The International Missionary Benefit Society was founded in 1965. And 2017 marks 50 years of service of the West Africa and Central Africa sections. Under the auspices of the Regional Conference of Bishops of West Africa (in Abidjan) and the Congregation of the Spiritans (in Yaoundé), more than 10,000 priests, monks and nuns are affiliated to the IMS.

The Association provides considerable assistance to the sick and the communities with the various types of assistance requested: often for the costs of pharmacy and hospitalisation, consultations, dental treatment as well as most medical procedures. For each person at their own level (administrator, manager or section secretary, bishop and superior, etc.), it is important to make people aware of the IMS, in those places where information is not so easily accessible, i.e. in certain regions of Africa, Asia and South America. Regularly, it happens that religious communities learn belatedly of the existence of the Association, although several of their members are experiencing health problems.

Father Michel Ménard
President of the IMS
The International Missionary Benefit Society (IMS) celebrated its 50 years of presence in Abidjan (Côte d’Ivoire) from 8 to 10 September 2017. After the Eucharist led by Monsignor Séraphin ROUAMBA (Archbishop of Koupela, Burkina Faso), Monsignor Joseph SPITERI (Apostolic Nuncio, Republic of Côte d’Ivoire) opened the ceremony, repeating the words of Pope Francis: “everything that is shared multiplies”. Meetings and conferences were then chaired by Monsignor Séraphin ROUAMBA and Monsignor Bénoît ALOWONOU (President of the Conference of Bishops of Togo). Sister Eugénie HENA, manager of the IMS West Africa section prepared these days to perfection, with the active participation of her section’s staff.

The IMS, an association governed by Swiss law was created in 1965, resulting from the wish by French monks/nuns to benefit from a health care cover system abroad. As recalled by Sister Elisabeth AULIAC, Vice-President of the IMS, the principle of solidarity grew quickly in Africa with the creation of local sections and a very clear objective:

To make available to superiors and bishops a system able to meet their canonical obligation, aimed at ensuring the good health of their members. At his public audience of 13 May 2015, Pope Francis moreover spoke, saying:

“I reserve particular greetings for the members of the International Missionary Benefit Society. Dear friends, I strongly encourage your service in the Congregations and Dioceses to facilitate access by their members to health care and thus promote their dedication to the mission’.

Father Michel MENARD, President of the Association is able to appreciate the path travelled: today 770 congregations and dioceses (nearly 29,000 priests, monks and nuns) maintain the IMS’ spirit of solidarity, a “daughter of the church”, according to the words of Monsignor Bénoît ALOWONOU. They pay a contribution that is adjusted in line with the particular country and receive assistance following each health care procedure provided for their members (medical consultation, hospitalisation, eyewear, pharmacy, etc.). This Golden Jubilee of the IMS West Africa section therefore brought together a hundred people from Côte d’Ivoire, Mali, Benin, Burkina Faso, Sierra Leone, Nigeria and Niger, representing the dioceses and religious congregations of these countries.

The specific needs of the members of this region and how best to adapt the services were recalled at this meeting. The partnerships with hospitals providing hospital care, mainly in Abidjan were particularly commended, such as the quality of care. One of the objectives of the next few years will be to expand this high-quality care network in the countries of the region and to continue to make the IMS known to the autochthonous dioceses and communities, trying to align it as much as possible to the needs and the budget of the persons concerned.
Based on its Christian values, the International Missionary Benefit Society works on the principle of solidarity. But how is this conception demonstrated concretely? Any diocese or any congregation having joined all its members and that is up-to-date with the payment of its contributions is able to receive all the assistance offered by the Association, in a spirit of openness and solidarity some of whose aspects are described here:

- No health questionnaire
- No age condition
- Cover in all countries, after selecting the option
- Assistance following care, regardless of the health professional or the hospital visited.
- No assistance limit or ceiling for a hospitalisation*.

*except over 65s: limit of 180 days per year for the same complaint.

The International Missionary Benefit Society’s Articles of Association stipulate that the Association provides “on behalf of the member religious communities (dioceses, institutes and congregations) […] economic and social assistance to missionaries, monks, nuns and members of the clergy, of the Christian religion”. But the text also states that the IMS acts in compliance with national laws, meaning that it cannot replace mandatory health insurance systems. This is the message that the section managers explain when they travel around. The IMS is able to offer its services to congregations, dioceses and institutes which are not required to join another system.

The President Ménard, the Vice-President Sister Auliac and the Administrators Brother Vignau and Brother Linacero have also recalled this aspect in their meetings with the nuncios, the episcopal conferences and the religious conferences of Ghana and Senegal, the representatives of the conferences of Côte d’Ivoire, Togo, Sierra Leone, Benin, Burkina Faso among others, the bishops of Kenya, the dioceses of Tabasco (Mexico), the Marist Brothers of the Centre-North Province of Mexico, the Monks/Nuns’ Conference of Ecuador, the Monks/Nuns’ Conference of Brazil, etc.
> To receive IMS assistance, **remember to include the treatment form!**

There are remote regions where the physician (and health professionals) are unable to issue invoices. These documents (invoices, prescriptions) are indispensable for the sections for processing cases. The groups however have to exercise their rights to obtain payment of the assistance. So it is important to present the treatment form to the physician. It must include the date, signature, stamp and cost.

For your information, here is how IMS assistance was allocated in 2016:


> Download the medical care form

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**New membership**

> They have joined the IMS in 2017

36 new communities have chosen to join the IMS between January and October 2017. A system is more effective and solidarity better assured when it has a high membership. These new congregations are strengthening the Association as a whole, while themselves benefiting from the IMS’ assistance and services.

- **CENTRAL AMERICA SECTION**: Provincia Santisimo Salvador, Hermanas Marista de Champagnat, Congregation de Maria Reparadora, Mercedarias M de Bemz.
- **CENTRAL AFRICA SECTION**: Congregation Santo Domingo, Ordre freres/Bienheureuse vierge Marie Mt Carmel, congrégation des soeurs de Sainte-Marie, congégation soeur apostolique de Saint-Jean, fille de Jésus de Massac, ordre des prêcheurs Dominicains.
- **EAST AFRICA SECTION**: Mary reparatrix sisters, Missionary congregation of the evangelising, Foyer de Charité de Bujumbura, Order of the Holy Spirit, Sister of Mary Immaculate, Franciscan Sisters of the Heart of Jesus, Loreto Institute, Daughters of Mary help of Christians/Salesian, Salesians of Don Bosco, Butare Diocese.
- **WEST AFRICA SECTION**: UCAO/U.Universitaire Guinée Conakry, Congrégation des soeurs de la providence de Portieux, séminaire redemptorist mater.
- **BELGIUM SECTION**: CICM Rome Afrique, Dochters Vam Maria - Paridaens Haiti, Dochters Vam Maria - Paridaens Mixt, Dochters Vam Maria - Paridaens New York, Fraternité missionnaire Verbum dei.
- **MADAGASCAR SECTION**: Soeurs de Marie réparatrice.