



Inclusive Health insurance

Issues and Challenges



The Sustainable Development Goals





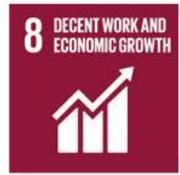




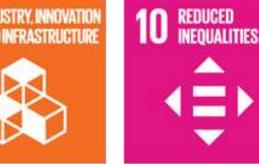






























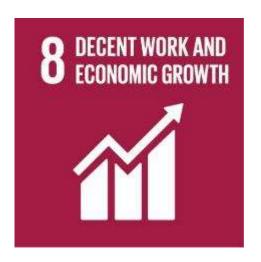


Insurance and the SDGs













Help to achieve public policy objectives, such as

- Climate change adaptation
- Food security
- Universal health coverage





SDG 3: Ensure healthy lives and promote well-being for all at all ages



- Insurance contribution includes:
 - Facilitating achievement of universal health coverage
 - Providing complementary benefits
 - Improving health seeking behaviour





- Reduce the global maternal mortality ratio
- End preventable deaths of newborns and children under 5 years of age,
- End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases



- Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse,
- Halve the number of global deaths and injuries from road traffic accidents
- Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- Achieve universal health coverage, including financial risk protection,
- Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen the implementation of the World Health Organization Framework Convention on **Tobacco Control** in all countries, as appropriate
- Support the **research and development of vaccines and medicines** for the communicable and noncommunicable diseases that primarily affect developing countries,
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks





In our research on low-income populations, we frequently find that:

- health insurance of any kind is the most in demand
- an alarming percentage of people in the developing world have little or no access to cover and where they do, the quality is often poor...
 - 56% of the global rural and 22% of the global urban population have no health cover at all
- health related debt is often impoverishing
- exorbitant OOP health care costs are the leading cause of bankruptcy, and
- in some cases, UHC is years away from being realised, it is very complex and governments need support
- we also find that insurers want to offer something to the emerging consumer to help with health-induced financial risks, but don't know how to do it in a sustainable way
- There is a global health worker deficit of 10.3 million







Availability of services Inequitable rural/urban distribution of global skilled health worker deficits

2015 (millions)

Global health worker deficit:

10.3 million

Urban deficit:
More than 3 million

Rural deficit:
About 7 million

Global	
Rural Staff Access Deficits (SAD)*:	
% of national rural population without access to care due to the absence of health worker	
Somalia	98.6
Guinea	98.5
Bangladesh	84.6
India	62.5
Pakistan	68.1
Sri Lanka	41.2



Health microinsurance – client perspective

Our well is contaminated

Health insurance.. what's that?

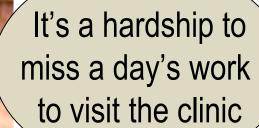
I can't afford medicine

I share my insurance card with my neighbors

I'm diabetic

I borrow from a money lender to pay the hospital

I go to a traditional healer



I should only pay for insurance if I use it



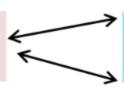


Client value and business viability

Client Value

- Reduce out-of-pocket costs
- Easier access to health care
- ☐ Tangible, comprehensive benefits
- Avoid illness and know when to seek medical treatment
- Affordable
- Minimize lost productivity due to illness
- □ Better health





Viability

- Increase enrolment (uptake)
- ☐ Increase renewals (persistency)
- Subsidies for the poorest
- Lower severity of illness, leading to fewer claims, and/or less costly claims
- Manage fraud, adverse selection
- Efficient, low cost delivery (technology, process, distribution)





Getting it right Focus on 3 Ps: Client value **Products** Viability **Partnerships Processes**

IMPACT NSURANCE



Evolving trends

Use of technology

Value added services

- Role for government
 - Public Private Partnerships





mHealth- Transformational?

Why mHealth?

mHealth holds real promise to transform health outcomes for vulnerable populations by providing:



Education & Awareness

Diagnostic



Healthcare Worker Communication



& Training





Disease & Epidemic Outbreak Tracking

Treatment & Support



Remote Data Collection



A real possibility: LMICs accounted for more than 80% of the 660 million new mobile-cellular subscriptions added in 2011.

Tonic
M –Tiba
Many more....





NHIS Mobile Renewal Solution

CHECK EXPIRY:

Using this option, members are able to check when their policy is due to expire

BENEFIT PACKAGE:

This option gives a brief overview of benefit package with call center number to find out more

Welcome to National Health Insurance _____ Check Policy Expiry 2) Renew Benefit Package Medicine List Exit Reply ОК 3 DEF 2 ABC **4** GHI 5 JKL 6 MNO **8** TUV 7 PORS 9 WXYZ * 0 +

requires NHIS (or GHANA CARD)
number, prompts
requisite premium
amount and
completes payment
from mobile money
wallet

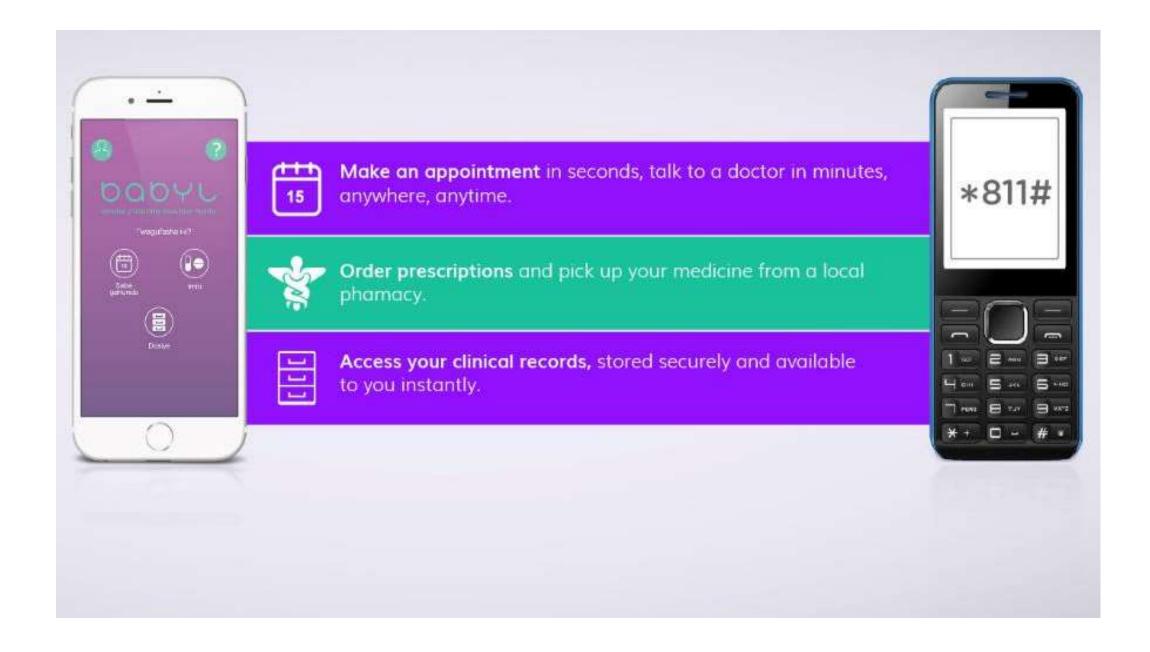
MEDICINE LIST: This option lists top 10 medicines and prompts members to call Call Centre to know about comprehensive medicine list and package

https://youtu.be/260q1NXt_Lk





mHealth interventions



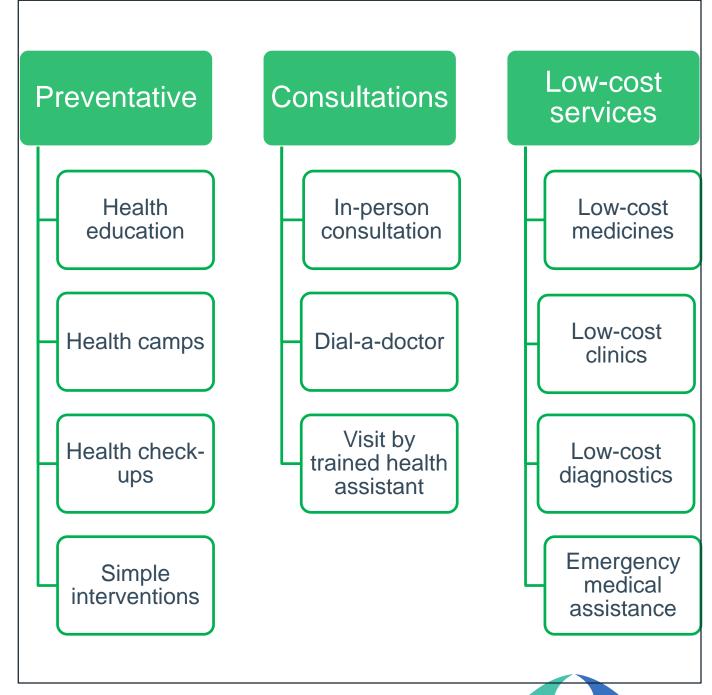




Value-added services



VAS complement a core hospitalisation insurance product







Focused efforts



Local cycle campaigns

Rural clinics- Grameen Kalyan

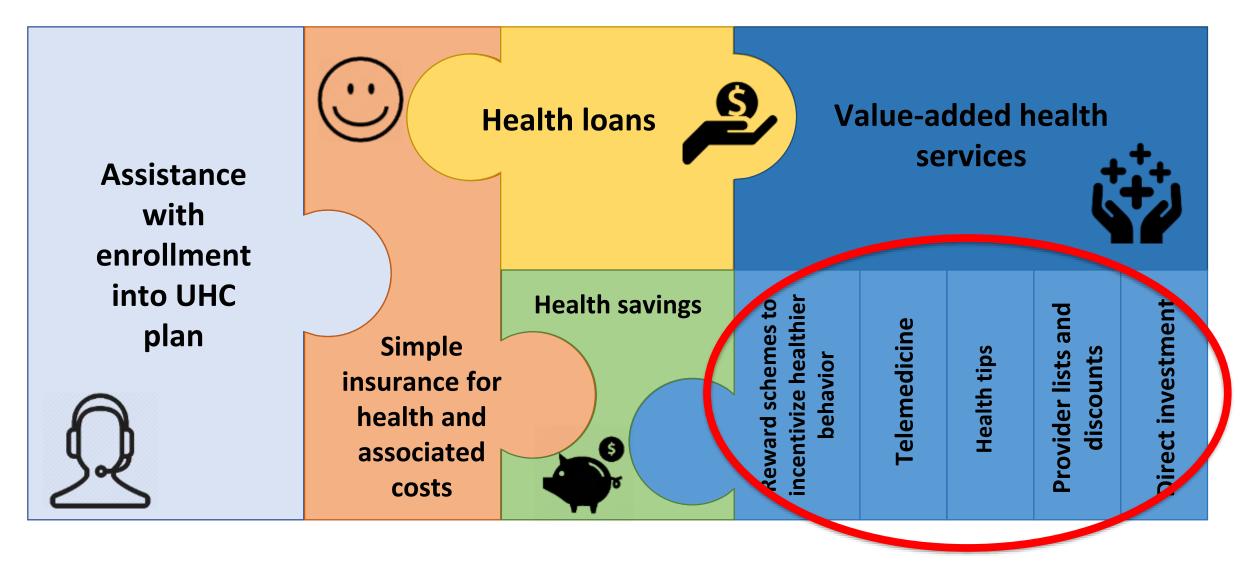


Special women workshop





Holistic approach: bundle the full package of health interventions for comprehensive cover (i.e. all below)





MPACT INSURANCE

Key themes in financial inclusion and health



FSPs have the potential to be **powerful distribution agents**, helping **enrol** those in the **informal sector into government health schemes**.



Health savings and credit products are possible solutions for smaller health expenses, with savings having a potentially greater protective impact over the long term.



Insurance can play a **complementary role**, helping to cover lost income and out-of-pocket expenses.



FSPs can also consider bundling non-financial solutions, such as value-added health services, with ALL savings, loans and insurance products.



For maximum impact, FSPs can bundle together a number of different health-focussed products and services.



Gender dimensions need careful considerations when designing products and solutions.



Pilots are important.









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