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

SYMBIOSIS

GOVERNMENT

SERVICE PROVIDERS

CITIZENS
GOVERNMENT DEVELOPMENT PROGRAMS

- Healthcare
- Medical Insurance for All
5 PERCENT

- private medical insurance
- no insurance
WHAT

Universal Health Care Cover for all citizens
GOVERNMENT DEVELOPMENT PROGRAMMES

HEALTH CARE

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

COVER / INSURANCE

(generate & manage funds)
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
- 3rd 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
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
25. MATRICULE FP : ___________ N° CNPS ___________ Aucun ☐
26. PROFESSION __________________________________________________________________________
27. FONCTION __________________________________________________________________________
28. GRADE/CATEGORIE ______________________________________________________________________
29. ORGANISME EMPLOYEUR __________________________________________________________________
30. ORGANISME PAYEUR DU SALAIRE : _______________________________________________________________________

COTISATION

31. TYPE D’ASSURE : □ Fonctionnaire civil □ Militaire □ Retraité(e) CGRAE
□ Salarié(e) □ Travailleur Independant □ Profession Libérale
□ Etudiant(e) □ Indigent(e) □ Feme au foyer
□ Autre ayant-droit à préciser

32. NOMBRE DE PERSONNES PRISES EN CHARGE PAR L’ASSURE : ___________

33. PERSONNE OU ORGANISME PAYEUR DE LA COTISATION :
□ Assuré (nommé) □ Frère/Sœur □ Conjoint
□ Père □ Mère □ Tuteur Légal
□ Enfant □ AUTRE LIEN □ Personne morale
□ Personne morale
• Raison sociale :
• Forme juridique :
• Date de création :
• CC :
• N° CNAM :

34. N° RÉCEPISSE OU N° CNAM DE L’ASSURÉ PAYEUR : ___________

RENSEIGNEMENTS COMPLEMENTAIRES

35. Assurance ou mutuelle : ___________
36. Numéro d’assuré ou mutualiste : ___________
37. Centre médical référent : Public ☐ Privé ☐ Communautaire ☐ Aucun ☐
38. Nom du centre médical référent : ___________
ENROLMENT OFFICES IN URBAN AREAS
MOBILE ENROLMENT IN RURAL AREAS
AFIS

Some images have been partially blurred on purpose.
PERSONALISATION OF CARDS
PERSONALISATION OF CARDS

Digital Offset printing technique
Embossing
Guilloches
MicroText
Fluroescent 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 |
| Homogenity | • 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!

Bart.Symons@zetes.com
peopleID.zetes.com