

**The Actuarial Profession**  
making financial sense of the future

International Microinsurance Conference  
Stefan Dercon



## How to Insure the Poor Lessons from Research

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### Overview

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1. Risk is Costly for the Poor
2. Is Insurance the answer?
3. Offering insurance is easy – getting the poor to buy it is hard
4. Directions for the Future

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## Plenty of risk....

**Households reporting a particular event or shock affecting their wealth or standard of living considerably in last four years, Ethiopia 2006**

(Young lives data)

## Plenty of uninsured risk...

	Urban	Rural
<b>Any shock?</b>	<b>67</b>	<b>86</b>
Illness in family	22	31
Price shocks	21	38
Job loss	18	6
Death in family	15	14
Theft/crime	13	14
Livestock death	6	36
Land eviction	6	3
Crop pests	6	40
Drought	5	44
Rain/flood	3	22
Frost	1	12

## Most rural societies – risk is part of life

- Adjust their livelihoods (risk management)
  - Avoid costly inputs, go for safe activities etc
- Are cautious in terms of investments and assets (risk coping)
  - Keep liquid assets, small stock, grain stores for periods of need
- Support each other in communities
  - Informally – family
  - Use savings groups, church groups, etc.
  - More formally via groups, such as *iddirs*

## Only partial insurance!

e.g. in rural Ethiopia 1999-2004 data, **impact on consumption** in 2004?

Drought? -13 to 16%

Output price collapse? -19%

Demand for non-agricultural prod? -20%

Serious illness episode in family? -15%

Overall: if insurance had been offered for these sources of risk, **poverty down by a third**

## Most rural societies – risk is part of life

**LESS RISK BUT ALSO LOWER RETURN**

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**LOWER RETURN ON SAVINGS**

**SMALL RISK POOL SO COSTLY**

## Lack of insurance a cause of persistent poverty

- Persistent consequences into adulthood when crisis affects family as a child
  - Tanzania: stunting and lower education by 2004 when adult mortality in family (1990s)
  - Ethiopia: stunting, morbidity and lower education by 2004 for children in families affected by famine in 1984-85
  - Zimbabwe: impacts of drought in early 1990s
- Lower returns to assets due to risk and shocks
  - 25-50% lower return per \$ invested for uninsured in Tanzania and India
  - Lower income growth in 1990s for families affected by 1984-85 famine
- Lower investment into productive technologies
  - Lower fertilizer use in Ethiopia as debts cannot be insured (now)

## Lack of insurance a cause of persistent poverty

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## Lack of insurance a cause of persistent poverty

- Persistent consequences into adulthood when crisis hits family as a child
  - Tanzania: **stunting** and **lower educational attainment** in 2004 when adult mortality in family (1990s)
  - Ethiopia: **morbidity** in 2004 when adult mortality in family (1990s)
- **Better social protection could have large benefits**
  - 25-50% **loss of income** per \$ invested for uninsured in Tanzania and India
  - **Lower income** growth in 1990s for families affected by 1984-85
- **Better investment** into productive technologies
  - Lower fertilizer use in Ethiopia as **debts** cannot be insured (now)

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## Better insurance could have large benefits but...

- Alternatives to insurance:
  - Could be costly – such as savings and credit, especially for Covariate, Catastrophic and Correlated risks (3Cs)
  - Trade-off if products/provision are not offering 'perfect' insurance
    - Poor value products
    - Difficult products
    - Exclusion of groups to handle adverse selection
- Challenge of expansion of social protection
  - NREG income support (via employment) in India
  - RSBY health insurance in India and other heavily subsidised schemes

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## State of evidence

- Much practitioner based research (learning from experiences) and provider-linked research
- Less systematic evidence on
  - Actual uptake and its constraints
  - Impact
- Rapidly changing, and more and more research

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## Research on uptake

- Millions of people in the developing world have bought (micro-) insurance. E.g. 15 million 'poor' in SSA
  - 2.6% of those poor...
  - Mainly funeral and mainly South Africa
- NOT just a supply problem
  - Several studies systematically try to offer insurance
  - "Suitable" products for the poor, locally targeted (in health and in agriculture)
  - Often part of RCT studying impact

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## Some recent findings

- Series of experiments on 'drought' (index-based) insurance in India in Gujarat and AP (Cole, Gine and collaborators 2010)
  - 5-10% are buying the product, despite basic marketing effort
  - Very little renewal (AP)
- Credit linked with insurance vs credit alone in Malawi: (Gine et al 2008)
  - Fewer people want insured credit than uninsured (22% vs 33%)
- Drought insurance in Ethiopia (via cooperatives)
  - 3% bought product (Dercon et al. 2010)
- Troubling that risk averse buy less

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## Can we fix this low uptake?

- Jury is still out!
  - Better products should be possible
- Understanding? Cole et al. (2008)
- Basis risk (especially drought insurance products)
- Trust (perception of insurer default) (Dercon et al., 2011 on health in Kenya; Cai et al. livestock in China)
- NOTE:
  - Basis risk (Clarke) and/or trust (Zeitlin et al. 2011) could explain result related to risk averse buying less insurance

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## Understanding low uptake

- Some impact of better marketing and financial literacy training
  - Cole et al. Gujarat
- However: RCT by Dercon, Gunning and Zeitlin in Kenya (health hospitalisation insurance)
  - 13% uptake (without subsidy and basic marketing)
  - Sensitive to prices (with 20% discount, 24% uptake)
  - But no additional impact from intensive learning activities (learning circles, Swedish Cooperative Circle)
  - Lower uptake if sales agents on commission for referrals (7% less, or only 6% uptake)

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## Understanding low uptake

- Improving trust may also be important (work in low trust environments with distrust of outsiders)
  - Evidence in Cai et al, Gine et al, Cole et al: measures of trust matter
  - In Kenya as well: trust matters substantially (direct measures plus result on advanced marketing)
  - Impact of working with endorsements from trusted agents in Gujarat (Cole et al)
  - In Ethiopia, where offered to funeral societies and their leaders, much higher uptake (25%)

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## Directions for the Future

- Insurance for the poor has huge future
- But identify its niche and complementarity in development
  - Relative to savings, credit and social protection
- Success should be measured via impact, not uptake. But uptake cannot be ignored.
  - Few happy customers does not make healthy business
  - We need better understanding of why uptake remains so low.
  - Don't just believe your own marketing...

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## Questions or comments?

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