

# KEEPING UNDER THE UMBRELLA: UNIVERSAL HEALTH COVERAGE



Health Research and Social  
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# OBJECTIVES OF UHC

**TO MAKE**

**UNIVERSAL HEALTH COVERAGE**

**A REALITY**

- All people have access to needed services
- Without the risk of financial ruin linked to paying for care

## UHC SHOULD INCLUDE ...

- Coverage with needed health services of good quality
- Coverage with financial risk protection for all

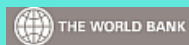
# FINANCIAL RISK PROTECTION

1. Prepayment and pooling of resources
2. Minimising user fees and charges – zero for the poor and vulnerable (possibly "negative fees")
3. Good quality services are available

The combination of financial risk protection with the availability of good quality services – instrumental to increasing health and economic well being.



# THE IMPACT OF UNIVERSAL COVERAGE SCHEMES IN THE DEVELOPING WORLD: A REVIEW OF THE EXISTING EVIDENCE



The Impact of Universal Coverage Schemes in the Developing World:

A Review of the Existing Evidence

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Universal Health Coverage Studies Series (UNICO)  
UNICO Studies Series No. 25

## KEY POINTS

- All people have access to services and do not suffer financial hardship paying for them
- UHC creates awareness and provides guidance to improve health systems
- Most of the studies fail to involve evaluators from the start, leading to weak evaluation to assess the impact of UHC schemes.

## LESSONS LEARNT

- Affordability is important but may not be enough
- Target the poor, but keep an eye on the non-poor as well
- Linking benefits to target people's needs
- Highly focused interventions can be a useful initial step toward UHC

# RECOMMENDATIONS FOR UHC BY WORLD BANK: A SYNTHESIS OF 11 COUNTRIES (BANGLADESH, ETHIOPIA, GHANA, INDONESIA, PERU, VIETNAM, BRAZIL, THAILAND, TURKEY, FRANCE AND JAPAN)

## POLITICAL ECONOMY

- Do not wait for the perfect moment to move forward on reform. Economic growth is not needed for policy adoption.
- Take advantages of political opportunities, such as those provided by crises, to advance UHC
- Use supportive social movements to advance the UHC agenda and check interest group pressures.

## HEALTH FINANCING

- Explore different sources of revenue to support the expansion of UHC, including explicit budget allocated and other government financial commitments.
- Recognise that early decisions can affect both the financial sustainability and equitable impact of UHC and can prove difficult to change once institutionalised.

## HUMAN RESOURCES FOR HEALTH

- Consider flexible career paths and non-traditional points of entry, which can help to address health-care worker shortages.
- Use a comprehensive and multipronged approach to address the maldistribution of health workers, including education policies, labor market regulations, and monetary and non-monetary incentives

# HEALTH INSURANCE SITUATION IN NEPAL

- *Six communities based health insurance schemes were initiated by government in 2003*
- *Micro Health Insurance Schemes are running in different parts of Nepal which covers almost 50,000 people.*
- *400 to 18000 clients are covered by different micro health insurance schemes are getting health insurance facility.*
- *Health insurance providers in Nepal are basically categorised in two broad sectors: Non subsidised and subsidised sectors.*
- *Major health and accidental policies available are; Hospital and surgical expenses insurance, medical and health insurance, Group Medical Insurance, Group Personnel Accident, Medical Aid Insurance, Hospital Cash Plan, Children health policy*





# COMPREHENSIVE DISTRICT ASSESSMENT ON HEALTH INSURANCE BY KOICA/ HERD IN 2014

## RECOMMENDATIONS

**An initiative to health insurance in Nepal began from 1976 through United Mission to Nepal (UMN)**

**Health Insurance Programme has to address the needs of the poor and should focus on people belonging to the lower strata of society.**

**Advertisements could be effective in catching attention of health insurance at a wider level.**

**To increase participation in health insurance, discussion should be done in public hearing, helping each other for those who cannot afford and making community people aware about the programme.**



# UHC INITIATIVES IN NEPAL - POLICY PROVISIONS IN NEPAL HEALTH SECTOR STRATEGY 2015-2020

**Government remains committed to expand health services, increase the population coverage and reduce financial burdens in order to move closer to UHC free of cost**

**Increased utilization and coverage of basic health services will ultimately reduce the burden of diseases and lessen the demand for curative health services**

**The government, during the NHSP-3 period, will progressively consolidate all social health protection arrangements.**

**Public sector health facilities will continue to deliver and expand wide range of services through the extensive network of providers.**

**Health facilities will be made accessible through; Community Health Units, Health Posts, Primary Health Care Centres/Urban Health Centres, Sub-district hospital/Municipal Hospitals, District Hospitals and Specialised hospitals**

NEPAL HEALTH SECTOR STRATEGY  
2015-2020



GOVERNMENT OF NEPAL  
MINISTRY OF HEALTH AND POPULATION  
2015

# **UHC INITIATIVES IN NEPAL - A SESSION BY DR ANTONIO DURAN WITH WHO AND MINISTRY OF HEALTH**

**There are varying perceptions about UHC in Nepal**

**UHC focuses on providing access to quality health services to the people without them having to bear the expenditure.**

**UHC is easier to advocate than to implement and there's a need for strong system and mechanism**

**UHC is dependent upon capacity of public administration, governments and policy makers**

**The government was urged to take a piece by piece approach rather than aiming for a wholesome approach**

**Policy makers to have a clear ROAD MAP as to what sorts of service delivery components need to be CENTRALISED and DECENTRALISED**

**Need to have a strong monitoring, supervision and accountability mechanisms in place.**

To universalize UHC, all stakeholders need to come under one umbrella



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