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Research Article

USER PERCEPTIONS AND KNOWLEDGES OF THE HEALTH MICRO-INSURANCE SYSTEM IN THE THIÈS REGION (SENEGAL) IN 2023

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ABSTRACT

Introduction: The State of Senegal maintains that the promotion of mutual health insurance is a priority for accessing universal health coverage. Despite the efforts of politicians, deficits in terms of knowledge and perceptions of the populations are noted for most micro health insurance systems, especially in the Thiés region. It is in this context that this work aims to study users' perceptions of the health micro insurance system in the Thiè s region. **Methodology:** This is a qualitative study that was conducted in the period from 2020 to 2024. The collection period was two (2) months. Individual interview guides were used for mutual fund managers and healthcare providers and focus group guides for members and non-members. The collection period was two (2) months. Content analysis was carried out using RQDA software and Epi info version 3.5.3 to determine trends. **Results:** Managers were aware of the role of mutual health insurance companies and understood the CMU agency guidelines. Most (22/30) had contracts with health structures through agreements and some (25/30) considered the penetration rates acceptable. The majority (28/30) recognized the delay in repaying state debts as a difficulty. **Healthcare providers** (18/20) favorably appreciated the services provided and the level of partnership. Others (15/18) encountered problems in practice, they were unanimous on the interest of strengthening the communication of mutual insurance companies and were involved in training and supervision activities. **Members** (9/12) knew the basic principles of a mutual insurance company, its usefulness in facilitating access to care stated that they had known of the existence of the mutual insurance company. Other members (8/12) recognized that the operation of mutual health insurance companies is going through enormous difficulties. **Non-members** (7/12) generally have basic knowledge of a mutual. The reasons for non-membership were often financial and a lack of information on how mutualist structures work. Even if most non-members were aware of the interest of mutuals. **Conclusion:** The problem of access to healthcare for populations has always been a major concern in developing countries through the health micro insurance system. This based on the perceptions of the different actors has made it possible to better understand the evolution of the indicators in order to facilitate decision-making by the competent authorities.

Keywords: Perceptions, Knowledges, Membership, Mutual health insurance, Health micro-insurance system, Users, Senegal

INTRODUCTION

In the 1980s, a deterioration in the health status of the most vulnerable groups was characterized in developing countries. This reduction in health sector spending with new structural adjustment policies has negatively impacted the quality of services offered to populations by increasing high costs [2]. Several factors have marked the evolution and development of micro health insurance systems in Senegal through a destruction of economic conditions, the failure to cover 80% of the population in the formal and informal sectors with only 7.8% benefiting from health risk coverage [2, 3]. Since 2015, the state of Senegal has given priority to the development and popularization of mutual health insurance through the implementation of a strategic document to combat poverty. The development of a PNDS with a priority on the promotion of mutual health insurance has encouraged the establishment of bodies to coordinate interventions at the national level. Its mission was the establishment of universal health coverage, the mobilization of actors at all levels and the installation of a coordination body (CN) [2, 3]. This process resulted in the creation of communal mutuals, departmental and regional unions of health mutuals in order to revitalize their functionalities. These decentralized structures are coordinated by the regional agencies set up at the level of the 14 regions of Senegal. Despite the efforts of these policies, the membership of community health mutuals remains quite low, either due to poor communication or failure to take into account needs in the package of services offered [2, 4]. It is also noted that in the Thiès area, 90% of individuals turn to the local health centre first, regardless of membership status or not (Jütting J., TINE J, Bonn 2000). Therefore, to optimise the quality of health services, it is necessary for health professionals to change their behaviour, although the effectiveness of encouragement by health mutuals is not disputed [5, 6, 7]. According to Jütting's 2005 study, communication would be inadequate due to less significant communication campaigns or poorly adapted to the predominantly illiterate communities [6]. In 2005, in Thiés, 15% of communities were unaware of the presence of health mutuals, due to a lack of information for a significant part of the population. [6]. According to Jütting and Tine (2000), key factors that can limit adherence include the quality of services offered, patient well-being, availability of drugs, treatment efficiency, public doubts about the skills of health personnel, lack of trust in the mutual insurance company and relationships with service providers. Thus, poor quality of care negatively influences the use of a health micro-insurance system [4]. Non-

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payment for services associated with the Sesame Plan also had an adverse impact on the availability of essential drugs (stock shortages). This could sometimes force providers to prescribe specialized treatments that, unfortunately, were not available at the National Supply Pharmacy. However, these drugs were more expensive. Other reasons related to prescriptions for specialized drugs were also mentioned. Generally, the National Supply Pharmacy was often faced with shortages of molecules that were quite common. [8, 9]. Mutuals are organized into unions or coordinations in the regional areas of Thiès, Dakar, Kaolack, Louga, Saint Louis and Diourbel [4].

METHODOLOGY

Study framework

The study area consisted of the Thiés region located approximately 70 km from Dakar with an estimated population of 2,049,764 inhabitants in 2018. It has an area of 6,670 km2, or 3.4% of the national territory with proximity to the capital. Being a mining and coastal area, economic activity is highly developed in the region with the influx of the tourism sector, quarrying, crafts, livestock and agriculture. The assessment of health insurance indicators in the Thiès Region reveals a proportion of functional mutualist organizations down to 85.5% (77/90) compared to 2020 (92%) and a percentage of beneficiaries of the Equal Opportunities Card enrolled in health mutuals constant since 2019 at 47% (2,334). However, the number of CEC holders set at 5,460 in 2021 has been reached. The health risk coverage rate increased from 30% in 2020 to 26.6% for a target set at 45% while the penetration rate of health mutuals evolved in the same direction 46% to 41.8% for a regional target of 95%. According to the regional CMU service, the Thiés region has 90 health mutuals, spread over the 03 UDMS at the level of the different departments. [1]

Type of study and period of study:

A qualitative study was conducted in the period from 2020 to 2024. The duration of the collection was two (2) months.

Target populations:

The study included the following populations:

- Those responsible for mutual health insurance: the president, the manager;
- Health care providers: district chief physician (MCD) and care physician (MCA);
- Members of mutual health insurance companies;
- Non-members.

Data collection tools:

Individual interview guides were used for mutual fund managers, healthcare providers and focus group guides for members and non-members.

The topics covered by the mutual fund managers included : The role of mutual health insurance companies within the framework of the CMU, the directives and information received from the CMU agency, the contractualization with health structures, the services provided by mutual health insurance companies, the current penetration rate and at what level, the strategies developed to increase membership performance, the difficulties encountered in implementation and the solutions recommended.

For healthcare providers, the themes included : Collaborative work with mutual insurance companies, services provided by the mutual insurance company, difficulties encountered, solutions proposed in the operation and their involvement in promotional activities.

A focus group guide was used for health insurance members: The themes focused on: knowledge of mutual health insurance companies, the channel used to learn about the mutual insurance company, opinions regarding the services offered by the mutual insurance company, difficulties encountered in the operation of the mutual insurance company, and proposed solutions.

A focus group guide was used for non-adherents at the health center level: The themes focused on: knowledge of mutual health insurance companies, the channel used to learn about mutual health insurance companies, information held for a mutual health insurance company, difficulties in accessing health services, reasons for non-membership and solutions proposed to improve the operation of mutual health insurance companies.

Data collection method

Health insurance managers in the region were interviewed individually until satisfactory responses were obtained at their respective sites. Interviewers interviewed health care providers working in health facilities (health centers and hospitals), and interviews lasted 30 to 45 minutes. For non-mutual insurance members, 3 focus groups of 12 volunteers at each department level were formed with the support of the district's chief physicians. Participants were contacted directly at the health centers. For the members of the mutual insurance companies, the same method was used. Thus, 3 focus groups of 12 volunteer members at the level of each department were formed with the support of the managers of the mutual insurance companies. The participants were contacted directly at the headquarters of the departmental mutual insurance company. For the focus groups (6 in total), the distribution was homogeneous according to gender and age group, i.e. a group of young people aged 20 to 25, men or women, a group aged 30 to 35, men or women and a group of 40 to 50, men or women. Participants were clearly and precisely informed about the objectives of the study and were given the opportunity to choose whether or not they wanted to participate in the survey. Each individual expressed verbal consent. Each focus group took approximately one hour. Each focus group consisted of a facilitator and a relay responsible for mobilizing the target. The duration of the focus groups varied between 1 hour 30 minutes and 2 hours.

Data analysis

Mediators transcribed the collected speeches using dictaphones on Word. Once the data were processed and classified manually, content analysis was performed using RQDA software and Epi info version 3.5.3 to determine trends.

Ethical Considerations

Quantitative and qualitative information was collected anonymously, meaning that only the study managers

(investigator and supervisors) were able to consult it. They are protected from any disclosure. Previously, the National Ethics Committee of the Ministry of Health and Social Action (MSAS) examined this protocol N°SEN23/44 and approved it under number 0000201/MSAS/CNERS/SP on June 26, 2023.

RESULTS

Individual interviews with health insurance managers

Role of mutual health insurance companies in the context of CMU: All mutual fund managers were aware of the role of health mutual funds within the framework of the CMU. According to one manager: *"Health mutual funds facilitate access to medical care for all members or beneficiaries in collaboration with conventional benefits in order to enable the State to succeed in its social policy in CMU."*

Guidelines and information received from the CMU agency: Unanimously, all health mutual fund managers understood the CMU agency's guidelines. Training and capacity building sessions are organized regularly. According to one manager: *"The guidelines received from the agency are objective guidelines that allow the health mutual fund to be credible in order to have a better penetration rate. They generally revolve around information on data collection, the proper maintenance of management documents and the enrollment of disadvantaged groups*."

Contracting with health structures: For most health insurance managers (22/30), contracting with health structures is a legal act that concerns the agreement linking the health insurance to the service provider. In this agreement, the medical coverage rates, the terms of payment of invoices and the deadlines are mentioned. Some described it as follows: *"contracting with health structures is not good because we do not receive compensation on time. Delays are noted in the payment of services provided by the structures, which can sometimes lead to the cessation of services for members".*

Services provided by mutual health insurance companies: Essentially, the financial health of a mutual insurance company depends on its ability to deliver quality services and keep its members up to date with their contributions. According to a manager : *"The health insurance company provides its services based on its good cash flow. In other words, the payment of invoices is the only guarantee of good services"*.

The current level of the penetration rate: For the most part, health insurance managers (25/30) considered the penetration rates acceptable, but must be strengthened by taking into account specific strategies by area. One manager said: *"We would have liked the penetration rate to reach at least 50% of the population, but unfortunately after the benefits, beneficiaries generally no longer respect the contribution while waiting for the next illness. The other blocking factor is the management of BSFs, which are often very numerous and each one waits to be a member to join the mutual health insurance companies.*

Strategies developed to increase performance: For health mutual fund managers (28/30), very good strategies are always developed to increase the performance of health mutual fund membership. These include, among other things, awareness-raising through community radio, VAD, talks and sketches. These different strategies must be targeted and adapted according to the targets and by area. As one manager describes it: "…… *All the strategies developed are good and the implementation of interpersonal communication activities bears fruit in membership. But what is more important is to receive the subsidies on time to be able to pay our service invoices with the structures".*

Difficulties encountered in implementation: Unanimously, the managers of the mutual health insurance companies recognized that the main problem remains the delay in subsidies and the repayment of debts that the State owes to the mutual health insurance companies. According to one of the members: *"the major difficulties encountered in the implementation of our activities are at the level of financial means due to delays in contributions from beneficiaries and the debt by the State. However, if efforts are made by the authorities, we will be able to overcome some and boost the membership rate of the mutual health insurance companies."*

The recommended solutions: All the managers of the mutual health insurance companies were in favor of the impact of the delays in unpaid debts. And they believed that the State must make timely repayments of the debts linked to subsidies if it wants to succeed in its health policy because often the charges are higher than the contributions. "*For us, the authorities in charge must release the necessary means to allow the mutual health insurance companies to pay their bills for services to avoid the cessation of services at the level of health structures. In addition, we must also, on our part, strengthen awareness-raising activities to increase our membership bases and contributions for greater viability"* according to a manager.

Individual interviews with healthcare providers

Partnership with health mutuals: All healthcare providers (District Chief Physician and care physicians) appreciated the level of partnership, which is rather an excellent initiative to allow access to care for populations in general. And despite the difficulties, the populations adhering to mutual insurance companies, once they benefit from healthcare services, become truly convinced of the relevance of these mutual insurance companies. These mutual insurance companies make it possible above all to ensure good care with all service packages. This also allows good adherence to treatment thanks to easy access to medication. According to a provider: "*The partnership is beneficial for health structures and makes it possible to take care of the most deprived sections of the population. It finds its reason for being for the benefit of patients, health structures and health mutual insurance companies, but there is a problem of sustainability of the agreements because of the delay or absence of regularization on the part of health mutual insurance companies".*

Services provided by the health insurance fund: Most of the healthcare providers (18/20) favorably appreciated the services provided. According to one healthcare provider: *"We have good relations with the managers of the MS. Before signing the contracts, we agree on the services to be covered, the rate of coverage and the method and deadline for payment. I consider that the rate is good because it is at least 80% for the services of the health posts/centers. The method of payment is also respected (by bank check or direct payment into the health center account and deposit of the deposit slip with the head of*

the health facility. However, the payment deadline is almost not respected by any of the MS."

The difficulties encountered by mutual health insurance companies: In the operation of mutual health insurance companies, healthcare providers (15/18) have encountered many problems in practice. These difficulties are numerous and risk "weighing down" the operation of the structures. Some describe them as follows: "*The major difficulty with mutual insurance companies is the late payment of invoices or even delays of several months. Another difficulty is in relation to the member's circuit: if the letter of guarantee (condition for benefiting from the reduction of benefits) has been forgotten, the member must return to the mutual insurance office to retrieve this letter and return to the structure. Another difficulty is the lack of communication (on the part of the mutual insurance manager) or the member's failure to comply with the procedure for using the booklet: moving from the health post to the health center or from the health center to the hospital."*

The solutions proposed to improve the functioning of the mutual insurance company: All providers are unanimous on the interest of strengthening the communication of mutual health insurance within the communities. One health care provider said: *"For us, the mutual insurance company must really focus on promotional activities to encourage people to join en masse. It must also seek additional resources in addition to the members' contributions and finally they must ensure that they are up to date with PPS invoices."*

The level of involvement in health mutual promotion activities: Most of the healthcare providers (15/18) were involved in the training that the central level initiated for the benefit of the Districts and in the supervision of the awareness-raising activities carried out by the MS (with the support of the FD in 2020, Abt RSS+ and JICA). As described: *"We were involved in the training that the central level initiated for the benefit of the districts. Furthermore, as a provider, we try to convince patients to join the mutual health insurance companies to benefit from correct care at a lower cost. As head of the structure, I participated in the signing of the agreement with the mutual health insurance companies and I support in relation to the implementation, monitoring and through regional reviews or coordination meetings."*

Focus group for members

Basic knowledge of mutual health insurance: Most participants knew the basic principles of a mutual health insurance and its usefulness, in that it facilitates access to medical care for all families. One member said: *"We know the basic principles, that is why we are still members of a mutual health insurance and continue to benefit from the services offered."*

Sources of information on health insurance: Some participants (9/12) said they had known about the existence of the health mutual well before the CMU through the establishment of a solidarity fund collected (100 francs to 200 francs) by one of them. *"We learned about the existence of the mutuals through awareness-raising activities carried out by the relays and administrators of the area. Also, every day we hear radio broadcasts on the interest of joining the health mutuals but they are not regularly made."*

Services offered by health insurance companies: Many services were mentioned by members. These are services such as gynecology, ultrasound, dentistry, etc. *"Most of the most used services are maternity consultations, ultrasound and X-ray examinations, dental problems and general consultations"*

Difficulties encountered in the operation of mutual health insurance companies: For most members (8/12), health insurance companies have encountered enormous difficulties in their operation. According to one member: *"Even if we note that there have been improvements recently, we will not fail to mention some difficulties noted in the past, in particular the absence of IB drugs and the refusal of coverage sometimes by pharmacies."*

Solutions to improve the functioning of health insurance companies: They all appreciated the general usefulness of the health insurance and hoped that this process would continue forever. One member said: *"There are many solutions, but the most important are the payment of the debt owed by the State on time, the revision of the conditions of use of the BSF, the strengthening of local communication activities for recruitment and the updating of contributions."*

Focus group for non-members

Knowledge of mutual health insurance: Most of the non-members met (7/12) generally have basic knowledge of a mutual health insurance, in that it facilitates the medical care of populations with providers. As one of the non-members said: *"Most of us know what mutual health insurance means, but gaps are noted on other aspects such as the contributions to be made each time to be eligible when we are not sick."*

Means of knowledge about the existence of mutual health insurance: Awareness-raising methods have been used by health insurance managers and yet members of the community have still not joined. A non-member said *: "Even if some say they received information through VADs and community radios, others say they saw people with health insurance booklets in the hospital, which encourages them to join health insurance."*

Information received on health insurance: Most non-members knew the basic information about a mutual health insurance company, but the shortcomings are noted on the contributions and operation of the mutual insurance company. *"They have practically understood that to join you must first pay for a booklet. The only problem they have not understood concerns the individual amount of contributions and the medical coverage rates."*

Difficulties in accessing health services: Non-members all deplored the difficulties related to the reception of health services and the lack of information on the mutual health insurance companies in their area, someone spoke, I quote: *"we deplored the bad behavior of certain people in the service who are not nice to us. Others also expressed their lack of knowledge of the address of the mutual health insurance company's headquarters."*

Reasons for not joining mutual health insurance: The reasons for non-membership for non-members were often financial but also due to a lack of information on how mutualist structures worked. For example, a non-member:

"Even if some are wrong and criticize their ignorance, others consider that they are faced with a financial problem."

Solutions proposed to improve the functioning of health insurance companies: Most non-members are aware of the interest of mutual health insurance for easy access and effective coverage of health services. According to a non-member: *"Even if I am not yet a beneficiary, my proposal is to encourage mutual health insurance to raise awareness more to convince the "recalcitrants" but also to reduce the amounts of individual contributions."*

DISCUSSION

The results of the focus groups show that members (9/12) and non-members (7/12) knew the basic principles of a mutual health insurance plan and its usefulness in facilitating access to care. One member said: "*We know the basic principles, which is why we are still members of a mutual health insurance plan and continue to benefit from the services offered*." These results corroborate with the Dubois study (2002), that health insurance members attach more importance to health than non-members [10]. On the other hand, the results of another study in Burkina indicate that members of a mutual health insurance scheme have a more negative perception of traditional care than non-members, often judging it to be mediocre or ineffective (De Allegri *et al.,* 2006b) [11]. While some studies highlight a very good understanding of mutualist principles, both by members and non-members (Waelkens & Criel, 2003; Criel *et al.,* 2002), others attest to the low level of knowledge of mutual health insurance by the population (Basaza *et al.,* 2008; De Allegri *et al.,* 2006a; Schneider, 2005) [12, 13, 14, 15]. However, it also happens, as with MUCAS in Guinea-Conakry, that non-members, like members, have a good understanding of the functioning, advantages and disadvantages of the mutualist system (Criel & Waelkens, 2003; Criel *et al.,* 2002) [12, 13]. Non-members all deplored the difficulties linked to the reception of health services and the lack of information on health mutuals in their area, as evidenced by this verbatim statement ÷ " *We deplored the bad behavior of some people in the service who were not kind to us. Others also expressed their ignorance of the address of the health insurance headquarters*."

In addition to user dissatisfaction with caregivers' attitudes toward patients, empirical research attests to the distrust of populations in the skills of health workers (Schneider, 2005; Criel *et al.,* 2002). According to Schneider (2005), members and non-members complain of technical incompetence on the part of health care providers. Some beneficiaries also blame them for not respecting their commitments to the mutual system. The study suggests that community skepticism toward health facility staff affects their trust in the mutual and therefore has a negative effect on membership **[12, 15].** For most members (8/12), health insurance companies have encountered enormous difficulties in their operation. According to one member: " *Even if we note that there have been improvements recently, we will not fail to mention some difficulties noted in the past, in particular the absence of IB drugs and the refusal of coverage sometimes by pharmacies* ."
The package of services offered by mutual health insurance companies seems to be generally appreciated by members (De Allegri *et al.,* 2005; Fonteneau, 2003). However, it seems that members and non-members have relatively little knowledge of the services offered by the mutual insurance company, although they are aware that some services are excluded due to the low level of contributions and the small number of mutual members (De Allegri *et al.,* 2005) **[11, 16].** For the most part, health insurance managers (25/30) considered the penetration rates acceptable, but must be strengthened by taking into account specific strategies by area. One manager said: "*We would have liked the penetration rate to reach at least 50% of the population but unfortunately after the services generally the beneficiaries no longer respect the contribution while waiting for the next illness. The other blocking factor is the management of BSFs which are often very numerous and each one waits to be a member to join the health insurance companies*". Furthermore, a study conducted in a rural setting by Faye et al. 2016 demonstrated that membership in a mutual health insurance scheme in a rural setting was linked to understanding the principles and functioning of mutual health insurance schemes (OR: 2.06; 95% CI) [17]. The managers of mutual health insurance companies unanimously acknowledged that the main problem remains the delay in subsidies and the repayment of debts that the State owes to mutual health insurance companies. According to one of the members: "*the major difficulties encountered in the implementation of our activities are at the level of financial means due ~~to~~ delays in beneficiary contributions and the debt by the State. However, if efforts are made by the authorities, we will be able to overcome some and boost the membership rate of mutual health insurance companies*." The quality of health care can be addressed: it can constitute an essential condition for the success of mutual health insurance (Waelkens & Criel, 2004; Atim, 2000) [12; 19].

CONCLUSION

In order to promote access to care, mutual health insurance has become an alternative to the enormous contribution of households in the health sector. The support of technical and financial partners and the state has helped to accelerate the process of universal health coverage throughout the territory.
The analysis of user perceptions of mutual health insurance is a major asset in identifying the real difficulties and constraints of implementing this social policy in order to propose solutions according to the specific needs of different users.

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