



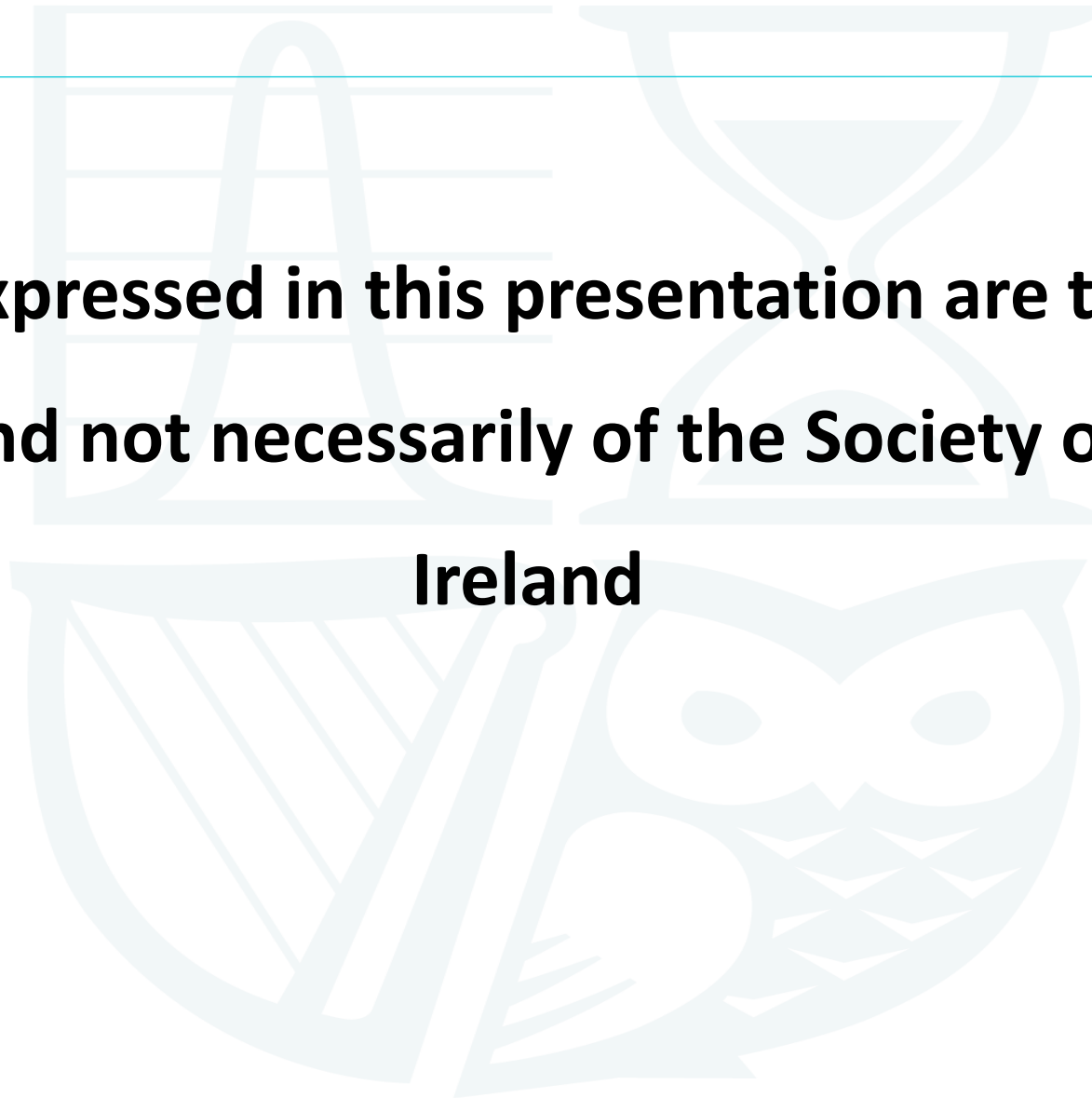
Society of Actuaries in Ireland

Using your Tea, Milk and Mobile to get Healthcare

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Disclaimer

The views expressed in this presentation are those of the presenter(s) and not necessarily of the Society of Actuaries in Ireland



Introduction Slide

A bit about myself

- FIA
- More than 20 years working exclusively on health insurance
- Initially Southern African market
- Joined Swiss Re in 2012 in Zurich
- Medical insurance
- Region of focus Africa, Middle East, GCM, Turkey





The traditional medical insurance target





A close-up, low-angle shot of a fishing net on a sandy beach. The net is filled with a large quantity of small, silvery fish, likely sardines or anchovies. The net's edge is reinforced with a thick green rope and dark blue floats. In the background, several people are visible, some carrying large woven baskets, suggesting a busy fishing operation. The scene is brightly lit, indicating a sunny day.

Targeting the Health Protection Gap



Why Bother?

- Lots of little fish can make a decent catch
- Medical insurance is a perfect introduction to insurance
- Builds the future market in all insurance lines
- A little bit of cover can have dramatic impact on human lives
- Makes individuals, families and societies more resilient
- Further builds economies and future markets



Different Approaches to Using the Insurance Sector

1. Low income environment driven by government
 - India (RSBY)
 - Government essentially use the private sector to deliver solution
 - Premiums mostly covered by the Government
2. Low income framework
 - Turkey (CHI framework)
3. No low income framework, but health heavily regulated
 - Brazil, South Africa
 - Lack of broad based solutions for low income end
4. Light regulation or regulated like other insurance lines
 - Africa, South East Asia
 - Spectacular failures, but the most innovative solutions



Benefits Covered

Different needs in different markets and populations

- Fee per day cover business interruption due to treatment
 - Small some assureds
 - Compulsory with small business loans
 - No waiting periods
- Surgical & hospital cash
- Cover for selected surgeries or treatments
- Biggest demand for out-patient services





But it is More Difficult than Fishing!



- No disposable cash
- Heavy anti-selection
- Provider behaviour, e.g. the Kenyan outpatient challenge:
 - GP's in expensive private hospitals
 - Radiology & Pathology incentivised
- Administration (and commission) often higher than claims cost
- Awareness and trust
- Lack of data

Different tools and approaches are needed



Using non-cash payments





Getting to the Customer

- Voluntary individual cover (for treatment) very difficult
- Needs some form of compulsion
- Freemium model
- Collective buyers
- Affinity groups
- Trusted brands
- Faith based groups





The role of the Mobile and Technology

Efficiencies in administration

- Registrations by mobile
- Mobile acting as confirmation of identity
- Payments by mobile

Enabling delivery of care

- Position location
- Tele-medicine



Bringing it all together – Using milk to get healthcare



Many players need to work together... if we want to land the catch



Questions?



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