

How countries are achieving Universal Health Care

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Pretoria- Providing Universal Health Care (UHC) coverage is still a goal some countries are hoping to achieve, and some methods have proven to work, delegates heard at National Treasury's Public Economics Winter School at the University of Pretoria, on Monday 11 July 2016.

UHC is about extending coverage to those who aren't covered, expanding the range of services covered to those who already have coverage and reducing cost sharing among those who have coverage, explained Dr Adam Wagstaff, research manager of the human development and public services team at the World Bank's Development Research group.

Some of the methods implemented by some countries which have proven successful include:

Schemes for different groups: Some countries have set up explicit schemes for underserved populations. These are populations which rely exclusively on the ministry of health. These schemes have explicit entitlements, explained Wagstaff. Some only cover the poor or the near-poor. Others may join the scheme by enrolling at a cost, he said. Other countries offer the scheme to people who are not part of a social security scheme.

Revenues: This is important as increasing spending comes from general revenues. Some countries levy enrolment contributions, which helps finance healthcare.

Pooling: This has to do with the size of the risk pool, he explained. Risk pooling is becoming less fragmented because schemes developed for the underserved, alongside social security, he told Fin24. So resources and risk are being pooled. This is being done in Vietnam and Indonesia.

Purchasing: Households pay healthcare providers for healthcare services they need. They purchase explicit healthcare services from providers.

Benefit packages: These tell citizens what healthcare services they are entitled to. Citizens will not be covered for services which they are not entitled to.

Delivery: This is a shift from relying exclusively on government-run policy to a mixed economy, including the private sector, to provide healthcare.

These methods have been used by various countries, and are very country-specific, says Wagstaff. "South Africa is unique in that the private sector provides what a social security system in other countries would provide."

Looking at Cambodia as an example, the country had success in maternal and child healthcare outcomes. The country introduced maternal vouchers to mothers for maternity care and performance-based financing for healthcare providers. Generally, women who didn't get antenatal care were poor and those who did, were rich. As a result of maternity vouchers, there was a 30% increase in poor women receiving healthcare. In turn, the pay-for-performance strategy, encouraged clinics to recruit wealthier women for care, he said.

By Lameez Omarjee, Fin24