

Community-based Health Insurance and Migrant Organisations: Senegalese Associations' Response to Legal Vulnerability and Transnational Medical Needs

Modou Diop (modou.diop@psemail.eu)¹ and Rita Sobczyk²

¹Paris School of Economics, Paris, France; ² Department of Applied Economic, University of Granada, Granada, Spain

Objective

- Formal systems for financing access to healthcare for undocumented migrants vary widely from country to country in the EU and even within regions or states of the same country.
- In many countries, undocumented migrants face significant difficulties in the access of formal healthcare financing systems due to their migration status.
- In the absence of formal systems capable of providing healthcare financing to undocumented migrants, this group relies heavily on informal mechanisms such as Community-based Health Insurance (CBHI).
- *This study aimed at providing an in-depth analysis of how CBHI influences migrants' access to healthcare in Spain.*

Methods

□ Study Design

- Due to the exploratory character of the study, it is based on qualitative research design. To our knowledge, it is the first research that offers an in-depth analysis of CBHI among Senegalese migrants abroad

□ Study population

- All the participants of the study were of Senegalese nationality and were affiliated to tontine based CBHI
- Tontines -also known as Rotating Saving and Credit Associations (ROSCAS)- are traditionally known for their role in collective savings and retirement planning methods where the notion of group is determinant in the collection and distribution of funds. Its members act as mediators between agents who have either the capacity or the need for funding.
- The use of tontines as a community-based health insurance model offers a compelling solution to address healthcare access challenges in many regions in Spain.

□ Outcomes Assessment

- In order to capture the characteristics and evolution of CBHI, which had not yet been described in the literature, we conducted 28 in-depth interviews and one focus group discussion as the main technique of data collection. Participants belong to different tontines in different regions in Spain.
- The interview guide addressed: (1) history of migration and present situation of participants; (2) their state of health; (3) access to public and private insurance in Spain; (4) main sources of support in health; (5) participation in the tontine; (6) experiences with healthcare since migration to Spain.
- Grounded theory procedures (Trinidad, Carrero & Soriano, 2006; Glaser & Strauss, 2017) were used as a general framework for the inductive analysis of the collected data.

Results

□ RESULTS- Characteristics of the sample

- The socio-demographic profiles of the participants reflect the diversity which exists among Senegalese migrants (cf. Table 1).
- The Senegalese population in Spain is numerically dominated by men, who, according to the last Census (INE, 2021) form more than 80% of this population.
- The existing sex imbalance is reflected in the sample, although in the interviews we wanted to give more protagonism to women with an aim of highlighting their experiences and perspectives.

□ RESULTS- Social innovation as a response to unmet healthcare needs

- The unmet healthcare needs among Senegalese population abroad are being responded to by grassroots social innovation.
- CBHI helps to protect the most vulnerable people such as undocumented immigrants, allowing to finance a varied scope of sanitary assistance.

□ RESULTS- Factors behind the popularity of tontines and CBHI: cultural embeddedness, trust and adaptability

- Health insurance is thus profoundly intertwined with other kinds of services which are culturally relevant for Senegalese migrants who adhere to tontines.
- The relatively high quotas paid by their members are stimulated by the awareness that community-protection mechanisms will be activated in case of any kind of serious emergency
- Their high level of flexibility enables them to respond to new demands, such as the ones connected with COVID-19.

Conclusion

- The study shows how organisational structures enrooted in the history of the society of origin can evolve and adapt in unexpected ways to realities lived by migrants in destination countries.
- Migrant organisations prove to be grassroots microfinance initiatives that can contribute to the improvement of access to healthcare both in the country of destination and the origin.
- Community funds are mobilised in cases where access to healthcare cannot be provided by public and private insurance.
- CBHI are in the process of constant transformation and adaptation to the emerging needs of migrants.

		In-depth interviews	Discussion group
Sex	Female	32 (%)	20 (%)
	Male	68 (%)	80 (%)
Age	18–29	11 (%)	20 (%)
	30–44	50 (%)	30 (%)
	45–64	32 (%)	30 (%)
	65+	7 (%)	20 (%)
Administrative status	Regular	64 (%)	20 (%)
	Irregular	36 (%)	80 (%)
Labour market insertion	Employed	71 (%)	80 (%)
	Unemployed	18 (%)	0 (%)
Education	Retired	7 (%)	20 (%)
	Student	4 (%)	0 (%)
	No formal education	50 (%)	60 (%)
	Primary	7 (%)	0 (%)
	Secondary	32 (%)	40 (%)
	Tertiary	11 (%)	0 (%)

Table 1: Participant characteristics.

□ RESULTS- Organisational context, membership, and geographical scope

- The organisational structures among Senegalese abroad can be divided into at least four groups: (1) religious organisations linked to Muslim orders whose basic local units are called dahiras; (2) national and ethnic associations; (3) local origin-based organisations (formed by migrants from the same town or region); (4) tontines, which include small scale initiatives by friends or relatives (among which female tontines seem to be the most common ones), and medium scale organisations which may link migrants on the basis of their profession, origin, language or nationality.
- The four types of organisations can intersect with each other and this structural context is relevant for an adequate understanding of tontines' functioning.

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Ethics

The study has ethical approval by the Ethics Committee of the University of Granada (1038/CEIH/2020)