



Towards affordable universal access to health care through social health protection

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Universal social health protection

What is it and how did it start?

What are the global trends?

Where are we today?

How to close the gap?



Social health protection – a definition

... all measures against

- **the social distress,**
- **the loss of productivity,**
- **the loss of earnings due to the inability to work or the cost of treatment that is caused by ill health...**



Universal social health protection: How did we start?

First steps ...

- In **medieval Europe**, craftsmen formed societies (guilds) which created funds to help members in case of sickness.
- In the **late 18th and early 19th** century workers and farmers formed sickness funds as mutual benefit societies
- In **1883** the German government enacted legislation for compulsory social health insurance, followed by many other countries
- The ILO, founded in **1919** became a major forum for debates on social health insurance policies.



Universal social health protection:

How did we continue as of 1919?

- **1944: Declaration of Philadelphia**
... provide comprehensive medical care...
- **1944: ILO Recommendation (No. 69)**
... cover all members of the community ...
- **1948: The Universal Declaration of Human Rights**
Everyone has the right to medical care ...

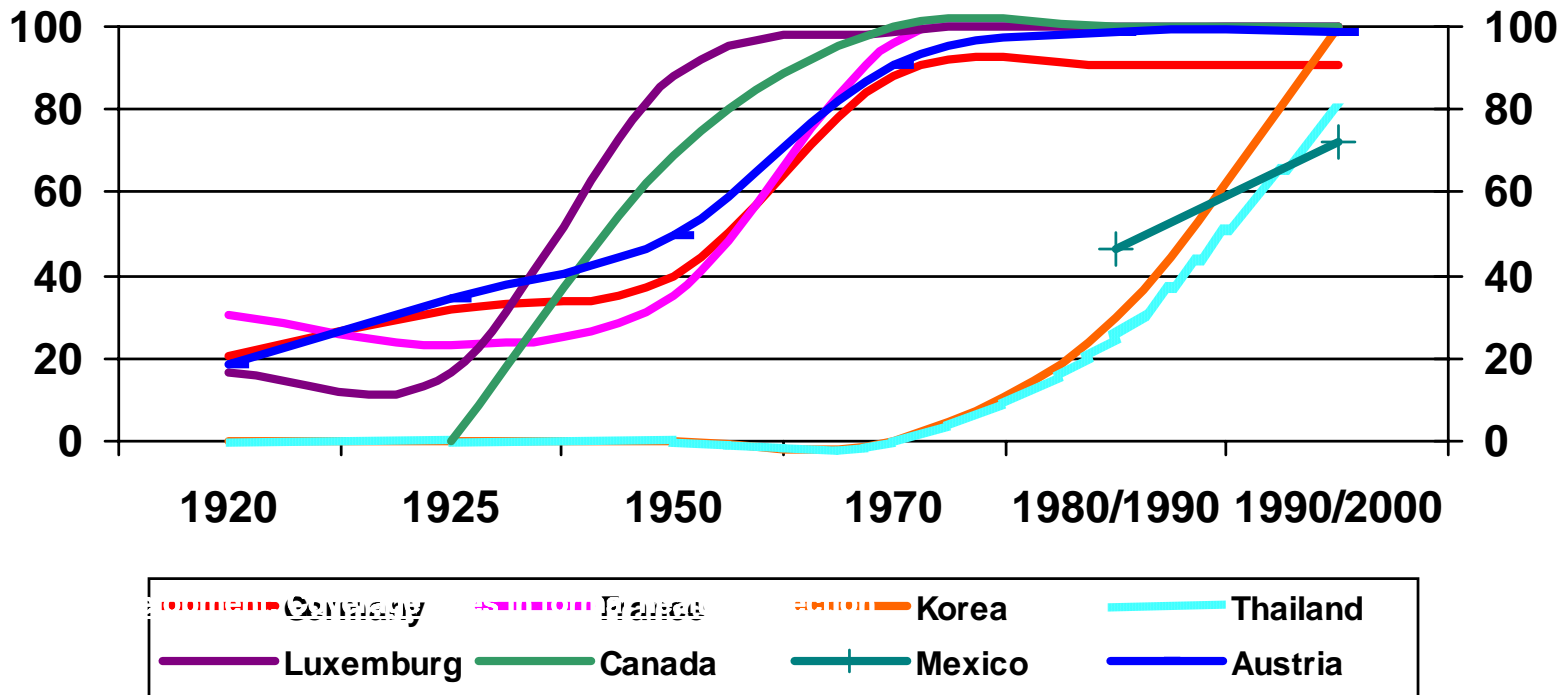
***Universal coverage should ensure
access to adequate health services
for all***



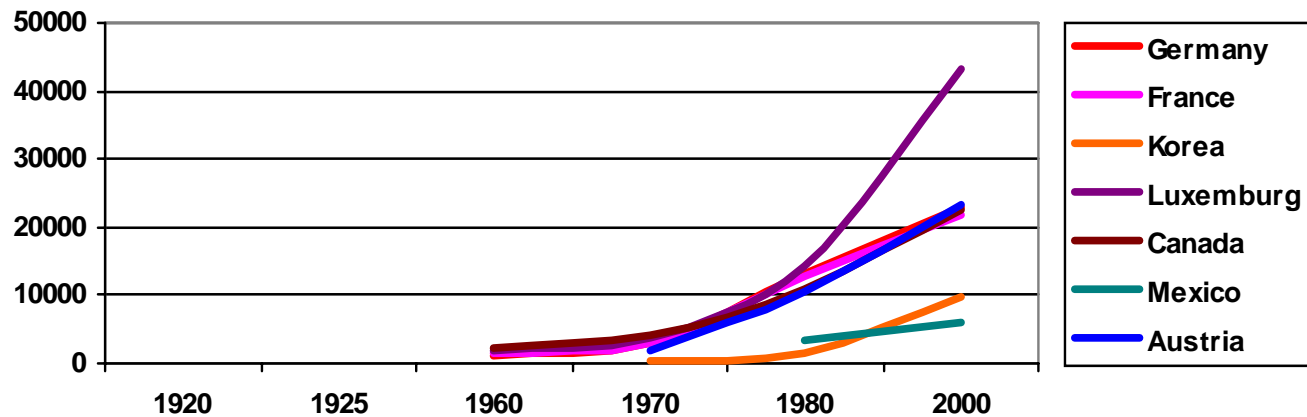
What can we learn from history?

1. Universal coverage can be achieved
2. Low-income countries can successfully invest in social health protection

Countries can "grow with equity"



Historical development: Coverage rates and GDP/per capita in US\$





Where are we today?

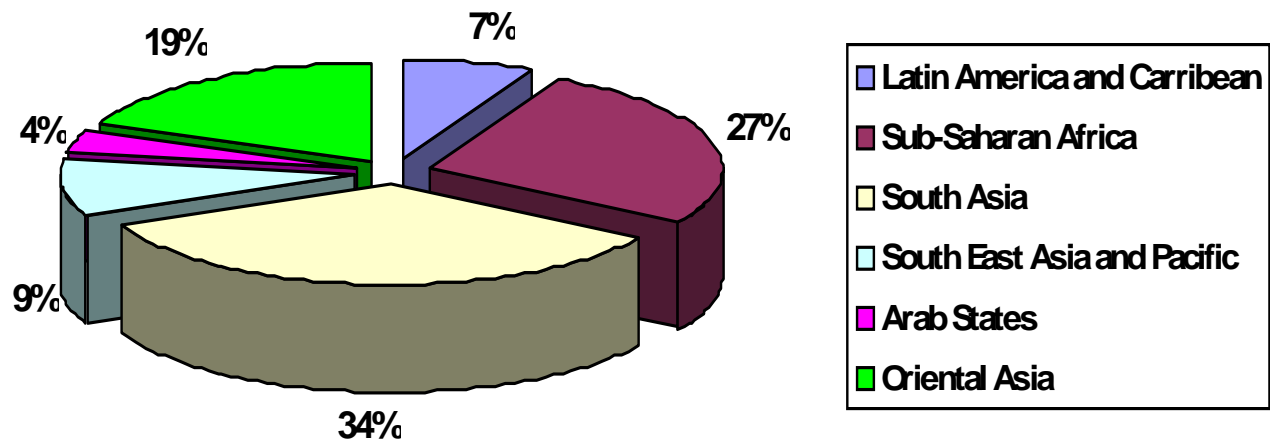
- **The estimated size of the global access deficit lies between 30 – 36 percent of the global population if our reference is a country like Thailand or around 60 percent if the reference is a country like Greece**

That means that more than the equivalent of one third – or in the second case – up to two thirds – of the global population are not receiving the quality of health care that could be provided to them by an adequately staffed and accessible network of health professionals.

- **Formal coverage remains below 1 % of total population in countries such as Bangladesh, Benin, Cameroon, Nepal ...**

Poor people lacking access to health services

(in % of total number of poor in developing countries)



Source: Human Development Report, 1997



Key facts on affordability of health care

- Worldwide, 1.3 billion people do not have access to effective and affordable health care.
- Every year, more than 150 million people face financial catastrophe due to health care costs.
- More than 100 million people are pushed into poverty by the need to pay for services.
- In many developing countries, more than 80 % of the population are excluded from social health protection coverage



Affordability: Out of pocket expenditure

as percentage
of total expenditure on health in 2000/2002

■	Burkina Faso	69.1
■	Cambodia	90.6
■	Cameroon	79.9
■	China	75.1
■	Congo	90.1
■	El Salvador	62.8
■	India	84.6
■	Peru	50.2
■	Yemen	62.0

■	Germany	11.3
■	Luxemburg	7.2



What are the current trends in social health protection?

- **High out-of-pocket payments in developing countries**
- **Global trend to use all forms of financing mechanisms simultaneously, including**
 - ◆ Tax-based health protection
 - ◆ Social health insurance, community-based insurance, micro-insurance
 - ◆ Private health insurance
- **However, on the national level existing financing mechanisms are often uncoordinated resulting in**
 - ◆ Impoverishment and loss of quality of life
 - ◆ High costs in terms of human capital and productivity
 - ◆ Loss of values such as social cohesion and solidarity



How to close the gap?

Rationalizing the use of financing mechanisms

Coordinating all existing financing mechanisms in a country with a view to achieving

- ◆ **Universal coverage in a realistic timeframe**
- ◆ **Effective and efficient provision of quality health care and financial protection**
- ◆ **Good governance based on fiscal and economic affordability**



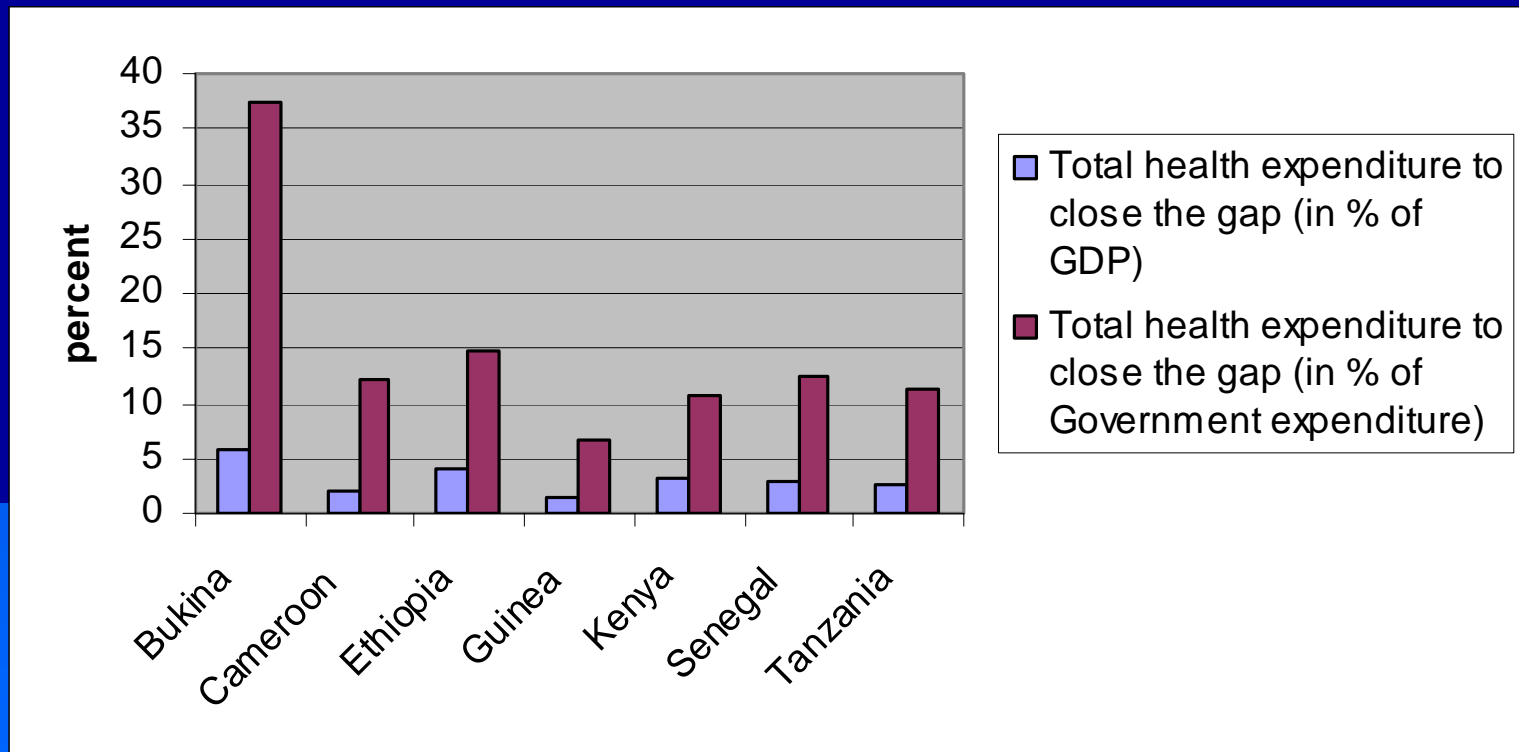
How can health financing mechanisms be rationalized?

Three steps towards universal coverage:

- 1. Assessing the national coverage gap**
- 2. Developing a national coverage plan aiming at**
 - Reducing limitations
 - Creating synergies
 - Increasing the extension of social health protection
- 3. Strengthening national capacities**

Is it realistic to close the access gap?

If we were to remove the ILO measured access deficit that would cost...





Summary

- **Closing the gaps in coverage is a global need, a human right and at the core of Decent Work**
- **It can be addressed by a pragmatic strategy rationalizing the use of health financing mechanisms.**
- **It allows to share the burden of health care among the whole population**
- **It might turn out to be a milestone for achieving the Millenium Development Goals**