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# The role of mutuals in social protection policies: innovative experiences around the world

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The objective of this scoping review is to produce a state of knowledge on the experiences of countries that have used community-based or health mutuals in their national social protection systems and the functions delegated to these mutuals. As this topic is to our knowledge not very developed in the literature, our review will be extended to all countries of the world. There are two main questions to be answered:

- 1. What are the existing experiences in the world that have used community-based health insurance or health mutuals in their national social protection policies?**
- 2. What functions have been delegated to these mutuals in these country experiences?**

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### Scoping review protocol

The role of mutuals in social protection policies: innovative experiences around the world

By Marietou Niang, Emilie G  linas, Oumar Mall   Samb, Val  ry Ridde

In collaboration with the International Labour Organisation

Version modified on 18 March 2022

## Introduction

The concept of social protection (or social security) can be defined as: *"a set of policies and programmes designed to reduce and prevent poverty, vulnerability and social exclusion throughout the life cycle."*[1]. These programmes may include measures such as social insurance, tax-financed social benefits, social assistance services, public works programmes and other schemes to ensure income security and access to essential services[2]. Social protection aims to reduce poverty, vulnerability and social exclusion, improve economic growth and empower people by increasing their economic capabilities and opportunities[3].

Despite the expansion of social protection coverage in many parts of the world, progress in building social protection systems remains insufficient. According to the latest estimates for 2020, only 46.9% of the world's population was covered by at least one social protection benefit, leaving 4.1 billion people without any protection[1]. Thus, one social protection strategy that has become increasingly popular to improve coverage of all risks over the life course (health, old age, disability, etc.) is to set up community-based or health mutuals[4-6].

Mutuals are characterised by their ethos of mutual aid, solidarity and risk pooling[7]. Most of the time, they are non-profit associations bringing together people who decide to join freely and voluntarily[8] to prevent risks in their lifetime[9]. Mutuals often make it possible to supplement the existing social protection offer in a country, and are therefore characterised by their accessibility to excluded or marginalised sections of the population. As a result, mutuals have proven to be particularly interesting in covering low-income people, rural populations and workers in the informal economy who are often excluded from formal social security systems[10]. Several studies have shown that mutual health insurance has improved financial protection by reducing out-of-pocket expenses for households and increasing the use of health services[11-16]. In some contexts, mutual health insurance has been useful in improving the quality of care by providing financial leverage for health facilities through resource mobilisation[17]. As a collective of users, they have also helped to put pressure on health care providers so that the supply of services better meets their demand[18]. More mixed effects were observed in terms of social inclusion[19, 20] but also in their contribution to the extension of universal health coverage, as shown by the experience of some countries that are struggling to achieve satisfactory coverage rates, such as Senegal (45%), Benin (40%), Mali (38%) and C  te d'Ivoire (47%)[21]. However, mutuals are generally small, which compromises their full

potential. Their financial sustainability is often questioned due to low membership and renewal rates, adverse selection (enrolment of high-risk family members), low membership and contribution fees, low collection rates, frequent changes in the provision of services included in the basket of care, and limited management capacity[10, 22, 23]. Despite the desire to be inclusive, it is common for the poorest to be excluded from these schemes due to their inability to mobilise the resources to pay for membership or contributions[23, 24]. Despite the many challenges, several international experts, state representatives and members of civil society recommend the integration of mutuals into national mechanisms for extending social protection[9, 25]. To date, there is little literature on the functions delegated to mutuals in social protection policies. As experiences of integrating mutuals into these policies are multiplying around the world, this review is relevant to improve the limited knowledge on the subject. The objective of this scoping review is to produce a state of knowledge on the experiences of countries that have used community-based or health mutuals in their national social protection systems and the functions delegated to these mutuals. As this topic is to our knowledge not very developed in the literature, our review will be extended to all countries of the world.

## Methods

The *scoping review* is exploratory, flexible and rigorous in nature. It examines or maps a body of evidence on an emerging topic, such as the functions and tasks delegated to mutuals in social protection policies, in order to formulate courses of action for research or public programmes or policies[26]. Various sources can be exploited, such as empirical studies, secondary data, quantitative, qualitative or mixed studies, grey literature[26-28]. To frame this review, the five steps proposed by Arksey and O'Malley (2005) are used: (1) identify the research question; (2) identify relevant literature; (3) select relevant literature; (4) map the data; (5) collate, summarise and report the results. To ensure the rigour and transparency of this review, a research team is involved in the different steps (see Table 1 in the Appendix).

### Step 1: Identification of the research question

There are two main questions to be answered:

- 1. What are the existing experiences in the world that have used community-based health insurance or health mutuals in their national social protection policies?**
- 2. What functions have been delegated to these mutuals in these country experiences?**

### Step 2: Identification of documents

Documents were identified using traditional health databases: PUBMED, EMBASE (Ovid) and CINAHL. Then, other multidisciplinary or Francophone databases were consulted: Web of science, Dimensions, Érudit, Isidore science. Since our topic is public policy, we searched a database relevant to this field: PAIS International. To identify grey literature, a specialised search was carried out in Google scholar. However, it is important to note that some databases, such as PAIS International and Érudit, allow the acquisition of scientific articles and grey literature. Keywords and descriptors adapted to the nine databases mentioned above were used. As the topic is not well developed in the literature, the search was broadly based.

A librarian from Laval University (Frédéric Bergeron) was involved in the research to validate the relevance of the databases consulted and the search with specialised vocabularies. All the information related to the search in the databases has been grouped in Table 2 (in appendix). In total, we acquired 6786 documents.

An ongoing search will also be conducted of the web pages of Ministries of Health and other potentially relevant Internet sources, including the websites of the International Labour Organization, the World Health Organization, UNICEF and the World Bank. Also, manual searches will be carried out in reference lists of articles or documents relevant to the objectives of this review. Country searches are also envisaged in the Google scholar database.

All documents acquired will be transferred to Covidence, a web-based software specialised in the production of systematic reviews(<https://www.covidence.org>). This software will allow us to eliminate duplicates and to do collaborative data selection and mapping.

### Step 3: Selection of items

This step will be carried out in an iterative way. A blind selection of documents will be made by EG and TTA. MN will monitor the whole process to ensure that the selection is made on the basis of compliance with the inclusion and exclusion criteria, and will also have the role of intervening to break the tie in case of lack of consensus in the selection of documents. OMS will also act as a judge in case of disagreement during the selection of documents. It is also planned to conduct one or two meetings with OMS and VR to validate the final selection of documents. The paper selection procedure will be done in two steps, first by titles and abstracts, then by a careful reading of the pre-selected papers.

#### The inclusion criteria are:

- A paper on the experience of using or linking community-based or health mutuals with social protection policy;
- Document presenting the roles of a community-based or health mutual in the framework of a social protection policy;
- Any document relevant to the topic regardless of the method used;
- Any document relevant to the subject without limit of publication date or completion of the study;
- Document published in English, French and Spanish

#### The exclusion criteria are :

- Any document dealing with community-based or health mutuals without addressing their links with social protection policy;
- Any document dealing with social protection policy without addressing links with a mutual health insurance company;
- Any document that seems relevant whose author is unknown;
- Any document that is published in a language other than French, English and Spanish.

### Step 4: Data mapping

The data will be extracted using the "descriptive analytical" method, which consists of applying an analytical framework to collect the key elements relevant to the selected set of documents[28]. The

standard Covidence form will be used and refined as the extraction is done. This software offers the possibility to add new fields to tailor the form to the objectives of the review. This form includes :

- Document identification (authors, publication dates, institutions, countries, etc.)
- Methods (specifications, conceptual frameworks, etc.)
- Study population and sample (if applicable)
- Types of intervention (in this review we will focus on the functions and tasks delegated to community-based or health mutuals in social protection policies)
- Results (including any gaps or recommendations observed)

## Step 5: Collect, summarise and report the results

This step consists of collecting and synthesising the data to make sense of them in order to answer the questions of this review. To present the results, we will first make a narrative and tabular presentation of the different documents selected, noting their periods or years of publication, their country of origin and the research methods used[27]. Secondly, the results related to question 1 will be presented. For this purpose, an exhaustive mapping of the different experiences listed in the world will be made. This section will also look at similarities and differences between the experiences identified. Thirdly, the results related to the second research question will be presented. In order to identify the functions delegated to mutual health insurance in social protection policies, we will use the policy transfer framework of Dolowitz and Marsh[29]'s policy transfer framework, which will be adapted to this specific topic as this review progresses. This framework allows us to analyse the policy transfer process based on the following seven questions[29]:

Why do actors engage in policy transfer? In this review: *Why do national social protection or health coverage systems engage in the transfer of certain functions or responsibilities to mutuals?*

Who are the main actors involved in the policy transfer process? (*Who are the main actors involved in the process of transferring responsibilities from a national social protection system to a mutual society?*)

What is transferred (*What functions or responsibilities are transferred from social protection policy to the mutual?*)

Where are the lessons learned (*How did the transfer take place, what challenges, what effectiveness, what lessons?*)

What are the different degrees of transfer?

What are the elements that restrict or facilitate the process of policy transfer (*from social protection policy to the mutual*)?

How is the process of (social protection) policy transfer related to the success or failure of mutuals?

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) developed by Tricco et al (2018) will be used to ensure the quality of this review (Table 3 in the Appendix)[30].

## Provisional timetable



Dates	Deliverables
11 March	Completion of the protocol and research in specialised databases
31 March	Have completed the identification and selection of documents
15 April	Have completed the data mapping
22 April	Presentation of preliminary results
20 May	Have completed the policy brief
31 May	Have completed the first draft of the article
24 June	Have completed the publishable article

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# Annex of tables

**Table 1: List of team members and their roles**

Roles	Names	Competencies	Involvement in the stages
Operational team	Marietou Niang [31]	PhD in community health	Participation in stages 1, 2, 3, 4 and 5
Émilie Gélinas (EG)	MsC in Health Sciences	Participation in stages 1, 3, 4 and 5	
Titilayo Tatiana Agbadje (TTA)	MsC in Public Health	Participation in stages 3 and 4	
Monitoring and validation team	Valery Ridde	Professor - Researcher	Validation steps 1, 3 and 5
	Oumar Mallé Samb	Professor - Researcher	Validation steps 1, 2, 3, 4 and 5
	Mathilde Mailfert	ILO	Validation steps 1, 2, 3, 4 and 5
	Lou Tessier	ILO	Validation steps 1, 2, 3, 4 and 5
	Aurore Iradukunda	ILO	Validation steps 1, 2, 3, 4 and 5

**Table 2: Acquisition of documents in the databases**

Scientific databases	Search terms	No. of items
PUBMED	(((((community based health insurance[Title/Abstract]) OR (mutual health[Title/Abstract]) OR (community health insurance[Title/Abstract]) OR ("Community-Based Health Insurance"[Mesh]))	392
Baseplate (Ovid)	((("Mutual Health" or "Community-Based") adj2 Insurance*). ti,ab.	322
CINHAL	T1 (("Mutual Health" OR "Community-Based") N2 Insurance*) OR AB (("Mutual Health" OR "Community-Based") N2 Insurance*)	195

Web of science	TS=(((("Mutual health" OR "Community-Based") NEAR Insurance*))	576
Dimensions	"mutual health insurance" OR "community-based health insurance" OR "mutual health" OR "community health insurance"	657
Scholar	(Title, abstract, keywords: "Health insurance") OR (Title, abstract, keywords: "Social insurance") AND (Title, abstract, keywords: "Social protection") OR (Title, abstract, keywords: "Social protection policy") OR (All fields: "Social security") AND (Fund: ['Scholar', 'UNB'])	2981
Isidore science	"Health insurance	167
PAIS international	"Political insurance" OR "social protection" AND "Community-based insurance" OR "Mutual health"	95
Google scholar Grey literature	1. "Mutual health insurance" OR "Community-based insurance" AND "Social protection" 2. "Mutual health insurance" OR "Community-based insurance" AND "Social protection" website:.un.org 3. "Mutual health insurance" AND "Social protection" OR "Social security". 4. "Health insurance" AND "Social protection" OR "Social security" site:. org	1290 4 96 11
<b>TOTAL</b>		<b>6786</b>

**Table 3: PRISMA-ScR checklist (Tricco et al., 2018 in Dagenais et al., 2021, p.38-39)**

A	B
<b>Sections</b>	<b>PRISMA-ScR checklist items</b>
<b>Title</b>	Indicate in the title that it is a scope review

<b>Summary</b>	Produce a structured abstract indicating (where appropriate) the background, objectives, eligibility criteria, sources of evidence, mapping methods, results and conclusions in relation to the research question(s) and objectives of the review.
<b>Introduction</b>	Rationale : Describe the rationale for conducting a scoping review in light of what is already known about the topic; describe why the research question(s) and purpose are appropriate for this type of systematic review. Objective: To produce a clear statement of the research question(s) and purpose of the review with reference to its key elements (e.g. population or participants, concepts, context) or other relevant elements useful in conceptualising the question(s) and/or purpose.
<b>Methods</b>	Protocol and registration: Indicate whether a protocol has been developed and whether it is available through a dedicated website (e.g. web address); if available, provide the number and other registration information. Eligibility criteria: Specify the characteristics of the eligibility criteria (e.g. years considered, language) and justify them. Information on sources: Describe all sources of information used for the literature search (e.g. databases with coverage dates and/or contact with authors to identify additional sources, if applicable), as well as the date of the most recent search conducted. Search strategy: Present the complete electronic search strategy for at least 1 database, including the limits that have been set, in a way that can be reproduced. Selection of sources of evidence: State the process for selecting the sources of evidence included in the review (e.g. selection and admissibility of documents). Data mapping process: Describe the methods used to map the data in light of the sources of evidence included (e.g. extraction forms pre-tested by the team before use, independent review) and any other data extraction and validation processes. Description of data: List and define all variables for which data were sought and any assumptions that were made as well as adjustments that were made. Critical appraisal of individual sources of evidence: If applicable, justify the conduct of a critical appraisal (methodological) of the sources of evidence included; describe the methods used and how this information was used in the data synthesis. Synthesis of results: Describe the methods of processing and summarising the mapped data.
<b>Results</b>	Selection of sources of evidence: Indicate the number of sources of evidence screened, assessed for eligibility and included in the review, with reasons for exclusion for each stage of selection, ideally using a flow chart. Characteristics of the sources of evidence: For each source of evidence, present the reasons why certain data have been represented and provide references. Critical appraisal of the sources of evidence: If applicable, present data on the critical (methodological) appraisal of the included sources of evidence. Results of individual lines of evidence: For each line of evidence included, present the relevant data selected in relation to the objective and research question(s) of the review. Synthesis of results: Summarise and/or present the results of the mapping according to the question(s) and the objective of the review.

<b>Discussion</b>	Summary of evidence: Summarise the main findings (including an overview of the concepts, themes and types of evidence available); relate to the question(s) and purpose of the review, and consider their relevance to key groups. Limitations: Discuss the limitations of the approach. Conclusions: Provide a general interpretation of the results in relation to the research question(s) and the objective of the review, as well as potential implications and/or next steps.
<b>Financing</b>	Describe the sources of funding and the role of donors in conducting the review.

