

Health financing for universal health coverage

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Outline

UHC: what exactly do we mean?

Normative and technical arguments for financing services for migrants

Case study of Spain and a note on solidarity

Universal Health Coverage (UHC)

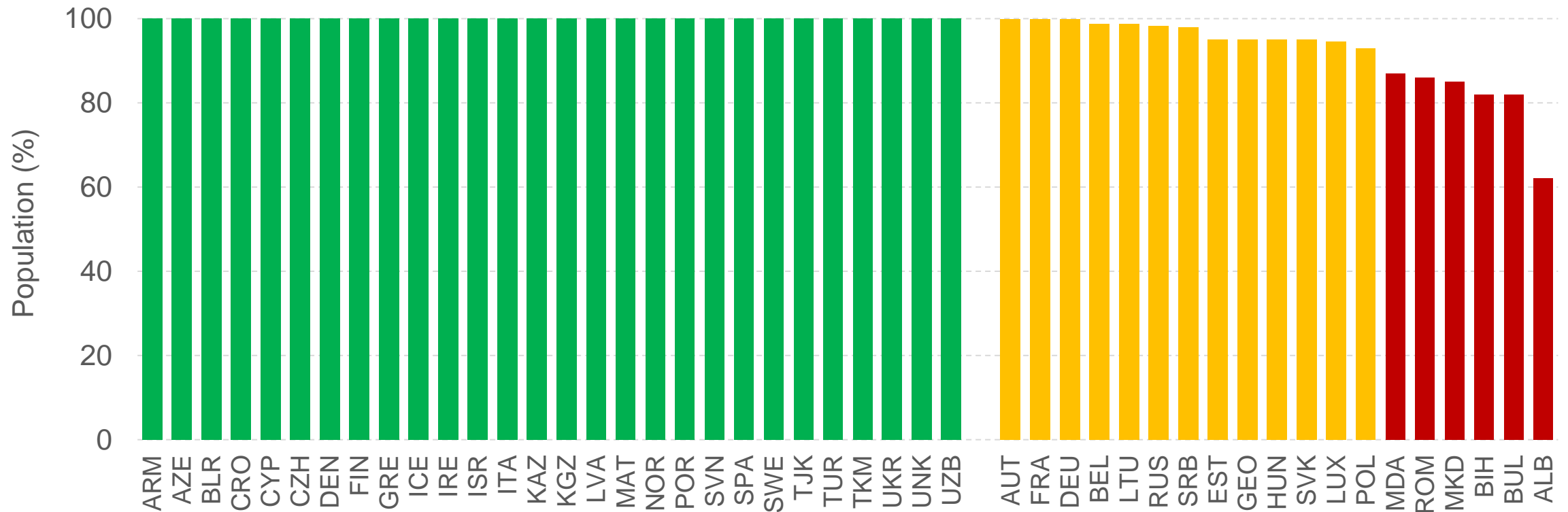
- ✓ all people should have
- ✓ access to needed health services of good quality
- ✓ without financial hardship



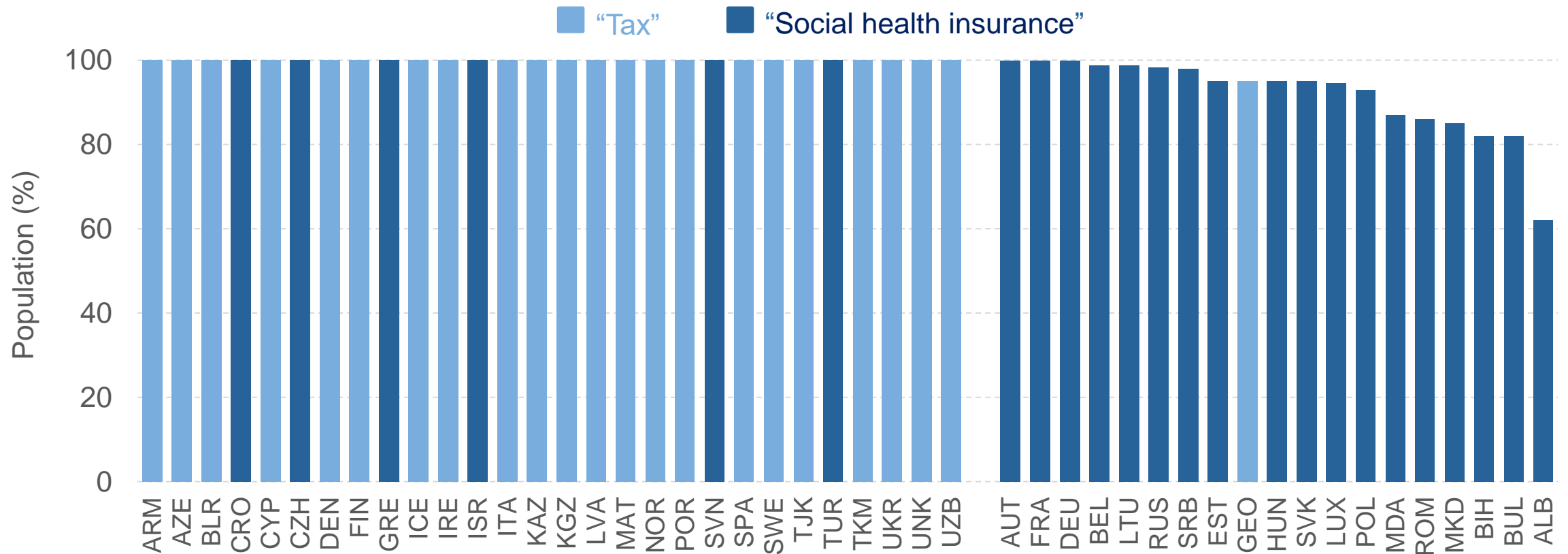
prevention
promotion
treatment
medicines
rehabilitation
palliative care

Leaving no one behind

‘U’ in **UHC** means **100%** population coverage,
not less



Many countries in Europe with social health insurance (SHI) struggle to cover the whole population

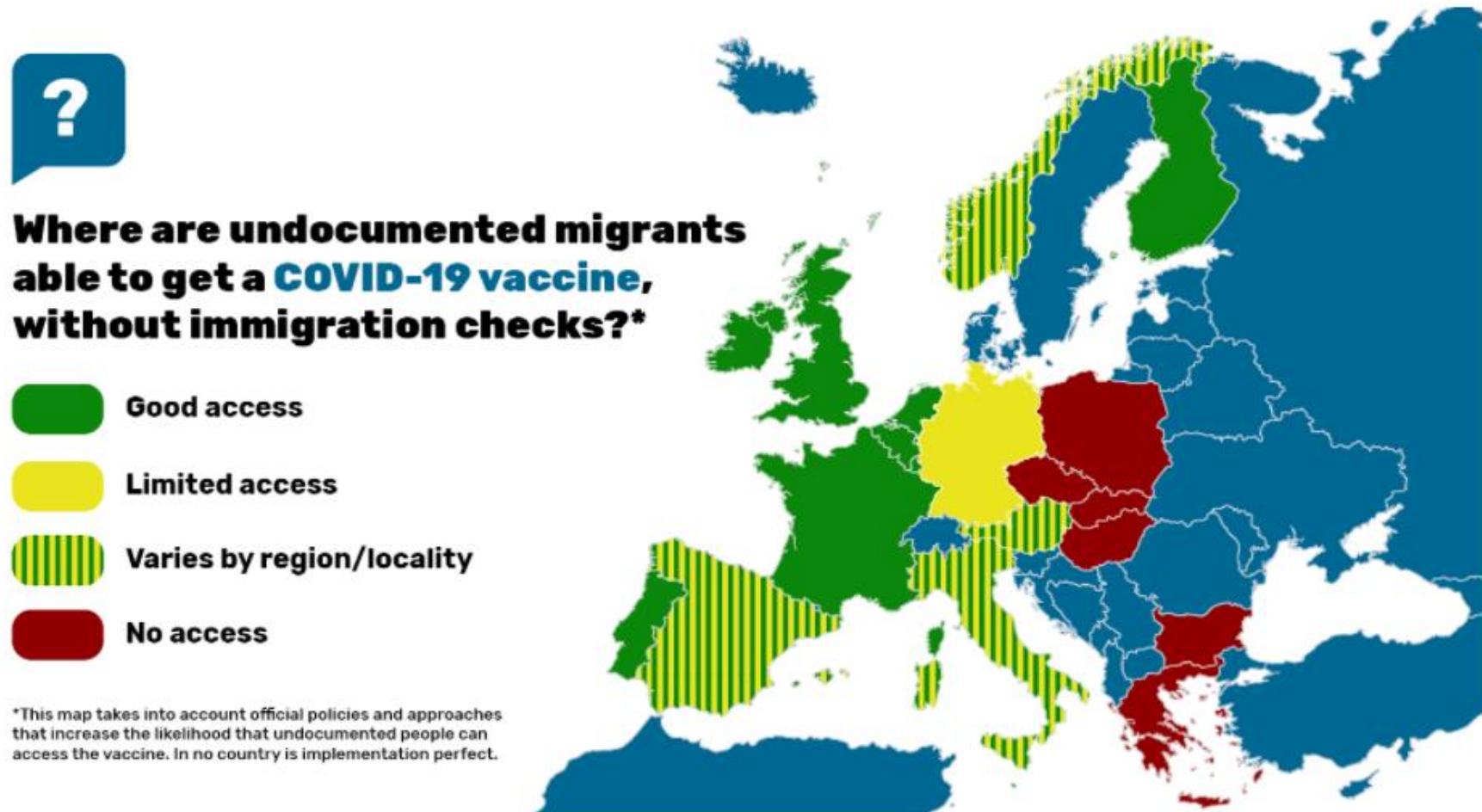


If entitlement is linked to payment of SHI contributions, some people will not be able to pay and will be uninsured

When there is no universal population coverage in a country, it is more likely that migrants will have limited or no access to health services

Illustration: access to COVID-19 vaccination

Undocumented people and the COVID-19 vaccines



Entitlement to health services for undocumented migrants, EU28 (2014)

Level of entitlement	Countries
Emergency care only	Bulgaria, Cyprus, Finland, Lithuania, Luxembourg, Slovakia
Entitlement to selected specialist services (e.g. for communicable diseases)	Austria, Croatia, Denmark, Estonia, Greece, Hungary, Latvia, Malta, Poland, Romania, Slovenia, Spain
Entitlement to some degree of primary and secondary care	Belgium, Czechia, Germany, Ireland, Italy, France, the Netherlands, Portugal, Sweden, the United Kingdom

Note: entitlements for undocumented migrants may have changed in some countries since 2014; in 2018, for example, Spain extended entitlement for undocumented migrants.

Source: Spencer & Hughes (2015).

An unintended consequence of a non-universal insurance system (USA)

“The most powerful predictor of who remained **unvaccinated** was not age, politics, race, income or location, but the **lack of health insurance**”

Zeynep Tufekci, New York Times, 2021

When the health insurance system is not universal, it is challenging to reach all people even if vaccines are free

How many countries
'achieved' UHC in the
European Region?

(None)

‘C’ in **UHC** means no one should experience:

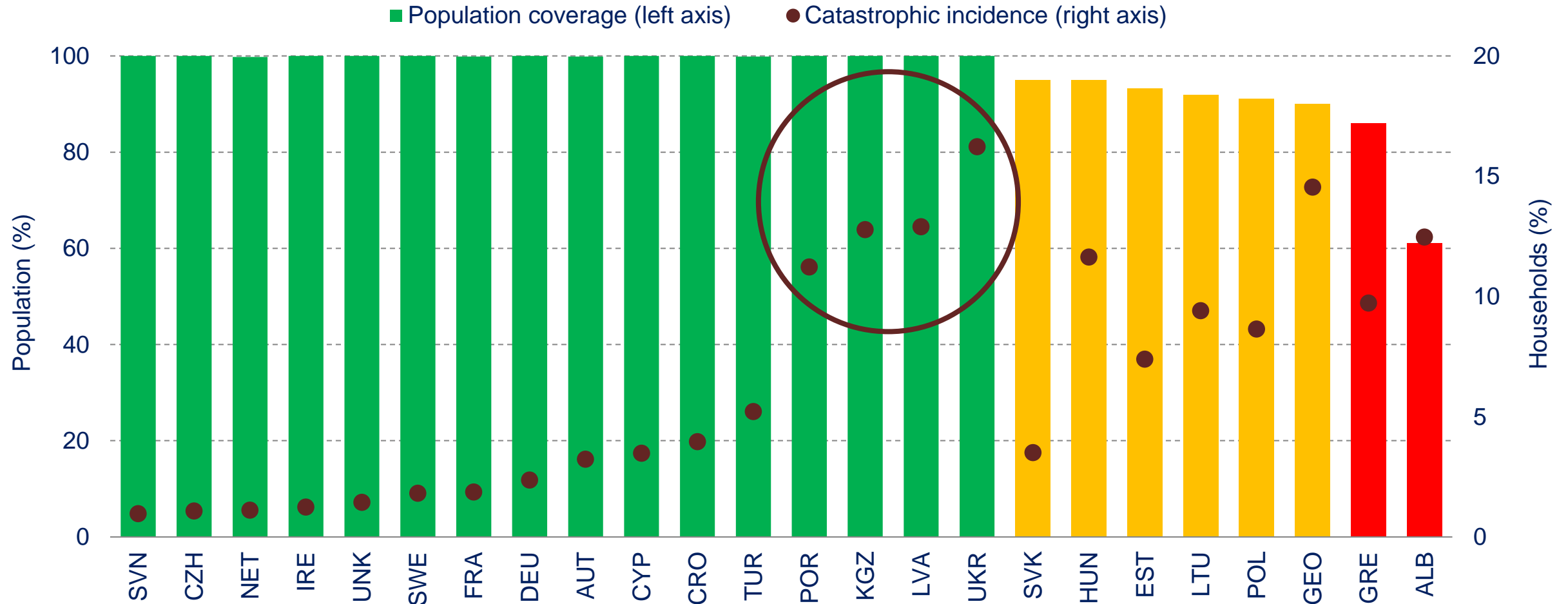
**Financial
hardship**



**Unmet
need**

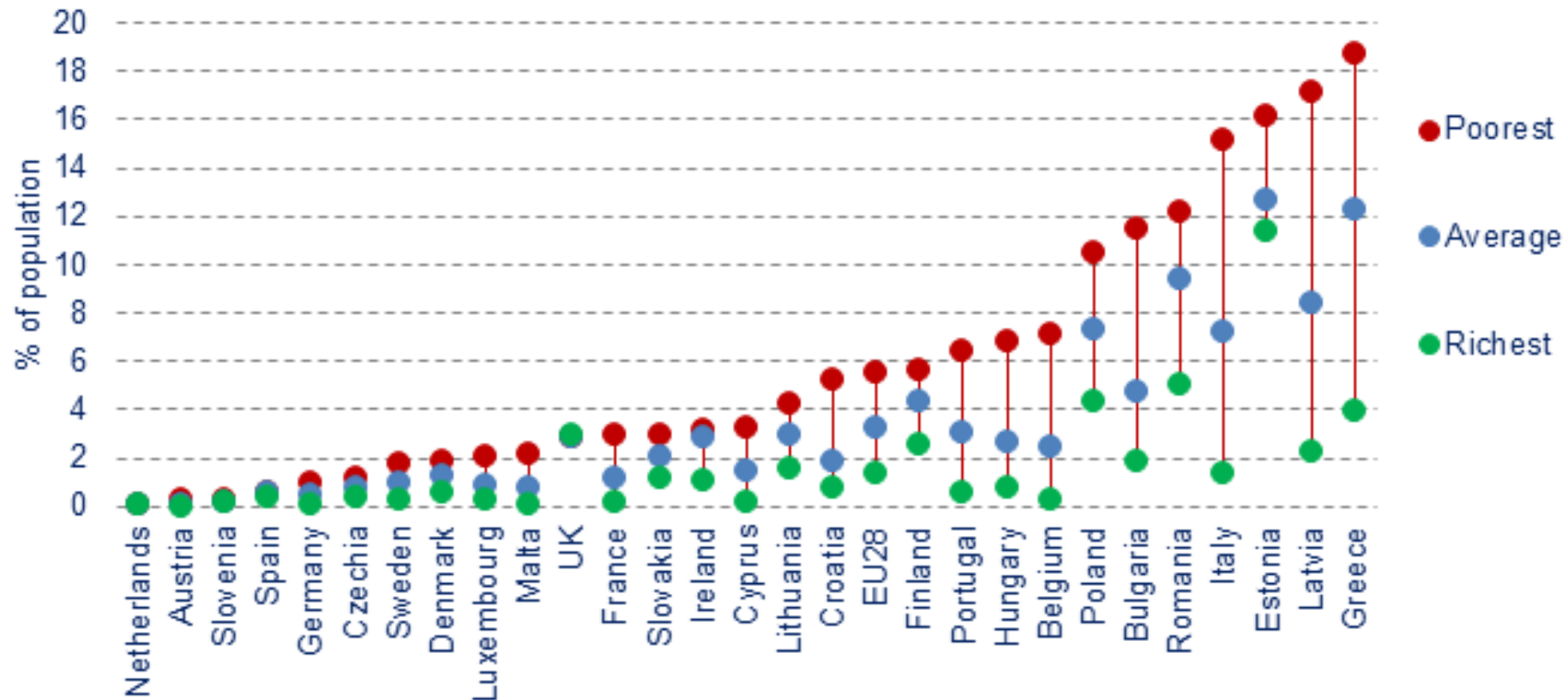


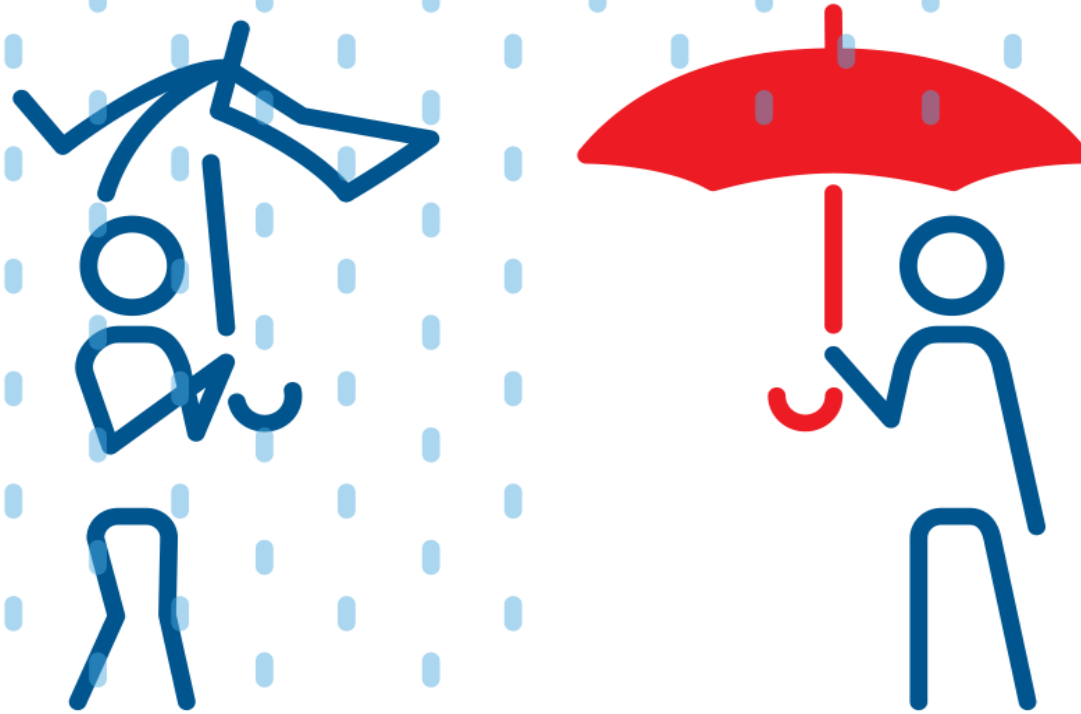
Financial hardship may be experienced in countries with 100% population coverage – a prerequisite, not a guarantee of UHC



Unmet need can be significant even in high-income countries

Unmet need for health care due to cost, distance or waiting time by income group in the European Union in 2015





Everybody needs a strong umbrella

There should be **no separate financing** system for migrant health services.

Technically, it is **more efficient** to have them covered by the main scheme of coverage for all the resident population

The case of Spain

Undocumented migrants (UM) entitled to the same services as Spanish nationals

UM excluded from coverage except for serious illness or accidents, obstetric care and child health services

UM entitled to the same services as Spanish nationals **BUT** administrative barriers

Building back better:
Towards a resilient coverage policy with no barriers to access

Before 2012:
Entitlement based on residency

2012: entitlement changed from residency to “being insured” based on social security status

2018: Basis for entitlement re-established as residence

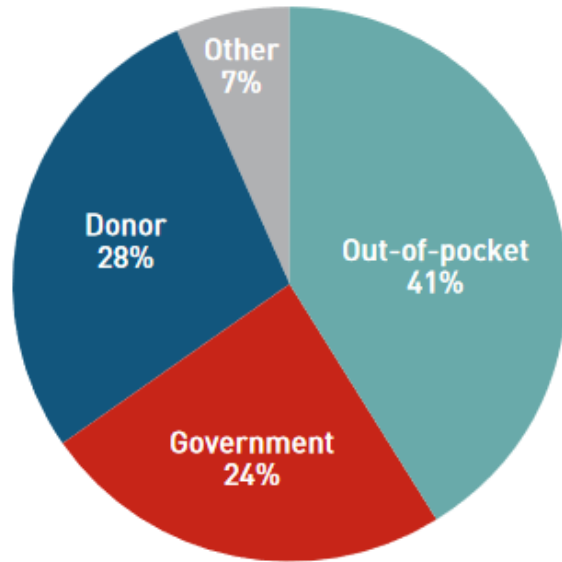
2020-2021: Exemption from co-payments for low-income people and other disadvantaged groups

Austerity measures during global financial crisis along with:
Introduction of co-payments for pensioners and increase of co-payments for non-pensioners

Solidarity beyond borders

Shares of health spending, 2017

Low income



Lower middle income

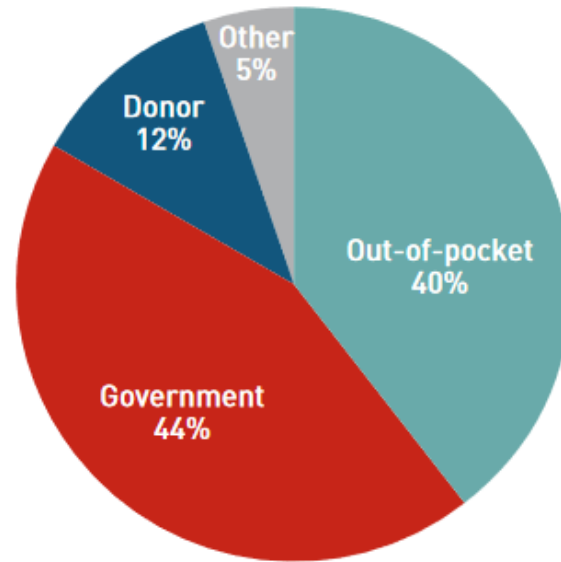
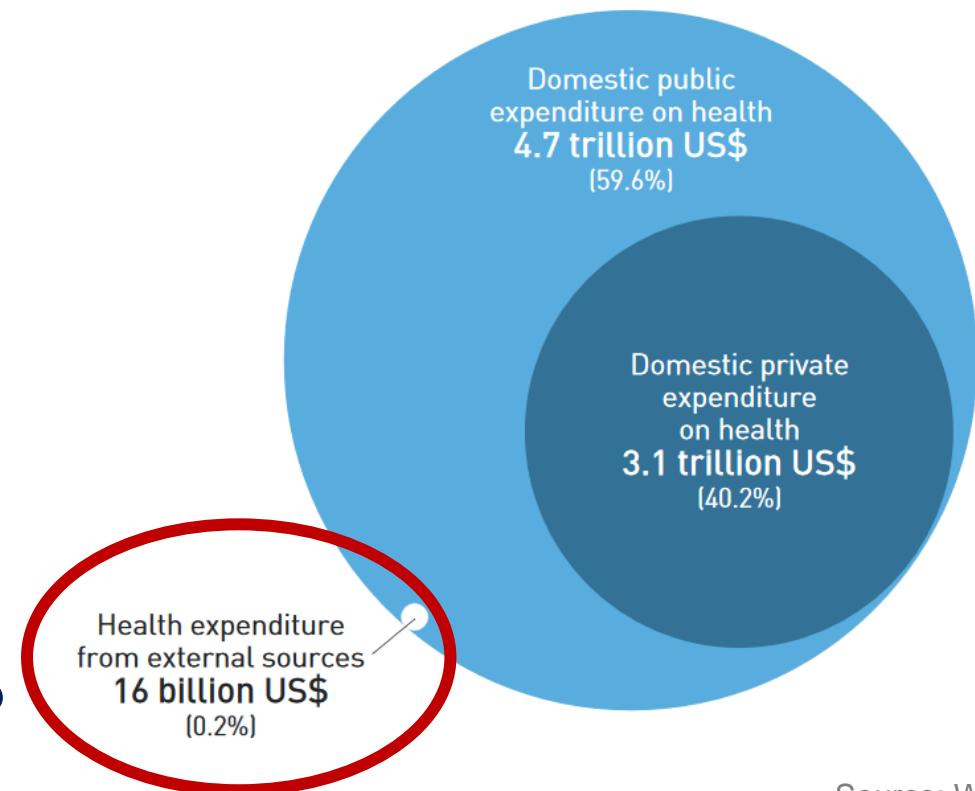


FIGURE 1.8 Donor funding is a very small share of global health spending

Major categories of global health spending, 2017

Global health expenditure
7.8 trillion US\$

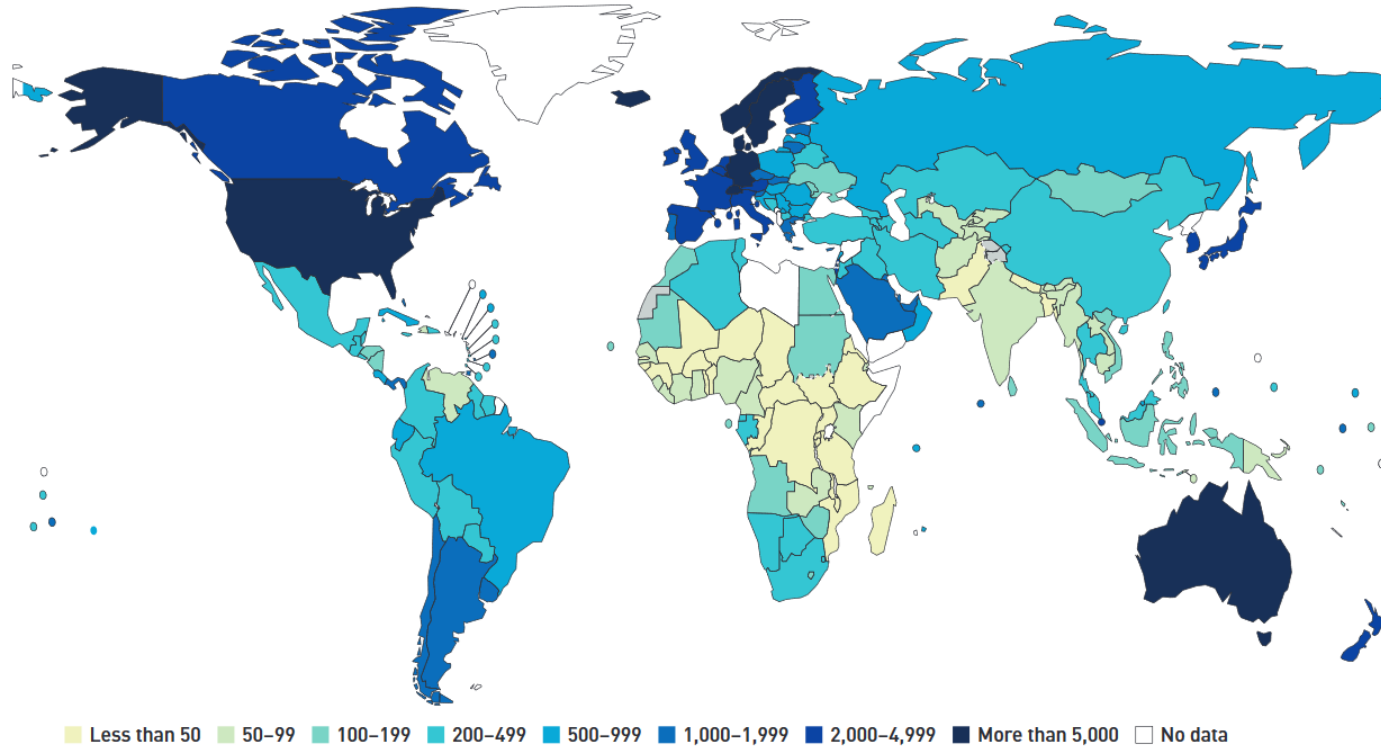


Is this sufficient global solidarity?

High income countries spend 80% of global health expenditure, but account for only 16% of global population

FIGURE 1.3 Richer countries spend more on health, but there are large variations among countries of similar incomes

Health care spending per capita, 2017 (US\$)



**No UHC
without
global
solidarity**

Thank you!

