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

Leaving no one behind
‘U’ in UHC means 100% population coverage, not less

Source: WHO/Europe, 2021
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.

Source: WHO/Europe, 2021
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

Where are undocumented migrants able to get a COVID-19 vaccine, without immigration checks?*

- Good access
- Limited access
- Varies by region/locality
- No access

*This map takes into account official policies and approaches that increase the likelihood that undocumented people can access the vaccine. In no country is implementation perfect.

Source: picum.org (accessed 26.10.2021)
## Entitlement to health services for undocumented migrants, EU28 (2014)

<table>
<thead>
<tr>
<th>Level of entitlement</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency care only</td>
<td>Bulgaria, Cyprus, Finland, Lithuania, Luxembourg, Slovakia</td>
</tr>
<tr>
<td>Entitlement to selected specialist services (e.g. for communicable diseases)</td>
<td>Austria, Croatia, Denmark, Estonia, Greece, Hungary, Latvia, Malta, Poland, Romania, Slovenia, Spain</td>
</tr>
<tr>
<td>Entitlement to some degree of primary and secondary care</td>
<td>Belgium, Czechia, Germany, Ireland, Italy, France, the Netherlands, Portugal, Sweden, the United Kingdom</td>
</tr>
</tbody>
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Note: entitlements for undocumented migrants may have changed in some countries since 2014; in 2018, for example, Spain extended entitlement for undocumented migrants.

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.

Source: WHO/Europe, 2019
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

Source: EU-SILC data
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

Source: José Cerezo, WHO Barcelona Office
Solidarity beyond borders

Is this sufficient global solidarity?

Source: WHO, 2019
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

Source: WHO, 2019
Thank you!