Expanding social health insurance through Marwa in Kisumu, Kenya

Description as part of project with Agence Française de Développement (RAF/15/04/FSD)

The ILO's Social Finance Programme

Enterprises Department

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In 2022, the ILO's Impact Insurance Facility started a new project with PharmAccess, under a broader project funded by the Agence Française de Développement, to implement risk management solutions for small enterprises and low-income households in Africa. Amongst other risks, this includes expanding access to Universal Healthcare Coverage (UHC) – through social health insurance in the case of Kenya – to currently uncovered populations.

Background: PharmAccess and Marwa

Established in 2001, PharmAccess focuses on the root causes that hamper health care financing and investments towards equitable and quality health care in Sub-Saharan Africa. PharmAccess works as an innovator and catalyst for pragmatic solutions that can be adopted, adapted, and scaled up by partners. Their integrated approach addresses both the demand and supply sides of health care systems and uses the opportunities that mobile technology and data provide to leapfrog development in health markets in Sub-Saharan Africa. Their aim is to inspire viable and resilient health markets that provide access to care for millions of people in the region.

In Kenya, PharmAccess has supported Kisumu County to develop an affordable, inclusive and sustainable UHC model, which has so far been approved and signed into law, paving way for mandatory health insurance.

Marwa Kisumu Solidarity Health Insurance Scheme

"Marwa", which is the Luo word for "ours", is the name of the Kisumu Solidarity Health Insurance Scheme. Marwa is a digitally enabled health insurance scheme under the umbrella of UHC, designed to ensure that the most vulnerable and the non-poor informal sector populations of Kisumu County also have access to affordable and quality healthcare services, whenever they need it, and without suffering financial hardship. Underwritten by the National Hospital Insurance Fund (NHIF), Marwa contributes to UHC by identifying those who can pay and ensuring that they contribute, while subsidising those who cannot. In parallel, Marwa also helps clinics improve their quality. The initiative is an outcome of a MoU between the Kisumu County government and PharmAccess Foundation, whom they asked for support with technical assistance to help set up the scheme.

Marwa has four elements:

1. Digitally registering and co-funding health insurance premiums for the most vulnerable households in Kisumu.
2. Registering non-poor informal sector workers and others with the ability to pay.
3. Deployment of the SafeCare digital assessment tool to enhance the quality of healthcare.
4. Digital dashboards to increase transparency, create efficiency and share data to improve decision making at the institutional level.

How Marwa works

Marwa is digitally enabled and patient centred, connecting participants to the scheme through their (simple) mobile phones. Marwa uses its technology and resources to proactively expand cover to most vulnerable informal sector households identified through a socio-economic mapping exercise. To make a start, Marwa adopted a co-funding model, combining premium subsidy for the most vulnerable households from donors with earmarked funding from the County Government for UHC. Over the years, the County's contribution will gradually increase, ensuring the long-term sustainability of the programme and health system transformation.

Informal sector workers with the ability to pay will be encouraged to buy the NHIF cover through the marketing and outreach activities of Marwa. Funds in Marwa are ringfenced, ensuring transparency and accountability for the use of funds. Through Marwa, residents of Kisumu are registered through their mobile phones for NHIF on the M-TIBA[1] platform allowing for a smooth roll out.

In addition, it is critical that Marwa ensures that participants are confident enough that they will receive quality care and consider pre-paying for it. For this reason, Marwa makes use of digital tools to enhance health care journeys in connected facilities. Through SafeCare, clinics in Kisumu are provided with a digitally enabled standards-based approach for measuring, improving and recognizing the quality of their services.

The Marwa data is organized into dashboards that display key indicators, for example utilization and cost of care statistics, metrics related to quality levels of providers and demographics. It can also provide additional information on prioritized areas such as communicable diseases such as malaria, TB and HIV/AIDS, non-communicable diseases, and maternal care. The dashboards are accessible to all key stakeholders and assist in making informed decisions.

Since its launch in 2020, over 142,000 lives have been registered in Marwa, accessing care in 49 Marwa facilities.

Project objectives

- Develop and implement the strategy to expand population coverage in Kisumu County to enrol the non-poor informal sector and retain them as members.
- Support efforts to ensure that the most vulnerable households remain covered and expansion plans by the Kisumu County Government are rolled out.
- Provide technical assistance to the Kisumu County Government on data insights through the digital platforms to drive decision making.

Project activities

- Analysing and internalising the structure of Kisumu's population by socio-economic groupings and conducting research into the most promising distribution channels that Marwa can use as enrolment agents/aggregators of large groups to enrol the informal sector (for example, microfinance institutions, mobile network operators, savings and credit co-operative societies, utility providers etc.)
- Executing strategy for extension of the Marwa programme to the population that is currently not included. Activities include marketing, partnership management and enrolment. Partnership management includes establishing key partnerships with distribution/enrolment partners (arranging meetings, facilitating meetings for necessary contracts, assisting with the coordination of connecting or integrating IT systems, ensuring that their staff and field agents are being trained under bespoke capacity building initiatives etc.).
- Working with distribution/enrolment partners to pilot test and/or monitor their pilot projects on enrolment into Marwa.
- Following up with partners and working with them where necessary to scale up initial efforts to cover as many groups of citizens (and their families) as possible under Marwa.
- With others at Marwa, developing and running education campaigns to build awareness of Marwa for the informal sector.

Learning agenda

- How can programmes such as Marwa "reach scale" quickly, expanding population coverage for UHC, particularly of the informal sector? What is the most efficient distribution/enrolment model (including channels, training and incentives)?
- How can digital technology be used to facilitate the end-user's journey and make operations more efficient?

[1] M-TIBA is a mobile health payment platform that offers a mobile health wallet to users, allowing them to access healthcare services. It connects participant, provider and payer by allowing healthcare funds to be sent and received digitally, ensuring efficiency and transparency.

- What key health funding and healthcare related data can be generated through the engagement with enrolment and technology partners, and how can this be used by the senior management of programmes like Marwa to make data-driven decisions?

IMPACT INSURANCE

The Impact Insurance Facility contributes to the agenda of Social Finance by collaborating with the insurance industry, governments and partners to realize the potential of insurance for social and economic development.

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