage in Senegal 2013-2017 (*Plan stratégique de développement de la Couverture Maladie Universelle au Sénégal 2013-2017*) (MSAS 2012) is to create at least one mutuelle in each of Senegal's 45 departments, so that everyone has access to a near-by mutuelle.

Two years of implementing mutuelles in 14 pilot departments are showing promising results, despite the fact that provision of national subsidies for *mutuelles* began only six months ago. In the 10 departments, 124 out of 136 counties (91 percent) are covered by functioning *mutuelles*. In addition, four departmental networks of *mutuelles* have been established; networks in the remaining departments are scheduled to start in late 2014/early 2015.

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History of Health Insurance Coverage in Senegal

Senegal initiated obligatory social insurance for formal public sector employees in 1961 and extended social and health insurance to all formal sector workers in 1975 (MSP 2010). Although the intention was for the social insurance to eventually cover the majority of the population, the institutional architecture of the system, now more than 50 years old, covers only the small percentage of Senegalese families whose head of household is employed in the formal sector of the economy, an estimated 300,000 total beneficiaries (MSAS 2013). These households are among the relatively well-off families in Senegalese society.

Mutuelles de santé in Senegal emerged toward the end of the 1980s as an associative movement. Their client base is people in the informal and rural sectors, who are not eligible for the social insurance scheme. This client base makes up 80 percent of the population (SNDES 2013).

Despite the development of many official legal texts between 1990 and 2012, the growth of *mutuelles* stagnated (MSAS 2012) until the election of the current president, Macky Sall, in 2012. His administration's five-year National Strategy for Economic and Social Development 2013-2017 (*Stratégie Nationale de Développement Economique et Sociale 2013-2017*, SNDES) committed the government to use *mutuelles* to expand health coverage to the informal sector and other vulnerable groups. The goal is to increase coverage from 20 percent to 75 percent of the population by 2017 (MSAS 2012).

In 2003, three ladies from a mutuelle managed by women, in Thies region, look on while their president signs the contract between the mutuelle and health care provider.

Over the past decade, Senegal has also implemented other initiatives to improve financial access to priority health care services: free antiretroviral medication for people living with HIV (2004); free and/or subsidized care for child birth (piloted 2005 and subsequently extended); Plan Sésame, which mandates free health care for the elderly (2006); free malaria treatment for children and pregnant women (2010); and free access to basic health services for children under 5 (2013).

"The strategy places specific accent on the promotion of human capital... putting in place an enabling environment for sustainable development, the management of risks and disasters and the reduction of vulnerabilities and inequalities."

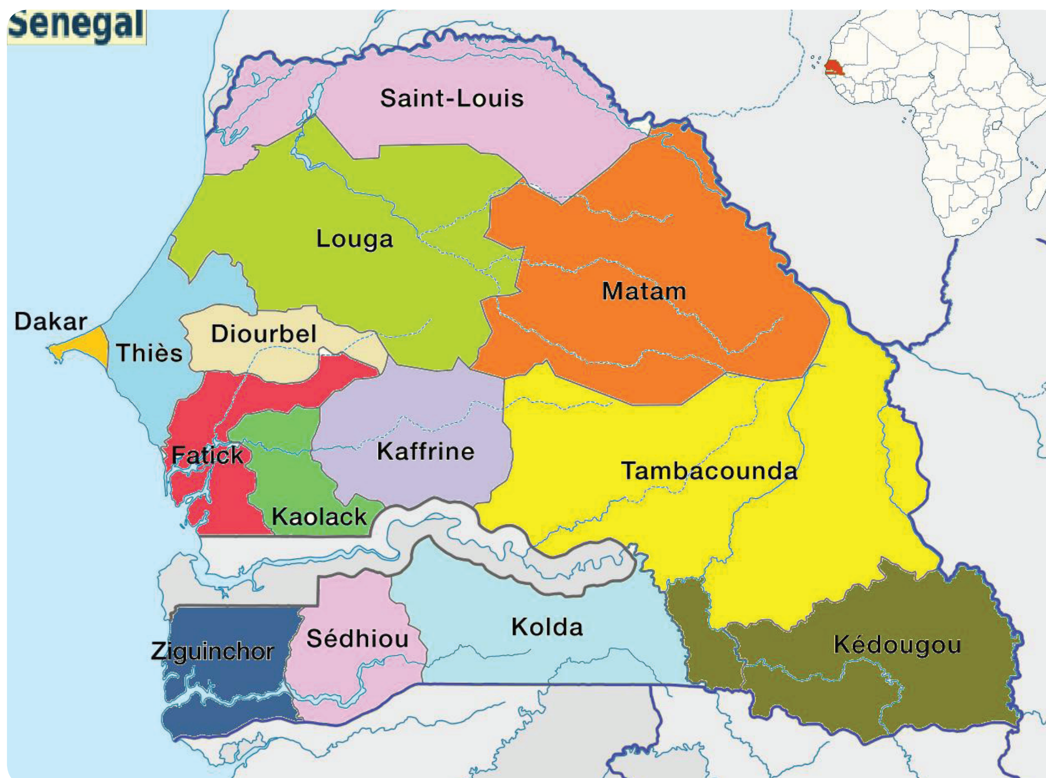
SNDES 2013

Expanding Coverage to Rural and Informal Sectors

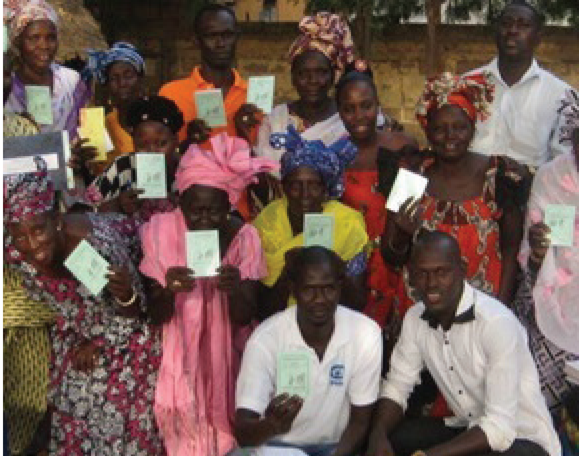
The Government of Senegal developed its strategy for extending a basic package of UHC to the informal and rural sectors through *mutuelles* using lessons learned from international experience. Establishment of *mutuelles* will be done three phases in Senegal: a demonstration phase (2013-2014); an expansion phase (2015-2017); and a consolidation phase (2017-2022).

The demonstration phase, now underway, covers 14 administrative departments, one department per region. These department-level pilots will serve as the basis for the extension phase developing a platform in each region which will educate local stakeholders on the organization of *mutuelles*, relationships with service providers, and national policies. It also will generate evidence that will serve as a basis for adapting benefit packages and provider payment terms as well as national and local subsidy levels and mechanisms.

The extension phase will have two main components for achieving the coverage targets of the UHC strategy. The first will be the establishment by 2017 of at least one mutuelle in each county to guarantee coverage, and the grouping of *mutuelles* into functional departmental networks.



Source: http://en.wikipedia.org/wiki/Regions_of_Senegal#mediaviewer/File:Senegal,_administrative_divisions_-_en_-_monochrome.svg



Members of the Ndiagne mutuelle, in Louga, showing their membership cards.

The second component of the extension phase will be the strengthening of the interface between *mutuelles* and support mechanisms for poor and vulnerable groups. Formal cooperation frameworks will be drawn up between local authorities and *mutuelles* to ensure the inclusion of the poor and vulnerable. In addition, formal cooperation frameworks will be established the next level up, between national social safety net programs and regional and departmental *mutuelle* networks.

The third and final phase of the UHC/mutuelle strategy, from 2018 to 2022, will aim to expand health insurance to the remainder of the population, with a target to achieve at least 90 percent coverage. It will consolidate the achievements of the previous years and work to ensure the sustainability of institutions, financing mechanisms, and policies necessary for effective UHC in Senegal.

A new approach is key to revitalizing the promotion, creation, and sustainability of *mutuelles* as an integral part of Senegal's health financing framework. The most important innovation is to encourage the creation of departmental networks of *mutuelles*. This will facilitate simultaneous development of *mutuelles* by creating an umbrella structure to support the individual organizations. Key parameters of the individual *mutuelles* are harmonized in the geographical area, including the package of services, co-payments, contribution amount, and the observation period. Creating a critical mass of *mutuelles* allows for process efficiencies in implementation (e.g., joint training and communication strategies). In addition, belonging to a network broadens the solidarity base – the *mutuelles* share the health risk coverage with a larger number of members, which, over time, should allow for deepening of the insurance package to cover larger risks.

Mutuelles should contribute to achieving UHC in Senegal on two levels. At the local level, each county will have its own mutuelle. These *mutuelles* will define their catchment area based on the number of residents in the community; all families will be eligible for enrollment except those who have health coverage based on employment.

"It is well acknowledged that solidarity, good governance, political will and leadership at all levels are necessary conditions for developing towards UHC."

Ministère de la Santé et de l'Action Social,
Plan stratégique de développement de
la Couverture Maladie Universelle au Sénégal
2013-2017, Senegal, 2012

Not only are *mutuelles* responsible for managing the basic benefit package offered at posts and health centers and the associated recruitment of members and collection of membership dues, but they will also contribute to public awareness messages and advocacy with local authorities. *Mutuelles* have also been given the role of identifying the poor and vulnerable for free services, in collaboration with leaders of community-based organizations, neighborhood and village leaders, county officials, and representatives of key ministries at the local level.

At the department level, a network of *mutuelles* will be organized to facilitate sharing of major risks across the population. The network will be responsible for the management of the complementary benefits package offered at regional and national hospitals.

The Government of Senegal is actively promoting UHC and changing the health system's financing structure to do so (MSAS 2012). Synergies will be fostered between public funding mechanisms and household contributions. The government will establish a National Health Solidarity Fund (*Fonds National de Solidarité Santé*, FNSS) with offices at the departmental level (*Fonds Départementaux de Santé*, FDS). The FDS will have three functions:

- Provide a general subsidy, from the national budget, to extend benefits packages and to promote the sharing of large risks at departmental level;
- Subsidize the care of poor and vulnerable groups through *mutuelles*; and
- Facilitate the development of guarantee mechanisms to promote membership through mutual partnerships between *mutuelles* and decentralized financial institutions (microfinance, microcredit, and savings).

The FDS will be funded by a combination of sources including the FNSS, local communities, and member *mutuelles*. The FDS will execute performance-based contracts with the departmental network of *mutuelles*. The performance contract will specify the FDS's management procedures and be supported by departmental management unit for everyday operations.

"Senegal is faced with a number of challenges as the 2015 deadline for the MDGs approaches so needs to focus on priorities and take into account the new orientations of a new administration while keeping in mind the obligation to meet with the results promised in the PNDS, especially those related to maternal and child mortality....

However, rising to these challenges in the health sector, and especially as regards to universal health coverage, requires pooling our efforts to conceive, and put into action the pertinent reforms in the near, medium and long term".

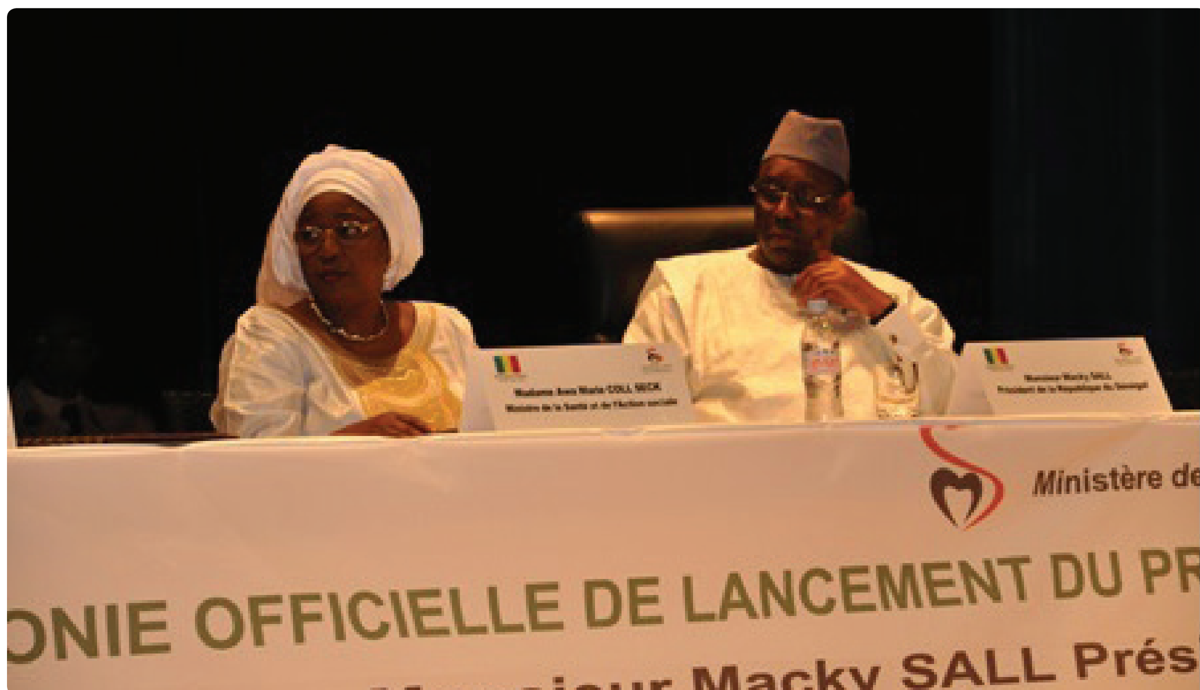
Doudou Ba, President of the Pilot Committee
de Concertation January 2013 (p96)

Expected Impact

While health status in Senegal has improved significantly, financial barriers to care still exist, especially for the most vulnerable.

According to the 2010-2011 Demographic and Health Survey (DHS) (ANSD and ICF International 2012), child mortality improved from 61/ 1,000 births in 2005 to 47/ 1,000 in 2010. Maternal mortality fell during the same period but only slightly, from 401/ 100,000 live births to 392/ 100,000. Only 65 percent of women gave birth with the assistance of a skilled provider. Women from the poorest households are the least likely to have skilled assistance at child birth. Overall vaccination coverage of children has improved measurably, from 49 percent in 1993 to 63 percent in 2011, but still varies by region, between 40 percent and 73 percent. HIV prevalence has held steady at 0.7 percent.

The DHS data show that by 2010 Senegal had nearly met its Millennium Development Goal for child mortality of 43/1,000 by 2015. However, its achieving the maternal mortality goal of 127/100,000 live births seems less likely. The most recent report to the General Assembly of the United Nations acknowledged the importance of reducing vulnerabilities and improving equity through the role out of social protection programs, including health (UCSPE 2010).



President Macky Sall and Prof. Awa Marie Coll Seck (Minister of Health and Social Welfare), at the launching ceremony of the UHC program, in September 2013

Progress towards Universal Health Coverage

It is the stated objective of the current government to make Senegal a country where all individuals and families have access to quality preventive and curative health care (CNSAS 2012). To do so, it was critical to introduce the UHC strategy, which will remove the financial barriers that prevent people from accessing the services they need.

Following the inauguration of President Sall in April 2012, a national consultation process (Concertations Nationales sur la Santé et l'Action Sociale) was launched on the topic of health and social welfare. It culminated with a workshop in January 2013 in Dakar that brought stakeholders together to finalize consensus on the overall approach toward achieving UHC.

Multiple steps have since been taken to ensure a robust organizational and legal framework to support the UHC goals. In April 2013, an interministerial council presided over by the Prime Minister adopted the national plan of action for the introduction of UHC based on *mutuelles*. In September 2013, President Sall presided over the launching ceremony of the UHC program and confirmed UHC as a government priority. To support the legal framework, the existing institutional documents were modified to bring them into line with the West African Economic and Monetary Union (UEMOA) guidelines. In March 2014, the Minister of Health and Social Welfare signed contracts with the presidents of regional networks of *mutuelles*, for the financing of UHC through *mutuelles*, and the governments disbursed funds to subsidize the premiums of *mutuelles* members.

With the support of the USAID health program component on Health Systems Strengthening (R2S), a procedures manual, in line with UEMOA accounting guidelines for *mutuelles de santé*, was developed. Two training manuals (one on the process of creating *mutuelles* and the other on administrative and financial management of *mutuelles*) have also been developed, which should accelerate the process of extending *mutuelles* nationwide. These manuals will be used train and put in place a critical mass of qualified instructors who will ensure that the members of local-level committees receive adequate training to successfully fulfill their roles.

Pilot *mutuelles* were initiated in three departments during the second half of 2012. In each of these departments, a departmental launch was held. After each launch, a follow-up committee and a local development committee were set up. In 2014, *mutuelles* were extended to 11 additional departments.

The results after two years of implementation are showing promising results, despite the fact that national subsidies took effect just six months ago. In the departments of Kedougou, Matam, Tambacounda, and Saint-Louis, the mechanisms of technical assistance are not yet fully established, but in the other 10 departments, 124 out of 136 counties (91 percent) have *mutuelles* functioning under the parameters of the new strategy.

The clear and sustained political commitment by the national government to promote UHC in Senegal has created an environment conducive to growing and expanding *mutuelles*. The policy has also contributed to reorienting toward health coverage the interventions of technical and financial partners. Furthermore, the involvement of local-level administrative authorities (prefects, sub-prefects) has mobilized key players in implementing the pilot phase of the mutuelle

implementation approach and departmental mutuelle networks. In 2013, networks were officially created in Louga, Kaolak and Kolda and, in 2014 a network has been created in Rufisque. Networks in the remaining departments are scheduled to start in late 2014/ early 2015.

Challenges

The population of Senegal has a remarkable advocate for expanding health insurance coverage through *mutuelles de santé* – President Macky Sall is a champion of scaling up a health insurance system that has been stalled for decades (MSAS 2012). It is, however, essential to note that newly renewed political will to develop UHC in Senegal is not sufficient in and of itself. Many challenges remain.

- **Thought leadership** The Government's focus on an increased role for *mutuelles* as an integral part of scaling up financial risk coverage to achieve UHC in Senegal is a paradigm shift that puts the State and other public sector actors at the forefront of both promoting and regulating the new system. For many years, and until recently, development partners and international NGOs have driven the process moving the country toward UHC (a situation not specific to Senegal). While political leaders in Senegal have taken ownership of the concept, technical cadres need to be strengthened to ensure robust implementation.

- **Financing** This new health financing paradigm depends significantly on funding commitments from development partners (Boidin 2012). Even though the State, through the Ministry of Health (Ministère de la Santé et Action Social, MSAS), has formally ensured leadership and political support, it was not until 2013 that a specific funded MSAS budget line was created for the support of *mutuelles*. The fact that the MSAS now has a specific budget for this activity means that it must now effectively take responsibility for the process, both technically and organizationally. This poses the question of whether this responsibility can be born solely by the MSAS support unit for UHC (Cellule d'Appui à la Couverture Maladie Universelle, CACMU) – most technical capacity in the country is concentrated in NGOs and projects financed by development partners.

  The financing needs for operationalizing UHC in Senegal will increase in the coming years and, for this reason, continued support of the highest authorities in the country is necessary. Increased fiscal space could allow for this policy to be sufficiently funded while ensuring that other social projects and government priorities are maintained.

  Large amounts of financial resources flowing from the government to *mutuelles* require a solid, guaranteed foundation, to ensure both smooth transfers of the budgets and transparent financial transactions that follow public finance best practices.

- **Legal Framework** The current status of the CACMU is unclear as to how it will comply with the institutional requirements from the UEMOA. Current UEMOA documents require member countries to create an administrative body that has the responsibility to regulate both *mutuelles* and the guarantee fund (UEMOA 2009). The Senegalese legislative and regulatory framework will need to be adapted to this new paradigm. It is possible that a law specific to UHC might be considered for passage; it could serve as a framework for implementation.

- **Technical Support** The stated goal for the national UHC strategy is to develop *mutuelles* and their associated networks in all 45 departments of the country (MSAS 2013), which will require substantial technical support. It will be a challenge to keep pace with that need and therefore capacity-building efforts at the national level should begin as soon as possible. Certain delays have already been noticed in the execution of activities related to supporting *mutuelles* (Abt Associates 2013).

- **Quality Assurance** By reducing financial barriers to the population's access to health services, the effective implementation of UHC will result in a significant increase in demand for services (Gobah and Liang 2011, P4H 2011, Robyn et al. 2013). The obvious response is for the Government of Senegal to accelerate health system strengthening programs to ensure both the supply, and quality, of health services (Boidin 2012).

  Both human resources for health and basic medical equipment are required to increase supply of services and maintain their quality. This is especially true in a context where there is a dearth of skilled human resources and equipment even in functioning health care facilities (Mbengue et al. 2009). If measures are not taken, implementing UHC could aggravate existing issues.

Lessons Learned

- Political will is important in transforming community-based health insurance systems as a part of expanding health insurance coverage (MSAS 2013). Strong political will mobilizes leadership at all levels to move toward UHC. Without government intervention, *mutuelles* cannot be major actors in achieving UHC (Diop et al. 2010).

- Strong political will may foster technical gaps when expedient political statements are not based on sound technical foundations. Political will may be essential to achieving UHC in Africa, but it is a complement to, not a substitute for, technical capacity for conceptualization and implementation of UHC policy.

- The *mutuelles* created since the 1980s can provide a wealth of information and experience that can inform the current strategy to increase health coverage through *mutuelles*, specifically to reach rural and informal sectors, as an integral part of reaching UHC goals.

- Reasons for *mutuelles*' previous lack of success include structural and organizational issues, as well as a lack of professionalism. The current program should remember that these issues were identified prior to the current policy and still need to be addressed (Atim et al. 2005, Boidin 2012).

- An environment conducive to the growth of *mutuelles* is one where different national programs are well coordinated and work together (Waelkens and Criel 2002, Boidin 2012). In the past, top-down and bottom-up initiatives have not always been well coordinated. Similarly, national initiatives promoting free care for priority health services have not necessarily collaborated with stakeholders involved in expanding health insurance coverage.

Methodology and Acknowledgments

The document is based on a desk review of secondary sources (mainly technical documents) produced by stakeholders of the Senegalese initiative to scale up health insurance through expansion of *mutuelles* (such as planning, policy, and strategy documents from the MSAS). This information was supplemented by other academic sources and peer review literature.

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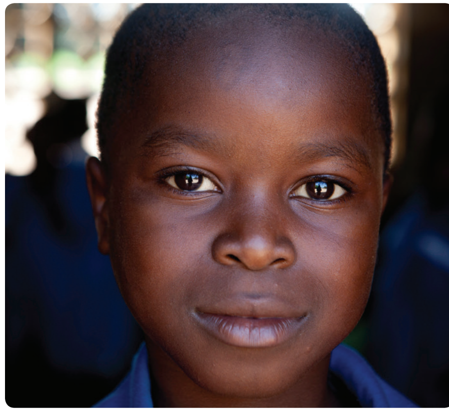

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