

Q&A from the Webinar “Healthcare Access to Reduce the Income Gap” hosted on 22.03.23 by the Living Income Community of Practice in collaboration with Elucid Social & Max Felchlin AG

1. Can you explain more about how you work with the national health services and if the government is interested to expand and scale the partnership? What would be needed to scale it?

A: We partner with national health services and local health insurance providers to ensure accessible, high-quality healthcare for farmers. Our health coverage complements existing national health insurance programs by filling gaps in coverage, particularly for maternal health and life-threatening conditions. Scaling our implementations involves increasing collaboration with public and private health facilities, insurance providers, and governmental bodies to extend our reach and improve healthcare access for farmers.

2. To what extent should women be more targeted for access to health care programmes? Would the impact be greater and the improvement in community well-being faster?

A: We prioritize vulnerable populations, especially women. Our health coverage packages cater to the unique healthcare needs of women and girls, who often have limited access to services and receive poorer quality care than men. By focusing on women-centered healthcare, we aim to improve the overall well-being of communities, as women are more likely to use money for healthcare for their entire family instead of on individual needs.

3. Could you please elaborate a little on how your initiative fits in with the national health services now and how you see this developing in the future?

A: We work with key healthcare stakeholders to strengthen healthcare systems. Benefits public health authorities include:

Community health workers:

Higher, reliable income; increased motivation and job satisfaction

Health insurances:

Higher subscription rates; improved beneficiary and claims management; faster processing times and better fraud detection, reducing reimbursement times

Healthcare providers:

Higher income; faster, more reliable reimbursement; better treatment quality due to increased budgets for staff and equipment

Governments:

Higher subscription rates in national health insurance; improved population health access aligned with government priorities; boosted health system performance indicators

4. What is the average costs per farmer or household to provide health insurance for 1 year in a country where there is NHS (like Ghana) and in a country where there is no NHS

A: In Ghana, the average cost per household for comprehensive health insurance (including NHIS and a health fund for maternal health and life-threatening conditions) is around 45 EUR per year for pilot implementations, with costs reducing at scale. We also provide targeted health coverage at lower costs for specific medical conditions or target groups. However, the cost per country is not necessarily determined by the existence of a national health insurance program because we can collaborate with private insurers. Instead, the costs depend on the country's GDP per capita and health expenditure per capita.

5. Have you explored including in the dashboard the nature-based components of human health or considered tracking nature-based health benefits that have a strong evidence base/correlations? For example, malaria increases can be connected to forest loss in some areas, and forest cover can mediate the negative impacts of heat.

A: A lack of access to affordable health care can result in farmers resorting to unsustainable practices such as slash-and-burn agriculture, which leads to deforestation and contributes to climate change. By providing affordable health insurance, farmers are able to access medical care when they need it, reducing their need to engage in such practices. Additionally, health insurance can also encourage farmers to use sustainable farming practices, which can help to reduce deforestation and mitigate the impacts of climate change. Thus, we believe that investing in affordable health insurance can have a positive impact on both human health and the environment.

6. In the presentation you showed a map with your project in Madagascar and Ghana, and explained the prospect of 2024 and implementing the project in Ecuador. Is there a prospect of implementing your work in Côte d'Ivoire? if so when, and in general what challenges do you face when expanding your project to another country?

A: We are currently launching operations in Côte d'Ivoire. New implementations in new countries come with a variety of challenges. We leverage our extensive network in the health and public policy sectors in Sub-Saharan Africa and Latin America to overcome them. We partner with local experts and conduct sensitization campaigns to increase awareness and build trust in the communities we serve. Challenges include building trust, overcoming infrastructure obstacles, adapting to local healthcare landscapes, and customizing our solution to the local health context.

7. What health facilities does Elucid beneficiaries use. Are they public or private?

A: We are partner agnostic. We partner with both public and private health facilities, including faith-based organizations, prioritizing those that provide the best quality and accessible care in their respective areas. We ensure that at least one referral hospital is included in our partnerships to accommodate complicated cases.

8. How does Elucid interact with local or traditional medical practices? How do you influence health seeking behavior in this way?

A: Elucid lowers financial and entry barriers to care, encouraging people to transition from traditional systems to formal health systems.

9. Is mental healthcare also considered in your insurance schemes or whether you see a general need for it?

A: We can also cover costs for mental health services. However, the health infrastructure in our countries of operation often faces challenges in providing mental health support. To overcome this, we partner with organizations that offer and develop mental health interventions.

10. How do you cope with smallholder farmers who are not part of cooperatives and not involved in valuable crops like cocoa and vanilla?

A: Currently, we work within the supply chains of our clients to provide healthcare coverage to farmers.

11. Can farmers sign up for Elucid's health insurance by themselves, or would it be at a higher cost?

A: Elucid encourages farmers to enroll for health insurance themselves or participate in the overall program cost. Elucid's Health Coverage is unique in

providing access to quality healthcare at partnering facilities and filling gaps where other insurance solutions fail, ensuring all essential services are covered.

12. Would you support the national system (CNAM) to enroll farmers to the national health insurance (CMU)? Otherwise, a private insurance is not legal according to the national law as farmers need to be enrolled first to the CMU. I would love to hear more on your collaboration with CNAM.

A: Elucid collaborates closely with CNAM to enroll farming families in the national health insurance scheme (CMU). We ensure that farming families receive their membership cards and can access CMU services at public health facilities. Services not covered or not accessible through CMU are covered by our own health fund.

13. Are the farming families you work with using the digital wallet and do they like it? And do you see examples that this kind of service encourages people to reinvest in their farms?

A: We enroll farming families in health insurance coverage and conduct sensitization campaigns and household surveys to assess interest in digital wallets for health-related transactions. The digital wallet is implemented in the second year of the program, or from the start if communities are familiar with mobile money. This service can potentially encourage reinvestment in farms.

14. What has prevented the existence of such healthcare programs in the past? Was it a lack of funding or something else?

A: Past barriers include a lack of awareness of healthcare's importance in securing livelihoods, healthcare not being considered an everyday threat, and insufficient technology to reach remote, rural households. The sustainability and digital health industries also have high entry barriers, but Elucid has established itself as a leader in this unique business model, providing a competitive advantage.

