Rethinking Health Insurance Systems -
achieving universal health insurance coverage through
value-based care and public private collaboration

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Contradictory and multiple forces influence health care spending –

Need for an **"Universal"** health insurance scheme

- Aging populations
- Growth of emerging markets
- Advances in treatments

Health care cost reduction pressure

- **Demographics -** While world population is growing at a fast pace, the ageing population is growing at a faster pace with more health needs and higher healthcare costs;

- **Social and lifestyle factors -** Rapid urbanization, sedentary lifestyles, obesity levels are giving rise to chronic diseases, and this is apart from communicable diseases

- **Technological innovation and advancement -** New technologies can improve treatment outcomes and patient satisfaction but add on tend to the cost more than existing ones

Progressive Universalism – expanding coverage ensuring that the poor and vulnerable are not left behind;

Strategic purchasing – expanding the statutory benefits package and developing incentives for its effective delivery by health-care providers;

Improving the availability and quality of health-care providers;

Raising revenues to finance health care in fiscally sustainable way

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Health coverage around the world
Who is covered and how?

Universal coverage with single-payer system
Everyone is covered by a national health-care plan that is fully funded by the Government, the "single payer"

Universal coverage with multiple payer system
Everyone is covered under a national health system that has competing insurers, with private options available for those who can afford them.

Multi-payer system with no universal coverage
Not everyone has coverage. Those who do have insurance are covered either through specialized government programs or private insurers.
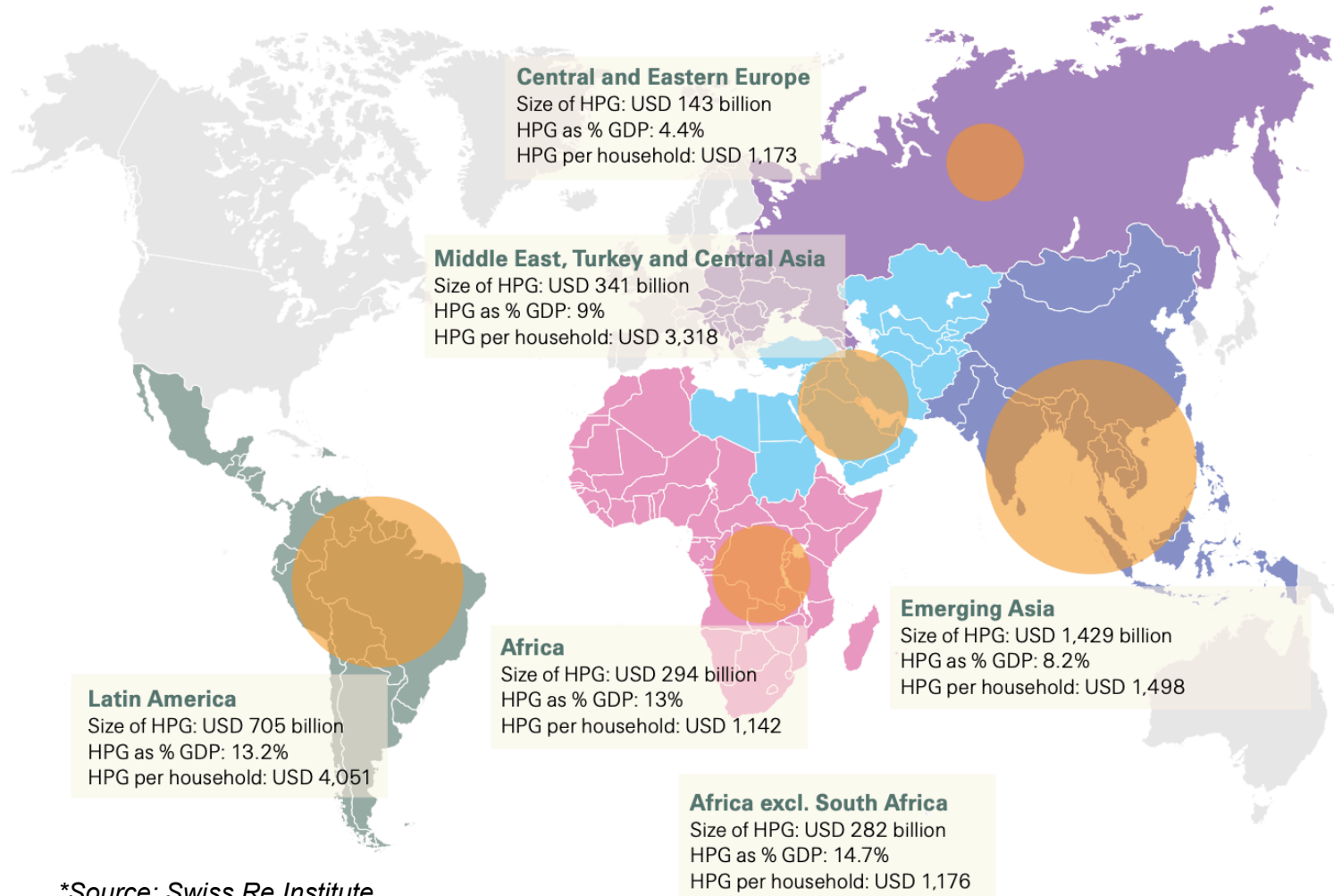
No national health-care (fully out of pocket)
No government options exist to offer people coverage. Individual care providers and aid organizations offer specific health services, but access is limited.

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Health protection gap for emerging world estimated to be **USD 2.9 trillion***

Estimated health protection gap in emerging regions across the world

Central and Eastern Europe
Size of HPG: USD 143 billion
HPG as % GDP: 4.4%
HPG per household: USD 1,173

Middle East, Turkey and Central Asia
Size of HPG: USD 341 billion
HPG as % GDP: 9%
HPG per household: USD 3,318

Latin America
Size of HPG: USD 705 billion
HPG as % GDP: 13.2%
HPG per household: USD 4,051

Africa
Size of HPG: USD 294 billion
HPG as % GDP: 13%
HPG per household: USD 1,142

Emerging Asia
Size of HPG: USD 1,429 billion
HPG as % GDP: 8.2%
HPG per household: USD 1,498

Africa excl. South Africa
Size of HPG: USD 282 billion
HPG as % GDP: 14.7%
HPG per household: USD 1,176

Source: Swiss Re Institute

Build back stronger **universal health coverage systems** after the COVID-19 pandemic:
the need for better governance and linkage with universal social protection

- Moving towards and sustaining Universal Health Coverage (UHC) is critically important to build resilient health systems and to **promote more inclusive and fairer societies**;

- The progressive realization of UHC requires **good governance and linkages with social protection systems**;

- UHC policies should be **coordinated with social protection systems** providing social safety nets and coordinated governance is required across health and social sectors;

- This requires **system-wide social and health policies** breaking the boundaries of traditionally fragmented welfare systems and global health programmes

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Closing the gap... »»»

WHO has been explicit that countries should prioritize four key actions to finance UHC: **reduce direct payments, maximize mandatory pre-payment, establish large risk pools and use of general government revenue to cover those who cannot afford to contribute*

- Develop financing systems based on the four 'key ingredients' outlined by WHO*;

- Strengthen the existing scheme and raise revenues to finance health care in fiscally sustainable ways;

- Develop innovative, cost-effective ways to deliver consumer–centric, technology enabled "smart healthcare solutions;

- Actively engage civil society in all stages of policy-making, implementation, and monitoring;

- Monitor the existing scheme in terms of **equity, universality** (reach); performance and **efficiency**;

- Insurers need to extend their role to make the society more resilient

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