

# Comblen le déficit de protection financière en matière de santé : élargir l'accès à l'assurance santé en temps de crise et au-delà - Dialogue public A2ii/AICA

30 Septembre 2021



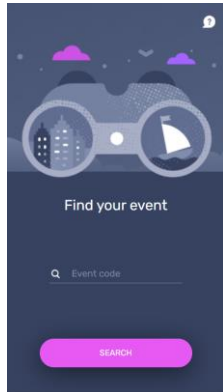
# Dialogues

# Audio Translation / Traduction Audio/ Traducción Audio

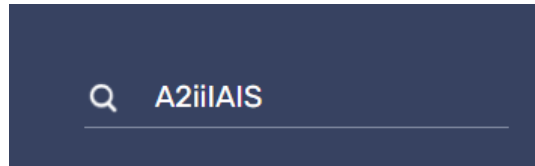
## 1. Download “Interactio” Application / Télécharger l’Application “Interactio”/ Descargue la aplicación “Interactio”



Or stream online / Ou diffusé en ligne <http://app.interactio.io/> streaming en línea <http://app.interactio.io/>



## 2. Enter the event code: **A2iiIAIS** Entrez le code de l'événement: **A2iiIAIS** Introduzca el código del evento: **A2iiIAIS**



## 3. Select your language Choisissez votre langue Selecione su idioma

# Welcome Remarks

---



Manuela Zweimueller  
Chef de mise en œuvre  
AICA



**Modérateur:**  
Lukas Keller  
Conseiller, A2ii

# Panel Discussion



**Lisa Morgan**

Responsable technique,  
Programme Impact Insurance  
de l'OIT



**Asitha Rodrigo**

Chef de la technologie et des  
produits, (MILVIK), BIMA



**Modérateur:  
Lukas Keller**

Conseiller, A2ii



**Randip Singh Jagpal**

Directeur Général, Département  
Intermédiaires, Insurance Regulatory and  
Development Authority of India (IRDAI)



International  
Labour  
Organization



# A2ii-IAIS Public Dialogue

Closing the Health Financial Protection Gap:  
Expanding Access to Health Insurance in Times  
of Crisis and Beyond

Lisa Morgan, FIA

30 September 2021

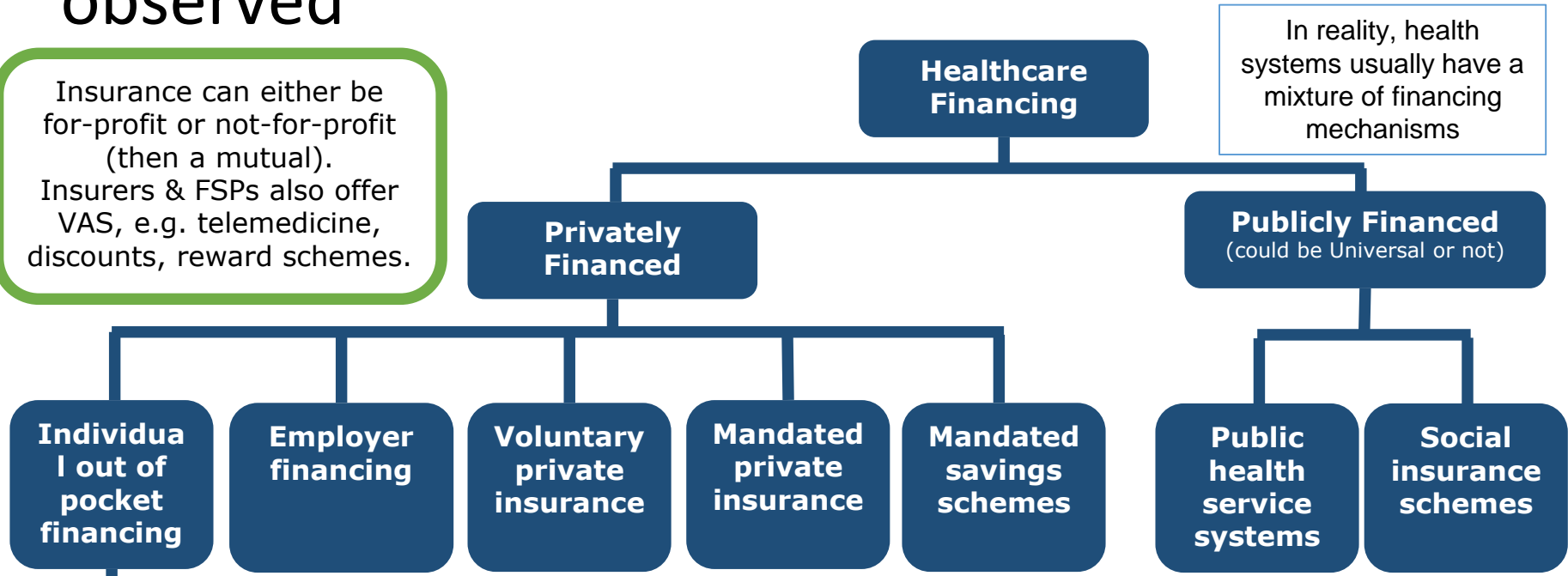


# Different types of healthcare financing observed



In reality, health systems usually have a mixture of financing mechanisms

Insurance can either be for-profit or not-for-profit (then a mutual). Insurers & FSPs also offer VAS, e.g. telemedicine, discounts, reward schemes.



**Individual out of pocket financing**

**Employer financing**

**Voluntary private insurance**

**Mandated private insurance**

**Mandated savings schemes**

**Public health service systems**

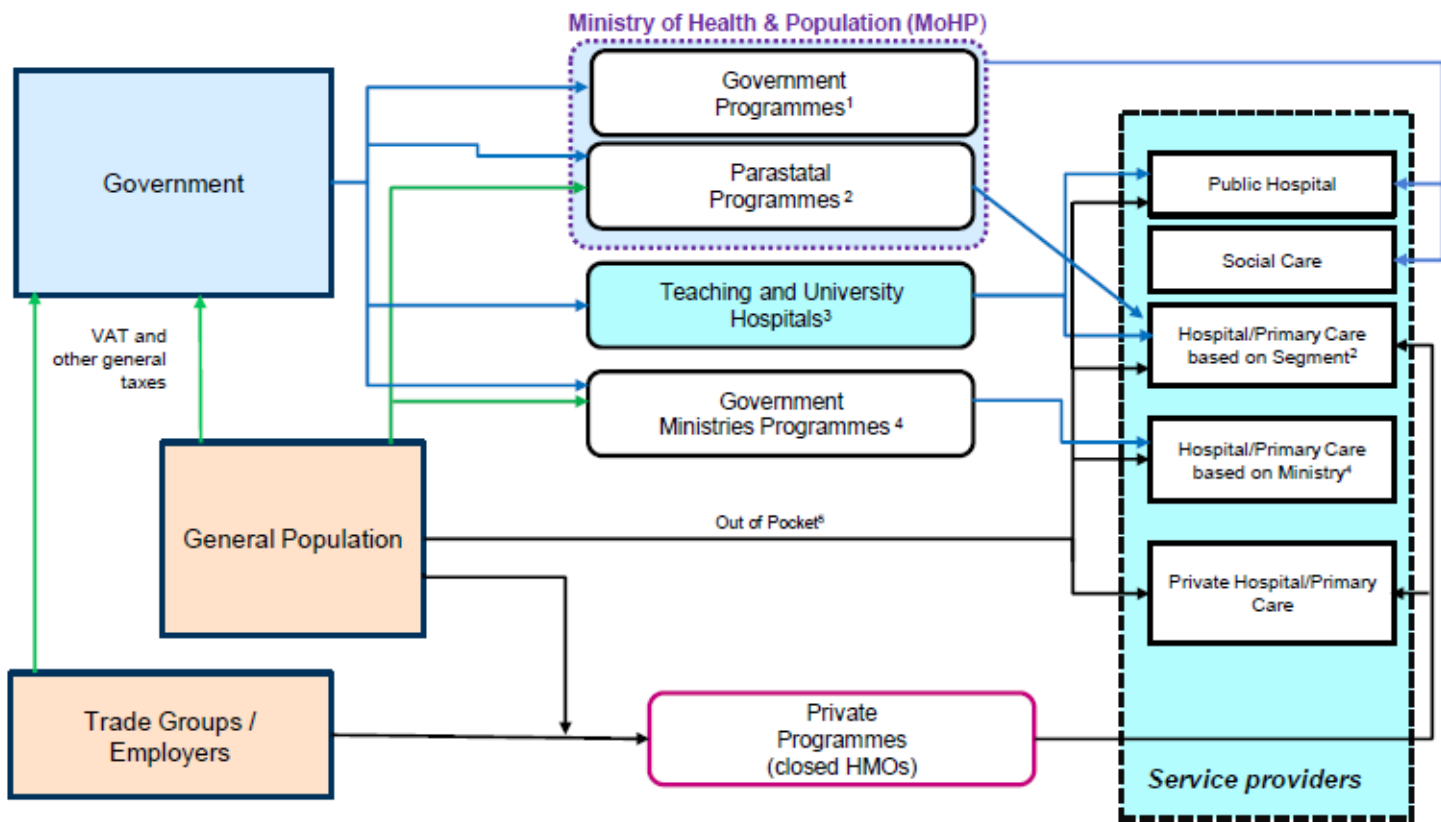
**Social insurance schemes**

From formal and informal savings & loans

In addition, wealthy may have access to income protection insurance, critical illness, cash plans and long-term care insurance. Cheaper insurance products include hospital cash, other cash plans, personal accident & limited/gap packages also exist.

**Equity**

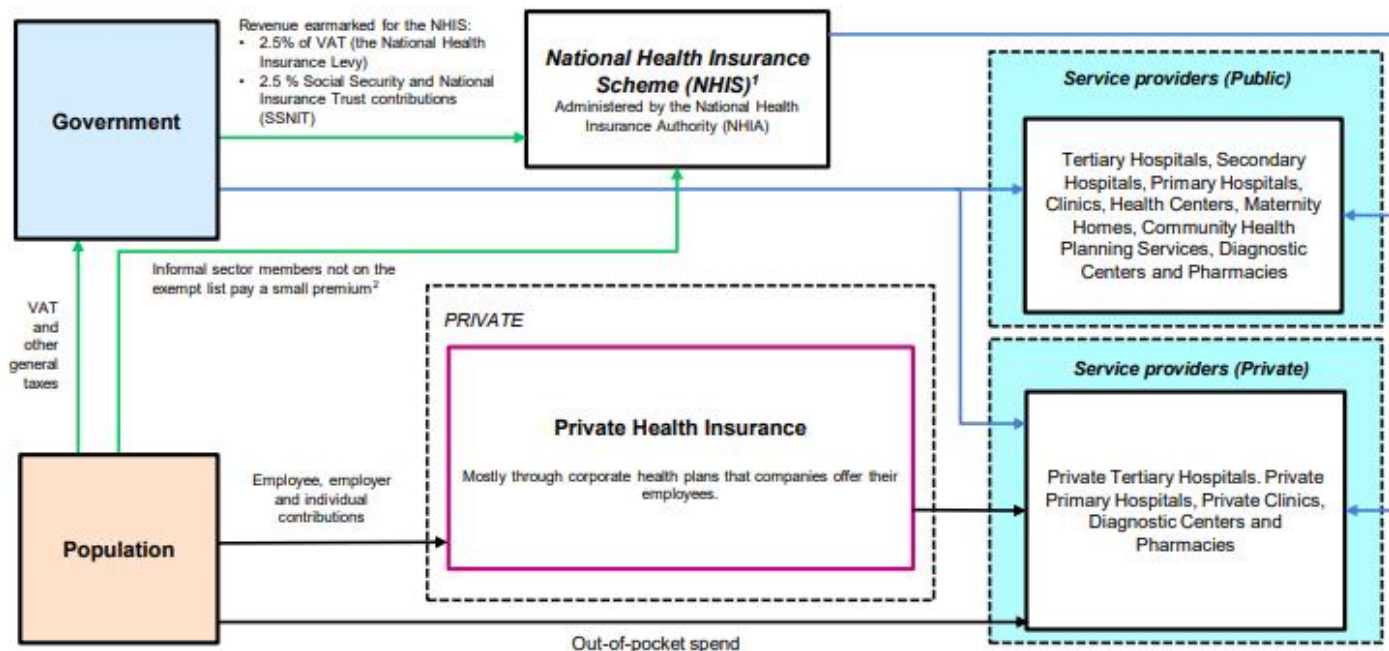
**Cost  
Quality  
Access**



**Source:**  
*International Health Care Funding Report*  
 Aug 27, 2020  
 Society of Actuaries

[Link](#)

<sup>1</sup> Open to all citizens  
<sup>2</sup> Semi-autonomous, gov't owned like National Insurance Organization (NIO), Curative Care Organization (CCO)  
<sup>3</sup> One of the targeted hospitals for the poor people and also for the workers and employees in the public sector  
<sup>4</sup> Separate risk pools and providers for each ministry (Interior, Transportation, Agriculture, Defense, Religious Affairs, etc.) some open to the public with higher OOP.  
<sup>5</sup> Citizen may pay OOP directly to providers



**Source:**  
*International Health Care Funding Report*  
 Aug 27, 2020  
 Society of Actuaries

[Link](#)

Health sector is administered by the Ministry of Health. Ghana Health Services is another agency that reports to the MOH and is a major player in service delivery.

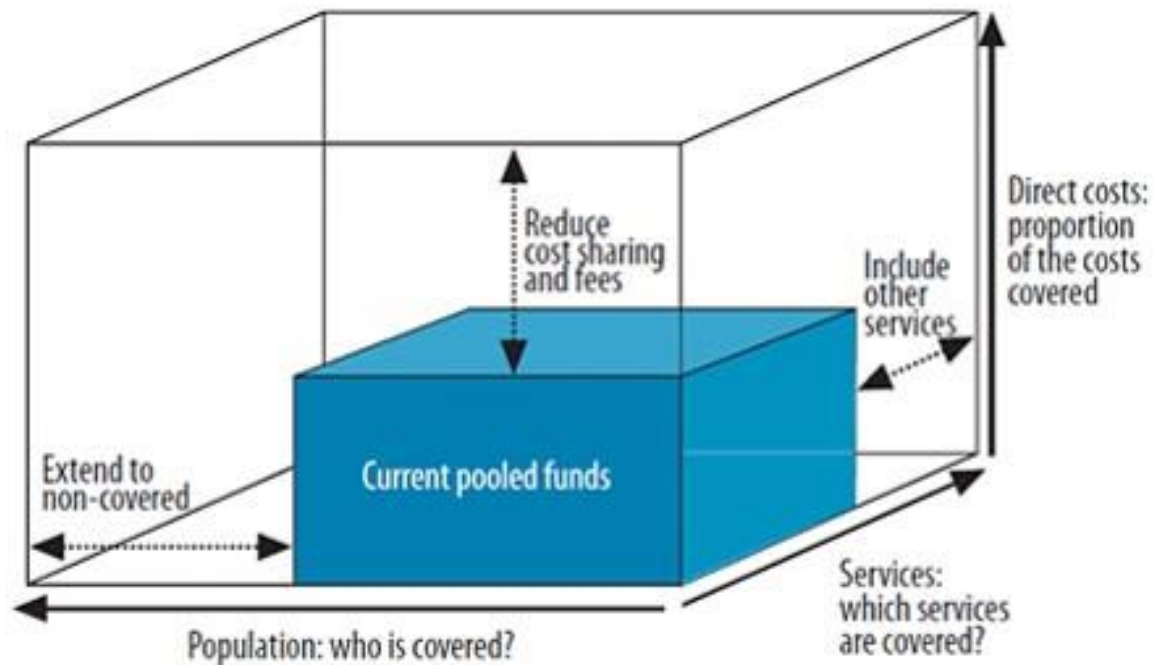
<sup>1</sup> The NHIS was established in 2003. The National Health Insurance Authority which licenses, monitors and regulates the operation of health insurance schemes in Ghana. The NHIS covers about 95% of diseases in Ghana. The benefit package includes outpatient, inpatient, dental, optical, maternity and emergency services.

<sup>2</sup> Those exempt from premiums include: Pregnant women, Indigents, Categories of differently-abled persons determined by the Minister responsible for Social Welfare, Persons with mental disorder, SSNIT contributors, SSNIT pensioners, Persons above seventy years of age (the elderly), Other categories prescribed by the Minister

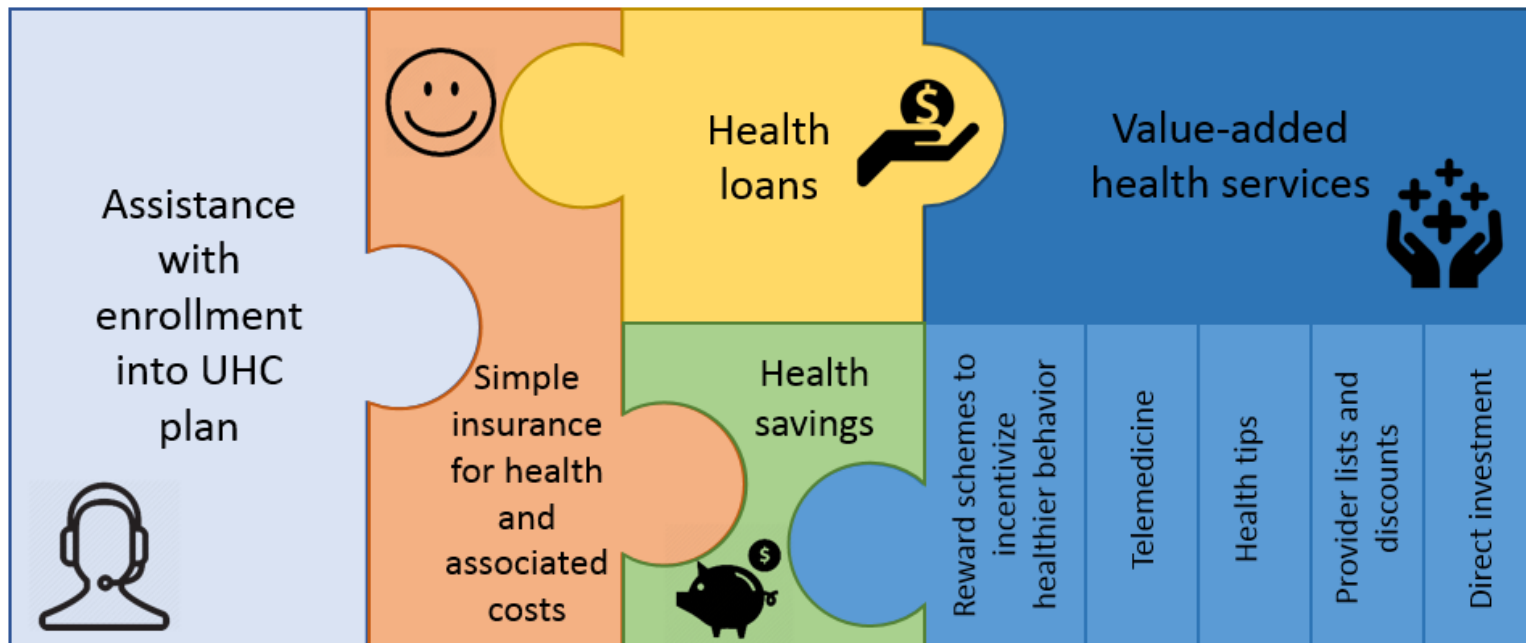
<sup>3</sup> As of May 2020, the NHIS covered around 40% of Ghana's population. (roughly 12.3 million people).



# UHC Health Cube (WHO)



Three dimensions to consider when moving towards universal coverage



From: *Paper on Financial inclusion and health*. The above “puzzle” shows the different pieces that together constitute an holistic approach to managing various tranches of health-related direct and indirect costs, and help with prevention and promotion of health-seeking behaviour. [Link](#)

Q&A

# Merci.

Follow us on Twitter [@a2ii\\_org](https://twitter.com/a2ii_org), [YouTube](#) and [LinkedIn](#)

Implementation Partner:



Supported by:



Hosted by:

