

New Forms of Social Insurance: The Case of the MUPROSI Health Mutual in Togo

Case study for research project titled “New Forms of Social Insurance for the Economic Inclusion of Women & Young Informal Workers”



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WIEGO (Women in Informal Employment: Globalizing and Organizing)

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This case study was commissioned as part of a joint SNI WIEGO project, *New Forms of Social Insurance for the Economic Inclusion of Women Informal Workers*, to increase the knowledge base of what works for informal workers in relation to social protection. Our aim is to capacitate informal workers and their organizations to develop their work on social protection, whether that is by developing their own social and solidarity economy schemes, advocating for the development of new or the expansion of existing government schemes to cover informal workers, and/or supporting informal workers to partner with governments towards the establishment of hybrid schemes.

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Key Points

- In Togo, workers in the informal economy (90.7 per cent of the total workforce) are excluded from the state's social protection provisions. In an effort to fill the gap, NGOs, associations, workers' unions and religious congregations have initiated community or trade union health mutuals. Twenty-nine mutuals, including MUPROSI, have been set up throughout Togo and they offer health insurance benefits only.
- At national level, health mutuals cover about 2 per cent of the population – out of the 8 per cent of Togolese covered by health insurance. Although the health-care packages offered remain modest, the members welcome the relief that this brings when they most need it.
- MUPROSI is in a complicated situation and needs to be restructured. Governance must be improved and financial empowerment must be sought to give the health mutual a chance for a new start.
- Health mutuals need a clear regulatory framework, and this is missing in Togo. This means that health mutuals are not included as actors in the country's proposed universal health scheme. MUPROSI is a member of CNCMUT – an umbrella organization for Togo's health mutuals that is advocating for the implementation of the regional WAEMU regulation on mutuality which provides a legal framework, basic principles, purpose, rights and obligations of mutuals and their members.
- Among the study's recommendations are that MUPROSI get grant support to employ dedicated staff; raise efforts to recruit more members; increase the number of contracted health centres, with improved services and access to generic medicines.

Abbreviations

CCT-Bâtiment	Togo Commercial Centre for Building and Materials	HIPU	Heads of Informal Production Units
CNCMUT	National Consultation Framework for Mutual Insurance in Togo	ILO	International Labour Office
CNSS	National Social Security Fund	INAM	National Health Insurance Institute
CRT	Pension Fund of Togo	MUPROSI	Mutual Social Protection Scheme for Workers in the Informal Sector
CWIQ 2015	Core Welfare Indicators Questionnaire Survey	OSF	Open Society Foundation
DGPS	Directorate General for Social Protection	PSTC	Projet Système Tontine Crédit
DOSI	Delegation to the Organization of the Informal Sector	SOECTRAB	Union of Public Works and Construction Workers and Managers
EIFFAGE	EIFFAGE-Construction	SOGEA-SATOM	VINCI-Construction
FAINATRASIT	National Federation of Informal Sector Workers in Togo	SYVEMACOT	Construction Materials Vendors' Union of Togo
FTBC-Togo	Federation of Timber and Construction Workers in Togo	WAEMU	West African Economic and Monetary Union
HDI	Human Development Index	WSM	World Solidarity

Introduction

Togo's informal sector accounts for 20-30 per cent¹ of GDP in the West African country, which has a population of 7.8 million people and a human capital index score of 0.41.

According to the Integrated Regional Survey on Employment and the Informal Sector report (ERI-ESI-Togo 2017), the total number of jobs for individuals aged 15 and older is 2,553,233, including 2,282,057 in primary employment and 271,176 in secondary employment. More than half of these jobs are in rural areas. Six in every 10 of the 1,077,924 jobs in urban areas are in the capital, Lomé.² ERI-ESI-Togo 2017 has made it possible to identify 1,199,117 heads of informal production units (HIPU) and 194,928 workers. The HIPU and the workforce are concentrated in Lomé with 27.3 per cent and 23 per cent respectively, 20 per cent and 27.3 per cent respectively in other urban areas, and 52.7 per cent and 49.1 per cent in rural areas. According to the sector of activity, industry holds 28.4 per cent of HIPU and 44.5 per cent of the workforce, trade 41.2 per cent of HIPU and 19.4 per cent of the workforce, and the service sector 30.4 per cent of HIPU and 36.1 per cent of the workforce.

Social security is a right enshrined in the 1948 Universal Declaration of Human Rights. In the West African Economic and Monetary Union (WAEMU), this right derives its force from the modified WAEMU Treaty of January 29, 2003, which established the union's Parliament.

Through signing and ratifying several international conventions, including the Universal Declaration of Human Rights (1948), Togo has committed itself to respecting the right to social protection, among others.

Despite Togo's recognition of the right to social protection, the final report on the country's health financing system shows that the social protection system mainly covers the formal sector and benefits only a small portion of the population. For example, only 5 per cent of households with children receive family benefits. In terms of retirement, 13 per cent of those aged 60 and older receive a pension from the Caisse de Retraite du Togo (CRT) or the Caisse Nationale de Sécurité Sociale (CNSS)³.

Overall, workers in the informal economy (90.7 per cent⁴ of the total workforce) in Togo are left out of the state's social protection provisions. In an effort to fill the gap, NGOs, associations, workers' unions and religious congregations have initiated community or trade union health mutuals. These mutuals offer health insurance benefits only. There

¹ Source: IMF Report 2018.

² National Institute of Statistics and Economic and Demographic Studies (INSEED); Integrated Regional Survey on Employment and the Informal Sector (ERI-ESI-Togo 2017); October 2019 <https://www.republiquetogolaise.com/gouvernance-economique/1410-3659-87-9-des-emplois-au-togo-sont-dans-l-informel-inseed>

³ "Health financing system in Togo: Review and analysis of the system", Final Report, National Committee for the Promotion of Social Protection-Togo, May 2015.

⁴ IMF Report 2018.

is also a social security system provided by private insurance companies for workers in the formal private sector. Health mutual and insurance companies together cover less than four per cent of the population. Overall, these different contributory health insurance mechanisms, namely National Health Insurance Institute (INAM)⁵ and other health insurance companies, cover about eight per cent of the Togolese population.

In view of this limited social-protection coverage, Togo has in recent years undertaken various measures to improve coverage through the extension of social protection systems to the informal sector. In the Prime Minister's general policy declaration of October 2, 2020, and the government's 2025 roadmap, Togo noted its intention to implement universal health care.

While health mutuals are a key player in the implementation of universal health-care coverage, their regulatory and legislative framework remains ambiguous and Togo's adoption of the WAEMU regulation on social mutuality of 2009 is still not effective despite several pleas.

It is in this context that 29 health mutuals, including the Mutuelle de Protection des Travailleurs du Secteur Informel (MUPROSI, Social Protection Scheme for Workers in the Informal Sector), have been set up throughout the country.

With the emergence of various government initiatives, such as INAM in 2011 and "School Assur" insurance for public school pupils in 2017, health mutuals are seeing their space and scope shrink. The number of beneficiaries of the various health mutuals has been steadily decreasing, from 41,719 beneficiaries in 2014 to 25,013 in 2019.⁶

To survive in a national context that has become highly competitive but not very inclusive, health mutuals have joined up in a national consultative framework on mutuality in Togo, namely Cadre National de Concertation de la Mutualité au Togo (CNCMUT), to make a comprehensive case for the benefits they provide.

It is within this framework that WIEGO and StreetNet International have set out to understand – through the joint implementation of the Social Protection Programme – the genesis, functioning, advantages and stakes of a mutual health insurance scheme initiated by a union of workers in the informal sector. This report presents the findings and conclusions of the case study on MUPROSI, which was initiated by the Federation of Wood and Construction Workers of Togo (FTBC-Togo), under the leadership of one of its active members: Syndicat des Vendeurs de Matériaux de Construction du Togo (SYVEMACOT).

⁵ To date, INAM covers only public sector workers. However, a programme targeting the informal sector is being developed. To that end, the National Federation of Informal Sector Workers in Togo (FAINATRASIT) has been consulted. Consultations are at preliminary stages with further collaboration mechanisms and outcomes unknown. In our view, it is anticipated that informal sector workers will be encouraged to individually join the INAM informal sector programme.

⁶ Cadre National de Concertation de la Mutualité au Togo" (CNCMUT) statistics, 2020.

Contextual, Descriptive and Methodological Framework of the Study

Background and rationale

With a GDP of CFA4,300 billion (USD7.3 billion in 2020), Togo is in the category of the least developed countries and was ranked 167th out of 189 in the human development index (HDI) in 2018. Access to basic social services is limited: 29 per cent of the population live more than 5km from a health-care centre and 38.2 per cent do not have access to drinking water. Half of households (50.1%) find that their level of health care is not satisfactory. The multidimensional poverty that affects Togo can be explained by low economic diversification, among other things. The country's economy is dominated by the informal sector, with 87.9 per cent of jobs generated by the informal sector via informal production units (UPI). The average honorary remuneration of employees is CFA820 (USD1.516⁷) and the unemployment rate according to the International Labour Office (ILO) is 3.9 per cent.⁸ The actors of the informal sector are mainly concentrated in trade (44.2%), industry (29.3%) and services (26.5%). These three sectors account for 87.9 per cent of informal employment. The value added and annual mixed income provided by the informal economy amounts to CFA1,309 billion.⁹ In addition to its direct participation in the country's wealth creation, the informal economy reflects the resilience of low-productivity societies in the face of external shocks such as the COVID-19 pandemic.

Excluded from the formal social security system offered by the CNSS, CRT and private insurance companies, and aware of the financial difficulties they face in the event of illness, death, occupational accidents, etc., the workers of FTBC-Togo¹⁰ initiated MUPROSI on August 5, 2006, with the aim of offering comprehensive social protection to members, initially targeting health insurance.

WIEGO is a global action-research-policy network that seeks to improve the status of the working poor in the informal economy, especially women. Informal workers should have access to social protections, which help protect them and their livelihoods, mitigate against risks to their incomes and help them cope after a shock. WIEGO's Social Protection Programme is committed to helping informal workers access these rights.

WIEGO's Social Protection Programme is working with StreetNet International on a joint project: New Forms of Social Insurance for the Economic Inclusion of Women Informal Workers, funded by the Open Society Foundation. Its aim is to increase the knowledge base on what works for informal workers in relation to social insurance, to integrate this knowledge into the regional and national organizing and negotiating strategies of informal worker organizations affiliated to StreetNet International, and to initiate and/or further support inclusive policy processes in selected countries to reform

⁷ Based on the rate of 19/02/2021: USD1 = CFA540.608.

⁸ Integrated Regional Survey on Employment and the Informal Sector (ERI-ESI-Togo 2017).

⁹ Integrated Regional Survey on Employment and the Informal Sector, 2017, INSEED; Ibid.

¹⁰ FTBC Togo is made up of several trade unions, two of which are active to date (SYVEMACOT and SOECTRAB).

social insurance in the interests of informal workers. Part of this research includes the development of case studies of existing social insurance mechanisms – offering examples of how to put social insurance into practice – that can be integrated into the worker educational materials and learning processes of the project.

Methodology

The methodology of the study was based on the participation and collaboration of all social protection actors in Togo, the MUPROSI team and the mutual benefit scheme members (see appendix 1). All interviews were carried out in compliance with confidentiality agreements and COVID-19-prevention measures.

The case study was done in three phases: desk review; key informant interviews that targeted 17 stakeholders; and data analysis and report preparation. For the analysis and processing of data, Excel and Qualitative Data Analyse (QDA) Miner Lite were used.

Social Protection System in Togo

Conceptual framework of social protection in Togo

Non-contributory mechanisms

The inception of social security in Togo corresponds with the Declaration of Philadelphia, the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights.

Thus, in Togo, social protection corresponds to all the public and/or private measures put in place to protect the population against social vulnerabilities and risks. The treatment of workers and the risks covered in the country vary according to whether the worker is in the civil service, the private sector, the para-public sector or the informal economy. Overall, social protection in Togo has two main components:

These are social actions, projects or programmes designed not only to reduce inequalities in the access to basic socio-economic services but also to protect the population against social vulnerabilities and risks.

These include programmes relating to:

- Access to health care: free treatment for malaria, tuberculosis and HIV/AIDS; Caesarean subsidies. expanded vaccination programmes; indigence funds in public health facilities.
- Access to education: free tuition in public primary schools, school canteens.
- Cash transfers to vulnerable groups implemented by the government since 2015.¹¹

¹¹ The Togolese government is coordinating a cash transfer programme coupled with activities such as communication for behaviour change (BCC) in two regions to improve nutrition, health and children's rights: Women receive CFA5,000 monthly during the "1,000 days" period and participate in information/communication sessions.

Most of these actions, projects or programmes have set time frames and are financed with the support of development partners. They are mostly carried out sporadically, without a legislative framework and have limited coverage.

Contributory mechanisms

The contributory schemes, which are part of the insurance aspect of social protection, are managed by the CNSS, CRT and INAM. In addition to these public bodies, mutual social insurance companies and private insurance companies also cover health risks. We also note the introduction of health insurance for the benefit of pupils (CFA30,000/year/pupil) in public schools (School Assur), which represent 28 per cent of the population as well as health insurance (up to CFA5,000 over the entire loan period) granted by the Fonds National de la Finance Inclusive (FNFI, National Fund for Inclusive Finance) for the benefit of micro-credit beneficiaries. These contributory mechanisms currently cover around 40 per cent of the Togolese population. However, it is important to remember that only 8 per cent of the 40 per cent of health insurances are recognised as such. The rest comprise occasional and sporadic micro-health insurance.

Legal and institutional framework

At the international level, Togo has ratified several conventions acknowledging social protection as a basic right, including:

- Universal Declaration of Human Rights (UDHR), 1948
- ILO Social Security (Minimum Standards) Convention, 1952 (No. 102)
- CIPRES Multilateral Convention on Social Security
- ILO recommendation n° 202 on national floors of social protection
- ILO recommendation n° 204 on the transition from the informal to the formal economy

At the national level, the constitution lays down three principles of social rights:

- State intervention on behalf of persons with disabilities and older persons in order to "protect them from social injustice" (Article 33)
- The principle of the right to health for all citizens (Article 34)
- The principle of the right to education (Article 35)

The institutional framework involves institutions for implementing social protection policies.

Institutional framework	Strategic level	Minister in charge of Financial Inclusion and Organisation of the Informal Sector
		Minister of Grassroots Development, Youth and Youth Employment
		Minister of Social Action, Promotion of Women and Literacy
		Minister of Health, Public Hygiene and Universal Access to Care
		Minister for Civil Service, Labour and Social Dialogue
	Operational level	National Social Security Fund (CNSS)
		National Health Insurance Institute (INAM)
		Pension Fund of Togo
		National Solidarity Agency
		Social mutual societies

Social Protection System and Health Mutuals in Togo

Legal framework of social protection and health mutuals in Togo

Although they play a significant role in the coverage of health expenditure, Togo's health mutuals are not governed by any legal framework. The legislative framework allowing the assumption of certain social expenses by mutualist (i.e. non-profit) structures is therefore not adapted to meeting and managing the health, retirement and other social needs of a large part of the population. Togo therefore continues to use the provisions drawn from the pre-independence French Mutual Insurance Code.

To fill the legal vacuum that existed in its member states with regard to mutualist activity, WAEMU adopted Regulation No. 07/2009/CM/WAEMU of June 26, 2009 regulating social mutuality within the organization. This regulation has provided in its application several instruments, of which the implementation of three (administrative body of the social health insurance, the register of registration of social mutual societies, and the national guarantee fund) should facilitate the functioning and development of mutual societies in the country. However, Togo has not yet adopted these regulations, which leaves a legal vacuum in Togo with regard to the activity of health mutuals. Consequently, health mutuals operate illegally but are tolerated, given the value of their activities.

The institutional framework of health mutuals in Togo

In the absence of a legal framework, there is no public body dedicated to overseeing health mutuals in Togo. However, health mutuals are registered as associations based on the 1901 law with the ministry in charge of territorial administration.

On their own initiative, the health mutuals have organized themselves into a health mutual union for each region. The regional unions are grouped within the CNCMUT, which comprises 29 active health mutuals and has the following mission: (i) Coordinate the democratic life of the mutualist movement; (ii) Promote the mutualist model, values and principles; (iii) Support the development of mutual insurance companies; and (iv) Represent health mutuals in the public arena.

Development of health mutuals insurance in Togo

Togo's 29 health mutuals (see appendix 2) are divided into two groups according to the initiators:

- Trade union health mutuals (initiated by workers' unions);
- Community health mutuals (initiated by NGOs, associations, religious congregations, etc.)

Since their emergence in the 1960s, health mutuals have only offered products related to health insurance. Through collecting contributions and offering health insurance benefits, they have contributed to the popularization of the right to health care and to increasing the rate of people's visits to health centres.

However, since the creation of the INAM in 2011, the introduction of "School Assur" insurance for public school students in 2017 and other microinsurance services offered by the State, mutual health insurance companies are experiencing a decline in membership numbers, amounts collected and beneficiaries of care, as shown in the table below. Although data for 2020 are not yet available, health mutual stakeholders claim that the COVID-19 pandemic has further exacerbated the problems of health mutuals.

Table 1: Total beneficiaries of health mutuals and reimbursement to service providers in Togo

Year	Number of Beneficiaries	Total Reimbursement to Service Providers
2014	41,719	109,847,341.00
2015	40,379	100,367,767.00
2016	32,106	84,112,420.00
2017	32,781	81,689,447.00

The CNCMUT permanent secretary noted that, in view of health mutuals' experience of collecting, managing and offering care services over several years, and of their network throughout the country, it made sense for state-initiated health insurance services for the informal sector and vulnerable people, such as School Assur, to be managed by health mutuals, but this not the case.

According to M. Afonofé Adomey Yawo, regional coordinator at INAM and former MUPROSI board chair, *"theoretically and empirically, a health mutual must have technical and financial support over a period of between five and ten years in order to have a certain*

autonomy".¹² This lack of support encountered by most health mutuals and the absence of a clear regulatory framework largely explains this regressive trend in the activities of health mutuals in Togo over the last decade. To reverse the trend, the 29 mutuals under the umbrella of CNCMUT are advocating for a clear legal framework as recommended by the WAEMU regulations. Their campaign aims at getting three important decrees issued for the establishment of the WAEMU regulation n°007/2009/CM/UEMOA to: provide an administrative body that govern social mutuality in Togo; facilitate registration procedures for social mutuals in Togo; and the set-up of a National Guarantee Fund.

The Mutual Social Protection Scheme for Workers in the Informal Sector (MUPROSI)

Background

The construction material vendors in the Assivito neighbourhood of Lomé created the Construction Materials Vendors' Union of Togo (SYVEMACOT) on March 26, 1999. SYVEMACOT's aim is to provide a better framework for the sale of building materials. It is a member of the National Federation of Informal Sector Workers in Togo (FAINATRASIT), which was created in 2004 and today claims 55,000 members in all sectors of the informal economy.

Because the union members work in the informal sector, they are excluded from the social protection system, including health insurance provided by state structures. The majority of the union's members are street vendors, which exposes them to several work risks (accidents, illnesses, particularly malaria, etc.). With limited earning capacity and exposed to these risks, most of the members and their families are frequently confronted with illness, incapacity and death and are unable to afford the related costs. Under these conditions, a solidarity of mutual aid was set up among the members. This solidarity consisted of making contributions on a case-by-case basis to help any member who was in need. But this practice quickly became very burdensome for the members, revealing its unsustainability.

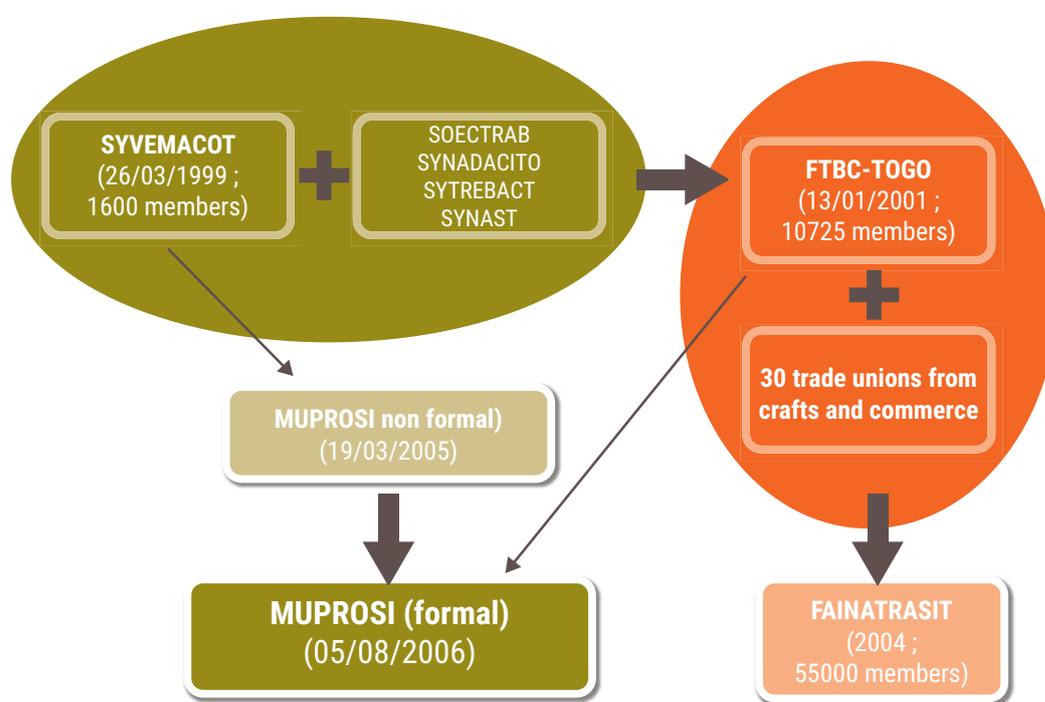
The union further had a tontine system called Projet Système Tontine Crédit (PSTC), which provided collection, savings and micro-credit for members. From this, the idea of adding a mutual self-help group was born. Thus, the mutual social protection society for workers in the informal sector (MUPROSI) was established on March 19, 2005. However, without a prior study and without adequate technical and financial support, the mutual insurance company was not effective despite its relevance and the high expectations of workers in the informal sector in general and those in the sale of construction materials in particular.

It is in this context that the FTBC-Togo, of which SYVEMACOT is a founding member, benefitted from a support fund from the AWARE HIV/AIDS project¹³ for the sensitization and training of peer educators in the fight against AIDS in 2006/2007. Convinced of

¹² Interviewed on December 24, 2020.

¹³ Donor-driven project implemented by Family Health International (FHI 360).

the relevance of MUPROSI, the FTBC decided to use part of the funds to formalize the existence of MUPROSI. Thus, a feasibility study was commissioned to determine the framework of the mutual insurance and its mechanisms; the contributory capacity of the actors in the informal sector; the care services requested by priority; and a financing mechanism and the balance between the amount collected and the care offered.



Based on the study’s conclusions, a general assembly was organized and MUPROSI was officially launched with a statute, bylaws and an executive board on August 5, 2006.

Legal, institutional and organizational framework of MUPROSI

MUPROSI is a trade union health mutual scheme¹⁴ open to everyone in Togo irrespective of gender, ethnicity, religion, social category or employment status. It operates as a social, non-profit association based on mutual aid and solidarity among its members. It enjoys management and organizational autonomy and is independent of any other political, ethnic, professional or trade union group. Its head office is in Lomé.

¹⁴ In the absence of an administrative body of the social mutual insurance or a register for the registration of social mutual societies, mutual health insurance companies are registered as associations by the ministry in charge of territorial administration, which issues them with receipts. This document is the administrative document that certifies the legality of mutual health insurance in Togo. MUPROSI does not have this document directly because it operates as an organ of the FTBC-Togo, and to this end, the mutual health insurance carries out its activities based on the FTBC-Togo receipt.

Objectives

The objectives of MUPROSI are:

- To guarantee its members access to quality health care.
- To ensure the education of its members in the field of health.
- To promote mutual insurance in the neighbourhoods of Lomé and surrounding areas.
- To gradually establish a social protection system for its members.

Activities

To achieve its objectives, MUPROSI agreed to do the following:

- Help its members get access to high-quality care at a lower cost.
- Information and awareness-raising among the population.
- Training of mutualists.
- Educate its members and the general public in health through IEC (Information, Education and Communication).
- Organize study trips and exchange of experiences.
- Any other activities that promote mutual insurance and ensure its development.

Decision-making bodies

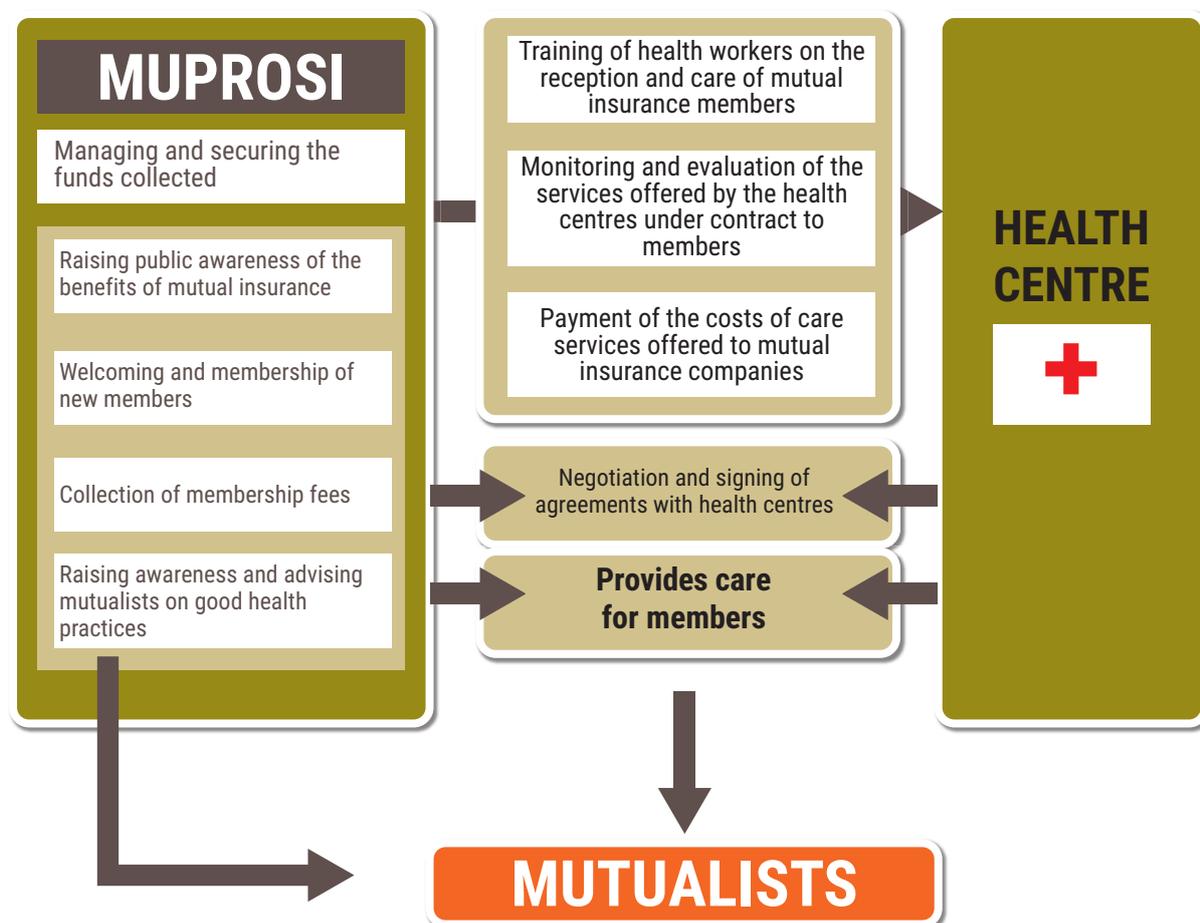
The organs of MUPROSI are:

- The General Assembly
- The Board of Directors
- The Executive Board
- The Supervisory Committee
- The Area Offices

Operation

Operational functioning of MUPROSI

The institutional, regulatory and organizational framework governing the functioning of MUPROSI is as follows:



Membership fee collection system

When MUPROSI was set up, the collection of contributions was done at the mutual insurance office and door-to-door by SYVEMACOT's PSTC agents.¹⁵ From 2015, the PSTC had operational problems related to the embezzlement of funds from the system and the mutual insurance company leading to its downfall in 2017. Since then, the collection of contributions from insurance company members is only done at the company's office. This does not happen without other problems.

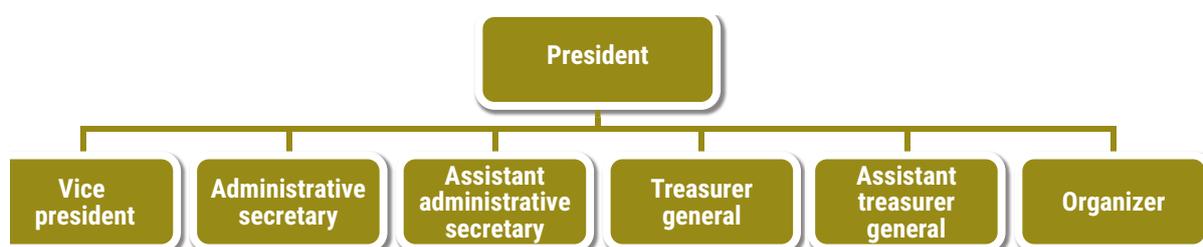
Most of the mutualists we met felt that travelling from their workplace to the mutual to pay each month was an enormous waste of time and often entailed travel costs greater than the monthly contribution fee. This has discouraged some mutualists. To revitalise the mutual society, this aspect of the contribution collection system will have to be improved by setting up a mobile payment system.

¹⁵ These agents were all volunteers, members of SYVEMACOT, mostly board members. Payments were recorded in note books and at the end recorded in a register of members.

Governance of MUPROSI

MUPROSI has defined the form of its governance in its statutes. It is governed by:

- **The General Assembly** is the insurance company's top decision-making body. It makes all the major decisions relating to the life and operation of the mutual society.
- **The Board of Directors** is the insurance company's administrative and management body. It is made up of the members of the board and the persons appointed in the neighbourhoods and hamlets according to a distribution key adopted by the General Assembly. In total, the Board has 17 members, among them three women.
- **The Executive Board** is the executive body of the mutual insurance company. Its members are elected by the General Assembly from among its members for a period of three years, renewable only once. The Executive Board is thus represented:



At the end of the last MUPROSI General Assembly in 2018, an Executive Board of seven people and nine members of the Board of Directors were elected. They are not paid for their services.

Given the low level of activities of health mutuals in Togo, CNCMUT¹⁶ recommends in its operational action plan that MUPROSI has only four permanent staff¹⁷ to ensure its day-to-day management, with this small team reporting to the rest of the office and the board of directors.

In practice, it was found during the study that MUPROSI does not have a single permanent person to carry out the activities of the health mutual. The person who served as the mutual manager since 2017 had not been in the office since October 21, 2020 because of unpaid salary arrears. Only the president, supported by the secretary of FTBC-Togo, who are both volunteers, ensure the continuation of the mutual.

¹⁶ National Consultation Framework for Mutual Insurance in Togo.

¹⁷ A manager, two mobilizers and a secretary/cashier. No specific amount is suggested in the action plan developed by CNCMUT. The compensation package depends on the scope of the work and an agreement between the staff hired and the health mutual.

Membership, membership fees and penalties

The mutual health insurance has open membership and can be subscribed to by any person living on Togolese territory irrespective of gender, ethnicity, religion or social category. Membership is by payment of a non-refundable admission fee of CFA1,200, which is deposited at the same time as the membership form and the first subscription. After joining, the new member is subject to a three-month observation period before benefitting from the care provided by the mutual. The observation period does not begin until the first subscription has been paid.

The monthly contribution is fixed at CFA400 (less than USD1) per person per month. In general, informal sector workers live in poverty in Togo. The average monthly remuneration, calculated from all the assets of the informal sector, is around CFA17,700 and half of the workers earn less than CFA5,000 per month.

According to MUPROSI's internal regulations, the following penalties are applied in the event of late payment of membership fees: suspension of entitlement to benefits after one month; warning after two months; and striking off after three months. In practice, however, only the first penalty is applied. When a member ceases to pay contributions, they remain a member without benefits until they resume payments.

Rights and duties of mutualists

Every member of MUPROSI has the right to:

- Benefit, under the conditions laid down in the statutes, from coverage of health care costs.
- Freely give their opinions on the life and functioning of the mutual insurance company.
- Elect and be elected to any position of responsibility within MUPROSI in accordance with the statutes.
- Participate in all the activities of the mutual.
- Have a membership card.

Services offered

MUPROSI covers the primary health care of its members, including the following:

- Malaria.
- Diarrhoeal diseases.
- Respiratory diseases.
- Trauma and minor surgery.
- Emergencies.
- Prenatal consultations and normal childbirth (excludes caesarean section).
- Infections related to primary care that can be treated in the health centres under agreement.
- HIV/AIDS (psychosocial counselling and guidance).

The management of these conditions includes the acquisition of mainly generic drugs available in the contracted health centres.

A third-party payment system is used. The insured pays the user fee and MUPROSI pays the coverage rate directly to the health facility. The coverage rates are 75 per cent of the service costs. It is worth noting that the health mutual interventions are limited to three claims per person per year, which are distributed among the family members.

The benefit of these services is granted to any member who is up to date with contributions and has completed the observation period.

Most beneficiaries interviewed deplore the unavailability of generic medicines in the contracted health centres, which forces mutualist patients to go outside the centres to obtain medicines. However, the coverage of medicines by the health mutual is only valid when they obtain them in the contracted centre. In addition, some say that the reception they receive as mutualists in some of the contracted health centres is poor and leaves them feeling that they are begging for free care.

The benefits provided by MUPROSI compared to other mutual insurance companies at national level, especially those offered by the public and para-public systems of the CNSS and INAM, seem rather modest, but are nevertheless indispensable for this category of workers, who mostly live in precarious conditions.

Health centres under agreement

Since its creation, MUPROSI has signed agreements with 27 health centres – 24 in Greater Lomé and its surroundings and three in Kpémé.

Only five contracted health centres in Lomé still provide health care MUPROSI mutualists. The reasons for this are:

- The considerable reduction in the number of mutualists up-to-date with payments.
- The concentration of beneficiaries in a given area, particularly in Greater Lomé.
- Unpaid benefits by the mutual insurance company.

Evolution of MUPROSI members and beneficiaries

Most beneficiaries are located in Greater Lomé. Since it began, MUPROSI has registered 1,231 direct members – 518 women and 713 men – with a further 4,269 beneficiaries who are dependants of members. Over this period, the total number of beneficiaries is therefore estimated at more than 5,500 people. These numbers were given verbally to the researchers by the MUPROSI board members. Although a gender breakdown of direct members was provided, a gender breakdown of dependants was not available. Also, there was no data available that would allow disaggregation by age and occupation for all members.

Figure 1 shows the number of new direct members joining the scheme on an annual basis from 2005 to 2020.

Figure 1: New membership enrolments per year MUPROSI: N



Beneficiaries up to date

The list of beneficiaries who have paid all their contributions is updated every three months and sent to the contracted health centres. Since 2016, there has been a decrease in the number of people who are up to date per quarter. Table 2 shows the average number of scheme beneficiaries – both direct members and their dependants – who are up to date on their scheme payments, per quarter, and therefore eligible to receive scheme benefits. As the figures indicate, these numbers are low and dropping, speaking to the lack of trust and confidence in the scheme.

Table 2: Average number of scheme beneficiaries who are up to date with scheme payments per quarter

Year	2017	2018	2019	2020
Average beneficiaries per quarter over the year	50	45	30	20

MUPROSI's technical and financial partners

As the initiator of MUPROSI, the FTBC-Togo remains the main partner of the mutual. FTBC-Togo supports the mutual by allocating offices within the mutual; by paying the salary of the mutual insurance company manager; and by putting the mutual in touch with its partners.

As an external partnership, the mutual benefitted from the support of World Solidarity (WSM) between 2015 and 2017. This support consisted of:

- Provision of a consultant to train the members of the mutual insurance company's board of directors, and to train health workers in the centres covered by the agreement to receive and care for mutual insurance members.
- Design and acquisition of leaflets and posters for awareness-raising.
- Raising awareness in the markets, on the radio, etc.
- Acquisition and installation of software for the registration and monitoring of members.

The study found that WSM's support has been ad hoc and that some of the achievements of this collaboration have not been sustained. Although the leaflets and posters are still visible, the software is no longer used because no one has been trained to use it. In addition, the computer on which the software was deployed crashed and has not been repaired.

Analysis of the financial situation of MUPROSI

According to the MUPROSI records, of the contributions (which vary in amount each year) the vast majority (90%) is used for benefits and reserves, and the remaining 10% is intended in principle for the operation of the mutual society.

The financial analysis of MUPROSI's operations over three years¹⁸ shows that the mutual insurance company's balance has always been negative although the mutual does not pay rent, electricity/water bills or salaries. These operating, administrative and management costs are borne by FTBC-Togo, the initiator of MUPROSI.

As shown in Table 2, service fees alone account for more than 90 per cent of the revenue collected. In 2015, services alone accounted for 113 per cent of the revenue collected.

Table 3: Financial standing of MUPROSI in CFA over three years

	2014		2015		2019	
	Amount	%	Amount	%	Amount	%
Membership	60,500		61,600		33,200	
Membership fees	554,800		499,600		149,200	
Total revenue	615,300		561,200		182,400	
Service fees	580,605	94%	634,270	113%	173,000	95%
Operating costs	205,145	33%	150,405	27%	40,500	22%
Total expenditure	785,750	128%	784,675	140%	213,500	117%
Balance	- 170,450		- 223,475		- 31,100	

It is therefore clear that the financial viability of MUPROSI is no longer guaranteed and its survival is uncertain.

Financial difficulties and impact of COVID-19 on MUPROSI

Internal management conflicts within FTBC-Togo as well as the COVID-19 pandemic have had a severe impact on MUPROSI and now threaten its existence. These impacts can be analyzed at two levels:

¹⁸ Financial data is inaccessible because the storage machine is broken. Only the paper archives allowed us to compile a sample financial analysis for three years.

At the level of its partner-initiator (FTBC-Togo)

FTBC-Togo is an umbrella organization of several unions, including SYVEMACOT, and is governed by an executive board. Since 2016, the members of the board have been in conflict over the management of the FTBC and the problem is still before the courts. This conflict has led to the departure of some of FTBC-Togo's technical and financial partners, which has caused financial difficulties for FTBC-Togo and its ability to support MUPROSI in its development.

In addition, the health crisis linked to COVID-19 has exacerbated the financial difficulties of FTBC. The manager of MUPROSI, whose salary is paid by FTBC, had not received a salary for 10 months at the time of this study. Because of this, the manager stopped coming to the office in October 2020.

At member level

In response to COVID-19, Togo put in place measures to curb the spread of the virus and to protect the population. These were preventive measures aimed at limiting the spread; emergency health measures when case numbers were very high; and mitigation measures, particularly for people in vulnerable situations. The mitigation measures were aimed at helping people in the face of the disadvantages resulting from the preventive measures on the one hand, and the harm caused by the health crisis on the other.

The pandemic response measures can be summarized as follows:¹⁹

Table 4: COVID-19 response measures

Preventive measures	Emergency measures	Mitigation measures
<ul style="list-style-type: none"> • Establishment of a crisis committee and national coordination of the response to COVID-19 • Setting up of a toll-free hotline 111 • Massive awareness of symptoms and distancing measures recommended by the WHO • Reinforcement of health controls at borders • Compulsory self-isolation for 14 days for those arriving in Togo • Requisitioning of hotels to accommodate suspected cases and the identification of health facilities for the care of COVID-19 patients • Free diagnosis and care for infected persons • Cancellation of officials' international meetings and other trips 	<ul style="list-style-type: none"> • Decree on the state of health emergency and establishment of a curfew • Establishment of a curfew from 8pm to 6am and creation of a 5,000-strong anti-pandemic force • Closing of borders to the movement of people • Total ban on gatherings of more than 15 people • Closure of schools, universities and temples • Closing of bars, nightclubs • Suspension of mass sports and cultural activities • Presidential pardon granted to 1,048 prisoners to ease overcrowding • Setting up protective barriers around at-risk towns • Obligation to install handwashing devices in shops and public places 	<ul style="list-style-type: none"> • Introduction of a cash transfer programme called NOVISSI for people who lose income as a result of the measures • Establishment of a National Solidarity and Economic Recovery Fund of CFA400-billion • Implementation of tax exemptions and facilitation measures for businesses to access credit • Setting up a social nets programme • Free water and electricity for three months for the most vulnerable groups

Although most mutualists state that COVID-19 has had a negative effect on their activities, they believe that the pandemic has not prevented them from paying their monthly contributions of CFA400 (USD0.75).²⁰ However, according to the President of MUPROSI, the restrictions, particularly those imposed in the markets and workplaces by the government, have not enabled the recruitment of new members since April 2020.

¹⁹ "Etat d'urgence sanitaire : guide pratique", Républiques Togolaise, April 2020, <https://covid19.gouv.tg/>

²⁰ Based on the 31 December 2020 rate of USD1 = CFA533.01.

Challenges and Prospects

The main issues at stake

The challenges facing MUPROSI are essentially threefold:

Improving governance and management

Most importantly, there needs to be a definitive resolving of management conflicts and complying with the national norms and standards laid down for the governance of a mutualist institution. At the heart of these issues are transparency and accountability imposed on all non-profit organizations.

In order to carry out the activities of the mutual effectively and efficiently, it is necessary to recruit permanent staff dedicated entirely to the mutual on the basis of clear specifications with a motivating salary. To this end, the staff model²¹ defined by the CNCMUT for the operation of mutual insurance companies in Togo could be adopted. Given the challenges MUPROSI is going through, it is clear that it cannot be self-sufficient. This is also the case for most of the other 28 mutuels in Togo. Financial support from the government is not expected for any health mutual in Togo at this stage. Even partnerships initiated by the private sector have been stopped due to the constraints placed on the construction sector by COVID-19. Therefore, salaries could only be paid by an NGO supporting informal-sector health mutuels through a grant.

Financial empowerment

Based on the amounts collected from mutual members (CFA400 per month per person), it is not possible to cover the expenses of the mutual society (health-care costs offered to mutual members and operating costs) and plan to make a reserve. By way of comparison, the State's scheme, INAM, has not been in a position to ensure a balance between income and expenditure since its creation in 2011. Therefore, only the search for other technical and financial partners seems to be a way of enabling the mutual to end its total dependence on FTBC, revitalize its activities and ensure its financial equilibrium.

It should also be noted that MUPROSI does not even have a legal registration number, which could have implications for its ability to obtain financial support, either public or private.

Connection to the state: INAM

Are there any possibilities for connecting MUPROSI to state support, such as INAM? In the current Togolese context, this seems unlikely. INAM covers only the public sector and an informal-sector programme has not yet been developed. This case study therefore cannot say much about any future collaboration mechanism. FAINATRASIT also does not know much about further outcomes. Consultations are at preliminary stages. In our research, it is anticipated that informal-sector workers will be encouraged through awareness raising to join the INAM informal-sector programme individually.

²¹ A manager, two collection agents and a secretary-cashier.

Should possibilities to connect with INAM arise, it is highly recommended that CNCMUT, the national consultative framework on mutuality in Togo, which is an umbrella organization of the 29 health mutuals, lead the process.

Connection to the private sector

As far as the private sector is concerned, the possibility of connections still exists. Strategically, MUPROSI is chaired by a doctor who is in the process of developing new contracted health centres. Unfortunately, MUPROSI's partnership with companies active in construction and building, such as SOGEA, SATOM, EIFFAGE and CCT-Bâtiment, came to an abrupt halt as a result of COVID-19's negative impacts on Togo's economy. This general downturn also limits the possibility of private sector support for MUPROSI.

Improvement of the legal framework through WAEMU regulations

MUPROSI and the other health mutuals under the umbrella of CNCMUT are expecting an improvement in the legal framework as recommended by the WAEMU regulations. WAEMU regulations provide a framework for the creation, management, functioning and operations of health mutuals and the creation of a National Guarantee Fund to protect beneficiaries in the event that a health mutual defaults on benefit payments or becomes insolvent.

CNCMUT's advocacy campaign aims at issuing three decrees for the establishment of WAEMU regulation n°007/2009/CM/UEMOA in Togo. The campaign targets the following:

- The administrative body that governs social mutuality in Togo
- The registration regulations for social mutuals in Togo
- The National Guarantee Fund

Prospects

In terms of prospects, the president of MUPROSI drew up an operational action plan including:

- Consideration that the number of board members be reduced from the current 17 members in order to make the decision-making process more flexible and to reduce the travel allowances granted for each meeting.
- Organization of a General Assembly to elect a new Board of Directors and a new Executive Board.
- An increase in awareness sessions in local languages on radio, television and in the workplaces of artisans and traders in the informal sector on the advantages of joining the health mutual.
- A slight raise in the amount of monthly contributions from CFA400.
- Renew agreements between the health centres and MUPROSI.
- Train health workers at contracted health centres on how to welcome and care for mutualists.

To ensure better performance by MUPROSI and reduce the dissatisfaction rate of mutualists who receive poor care in the contracted health centres, FTBC-Togo has since 2016 been building, with the help of partners in the building and road construction business (SOGEA, SATOM, EIFFAGE and CCT-Bâtiment), a reference health centre for MUPROSI in a suburb of Lomé. The total cost of this project is estimated at CFA100-million, of CFA70-million has already been spent. The above-mentioned partners have stopped their contributions because of the pandemic, which impacted their activities. The FTBC is looking for other partners to complete the construction.

**The MUPROSI reference centre under construction by FTBC-Togo
(26 December 2020)**



Conclusion and Recommendations

This case study has provided an understanding of the background, rationale and functioning of MUPROSI and the challenges it faces. Analysis of the information shows that the mutual is in a complicated situation and needs to be restructured. Governance must be improved and financial empowerment must be sought to give MUPROSI a chance for a new start. At national level, health mutuals cover barely two per cent of the population – out of the eight per cent of Togolese covered by health insurance. Although the health-care packages offered remain modest, the members welcome the relief that this brings when they most need it. In view of the social protection role that health mutuals play in Togo, they need a clear regulatory framework so that they can serve effectively as a bridging component in terms of health-care coverage and contribute to the achievement of SDG 3 (good health and well-being).

The main lessons learned from the case study have inspired many recommendations, mainly:

For MUPROSI

- Get support from partners as a grant to sort out the issue of staffing and pending claims.
- Increase sensitization to draw new members and therefore make available new resources.
- Increase monthly payments from CFA400 to CFA600 (USD1).
- Regain the trust of current members by increasing the number of contracted health centres.
- Set up a mobile payment system for monthly contributions to reduce the cost to the workers. The payments could be done through FLOOZ or TMONEY – two available systems in Togo.
- Set up a computerized database of members and beneficiaries that includes full name, age, gender, date of membership, place of origin, etc.²²
- Organize a General Assembly to elect a new Board of Directors and Executive Board.
- Use the opportunity at the next General Assembly to increase the number of women leaders within the mutual at all levels.
- Recruit staff dedicated entirely to the mutual insurance company on the basis of clear specifications with a motivating salary.
- Intensify awareness-raising in local languages on radio, television and in the workplaces of artisans and traders in the informal sector on the advantages of health mutual membership.
- Reinvigorate the agreements between the health centres and MUPROSI.

²² Without this basic data, MUPROSI cannot plan with any confidence, reach out to members in an even way, or make confident statements to prospective supporters on how they will achieve their objectives in a step-by-step way.

- Develop strategic partnerships with pharmacies. Ensure the availability of generic drugs in the contracted health centres and an improvement in their reception and care of mutualists.
- Carry out regular monitoring in the health centres to evaluate the services given to the mutual health insurance members.

As an umbrella organization, CNCMUT may be ideally placed to accompany MUPROSI in implementing the above recommendations.

For the trade union centres and CNCMUT

- Advocate at state level to support mutual health insurance as recommended in the WAEMU regulation on mutuality.
- Advocate to the State for the implementation of recommendation 204 on the transition from the informal to the formal economy and recommendation 202 on national floors of social protection.
- Advocate to the State for the implementation of WAEMU regulation 007/2009/CM/UEMOA on mutuality that states the legal framework, basic principles, purpose, rights and obligations of mutuals and their members, and the organization and operation of mutuals, etc.

Meeting with mutualists, 30 December 2020



Appendices

Appendix 1: List of resource persons

N°	NAME AND FIRST NAMES	ORGANIZATION	POSITION/TITLE	CONTACT	DATE
1	BADAWI KOZON	FAINATRASIT	President	90059341	02/12/2020
2	AGBLEGOE YAWAVI	FAINATRASIT	Secretary General	90189197	04/12/2020
3	GBANDJOU AYAO	FTBC/ SYVEMACOT	Secretary General	90030645	14/12/2020
4	KODJO SENOU	SYVEMACOT	General Treasurer	99415395	14/12/2020
5	EDOH-SEMEGNON KOSSIVI	MUPROSI	President	90835240	14/12/2020
6	KESSOUAGNI KOMI	SYVEMACOT/ STEETNET	StreetNet Focal Point	90289843	23/12/2020
7	RAVEN MAWUSE	CNCMUT	Head of Communications and Training	92280406	23/12/2020
8	SAIZONOU GHISLAINE	CNCMUT	Chair of the Board of Directors	90122587	23/12/2020
9	YAYA SANOUNOU	CNCMUT	Permanent Secretary	93029032	23/12/2020
10	ADOMEY YAWO	INAM	Regional Coordinator	91189040	24/12/2020
11	KOFFI LOTEH KODZO	MUPROSI	Manager (resigned)	90028682	26/12/2020
12	PAGNAN ESSO	General Directorate for Social Protection	Labour inspector	90272127	28/12/2020
13	AMOUZOU AMAVI	-	Mutualist	93818281	30/12/2020
14	AKATO KOKOUVI	-	Mutualist	90640175	30/12/2020
15	YAOSE AMAGBO	-	Mutualist	99086365	30/12/2020
16	ALABI MOUSSIBAO	-	Mutualist	90399739	30/12/2020
17	KOUMONDI ABLAVI	-	Mutualist	90538023	30/12/2020

Appendix 2: List of mutual health insurance companies and unions in Togo

N°	MUTUAL HEALTH INSURANCE	UNION/NETWORK
1	MUSARTO	REMUSOL (Lomé)
2	MUPROSI	
3	MuSLo	
4	MUSATRAV	
5	MUSA VISA	
6	COOPASIV	
7	MUSTEC	UMUSAL (Lomé)
8	10 MUSA parishes	
1	ARALILE TANAA of East Mono	UMUS-RC (Central Region)
2	SINAPASSINANG of Sotouboua	
3	DISSINA DAMA by Blitta	
4	ALAFIA M'PO of Tchamba	
5	DITE DAMA de Tchaoudjo	
1	TIN-TOD-LIEB OF TIDONTI	UMUS-RC UMUSAS (Savannah Region)
2	KPONG GUUN-N-MAN	
3	SIKBAOG'SAFIA-N-CIE	
4	YENDU-N-TOD DE TAMMONGUE	
5	LAAFIA-N-LI OF KPENDJAL	
OTHER MUTUAL INSURANCE COMPANIES		
1	MUSA AIDES AFRICA (LOME)	
2	COMPLEMENTARY HEALTH (LOME)	



About WIEGO

Women in Informal Employment: Globalizing and Organizing (WIEGO) is a global network focused on empowering the working poor, especially women, in the informal economy to secure their livelihoods. We believe all workers should have equal economic opportunities, rights, protection and voice. WIEGO promotes change by improving statistics and expanding knowledge on the informal economy, building networks and capacity among informal worker organizations and, jointly with the networks and organizations, influencing local, national and international policies. Visit www.wiego.org.



About StreetNet International

StreetNet International is an alliance of street vendors. It was launched in Durban, South Africa, in November 2002. Membership-based organizations (unions, co-operatives or associations) directly organizing street vendors, market vendors and/or hawkers among their members, are entitled to affiliate to StreetNet International. The aim of StreetNet is to promote the exchange of information and ideas on critical issues facing street vendors, market vendors and hawkers (i.e., mobile vendors) and on practical organizing and advocacy strategies. Visit <http://streetnet.org.za/>