



INCLUSIVE AND HEALTH INSURANCE CONFERENCE FOR AFRICA 06-AUG-2021

"Insurance for All: Enhancing Insurance Inclusiveness in Health,
Agriculture & SMEs"

DAR ES SALAAM-TANZANIA



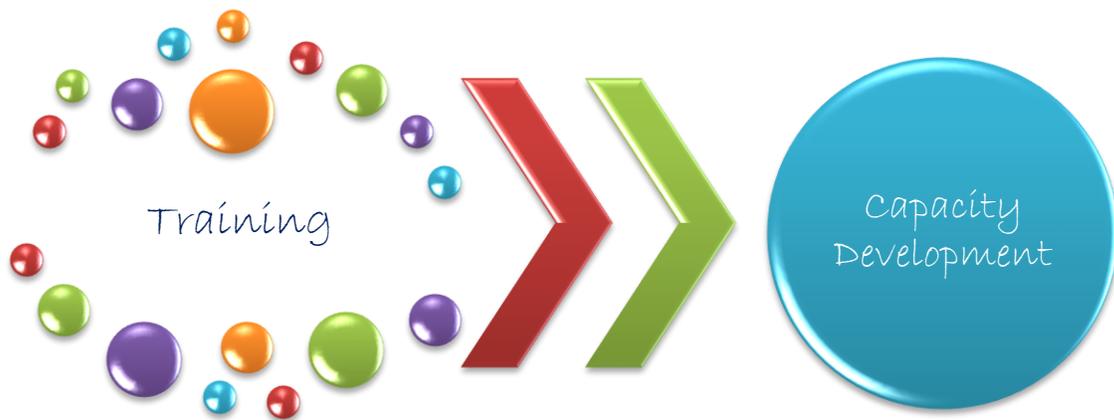
AFRICA COLLEGE OF INSURANCE AND SOCIAL PROTECTION



Conference Report

INCLUSIVE & HEALTH INSURANCE CONFERENCE, 6TH AUGUST 2021

August, 2021



Knowledge, Skills
& Understanding

Performance,
Profitability &
Prosperity



AFRICA COLLEGE OF INSURANCE & SOCIAL PROTECTION



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Ref. No: IHIC2021/Report

Date: 16/08/ 2021

To whom it may concern.

Dear Sir/Madam,

RE: THE INCLUSIVE & HEALTH INSURANCE CONFERENCE, 6TH AUGUST 2021

With the launch of FSDMP which envisage 90% of population to have health insurance and 10% of insurance gross written premium to be from agriculture insurance by year 2030, it is vital for the stakeholders to have a forum that can enable high level strategic dialogue to address constraints which may impede achieving these noble goals. Objectives of this conference were to dialogue and strategize on delivering health insurance for all via universal health coverage (UHC); Promote the development and proliferation of inclusive and good-value insurance for the informal sector; Raise awareness of the demand and potential for insurance in the SMEs, agriculture and rural segments of the economy; Provide opportunities for insurance and development experts to progressively develop shared visions and create new partnership to insure women and youths; and Highlights and deliberate how best financial stakeholders will implement FSDMP and its links with SDGs.

This conference brought together High-Ranking Government Officials, senior executives in insurance, health, agriculture, MSMEs, rural development and development partners. This event was curated under the philosophy of reflection, connection and ideation for the financial sector industry leaders and executives. This event was curated under the philosophy of **reflection, connection and ideation** for the insurance distributors leaders and executives. Hospitality in this retreat was tailored to include tea, lunch, iftar dinner, emergency medical care, secretariat, ushers and internet wifi.

Lastly, we enjoyed meeting with you and learned more about challenges you face and opportunities that you are pursuing in distributing insurance services. We thank all sponsors, participants, speakers and facilitators who made this event possible.

See you in the next Inclusive and Health Insurance Conference—2022.

Should you need additional information regarding this, please do not hesitate to contact the undersigned.

Yours Sincerely

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Contents

| | |
|--|----|
| 1. OPENING CEREMONY..... | 5 |
| 1.1 WELCOME NOTE..... | 5 |
| 1.2 Speech from Special Guest Ministry of Finance and Planning..... | 5 |
| 1.3 OPENING SPEECH Guest of Honor Ministry of Health..... | 6 |
| 1.3 Remarks Association of Tanzania Insurers (ATI)..... | 8 |
| 1.4 Remarks from Tanzania Insurance Brokers Association (TIBA)..... | 8 |
| 1.5 Remarks from – Tanzania Insurance Regulatory Authority (TIRA)..... | 8 |
| 2.0 PROCEEDINGS OF THE CONFERENCE..... | 9 |
| 2.1 Key note address: Landscape of Inclusive & Health Insurance in Africa..... | 9 |
| 2.2 Tanzania Financial Sector Development Masterplan & SDGs: How Insurance Stakeholders are accelerating development agenda | 12 |
| 2.3 Reaching informal sector: a case study of iCHF..... | 14 |
| 2.4 Panel Discussion 1: Universal Health Insurance Coverage Bill and the current Insurance trend | 15 |
| 2.5 Panel Discussion 2: Insurance Challenges & Opportunities: SMEs & Agriculture Sector..... | 15 |
| 2.6 Digital tools for Women & Youths for Inclusive Insurance..... | 15 |
| 3. RESOLUTIONS OF INCLUSIVE & HEALTH INSURANCE CONFERENCE 6 AUGUST 2021, FOUR POINTS BY SHERATON HOTEL DAR ES SALAAM-TANZANIA..... | 16 |
| 4.A THANK YOU NOTE..... | 18 |

1. OPENING CEREMONY

1.1 WELCOME NOTE

The official opening of the “The Inclusive & Health Insurance Conference, 6th August 2021” was held at Four Points by Sheraton Hotel and included speeches by Dr. Baghayo A. Saqware, Executive Chairman of the Africa College of Insurance & Social Protection and Mr. Edward Mbanga on behalf of the Minister of Health, Community Development, Gender, Elderly and Children who was the Guest of honor and Mrs. Janeth Hiza who was a special guest representing Permanent Secretary from the Ministry of Finance and Planning

Dr. Saqware welcomed participants to the Convention stating that this Conference is an opportunity each year for insurance sector practitioners, academicians and policy makers to convene and discuss major policy developments and emerging issues, get input on the policy priorities, and network with colleagues around inclusive insurance and health insurance agenda.

Dr. Saqware continued to explain that the idea of having this conference stemmed from the spirit of Public, Private Partnership (PPP) whereas the public and private sectors converge in the provision of health services focusing the community. It is in that spirit Africa College being a Professional Training College and Pan Africa Institution thought of having an imperative role to play in the Inclusive and health insurance agenda. Equally, he thanked the Tanzanite Sponsors KPMG, Four Points Hotel, PharmAccess International, NMB Bank, Tanzania Commercial Bank, National Health Insurance Fund, Jubilee Insurance, Assemble Insurance and Strategis Insurance Company for making the Conference successful.

He underscored that the profile and composition of speakers extracted practitioners, policy makers and development partners-this being a key for practical and result based dialogues aimed at addressing constraints. He iterated the conference aimed to share experiences and best practices relating to: Reaching the Informal Sector, Quality of Care and Health Services, Research and Impact Evaluation and Digitalization in the Health Insurance. The conference also aimed to advocate Community Health Insurance/Micro Health Insurance and on enhancing dissemination of the work on health insurance for the low-income earners which represents over a large portion of our population.

1.2 Speech from Special Guest Ministry of Finance and Planning

Mrs. Janeth Hiza (Assistant Commissioner Policy and Planning) who was a special guest representing Permanent Secretary from the Ministry of Finance and Planning started by thanking the organizers and participants for hosting this important dialogue.

On theme & discussions she had the following to the audience:

Financial Sector Development Master Plan 2020 – 2030 aims to guide the direction of the finance subsectors in this decade. The insurance subsector is expected to grow from the current penetration of 0.6% to about 3% of the GDP by the year 2030, while population coverage is expected to reach 50% of the adult population from the current about 6% and a potential premium

volume to increase from the current Tzs. 800bn to about Tzs. 8 Trillion. The FSMDP 2030 has set ambitious goals for the insurance subsector, which requires insurance assets to increase to 3% of GDP from the current less than 1% where gross life premium is expected to be 66% of the total market volume from the current 16%. To achieve these ambitious goals, the FSDMP 2030 has set the following targets for the insurance sub-sector:

1. 10% of beneficiaries of retirement plans use annuity products by 2030.
2. Ten (10) new demand driven insurance products developed by 2030.
3. 90% of the population have health insurance by 2030.
4. Eight (8) Affordable insurance distribution channels developed by 2030.
5. 20% of adult population have life savings products.
6. 80% of population are aware of insurance matters by 2025.
7. 10% total insurance premium contributed by agriculture insurance by 2030.
8. Insurance pools and consortium established by 2030.

It is clear from the above targets that, the topics of inclusive insurance, health insurance, agriculture insurance and insurance for SMEs are a critical agenda.

That, with regard to agriculture insurance, our country has over 44 million hectares of arable land with only 33% of this amount in cultivation. Supply of agriculture insurance products in Tanzania is still very limited whereas it contributed only a 0.12% of GPW in the year 2017 (TIRA, 2018) while based on the recent GDP of agriculture, insurance has covered only a 0.05% of this primary sector of the economy. Out of 30 insurance companies in the country, only four (4) insurers have some form of agriculture insurance product. Why this limited supply?

That, health insurance is estimated to reach only about 17% of our population (Finscope, 2017). Out of 30 insurance companies, only three (3) companies are dedicated to offering broad range of health insurance service. Again, why this limited supply?

In conclusion, she made a call to insurance service providers to address systemic inclusive insurance development challenges and constraints including:

1. Capacity Building and Human Resources
2. Distribution, Inclusive Health and Agricultural Insurance Solutions
3. Technology, Product Innovations, Consumer Education
4. Reinsurance, Micro Insurance and Emerging/Mega risk
5. Inclusive Insurance Market Development Policies and Regulations

1.3 OPENING SPEECH Guest of Honor Ministry of Health

The Minister of Health, Community Development, Gender, Elderly and Children who was represented by Mr. Edward Mbanga (Director of Policy and Planning) as the Guest of honor in his opening remarks noted that the theme of the Conference “**Insurance For All, Enhancing Insurance Inclusiveness In Health, Agriculture and SMEs**” resonates very well with the direction of the Six Phase Government under the able leadership of The President of the United

Republic of Tanzania, Her Excellency, Hon. Mama Samia Suluhu Hassani who has made health and agriculture insurance among priority agenda.

He further recognized the strategic focus taken by the Africa College of Insurance and Social Protection in Collaboration with Tanzania Insurance Regulatory Authority, Association of Tanzania Insurers and Tanzania Insurance Brokers Association by bringing up discussions which ultimately generates ideas that will ensure insurance sector continues to contribute towards mitigation of various risks particularly health insurance thus improving livelihoods of Tanzanians.

He underscored the difference between Universal Health Coverage (UHC) and Universal Health Insurance Coverage (UHIC) where the goal of universal health coverage is to ensure that all people obtain the health services, they need without suffering financial hardship when paying for them. UHC aims to provide health care and financial protection to all people in a given country with three related objectives: Equity in access – everyone who needs health services should get them, and not simply those who can pay for them; Quality of health services – good enough to improve the health of those receiving the services; and Financial-risk protection – ensuring that the cost of health care does not put people at risk of financial hardship.

Universal Health Insurance Coverage (UHIC) means protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow – destroying their futures and often those of their children. It offers coverage for all medical expenses – a third pillar of Universal Health Coverage (UHC) on financial risk protection.

He informed the participants that health insurance coverage in the country is not at about 32% which has been reported in some documents. At present, he stated health insurance has covered 8,224, 271 Tanzanians, equal to 14.7% of the population including 8% by NHIF (4,341,993 insureds), 5.4% by CHF (including iCHF), 1% by private insurance companies and 0.4% insured by NSSF-SHIB. He interjected that 85.3% of Tanzanians do not have any type of health insurance cover.

Mr. Mbanda went on to inform the delegates that the Government is finalizing the Universal Health Insurance Coverage Bill which will be read in the Parliament September, 2021 for the first read, and in December 2021 it will be read for the second time and be passed into an Act. When passed, the bill will: i) Make mandatory for every citizen to have health insurance; ii) Introduce a minimum health insurance benefit package (MBP); iii) Include the informal sector into the health insurance system; and iv) Strengthen the management and control of health insurance services in the country.

He went on to inform the delegates that the Private Sector has now been included in the UHIC bill and therefore the private health insurers should prepare themselves to offer the MBP to support enhance health insurance coverage.

1.3 Remarks Association of Tanzania Insurers (ATI)

Mr. Khamis Suleiman, Chairman of the Association of Tanzania Insurers (ATI) and CEO of Sanlam General Insurance Tanzania Limited underscored the challenge of Data facing the insurance industry. Despite few studies conducted by FSDT, the industry lacks data as a result it becomes very difficult to develop insurance solutions which responds to needs of Tanzanians. He stressed that designing complex products such as agriculture insurance or health insurance would require data on risk frequency and severity for at least the past 30 years and expertise required to analyze the data appropriately. He made a call for the industry to address the challenge of data so that solutions needed by the country can be designed.

1.4 Remarks from Tanzania Insurance Brokers Association (TIBA)

Mr. Amir Kiwanda, the President of TIBA stressed on the need for Public-Private Partnership which appears to be one of the ideal solution for most of challenges which faces the insurance sector. During the last two decades, the Insurance Industry in Tanzania has undergone successful transformation supported by structural policy, legal, and regulatory reforms of the industry that makes it easier for insurance business to flourish. The reforms have led to positive results across the sector; transforming itself into a vibrant and a dependable pillar of the country's economic growth, making significant contribution to financial sector stability and development. This success could not be possible without strong public private partnership established.

1.5 Remarks from – Tanzania Insurance Regulatory Authority (TIRA)

Representing Commissioner of Insurance from TIRA, Mr. Zakaria Muyengi Director of Market Development, Research and Planning moved a vote of thanks to Ministry of Health and Ministry of Health and Planning for participating in this important dialogue. Mr. Muyengi notified the delegates that recently on the 23rd July 2021 Insurance Thematic Working Group Meeting held in Dodoma at the Ministry of Finance and Planning Kilimanjaro Hall brought key stakeholders in the insurance sub sector to dialogue on implementation of the Financial Sector Development Master Plan (FSDMP).

He noted that the issues discussed today were also raised in the FSDMP Insurance TWG meeting in Dodoma including:

1. UHIC: It was proposed for the MoHCEGC prepare and schedule for engaging key stakeholders in the insurance including TIBA, ATI, IAAT, ICFT, Bancassurers and MNOs to discuss the program.
2. The Ministry of Health/Finance should share the draft UHIC Bill with insurance stakeholder before its submission to the Parliament in September 2021.
3. Agriculture insurance: TIRA is spearheading establishment of National Agriculture and Livestock Insurance Scheme (NALIS) which now is in the stage of feasibility study awaiting fund mobilization from stakeholders.

2.0 PROCEEDINGS OF THE CONFERENCE

2.1 Key note address: Landscape of Inclusive & Health Insurance in Africa

The key note address was delivered by Mr. Ancelmi Anselmi – Director of International Relations, Research and Consultancy at ACISP and a prominent consultant on insurance matters and the following are the key issues from his address:

Africa Inclusive Insurance Landscape

In the year 2018 the Africa Insurance Barometer reported that total African insurance premiums accounted for US\$ 60.7 billion or 1.3 % of global insurance premiums in 2016. This premium volume represented an insurance penetration rate of 2.8 %, still lower than the average emerging market rate of 3.2 % or the global rate of 6.1 %. Total real premium growth in Africa has not been negative since 2011, although in US dollar terms, African insurance premium volume dropped by more than 15 % from 2012 to 2016.

In 2017, Africa premium grew by 12% in \$ terms to \$ 66.6billion making Africa real premium growth second fastest in the world next to Asia (Africa Insurance Barometer, 2019). The African insurance market was expected to grow, prior to the COVID-19 pandemic, at the pace of 7% per annum from 2020 to 2025. This projection placed the African insurance market's growth at approximately twice the rate of North America, more than three times the rate of Europe, and slightly higher than Asia's 6% growth rate.

Landscape of Microinsurance in Africa report in the same year of 2018 reported that in the year in 2017 total of 15million lives covered which is about 2% of the estimated 700million people in the low-income bracket in the Continent. A total of \$ 420million in GPW representing less than 1% of overall GPW in Africa was from Microinsurance. Similar study in 2014 reported 61.2million lives covered and \$ 756m in GPW from Microinsurance. 58% of ISPs in Africa pursue a microinsurance strategy (Africa Insurance Barometer, 2019).

The History of UHC

The earliest steps towards social protection in the domain of health were taken in Germany during the rule of Otto Von Bismarck (George M, 2015). In 1883 the German Sickness Insurance Act was introduced by the German Chancellor in a reaction to social unrest. As a devout Lutheran, Von Bismarck was inspired by Martin Luther who already in the 16th century proclaimed that those who were unable to work due to illness and could not afford needed care, should be provided with the necessary treatments to restore their health so that they could return to work (Katzmann, 1992). However, this health coverage was only intended for a limited group of people (an estimated 10%) and eventually it took until 2000 to attain full coverage of the German population, meaning that every legal German resident was enrolled in a public or a private health insurance plan (Carrin & James, 2005).

Despite using different methods European countries followed Germany's example via schemes with one goal in common: ensuring the right to health care for all of its citizens, nowadays referred to as 'universal health coverage' (WHO, 2010). When considering some indicators for UHC, we can see that

the hard work during the 21st century has paid off and most of the OECD countries have obtained (near) UHC (Paris et al, 2016). In an annual report on health, Health at a Glance (OECD, 2016), it is stated that the quality of care has undoubtedly improved. In most countries life expectancy is above 80, which is an improvement of six years compared with the early 1990's. Another indicator is the rate of out-of-pocket payments (OOP) which has dropped to an average of 19%, when below 20% is considered to be a good indication of reduced risk of catastrophic health spending and impoverishing expenditure for health care (WHO, 2015). European governments chose to implement social programs to protect their citizens from socio-economic distress (Alesina, Glaeser & Sacerdote, 2001).

What UHC is not

- ▶ There are many things that are not included in the scope of UHC:
 1. UHC does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis.
 2. UHC is not just about health financing. It encompasses all components of the health system: health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation.
 3. UHC is not only about ensuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available.
 4. UHC is not only about individual treatment services, but also includes population-based services such as public health campaigns, adding fluoride to water, controlling mosquito breeding grounds, and so on.
 5. UHC is comprised of much more than just health; taking steps towards UHC means steps towards equity, development priorities, and social inclusion and cohesion.

Trends in UHC Financial Risk Protection 2019

The incidence of catastrophic healthcare payments Africa is high and increasing. Approximately 97 million people in Africa, representing 8.2% of the continent's population, incur catastrophic healthcare costs at the 10% threshold annually. The proportion of individuals that are pushed into poverty in Africa is high but is reducing. 15 million people, representing 1.4% of the continent's population, are pushed into poverty annually because of out-of-pocket healthcare payments (WHO UHC report, 2019).

Evolving Key Strategies for UHC in Africa

1. Making health insurance mandatory for all citizens with government commitment to purchase health insurance for the poor and vulnerable
2. Separating service provision and purchasing functions
3. Establishing a single risk pool (combining health insurance contribution and tax funding from national and county level), held at the National Treasury

4. Using multiple purchasers (public and private) to purchase the essential package for health on behalf of government.
5. Creating an independent accreditation system and linking provider payments to quality.
6. Establishing an expert committee responsible for developing and updating the benefit package.

Challenges and Lessons Learnt

1. Ensuring a process that is country led and owned with effective TA support.
2. Involving key stakeholders especially local governments, civil society and private sector early on.
3. Managing interests and expectations of wide-ranging stakeholders.
4. Balancing long-term vision (10 year) with more immediate implementation concerns.
5. Keeping an integrated, sector-wide view while developing the National Level Investment Framework (e.g. costing).
6. Building country capacity to do investment case.

Role of Private Sector in UHC

1. Create insurance education & awareness that will change the attitude of insureds and providers, increase inclusion, strengthen public trust, inform decisions and explain choice and consequences.
2. Establish a strategic capacity development hub for UHC.
3. Provide technical support for efficient insurance framework including actuarial and reinsurance technical services.
4. Conduct a gap-analysis for evidence-based financing.
5. Champion innovation in financing of UHC including creative earmarked levies and models for deploying levies which reduce resistance; social impact bonds, social business for health, etc.
6. Facilitate scaling and sustainability of social health insurance/microinsurance by providing efficient alternatives such as the use of MNOs to reduce distribution costs by 80% (CIMA-a2ii, 2016).
7. Facilitate in designing provider payment mechanisms that are effective, acceptable and considerate of the local context.

Key issues for the future

1. Alternative financing means besides government funding.
 - a. Performance-Based Financing (PBF),
 - b. Development Impact Bonds (DIB), and
 - c. Social Impact Bonds.
2. These are results-oriented funding mechanisms that coordinate public, philanthropic, and private sector resources to leverage financing for service delivery.
3. PPP balanced framework: Governments from both developed and developing countries are increasingly looking at public-private partnerships (PPPs) to increase access to health services by leveraging capital, managerial capacity and know-how from the private sector.

4. **No claim discounts:** Introducing a rebate policy on unutilised insurance premiums to encourage current enrollees to renew insurance plans and attract prospects as catalysis for the young population;
5. **Customized inclusive diversity:** Providing customised plans for cooperatives and organized interest groups such as women association (mama ntilie), motorcycle tax association(bodaboda), etc. to increase coverage in the informal sector, thereby increasing informal sector representation; and
6. **Cost reducing tech:** Adopting innovative technological solutions to strengthen the interaction between customers and healthcare providers which will ensure seamless integration of the process of care while managing overall cost.

2.2 Tanzania Financial Sector Development Masterplan & SDGs: How Insurance Stakeholders are accelerating development agenda

Speaker: Marsha Macatta-Yambi – UN Global Compact Tanzania

SDGs 2030 agenda emerges as a holistic global move as pointed out by the summary 5Ps: People, Planet, Prosperity, Peace & Partnerships. With 17 goals and their 169 target indicators, SDGs are ambitious and embrace a wide range of environmental, social and economic issues. Looking at the fundamental functions of insurance of guarantee, financial intermediation/organization, investment and risk management, one will realize there is so much we insurers can do to support SDGs 2030 initiatives than it is perceived.

Insurance sector initiatives, including the UNEP FI Principles for Sustainable Insurance, are demonstrating leadership in researching, debating and promoting the role of insurers in sustainable development. This includes an explicit recommendation to create a set of Insurance Development Goals, based on a pioneering global consultation by the PSI Initiative and the UNEP Inquiry on how insurance companies and insurance regulators could better support development through to 2030.

| <i>s/n</i> | <i>SDG Goal</i> | <i>Insurance relation to SDG</i> |
|------------|--|---|
| 1 | <i>End poverty for all</i> | <ul style="list-style-type: none"> ✓ <i>Insurance can offer a safety net to vulnerable households not to fall into poverty and act as a “spring board” for poor households out of poverty – social protection.</i> ✓ <i>Protection of micro business will ensure recovery from losses and release funds for investment.</i> ✓ <i>Access to loans and reduce the burden of loan default incase of perils such as deaths of breadwinner.</i> |
| 2 | <i>Zero hunger</i> | <ul style="list-style-type: none"> ✓ <i>Agriculture insurance for crops and livestock enable stable and increase in production of food.</i> ✓ <i>Insurers’ investment into RDD& D (Research, Development, Deployment & Diffusion) on climate, weather and natural catastrophe to sustain food production and storage.</i> |
| 3 | <i>Good health and well being</i> | <ul style="list-style-type: none"> ✓ <i>The role of health insurance is evident through increase access to medical services & UHC goal.</i> ✓ <i>Workman’s compensation and other liabilities that protect households from burden of accident injuries and disability.</i> |
| 4 | <i>Quality education</i> | <ul style="list-style-type: none"> ✓ <i>Education insurance offered through life assurance saving products.</i> ✓ <i>Life assurance products availing money upon death of breadwinner to enable financial obligations such as school fees payment.</i> |
| 5 | <i>Gender equality</i> | <ul style="list-style-type: none"> ✓ <i>Insurance related to gender risks such as maternity.</i> ✓ <i>Insurance covers benefiting women in their SMEs, groups such as savings and credit association, farmers groups.</i> ✓ <i>Better rates to women such as motor insurance covers that consider women as less risky drivers.</i> |
| 6 | <i>Clean water and sanitation</i> | <ul style="list-style-type: none"> ✓ <i>Investment in infrastructure for water.</i> ✓ <i>Insurance for water related projects.</i> |
| 7 | <i>Affordable and clean energy</i> | <ul style="list-style-type: none"> ✓ <i>Investment in innovative sustainable energy solutions.</i> ✓ <i>Link sustainable energy to climate action initiatives.</i> |
| 8 | <i>Decent work & economic growth</i> | <ul style="list-style-type: none"> ✓ <i>Encourage MSMEs investment through protection of assets, access to credit and release of emergency funds.</i> ✓ <i>Promote good working conditions as risk managers.</i> |
| 9 | <i>Industry, innovation & infrastructure</i> | <ul style="list-style-type: none"> ✓ <i>Provide insurance protecting industries and infrastructure.</i> ✓ <i>Investment in these projects as priority areas.</i> ✓ <i>RDD&D for sustainable innovation with innovative financing options.</i> |
| 10 | <i>Reduced inequalities</i> | <ul style="list-style-type: none"> ✓ <i>Financial intermediation role offers potential for insurance to redistribute funds.</i> ✓ <i>Frameworks for financial sector regulation and self regulation.</i> ✓ <i>Inclusive insurance to protect the poor.</i> |
| 11 | <i>Sustainable cities & communities</i> | <ul style="list-style-type: none"> ✓ <i>Property insurance, health and other causality insurance to make inclusive, safe, resilient human settlements</i> |
| 12 | <i>Responsible consumption & production</i> | <ul style="list-style-type: none"> ✓ <i>RDD& D to create knowledge across sectors.</i> ✓ <i>Leadership in risk management (enterprise, finance, physical).</i> |

| | | |
|----|---|--|
| 13 | <i>Climate Action</i> | <ul style="list-style-type: none"> ✓ <i>Promote climate responsive insurance underwriting and investment.</i> ✓ <i>Mitigating the effects of extreme weather and supporting climate change initiatives.</i> |
| 14 | <i>Life below water</i> | <ul style="list-style-type: none"> ✓ <i>Innovation in Marine insurance, oil & gas insurance and other activities interacting oceanic ecosystem.</i> |
| 15 | <i>Life on land</i> | <ul style="list-style-type: none"> ✓ <i>RDD& D to create knowledge across sectors.</i> ✓ <i>Leadership in risk management for the ecosystem and biodiversity.</i> |
| 16 | <i>Peace, justice and strong institutions</i> | <ul style="list-style-type: none"> ✓ <i>Promote risk management culture within organizations and institutions.</i> ✓ <i>Risk Management frameworks and standards that sustain peace, justice and fairness.</i> |
| 17 | <i>Partnerships for the goals</i> | <ul style="list-style-type: none"> ✓ <i>Global relationship structure of the insurance industry.</i> ✓ <i>Partnership with governments (PPP) to foster SDGs initiatives.</i> |

Insurance players should be required to identify and measure their contributions to the SDGs, integrate their achievements into sustainability reporting processes and commission comprehensive external monitoring.

2.3 Reaching informal sector: a case study of iCHF

Speaker: Ms. Zamaradi Mbega – PharmAccess International

About Community Health Fund (CHF): community health insurance scheme targeting the informal sector, introduced in 2001 by Government of the URT, implemented at district level. Districts through Baraza la Madiwani decided their own premiums (Tzs. 5,000 – 10,000); Everything started and ended at district level (higher levels only received manually prepared reports). In cities and bigger towns a version of CHF is known as TIKA i.e Tiba kwa Kadi.

Improved CHF (iCHF): From 2018 - to date CHF made three key areas of improvement: i) Hospital access levels from district to regional (at times national hospitals have been considered); ii) Premium increased to between 30,000 per household to Tzs. 150,000 per household or Tzs. 40,000 per person in Dar es Salaam; and iii) Technology from registration to claims payment, centralized at PORALG.

Key lessons from CHF

1. Under the right circumstances, people are willing to prepay for healthcare
2. Improve and guarantee quality health care services
3. Select the right re-imbursalment model
4. Include Private Health Facilities
5. Community Involvement to build trust and ownership of the scheme
6. Digitization – technology to lower distribution cost and improve efficiency
7. Translate promises into actions
8. Improve documentation and actually be informed by what has been done
9. Leverage on existing resources (people, ICT systems, tested concepts)
10. Strategic partnerships.

2.4 Panel Discussion 1: Universal Health Insurance Coverage Bill and the current Insurance trend

Speakers: MoHCEGC, MOFP, ATI, NHIF, TIRA, UNGLOBAL, APHFTA, PHARMACCESS

- The panel discussed the progress towards UHIC. Private insurance companies represented by ATI reaffirmed their readiness to support implementation of the MBP.
- Involvement of health care providers in structuring UHIC was deemed critical given the prevailing challenges in offering health insurance.
- The need to share with the stakeholders' proposed bill was underscored and taken as a resolution.

2.5 Panel Discussion 2: Insurance Challenges & Opportunities: SMEs & Agriculture Sector

Speakers: ATI, TIBA, NHIF, TIRA, MOFP, ACISP

- Recent market fires at Kariakoo indicate insurance needs for SMEs, need for customized products and insurance literacy (awareness and education).
- Agricultural insurance is a special line of property insurance applied to agricultural entities. Difficulties in achieving adequate diversification because of the nature of the risk; Asymmetries of information in underwriting which lead to the possibility of adverse selection and moral hazard; The geographical spreading of agricultural production; and Complexity of the biological processes of production which requires skilled and expert underwriting.
- In recognition of the specialized nature of this type of insurance, insurance companies operating in the market either have dedicated agribusiness units or outsource the underwriting to agencies that specialize in it.
- The Government must support agriculture insurance in five areas i) Enabling Environment ii) Support in product design and development iii) Risk Financing iv) Outreach; and v) Data.
- FSDMP 2030 is a demonstration of Government will and support in ensuring insurance reach the majority of the population.

2.6 Digital tools for Women & Youths for Inclusive Insurance

Speaker: Ali Selemani – KPMG

- Women account for 49% of population, youths account between 25 – 30% and over 90% live in the developing countries.
- Inclusive insurance implies insurance products which are accessible, affordable, appropriate, for unserved and underserved population with emphasis to low and vulnerable population.
- Digital tools such as MNOs, insurtechs/fintechs, online solutions are critical.
- Success will require mass education, PPPs, enabling regulatory environment and products which offer win-win to consumers and insurers, new distribution channels, leveraging technology for data and processes and implementation of new inclusive insurance business models.

3. RESOLUTIONS OF INCLUSIVE & HEALTH INSURANCE CONFERENCE 6 AUGUST 2021, FOUR POINTS BY SHERATON HOTEL DAR ES SALAAM-TANZANIA

| s/n | Issue | Action/resolution | Responsible |
|------------|--|---|------------------------------------|
| 1 | Inadequate insurance stakeholders' consultation on UHIC Bill 2021 | Share the Bill with insurance stakeholders | MoHCEGC & MOFP |
| 2 | Few companies offering health insurance and agriculture insurance products | Create incentives to increase the number of health and agriculture insurance providers so as to reach more people in the rural areas in a bid achieve the UHIC and SDGs | MoFP/TIRA |
| 3 | Limited technical capacity in designing and delivering health and agriculture insurance solutions. | Capacity building across the industry in-order to establish and develop more health insurance and agricultural insurance products in order to meet the targeted insurance penetration target. | ACISP |
| 4 | Limited data for insurance solutions design and delivery | Development of data warehouse, research | ATI/TIRA/ACISP/DPs |
| 5 | Declining health insurance coverage from the said 32% to 14.3% | Comprehensive research to assess causes of decline to inform UHIC program | ACISP/MoH/MoFP/DPs |
| 6 | Absence of PPP framework for UHIC and agriculture insurance | Develop PPP framework for health insurance and agriculture insurance in the country | MoH, MoFP, MoA, MoL |
| 7 | Limited resources to ensure 100% UHIC and agriculture insurance | Study and design alternative financing mechanism such as Development & Social impact bonds and Performance Based Financing (PBF) | MoH, MoFP, MoA, MoL/TIRA/ACISP/DPs |
| 8 | Absence of national inclusive insurance policy/strategy/guidelines | Formulation of National inclusive insurance Policy/Strategy/Guidelines (to cover formulation of products, channels, commercials) | MoFP/TIRA |

| | | | |
|----|--|---|--|
| 9 | Lack of innovation in insurance solutions for health, SMEs & agriculture | Amend Intellectual Property Rights Act to protect insurance innovation | MoFP, TIRA |
| 10 | Working in silos (isolation) in interlinked areas such as health insurance, SMEs and agriculture insurance | Call for multi stake holder collaboration among the insurance industry, supervisors and policy makers in Advancing lessons learned from successful implementers | ATI/TIBA/TI RA/Ministries /ACISP/DPs |
| 11 | Limited forums for discussing development issues | Leverage technology to organize more forums even on weekends | ACISP |

4.A THANK YOU NOTE

Dear readers, colleagues and friends,

Insurance Penetration in Tanzania is estimated at about 17% only (Finscope, 2017). With the launch of FSDMP which envisage 90% of population to have health insurance and 10% of insurance gross written premium to be from agriculture insurance by year 2030, it is vital for the stakeholders to have a forum that can enable high level strategic dialogue to address constraints which may impede achieving these noble goals.

Objectives of this conference were to dialogue and strategize on delivering health insurance for all via universal health coverage (UHC); Promote the development and proliferation of inclusive and good-value insurance for the informal sector; Raise awareness of the demand and potential for insurance in the SMEs, agriculture and rural segments of the economy; Provide opportunities for insurance and development experts to progressively develop shared visions and create new partnership to insure women and youths; and Highlights and deliberate how best financial stakeholders will implement FSDMP and its links with SDGs.

This conference brought together High-Ranking Government Officials, senior executives in insurance, health, agriculture, MSMEs, rural development and development partners. This event was curated under the philosophy of reflection, connection and ideation for the financial sector industry leaders and executives.

We are committed to support implementation of various resolutions made during this event and advance the inclusive insurance agenda.

Lastly, on behalf of the college, I would like to thank our sponsors, speakers, facilitators, participants and everyone who participated. Indeed it was a success and we couldn't do it without your support. This meeting report summarizes and synthesizes the proceedings and outcomes of the Insurance Industry Retreat. I sincerely hope that it will support and foster the continuing discussions and activity following on from this initiative.

Dear sponsors, **CONGRATULATIONS.**

By partnering with us in hosting this important high level forum to dialogue, you have demonstrated that; **Your company is committed to the financial sector development master plan, and you are ready to lead the way; Your company stands for development in the financial sector, and you carry that role in your shoulders; Your company supports thought leadership in the financial sector, and you participate in creation of solutions; Your company believes in impact dialogue in the financial sector, and you are committed to discussions which bring results.**

We stand with you, together in this journey of innovation, progress and discovery towards prosperity of both the People of Tanzania and profit to your respective companies.

Thank you for supporting #dialogue4development—FSDMP2030—INCLUSIVE & HEALTH INSURANCE CONFERENCE 2021.