

Micro Health Insurance: Impact and Issues of Covid-19 Situation

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Abstract - The COVID-19 has posed a serious threat to the world, as well as Indian society and the economy. The COVID-19 outbreak is unique in terms of its problems and dissemination for world economies that have previously seen numerous epidemic outbreaks. In China, the COVID-19 pandemic which was began and quickly spread the entire nation, has wreaked havoc on many businesses, but the impact on the economically vulnerable populations has been particularly severe. Several Micro Health Insurance (MHI) schemes have been launched in low- and middle-income countries (LMIC) in recent years in order to reach universal health coverage targets, particularly for economically vulnerable populations. There is little data on how these MHI systems are used. We evaluate the degree of impact and issues linked to a micro health insurance in central coastal districts of Tamilnadu, India. During the pandemic, we briefly discussed the issues faced by individuals and the micro health insurance impact on economically vulnerable populations. We believe that a better understanding of insurance and how it relates to the care of COVID 19 patients is critical.

Key words: Covid -19, Pandemic, Micro Health Insurance, Economically Vulnerable populations.

I. INTRODUCTION

Health care has a huge impact on individuals and societies, and it is an important aspect of the country's politics and economy. Many low- and middle-income families have fallen into poverty as a result of medical debt. Out-of-pocket spending is thought to be directly responsible for the worsening of poverty in both rural and urban areas, around 32 to 39 million Indians falling into poverty each year (WHO report).

People from many walks of life have profited from micro health insurance. In the midst of a pandemic like this, it's even more important to propose in the field of health and health policy that micro health insurance could provide a significant safety net for low- and middle-income people by lowering emergency healthcare costs and ensuring that they have the right health cover and the right amount of coverage. A student who travelled from Wuhan, China, has originated the first case of COVID-19 in India, On the 30th of January 2020 from, but recovered on the 14 Feb, 2020.

II. OVERVIEW OF MICRO HEALTH INSURANCE

The purpose of this article is to perform a thorough examination of the impact and issues connected to micro health insurance markets for economically vulnerable populations, identify crucial factors that impede their development, and offer viable solutions to market problems. Micro health insurance is a financial framework that protects low-income individuals from specific risks in exchange for regular premium payments that are proportional to the risk's chance and cost.

Micro health insurance (MHI) companies have been offering a valuable service to society by enabling people to manage their health-care costs. Micro-health insurance (MHI) is becoming more popular among governments in low- and middle-income nations as a way to increase low-income people's access to health care. MHIs are organised risk-sharing clubs with voluntary membership whose goal is to increase the access to health care out-of-pocket expenditure. MHI enterprises have to launch and sell new products and services covering the COVID-19 pandemic

in the COVID-19 world. This was a societal as well as a market requirement.

III. PANDEMIC COVID - 19

While Wuhan province was seeing the start of the genuine Covid-19 outbreak in December (Kulkarni et al., 2021), India was experiencing enormous and violent revolutions. Covid 19 was first recognised in Germany in January 2020, and from March onwards, there were shutdowns and unrestricted movement across European borders was temporarily and regionally restricted in an incoherent way. In practical, every corner of the world, crucial healthcare services are disrupted or unavailable because of COVID-19 (Ataguba, 2020). During the pandemic, even high-income countries struggled to provide appropriate healthcare, medical supplies, diagnostic tests, and specialised Intensive Care Unit (ICU) equipment. For countries with existing health disparities and developing healthcare systems, the situation is far more difficult. The pandemic has highlighted the necessity of universal access to healthcare, demonstrating that if a portion of the community's health-care needs are unmet, or even if a single individual goes untreated, the entire population is put at danger.

During the first half of 2020, the world was completely submerged in a pandemic. COVID-19 or Corona Virus Disease-19 was discovered to be a new corona virus (SARS-CoV-2). Around 8 million cases of COVID-19 spread across the worldwide by mid-June, 2020. Because of the rapid spread, countries all around the world have implemented a various health measures to combat it, including social distance. Businesses, schools, community centres, and non-governmental organisations (NGOs) have been forced to close as part of social distancing, public meetings have been banned, and lockdown measures have been enforced in several nations, permitting only essential travel.

IV. REVIEW OF LITERATURE

Many previous studies have looked into the COVID -19 pandemic impact and issues of micro health insurance in relation to the. For example, (Sylaja et al., 2020), the authors presented the unfavourable circumstances in stroke care induced by the pandemic Covid - 19, proposed mitigation methods, explored crisis management, and compared in India and US during the epidemic. In both rich and developing countries, public health systems must raise awareness; well-defined rehabilitation plans, implement effective triage, virtual check-ins, acute care, and telemedicine services. (Singh, 2020) the difference among social vulnerability and health towards the Covid-19 pandemic was investigated. Households are highly exposed to new Covid-19, as well as scarcity and low accessibility of sanitation, hygiene water, and health care systems. Based on the data, a grassroots awareness programme in regional languages is recommended, as well

as in order to meet the supply chain activities, the long-term establishing of more infrastructures and a plan for continuous water supply in rural areas with the help of increased public health budget plan. (Shadmi et al., 2020) The authors discuss the significant prevalence of chronic diseases and the lack of high-quality public health and medical treatment. Because of its inequitable distribution in densely populated areas and the minimal mitigation measures done by governments and local organisations, the COVID-19 disproportionately affects the poor. Addressing health equality challenges and describing some of the techniques for on COVID-19 health equity issues and the establishment of a robust evidence base of new empirical studies in this subject. (Prinja & Pandav, 2020) We present crucial economic considerations for policymakers to consider before, during, and after the COVID19 pandemic in this study. The government faces particular hurdles in terms of COVID19 control techniques, while other routine health services must also be regulated. The infrastructure must be expanded to accommodate a possible pandemic rise in cases. Economic security and household income must be ensured. All of this has made it more difficult for governments to deal with multiple tradeoffs when deciding on health and public policies. The pandemic has appropriately drawn policymakers' attention to the importance of investing in the health sector, prompting increased support for appropriate investment in the field. (Burhan Ismael et al., 2021) The effects of COVID-19 on Iraq's small and medium-sized businesses and this study also evaluates the impact of a pandemic on entrepreneurs are examined in this research. We discovered that COVID-19 pandemics have afflicted the majority of entrepreneurs (seriously and sporadically) due to a complete lockdown and motion restriction. The study found that partial lock-up measures had a higher possibility of impacting low sales between firms, notably in the non-agricultural sector, in the setting of food and agriculture. Furthermore, partial lockdown encourages people to swap methods (coping techniques), but complete lockdown discourages them from doing so.

V. RESEARCH GAP & OBJECTIVES

Many previous researches have looked into various aspects of micro health insurance, but there has been minimal focus on the impacts and issues of micro health insurance on economically vulnerable populations. As a result, the current study aims to fill this research gap by examining the numerous impacts and issues of micro health insurance among economically vulnerable populations during a pandemic. Based on this research gap, the current study aims to accomplish the following objectives.

- To study the Covid-19 impact on Micro health insurance in India.
- To study the problems being faced by economically vulnerable populations during the COVID-19 pandemic in India.

VI. METHODS

Study design: The paper focuses primarily on secondary data sources. The study's focus was made on economically vulnerable populations to make it more manageable and concentrated. The research is based on a survey of the literature, theoretical foundations, annual reports, interaction with field level institutions and government departments and websites, experts, and statistics issued by the Ministry of Labour and Employment, IRDAI, journals, and other sources. The study region was chosen from among 13 coastal districts in Tamilnadu, India, and is based on the central coastal districts (Nagapattinam, Thiruvarur, Cuddalore, Thanjavur, and Pudukkottai).

Impact of COVID-19 on Economically Vulnerable Populations

Migration and mobility of people are blamed for the spread of the Corona virus from its epicentre in Wuhan, China, to the rest of the world. Medical practitioners, on the other hand, believe that immobility and confinement, such as lockdown and social separation, can help control this contagious disease. In today's globalised society, the shutdown is likely to cause tremendous economic and societal collapse. Urban disasters and epidemics disproportionately affect economically vulnerable populations. The COVID-19 case was discovered in India on 30 Jan 2020, and lockdown was declared on March 24th for duration of 21 days following the outbreak (Bhagat et al., 2020). Borders were closed, transportation was halted, and industries, stores, and all other forms of economic activity were shut down, with only basic necessary services remains open. This turned out to be a nightmare for hundreds of thousands of people who lost their jobs and were homeless overnight (Bordeianu & Radu, 2020). Food, shelter, lost earnings, fear of infection, and worry were among the acute issues faced by these populations. Many of them died on the road, either as a result of hardship, malnutrition, accidents, or disease, (Owusu & Frimpong-Manso, 2020) and some even committed themselves. Many people were stranded in various places across the country as a result of the sudden closure (Bhagat et al., 2020). Those on the move were stranded at train terminals or state or district borders. Many people were forced to trek hundreds of kilometres to reach their home towns because there was no public transportation. Those who returned to their home towns were handled harshly by the police and villagers, who saw them as potential carriers of the disease. This is one of the country's largest influxes of mass return migration. The struggle to avert the pandemic evolved into one of India's worst human tragedies in recent memory.

VII. ISSUES OF COVID-19

The federal government, as well as the state governments, imposed several limitations on movement during the pandemic. Due to the abrupt nature of the decision,

millions of people were ill-equipped to deal with the situation. Thousands of economically vulnerable populations were left jobless in Tamilnadu, Pune, Mumbai, Nagpur, Delhi, Calcutta, and other major cities. To make matters worse, there was little or no certainty that they would receive basic necessities such as food and water.

Thousands of women and men who make up the economically vulnerable population are seeing their livelihoods destroyed and their well-being eroded in ways that have never been seen before in living memory. As a result of the COVID-19, the economically vulnerable populations had to face many challenges such as no job, starving, loss of health, child care and etc. In addition to losing their jobs, the labourers had to contend with the risk and threat Covid – 19 (Sylaja et al., 2020). Furthermore, they lacked the financial means to pay for it and lacked insurance coverage during their healthcare requirements. In public hospitals was free, there were other expenses to contend with, adding to the stress.

The most exploited and vulnerable employees in our society, particularly women, are facing a level of suffering that is undoubtedly to their mental health and well-being (Al Dahdah et al., 2020). The significant increase in care duties for women has emerged as one of the most pressing challenges for women during this pandemic. While women have traditionally jobs outside and inside the home, the epidemic put a greater strain on them. They are concerned about the education of their children because cellphones, tablets and internet facilities are difficult for them. The issues during covid -19 are enormous and unsolvable for many individuals.

Inclusions

Extraordinary difficulties were brought by COVID-19 for Indian homes, enterprises, and the economy. Economic downturns brought on by lockdowns much outweighed those brought on by the initial trade shocks, travel restrictions, and other measures. Many people moved from urban to rural areas in the millions. The recession quickly cut back on working hours and increased unemployment. Exacerbating already-existing inequities for low-income and rural households were the effects and coping mechanisms for households and companies that differed by industry and state.

These expenses just compound the fear in these trying times, when people are already concerned about their health and the pandemic's potential dangers. Not to mention, individuals who fear losing their jobs or who have already lost them experience double the amount of anxiety. High levels of stress are being experienced by the general public as a result of concerns about how they would pay their medical expenditures if they ever contracted the coronavirus.

VIII. SUGGESTIONS

Both the governments should be required to develop clear measures, comprehensive policies, and objectives. The following are some of the crucial actions that should be taken.

1. Assist them in acknowledging that they are in an uncommon state of uncertainty and reassuring them that the condition is temporary. Life will soon return to normal.
2. Gather as much information as possible regarding potential sources of assistance. Inform them about the assistance provided by the governments, non-governmental organisations, and health-care systems and other sources.
3. The central government would take steps to draught new labour rules and rights for the informal sector, as well as expanding the social security system.
4. Enacting and enforcing a new law that allows each worker to be identified. The governments have to identify worker and extend the benefits required.

IX. LIMITATIONS

Our study's limitation is that it was conducted exclusively in Tamilnadu's Central Coastal districts. Because of similar economic and socio-demographic parameters in other states too, we believe the findings are still applicable not just to other districts in Tamilnadu, but also to other states in India. We'd also want to point out that further research is needed in this area to better grasp the issues of health insurance in pandemics like COVID-19.

X. CONCLUSIONS

In India, the rural sector employs 90% of the workforce. These individuals do not have access to fundamental services such as job cards, ration cards, bank accounts, medical insurance, and other services are available. These employees are also unaware of government regulations and benefits, as well as how to obtain them. As a result, both the government and civil society devise holistic measures to improve their well-being. These are the people that labour tirelessly for the advancement of society and the nation, yet they are the true victims of the pandemic. Our Constitution lays out the path to resolving all issues. However, in order to deal with this catastrophic scenario, we need comprehensive health policies and made it to be compulsory to the entire population.

Conflict of Interest

The authors confirm that there is no conflict of interest to declare for this publication.

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