

Universal coverage, beyond the numbers

Access for all to quality health services

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Universal coverage



- UC necessary, but not sufficient
 - See Report SDHealth, other sectors need to be involved
- Yes, but not a reason for inaction in the field of health
 - and/and vs or/or
- Concepts of coverage *breadth*, *depth* and *height* are very useful (even if they do not tell us much on the quality of care offered)
- Important role of institutional design and or organisational capacity and practice
- Context matters, but perhaps scope to arrive at some typology of contexts that facilitates policy formulation and decision-making

Need for transformation

- In social protection programmes, also address structural problems (inequity and power imbalances) that create and sustain vulnerability
- Social exclusion >>> Financial exclusion
 - Stigma, information, bureaucratic rules, ...
- The most needy do not necessarily get most of the care
 - Inverse care law (UK, 1971)
 - “Matthew” effect
- Transformative social protection simply is *more effective* social protection
- Again: “and/and” and not “or/or”

Mauritania



- This experience nicely sets the tone of the seminar...
Laboratory to test transformative social protection in a step-by-step approach
- Social Assistance (SA) for health only – the health equity fund - or social assistance for a variety of problems (multi-sectoral)?
- Professional social worker vs community
 - Limits to standardisation of poverty/social exclusion
 - Need to personally accompany the people: empowerment
- Poverty / social exclusion is a situation, not cut in stone -> dynamics

Mali: “gratuité”

- Impact of abolition of user fees undeniable and valuable yet limited population targeted
- Fits in incremental approach to reach UC
- “Gratuité” affects all environment of the health system; it intervention in a complex system (staff, drugs,...)
- But the real debate is about sustainability of subsidies; secondarily also about the need for some institution to ‘accompany’ patients in getting free care

The UNICEF “removing user fee” study

- Implies a complex technical / policy process with a set of accompanying measures
- Need for sustained efforts with all actors (national & international)
- Several countries ‘join the movement’, one is perhaps leaving it... cfr. case of Uganda

Mutuelles de santé / community health insurance

- Part of the answer to UC, nothing more, nothing less
- Complexity of mutuelles in terms of design, implementation, evaluation
- Results in numbers: relatively poor; but results beyond – even beneath - the numbers? Potential for transformation?
 - Micro, meso & macro levels
 - Need for evidence - > research priority
- Mutuelles and the debate on “free” health care (“gratuité”)?



Peru

- The SIS illustrates the point that speed of advancement in UC is (also) function of resources available
- Importance of broad political consensus and planned stepwise approach
- Innovative role of development partner (BTC) in facilitating policy dialogue
- Subsidy of insurance schemes is common practice (<-> self-financing)

Global solidarity



- Exciting evolution in thinking on financing of health care!
- Some of the issues that need to be tackled:
 - Governance of the pool?
 - What/how will the money be used? (Vertical programmes? Health systems?)
 - What with local/national solidarity?
 - Need to have predictable funding

Way forward? (1)

- Accept that in many LMIC incremental approaches are needed
- Accept that in virtually all situations, we have to operate in a context of fragmented systems with a mix of financing arrangements (and that the old dichotomy “Bismarckian” and “Beveridgean” systems is totally obsolete)
 - Sometimes contradictory options taken by governments
- Accept that context matters, but without ignoring/neglecting learning opportunities from individual cases for other settings

Way forward? (2)

- In design of social protection arrangements in health, think of how a transformative dimension can be integrated (“and/and” versus “or/or”) -> examples:
 - From a HEF that transfers resources to poor people, to a system that accompanies/ empowers people in getting that to what they are entitled
 - From systems of free health care at point of use, to systems where beneficiaries are informed on their right to free health care and develop arrangements that give people a real voice
 - From mutuelles de santé/CHI schemes that do more than merely transferring money from people to health services, but who act as organisations that take up their ‘defense’
 - ...
- Need for methodological instrumentarium to measure transformation / empowerment in the field of health care

Way forward? (3)

- Let us not forget the supply-side of care!
 - Hypothesis: strengthening demand-side + improving supply-side > sum of both; synergies; $1+1=3?$