

Economic overview of the viability of mutual health insurance companies belonging to the social protection association in 2015

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Abstract

This cross-sectional analytical study aims to evaluate the level of economic viability of the Communal Unions of Health Mutual Societies of the Association for Social Protection, through their mutual societies in the North, Center, and South regions of Benin, in 2015. A documentary analysis was conducted on four Communal Unions of the association (Bembèrèkè, Dassa-Zoumè, Zogodomey, and Abomey-Calavi). All the communal unions of the association and the Health Mutual Societies (HMS) of the North (HMS of Gamia and Bembèrèkè Center) and two from the Center (HMS of Kèrè and Dassa-Zoumè Center) had a good level of economic viability in 2015. Consequently, only the Communal Union of the North and its Health Mutual Societies selected for this research achieved a good level of economic viability.

Keywords: Health Mutual Societies; Viability; Autonomy; Benin

1. Introduction

A health mutual society is a voluntary association of individuals, non-profit in nature, whose operation is based on mutual aid and solidarity among its members, particularly between the healthy and the sick, the rich and the poor, the young and the elderly (1). They are presumed to derive their identity from adherence to five major principles: non-profit orientation; solidarity; voluntarism; democracy; independence (2). Health Mutual Societies play an important role in community health assistance and even in population coverage. They provide a solution both financially and in terms of geographic coverage. Thus, these mutual societies are expected to meet certain expectations, including improved financial accessibility to healthcare for the population working in the informal sector and increased funding available for health through greater member contributions (3). Roudil (4) revealed that health mutual societies have no profit motive and reinvest their revenues in coverage and member services.

One of the key elements for population access to healthcare, especially for the poor, is the existence of health mutual societies. Based on these important roles of health mutual societies, it is clear that their impact on community development no longer needs to be demonstrated, as universal health coverage contributes to better population health and, by extension, to development.

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As of late October 2011, there were 263 health mutual societies and other micro health insurance schemes in Benin. The level of coverage varies between 70% and 100% depending on the level and types of services (1). The majority of Benin's health mutual societies are community-based. They therefore take into account actors in the informal sector. Workers in the informal sector are more affected by financial risks related to illness and do not have sufficient resources to access adequate healthcare (5). These mutual societies implement healthcare access strategies for members of the communities where they are located.

However, the majority of health mutual societies face several technical, financial, economic, administrative, organizational, or institutional difficulties, which limit their performance in the services offered (6). These MS need good viability to sustain their actions, which contribute, among other things, to community development. Several factors influence the viability of a health mutual society (5). Viability is assessed at five levels: administrative viability, technical viability, functional viability, financial and economic viability, and institutional viability.

It is to overcome these various problems that Communal Unions of Health Mutual Societies were created to support and strengthen health mutual societies that have difficulty functioning. Despite this commendable decision to create communal unions of health mutual societies, several health mutual societies are not viable. If these mutual societies disappear, the Communal Unions inevitably face viability difficulties. It is therefore important to investigate the reasons for this fragility of Communal Unions and their health mutual societies. Various studies have shown that when a health mutual society is not financially sound, everything else risks collapsing (7). When health mutual societies are viable financially and economically, the Communal Union that groups them will obviously be viable when there is good management. This study proposes to diagnose the viability of Benin's health mutual societies. The research therefore aims to evaluate the level of economic viability of the Communal Unions of the Association for Social Protection through their health mutual societies, to assess a set of several ratios that inform about the state of the mutual society's assets and its treasury.

2. Materials and methods

2.1. Population and Sampling

This study was conducted with Health Mutual Societies and Communal Unions of Health Mutual Societies of the Association for Social Protection in Benin. These health mutual societies and the Communal Unions that group them began their activities with the Support Program for Health Mutual Societies in Africa. This is a program of the Belgian NGO World Solidarity (WSM), in partnership with the Alliance of Christian Mutualities of Belgium (ANMC). The Association for Social Protection has four Communal Unions of Health Mutual Societies (Abomey-Calavi, Zogbodomey, Dassa-Zoumè, and Bembèrèkè). In the communes of Abomey-Calavi and Dassa-Zoumè, nine Health Mutual Societies each constitute the Communal Unions. Additionally, the Communal Unions of Health Mutual Societies of Zogbodomey and Bembèrèkè group eleven Health Mutual Societies and ten Health Mutual Societies respectively.

This is a retrospective study conducted with all the Communal Unions of Health Mutual Societies of the Association for Social Protection and two health mutual societies per union. It describes the situation of economic viability of Benin's Communal Unions of Health Mutual Societies in 2015 based on evaluation indicators. It also compares the levels of economic viability of health mutual societies and their Unions in different regions of Benin.

For this research, data were collected from the leaders (Presidents) of the Health Mutual Societies and Communal Unions of Health Mutual Societies of the Association for Social Protection, in the North, Center, and South regions of Benin. The random method with stratified sampling was used to constitute the study sample. Based on information collected on the existence of communal unions of the association, three strata were formed. These are the Communal Unions of Health Mutual Societies of the North region (Bembèrèkè), the Center region (Dassa-Zoumè and Zogbodomey), and the South region (Abomey-Calavi) of Benin. In each selected Communal Union of Health Mutual Societies, two health mutual societies were randomly selected. In the Bembèrèkè communal union, the Health Mutual Societies of Gamia and Bembèrèkè Center were selected. At the Dassa-Zoumè communal union level, the mutual societies of Kèrè and Dassa-Zoumè Center were selected. In the Zogbodomey communal union, the mutual societies of Massi and Tanwèhèssou were selected. At the Abomey-Calavi level, the mutual societies of Glodjigbé and Akassato were selected.

2.2. Data Collection Techniques and Tools

For this work, two data collection techniques and tools were used. First, documentary analysis with a document exploitation form for Communal Unions of Health Mutual Societies and mutual societies as a collection tool. The

documentary analysis focused on the economic data of functional mutual societies and Communal Unions of Health Mutual Societies in 2015 selected for the research.

2.3. Criteria for Assessing the Economic Viability of Health Mutual Societies and Communal Unions of Health Mutual Societies

The different variables studied relate to factors enabling health mutual societies to be economically viable.

Optimal economic viability is obtained by adding the maximum scores of the two variables considered, for a total of 6. Minimum viability has a score of 2.

To have a good level of economic viability of the Health Mutual Society or Communal Union of Health Mutual Societies, a score in the interval [5 - 6] must be achieved. The level of economic viability is average if the total scores are between [3 - 5]. The level of economic viability is low if the total scores are between [2 - 3].

Data from the documentary analysis were entered and analyzed using SPSS version 16.0 software.

3. Results

3.1. Measurement of Economic Viability Levels of Communal Unions of Health Mutual Societies of the Association for Social Protection Through Their Mutual Societies in 2015

All the Communal Unions of Mutual Societies of the association, in 2015, had a good self-financing rate and a good ratio of contributions received / charges + hidden costs. Furthermore, the Communal Union of Health Mutual Societies of Bembèrèkè has a rate three times higher than the recommended standard for the self-financing rate (>100%) and the ratio of contributions received / charges + hidden costs. They thus have a good level of economic viability (Table 1).

Table 1 Level of Economic Viability of Communal Unions of Health Mutual Societies of the Association for Social Protection in 2015

Economic Viability	Level		
	Low	Average	Good
	Scores		
Self-financing rate	[0 - 75]] 75 - 100]	> 100 %
- Bembèrèkè	-	-	304.72 %
- Dassa-Zoumè	-	-	186.51 %
- Zogbodomey	-	-	200.57 %
- Abomey-Calavi	-	-	197.04%
Ratio of contributions received / charges + hidden costs	[0 - 0,75]] 0,75 - 1]	> 1
- Bembèrèkè	-	-	2.82
- Dassa-Zoumè	-	-	1.35
- Zogbodomey	-	-	1.65
- Abomey-Calavi	-	-	1.62
<i>Niveau de viabilité économique</i>	0	0	4

The Health Mutual Societies of Gamia, Bembèrèkè Center, Kèrè, and Dassa-Zoumè Center have a good self-financing rate and a good ratio of contributions received / (charges + hidden costs). However, those of Gamia and Bembèrèkè Center have a rate twice as high as the recommended standard for the self-financing rate (> 100%) and the ratio of contributions received / charges + hidden costs (> 1). The mutual societies of Massi and Akassato have an average self-financing rate and a low ratio of contributions received / charges + hidden costs. The Health Mutual Societies of Tanwèhèssou and Glodjigbé have low self-financing rates and ratios of contributions received / charges + hidden costs. Overall, the mutual societies of Gamia, Bembèrèkè Center, Kèrè, and Dassa-Zoumè Center have a good level of economic

viability. Those of Massi and Akassato have an average level of economic viability. The Health Mutual Societies of Tanwèhèssou and Glodjigbé have a low level of economic viability (Table 2).

Table 2 Level of Economic Viability of Health Mutual Societies of the Association for Social Protection in 2015

Economic Viability of APROSOC Mutual Societies	Level		
	Low	Average	Good
	Scores		
<i>Self-financing rate</i>	[0 -75]] 75 - 100]	> 100 %
- Bembèrèkè Center - Gamia - Dassa-Zoumè Center - Kèrè - Massi - Tanwèhèssou - Akassato - Glodjigbé	40.40% 59.00 %	81.40% 88.40 %	184.65 % 194.80% 113.07 % 105.68 %
<i>Ratio of contributions received / charges + hidden costs</i>	[0 - 0.75]] 0.75 - 1]	> 1
- Bembèrèkè Center - Gamia - Dassa-Zoumè Center - Kèrè - Massi - Tanwèhèssou - Akassato - Glodjigbé	0.66 0.32 0.75 0.49	0.92 0.88	1.79 1.87
<i>Level of economic viability</i>	2	4	2

All the Communal Unions of Health Mutual Societies of the Association for Social Protection in the North, Center, and South have a good level of economic viability. Only the two health mutual societies of the Association for Social Protection in the North (Health Mutual Societies of Gamia and Bembèrèkè Center) and two from the Center (Health Mutual Societies of Kèrè and Dassa-Zoumè Center) have a good level of economic viability; unlike one health mutual society in the Center (Health Mutual Society of Massi) and another in the South (Health Mutual Societies of Akassato) which have an average level. The two other Health Mutual Societies, the one in the South (Glodjigbé) and the one in the Center (Tanwèhessou), have a low level of economic viability.

4. Discussion

4.1. Reliability and Validity of Results

This is a retrospective study., quantitative in type. Stratified sampling with the random method was used, taking into account, on the one hand, all the Communal Unions of Health Mutual Societies of the association and, on the other hand, two health mutual societies randomly chosen per communal union, to constitute the research sample. All the Health Mutual Societies and Communal Unions of Health Mutual Societies selected for the study were all functional in 2015. The random selection of Health Mutual Societies helped reduce selection bias. These could be very viable or not viable health mutual societies at all. Economic viability levels were measured based on operationalization of variables and calculation of indicators selected by the monitoring and evaluation guide for micro health insurance systems (8). Comparisons were made by content analysis of data collected through the documentary exploitation grid. All these precautions ensured good quality and reliability of the results obtained.

For this research, it would be ideal to have data on all functional health mutual societies and Communal Unions of Health Mutual Societies in Benin, to measure their viability. These data would provide a real view of the economic viability of all health mutual societies and Communal Unions. Based on the results that would be obtained, corrective actions could be taken to make viable the health mutual societies and Communal Unions of Health Mutual Societies that have an average or low level of viability, which would contribute to better population health and consequently contribute to community development.

Furthermore, documentation was lacking to compare the results obtained from this study with other studies. This documentation would have made it possible to know the level of economic viability of health mutual societies and Communal Unions of Health Mutual Societies in other countries. This research is therefore among the first of its kind and it would be very important to deepen the question through other studies and especially multicenter studies.

4.2. Economic Viability

Members of a community join and remain loyal to a health mutual society when they have good knowledge of the advantages of this health mutual society.

The Communal Unions of Health Mutual Societies and mutual societies that obtained a good level of economic viability are able to cover all their charges through contributions. They have good financial autonomy.

All respondents stated that to finance all their charges with their own resources, awareness campaigns are conducted to collect contributions from members. An effort is made to have an acceptable collection rate. This allows the mutual society and the union to survive in the absence of partners. However, some presidents of mutual societies and unions added that in case of difficulties, they use the reserves with members' agreement to honor their financial commitments. When health and social protection policy measures no longer correspond to the population's preferences, they are a source of social tensions and jeopardize the very viability of the system as a whole in the short term and the self-sustaining virtuous circle between economic growth and human development (7).

The good level of economic viability of a mutual society allows the community in which it is established to guarantee the trust and loyalty of members. The health status of members of a given community can exert an influence on economic performance (9).

5. Conclusion

This research made it possible to measure and compare the levels of economic viability of health mutual societies of the Association for Social Protection through their Communal Unions of Health Mutual Societies, between the North, South, and Center regions. Based on the results obtained, only the Communal Unions of the North and its health mutual societies selected for this research achieved a good level of financial and economic viability. Health mutual societies that have average and low levels of financial and economic viability should make efforts with the support of their promoter to cover all their charges with their products and meet all their commitments. This situation will allow them to guarantee the loyalty of their mutualists and meet their healthcare needs and consequently contribute to community development.

Compliance with ethical standards

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Disclosure of conflict of interest

No conflict of interest to be disclosed.

Author contributions

- GOUTHON Gilchrist Fabrice: conceptualization, methodology, initial draft preparation, review and editing, project administration

- TANO Ella Mehsou Mylène: methodology, validation, initial draft preparation, review and editing, supervision, project administration
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- HOUNKONNOU Lionel: methodology, initial draft preparation, review and editing
- AKIONLA Victorin: methodology, review and editing
- OUENDO Edgard-Marius Dona: conceptualization, methodology, validation, initial draft preparation, review and editing, supervision

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