

## Module 8 - Assessment matrix for "Health"

Government strategy	Existing provisions	Policy gaps	Implementation issues	Recommendations <sup>1</sup>
Government of Coresia aims at guaranteeing health care for all people, including treatment for HIV/AIDS (National Five Year Plan (2012–16))	<p>Private sector employees: contributory health insurance scheme (NHIP); several private insurance schemes.</p> <p>Civil servants, police, military, veterans: compulsory contributory health insurance scheme (MBP), with subsidized medical care; access to special hospitals for active military and police personnel.</p> <p>Poor and near poor: non-contributory tax-funded health insurance scheme (PHCP)</p> <p>Informal economy workers and SME workers: partial contributory health insurance scheme (SHI) + PHCP in some provinces</p>	<p>Inconsistency in target group of PHCP across the country as only some provinces have extended the scheme to non-poor informal economy workers</p> <p>High transportation costs to hospitals and health care centres, especially in remote and rural areas</p> <p>Undocumented migrant workers and refugees do not have access to social health protection</p> <p>SHI is not affordable for many informal sector workers, SME workers, and employers</p>	<p>52 per cent of the poor population is not covered by health insurance</p> <p>Microenterprises are often not registered with the Ministry of Commerce, making it difficult for SHI to enrol eligible salaried workers</p> <p>No comprehensive database for PHCP, hence no information on beneficiaries and utilization rates</p> <p>Benefit package for PHCP not clearly defined</p> <p>Beneficiaries not aware of the services they are entitled to</p> <p>Beneficiaries are being asked for out-of-pocket payments</p> <p>Low quality of medical services and treatments at remote hospitals and centres</p> <p>Lengthy check-in procedures of patients to community health care centres and hospitals under PHCP</p> <p>Social evasion by employers leading to low coverage of private sector employees</p>	<p>(*) R1 – Extend PHCP to informal economy workers and their dependants in all provinces</p> <p>(*) R2 – Reimburse transportation costs under PHCP at a fixed rate</p> <p>(*) R3 – Increase coverage of PHCP to include all poor people</p> <p>(Δ) R4 – Improve and regularly update the database for PHCP</p> <p>(Δ) R5 – Define a specific benefit package for the PHCP and a more elaborate provider payment mechanism, e.g. mix of capitation payment and fee for service</p> <p>(Δ) R6 – Improve quality of medical services in rural and remote areas</p> <p>(Δ) R7 – Design and implement an efficient method for check-in of PHCP patients</p> <p>(Δ) R8 – Develop a set of measures to improve enforcement of the NHIP Law to prevent social evasion (penalty for evasion; inspection mechanism)</p> <p>(*) R9 – Subsidize the premiums under SHI</p> <p>(Δ) R10 – Extend the coverage of NHIP to enterprises with fewer than ten employees</p>

<sup>1</sup> Two types of recommendations were formed: (\*) designates the provision of additional SPF benefits or increase of coverage; cost of these can be calculated using the Rapid Assessment Protocol (RAP); (Δ) designates requirement for detailed studies; can be implemented through specific technical cooperation (TC) projects.