An Update on the Lessons Learned from the Working Group on Microinsurance

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Update on Working Group Activities



Working Group on Microinsurance

Working Group

Demand

Practices

Policy

Dissemination

Benchmarking(?)



Practices Group Activities in Context

Preliminary Donor Guidelines

Tester comments

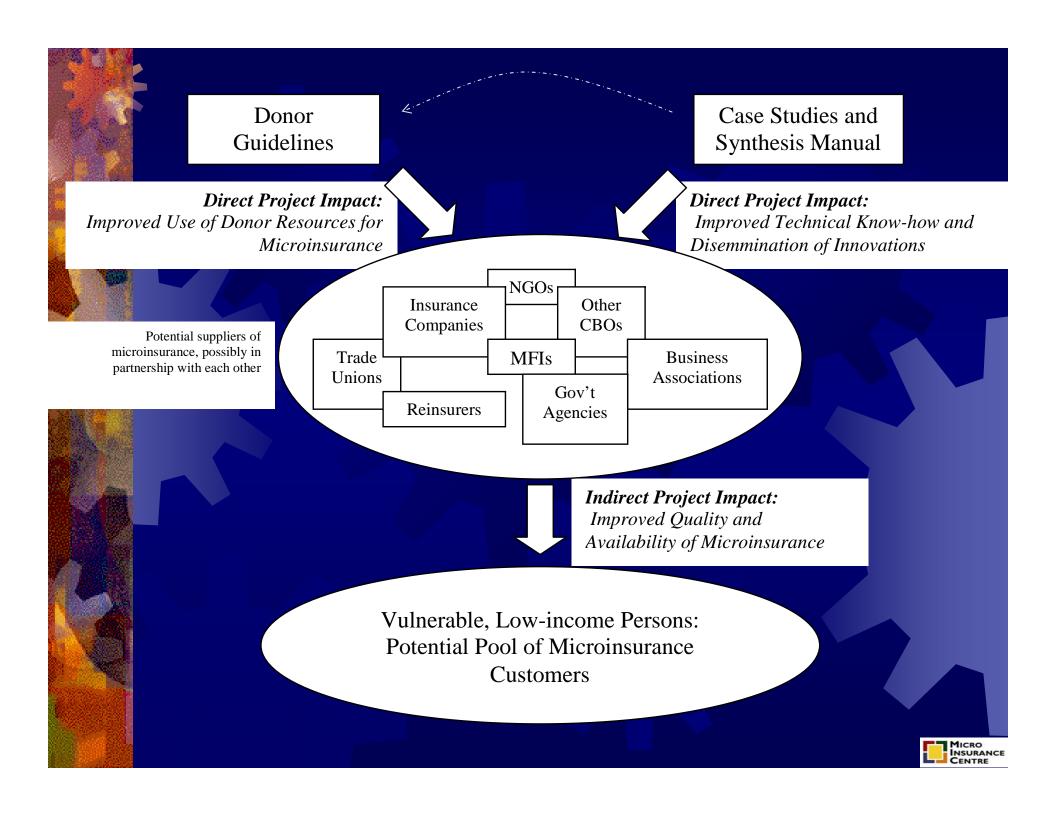
Revised
Donor
Guidelines

22 Case Studies

Lessons Learned Synthesis Book Lessons Learned "2 pagers" (MIC)



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Institution	Country	Regulated	Not Regulated	P/A	Self covered	Cooperative	Takaful	Mutual	Community-based	Brokerage	Life	Funeral	ADD	Endowment	Hospitalization	Illness	Savings	Tenants	Property	Livestock	Status
1. ServiPeru	Peru	r	_		0)	0		_		В		F		ш	_	_	0)				published
2. TUW SKOK	Poland	R										Ė	Α				S	Т			published
3. Delta Life	Bangladesh	R									L			Е							published
4. Columna	Guatemala	R									L	F	Α			Τ					published
5. TYM	Vietnam		N		S							F			Н						published
6. MUSCCO	Malawi		N		S						L										published
7. CARD MBA	Philippines	R						M			L			Ε							published
8. AIG	East Africa	R											Α								published
9. Worst Practices	Global		N																		published
10. Spandana, ASA, Shepard	India		N	Р	S						L				Н					L	in process
11. Bridge Foundation	India																				1st draft
12. Pulse/Madison	Zambia		N	Р								F									1st draft
13. Opportunity Intl	Global										L	F							Р		in process
14. Bangladesh Health Comparison	Bangladesh		N		S											_					2nd draft
15. SEWA	India		N	Р	S						L					\perp			Р		in process
16. La Equidad	Colombia	R				С					L										May-05
17. Islamic Insurance	Lebanon						Т				L										Delayed
18. Sri Lanka Comparison	Sri Lanka					С		M			L	F	Α	ш	Η						Delayed
19. Union des Mutuelles de																					
Dakar	Senegal							M							Н						Apr-05
20. Union Technique de la Mutualité	Mali							N 4													Apr 05
21. InfoSure Health	IVIAII							M							Н						Apr-05
Ins Comparison	Latin America														Н						in process
22. ASSEF	Benin								С						Н						Apr-05



Now....On to the lessons

• WARNING: Comments in this section are based on nine published cases, plus some knowledge of three others, but the total pool will be twenty-two. The sample size is limited, and thus comments at this point should be more for discussion and not seen as final results of the case study activities.



Product Design

- Always assess the impact on the company of any new product (CARD)
- Be very careful expanding to family members
- Keep it simple, group based, mandatory
- Outsourcing improves design flexibility (Tuw Skok)
- Can reduce lapses with less frequent payments
 (Delta)
- Relate the premium to the benefit (AIG)
- Insurer should set final premium
- Consider offering service instead of payment (ServiPeru)



Product Delivery

- Staff training and appreciation is necessary for significant sales growth. (Common)
- Creating ones own delivery channel may result in higher operations costs. (Delta)
- Became a minimum expected benefit to MFI clients
- Mandatory products can leave customers with very little understanding. Mandatory products DO NOT reflect demand. (AIG, MUSCCO, CARD, TYM)
- Major problems can be the result of the agent (claims delays)
- Do not underestimate demand. Make sure you are ready for rapid growth. (CARD, AIG, COlumna)



Financial Value of Networks

AIG Uganda[1]			Delta Life[2]				
2003	2004 est.		2002	2001			
54%	50%	Loss Ratio	10%	8%			
36%	34%	Operational Costs Ratio	45%	48%			

- > AIG Uganda uses MFIs (23) to deliver its product;
- Delta has created its own distribution network similar to that of Grameen Bank

Michael J. McCord and Craig Churchill. Delta Life Bangladesh: CGAP Working Group on Microinsurance – Good and Bad Practices in Micro Microinsurance, Case Study No. 7, Geneva ILO, 2005.

¹¹ Michael J. McCord, Felipe Botero, and Janet S. McCord. AIG Uganda: CGAP Working Group on Microinsurance – Good and Bad Practices in Microinsurance, Case Study No. 9, Geneva ILO, 2005.

Evolution

- Lack of evolution in products and processes hinders growth (AIG)
- Evolution must be controlled (ServiPeru) This may require institutional change (ServiPeru brokerage and insurers)
- Evolution must be balanced on both the demand and supply side (TYM Fixed premium claims increased 4.5X from 2000 to 2003 added Hospitalisation)
- Remuneration evolution has shown benefits (several moved to commissions)
- Evolution of social motivation to commercial motivation
- With bad news, throw a treat (CARD, AIG)



Institutional Structures

- **COMPUTERIZATION!** For data mining and efficiency
- Separation of insurance and other business (CARD, Tuw Skok, AIG.) Focus on core competencies (Delta, lost USD2 mill on microcredit, ServiPeru)
- Life versus Non-Life/General License (limitations need to be addressed)
- Brokerage firm might be more flexible (Tuw Skok, ServiPeru)
- Decentralization of claims can be more efficient



Management and Governance

- A member owned insurer (MBA) needs an advisory committee of professionals to guide it.
- Limits to management capacity can be expanded with reinsurance or outsourcing (Tuw Skok, ServiPeru, MUSCCO)
- Must treat microinsurance with the same business approach as regular ins.
- The board should require actuarial reviews, and follow recommendations (MUSCCO increased premiums by 60%, Delta, CARD)
- Need to review the microinsurance products as a separate product line (AIG)







- Growth in Net Income
 - **Observations** (over 4 years ended 2003)
 - 3 regulated companies grew >100%
 - 1 regulated company grew 45%
 - 2 unregulated companies grew 3% and 62%.
 - 1 unregulated company grew 41% in one year
 - Comments
 - Limited growth in unregulated because of limited / lack of reinsurance and reserves
 - Regulated are protected and monitored with strong profit motive



- Growth in Total Premiums
 - Observations (over 4 years ended 2003)
 - Growth of regulated companies:
 - 3 grew rapidly >80%
 - 2 largest grew slowly or saw minor reversal
 - Growth of unregulated companies:
 - 1 flat and 1 with >20% in one year
 - Comments
 - Slow regulated insurers:
 - 1 is reengineering but growth has been stagnant for 4 years
 - 1 is huge already and this limits premium growth without adjustments



Loss Ratios

- Observations (data per year)
 - Range from 8% to 63%
 - Highest, in the 32% to 63% range, are with health or illness covers
 - Unregulated are at the top and bottom of the range, regulated is 55%
 - Life covers (without health), are in the 8% to 40% range
 - Endowment causes lowest loss ratios because of savings component
 - No apparent difference between regulated and unregulated

Comments

- Overall loss ratios remain rather low
 - This may relate to inefficiencies
- Significant volatility due to numerous factors, though 5 of 8 are reasonably flat.



- Administrative / Operations Ratios
 - Observations (data per year)
 - Range from 12% to 68%
 - Lowest, in the 12% to 15% range, pay no commissions, and work through their own network of members
 - Highest pays reinsurance (only 1 other is noted as paying for reinsurance) and the highest commissions by up to 16%.
 - Between the outliers the three regulated insurers working through corporate agents cost 32% to 34% in 2003
 - The regulated insurer that has created its own distribution network costs about one-third more than those with corporate agents

Comments

- Only one example but it shows clearly that using corporate agents is substantially cheaper than creating ones own network.
- The ratios in general are significantly too high. They should be in their teens or low 20%s. This likely relates to inefficiencies.

- Profit Ratios
 - Observations (data per year)
 - Of those reporting (7 of 8), all target institutions were profitable in at least the latest year of data collected.
 - The range is from 0.2% of premiums to 45%
 - The highest is an unregulated cooperative, as is the lowest

Comments

- Profitability is proven by these institutions, even when offering some level of health insurance.
- The regulated fully commercial insurers generally earn lower profits than the cooperative or otherwise based insurers.



The MicroInsurance Centre

"Developing partnerships to insure the world's poor"

www.microinsurancecentre.org

All case studies are available on this web site

