

**Fact sheet 5**

Role and engagements of states in SHP

Political will (vision, regulatory documents)

A SHP system will not be put in place without the political will¹ of governments since they must provide the entire legal and regulatory framework for social protection. It is the public sector's mandate and responsibility to enshrine a social protection system in its laws. States therefore have a normative and regulatory role.

Building a public and professional SHP system

Only the state can gradually pool and integrate the initiatives and financial resources for implementing SHP and make equity and solidarity work for all on a national scale. It is also the state that must bring together the conditions for quality public services (services offer and financial access to these services) to be set up and financed in the long term. It therefore faces the following challenges: How to create wealth? What capacity is there to levy taxes fairly and how to redistribute them in the form of public services and how to guarantee (financial) access for all?

Arbitration, leadership, control

Arbitration, an ongoing process, is carried out by the states. It consists in defining the set of services covered by social protection, the expected quality of these services and the amount of compensation, taking into account all the resources available to the states.

The state is not always the provider of social services. When the state subcontracts these services to private parties, it needs to develop the capacity to contract and monitor the performance and compliance of the services offered by the private parties with national standards and their social mandate. This capacity of public authorities is far from evident, as is the willingness of private providers to provide the necessary data in a transparent manner.

In terms of leadership, the state has a primary role in:

- Involvement of all instances concerned by SHP. These include the Ministry of Health, of course, but also the Ministry of Labour, Social Protection and Finance. The state must play a coordinating role to ensure a cross-sectoral and harmonised approach.
- It must obtain the means to monitor progress, make decisions based on reliable data and uncompromisingly evaluate public SHP programmes.
- The development of digital civil registration is an essential element if a government is to reach the entire population under its responsibility.
- Building a fully transparent SHP system through structured community participation, involving citizens, civil society and customary and decentralised state authorities. A real social dialogue is needed.
- The reduction of social and economic inequalities that threaten democracy and destabilise social cohesion.

¹ | Several International Labour Organization (ILO) reports show that even low-income countries can set up a social protection system, progressively and obviously adapted to the country's income and the population's ability to pay, provided that the political will is present and firm.
https://www.ilo.org/wcmsp5/groups/public/--ed_protect/--soc_sec/documents/publication/wcms_755501.pdf



The sustainable financing of the health system and of SHP – Gradual introduction of UHI

A key element for the political commitment to SHP is **effective and sustainable funding**.

This implies that the state and its technical and financial partners commit to:

- A reform of the tax system towards a more effective system with progressive taxation and redistribution of these goods to the poorest
- Subsidise the contributions of poor families and families living in the informal economic sector (and 100% of indigent families) to provide access to HI
- Fight fragmentation through better coordination of technical and financial partners by the state and considerable political alignment efforts by technical and financial partners
- Work in the long term towards mandatory UHI with a single pooling of risk and maximisation of solidarity between rich and poor
- Introduce UHI gradually and always according to the financial means available.

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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