Enabel

Social Health Protection,
a path to fight against inequalities

Fact sheet 4

The role of advocacy for health service users and the whole population in a SHP/UHI framework

People's rights to health

People's rights to health include not only their ability to make informed choices for their health but also timely access to acceptable health care of satisfactory quality and affordability.

At the macro level, it regards human rights, which is contained in Article 22 of the Universal Declaration of Human Rights: "*Everyone, as a member of society, has the* ***right to social security*** *and is entitled to realisation, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for their dignity and the free development of their personality.*"

Article 25 1 stipulates: "*Everyone has the right to a standard of living adequate for the health and well-being of themselves and of their family, including food, clothing, housing and medical care and necessary social services...*"

The Declaration of Dakar on the health districts strategy for advancing universal health coverage in Africa (2013) emphasises the people's autonomy in making health and well-being choices and in exercising their rights. The health system and services should support the population in this process.

The right to community participation in SHP/UHI (cf. Article 21 of Declaration of Human Rights)

If the state does undertake to create SHP for its whole population by obliging all to contribute financially, it should also provide for participatory or co-governance bodies, if only out of respect for democratic principles towards the people for whom it is responsible.

This can be done through the establishment of governing bodies with representatives of the people and/or through community structures that monitor the performance of the system with mechanisms of co-management of the system. Community participation needs to be structured at different levels of the UHI organisation pyramid.

At local (village, municipal) level, such participation may even take rather direct forms, considering the scale of the UHI organisation.

At other levels of the UHI organisation pyramid, community participation inevitably implies representatives of the people. These representatives may include local elected representatives, mayors, traditional chiefs, etc., but may also include civil society. Communication procedures between these representatives and the public must be established to create sufficient transparency.

The right to information, training and awareness-raising

SHP must enable individuals to exercise their right to information and education. SHP must therefore ensure that it informs, sensitises and raises awareness

1. on the responsibility of each individual to maintain good health
2. on the responsibility of everyone to be involved in the participatory governance of health
3. on citizens' rights in relation to health
4. on the importance of solidarity as a social solution to the hazards of life against which individuals alone can do nothing.

Providers will need to be trained to take on their role in supporting the population, negotiating with them, being flexible and respecting their autonomy. Conduct regular satisfaction surveys.

Defending the rights of care service users at the operational level

Apart from health insurance in the strict sense, an important task of the UHI is to defend the rights of service users. Given the large information gap between users and providers as well as the lack of elasticity of the health care

market (the patient will do anything to get treatment) health care providers by definition have a lot of power over users.

In participatory UHI, the people can be defended by professionals who have not only technical competence but also a sufficiently strong social authority to enter into a critical dialogue with health care providers and even with local health authorities. This dialogue must move beyond the confrontation model to a more constructive relation and growing mutual trust.

There are three ways in which UHI can defend the rights of users:

1. Noticing (non-)compliance with standards, dialogue between HI and providers and financial sanctions

A local UHI provides for visits to contracted health facilities as part of the invoice verification process. This is a quantitative but also a qualitative check. Classic examples of qualitative elements of care are the availability of medicines, the failure to fill the partogram and the absenteeism of professional staff. These elements are directly linked with the quality of care provided. Where there is a discrepancy between the contract standards (with clearly defined roles and responsibilities) and the reality, the HI will enter into negotiations with the providers or their managers to rectify the situation. In a second stage, if the situation is serious or not remedied, financial penalties, described in the contract, will be applied.

Especially at the hospitals level (district or others) medical advisers work on behalf of the UHI. These doctors can carry out visits (scheduled or unannounced) to check the quality of care on the spot, with clinical observations, compliance with treatments, completion of patient records, etc. Any anomalies observed can be addressed in the same way as described in the paragraph above.

2. Complaints management

Managing complaints from care users is another practical example of the right of defence. People need to know that their complaints will be taken seriously when they reach the local UHI. Depending on the type of complaint or its severity, the complaint may be dealt with, after verification, between the provider or their superior and the person responsible for the local UHI. More serious complaints can be escalated to the level of the UHI's medical adviser (often the regional level) to verify the complaint and discuss it with the health authorities at the appropriate level.

So, the SHP system must organise a mechanism to deal with the complaints of the insured: establish procedures for filing complaints, processing of complaints, listening to the complainants, finding solutions by providing a mediation platform linking the complainant and the health care services, defending the rights of the insured against the persons/institutions accused by the complainant up to the legal level. Financial penalties are also in the UHI's arsenal.

3. Conflict prevention and transparency: the advisory function and ongoing dialogue between UHI and providers

In addition to mediation in case of conflict, SHP/UHI also has the task of 'advice'. It facilitates dialogue between the population and providers, or health authorities; it plays an important role in negotiations on pricing, ensures the quality of care and services for the benefit of the population, and negotiates the expansion of the packages of services and care covered by the insurance.

The role of civil society, which includes patients' associations, women's associations, youth associations, etc. is essential in defending users' rights.

This fact sheet is part of a series of 8 fact sheets

1. The role of health-care performance pricing in the organisation of Social Health Protection/Universal Health Insurance
2. Incorporation of free-of-charge policies in a single national system of Social Health Protection/Universal Health Insurance
3. Contracting process
4. The role of advocacy for health service users and the whole population in a SHP/UHI framework
5. Role and engagements of states in SHP
6. Operationalising and professionalising a single national SHP/UHI Insurance system
7. Options for the organisation of Social Health Protection (SHP) and Universal Health Insurance (UHI)
8. Building universal health insurance that maximises equity: risk analysis and mitigation measures, a decision support tool

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