

# MICROINSURANCE

## Improving risk management for the poor



November 2005

*The Working Group on Microinsurance, initiated by CGAP and comprising of representatives from donors, multilateral agencies, NGOs, private insurance companies and other interested parties, was established in 2001 to promote the development of insurance services for the poor through increased stakeholder coordination and information sharing. Currently chaired by the International Labour Organization (ILO), the Working Group is organised into eight subgroups. To share information about microinsurance initiatives, the Working Group issues this quarterly Newsletter. For more information contact Craig Churchill, [churchill@ilo.org](mailto:churchill@ilo.org).*

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## Concept

### MAKING INSURANCE WORK FOR THE POOR

This was the focus of the 2005 Microinsurance Conference discussing current practices and lessons learnt in microinsurance, organised by the Munich Re Foundation and the CGAP Working Group on Microinsurance, from October 18-20, 2005 in Munich, Germany.

The conference fits into the broader working group project "Good and Bad Practices in Microinsurance". Besides preparing preliminary donor guidelines, this project, managed by ILO on behalf of the working group, is conducting 24 case studies on microinsurance operations worldwide and using a common research methodology and outline, they are designed to understand the operational nuts and bolts of how to design and deliver insurance to the poor.

The main purpose of the conference was to present the preliminary findings from the case studies. 90 persons attended this international event, including actuaries, private insurance managers and insurance regulators, as well as practitioners, academics and representatives from the World Bank and key donor agencies.

According to Craig Churchill, chairman of the working group, "Essentially this meeting was a reality check. We have a number of experts who have analysed the

case studies from different angles—for example, premium collection methods, risk management or marketing strategies—and they used this forum to present their preliminary findings and to solicit feedback from the conference participants."

In six plenary sessions and 18 parallel sessions, participants dealt with the role of insurers, reinsurers, technical assistance providers, regulators and governments as well as bread-and-butter functions such as underwriting, premium collection and claims payment, product design, marketing and distribution channels, and financial management and governance to develop strategies for sustainability.

The conference was hosted by the Munich Re Foundation, whose chairman, Thomas Loster, stated their long-term interest as follows: "For us this is not a one-day business that will be taken care of by hosting a conference. To help improve living conditions for those who do not have access to financial services, concerted effort is needed to find solutions to problems and then turn these solutions into action step by step. The Munich Re Foundation will be a reliable partner to facilitate this process."

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One of the important outcomes of the conference was the recognition that different players have a role to play in reducing the vulnerability of the poor, including cooperatives, for-profit insurers and governments. Yet regardless of whether insurance is market-based or government-subsidised, the same basic operation principles are required on the ground.

The 2005 Microinsurance Conference report will be available in January 2006. The main output from the conference and the case study analysis will be a seminal publication on microinsurance, published in 2006.

## Concept

## COMMENTS ON THE DIFFERENT DELIVERY MODELS

The conference analysed the findings of 20 microinsurance case studies to see what has worked, in which setting, and what is likely to be a model for programmes in the years ahead. The case studies point to four institutional models:

**Partner-agent Model**

The partner-agent model involves an established insurance company working with an agent institution – a microfinance institution (MFI) or other delivery channel – that is actively serving low-income clients. The insurance company maintains the reserves, sets premiums, supervises claims and manages compliance with regulatory requirements. The agent handles the distribution, facilitating the rational transfer of risk, resources and expertise between the informal and formal sectors.

It is a “win-win-win” arrangement. The insurer can reach a market (through the MFI) that it cannot reach on its own; the MFI can provide members with better services at lower risk; and poor households get valuable protection that otherwise would not be accessible to them.

An often-cited example of this model is **AIG Uganda**, which offered its first microinsurance product eight years ago. In 2004, it covered 1.6 million lives through 26 MFIs, with an estimated US\$800,000 in premiums. The study, however, takes exception to its excessive profits – around 20% on the premium. It also takes both AIG Uganda and its partners to task for not upgrading the product and claims process, and for neglecting client education.

The need for more or better training for the MFIs’ field staff – so they can do a better job of explaining insurance to their clients – is also recommended by a case study in **Zambia**. There, Madison Insurance partners with four MFIs to insure roughly 100,000 lives. Notable in this case: one MFI has a profit-sharing arrangement with Madison instead of a commission; and the availability of insurance seems to have increased acceptance of group members suspected of being HIV-positive.

While the partnership model eliminates most regulatory complications, often the

product is not designed to meet the needs of poor household. Often the insurers just decrease the sum assured from their existing products rather than developing new products to suit the characteristics of the low-income market.

In the **Philippines**, a network of MFIs called **APPEND** with guidance from **Opportunity International** overcame this problem by taking charge of the product development process. It designed its own prototype term life product and then sought indicative quotes from five insurers. Cocolife offered the best price as well as flexibility to negotiate product details. This case shows that a well-informed distribution channel (with appropriate technical assistance) can secure appropriate insurance products for its clients.

**Credit Unions and Cooperative/Mutual Insurers (reread)**

Savings and credit cooperatives, or credit unions as they are called in many countries, often offer loan protection insurance – usually referred to as credit life – to ensure that “the debt dies with the debtor,” so that an unpaid loan balance does not adversely affect either the surviving family or the institution that granted the loan. Credit unions also offer life savings coverage to stimulate saving, and some provide housing or funeral insurance, disability, health and in a few cases even casualty insurance. These products are added onto existing credit and savings services. Many are provided informally – although in some countries they are legally recognized as member-benefit products.

In addition to savings and loans cooperatives, microinsurance services under this model may also be provided by insurance companies that are stand-alone enterprises and, in at least one country, Mexico, by an association of crop insurance mutuals.

Some 140 cooperative and mutual insurers in 70 countries serving low-income as well as higher-end segments of their markets are members of a global association called ICMIF (International Cooperative and Mutual Insurance Federation).

**La Equidad**, created 35 years ago as a cooperative in Colombia to serve other cooperatives and their members, exemplifies the main difference between the partner-agent and cooperative insurance models. Besides a broad range of products for the general market, it now offers two group-based microlife insurance products through two partners: an MFI called Women’s World Foundation (WWF), and a group of its own affiliated cooperatives. More than 10,000 of WWF’s microcredit customers and 18,000 of cooperatives’ members have so far taken up this insurance.

The case of **ServiPeru**, however, demonstrates that affiliation with a movement can be a double-edged sword. This insurer lived by this sword for some 30 years, but almost died by it in the early ‘90s when sponsoring cooperatives, along with the country’s economy, took a nose-dive. It restructured as a provider of health and funeral services, and created a subsidiary broker to manage its insurance portfolio. Even now, its micro health insurance product has little support from cooperatives, with their members accounting for only 10% of the insured. Not every country has cooperative soil fertile enough for microinsurance.

The conference noted nevertheless that the seemingly small way in which cooperative insurance differs from the partner-agent model – the agent’s stake in the insurer – has in practice made a big difference in complying with the spirit of microinsurance. The stake or ownership – that is, shareholding – gives the agent institution a say in the design and running of not only the insurance programme but also in the democratically operated partner insurer itself, ensuring that it remains responsive to clients’ needs and interest.

**Community-Based Model reread**

In Sub-Saharan African countries, where up to 90% of working people have informal employment lacking even the most basic social protection, communities of poor people have been banding together to create microhealth insurance schemes. The schemes are non-profit in character and have a voluntary membership. Policy-

holders pre-pay premiums into a fund and are entitled to specified benefits. The community plays an important role in the design and running of the program. A network support organization provides technical assistance and general oversight, while it negotiates fees with one or more health care providers.

One case study reviewed at the conference is of a mutual microfinance network in Benin with an in-house health insurance scheme, Association d'entraide des Femmes (**AssEF**). The network has 27 savings and credit funds and 240 groups serving poor women in the capital city of Cotonou and its outskirts. Close monitoring and good management have helped the health insurance program achieve strong growth since it was founded in 2002, and have ensured its sustainability. The organization is led by a general assembly and a board of directors of 13 women elected by members.

The conference noted that although this scheme in Benin and a similar one in Senegal have succeeded in serving the poor, many of the poorest may still be beyond their outreach - a point which may strengthen the purists' argument that the two are not essentially community-based schemes but rather MFIs that offer health insurance.

Though mutual in character and theoretically within the overarching mutualism movement, community-based health insurance associations - *mutuelles de santé* - are also operationally different from microinsurers in the credit union and cooperative/mutual category. Among the estimated 300 such schemes in West Africa, three are subjects of case studies yet to be completed: Union des Mutuelles de Santé de Guinée Forestière, Union Technique de Mali, and the Union des Mutuelles de Santé de Thiès.

The lack of a clear fit in the community-based and cooperative/mutual institutional models brings home an important point: that case studies of *mutuelles de santé* are to yield practical and operational lessons that are distinct and different from what has emerged in other case

studies. For that alone, it would be well to regard them in a class of their own.

## Direct Sales Model

The third model involves an insurance company serving low-income policyholders directly through individual agents that are on salary or commission or both.

The conference paid close attention to the joint venture **Tata-AIG** in India which has introduced so-called micro-agents as a new delivery channel. India requires what some other countries only encourage: that insurers have a set percentage of their business coming from the rural and social sectors. To achieve (and surpass) its quota, Tata-AIG is innovating with a direct marketing approach that involves assisting handpicked low-income women to form insurance agencies.

Another example of direct sales is the 15-year-old Delta Life of Bangladesh, a for-profit company listed on the Dhaka Stock Exchange serving the low-income market without donor support or technical assistance. Regarded as the "Grameen Bank of microinsurance," Delta has pioneered a 10- or 15-year endowment policy that combines savings, insurance and credit. Delta now serves more than a low-income million persons.

The **Delta** and **Tata-AIG** experiences illustrate the popularity of endowment policies that help the poor gradually build up assets. While Tata-AIG offers separate term policies as well, its endowment policies are in much greater demand.

These cases demonstrate that insurance companies can reach the low-income market directly, at least in densely populated countries. Direct selling helps overcome some of the problems in the partner-agent and credit union models, where insurers do not have good control over their distribution channels. Nevertheless, this advantage comes with the costs of building a new delivery structure that only serves an insurance function, whereas the other models involve utilizing an existing delivery structure, so additional transaction costs for insurance are minimal.

## Some Basics to Keep in Mind

The findings from the case studies show that each model has strengths and weaknesses, yet they all have relevance in the provision of insurance to the low-income market. Regardless of which approach is taken, there are some lessons that are generally applicable:

- Understand the demand through quantitative and qualitative research of clients' needs, preferences and familiarity with insurance
- Gather critical information about key product features and the clients' ability to pay
- Target not only clients but field staff who, if not buying into the product themselves, will not be able to persuade clients either
- Consider serving a mixture of market segments, not the poor exclusively
- The simpler the better: If a product cannot be easily explained in a few sentences, it will not succeed
- Cover fewer perils more completely, instead of many risks partially
- Avoid loading policies with riders and benefits difficult to claim
- Minimize the number of exclusions
- Avoid contestability so pre-existing conditions are covered and clients do not have to answer medical questions
- Consider family coverage to increase volumes and enhance benefits
- Have one price for all ages as long as sums assured are small

For more details, go to: <http://www.munichre-foundation.org/StiftungsWebsite/TopicsAndProjects/Poverty/WorkshopMicroinsurance/>

## Community-based Model

In Sub-Saharan Africa, where up to 90% of working people have informal employment, lacking even the most basic social protection, communities of poor people have been banding together to create micro health insurance schemes. The schemes are non-profit in character and have a voluntary membership. Policyholders pre-pay premiums into a fund and are entitled to specified benefits. The community plays an important role in the design and running of the program. A network support organization provides technical

assistance and general oversight, while it negotiates fees with one or more health care providers.

One case study reviewed at the conference is a mutual microfinance network in **Benin, Association d'Entraide des Femmes (AssEF)**, with an in-house health insurance scheme. The network has 27 savings and credit funds serving poor women in and around the capital city of Cotonou. Close monitoring and good management have helped the health insurance program achieve strong growth since it was founded in 2002.

The conference noted that although this scheme in Benin, and similar ones in **Senegal, Mali and Guinea**, has succeeded in serving the poor, many of the poorest are still beyond their outreach. Such schemes are essentially providing a social protection function that should be provided by the state, so negotiations are underway in some environments to access government subsidies, which in turn would allow them to serve the destitute.

## Case Study

### TATA-AIG'S MICRO-AGENT MODEL (INDIA)

Tata-AIG entered into microinsurance as a condition for acquiring a license to sell insurance in India. Unlike many other insurance companies, the company immediately saw the many benefits of microinsurance including, fulfilment of corporate social responsibility; use of microinsurance to get the brand into a new market; and a means of developing a good relationship with the Indian insurance regulator.

The CEO of TATA-AIG realised that microinsurance would require innovative thinking because insurance products for low-income households are not just normal insurance with lower premiums and benefits. In particular, he realised that selling microinsurance would require a new distribution mechanism.

He created a specialised microinsurance department within Tata-AIG called the rural and social team and gave it latitude to consider alternative distribution strategies.

In addition to the usual partner-agent model, the rural and social team developed a model of micro-agents. The model works as follows:

1. Tata-AIG obtains recommendations from NGOs that have good relationships with the local community in an area targeted by TATA-AIG.
2. In return for a fee, the NGO provides suggestions on members of the community who could be good agents for microinsurance policies - the micro-agents.

3. If these micro-agents accept, they are then asked to form into groups of peers.
4. The group, referred to in the Tata-AIG model as a CRIG (Community Rural Insurance Group), operates in a similar fashion to an insurance agent's firm.
5. The agents are trained by TATA-AIG, which help for the CRIG leader to obtain an agent's license.
6. The NGO may play additional roles such as aggregating the premiums, allowing the agents to use their offices to conduct business, paying the benefits in public ceremonies and training the micro-agents.

The model relies on direct marketing similar to that used by firms such as Tupperware and Avon. It will only succeed if the frontline personnel have been properly selected and are sufficiently trained in general insurance awareness, product details and sales techniques.

Besides the group approach of the CRIGs, the micro-agent model could also be done on an individual basis. Like the CRIGs, micro-agents tend to be women who are either office bearers of an SHG or a voluntary worker of an NGO. After being certified, micro-agents are encouraged to source business from the geographical vicinity of their homes, which may extend to 4 or 5 villages depending on the size of the village.

In addition to being a new microinsurance distribution model, the model creates new employment opportunities (micro-agents) and provides a new income stream for rural NGOs.

Although still early days, the CRIGs appear reasonably stable. As long as the financial incentives remain sufficiently enticing, there is likely to be limited dropouts. In the event of a member or leader dropping out, they could be replaced by another from the community, thus mitigating the risk of orphaned policies. If a CRIG disbands, the NGO can facilitate the transfer of the orphaned policies to another CRIG.

However, like all direct marketing schemes, the CRIGs face the problem that eventually the agents will have approached everyone they know and need to approach strangers. Often these clients live further away which will raise the costs of selling. To address this issue, Tata-AIG plans to open up branch offices in "new" areas with a permanent vehicle. This vehicle would be used by CRIGs to sell policies outside of their immediate area.

If successful, this model could, adapted to specific conditions, provide a major new means of overcoming the microinsurance distribution problem.

*CGAP Working Group on Microinsurance Good and Bad Practices Case Study No. 14: TATA-AIG Life Insurance Company Ltd., India. (J. Roth and V. Athreya, September 2005). Source: [http://microfinancegateway.org/files/28285\\_file\\_Tata\\_AIG\\_Good\\_and\\_Bad\\_Case\\_Study\\_14.pdf](http://microfinancegateway.org/files/28285_file_Tata_AIG_Good_and_Bad_Case_Study_14.pdf)*

## Selected Info

### About an Insurance Initiative

#### A FOUNDATION TO (RE)INSURE EXCLUDED ENTREPRENEURS

ASSOCIATION DE PREFIGURATION DE LA FONDATION POUR LA MICRO-ASSURANCE, LYON (FRANCE)

This project was initiated by the founder and president of the APRIL GROUP, and the president of the French MFI ADIE. It aims to complement microcredit by helping vulnerable and insurance-excluded entrepreneurs have access to additional social and professional protection, according to their needs.

At the moment, the association works on developing its microinsurance scheme, which involves defining the content of supplementary solidarity insurance, its implementation modes, its follow-up, and developing training and risk prevention modules. A public interest foundation will be established and responsible for the marketing of this scheme.

The product developed by ADIE covers temporary work incapacity and damage to goods and person. 500 policies are planned for the pilot testing phase (2006), followed by 5.000 each year. The microentrepreneur needs to be affiliated to an association as to benefit from this scheme.

Contact Carole Ringaud: [cringaud@entrepreneursdelacite.org](mailto:cringaud@entrepreneursdelacite.org)

## More Info

### Latest Publications

**An Assessment of the Operation of Agricultural Insurance Scheme in Nigeria** (S.O. Olubiyo and G.P. Hill, Savings and Developments, No. 3/29, November 2005). This paper concludes that the scheme's diversification into commercial insurance benefited the company with regards to profit and risk reduction, however, did not attend an improvement in the lending volume to farmers. Order from [publications@fgda.org](mailto:publications@fgda.org)

**Weather Index Insurance, Malawi** (Richard Leftley, Opportunity International, November 2005). This paper explains the weather indexed insurance product developed by Opportunity International for farmers in Malawi. Download at <http://www.microinsurancecentre.org/resources/Documents/051101%20Drought%20insurance%20Opportunity%20International.pdf>

**Invest to Present Disaster: The potential benefits and limitations of microinsurance** (Reinhard Mechler and Joanne Linneroth-Bayer, Viewpoint for International Day for Disaster Reduction, ProVention Consortium / IIASA, October 2005). This opinion paper reflects on the opportunities and challenges of microinsurance provision for natural disasters in developing countries. Download at [http://www.proventionconsortium.org/files/Viewpoint\\_micro-insurance.pdf](http://www.proventionconsortium.org/files/Viewpoint_micro-insurance.pdf)

**CGAP Working Group on Microinsurance** has published several **Good and Bad Practises Case Studies** during the last couple of months: MADISON, Zambia; The Experience of Opportunity International; La Equidad Seguros, Colombia; Comparative study of three Health Microinsurance schemes in Bangladesh, TATA-AIG Life Insurance Company Ltd., India; Evidence from India on Microinsurance and Microfinance Institutions; VimoSEWA, India and UMSGF, Guinea. Download from <http://www.microfinancegateway.com/section/resourcecenters/microinsurance/?PHPSESSID=c6fe0fe1d72bf3ed0cc8ac169a30a40e>

**Microinsurance in Latin America** (Nidia Hidalgo Celarié and Pedro Valdéz, Microentreprise Development Review, Vol. 8/No. 1, June 2005). This article concludes with four major challenges to microinsurance in Latin America. Contact [mipyme@iadb.org](mailto:mipyme@iadb.org)

**Micro-assurance : Macro-enjeux ?** (Marc Nabeth, Revue d'économie financière, Nr. 80, 2005). This overview on microinsurance figures in a special issue of a financial bulletin on the world market for insurance. Download from <http://www.aef.asso.fr/article.jsp?prm=31396>

The newsletter **Microhealthinsurance Update No. 2** (October 2005) is now available. It includes an article on the Indian market for low-cost insurance and presents Karuna Trust's wage compensation product. Download from [http://www.microhealthinsurance-india.org/content/e22/e341/e713/update2\\_october2005.pdf](http://www.microhealthinsurance-india.org/content/e22/e341/e713/update2_october2005.pdf)

**Demand for Microinsurance in Georgia: Quantitative Study Results** (Michal Matul, MFC, April 2005). This report presents the findings of a household survey with a sample of 1.000 households with regards to demand for microinsurance. This paper was funded by KfW through the MicroInsurance Centre as part of a major KfW / MicroInsurance Centre effort to assess microinsurance opportunities in several countries. The full paper for Georgia and those for several other countries are available at [www.microinsurancecentre.org](http://www.microinsurancecentre.org)

## News from the Working Group

The conference Making Insurance Work for the Poor was followed by the fourth working group meeting (October 20, 2005). Below is a summary of the subgroup activities to date and plans for the coming year:

### Operations Subgroup

**Case studies:** The work of the operations subgroup has focused on the "Good and Bad Practices in Microinsurance" and has already published 17 case studies with 7 more in process. The content from these case studies provided the bulk of the content for the conference Making Insurance Work for the Poor, including several working sessions where experts synthesized lessons from across case studies on specific technical topics.

**Publication on microinsurance:** These initial findings, and the feedback provided during the conference, will form the main content for a seminal publication on microinsurance. The current outline for the book contains some this should five chapters with over 30 sections. For a copy of the outline, contact Craig Churchill [churchill@ilo.org](mailto:churchill@ilo.org)

**Donor Guidelines:** These guidelines seek to help donors improve the efficiency, effectiveness, impact and sustainability of their interventions in microinsurance. Donor staff and others working on microinsurance programmes are invited to send comments and request the feedback form from Aude de Montesquiou at [ademontesquiou@worldbank.org](mailto:ademontesquiou@worldbank.org). Based on this feedback, it is expected that the guidelines will be revised and finalised in 2006. The preliminary guidelines are available at [http://www.microfinancegateway.org/files/13836\\_Draft\\_Donor\\_Guidelines.pdf](http://www.microfinancegateway.org/files/13836_Draft_Donor_Guidelines.pdf)

### Demand Subgroup

**Guidelines for Research on Demand for Microinsurance:** The draft of these guidelines has been distributed to interested working group members for review. Three members have shown interest in testing them. The guidelines should be finalised as soon comments and feedback has been reviewed and implemented.

For a copy of the draft, contact Monique Cohen at [moniquec@mfopps.org](mailto:moniquec@mfopps.org)

### New Subgroups

The participation of several new working group members led to the emergence of several new subgroups:

- Performance indicators, led by Denis Garand and John Wipf
- Health insurance, led by Bruno Galland and Klaus Fisher
- Agriculture (or Rural) insurance, leader tbd
- Capacity building, led by Gaby Ramm

If anyone is interested in leading the agriculture insurance subgroup, contact Craig Churchill at [churchill@ilo.org](mailto:churchill@ilo.org) and if anyone wants to join a subgroup, contact the subgroup leaders directly.

### Regulation Subgroup

**Regulation Study II:** As a follow-up product of the GTZ Desk Study on Microinsurance Regulations (2004), a new study will be implemented on the regulation and supervision of microinsurance. This study will be conducted in collaboration with the International Association of Insurance Supervisors (IAIS) and will be ready for the IAIS meeting in 2006.

**Country Studies: With new members of this subgroup,** including IDRC and Laval University, this research is likely to get underway in 2006. Its purpose is to highlight policy and regulatory obstacles that inhibit the poor from accessing insurance, and to identify means of overcoming those barriers. Possible countries to be studied include: Colombia, India, Indonesia, Philippines, South Africa and one West African country.

The first regulation study is available at [http://www.microfinancegateway.com/files/21435\\_Microinsurance\\_Regulation.pdf](http://www.microfinancegateway.com/files/21435_Microinsurance_Regulation.pdf)

### Dissemination Subgroup

**Newsletter:** The dissemination subgroup has published 8 newsletters to date in French and in English, and counts in total more than 800 subscribers. A regular Spanish version is planned for 2006.

**Website:** The new website should be launched soon; first in English, later in French.