

			I	Formal cove	rage			OOP as % of	Total expenditure	Social security expenditure on	Out-of-pocket expenditure
Country	Total (%)	State (%) <sup>2</sup>	SHI (%)	PHI (%)	Other (%)	Company based/ trade union	MHI Total	total exp. on health	on health as % of gross domestic product <sup>1</sup>	health as % of general government expenditure on health <sup>1</sup>	as % of private expenditure on health <sup>1</sup>
Albania								58.2	6.5	25.1	99.8
Algeria	85.0	17 <sup>3</sup>	68 <sup>4</sup>	0				18.3	4.1	28.4	95.3
Angola								15.8	7.1	89.2	71.1
Argentina	99.9	37.35		13.66	0.27	48.88		28.6	2.8	0.0	100
Armenia	100.0	100						64.3	4.5	0.0	100
Australia	100.0	59.7		40.3 <sup>9</sup>				22	8.9	56.8	55.6
Austria	98.1	3.810	94.2	0.1 <sup>9</sup>				19.2	6.0	0.0	80.6
Azerbaijan								73.8	9.5	0.0	67.8
Bangladesh	0.4						0.41	58.9	7.5	65.8	59.2
Belarus	100.0	10011						23.2	3.6	0.0	96.8
Belgium	100.0		99	57.5 <sup>9</sup>				21.8	9.4	88.4	66.6
Benin	0.5						0.44	51.4	4.4		90.3
Bolivia	66.9	30	25.8	10.5			0.6	28.5	6.7	65.0	79.3
Bosnia and Herzegovina	100.0	100						49.3	9.5	77.5	100
Botswana								12	5.6		28.8
Brazil	85.0	10012		24.5				35.1	7.6	0.0	64.2
Bulgaria	100		100 <sup>13</sup>					44.8	7.5	51.6	98.4
Burkina Faso	0.2		014				0.2	52.2	5.6	1.0	98.1
Burundi	13		<b>13</b> <sup>15</sup>				0	76.7	3.1		100



				Formal cove	rage			OOP as % of	Total expenditure	Social security expenditure on health as % of	Out-of-pocket expenditure
Country	Total (%)	State (%) <sup>2</sup>	SHI (%)	PHI (%)	Other (%)	Company based/ trade union	MHI Total	total exp. on health	on health as % of gross domestic product <sup>1</sup>	general government expenditure on health <sup>1</sup>	as % of private expenditure on health <sup>1</sup>
Cambodia							0.66	69.6	10.9	0.0	86.2
Cameroon	0.1						0.05	69.9	4.2	0.1	98.3
Canada	100.0	35		65 <sup>9</sup>			0	14.9	9.9	2.1	49.6
Cape Verde	65.0		26.716				0	26.7	4.6	35.5	99.7
Central African Republic	6.0						6.03	58.5	4.0		95.3
Chad							0.01	57.9	6.5		96.3
Chile	96.0	25 <sup>17</sup>	43.8	17.6	9.6		0	23.7	6.1	32.1	46.2
China	23.9		10.018				13.9	55.9	5.6	53.4	87.6
Colombia	31.3		30.5 <sup>19</sup>			0.720	0.13	7.5	4.0		95.3
Congo							0	35.8	2.0	0.0	100
Costa Rica	100.0		87.8 <sup>21</sup>	12.2			0	18.8	7.3	88.6	88.7
Côte d'Ivoire	5.0						5.02	65.5	3.6		90.5
Croatia	100.0		10022				0	16.4	7.8	96.1	100
Cuba	100.0	100					0	9.9	7.3	0.0	75.2
Czech Republic	100.0	100		0 <sup>9</sup>			0	8.4	7.5	85.4	83.9
Dem. Rep. of the Congo	0.2						0.17	81.7	4.0	0.0	100
Denmark	100.0	100					0	15.7	9.0	0.0	92.5
Dominican Republic	84	60	7.0	12.0			0	47.3	7.0	17.4	70.8
Ecuador	73.0	28	18 17.4 <sup>23</sup>	20	7		0	54.1	5.1	31.9	88.1



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Country	Total (%)	State (%)²	SHI (%)	<b>PHI</b> (%)	Other (%)	Company based/ trade union	MHI Total	total exp. on health	on health as % of gross domestic product <sup>1</sup>	general government expenditure on health <sup>1</sup>	as % of private expenditure on health <sup>1</sup>
Egypt	47.6	34.3 <sup>24</sup>	12.9 <sup>25</sup>	0.44			0	53.5	5.8	27.1	93.2
El Salvador	59.6	40	18.1 <sup>26</sup>	1.5			0	50.4	8.1	44.1	93.5
Eritrea							0	54.5	4.4	0.0	100
Estonia	94.0		94				0	20.2	5.3	84.9	88.3
Ethiopia							0	32.7	5.9	0.4	78.7
Finland	100.0		100				0	19.1	1.5	0.0	80.5
France	100.0		99.9	92 <sup>27</sup>			0	10	1.5	0.0	80.5
Gabon	55.0	14.428	<b>23</b> <sup>29</sup>	4.730	12.9 <sup>31</sup>		0	33.4	4.4	1.7	100
Gambia	99.9						0	40.2	8.1	0.0	67.0
Georgia	55.0		14 <sup>32</sup>				0	74.7	4.0	59.2	98.2
Germany	101.6	3.9 <sup>33</sup>	85.7 <sup>34</sup>	10 <sup>35</sup>	236		0	10.4	11.1	87.4	47.9
Ghana	18.7						18.7	68.2	4.5		100
Greece	99.5			10 <sup>9</sup>			0	46.5	9.9	32.0	95.4
Guatemala	72.6	26	16.6 18.2 <sup>37</sup>	30		> 0.008 <sup>38</sup>		55.4	5.4	50.5	91.9
Guinea	1.1						1.09	82.9	5.4	1.5	99.4
Guinea-Bissau	1.6						1.6	43.5	5.6	2.2	80.2
Haiti	60.0	21		38	1			43	7.5	0.0	69.5
Honduras	65.2	52	11.7	1.5				37.3	7.1	11.6	85.8
Hungary	100.0	100		0				24.5	8.4	83.4	88.9



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Iceland	100.0	100		0 <sup>9</sup>				16.5	10.5	36.5	100
India	5.7		5.2 <sup>39</sup>	0.0440			0.48	72.9	4.8	4.2	97.0
Indonesia	54.6	16.6 <sup>41</sup>	36.1 <sup>42</sup>	1.9 <sup>43</sup>				47.6	3.1	9.9	74.3
Iran Islamic Republic of								50	6.5	30.9	94.8
Ireland	100.0	100		43.8 <sup>9</sup>				13.1	7.3	0.8	61.9
Israel	9.0							28.3	8.9	61.9	89.1
Italy	100.0	100		15.6 <sup>9</sup>				20.7	8.4	0.2	83.3
Jamaica								32	5.3	0.0	64.7
Japan	100.0		100					17.1	7.9	80.5	90.1
Jordan	≈80.0		70	5		37		40.6	9.4	0.7	74.0
Kazakhstan	70-80	1	70-80					42.7	3.5	0.0	100
Kenya	25.0		2544				0.015	50.6	4.3	10.0	82.6
Korea, Republic of	100 <sup>95</sup>	3.6 <sup>95</sup>	96.4 <sup>95</sup>	n.a.				41.9	5.6	81.7	82.8
Kuwait	0.0							20.5	3.5	0.0	91.2
Kyrgyzstan							0	59.2	5.3	15.2	100
Lao People's Dem. Rep.	16.1		15.9 <sup>45</sup>				0.15	46.4	3.2	1.0	75.5
Latvia	87.0	87					0	46.9	6.4	82.7	94.3
Lebanon	95.1	45.3 <sup>46</sup>	26.1 <sup>47</sup>	12.648	11.1 <sup>49</sup>		0	56.1	10.2	46.0	79.4
Lesotho							0	3.7	5.2	0.0	18.2



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Country	Total (%)	State (%)²	SHI (%)	PHI (%)	Other (%)	Company based/ trade union	MHI Total	total exp. on health	on health as % of gross domestic product <sup>1</sup>	general government expenditure on health <sup>1</sup>	as % of private expenditure on health <sup>1</sup>
Lithuania							0	23.2	6.6	74.6	96.6
Luxembourg	99.7	1.4450	98.3	2.4			0	7.1	6.8	88.1	77.3
Madagascar							0	33.6	2.7		91.7
Malawi							0	27.7	9.3	0.0	42.7
Malaysia								30.8	3.8	0.8	73.8
Mali	2.0						2.0	38	4.8	26.0	89.3
Mauritania	0.3						0.26	23.2	3.7	8.7	100
Mexico	78.6	28.651	<b>47</b> <sup>52</sup>	<b>3</b> 53				50.5	6.2	66.9	94.2
Moldova, Republic of	78.6		10054					43.7	7.2	1.1	96.1
Mongolia	100	57.6 <sup>55</sup>	78.5 <sup>56</sup>					33	6.7	37.8	91.1
Morocco	41.2		3557	0.4	0.558	5.3 <sup>58</sup>		50.9	5.1	0.0	76.1
Mozambique								14.9	4.7	0.0	38.8
Myanmar								80.4	2.8	0.694	99.7
Namibia	22.5		10 <sup>59</sup>	12.560				5.8	6.4	1.9	19.2
Nepal	0.1					0.00861	0.13	66.6	5.3	0.0	92.2
Netherlands	100		76.3	28 <sup>9</sup>				7.8	9.8	93.0	20.8
New Zealand	100.0	100		35 <sup>9</sup>				15.6	8.1	0.0	72.1
Nicaragua	68.5	60	7.9		0.5		0.13	49.4	7.7	26.6	95.7
Niger	0.7						0.7	41.9	4.7	2.2	89.2



			F	Formal cover	rage		Ī	OOP as % of	Total expenditure	Social security expenditure on health as % of	Out-of-pocket expenditure
Country	Total (%)	State (%) <sup>2</sup>	SHI (%)	PHI (%)	Other (%)	Company based/ trade union	MHI Total	total exp. on health	on health as % of gross domestic product <sup>1</sup>	general government expenditure on health <sup>1</sup>	as % of private expenditure on health <sup>1</sup>
Nigeria								67.9	5.0	0.0	91.2
Norway	100.0			0 <sup>9</sup>				15.6	10.3	17.9	95.4
Oman	100.0							9.5	3.2	0.0	56.1
Pakistan								70.9	2.4	53.3	98.0
Panama	100.0	35.4	64.6					27.6	7.6	55.5	82.2
Papua New Guinea								9.7	3.4	0.0	87.2
Paraguay	63.7	33.3	14.262	12.4		0.1863	3.59	51.1	7.3	39.8	74.6
Peru	71.0	11.764	27.265				0.34	40.8	4.4	42.4	79.0
Philippines	1	37.766	21.1 <sup>67</sup>					44	3.2	21.8	78.2
Poland				0 <sup>9</sup>			0	26.4	6.5	86.0	87.8
Portugal	100.0	100.0		14.8 <sup>9</sup>			0	29	9.6	6.5	95.7
Romania	100.0		10068				0	33.5	6.1	85.8	90.4
Russian Federation	88		88 <sup>69</sup>				0	29.2	5.6	43.7	71.1
Rwanda	36.6	2.670	8.971				25.1 <sup>72</sup>	23.6	3.7	9.8	41.7
Saudi Arabia							0	6.9	4.0		28.6
Senegal	11.7		<b>7</b> <sup>73</sup>				4.72	55.5	5.1	15.8	95.3
Serbia and Montenegro	96.2		96.274				0	20.9	9.6	89.8	85.3
Sierra Leone							0	41.7	3.5	0.0	100
Singapore							0	62	4.5	21.5	97.1



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Country	Total (%)	State (%) <sup>2</sup>	SHI (%)	PHI (%)	Other (%)	Company based/ trade union	MHI Total	total exp. on health	on health as % of gross domestic product <sup>1</sup>	general government expenditure on health <sup>1</sup>	as % of private expenditure on health <sup>1</sup>
Slovakia	96.2				09		0	11.7	5.9	93.5	100
Slovenia	100.0						0	9.7	8.8	82.6	41.1
South Africa	100.0	83.7 <sup>75</sup>		17 <sup>76</sup> 15.1 <sup>77</sup>			0	10.5	8.4	4.6	17.1
Spain	98.9			2.7 <sup>9</sup>			0	23.5	7.7	7.0	82.0
Sri Lanka	0.1						0.12	48.9	3.5	0.3	88.9
Sweden	100.0	100		0			0	13.6	9.4	0.0	92.1
Switzerland	100.0		20	80 <sup>9</sup>			0	31.5	11.5	69.3	76.0
Syrian Arab Republic	29.2	10078	0	0.00579		18 <sup>80</sup>	11.2	51.8	5.1	0.0	100
Tajikistan							0	79.2	4.4	0.0	100
Tanzania, United Rep. of	14.5		14.5 <sup>81</sup>				0.005	36.2	4.3	2.6	81.1
Thailand	97.7	75.3 <sup>82</sup>	22.483				0	28.7	3.3	32.0	74.8
The FYR of Macedonia	100.0		10084				0	15.5	7.1	97.8	100
Togo	0.4						0.4485	66.2	5.6	14.6	88.0
Tunisia	99.0	33 <sup>86</sup>	65	1			0	45.1	5.4	23.5	83.0
Turkey	69.2		67.2	<2			0	19.9	7.6	54.6	69.9
Turkmenistan	82.3	82.3					0	32.6	3.9	6.1	100
Uganda	0.1						0.098	36.7	7.3	0.0	52.8
Ukraine	100.0	10087					0	26.8	5.7	0.0	78.6
United Kingdom	100.0	100		10 <sup>9</sup>			0	11	8.0	0.0	76.7



Country			F	ormal cove	rage			OOP as % of	Total expenditure	Social security expenditure on health as % of	Out-of-pocket expenditure
	Total (%)	State (%) <sup>2</sup>	SHI (%)	PHI (%)	Other (%)	Company based/ trade union	MHI Total	total exp. on health	on health as % of gross domestic product <sup>1</sup>	general government expenditure on health <sup>1</sup>	as % of private expenditure on health <sup>1</sup>
United States	100	32.4 <sup>88</sup>		71.9 <sup>9</sup> 66.4 <sup>89</sup>			0	13.5	15.2	28.4	24.3
Uruguay	87.8	27.2	15.8	30.8	13.9		0.13	18.2	9.8	48.5	25.0
Uzbekistan							0	54.4	5.5	0.0	95.5
Venezuela, Boliv. Rep. of	100.0	65.6	34.4				0	53.2	4.5	25.2	95.5
Viet Nam	23.4			22.2 <sup>90</sup>			1.17	53.6	5.4	16.6	74.2
Yemen	6.3		0	0.03 <sup>91</sup>	4.65 <sup>92</sup>	1.5 <sup>93</sup>	0.1	56.4	5.5		95.5
Zambia							0	33.1	5.4	0.0	68.2
Zimbabwe							0	36.3	7.9	0.0	56.7

World Health Organization (2006), Statistical annex (http://www.who.int/whr/2006/annex/en), 2 All data regarding OECD countries from OECD Health Data (2006) and for Latin America from Mesa-Lago (2005/2007), except other sources are indicated. <sup>3</sup> The State is paying contributions on behalf of about 8 million handicapped persons and half a million unemployed; calculating an average number of 3 dependants, this ensures access to health care for about 17% of the total population. <sup>4</sup> In 2004, the Caisse Nationale de la Sécurité Sociale des Travailleurs Salariés (CNAS) had 7 750 045 beneficiaries. By Oct.. 2006 the number had increased to 9 331 767 beneficiaries (CNAS 2006). For the private sector social insurance scheme Caisse Nationale de Sécurité Sociale des non-salariés (CASNOS) only dated information on beneficiaries was available: in 2000, the CASNOS had 330,863 contributing members; calculating an average of four dependants that would correspond to a total number of 1,654,315 beneficiaries (CASNOS 2001). Furthermore, students, war pensioners, unemployed covered through the unemployment program, and some other groups are covered by the CNAS and thus pay lower contribution rates. <sup>5</sup> Maceira 2005, p.7. <sup>6</sup> 9.8% private health insurance only; 3.8% complementary PHI in addition to employee health plan (Maceira 2005 p.7). 7 Maceira 2005 p.7). 8 Employees health care plans (Maceira 2005, p.7). 9 OECD (2006), except for Germany and the Netherlands. PHI is supplementary (1st number) or complementary (2nd number) to either tax-financed or SHI-borne social protection in health. <sup>10</sup> In 2004, Austria had 170,449 welfare recipients whose SHI contributions are paid by the municipalities from tax money (Statistik Austria 2006); the treasury also finances practically all contributions for the 138,539 retired farmers (Mehl 2005. p.15). <sup>11</sup> Arnaudova (2006), p.33. <sup>12</sup> All citizens are entitled to receive benefits covered by the Unified Health System SUS, but availability varies according to regional and geographic conditions. <sup>13</sup> Arnaudova (2006), p.78. <sup>14</sup> The Caisse Nationale de Securité Sociale does not cover health benefits other than some preventive maternal and child health services associated to family allowances and other main benefits and is not considered "health insurance" (CNSS 2007). <sup>15</sup> Direct information from the Département Technique de la Mutuelle de la Fonction Publique, Bujumbura Jan. 2007 Witter (2002, p.21) had mentioned a coverage rate of 10-15%. <sup>16</sup> In 2000, the total number of beneficiaries of the Instituto Nacional de Previdência Social (INPS) was 115,378 out of a total population of 431,989 (Ferreira 2003, p.8). <sup>17</sup> Since FONASA beneficiaries group A (indigents) are exempted from contributions, this group's health care is considered to be financed by the State: all other FONASA affiliates pay contributions and are thus covered by a SHI scheme (FONASA 2006). <sup>18</sup> In 2005, more than 130 million beneficiaries were covered by the Basic Medical Insurance scheme (BMI) (MOLSS, 2005, as cited in Tang et al., 2007, p.32); it should be noted that the BMI is called Basic Health Insurance System (BHIS) (Drouin and Thompson, 2006). <sup>19</sup> According to Castaño and Zambrano (2005), about 13,800,000 Colombians are currently covered by the contributory or the subsidized system. <sup>20</sup> Equidad insurance for work-related accidents and diseases covered 309,790 beneficiaries in 2004 (Almeyda and Jaramillo 2005, p.39). <sup>21</sup> Sáenz/Holst 2007. <sup>22</sup> Arnaudova (2006), p.96f. <sup>23</sup> Statistical data from IESS indicate 1,184,484 contributing affiliates in 2003, 261.715 pensioners, 819.405 (= 31.8 per cent of target group) in the Seguro Social Campesino Ecuatoriano (IESS, 2006; González, 2006). <sup>24</sup> 16.470.022 pupils covered according to Act 99/1992 and 5.525.125 infants



and children (Decree 380/1997). 25 3,629,996 public sector employees covered according to Law 32/1975; 3,121,529 beneficiaries of the government worker programme according to Law 79/1975, plus 1,617,923 pensioners and widows (contributing 1% of their pensions).<sup>26</sup> Including all beneficiaries of the Salvadoran Social Security Institute (ISSS, 2006) and of Teachers Welfare (Bienestar Magisterial) (Holst, 2003c, p.25).<sup>27</sup> OECD (2006): note that PHI in France complements universal statutory SHI providing reimbursement for relevant co-payments; some 60% are *Mutuelles* and the remaining 40% non-for-profit and for-profit PHI.<sup>28</sup> 40,000 public employees plus 160,000 dependants covered through the Ministry of Finance; 300,047 indigents and unstable workers, covered in theory by the Caisse Nationale de Garantie Sociale lack any kind of service (Biyogo Bi-ndong et al., 2005 p.9). <sup>29</sup> 92,739 insured private sector employees and 226,515 dependants (Biyogo Bi-ndong et al., 2004, p.9). <sup>30</sup> 22,000 contributing affiliates and the total number of 65,000 beneficiaries were covered through private health insurance (Bivogo Bi-ndong et al., 2004, p.11).<sup>31</sup> Remaining percentage according to the total number of people covered (52%) minus those covered by any of the schemes mentioned (Biyogo Bi-ndong et al., 2004, p.3f., 9). <sup>32</sup> Until 2002 the State United Social Insurance Fund (SUSIF) had not enrolled more than 14% of the Georgian population (Witter, 2002 p.22) although the country's employment structure accounts for 35.4% wage employees (besides 35% self-employed and 37.8% unsalaried employed) (Collins, 2006, p.302f). <sup>33</sup> Municipalities pay for health insurance contributions of welfare benefit recipients who numbered 2.910.226 in 2004; Furthermore, the central government finances social insurance contributions for 351.409 retired farmers (Krieger, 2006, p.4; LSV, 2005, p.96). <sup>34</sup> Total SHI coverage comprised 74.051,000 people out of the total population of 82,600,000 citizens which corresponds to 89.65% of the population in Germany. However, SHI beneficiaries for whom central or local governments pay contributions are counted as users of State-borne health care access (OECD, 2006).<sup>35</sup> Substitute for mandatory statutory health insurance for the better off.<sup>36</sup> Busse and Riesberg (2004), p.57.<sup>37</sup> Herrera (2006), p.4. <sup>3</sup> More than 1.000 affiliates of the Servicio Solidario de Salud organized by the mutual of the Central General de Trabajadores (Develtere and Fonteneau, 2001, p.30f).<sup>39</sup> The Employees State Insurance Scheme (ESIS) covers about 7.9 million insured persons and about 30.7 million beneficiaries; the number of cardholders of the Central Government Health Scheme (CGHS) is currently about 1 million with the total number of beneficiaries around 4.3 million: Railways Health Scheme 8: defence employees 6.6: ex-servicemen 7.5: mining and plantations (public sector) 4 million beneficiaries (Gupta, 2007, p.113, 118).<sup>40</sup> Universal Health Insurance Scheme (shared contribution: 416,936 beneficiaries (National Insurance Company). 41 36,146,700 beneficiaries were expected to enter the extended Askesin system for low income people in Indonesia subsidized by central and local governments (Adang, 2007, p.149f). <sup>42</sup> Since 2005, the new initiative (Askesin) has extended health insurance coverage to an additional 60 million people or 27.6% of the population. including the civil-servant social health insurance scheme Askeswith with about 4.5 million affiliated employees and 9.3 million dependants summing up 13.8 million beneficiaries, or 6.3% of the population. Social health insurance for private employees (Jamsostek) was covering 1.26 million employees and 2.74 million beneficiaries in 2005. About 2 million people were insured by the military health services system covering all armed forces. 43 In 1999 (!), 4 million people were covered by private commercial health insurance. (Adang 2007, p.148). 44 Witter (2002), p.21; National Health Insurance Fund (NHIF) covers 7% of the Kenyan population (Scheil-Adlung et al. 2007, p. 133). 45 875.000 beneficiaries covered by the Public Sector Social Security Scheme, including ≈91.000 civil servants and ≈100.000 members of armed forces and 48.096 beneficiaries of the private sector Social Security Organisation (SSO) (Hohmann et al., 2005). <sup>46</sup> 2,083,662 Lebanese – 1,047,338 male and 1,036,324 female - are eligible for MoPH coverage (MoPH, 2006). <sup>47</sup> Selfreported coverage of the National Social Security Fund was 26.1% in 2001, although household surveys showed a lower rate of 17.8% (Ammar et al., 2000) since in 2003 the NSSF had 386.000 affiliates: 253.000 males (65.54%) and 133,000 females (34.45%) (Papadopoulos 2006, p.4). The average number of dependants would be close to two persons, which appears relatively low for an Arab country. <sup>48</sup> 8% of the population has complete coverage through private insurance, and 4.6% of the population has contracted PHI to complement coverage of other insurance schemes (Ammar et al. 2000, p.24).<sup>49</sup> Beneficiaries covered by any scheme in place for members of the four arms of the security apparatus (Ammar et al. 2000, p.24). 50 Ministère de la Sécurité Sociale (2005). 51 Frenk et al. (2007), p.24; for tax financing please note the yearly expected inclusion of 14.3% of the target group consisting of 11 million families, or 50 million beneficiaries representing 49% of the total population. Estimations for the second year after the implementation of the System for Social Protection in Health (SSPH) in 2004. 52 Ibid. 54 Arnaudova (2006), p.114f. 55 1,439,544 people were covered by the State in 2002 (Khorolsuren and Tseden, 2005, p.3f). 56 In 2002, the total number of health insurance affiliates was 523,617 corresponding to 1,963,161 beneficiaries (Khorolsuren and Tseden 2005, p.3f). <sup>57</sup> In 2005, the private sector social insurance scheme Caisse Nationale de Sécurité Sociale (CNSS) covered about 6 million beneficiaries, and the public sector employees' health insurance scheme Caisse Nationale des Organismes de Prévoyance Sociale (CNOPS) about 3.2 million beneficiaries. About 4% were covered by employer-based health insurance (*Caisse Mutualiste Interprofessionnelle Marocaine*) (L'Observatoire de Tanger 2007; Kaddar et al., 1999, p.4f). <sup>58</sup> *Direction de la Statistique* 2005, p.485. <sup>59</sup> Witter (2002), p.21. <sup>60</sup> Feeley et al. (2006), p.6. <sup>61</sup> The General Federation of Nepalese Trade Unions was covering about 2,000 beneficiaries (ILO, 2003a, pp.8,10). <sup>62</sup> Instituto de Prevision Social (2003); Holst (2003b). <sup>63</sup> Employees of Binational Itaipú Company covered through the Seguro Itaipú (Holst 2003b). 64 Also, the publicly run insurance scheme Seguro Integral de Salud (SIS) counted 11,044,140 affiliated beneficiaries (MINSA, 2006, p.IR-1). Only 3,221,090 beneficiaries enjoyed effective coverage (personal communication by SIS-staff).<sup>65</sup> The total number of formal sector employees and their dependants who are covered by the SHI-scheme EsSalud is 7,500,000 (http://www essalud gob pe). 66 As at 31 Dec., 2004, PhilHealth covered a total number of 31,290,750 beneficiaries through the sponsored (indigent) programme which provides subsidized premiums to indigents (PhilHealth, 2006).<sup>67</sup> The total number of 17,520,000 beneficiaries comprises Government employees (compulsory insurance), private sector employees and workers affiliated so far, plus enrolees of the Individual Paying Program offered to informal sector workers (Basa, 2007). 68 Arnaudova (2006), p. 132. 69 Balabanova et al. (2003), p. 2126. 70 Beneficiaries of Gacaca (113,770) and prisoners (107,000) are entitled to public sector health benefits free of charge (Musango et al., 2006, p.126).<sup>71</sup> The Rwandaise d'Assurance Maladie (RAMA): 155,394; Fonds d'appui aux rescapés du génocide (FARG): 283,000; Army: 100,000; and private sector health insurance: 213,512 (Musango et al., 2006, p.126). 72 Musango et al. (2006), p.126. 73 Total number of beneficiaries covered by company and inter-company health insurance institutions (IPMs) running the statutory formal sector social health protection scheme (Scheil-Adlung et al., 2007, p. 133).<sup>74</sup> Information provided by Prof. Laaser Belgrade.<sup>75</sup> Basic health care offered to the large majority in South Africa through public facilities charging user fees according to region and service (Scheil-Adlung et al., 2007, p.133).<sup>76</sup> Covered through employment-based private health insurance plans (Scheil-Adlung et al., 2007, p. 134).<sup>77</sup> Council for Medical Schemes (2006), p. 47.<sup>78</sup> In principle, Syrians are entitled to preventive and primary care at public providers. Furthermore, patients with chronic conditions also receive health care free of charge or for reduced tariffs at public health facilities. <sup>79</sup> PHI is emerging in Syria since the first companies got licensed in July 2006 (Holst, 2006). <sup>80</sup> Half of the 3 million public sector employees are estimated to be covered by some kind of insurance scheme, according to the first assessment of company-based health benefit schemes in Syria. About 12-14% of the population is entitled to companybased health benefits. However, corresponding studies did not take into account the fact that trade unions are running additional schemes for their dependants in a number of public companies, resulting in a higher number of people protected by company-based health insurance (Schwefel 2006a, 2006b; Holst, 2006). 81 The total number of social security beneficiaries in the United Republic of Tanzania is 5,319,378: NSSF



400,000 members, 2,360,000 beneficiaries; PPF 60,000 members, 354,000 beneficiaries; PSPF 193,000 members, 1,138,700 beneficiaries; LAPF 40,000 members, 236,000 beneficiaries; NHIF 248,343 members, 1,142,178 beneficiaries; GEPF 15,000 members, 88,500 beneficiaries; (Dau, 2005, p.2; Humba, 2005 p.7). <sup>82</sup> In 2002 the UC scheme covered 47 million people in Thailand (Tangcharoensathien et al., 2007, p.127). <sup>83</sup> Civil Servant Medical Benefit Scheme for public sector (6 million or 10% of the population) and the Social Health Insurance for private sector employees (8 million or 13%) are both considered SHI systems (Tangcharoensathien et al., 2007, p.127). <sup>84</sup> Arnaudova (2006), p.197f. <sup>85</sup> Concertation (2004), p.14. <sup>86</sup> Achouri (2007), p.52; it should be noted that the CNSS covers about four out of every five social security beneficiaries. The percentage of people covered through tax-based services includes those entitled to health services free of charge (8%) and to reduced tariffs in public facilities (25% of the popularion). <sup>87</sup> Arnaudova (2006), p.233f. <sup>88</sup> In 2003, 41.2 million US citizens were enrolled in Medicare and 54 million in Medicaid (US Census Bureau, 2007). <sup>89</sup> Hoffman et al. (2005, p.10. <sup>90</sup> At the end of 2005, the compulsory scheme had affiliated 8,142,000 and the voluntary schemes 6,245,000 Vietnamese citizens, while 3,889,000 poor people were enrolled through subsidies from the Heath Care Fund for the Poor (Tien, 2007, p.64). <sup>91</sup> Estimated number of Yemeni citizens covered through PHI is about 6,000 (Schwefel et al., 2005, p.108f). <sup>92</sup> Armed forces and police are estimated to have 920,000 personnel who are covered through the military health benefit scheme or the scheme of the Ministry of Interior (Schwefel et al., 2005, p.105). <sup>93</sup> According to estimations, about half of all formal sector workers and employees are entitled to some kind of health benefit scheme (Schwefel et al., 2005, p.105). <sup>93</sup> According to estimations, about half of all formal sector workers and employees are entitled