

Social Health Protection Reforms in Countries of the Commonwealth of Independent States: Knowledge Exchange and Regional Perspectives

Introduction to panel session

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► Overview

- 1- Social Health Protection towards Universal Health Coverage**
- 2- Coverage and adequacy of benefits**
- 3- Recent trends globally and for CIS countries**



1- Social Health Protection towards Universal Health Coverage

Social health protection designates a series of public or publicly organized and mandated private measures to achieve:

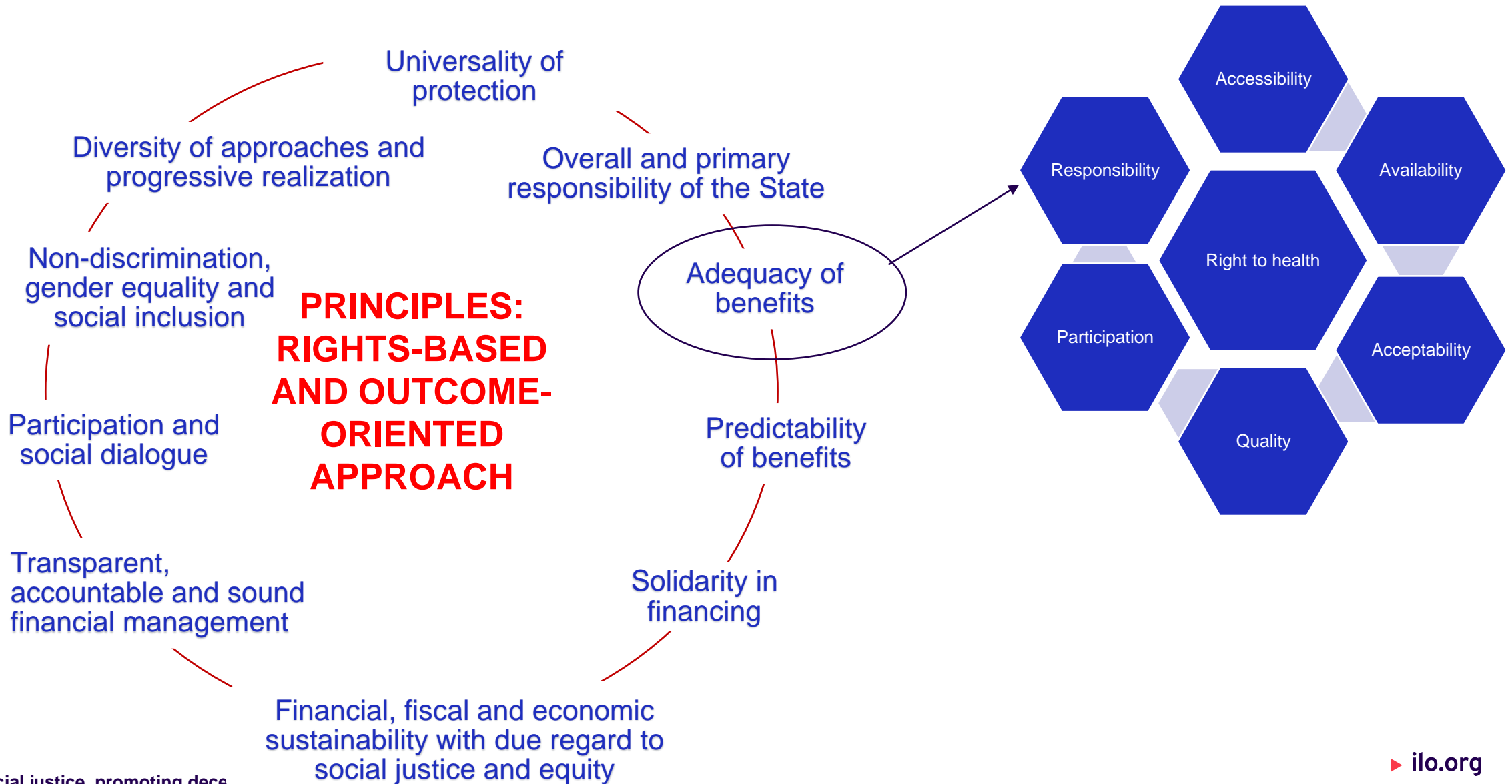
- ▶ **effective access to health care without hardship; and**
- ▶ **income security to compensate for lost earnings in case of incapacity to work linked to a health condition**

Key international social security standards covering both health protection and income security (selection):

- ▶ Social Security (Minimum Standards) Convention, 1952 (No. 102)
- ▶ Medical Care and Sickness Benefits Convention, 1969 (No. 130)
- ▶ Maternity Protection Convention, 2000 (No. 183)\$
- ▶ Social Protection Floors Recommendation, 2012 (No. 202)

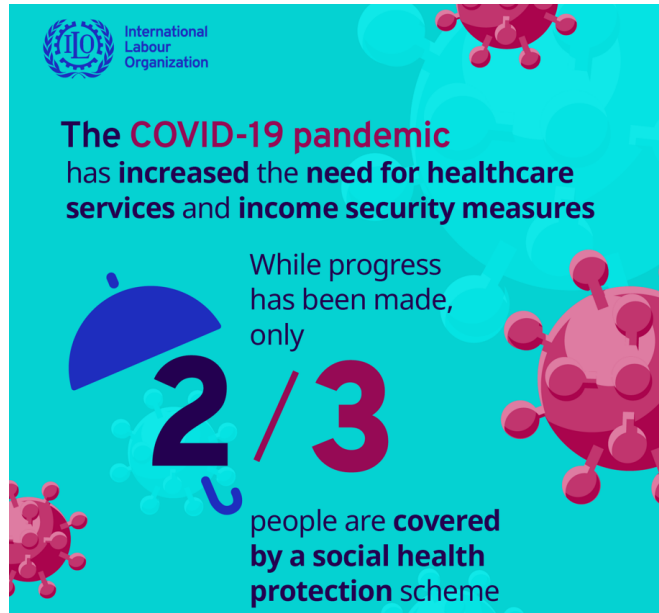


1- Social Health Protection towards Universal Health Coverage

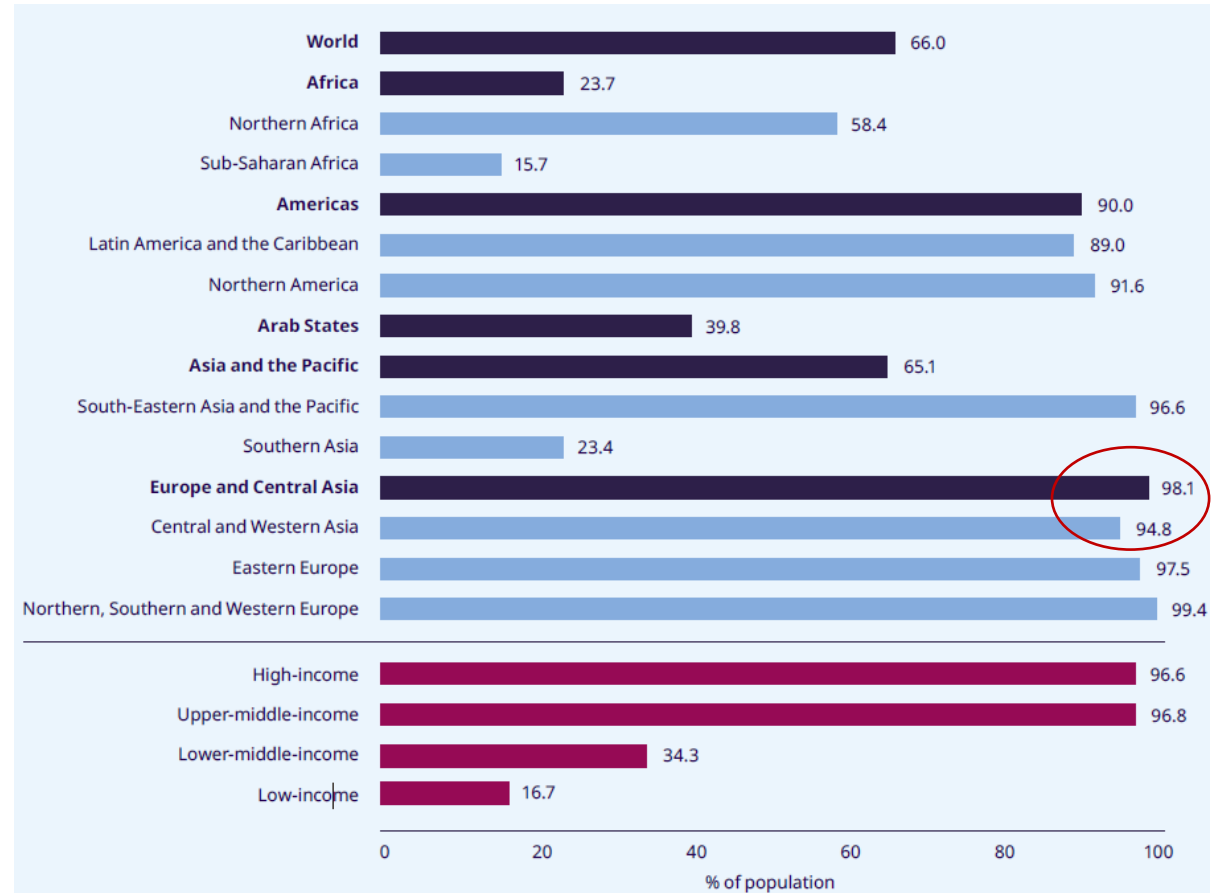


2- Coverage and adequacy of benefits (1/2)

- ▶ **Almost two thirds** of the global population is protected by a social health protection scheme.
- ▶ There are pronounced regional coverage gaps, and **populations in lower-middle and low income countries are largely left unprotected.**
- ▶ **Barriers to accessing quality healthcare remain** (i.e. out-of pocket payments, physical distance, availability and acceptability of health services).



Effective coverage for health protection: % of the population covered by a social health scheme (protected persons), by region, subregion and income level, 2020 or latest available year



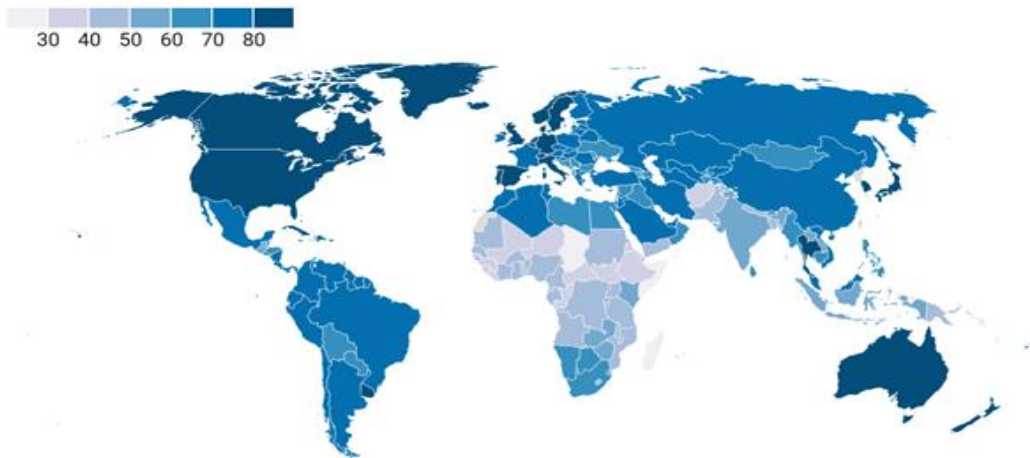
Source: *World Social Protection Report 2020–22: Social protection at the crossroads – in pursuit of a better future*, International Labour Office – Geneva: ILO, 2021.

2- Coverage and adequacy of benefits (2/2)

Service access and utilization

- ▶ Half of the world's population cannot access healthcare services when they need them.
- ▶ Remaining barriers - limited benefit packages, ineffective implementation, limited healthcare supply.
- ▶ The **uneven availability and quality** of health services is seen in many countries
 - ▶ Health workforce **concentrated in urban areas**
 - ▶ **Under-investments in primary care**

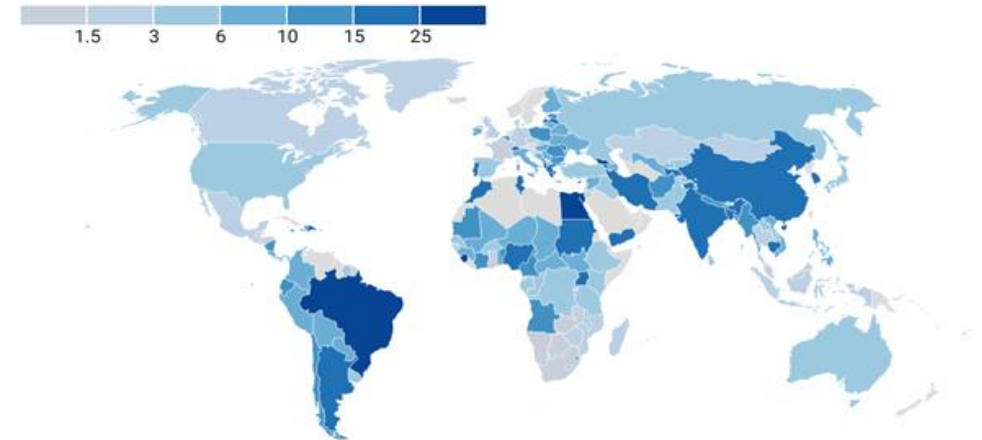
SDG 3.8.1 Universal Health Coverage index - Average coverage of essential health services (2017 figures)
Source: World Social Protection report, based on WHO World Health Observatory data.



Financial protection

- ▶ A significant share of health costs are borne by households out of pocket, with 930 million people worldwide incurring catastrophic health spending in 2015.
- ▶ Remaining barriers - limited level of cost coverage, with remaining user fees, co-payments and / or high informal payments

SDG 3.8.2 Incidence of catastrophic health spending (at more than 10% of household income or consumption), latest available data
Source: World Social Protection report, based on WHO World Health Observatory data.



▶ Recent trends in social health protection in CIS countries and globally

Recent policy developments in Republic of Azerbaijan, the Republic of Kazakhstan and the Kyrgyz Republic

- ▶ Health sector **investments** prior to the roll-out of national health insurance systems for the extension of coverage;
- ▶ **Mandatory** nature of national health insurance and **legal** entitlements;
- ▶ Establishment of **national health insurance institutions** acting as single payers, pooling a mix of financial sources (social contributions and government transfers from taxes).

Common challenges among SHP institutions globally

- ▶ Extension of coverage to households in the **informal** economy;
- ▶ Sustainable **financial management**;
- ▶ Digital journey and Information System;
- ▶ **Purchasing** services and **relationships** with providers.



▶ **Thank you !**

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