

# ID4AFRICA 2015

Technology in the service of good governance.

How biometric authentication accelerates the deployment of healthcare cover schemes and social entitlement projects.



# AGENDA

- WHY
- WHAT
- HOW

# WHY

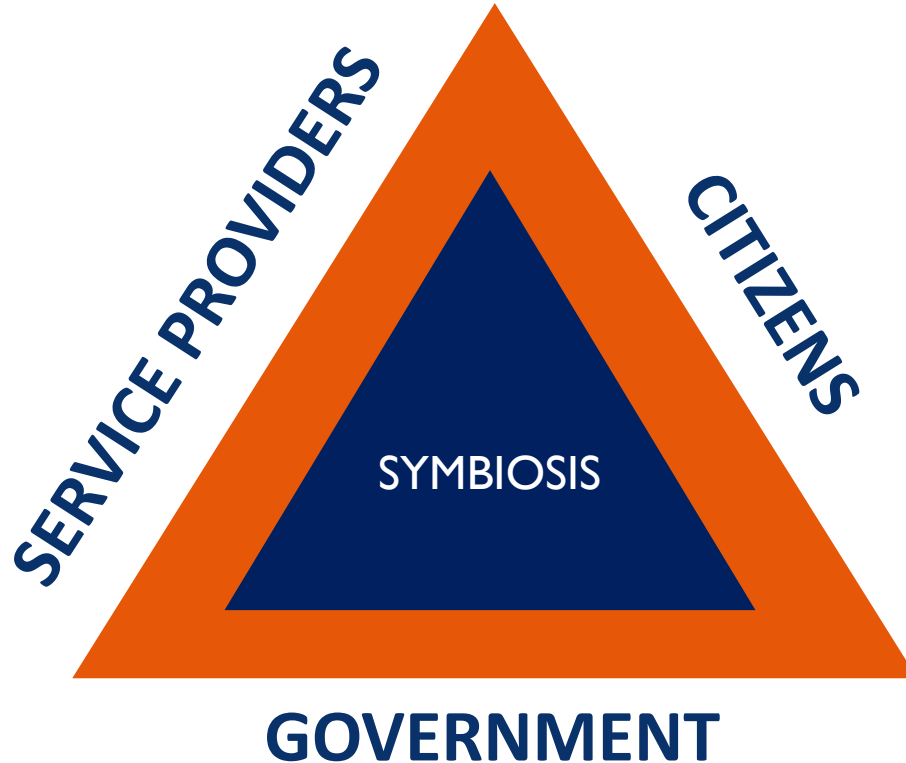
The role and responsibilities of government



# SCOPE = THEME OF THIS CONFERENCE

- Economic and Social Development
- Financial Inclusion
  - Voter Registration
  - Cross-Border (e)ID
  - Benefits Distribution and Entitlement ✓

# BENEFITS DISTRIBUTION & ENTITLEMENTS

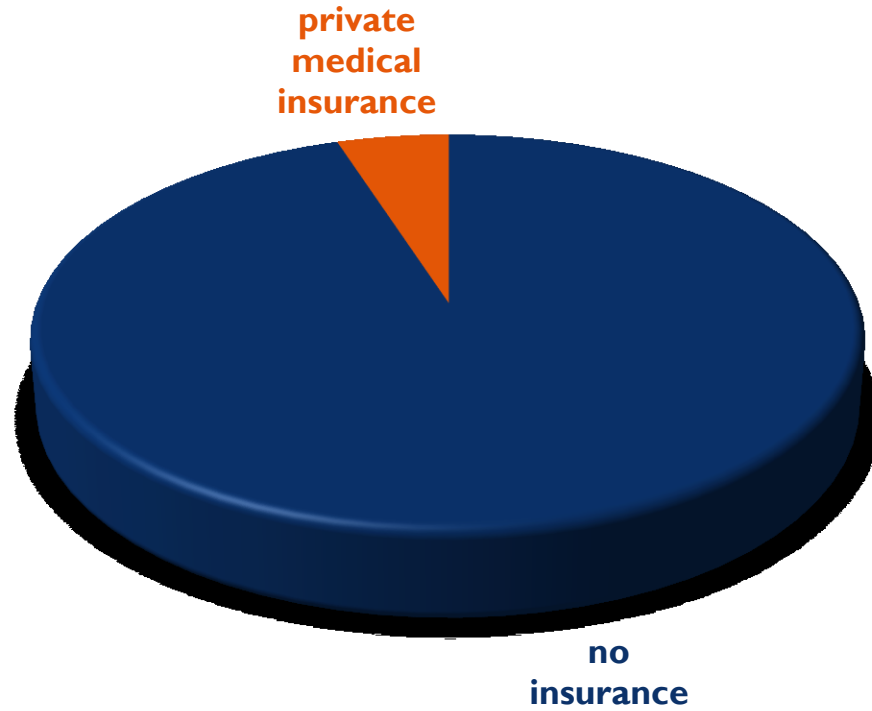


# GOVERNMENT DEVELOPMENT PROGRAMS

■ Healthcare

■ Medical Insurance for All

5 PERCENT



# WHAT

Universal Health Care Cover for all citizens



# GOVERNMENT DEVELOPMENT PROGRAMMES

HEALTH CARE



COVER / INSURANCE  
(generate & manage funds)

- Manage Entitlements ?
- Manage Target Groups ?
- Guarantees and incentives for medical service providers (trust) ?

# KICKSTART MEDICAL INSURANCE FOR ALL

- Lowering the financial barrier
- Organise Solidarity Mechanisms
- Spread Risk & Cost across all of society
- Make a cost efficient package of essential medical services available to every citizen

# LOWERING THE FINANCIAL BARRIER

- Patients only pay a % of the medical bill
- 3<sup>rd</sup> payer provides financial security for the medical service provider
- Patients are not refused medical care due to “lack of cash”



# SOLIDARITY AND MUTUALISATION

- Make it mandatory for every citizen
- Every citizen pays a monthly contribution
  - Exception made for the very poorest
  - Including the 5% who have private health insurance
- Active participation of existing organisations (syndicates, professional organisations, health care providers, etc.)



# PACKAGE OF ESSENTIAL MEDICAL SERVICES

- Maternity, pregnancy, labor, delivery and newborn baby care
- Medical consults
- Prescription Medication
- Medical tests and medical imaging
- Treatments in hospitals and clinics



# SELF-PROPELLING DYNAMICS

- Codifications and classification of medical services and prescription medication
- Harmonisation and Standardisation
- Efficiency gains (administrative & medical care)
- Increased Buying Power (tenders, large volumes)
- Statistics and Data Mining

# HOW

Biometric Enrolment and Authentication

Identify and Authenticate Individuals ↔ Manage Target Groups



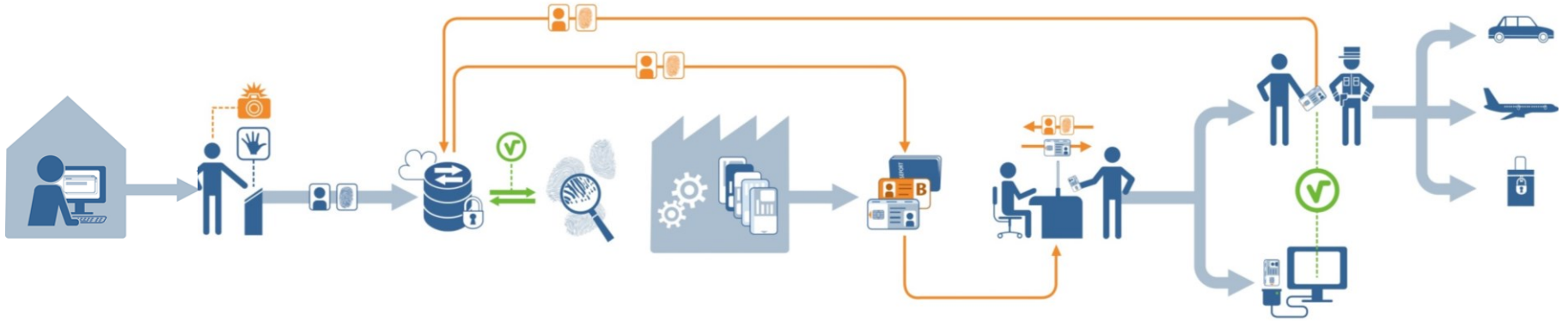
# PEOPLE ID – BUSINESS MODEL

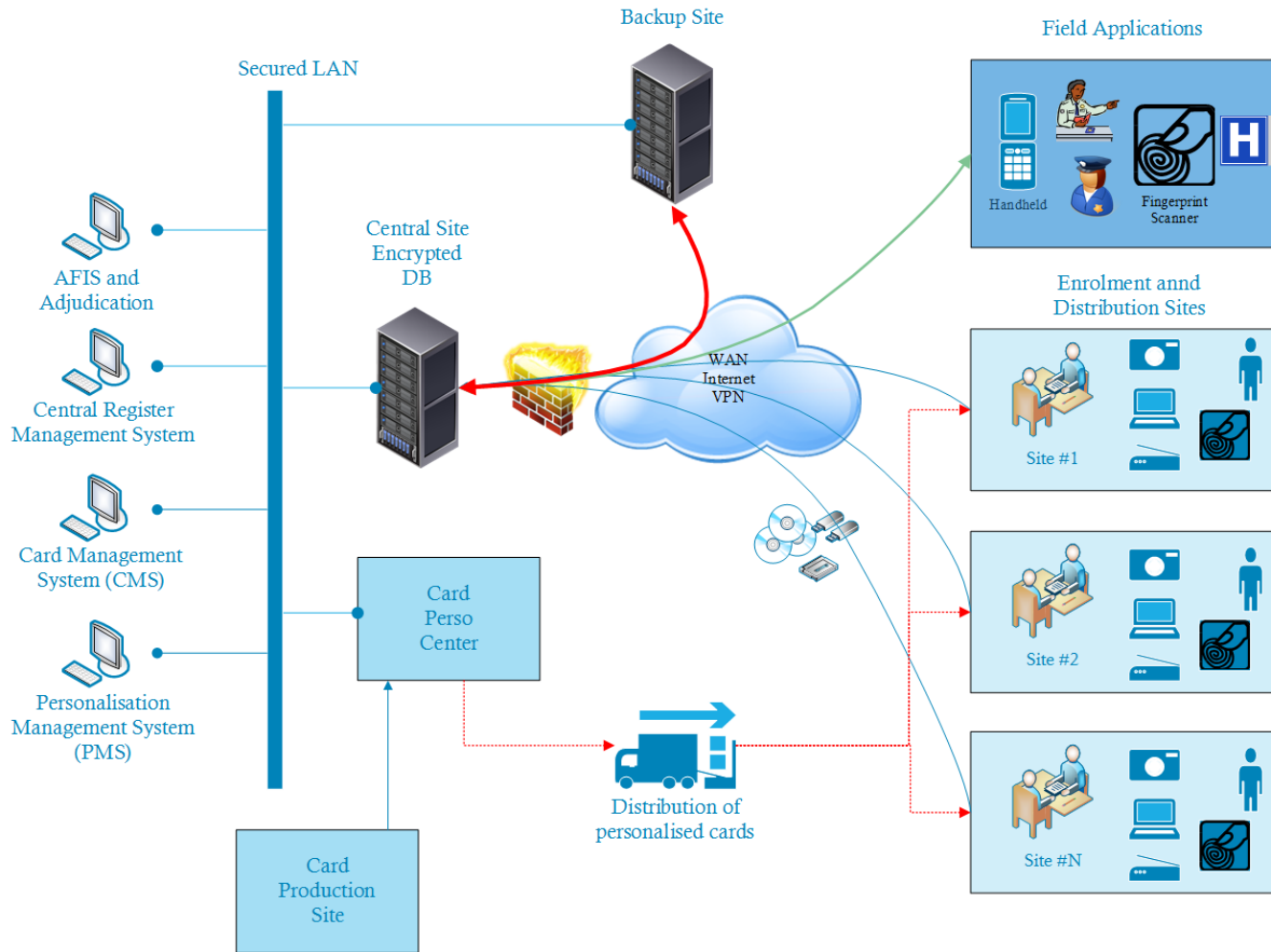
- Built-Operate-Transfer
  - All investment in infrastructure and services are carried by ZETES
  - Pay back during contract duration (usually 5-10 or even 15 years)
  - Payment scheme per document issued, per service delivered, per citizen, ...
  - Important investment by ZETES (capex & opex)

# PEOPLE ID – BUSINESS MODEL

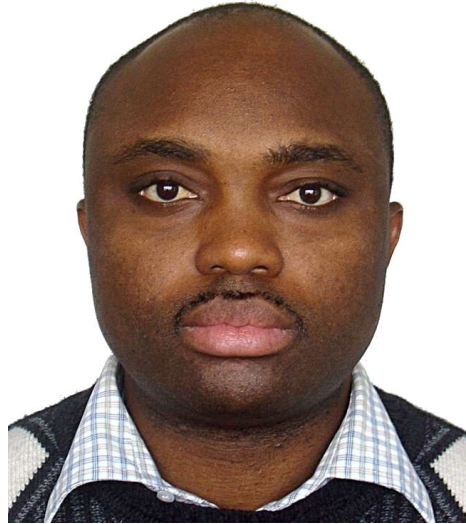
- BOT advantages
  - No upfront investment by the customer
  - Only commitment needed on document volumes
  - Long-term relationship with Zetes in-country
  - Transfer of know-how and local employment in the country – partnerships with local companies in the country

# ENROL / VALIDATE / ISSUE / VERIFY



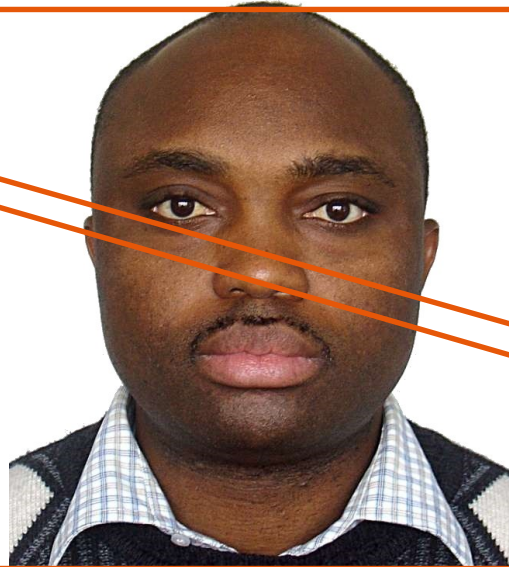


# IDENTITY



# UNIQUE

SERVICES & TRUST



SECURE ID



# BIOMETRIC ENROLMENT

- 10 years experience
- +80 million people enrolled
- +50 thousand mobile biometric enrolment kits



# ENROLMENT CENTRES

- 54 enrolment centres
- Biographic data
- Biometric data
- Administrative data





# ENROLMENT OFFICES IN URBAN AREAS



# MOBILE ENROLMENT IN RURAL AREAS

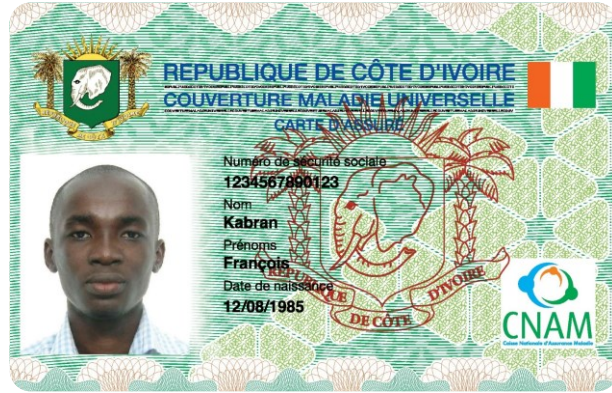




# PERSONALISATION OF CARDS



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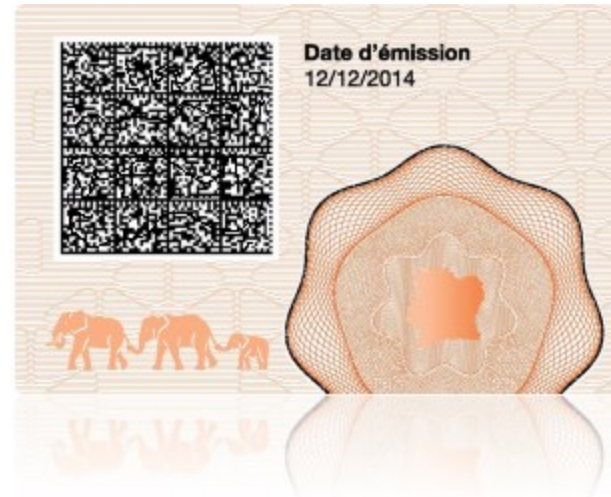


Digital Offset printing technique  
Embossing  
Guilloches  
MicroText  
Fluorescent UV ink (crest)

Colour Portrait + Text

Datamatrix 2D barcode

- Biographic and biometric data
- Passive Authentication (Document Signature)





# PILOT PHASE - CONSIDERATIONS

## Volume

- Volume must be manageable and representative at the same time
- Up to 300.000 people for the pilot phase

## Homogeneity

- Limit the diversity of the pilot groups to keep the diversity of reimbursement schemes and health care providers (also geographical) to a minimum

## Geographical Distribution

- Work with pilot groups within well-defined geographical boundaries to reduce the logistic effort and to maximize the concentration of patients/customers per health care provider

## Collection of Contributions

- Start with pilot groups for which the collection of the monthly contribution is already in place or easy to organize

## Availability of Healthcare

- Make sure the pilot groups have access to sufficient health care providers that participate in the pilot project

# THANK YOU!



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