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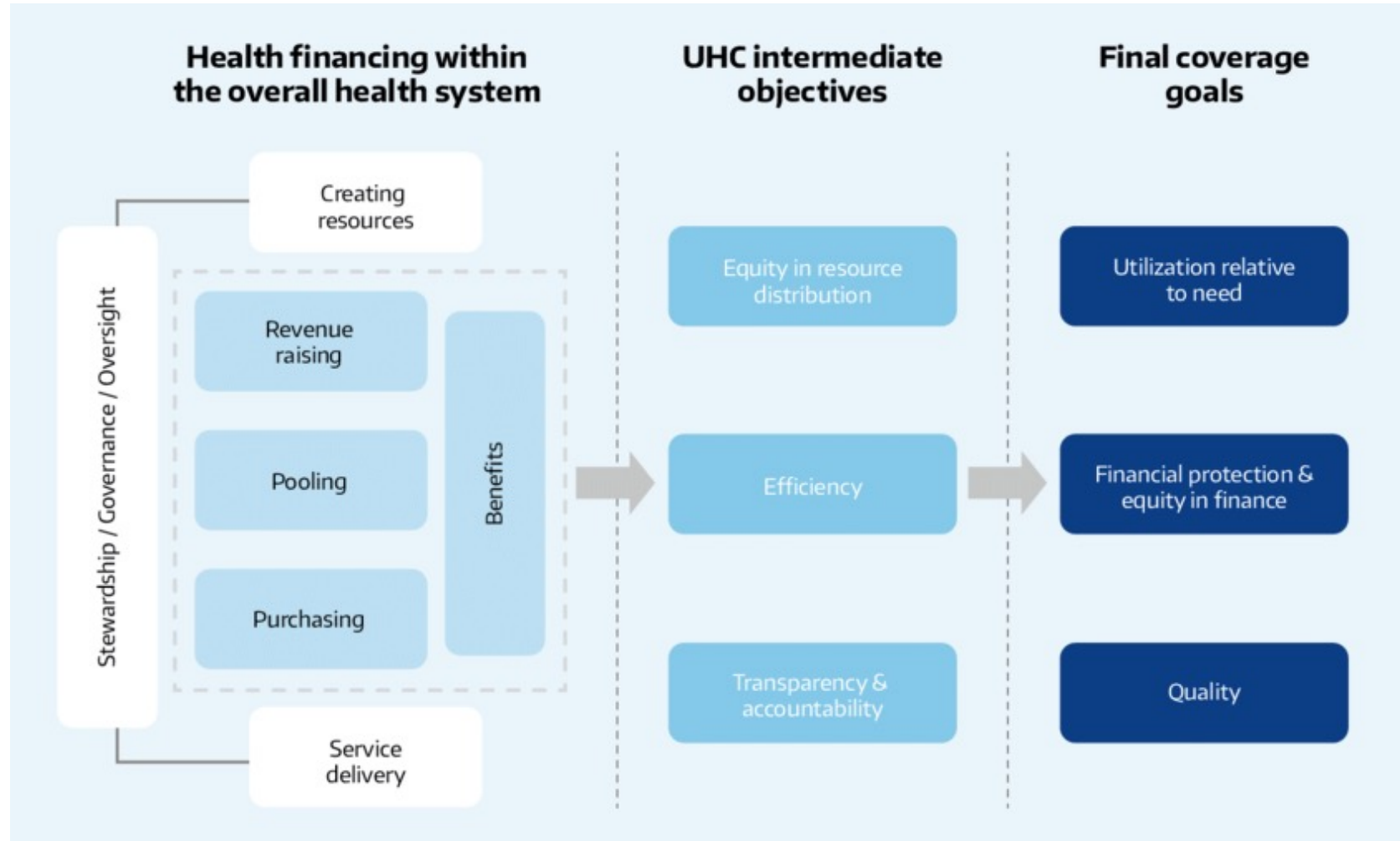
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# Health Insurance Models and Opportunities to Expand Coverage in Low- and Middle-Income Countries

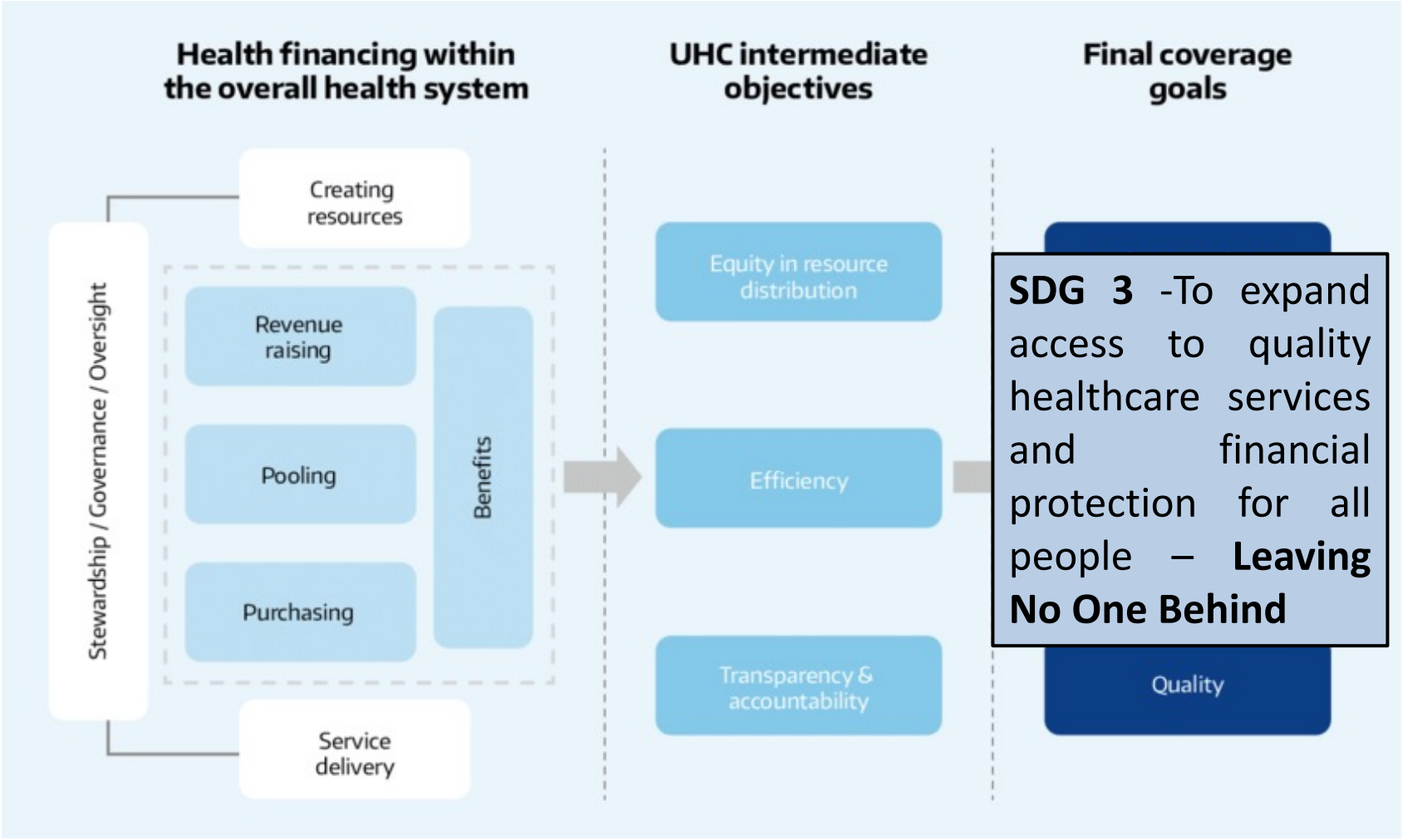
Prof. Dr. Manuela De Allegri

# Our ultimate objective is to achieve Universal Health Coverage



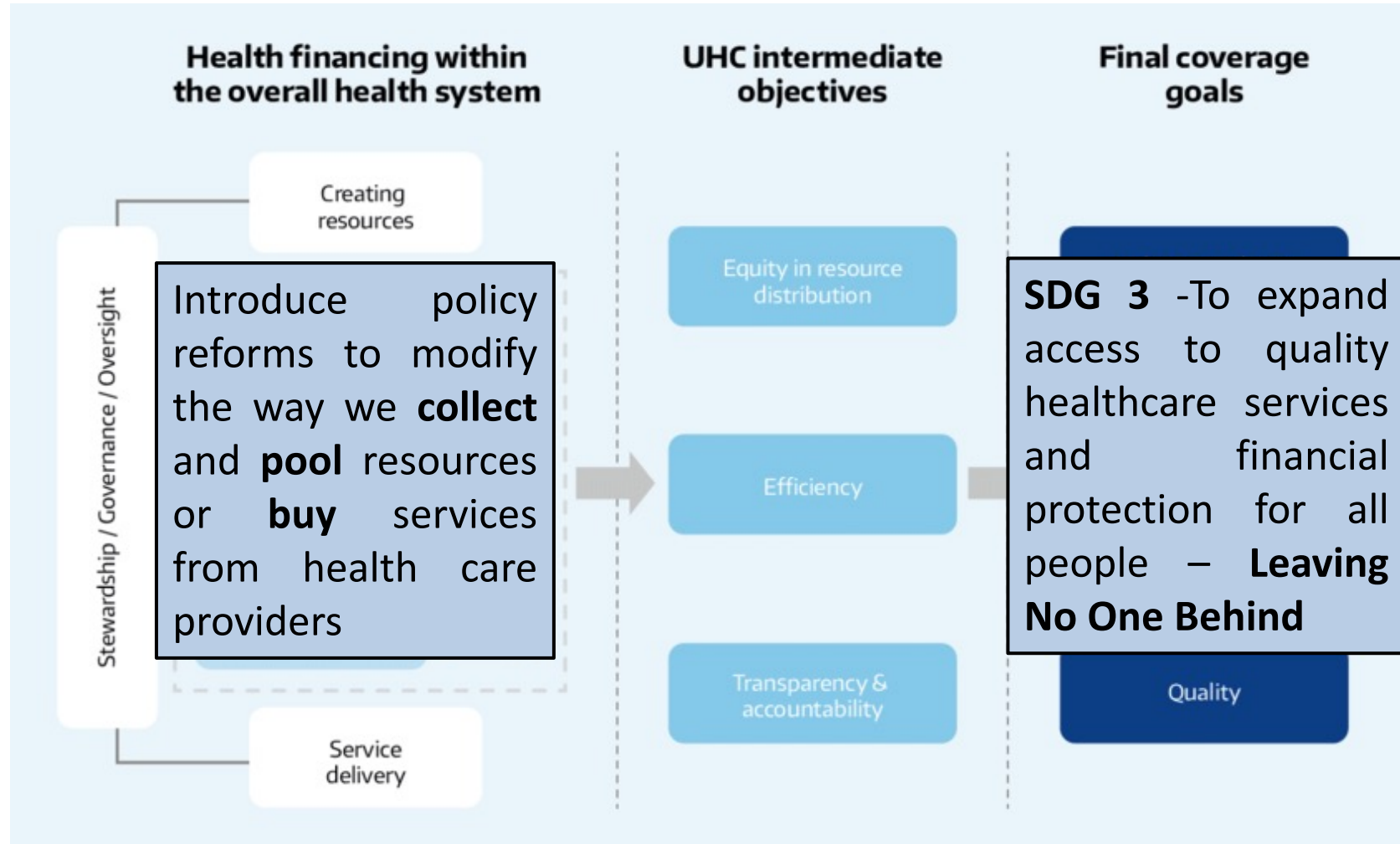
Source: Kutzin et al. 2017

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# Health insurance as we know it

- Private health insurance – voluntary contributions based on individually rated premiums
- Social health insurance – mandatory contributions based on income

# Health insurance in Low- and Middle-Income Countries (LMICs)

- Voluntary health insurance
- Social health insurance
- Publicly-funded health insurance

**Subsidisation**

**Compulsion**

**Governance**

# Voluntary health insurance

- Enrolment is voluntary, but provider can be for-profit or not-for-profit, with individual or community-rated premium
  - Employer-based insurance
  - Commercial health insurance
  - Micro-health insurance

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**No means of  
achieving  
Universal  
Health  
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# Nation-wide MHI

- Several countries (mostly in sub-Saharan Africa) have subsidised MHI in the hope of achieving UHC and promoted the consolidation of small schemes into larger ones (e.g., Senegal, Mali, DRC, Tanzania) – penetration rates remain low
- Some countries have consolidated on the MHI model to build national insurance schemes – Ghana (current enrolment estimated to be below 50%) & Rwanda (current enrolment estimated at 90%)

# Social Health Insurance (SHI)

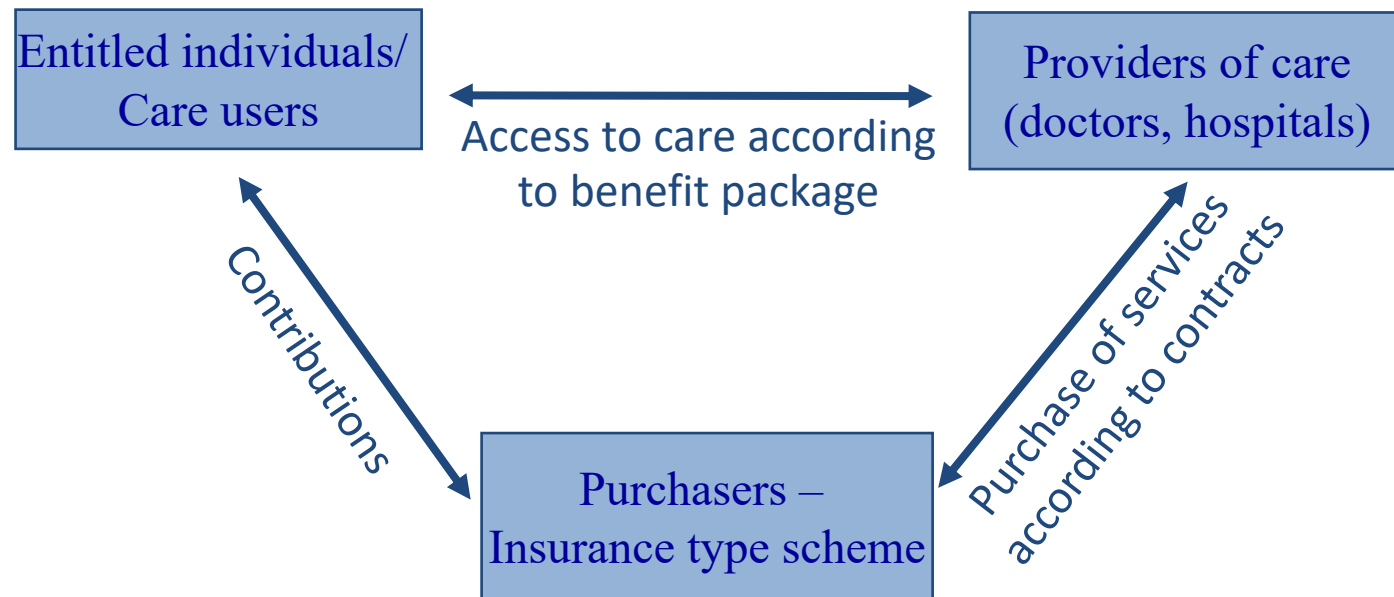
- Contributory based system – percentage of payroll income paid as premium
- Key problem in LMICs is small size of the formal sector resulting in small size of an actual SHI pool
- High potential for good access to care & financial protection, but only for a limited number of people – **risk of fragmented health system**

# Publicly-funded health insurance (PFHI)

- State-budget transfer to health insurance type scheme (different from direct public budget allocation to providers)

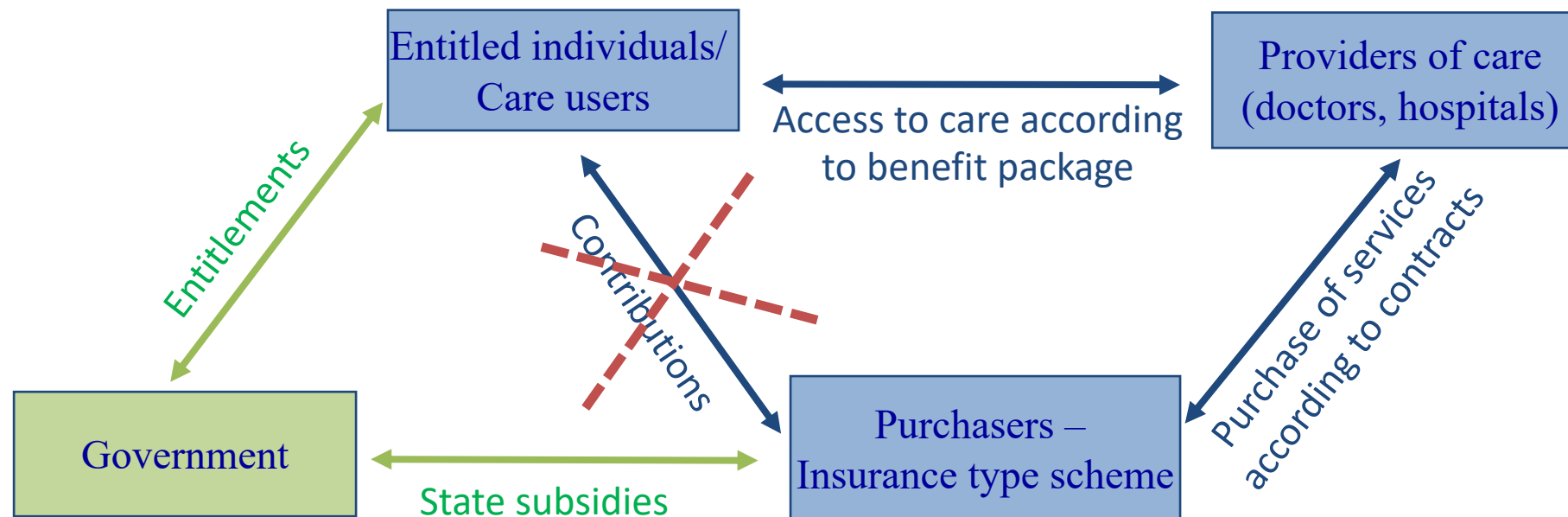
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# Who has introduced some form of PFHI?

## Latin America:

Bolivia  
Chile \*  
Colombia  
Costa Rica  
Dominican  
Republic  
Mexico  
Peru  
Uruguay\*

## Central Europe – HICs (since):

Croatia (2008)  
Czech Republic (2006)  
Hungary (2007)  
Lithuania (2012)  
Poland (2009)  
Slovak Republic (2007)  
Slovenia (1997)

## Central Europe:

Bosnia & Herzegovina  
Albania  
Bulgaria  
Montenegro  
Romania  
TFYR Macedonia  
Serbia  
Turkey

## Asia:

Cambodia  
China  
India  
Indonesia  
Mongolia  
Philippines  
Thailand  
Vietnam

## Africa:

Algeria    Mali  
Gabon    Rwanda  
Ghana    Senegal  
Kenya    Tanzania  
Ethiopia  
preparations: e.g.  
Benin    Burkina Faso

## Eastern Med:

Egypt  
Iran  
Jordan  
Sudan

## Ex-USSR:

Georgia  
Kyrgyzstan  
Moldova  
Russian  
Federation\*

Source of slide: Inke Mathauer, Health Financing Course, UKHD, 2023.

# Global state of health insurance affairs

- Co-existence of financing models, including multiple health insurance models
- Fragmented pools with fragmented access to healthcare services – mix of public & private providers
- Current insurance coverage with focus on secondary and tertiary care, often neglecting primary care
- The “missing middle” as a key coverage challenge
- Persistent high reliance on out-of-pocket spending

# What can we do?

- Support partner countries in their path to reform health financing/health insurance structures – **steady long term engagement** in health system strengthening is needed
- Promote technical solutions that **overcome fragmentation** and actively promote allocation of resources toward **primary healthcare services**
- Recognise that not one size fits all – provide technical and financial expertise, but be ready to accompany **country-led solutions** towards Universal Health Coverage



THANK YOU!  
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