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Women's entrepreneurship and health insurance financing in the DRC: Challenges, actions, and synergies

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Abstract
Our interest in this article is on health insurance financing for women entrepreneurs in the informal sector that covers more than 62% of the active population of the Democratic Republic of Congo (DRC) and on the establishment of a social solidarity mechanism.
The quantitative method was used in combination with the qualitative method for a better understanding of this topic.
The results obtained show that the Democratic Republic of Congo has approximately 62% of active women. Among them, only 6.4% have a salaried job, which implies that 55.6% of women work in the informal sector (WB). From a health perspective, this means 10.5% of women in the total population have access to health care through their employers. On the other hand, women in the informal sector lack health insurance and have no choice but to find alternative solutions. Mutual health insurance is presented in this article as an alternative and its financing can be based on group savings such as tontines.

Keywords: Insurance, Entrepreneurship, Micro-insurance, Mutual health insurance, Health, Tontine

1. Introduction

Access to quality health care, education and food is a major problem in Africa, particularly in the Democratic Republic of Congo (DRC). This situation is mainly observed among the most vulnerable social groups, mainly women and young people. As a result, we are witnessing the rise of entrepreneurship, which has been described as « necessity », « resourcefulness » or « survival » in the informal sector [1]. Therefore, vulnerable populations cannot claim or envisage a better quality of life and long-term development in a society marked by the high cost of living and the absence of basic infrastructure (electricity and water).
By adopting an exogenous approach to entrepreneurship, we are interested in the economic, social and cultural reality that creates favourable conditions for individual behaviour rather than the individual entrepreneur that creates a new activity on his/her own and embeds it in the economic and social reality. In other words, entrepreneurial motivation is only the result of the manifestation of exogenous factors that act as drivers or barriers to entrepreneurship. (KOULOUNDA, 2020)
It should be recalled that historically, African women have always been entrepreneurs in order to provide for the primary needs of their households. This entrepreneurship, described as a necessity, is guided by the survival instinct and not by the entrepreneurial spirit. Indeed, in the DRC, 62% of the informal sector is covered by women entrepreneurs. This observation is confirmed when particular attention is paid to the medical care of mothers and children. Despite the various maternal and child health programmes implemented by several international and national NGOs in the DRC, access to health care for rural and urban women entrepreneurs is an unbearable burden and even a bottleneck for household impoverishment. The issue of access to quality health care remains a major concern for leaders of the Democratic Republic of Congo.
With this in mind, the government has launched a « universal health coverage » programme to address the health care challenges faced by the vast majority of the population. Unfortunately, this ambitious programme is slow to materialize. Its funding and coordination is currently a real problem.

One solution would be to consider implementing this project in provinces with adequate health infrastructure and functioning complementary health insurance services, such as health insurance from commercial companies, mutual health insurance schemes, etc.

In this article, we will look at the case of women entrepreneurs in the DRC and the question of how they can use their income-generating activity (IGA) to finance their health insurance and set up a social solidarity mechanism. According to some analyses, extending the coverage of existing social security systems to the informal sector is very difficult. It is not easy to reconcile the characteristics of the informal sector (precariousness of employment and mobility, irregularity and low income, dispensations, etc.) with those of social security systems that were not initially designed for it. [2]

The emerging trend seems to indicate that social protection will increasingly be provided in one country by several systems operating in a complementary manner (BIT-STEP, 2002). It is likely that these different systems reflect initiatives by the State and its social partners, but also by civil society and the commercial private sector (of which the female entrepreneur is part). This multiplicity of insurance systems requires not only a very good management system to optimally allocate available resources, reduce fraud, abuses and build trust, but also a good coordination of efforts with regard to social and economic policies (BIT-STEP, 2002). Beyond these efforts, it is imperative to strengthen collaborative relationships with public institutions and other actors involved in the various implementation processes.

2. Women's entrepreneurship in the DRC

2.1. Geographical overview

The Democratic Republic of Congo, also called Congo Kinshasa to avoid confusion with the Republic of Congo (Congo Brazzaville), is located in Central Africa. The two capitals are separated only by the Congo River, the second largest river in the world after the Amazon. The country covers an area of 2,345,410 km2 and is considered the second largest country in Africa after Algeria. It shares borders with several countries. It is bordered to the north by the Central African Republic and South Sudan, to the west by the Republic of Congo and Angola, to the south by Zambia and to the east by Uganda, Rwanda, Burundi and Tanzania.

2.2 Demographics and languages

The Congolese population is estimated at 95,241,000 inhabitants in 2022 and ranks not only as the 4th most populous country in Africa but also as the 16th most populous country internationally.

The age pyramid shows that in 2020, 45.17% of the population is under 15 years of age, 55.6% is under 20 years of age while only 3.83% of the population is over 65 [3]. The population of working age therefore represents 50.48% or even less, 40.05% depending on whether we consider the 15-64 age group and/or the 20-64 age group. This situation has been almost identical since the 2000s and will only change very slowly in the years to come.

Linguistically, French is considered the official language and there are four national languages: Kikongo, Lingala, Tshiluba and Swahili. In addition to these languages, there are 231 dialects, 186 of which belong to the Bantu family alone and are spoken by over 80% of the Congolese population. The majority of Congolese speak several languages. They are fluent in one national language and get by in one or more dialects. Indeed, the use of a national language or a dialect depends on the dominance of one community over another in a specific geographical area.

2.3 Women's status in the employment sector

Congolese women are more restricted to social and educational roles, but also to precarious jobs in the informal sector that require few specific qualifications, such as trade and services.

On the labor market, gender inequalities are very significant. Indeed, out of 62% of working women, only 6.4% have a salaried job compared to 23.9% of men, which implies that 54.6% of women work in the informal sector [4]. This craze for such entrepreneurship can be explained in particular by the economic and financial crisis that affected the DRC from the 1990s onwards. The situation in the country deteriorated considerably due to the civil wars that have followed one another since 1996, resulting in the closure of many companies and a considerable rise in unemployment. This situation has had a negative impact on the school infrastructure, resulting in a considerable drop in the schooling rate over several years. In addition, access to school for girls has become an option rather than an obligation, thus making women less and less educated. It is in this context that women have, among other things, embarked on informal entrepreneurship, taking over from their unemployed husbands to provide for the daily needs of the household, the children's schooling and health care.

3. Overview of the economy of the Democratic Republic of Congo

3.1 Unbalanced economy

Although the Democratic Republic of Congo (DRC) is extremely rich in mineral resources, extreme poverty affects ¾ of the population, a situation that deteriorated in 2020 with the Covid 19 pandemic crisis. The DRC has a rentier economy, which makes it dependent on the trend in world prices and very little redistributive.

This country is endowed with an exceptionally rich subsoil in raw materials and is described as a "geological scandal" because of its abundance of mineral resources and energy reserves. [5]

The DRC has many hectares of dense forests and hundreds of streams that cover its entire territory. The Congo River runs through almost 2/3 of the former provinces.

Economically, the DRC experienced in 2020 its first recession in 18 years due to the adverse effects of the COVID-19 pandemic worldwide. Its real GDP contracted by 1.7% in 2020 after growing by 4.4% in 2019 and 5.8% in 2018. The main explanation lies in the slowdown of the extractive industries, with their contribution to growth falling from 0.28% in 2019 to 0.17% in 2020 [6]. Not to mention the drastic measures to contain Covid 19 such as the closure of borders which contributed to the collapse of growth from 4.1% in 2019 to -1.87% in 2020, mainly due to extractive

activities (ADB, 2021).

Although the growth of the national economy remains sustained and less dynamic than in 2018, it still exceeds the average for sub-Saharan African countries, estimated at 3.3%, according to the IMF's January 2020 World Economic Outlook Update. Nevertheless, the DRC ranks 6th in the top 10 poorest countries with $478 per capita after Burundi, South Sudan, Malawi, Mozambique and Sierra Leone [7]. It is clear that significant progress has been made over the past decade. However, the challenge of sharing the benefits of growth and the equitable redistribution of the wealth generated remains a major concern [8].

3. 2 Formal, informal employment and unemployment

DRC's economic structure is dominated by the tertiary sector, followed by the secondary sector and a small contribution from the primary sector.

Its economy is still predominantly informal. The rate of salaried workers was 15% in 2010 and has risen to 20.52% in 2019 with a rate of salaried women of 6.7% in 2010 and 10.5% in 2019 [9]. In view of the changes in the labor force, this constitutes a low growth in salaried employment. The employment rate of young people aged 15 to 24 is estimated at 35.7% in 2010 and has been estimated at 32.6% in 2019 [10]. Most young people work in the informal economy (copper mining, agriculture, etc.) (World bank, 2015). The weakness of institutions leads to an inability to control this economy. The working conditions offered to young people are precarious, as they do not respect the standards of the International Labor Organisation or even the most basic human rights.

According to Sumata Claude (2020), economic growth for the period 2002-2018 and the number of entrepreneurs are the main determinants of youth unemployment. He notes that the Congolese formal labor market is limited and consists mainly of Congolese small and medium-sized enterprises and a small number of large enterprises owned by foreign groups.

Table 1: Trends in unemployment rates World Bank, 2009-2018

Indicators	2009			2010-2014			2018-2020		International standards
	M	F	Total	M	F	Total	M	F	
Unemployment rate (in %)	22.8	38	60.8	20.4	27.5	47.9	* About 33.4	*About 20.2	Less than 10%

***Source*:** Ngonga N. (2015, p. 61)

* In the absence of data for the period 2018 to 2020, we have made projections based on data from previous years.

3.3 Market place in the informal sector

Observation of the market places in Kinshasa reveals the predominance of women in the trade in various products.

The market represents a real social space around which women's informal activities are organized. In the informal economy, the market is dynamic and can be understood from several angles. First of all, it represents a public space for the daily supply of foodstuffs, for meeting people and exchanging information, which can sometimes be conflictual. Amongst other things, one can witness scenes of disputes or even fights, mainly between rival women. The market is, in other words, a staging of the game of persuasion between suppliers and demanders in a logic of « making the deal », i.e. agreeing on a price for the product that is satisfactory for both parties.

It is thus structured and reinforced by the importance of oral communication, which draws its arguments from the determinants of culture, seduction and social position on the one hand. On the other hand, it made it possible to build trust between various actors, which is the source of a cooperative spirit described as organic solidarity that can be found in forms of association such as the tontine. This social space is also the result of the practice and mastery of the language that structures the production of appropriate discourse in the situation of exchange of goods between the customer and the saleswoman (female entrepreneur). But this discourse can be bilingualized by the entrepreneur's ability to use the phenomenon of alternation or code-switching (Haugen, 1956) by identifying her customers by the language or dialect used. (KOULOUNDA 2020)

4. Health insurance financing in the DRC

4.1 Social protection in the DRC: between crisis and mutuality

According to Article 36 of the Constitution: *« The State shall guarantee the right to work, protection against unemployment and a fair and satisfactory remuneration ensuring for the worker and his family an existence in keeping with human dignity, supplemented by all other means of social protection, in particular, the retirement pension … »*. However, access to health care, education and food remains a real problem for the most vulnerable social groups in the Democratic Republic of Congo.

Defining a social policy in a country facing a multidimensional crisis would mean adapting to the reality of current situations and defining effective and sustainable mechanisms. Consequently, social protection in the DRC is built in a context and in a dynamic situation. It is important to clarify some key concepts (PNPS, 2016):

1. **Population growth**: the population should continue to grow at a high rate, and is expected to reach about 100 million by 2035-2040 (PNPS, 2016).
2. **Communities**: profound transformations are affecting the functioning of communities, particularly as a result of urbanization and the rapid growth and concentration of the urban population (PNPS, 2016).
3. **Image of the State**: Generally speaking, the Congolese have a negative image of the State. The State, its resources and prerogatives are regularly equated with revenues that should be monopolized for oneself and one's family (PNPS, 2016).
4. **Poverty:** Vulnerability keeps growing. The majority of Congolese live on less than one US dollar a day, an amount defined as the poverty line (PNPS, IBID).
5. **Education:** Despite progress, a majority of children do

not have access to quality education (PNPS, IBID).

6. **Access to health care**: Not only does the cost of services regularly exceeds the financial capacity of the Congolese, but the quality of the services offered is poor (PNPS, IBID).

For some, social protection is defined as the product of the activities of social security funds, while for others it is defined as any intervention of a social nature (BIT, 2002). Social protection is understood here as the coverage that society or an organization provides to its members through a set of public or private measures (BIT, 2002). This includes:

- To compensate for the absence of income from work or a sharp reduction in such income in a range of contingencies (including sickness, maternity, industrial accident or occupational disease, disability, old age, death of the breadwinner and unemployment) (BIT-STEP, Ibid);
- To provide medical care (BIT-STEP, Ibid)
- To provide support for families with children (BIT-STEP, Ibid).
- Compulsory health insurance was introduced in Africa on the model of colonial countries. This insurance is an integral part of social security systems. They generally only affect employees in the formal sector, i.e. a very small proportion of the population in Africa in general and the DRC in particular.
- Sometimes specific schemes have been set up for the private sector. This is the case in Senegal, for example, where there are "sickness insurance institutions" (institutions de prévoyance maladie - IPM).
- These schemes also have limited coverage with regard to the affected population. In addition, the situation of workers who have become inactive (unemployed, disabled and retired) remains precarious. This lack of protection for the vast majority of the population has encouraged the emergence of local initiatives based on solidarity [11].

3.2 Social security system in the DRC

Considering this particular context on the basis of which social policies are carried out, it should be noted that social policies in the DRC are a very broad field. In order to take into account most of the recommendations, the country should set up a sectoral office to reflect on and support these social policies.

Only then would there be a series of presidential orders and decrees as needed, instituting different programmes to support social actions and the establishment of the "National Social Policy Programme" (Programme National des Politiques Sociales - PNPS).

To achieve its social objective of « health for all », the DRC Ministry of Health has opted for the « primary health care » approach. To this end, the National Health Policy reaffirmed the Health Area (HA) as the operational unit for its implementation within DRC's health system. [12] There are approximately 516 health zones spread geographically over the vast Congolese territory. According to the universal coverage plan, the health sector financing system in the DRC is mainly based on a tripod made up of the state budget, external contributions (bilateral and multilateral) and the recovery of health care and service costs from users (up to 70% of operating costs) [13]. The geographical extent of the country does not allow every health zone to be served with the necessary means to implement this primary health care policy. There are health zones where there is a shortage of necessary supplies (vaccines, generic and essential drugs, hospital beds) etc. Thanks to the support of international agencies such as USAID, UKAID, EU, these rural health areas benefit from different phases of the project. The majority of the population in these areas work in the informal sector and have no choice but to pay the necessary price to access quality care, which is a real struggle.

Currently, as prescribed by the Labor Code, *« workers in the formal sector have health coverage provided by their employers, and those in the informal sector manage with other means: mutual health insurance, direct and personal care »*. Other social risks are managed by the "National Social Security Fund" (Caisse Nationale de Sécurité Sociale – CNSS) in return for prior contributions. In order to benefit from these various services, one must be eligible. This fund, which is a legacy of colonization, is managed by the Ministry of "Employment, Labor and Social Security" (Ministère de l'Emploi, Travail et Prévoyance Sociale - METPS). It is financed according to a corporatist model for workers in the formal sector. With the 2016 reform, the CNSS is currently trying to take informal sector workers into account, but managing their coverage remains a big challenge.

Universal health insurance, a social security system such as exists in Europe and in some African countries, seems for the moment to be out of reach in the DRC. The voluntary commitment of the State (Legislator) and of the population is not enough for a system to take root. Many other factors influence the implementation of a social security system and sometimes condition its entire process. To better analyze the social security system as it is practiced in the DRC, it is necessary to recall the historical facts up to the various reforms.

Historically, social security in the DRC has developed in two phases. The first is the colonization phase (1879-1960) and the second is the post-colonization phase. Before colonization, the social protection model was based on the culture of villages, tribes and families [14]. Solidarity was mechanical, to use Durkheim's terms. The social division of labor was weak. There was little distinction between individuals, because of their low professional specialization. They held the same beliefs and did the same jobs. The internalization of the same living conditions made them more united. Men were interchangeable. Due to community pressure, individualism did not exist (CNSSAP, 2017). After colonization, the laws were founded, the development of worker and employment as well as the obligation to join this system were reformed. Its management and bureaucracy became more and more a dilemma leading to some reforms in June 2016.

3.3. Social security in DRC's informal sector

Today, nearly 80% of the population is affected by social protection exclusion in most African countries, and nearly half the population in many Latin American countries and the rest of Asia (BIT, 2001). In Eastern Europe, despite contrasting conditions in different countries, exclusion is also

very high. It is estimated at more than 77% in the Democratic Republic of Congo and is increasing under the combined effect of the growth of the informal sector and the increase in job insecurity in the formal sector (BIT, Ibid). This is true in many countries.

The factors of exclusion in the DRC are multiple. They include: the high rate of unemployment, the nature of employment, low contributory capacity, legal regulations, the inadequacy of health care provision, the geographical distribution of services, and taboos, etc. Excluded people are often victims of several of these factors. This deficit is found to be greater in the informal sector and especially when the unemployment rate is very high.

3.4. Towards opening up the General Scheme to workers in the informal sector

More than twenty years ago, some thought that the informal sector would gradually disappear in favor of the formal sector to allow workers and micro-entrepreneurs to benefit from the social systems linked to it. However, the reality is quite different. In most developing countries, the proportion of informal activities in total employment is increasing. It forces each country concerned with improving the social protection of its population to make greater efforts to develop mechanisms to reach people working in the informal sector and their families.

The informal sector has very rarely been taken into account when designing social security systems, which in most cases have been directed towards employees in the formal economy. Some (middle-income) countries have undertaken substantial reforms of their social protection systems in recent years, which have enabled them to make significant progress in covering the informal sector (BIT, Ibid). During the 2016 reform, the DRC adopted a law aimed at bringing informal sector workers into the general scheme run by the CNSS. This timid but commendable effort has proved difficult to implement. In an environment where the illiteracy rate is high, the process and functioning of the general scheme is not well understood by the average person, especially women entrepreneurs in this sector. Beyond this consideration, there is the lack of confidence of formal sector workers in the current general social security system. This situation leaves informal actors indifferent because they do not think they will join a disavowed system. They are therefore forced to engage in other micro health insurance schemes.

4. Heading towards micro-insurance

The term micro health insurance covers a wide variety of schemes that are developing on the African continent, as well as in all developing countries (BIT-STEP, 2002). Micro-insurance schemes are aimed at poor people in the informal sector who are not covered by health insurance schemes established by the State or proposed by commercial companies. [15]

Among micro health insurance systems, there are mutual health insurance schemes. They combine the concepts of insurance, solidarity and participation (Annabelle. S, 2013). Mutual health insurance is a preferred choice for women entrepreneurs as discussed in this article.

4.1. Place of mutual health insurance companies in funding social security

In the first common sense definition, a mutual health insurance company is a non-profit association, based on the principles of solidarity and mutual aid between natural persons who join it freely and voluntarily.

According to the Congolese legal framework, a mutual health insurance company is defined « *as a grouping of natural or legal persons, of private law, not for profit, which, by means of the contributions of its members, proposes to carry out, in the interest of the latter and/or their dependents, actions of providence, solidarity and mutual aid in health matters* ». [16]

In this way, members define the objectives, organization terms and activities of their mutual insurance company and participate in its functioning. They pay contributions that are not related to their personal risk of falling ill.

The main objective of a mutual health insurance company is to carry out, by means of the members' contributions for their benefit, provident actions in the health field. It thus enables several people to share the financial risks associated with health care expenses. The resources of the insured are pooled and used to cover the expenses of only those affected by the occurrence of a risk. In other words, those who do not get sick pay for those who are less fortunate than they are.

In the case of private sector entrepreneurs who are excluded from the formal system, or who cannot trust the current general scheme, and who are aware that they are not immune to the risks covered by insurance, and that their aversion to these risks is strong and that they are not in a position to face them individually, they can form a mutual insurance company. Thanks to contributions, the mutual insurance company guarantees its members the payment (or reimbursement) of all or part of the cost of their health care. This care is provided by service providers with which the mutual insurance company has reached, in most cases, agreements on, among other things, the rates and quality of care.

4.2 Functional and regulatory framework of mutual health insurance in the DRC

Within the functional framework, the mutual health insurance scheme is based on fundamental principles as defined by the ILO in its STEP programme (Strategy and Technique for Combating Social Exclusion and Poverty). These include:

- Solidarity;
- Democratic participation;
- Autonomy and freedom;
- Pursuit of a non-profit goal;
- Personal development;
- Members' responsibility;
- Dynamics of a social movement.

In the DRC, the framework for mutual health insurance is regulated by Law No. 17/002 of 8 February 2017 determining the fundamental principles relating to mutuality (PPDS, 2017). Under the supervision of the Ministry of Social Affairs, obtaining an authorization to set up a mutual health insurance company requires a number of conditions.

The mutual health insurance company has management principles involving all members, which calls for members' voluntary commitment to cover certain tasks and responsibilities, including: collecting contributions,

managing contributions, reporting members entitled to care to hospitals and health centers, coordinating management principles and follow-up by the board of directors.
Contributions from members come from their daily informal activities. As a reminder, the income of these women entrepreneurs does not always cover the family's basic needs. Moreover, they have to make an extra effort to save money to be able to contribute to their health insurance scheme. They have no choice but to join savings or self-savings groups to meet this commitment.

5. Declination of tontine as an alternative for supporting and financing social protection

5.1 Origin of tontine

According to Desroches (1990), tontine is defined as *« a collective savings method where the notion of group is decisive in the collection and distribution of funds* [17]». In this vein, J.L. Leppess proposes his definition of tontine by likening it to « *voluntary groupings of people based on the existence of social affinities* », and which implies for Loufoua-Lemay « *that each partner pays a predefined sum of money to build up a capital which will at some point be distributed among survivors* ». As for Boumon, he gives a precise definition which states: « *tontines or ROSCAs (rotating savings and credit associations) are associations of clan members, family members, neighbours or individuals who decide to pool goods or services for the benefit of everyone on a rotating basis* [18] » (KOULOUNDA,2020).
This definition reveals that the first tontines emerged within a clan or a family before opening up to people outside the family, as we can see with today's tontines, which are also more dynamic in the diversity of their functions, notably with a desire to save [19]. Savings are indeed an essential factor of development as they are often used to finance projects [20]. (KOULOUNDA, 2020)
The African conception of the tontine has a social objective that creates links and solidarity. It represents both a domestic savings and a project financing solution that participates in development to counteract the weaknesses of the banking sector. This system, which is based solely on words, requires real trust between tontine members in order to exist and function, but it also constitutes a means of social control, so that betrayal in the form of refusal to contribute leads to exclusion from the tontine and sometimes from the life of popular associations.
Tontines can not only be self-financing but can also play an important role in financing health insurance by providing the money needed for the mutual insurance contribution.

5.2 Tontines and DRC context

The daily reality in the lives of many Congolese women is marked by a pronounced dualism between the traditional way of life, which implies affiliation to associative practices, and the modernism of the banking system (KOULOUNDA, 2020).
However, there is a predominance of informal savings, which can be explained on the one hand by the explosion of urbanization caused by political, military, economic and social crises, and on the other hand by the desire of households, in this case women, who are the subject of our study and who largely dominate this poverty control sector. They submit to a savings constraint to carry out a project and finance an entrepreneurial activity. Tontines thus become a social capital and are implicitly recognized by the public authorities, but they have no legal status. Tontine members have recourse to customary law in the event of unresolved conflicts (KOULOUNDA, 2020).

5.3 Tontines as social support

The idea here is to capitalize on the traditional social protection of family and community proximity that still exists: to use a mode of cooperation and mutual aid based on mutual recognition and trust; this proposal has the merit of being easily understood and adopted by women entrepreneurs. (KOULOUNDA, 2020)
A public or NGO contribution could effectively initiate and maintain such a basic social solidarity system: x % paid for y % contributed by the group, with an operating charter covering medical and other risks to be defined, on the basis of an actuarial insurance calculation. (KOULOUNDA, 2020).

6. Conclusion

Female entrepreneurship is a source of survival in the DRC. Women are becoming more entrepreneurial in the informal sector to meet the primary needs of the household and are therefore becoming economic providers. This model of the « male main income provider » is certainly present, but man is no longer the sole breadwinner, as we are witnessing a transformation of male and female roles within the family. Indeed, women entrepreneurs use the profits from their various IGAs on a daily basis to cover basic household needs. But what about health, which is an unforeseen need that increases the vulnerability of these women? How do they manage to finance health insurance with a limited income?
This article has enabled us to highlight the importance of gaining access to a mutual health insurance company which is self-managed and which pursues a non-profit aim in the interest of its members through provident and solidarity actions by means of a contribution. Women entrepreneurs can choose to join micro-associations or join together to create one, with the main objective of facilitating access to health care. In fact, according to Emilie Durkheim (1911): « *The mutual dependence of men, what affects one affects others, and thus any serious change becomes of general interest. This generalization is further facilitated by (the) two* » [21].
The mutual health insurance company complements the social security system by covering not only the health expenses of its members but also by offering supplementary health and provident contracts (retirement, savings). Despite all these alternatives and given the limited financial resources of these women, they find it difficult to contribute regularly. The solution to this problem is the development of micro-resources such as tontines.
We have defined it, in this article, as a source of income for women entrepreneurs that can cover health care that represents an unforeseen security need, which is relegated to the background, while it is a priority in the case of an illness.

At this stage, women entrepreneurs are sometimes forced to use their start-up capital. In this context, the tontine plays a role in refinancing the entrepreneurial activity and facilitates contributions to the mutual insurance company as well as loan repayments.

By participating regularly in the tontine cycle, women entrepreneurs make it mandatory to invest in their health. They put health at the forefront, as they have to repay the tontine loan before any other household expenses. In a nutshell, tontine is a micro health insurance funding solution.

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